PTHB Board

Wed 26 November 2025, 09:30 - 15:00

Agenda

09:30 - 09:30
0 min

1. PRELIMINARY MATTERS

Board_Agenda_26NOV25 FINAL.pdf (4 pages)

1.1. Welcome and apologies for absence

Chair

1.2. Declarations of interest

All

Board_1.3_Declarations of Interest Nov25.pdf (3 pages)

1.3. Board Action Log

Chair

Board_1.3_Action Log Nov25.pdf (1 pages)

1.4. Experience Story

1.4.1. Patient Experience Story

1.5. Questions to Board from the public

1.6. Update from the:

1.6.1. Chair

Chair

Board_1.6a_Chair's Report to Board November 2025.pdf (4 pages)
Board_1.6ai_Annual Letter 2024-25 - Powys Teaching Health Board_Redacted.pdf (10 pages)

1.6.2. Chief Executive

Chief Executive

Board_1.6b_CEO Board Report.pdf (8 pages)

1.7. Assurance Reports of Board Committees

Board_1.7_Committee Chair Reports_Nov2025.pdf (9 pages)
Board_1.7a_AppA_ARAC AAAI Chairs Report.pdf (8 pages)
Board_1.7b_AppB_F&P Chairs AAAI Report.pdf (7 pages)
Board_1.7c_App_C_PPPH_AAAI Report.pdf (1 pages)
Board_1.7d_AppD_Chairs AAAI for PEQS.pdf (3 pages)
Board_1.7e_AppE_AAAI_P&C_Chairs Report.pdf (4 pages)
Board_1.7f_EC Chair's Assurance Report NOV25.pdf (11 pages)

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1.8. Report of the Regional Director of Llais

Regional Director of Llais

Board_1.8_RD Report September 2025.pdf (4 pages)

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2. CONSENT AGENDA BUSINESS

09:30 - 09:30
0 min

3. ITEMS FOR APPROVAL/RATIFICATION/ASSURANCE

3.1. Organisational Escalation (mid-year update)

Presentation *Chief Executive*

3.1.1. Planning Maturity Matrix

Executive Director of Planning, Performance and Commissioning

Board_3.1a_Strategy Planning Maturity Matrix cover paper_Nov 2025.pdf (6 pages)

3.2. Integrated Plan 2026/27 approach to development

Executive Director of Planning, Performance and Commissioning

Board_3.2_Plan Approach Draft Strategic Priorities and Plan on a Page_Board_Nov25.pdf (12 pages)

3.3. Better Together

Chief Executive

Board_3.3_Better Together Update Board Nov 2025.pdf (8 pages)
Board_3.3a_App2_Stage Two Communication and Engagement Closure Report.pdf (37 pages)

3.4. Financial Performance 2025/26 Month 07

Executive Director of Finance, Capital and Support Services

Board_3.4_Financial Performance Report Mth 07.pdf (20 pages)

3.5. Integrated Quality and Performance Report 2025/26 Month 06

Executive Director of Planning, Performance and Commissioning

Board_3.5_IQPR_Month_6_Summary_Board.pdf (11 pages)
Board_3.5a_IPR_25-26_Month_6_FullSlides_Board.pdf (75 pages)

3.6. Annual Delivery Plan 2025/26 Quarter 2

Executive Director of Planning, Performance and Commissioning

Board_3.6_Q2 2025-26 Delivery Plan Cover Paper.pdf (18 pages)
Board_3.6a_Q2 Progress against Plan 2025-26.pdf (129 pages)

3.7. Strategic Risk and Board Assurance Framework

Director of Corporate Governanace

Board_3.7_SRR and BAF Dashboard Cover_November 2025.pdf (3 pages)
Board_3.7a_ Appendix A - Strategic Risk Register - November 2025.pdf (73 pages)
Board_3.7b_Appendix B - Board Assurance Framework (BAF) Dashboard, November 2025.pdf (8 pages)
Board_3.7c_ Appendix C - Organisational Risk Register Summary - November 2025.pdf (4 pages)

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3.8. Winter Planning/Resilience

Executive Director of Planning, Performance and Commissioning

Board_3.8_System Resilience Plan Board Cover Paper 26.11.25.pdf (6 pages)
Board_3.8a_Powys RPB System Winter Resilience Plan 25-26 Oct25 FINAL SUBMITTED TO WG.pdf (35 pages)

3.9. Director of Corporate Governance Report

Director of Corporate Governance

- Board_3.9_DCG report.pdf (3 pages)

3.9.1. Model Standing Orders - Reservation and Delegation of Powers

Director of Corporate Governance

- Board_3.9a_Scheme of Delegation and Reservation of Powers Non-pay Executive Delegations.pdf (4 pages)
- Board_3.9ai_App 1_Revised_March_2025_Sch 1_Scheme of Delegation & Reservation of Powers.pdf (123 pages)

3.10. Joint Commissioning Committee Revised IPFR Policy

Director of Corporate Governance

- Board_3.10_All Wales IPFR Policy cover paper.pdf (6 pages)
- Board_3.10a_NHS Wales IPFR Policy - Final - July 2025.pdf (30 pages)

3.11. Minutes of the previous meeting held on 24 September 2025, for approval

Chair

- Board_3.11_Unconfirmed Board Minutes 24SEP2025.pdf (19 pages)

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0 min

4. CONSENT AGENDA

4.1. Standards of Behaviour Policy

Director of Corporate Governance

- Board_4.1_Cover_Report_Standards of Behaviour Policy and Processes Nov2025.pdf (4 pages)
- Board_4.1a_AppA_Standards of Behaviour Policy Nov2025.pdf (48 pages)

4.2. Assurance Reports of the Board's Joint Committees

- Board_4.2_Joint Committee Reports_Nov25.pdf (3 pages)
- Board_4.2a_AppA_JC Highlight Report - 16 Sept 2025.pdf (6 pages)
- Board_4.2b_AppB_MWJC Update Report Oct 25 Final 031125.pdf (4 pages)

4.3. Assurance Report of the Board's Partnership Arrangements

- Board_4.3_Summary of Partnership Board Activity July 25.pdf (3 pages)
- Board_4.3a_SSPC Assurance Report 30 September 2025.pdf (6 pages)

4.4. Assurance Report of the Board Local Partnership Forum

- Board_4.4_ Assurance Report of Boards Advisory Group Sept 2025.pdf (2 pages)
- Board_4.4a_Chairs Report_LPF_06Oct2025.pdf (4 pages)

4.5. Board Work Programme

- Board_4.5_Work Programme Nov25.pdf (3 pages)

4.6. GLOSSARY

- Board_4.6_Powys Teaching Health Board Glossary.pdf (6 pages)

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5. OTHER MATTERS

5.1. Any Other Urgent Business

Chair

5.2. Close

5.3. Date of the Next Meeting: 28 January 2026 Via Microsoft Teams

09:30 - 09:30
0 min

6. CONFIDENTIAL MATTERS

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 interes

Chair

6.1. Welcome and apologies for absence

Chair

6.2. Declarations of interest

All

6.3. Minutes from the In-Committee meetings held on 24 September 2025 and Action Log

Chair

6.4. Chief Executive update

6.5. Procurement outcome report: Crickhowell GDS contract

6.6. In-Committee Strategic Risk Register

Director of Corporate Governance

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0 min

7. In-Committee Consent Agenda

7.1. In-Committee Strategic Risk Register & Board Assurance Framework

09:30 - 09:30
0 min

8. OTHER MATTERS

8.1. Any other urgent business

8.2. Close

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POWYS TEACHING HEALTH BOARD
BOARD MEETING
WEDNESDAY 26 NOVEMBER 2025
09:30 – 15.35
Via Teams
CHAIR: Dr Carl Cooper

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

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
09.40	**1.4**	Experience Stories: • Patient Experience Story (Perinatal MH – Eleri)	Attached	Executive Director of Nursing, Quality, Women and Family Health
	1.5	Questions to Board from the public:	Verbal	Director of Corporate Governance
10.00	**1.6**	Update from the: a) Chair b) Chief Executive	 Attached Attached	 Chair Chief Executive
10.20	**1.7**	Assurance Reports of the Board's Committees	Attached	Committee Chairs Chief Executive
10.40	**1.8**	Report of the Chief Officer of Llais	Attached	Llais Regional Director

2: CONSENT AGENDA BUSINESS

The Chair will ask if there are any items from the Consent Agenda (Item 4) that Board Members wish to bring forward to the main agenda.

3: ITEMS FOR APPROVAL/RATIFICATION/ASSURANCE

10.55	**3.1**	Organisational Escalation (mid-year update) **Purpose**: Assurance	Attached	Chief Executive
	3.1a	Planning Maturity Matrix	Attached	Executive Director of Planning, Performance and Commissioning
11.25	**BREAK 15 minutes**			
11.40	**3.2**	Integrated Plan 2026/27 approach to development **Purpose**: Approval	Attached	Executive Director of Planning, Performance and Commissioning
12.00	**3.3**	Better Together **Purpose**: Approval	Attached	Chief Executive

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12.30	**3.4**	Financial Performance: 2025/26 - Month 07 **Purpose**: Assurance	Attached	Executive Director of Finance, Capital and Support Services
13.00	**LUNCH – 30 minutes**			
13.30	**3.5**	Integrated Quality and Performance Report 2025/26 month 06 **Purpose**: Assurance	Attached	Executive Director of Planning, Performance and Commissioning /All Directors
14.00	**3.6**	Annual Delivery Plan 2025/26 Quarter 2 **Purpose**: Assurance	Attached	Executive Director of Planning, Performance and Commissioning
14.10	**3.7**	Strategic Risk and Board Assurance Framework **Purpose**: Assurance	Attached	Director of Corporate Governance
14.25	**3.8**	Winter Planning/Resilience **Purpose**: Assurance	Attached	Executive Director of Planning, Performance and Commissioning
14.35	**3.9** **3.9a**	Director of Corporate Governance Report **Purpose**: Approval Model Standing Orders – Reservation and Delegation of Powers **Purpose**: Approval	Attached	Director of Corporate Governance
14.40	**3.10**	Joint Commissioning Committee Revised IPFR Policy **Purpose**: Approval	Attached	Director of Corporate Governance
14.45	**3.11**	Minutes of Previous Meeting held on 24 September 2025 **Purpose**: Approval	Attached	Chair
4: CONSENT AGENDA				
	4.1	Standards of Behaviour Policy **Purpose**: Approval	Attached	Director of Corporate Governance
	4.2	Assurance Report of the Board's Joint Committees **Purpose**: Assurance	Attached	Chief Executive
	4.3	Assurance Report of the Board's Partnership Arrangements **Purpose**: Assurance	Attached	Chief Executive
	4.4	Assurance Report of the Board's Local Partnership Forum **Purpose**: Assurance	Attached	Executive Director of People and Culture
	4.5	Board Work Programme **Purpose**: Assurance	Attached	Director of Corporate Governance

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	4.6	Glossary **Purpose:** Information	Attached	Director of Corporate Governance
5: OTHER MATTERS				
14.50	**5.1**	Any Other Urgent Business	Verbal	Chair
	5.2	Close		
	5.3	Date of the Next Meeting: ▪ 28 January 2026 via Teams		

6. 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"

Time	Item	Title	Attached / Oral	Presenter
15.00	**6.1**	Welcome and Apologies for Absence	Verbal	Chair
	6.2	Declarations of Interest	Verbal	All
	6.3	Minutes of Previous In-Committee Meeting held on 24 September 2025 and Action Log **Purpose**: Approval	Attached	Chair
15.10	**6.4**	Chief Executive update **Purpose**: Information	Verbal	Chief Executive
15.20	**6.5**	Procurement Outcome Report: • Crickhowell GDS Contract **Purpose**: Approval	Attached	Executive Director Primary, Community Care and Mental Health
7: CONSENT AGENDA				
	7.1	In-Committee Strategic Risk Register & Board Assurance Framework **Purpose**: Assurance	Attached	Director of Corporate Governance
8: OTHER MATTERS				
15.30	**8.1**	Any other urgent business	Verbal	Chair
15.35		Close		

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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 2025-26								Updated: November 2025
Position	**Name**	**Interest Category**	**Interest Situation**	**Relevant Dates from**	**Relevant Dates to**	**Description of Declaration**	**Comment**	**Date Returned**
INDEPENDENT MEMBERS								
PTHB Chair	**Carl Cooper**	Indirect Interests	Loyalty Interests	2018	Ongoing	Sole Trader, Mandy Williams, Consulting	NIL	29/05/2025
		Indirect Interests	Loyalty Interests	2025	Ongoing	Family member is an employee of Cardiff & Value University Health Board (non Director).	Nil	
Vice Chair	**Kirsty Williams**	Non Finanical personal interests	Loyalty Interests	Feb-25	Current	Co Director of Samaritans Powys	None	22/04/2025.
		Non Finanical personal interests	Loyalty Interests	Nov-22	Current	Director of ILEP Ltd a subsiduary of Cardiff University	None	Left the Health Board on 30 September 2025
		Indirect Interests	Outside Employment	Feb-24	Ongoing	Commissioner for South Wales Fire and Rescue	Ministerial Appointment	
		Non Finanical personal interests	Loyalty Interests	2024	Current	Vice Chair of Brecknock YFC Board of Management	NIL	
Independent Member (General)	**Rhobert Lewis**	Non Financial professional interests	Outside Employment	Nov-21	Current	Chair NPTC Group of Colleges	NIL	30/05/2025
		Indirect Interests	Outside Employment	Nov-21	Current	External member Cross-party STEMM Group Welsh Government	NIL	
Independent Member (Trade Union)	**Cathie Poynton**	NIL	NIL	NIL	NIL	NIL	NIL	01/05/2025
Independent Member (finance)	**Steve Elliot**	Non Financial professional interests	Outside Employment	04/02/2024	Current	Spouse Directorship of Oshi's World Private Limited Company and a Trustee of Oshi's World Charity	NIL	17/04/2025
Independent Member (General)	**Ronnie Alexander**	Indirect Interests	Outside Employment	01/10/2018	Current	Lay Observer to HEIW Participation in ARCPs and Pharmacy Advisory Board	Small half-day or daily payment dependant on booking availability	15/05/2025
		Indirect Interests	Outside Employment	2012	Current	Partner-Director of RA and CJ Consulting Limited	Dividend Payment only	
		Indirect Interests	Outside Employment	2017	Current	Member of Finance, Risk and Audit Committee Hafod/Hendre Housing Association	Remunerated	
		Indirect Interests	Outside Employment	Mar-21	Current to Dec-27	Independent Monitoring Authority (IMA) – Non Executive Director	Remunerated	
		Indirect Interests	Shareholdings and other ownership interests	2012	Current	Director of RA and CJ Consulting Limited	Dividend Payment only	
Independent Member (University)	**Simon Wright**	Financial Interests	Outside Employment	2015	Current	Personal: Academic Registrar, Cardiff University-Various Healthcare Programmes	Salaried Employment	18/06/2025
		Indirect Interests	Loyalty Interests	2001	Current	Sister: Senior Operational Manager, Milestone Trust, Bristol	Salaried Employment	
		Indirect Interests	Loyalty Interests	2021	Current	Spouse: District Nurse, Cardiff and Vale UHB	Salaried Employment	
Independent Member (Third Sector)	**Jennifer Owen Adams**	Non Financial professional interests	Loyalty Interests	Jun-16	Ongoing	Member (not a NED) of Glas Cymru the holding company of Dwr Cymru/Welsh Water	None	10/06/2025
		Non Financial professional interests	Loyalty Interests	07.02.2025	09.02.2028	PAVO-Vice Chair	None	
		Non Financial professional interests	Loyalty Interests	01.09.2024	01.06.2028	Coopted Member of PAVO	None	

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		Non Financial professional interests	Loyalty Interests	Jul-05	Ongoing	Chair Public Services Board Scrutiny Committee	None	
		Non Financial professional interests	Loyalty Interests	2013	Ongoing	Brother - Senior Manager Freedom Leisure (Lead responsibility for Swansea and South Powys).	NIL	
Independent Member (Local Authority)	**Christopher Walsh**	Non Financial professional interests	Loyalty Interests			Member of Community Speed Watch Group Member of Society Genealogists Associate Member of the Association of Genealogists and Registered Archivists	NIL	19/06/2025
		Financial Interests	Shareholdings and other ownership interests		Ongoing	Sole Trader/Owner of Celebratory Gifts Heraldic Names Sole Trader/Owner:CTW Genealogy Research and Owner:Property in the County of Powys	NIL	
		Non Financial professional interests	Loyalty Interests		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	
		Non Financial professional interests	Loyalty Interests		Ongoing	•Member of Royal College of Nursing •Registered Member of Nursing and Midwifery Council	NIL	
		Non Financial professional interests	Loyalty Interests		Ongoing	Labour Party member	NIL	
Independent Member (Capital)	**Michael Giannai**	Indirect Interests	Loyalty Interests	2019	Current	Chair of the Board of Social Care Wales (Welsh Government Sponsored Body).	Remunerated	01/04/2025
Independent Member	**Ian Thomas**	Non Financial Personal Interests	Outside Employment	Apr-23	01/03/2024	Worked with a team of consultants as an independent associate in the past. I worked alongside HICO from April 2023 to March 2024. I was self employed during this time as a sole trader. I have not worked with HICO since this time and have withdrawn my associate status	NIL	09/04/2025
EXECUTIVE MEMBERS								
Chief Executive Officer	**Hayley Thomas**	NIL	NIL	NIL	NIL	NIL	NIL	30/05/2025
Executive Director of Finance, Capital and Support Services	**Pete Hopgood**	Non Financial Interests	Loyalty Interests	18/06/2018	Ongoing	Partner is Finance Manager working in SBUHB	Not Relevant	22/05/2025
Executive Director of Allied Health Professions, Health Science and Digital	**Claire Madsen**	Financial Interests	Outside Employment	07-Jan-19	Current	Occasional Lecturer for University of West of England.	Hourly rate	02/06/2025
		Non Financial professional interests	Loyalty Interests	10-Jun-05	Current	Member of the The Chartered Society of Physiotherapy	NIL	
Executive Director of Nursing, Quality, Women and Family Health	**Claire Roche**	Non Financial Professional Interests	Outside Employment	2018	Current	Member of the Royal College of Nursing	NIL	10/06/2025 Left the Health Board on 10 October 2025
		Non Financial Professional Interests	Outside Employment	1994	Current	Member of the Royal College of Midwifery		
Executive Medical Director	**Kate Wright**	Non-Finanical professional Interest	Outside Employment	01-Aug-91	Current	Member of the British Medical Association	NIL	10/06/2025
Executive Director of People and Culture	**Debra Wood Lawson**	Indirect Interests	Outside Employment	01-Nov-24	Current	Non Executive Board Director - Cadarn Housing Group Limited (Powys is a zonal partner)	Remunerated	29/05/2025
			Outside Employment	01-Sep-25	Current	Relative employee and training in Aneurin Bevan Univeristy Health Board (non Director)	NIL	

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Executive Director of Public Health	**Mererid Bowley**	Non-Finanical professional Interest	Loyalty Interest	NIL	NIL	Member of Faculty of Public Health	Previously declared on annual Declaration of Interest form issued by corporate team since commencement of role. (Transferring recording of	14/05/2025
		Financial Interest	Shareholdings and other Ownership interests	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	Previously annually since start of employment through completion of declarations of interest form issued by corporate team annually.	
Director of Corporate Governance/ Board Secretary	**Helen Bushell**	Non-Finanical professional Interest	Outside Employment	Nov-21	Current	Self - School Governor – Langynwyd primary school (Bridgend)	Not remunerated	18/06/2025
		Indirect Interests	Outside Employment	Aug-16	Current	Partner is the Chair of a Housing Association who provide social housing across a large geographical area (including Powys).	Remunerated part time role, 2-4 days per month	
		Indirect Interests	Outside Employment	Jul-24	Oct-24	Partner is listed on the Bank for PTHB - working occasionally for the organisation by dual agreement.	Paid per hour/day of work	
		Indirect Interests	Outside Employment	Sep-22	Current	Parnter - Public Appointment - Youth Work strategy and implementation Board - Oct 22 - Sept 24	Remunerated 2-4 days per month	
Director of Strategic Improvement and Transformation	**Lucie Cornish**	Nil	Nil	Nil	Nil	Nil	Nil	13/11/2024
Executive Director of Planning, Performance & Commissioning	**Nicola Johnson**	Nil	Nil	Nil	Nil	Nil	Nil	30/05/2025
Executive Director of Primary, Community Care and Mental Health	**Elaine Lorton**	Financial Interests	Outside Employment	Apr-24	Current	Independent Member – ateb - housing Association	Remunerated	30/05/2025
		Non Financial professional interests	Outside Employment	Nov-19	Current	Chair of the Board - Wet Wales Care and Repair	Voluntary	
		Indirect Interests	Outside Employment	Mar-23	Current	Family Member is an employee of Hywel Dda University Health Board (non Director)	Nil	
		Indirect Interests	Outside Employment	Sep-23	Current	Family Member employee of Aneurin Bevan Univeristy Health Board (non Director)	Nil	
Executive Director of Nursing, Quality, Women and Family Health	**Paul Hooton**	Non Financial Professional Interests	Outside Employment	2018	Current	Member of the Royal College of Nursing	Nil	25/10/2025 Started with PTHB October 2025

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Liz Patterson

Board Action Log								
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								
Meeting Date	**Item Reference**	**Lead**	**Meeting Item Title**	**Details of Action**	**Update on Progress**	**Original target date**	**Revised Target Date**	**RAG status**
OPEN ACTIONS - FOR REVIEW (26 NOVEMBER 2025 - none)								
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE (26 NOVEMBER 2025 - none)								
ACTIONS RECOMMENDED FOR CLOSURE (26 NOVEMBER 2025)								
21/05/2025	PTHB/25/12	DCG and EDPP&C	Integrated Quality and Performance Framework (IQPF)	Clarity to be provided on reporting of quality measures in the IQPF in PEQS and at Board	**30.07.2025 Update:** Action on track to be presented for September **24.09.2025 update:** Update will be provided within the IQPF item within the September Board meeting **26.11.2025 update:** Quality Measures to be included in Board reporting from October 2025	Sep-25	Nov-25	Completed
24/09/2025	PTHB/25/76	EDNQWFH	Llais Report	A meeting to be held with the Head and Assistant Head of Quality and Llais to explore what patients find unclear about raising concerns	**26.11.2025 update**: This was discussed with Llais at a meeting of the Peoples Engagement Steering Group on 19 August 2025. The Health Board shares with patients how concerns may be raised via: the website, notice boards in clinical areas, social media, leaflets, posters and has a shared process with Llais and PAVO			Completed

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 1.6a

BOARD	**DATE: 26 NOVEMBER 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 in September 2024.

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	The report of the Chair covers a wide range of activities across the health board.
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:

Board Membership

I am delighted to report that the Cabinet Secretary for Health & Social Care has appointed Mick Giannasi as an Independent Member of our Board for a four-year term. Mick has been a directly appointed Board member since February 2024. We look forward to continuing to benefit from his extensive experience, knowledge and skills.

The recruitment to the role of Vice-Chair has been undertaken. Further announcements are anticipated in the coming weeks by the Cabinet Secretary for Health and Social Care.

Public Accountability Meeting

The Cabinet Secretary has introduced a new series of Public Accountability Meetings in response to recommendations made by a recent review of NHS Wales accountability arrangements. Each health body in Wales is required to provide an evidence pack setting out its performance against specified aspects of governance and operational delivery. This forms the basis of the Cabinet Secretary's scrutiny of the Board's effectiveness during the meetings. Meetings are held in public via livestreaming and recordings of the meetings are available to view subsequently. Our Public Accountability Meeting is scheduled for 16:00 on 27 November. Further information, following the event will be available on the PTHB website, Health Board Performance - Powys Teaching Health Board

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 Powys Teach Health Board and Powys.

Our monthly Board Development sessions usually include an opportunity to engage with different, operational colleagues. In our October session we were joined by our Assistant Medical Directors (AMDs). It was useful to gain a better understanding of the specific responsibilities of each AMD, and how this is brought together cohesively under the oversight of the Executive Medical Director.

The programme of Board Walkaround visits continues apace and has been recently strengthened with new guidelines and feedback mechanisms. The feedback is shared with relevant executive directors and will be summarised in regular reports to the Patient Experience, Quality and Safety Committee.

This programme creates an opportunity to meet with staff and patients across the organisation in a variety of settings. These opportunities are shared with all board members who, subject to availability, also participate in the visits. I'm grateful to colleagues for the warm welcome and useful conversations during the following visits:

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- District Nurses South Powys
  It was inspiring to glimpse the positive impact of DNs' care on their patients, many of whom are particularly frail and very appreciative of colleagues' compassionate and skilful support. The location and colocation of DN services offer different opportunities for integrated community provision.
- Brecon Hospital
  Conversations with senior ward staff and MIU colleagues were very useful and helpful. It was particularly affirming to hear of the improved outcomes for patients as a result of bringing rehab patients together on Epynt ward.
- Adult and Older Adult Mental Health Services
  I was delighted to spend time with the adult and older adult community mental health teams based at the hospital site in Ystradgynlais. I was encouraged by the positive morale among staff colleagues and the ways in which teams are working together to provide seamless care of patients.
- Machynlleth Patients' Forum
  I was very pleased to attend a meeting of the Machynlleth Patients' Forum. It was useful to learn about patients' interests, queries, concerns and aspirations. Topics of conversation included primary care services, hospital services, Hywel Dda Clinical Service Plan review and PTHB cross-border commissioning.
- Hywel Dda University Health Board
  The Executive Director of Planning, Performance and Commissioning and I have begun a series of visits to our Welsh commissioned providers. The first of these was to Hywel Dda University Health Board. We held discussions with service managers and had an opportunity to visit the Emergency Department, Outpatients and the new cancer care centre, Canolfan Leri.

Public Services Ombudsman for Wales (PSOW) Annual Letter

I have received the revised Annual Letter from the PSOW. It is included in the papers for today's meeting as an appendix to this report.

There are several matters that are noteworthy in the report, not least the fact that, again this year, the Ombudsman received fewer complaints, numerically and proportionately, regarding Powys Teaching Health Board (PTHB) compared with all other Health Boards in Wales. Of the complaints from Powys, 1 was upheld. However, PTHB performed the worst among Health Boards as regards compliance performance.

This letter was discussed in more detail at the most recent meeting of our Patient Experience Quality and Safety Committee (PEQS) – see the Committee Chair's report on the agenda for this meeting.

Strategic Contacts and Involvement

Together with the Chief Executive, I have continued to meet regularly with elected representatives from all parties that represent Powys.

- **Ministerial Summit on Primary Care**

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I attended this conference convened by the Cabinet Secretary and organised by Wales NHS Confederation. It focused on a new, national initiative that will support the NHS in Wales to further develop its provision of primary and community care. The aim is to become a *Community by Default* system, ensuring that there is sufficient emphasis on prevention, early help and care close to home.

- **Wales NHS Confederation Conference**

  The CEO and I attended the annual conference of the Wales NHS Confederation. The keynote address was given by the Cabinet Secretary in which he drew attention to many examples of good, effective practice across the NHS in Wales, but pointed out that there still existed unacceptable levels of variation. The conference also provided valuable opportunities for informal conversations with partners and colleagues from across Wales and other parts of the UK.

- **Board – Cabinet Partnership**

  We continue to build on our positive working relationships with Local Authority partners in Powys County Council. The CEO and I hold informal discussions monthly with the Leader and CEO of Powys County Council.

  The Joint Leadership Team brings together our respective executive teams. This meets regularly and is proving effective in facilitating a joint management and oversight of shared interests and responsibilities.

  We have recognised the need to rekindle the Board-Cabinet arrangements to enable a collaborative approach to strategic leadership for Powys. This will bring together a small group of key colleagues from each governing body to focus on existing shared endeavours and to identify matters that would benefit from our cooperative attention.

Patterson,Liz
25/11/2025 11:43:14

Ombwdsmon
Ombudsman
Cymru · Wales

Ask for: Communications
01656 641150
caseinfo@ombudsman.wales

Date: 30 September 2025

PERSONAL & CONFIDENTIAL
Carl Cooper
Powys Teaching Health Board

By email only
carl.cooper@wales.nhs.uk
hayley.thomas@wales.nhs.uk
[redacted]

Dear Carl Cooper

Annual Letter 2024-25

Role of PSOW

As you know, our role as the Public Services Ombudsman for Wales is to consider complaints about public services, to investigate alleged breaches of the councillor Code of Conduct, to set standards for complaints handling by public bodies and to drive improvement in complaints handling and learning from complaints. We also undertake investigations into public services on own initiative.

Purpose of letter

Through this letter, we want to give you an update on our work, share key trends in complaints about local government in Wales and highlight any particular issues for your organisation, together with actions I would like your organisation to take.

Complaints about public services

This letter, as always, coincides with the publication of our Annual Report. Again, we saw an increase in the number of people contacting us about public services. Since 2019-20, the volume of new complaints about public services reaching our office has increased by 44%.

We also closed a record number of complaints about public services – 5% more than last year. This year, we intervened (found that something has gone wrong, and recommended how to put things right) in 18% of complaints that we closed. Positively, this year we resolved many more complaints early on. 87% of our interventions this year involved Early Resolution, compared to 70% in 2023-24.

Patterson,Liz
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ombwdsmon.cymru
holwch@ombwdsmon.cymru
0300 790 0203
1 Ffordd yr Hen Gae, CF 35 5LJ
Rydym yn hapus i dderbyn ac ymateb i ohebiaeth yn y Gymraeg.

ombudsman.wales
ask@ombudsman.wales
0300 790 0203
1 Ffordd yr Hen Gae, CF 35 5LJ
We are happy to accept and respond to correspondence in Welsh.

We understand that people who come to us want their complaints resolved as quickly as possible and we are committed to dealing with them in a timely manner.

Overall, we assessed incoming complaints, or intervened with an Early Resolution, within an average of 4 weeks; well within our target of 6 weeks. We have also reduced the time it takes us to complete an average investigation, from 64 weeks in 2023-24, to 53 weeks this year.

During 2024-25, we received 949 complaints about health boards. This is an increase of only 1% since last year, and shows that the rate of increase in health board complaints is still slowing down. Still, we are now receiving 26% more complaints about health boards than in 2019-20.

Predictably, most complaints about health boards concern health services. By far, the most common area of these complaints is clinical treatment in hospital. In addition, about 16% of complaints about health boards related to complaint handling. This was a welcome drop from 18% the year before.

We intervened in 27% of health board complaints that we closed – compared to 31% last year.

In 2024-25, we received 20 complaints about Powys Teaching Health Board and closed 25 – some complaints were carried over from the previous year. Powys Teaching Health Board's intervention rate was 24%. You can find detailed information on complaints about your organisation that we handled this year can be found in the appendices.

We made 16 recommendations to your organisation during the year. To ensure that our investigations and reports drive improvement, we follow up compliance with the recommendations agreed with your organisation. In 2024-25, 12 recommendations were due. 33% of the recommendations due was complied with in the timescale agreed. Recommendations and timescales for complying with recommendations are always agreed with the public body concerned before being finalised, and we therefore expect organisations to comply within the timescales agreed.

Supporting improvement of public services

We continued our work on supporting improvement in public services.

During 2024-25, we concluded our second wider own initiative investigation which looked into unpaid carers' needs assessments in Wales. We considered whether 4 local councils – Caerphilly, Ceredigion, Flintshire and Neath Port Talbot - undertook carers' assessments in line with their statutory obligations.

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We published the report on this investigation in October 2024. We found that only 2.8% of people in those council areas who identified as carers had received a needs assessment. In addition, only 1.5% had received a proper support plan following their assessment. Many carers were also not aware of their rights with regard to assessments and support services that might be available to them.

We identified some areas of good practice by the councils we investigated. However, we also made several recommendations including to:

- improve recording practices
- improve how information is shared with carers
- offer staff refresher training on carers' rights
- collaborate better with the healthcare sector.

We invited the other local councils in Wales to make similar improvements.

As we did in the case of our first own initiative investigation, we have been actively monitoring how organisations' have been complying with our recommendations.

We are planning to review compliance with the recommendations and any other impacts of the report in October 2025.

Currently 54 organisations across Wales operate our model complaints policy. This includes all local councils, all health boards and now most housing associations - representing about 85% of the complaints which we receive.

Our offer of free complaints handling training has remained popular and we provided a further 52 training sessions to public bodies across Wales during the year. This brings the total to 550 training sessions and 10,000 people, since 2020.

We have continued our work to publish complaints statistics, gathered from public bodies, with data published twice a year. We expect to publish the data on complaints handled by local councils in Wales during 2024-25 in the Autumn. This data allows us to see information with greater context – for example, during 2024-25, 6.13% of complaints made to NHS bodies went on to be referred to us.

Finally, this year we also published 1 thematic report, which included as case studies complaints about health boards:

- 'Equality Matters' (January 2025): a thematic report on inclusion and accessibility across public services.

This report includes general recommendations for public service providers, drawing on lessons learned from our casework.

Action we would like your organisation to take

Further to this letter can I ask that your organisation takes the following actions:

- Present my Annual Letter to the Board at the next available opportunity and notify me of when these meetings will take place.

Patterson,Liz
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- Consider the data in this letter, alongside your own data, to understand more about your performance on complaints, including any patterns or trends and your organisation's compliance with recommendations made by my office.

- Provide my office with a copy of the Health Board's Annual Report for 2024-25 on the Duty of Candour and Quality.

- Inform me of the outcome of the Board's considerations and proposed actions on the above matters at your earliest opportunity.

I would like to thank you, and your officers, for your continued openness and engagement with my office.

Yours sincerely

Michelle Morris

Michelle Morris
Public Services Ombudsman

Cc. Hayley Thomas, Chief Executive, Powys Teaching Health Board
[redacted]

Patterson,Liz
25/11/2025 11:43:14

Information Sheet

Appendix A shows the number of complaints received by PSOW for all health boards in 2024-25. These complaints are contextualised by the population of each authority.

Appendix B shows the categorisation of each complaint received, and what proportion of received complaints represents for the Health Board.

Appendix C shows intervention rates for all health boards in 2024-25. An intervention is categorised by either an upheld complaint (either public interest or non-public interest), an early resolution, or a voluntary settlement.

Appendix D shows outcomes of the complaints which PSOW closed for the Health Board in 2024-25. This table shows both the volume, and the proportion that each outcome represents for the Health Board.

Appendix E shows the compliance performance of each health board.

Patterson,Liz
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Appendix A – Complaints received (overview)

Health Board	Complaints Received	Population	Received per 1,000 residents
Aneurin Bevan University Health Board	178	595412	0.30
Betsi Cadwaladr University Health Board	236	691991	0.34
Cardiff and Vale University Health Board	149	518269	0.29
Cwm Taf Morgannwg University Health Board	102	446514	0.23
Hywel Dda University Health Board	130	388139	0.33
Powys Teaching Health Board	20	134439	0.15
Swansea Bay University Health Board	134	389640	0.34
Welsh Ambulance Services University NHS Trust	24	-	-
Total	**973**	**3164404**	**0.28**

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Appendix B – Complaints received (by organisation)

Powys Teaching Health Board	Complaints Received	% Share
Admissions/discharge and transfer procedures	0	
Adult Mental Health	2	10%
Ambulance Services	0	
Appointment procedures (including outpatients)	0	
Care Homes	0	
Child and Adolescent Mental Health	1	5%
Clinical treatment in hospital	7	35%
Clinical treatment outside hospital; Dentist	0	
Clinical treatment outside hospital; GP	0	
Clinical treatment outside hospital; Other	0	
Clinical treatment outside hospital; Physiotherapist	0	
Complaints Handling	0	
Confidentiality	1	5%
Continuing care	3	15%
De-Registration	1	5%
Disclosure of personal information / data loss	0	
Funding	0	
Gender Identity Funding	0	
Health	3	15%
Housing	0	
Medical records/standards of record-keeping	0	
Medication > Prescription dispensing	2	10%
Non-medical services	0	
Nosocomial (Framework)	0	
Other	0	
Out of Hours GP care	0	
Patient list issues	0	
Poor/No communication or failure to provide information	0	
Prisoner Care	0	
Referral to treatment time	0	
Rudeness/inconsiderate behaviour/staff attitude	0	
Various Other	0	
Total	**20**	

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Appendix C – Cases with PSOW intervention (overview)

Health Board	No. of interventions	No. of closures	% of interventions
Aneurin Bevan University Health Board	50	176	28%
Betsi Cadwaladr University Health Board	64	227	28%
Cardiff and Vale University Health Board	27	154	18%
Cwm Taf Morgannwg University Health Board	36	104	35%
Hywel Dda University Health Board	43	131	33%
Powys Teaching Health Board	6	25	24%
Swansea Bay University Health Board	33	136	24%
Welsh Ambulance Services University NHS Trust	4	29	14%
Total	**263**	**982**	**27%**

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Appendix D – Complaint outcomes (by organisation) (* denotes intervention)

Powys Teaching Health Board	Complaint Outcomes	% Share
Complaint investigation discontinued (with early resolution at assessment stages)*	0	
Complaint investigation discontinued (without settlement)	0	
Decision not to investigate complaint	8	32%
Early resolution*	5	20%
Matter out of jurisdiction	5	20%
Non-public interest report issued: complaint not upheld	1	4%
Non-public interest report issued: complaint upheld*	1	4%
Non-public interest report issued: complaint upheld with early resolution at assessment stage*	0	
Premature	5	20%
Public interest report issued: complaint upheld*	0	
Public Interest report issued: complaint upheld with early resolution at assessment stage*	0	
Special Interest Report*	0	
Voluntary settlement*	0	
Total	**25**	

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Appendix E – Compliance performance comparison

Health Board	Number of recommendations made on complaints closed in 2024-25	Number of recommendations falling due in 2024-25	% of recommendations, complied with in line with agreed target date
Aneurin Bevan University Health Board	136	160	66%
Betsi Cadwaladr University Health Board	196	210	65%
Cardiff and Vale University Health Board	72	96	70%
Cwm Taf Morgannwg University Health Board	101	118	42%
Hywel Dda University Health Board	137	140	89%
Powys Teaching Health Board	16	12	33%
Swansea Bay University Health Board	86	86	64%
Welsh Ambulance Services University NHS Trust	18	6	33%

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

Agenda item: 1.6b

BOARD MEETING	**26 November 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:

This report is intended to keep the Board up to date with key developments at a national and local level.

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.

The report specifically covers:

- Level 4 Escalation and Intervention arrangements
- Winter planning and preparation
- Respiratory Syncytial Virus (RSV Vaccination)
- EMRTS – judicial review update
- Continuous engagement with our communities
- Engagement and service change
- PTHB Colleague Achievements
- ISO14001: Environmental Stewardship in Powys
- Accessible health service (convo)
- Antimicrobial Resistance Awareness Week
- Welcoming international nurses to Powys

A number of other key matters are contained within the Board's agenda for the 26 November meeting so I have not included them in my report.

RECOMMENDATION(S):

The Board is asked to **RECEIVE** the report and **DISCUSS** any key issues.

Approve/Take Assurance	**Discuss**	**Note**

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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	

CEO REPORT:

Level 4 Escalation and Intervention Arrangements

The escalation status of the Health Board has remained unchanged at the last review by the Cabinet Secretary for Health and Care on the 15 July 2025. The statement is here - Written Statement: Escalation and Intervention Arrangements (15 July 2025) | GOV.WALES

With the support of Welsh Government, external support has been procured and awarded to Grant Thornton, to assist us in three predominant areas of work:

1. Financial sustainability
2. Commissioning
3. Continuing Health Care

The external review is nearing completion with a first draft report due to be received in December 2025.

The organisation continues to work closely with Welsh Government on the actions contained with the de-escalation criteria for the Health Board. Our third Targeted Intervention meeting was scheduled with Welsh Government for the 21 November 2025, this has been replaced by the Cabinet Secretary chaired Public Accountability Meeting scheduled for the 27 November – details will be available on our website here - Health Board Performance - Powys Teaching Health Board

Relevant Committees will continue to receive reports on activity related to our escalation status, as will the Board as per its work programme.

Winter planning

Patterson(Lisa) 25/11/2025 17:36:14

As part of preparations for Winter 2025/2026, the Welsh Government issued correspondence at the end of June 2025 outlining the national plan and key delivery actions for health boards, NHS Trusts, and partners. The Powys system

plan was agreed with the Regional Partnership Board in September, with further additions in support of winter preparedness, setting out comprehensive operational resilience plans covering the critical period from 22 December 2025 to 13 January 2026.

Alongside a comprehensive programme for prevention, including targeted public facing communications and vaccination campaigns for Influenza and Covid 19, significant work has been undertaken to further improve community resilience, capacity across social care, primary care and community services. The focus remains on maximising optimal hospital patient flow, with further targeted intervention to support patients with long term conditions, including respiratory disease, mental health care, and frailty.

PREDICTED FLU SEASON 2025/26

The current flu season is forecast to be one of the most challenging in recent years, with an early onset and a strain, which is associated with more severe illness in older adults. Modelling indicates sustained pressure on health services through winter, compounded by concurrent RSV and COVID-19 circulation. Vaccination remains the most effective defence to reduce community transmission, mitigate hospital admissions and maintain service resilience across Powys and NHS Wales. The Winter Vaccination Programme aims to protect those most at risk from respiratory viruses, including influenza, COVID-19, and RSV. Guided by the latest clinical evidence and recommendations from the Joint Committee on Vaccination and Immunisation (JCVI), the programme prioritises vulnerable groups such as older adults, people with underlying health conditions, pregnant women, and frontline health and care workers.

Influenza vaccine

The programme commenced on 01 October 2025, and delivery is through a blended model involving GP practices, Community Pharmacies, District Nurses, Midwifery, and School Nursing Team. Uptake data for the first month (October) of the programme is set out in the table below, with proactive work ongoing to support GPs and Pharmacists to maximise uptake of flu vaccination, and to raise awareness amongst eligible cohorts. This includes offer of flu vaccination through the Vaccination Service from early December.

Uptake of flu Vaccination as of 30 October 2025

Eligible Group	Vaccinated	Uptake (%)	All Wales uptake (%)
Adults aged 65 +years	18,968	44.9%	49.6%
At-Risk aged 6	4,297	22.9%	20.1%

months to 64 years			
Aged 2–3-year-olds	906	42.4%	32.5%
School aged children (Aged 4 to less than 16)	4,848	29.5%	22.56%

COVID-19 Vaccination Campaign
Delivery commenced on 01 October 2025, through the Health Board Vaccination Service, to eligible cohorts with uptake rates of 74% achieved for residents in care homes for older adults. Roll-out continues with the aim of offering vaccination to adults aged over 75 years by mid-December through combination of vaccination centres and outreach clinics across Powys to increase accessibility.

RSV Vaccination
The RSV vaccination programme is offered year-round to the following groups: 1) older adults, as they turn 75 years old; 2) pregnant women, who are offered vaccination at 28 weeks gestation; 3) a one-off campaign for older adults was established, targeting those individuals aged between 75 and 79 years old, with eligibility retained until their 80th birthday.
Following concerted targeted efforts uptake rates of RSV vaccination in eligible people in Powys uptake rates have improved significantly with:

- 67.1% for adults aged 75-79years vaccinated in the catch-up programme against target of 70% (compared to the Wales average of 64.1%)
- Over 60% of pregnant women being vaccinated on a monthly basis.

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, dated 19 June 2025, confirmed that the grounds failed and therefore the judgement not upheld, the decision taken by the Joint Commissioning Committee stands.

The Claimant sought permission to appeal which was denied. The claimant made an application of appeal to the High Court, the application was denied on all grounds.

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25/11/2025 11:43:14

The Joint Commissioning Committee(JCC) will now progress further implementation of the findings from the review, the next meeting of the JCC is scheduled for the 25 November 2025.

CONTINUOUS ENGAGEMENT WITH OUR COMMUNITIES

We are committed to listening and learning from our communities in Powys. Between November 2025 and February 2026 our engagement team will visit each of the thirteen localities in Powys. As well as visiting local community groups, they will also be holding a series of "Your Health Services" drop in events for residents to find out more about current developments in local health services.

Each event takes place between 3pm and 6pm, with venues across the county:

- Wednesday 26 November at the Guildhall in Brecon
- Friday 28 November at the Strand in Builth Wells
- Tuesday 2 December at Hafan Yr Afon in Newtown
- Thursday 4 December at the Miners Welfare in Ystradgynlais
- Tuesday 9 December at the Corn Exchange in Welshpool
- Wednesday 10 December at The Comm in Knighton
- Tuesday 6 January at the Institute in Llanfair Caereinion
- Thursday 8 January at Y Plas in Machynlleth
- Thursday 15 January at the Youth & Community Centre in Llanfyllin
- Wednesday 22 January at the Swan in Hay & Talgarth
- Tuesday 27 January at the Community Centre in Llanidloes
- Tuesday 3 February at the Pavillion in Llandrindod Wells
- Thursday 12 February at Clarence Hall in Crickhowell

ENGAGEMENT AND SERVICE CHANGE: Hywel Dda University Health Board

Hywel Dda University Health Board (HDUHB) is continuing their review of the feedback received during their recent consultation on their Clinical Services Plan which ended on 31 August 2025.

Work has been moving forward to assess the alternative options that have been proposed through the public consultation for the nine services within scope. Meanwhile, Opinion Research Services is completing the closing report for the public consultation to support the conscientious consideration process. As a result of the response rate, and in particular the significant number of alternative options proposed through the consultation, HDUHB reviewed their timeline and consultation outputs are now due to be presented to their Public Board in January 2026.

PTHB COLLEAGUE ACHIEVEMENTS

Congratulations to the Express Yourself arts and health initiative, led by Powys Teaching Health Board (PTHB), which was a finalist in the Award for Excellence

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in Rehabilitation at the Advancing Healthcare Awards Cymru 2025 held on 14 November.

This bold and innovative programme was originally initiated by the Speech & Language Therapy team at PTHB, who identified a need for creative support for adults living with communication difficulties secondary to neurological conditions. Their vision laid the foundation for a collaborative, arts-led response that has since grown into a transformative experience for participants.

Through a series of creative drama and movement workshops led by renowned local arts professionals including Shakespeare Link, participants explored new ways of expressing themselves, building confidence, and reconnecting with their communities.

The project was developed and delivered by the Express Yourself team in collaboration with PTHB's Arts in Health programme, with support from staff, participants, and funders. It has been praised for its inclusive approach, therapeutic value, and the quality of its artistic outcomes.

ISO14001: ENVIRONMENTAL STEWARDSHIP IN POWYS

PTHB continues to demonstrate its commitment to environmental stewardship and has maintained ISO 14001 standard accreditation for the seventh year running, reaffirming our leadership in environmental responsibility and compliance with Welsh Government directives.

This achievement strengthens the health board's commitment to sustainability, decarbonisation, and biodiversity across healthcare services. The September 2025 audit delivered exceptional outcomes with **zero non-conformances** identified – confirming the robustness of our Environmental Management System.

The audit reported two positive observations:

- **Advanced Waste Segregation**: PTHB adopted Wales' waste separation legislation early, embedding best practice across all sites.
- **Quality of Document Management**: Auditors commended our ability to retrieve and control documents instantly, ensuring compliance and transparency.

Auditors also praised leadership commitment, strong internal audits, and exemplary operational controls, including secure clinical waste handling and spill kit management.

This accomplishment has only been possible through outstanding cross-organisational collaboration, with key assessments and significant contributions from Maternity, Digital, Infection Prevention & Control, Medical Devices, Medicines Management, and Estates & Facilities.

Prepared: liz
23/11/2025 11:43:14

Earlier this year, our Estates and Facilities team also led the work towards Bronllys Hospital achieving Green Flag status by Keep Wales Tidy. Now in its third decade, the Green Flag Award recognises well-managed parks and green spaces in 20 countries around the world. Although there are already over 300 already in Wales, Bronllys Hospital will be the first hospital site to receive the accolade.

LEADING THE WAY IN ACCESSIBLE HEALTH SERVICES
BSL signers in Powys can now use Convo (formerly called SignLive) to contact their local NHS GP, dentist, optician or pharmacy.

Convo is a free app that connects patients to a BSL interpreter. The interpreter will call the health service for the patient and help them talk in real time.

The service is already available in Powys Teaching Health Board hospitals. Now, it works with over 80 GP surgeries, NHS dentists, opticians and pharmacies across Powys. This makes Powys the best area in Wales—and one of the best in the UK—for contacting health providers with BSL.

Antimicrobial Resistance Awareness Week
Antibiotic resistance is one of the biggest threats faced by modern healthcare, and teams across the health board have been been using Antimicrobial Resistance Awareness Week (18-24 November) as an opportunity to highlight simple steps we can all take to address it.
Antibiotics are used to treat infections caused by bacteria, but every time we take them, we give the bacteria a chance to fight back. Antibiotic resistance happens when bacteria find a way to defeat the drugs designed to kill them. Some bacteria have now become resistant to all antibiotics and cannot be killed at all.

Resistant bacteria spread easily from person to person, especially if they're in close contact. This happens in your home, in the community and in hospital. People can therefore 'carry' resistant bacteria even if they've never been ill or taken antibiotics.
If we stop overusing and misusing antibiotics, resistance can slow down, and antibiotics may start to work again.

The key messages for everyone in Powys are:

- Antibiotics are used to treat a range of infections caused by bacteria. They don't work for viral infections, including colds and flu, and most coughs and sore throats.
- Only take antibiotics when they're prescribed by your doctor, pharmacist, nurse or dentist
- Never share antibiotics with family, friends or pets
- Always return unused antibiotics to your local pharmacy – don't throw them away. This contaminates our rivers, threatening human and animal health.

Patterson, Liz
25/11/2025 11:43:14

Remember: antibiotics aren't always the solution. Speak to your doctor, practice nurse or pharmacist for more information.

Welcoming international nurses to Powys

We are delighted to have welcomed our latest cohort of six internationally trained nurses to Brecon Hospital. Sheeja, Reshma, Sibi, Jayalekshmi, Abida and Ardra are all from India and moved to the UK earlier in the year. All six have settled into Brecon extremely well and are working on Y Bannau ward at the hospital.

Nurses and healthcare Support Workers are the backbone of the NHS. However, it isn't always easy to recruit nursing staff to rural areas. Therefore Powys Teaching Health Board has widened its recruitment to identify highly trained and fully qualified nurses from overseas.

This is our third group of international nurses to join the health board, and the first to join in the south of Powys. Chatting with them they explained that they have found some things a little different from working and living back home but they very much enjoy being here.



Patterson,Liz
25/11/2025 11:43:14

Agenda item: 1.7

BOARD	26 NOVEMBER 2025
Subject:	**BOARD COMMITTEES: CHAIRS ASSURANCE REPORTS**
Approved and presented by:	Director of Corporate Governance / Board Secretary Committee Chairs
Prepared by:	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	

Patterson,Liz
25/11/2025 11:43:14

EXECUTIVE SUMMARY:

ASSURANCE REPORTS FROM COMMITTEE CHAIRS

The following Chair's Assurance Reports with links to committee agendas and papers are appended for the information of the Board:

Audit, Risk and Assurance Committee

- The Committee Chair's report of the meetings held on 07 October 2025 is attached at Appendix A.

Finance and Performance Committee:

- The Committee Chair's report of the meeting held on 21 October 2025 is attached at Appendix B.

Planning Partnership and Public Health Committee:

- The Committee Chair's summary report to support a verbal briefing of the meeting held on 20 November 2025 is attached at Appendix C.

Patient Experience, Quality and Safety Committee:

- The Committee Chair's report of the meeting held on 23 October 2025 is attached at Appendix D.

People and Culture Committee:

- The Committee Chair's report of the meeting held on 29 September 2025 is attached at Appendix E.

Executive Committee:

- The Committee Chair's report of the meetings held from 07 September to 12 November 2025 is attached at Appendix F.

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**.

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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 23 October 2025:** PEQS received an update on work to date to implement the People's Experience Framework. The adoption of the national People's Experience Framework is now scheduled to be brought to PEQS in February and Board in March 2026. **Item remains escalated.**
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 23 October 2025:** PEQS were assured that the quality of assessments is a key focus alongside reducing the backlog. 16 cases were breaching the 104 week wait target and it was expected the target would be met imminently. PEQS noted the position remains challenging and again requested details of funding arrangements to be included in the next report to Committee, together with details of de-escalation criteria. **Item remains escalated.**
F&P	Organisational Status	Feb 2025	For Board awareness, no specific action requested	**F&P 21 October 2025:**

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				F&P heard that Grant Thornton had been engaged for transformation, audit expertise and extra internal audit days. No significant emerging issues or quick wins had been identified affecting the 2025/26 position. An initial report would be completed at the end of October with Board Development engagement planned for November. The final report would be published at the end of November. **Item remains escalated.**

NEXT STEPS:
Further updates from the Chairs of the Board Committees will be received at the Board meeting scheduled for 26 November 2025.
IMPACT ASSESSMENT – NOT REQUIRED
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
PEQS 25 April 2023	Concerns regarding internal capacity constraints in respect of the use of Civica in relation to patient experience	**PEQS 24 Oct 2023:** • received an update within the Integrated Quality Report on Patient Experience – Civica (see PEQS Chair's Report to Board) **PEQS 23 Jan 2024:** • 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. **PEQS 16 April 2024:** • 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. **PEQS 30 July 2024:** • 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. **PEQS 07 Nov 2024:** • 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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		PEQS 11 February 2025: This work is tied to the imminently expected publication of the Wales Patient Experience Framework. **PEQS 30 April 2025:** • received an update within the Integrated Quality Report on Patient Experience – Civica. **PEQS 31 July 2025:** • The Patient Experience Framework is due to PEQS in October 2025 and Board in November 2025
PEQS (transferred from Delivery and Performance Committee) 22 October 2024	Neurodiversity Services	**D&P 22 Oct 2024:** • 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. **PEQS 07 Nov 2024:** • 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. **PEQS 11 February 2025:** • Received the action plan and a progress report – took assurance that the IQPF escalation mechanism is providing robust oversight **PEQS 30 April 2025:** • Progress had been made although challenges remained. (see PEQS Chair's Report to Board).

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		PEQS 31 July 2025: • Executive Committee have reviewed progress made on the Improvement Plan and reduced the level of local escalation to Level 2a as of 23 July 2025. The position remains challenging and PEQS have requested details of funding arrangements to the October PEQS meeting, along with details of the quality of assessments.
D&P February 2025	Organisational Status	**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 **D&P 01 May 2025:** • D&P heard that the first Level 4 Escalation meeting with Welsh Government had taken place where the escalation framework and support package were discussed. **F&P 26 June 2025:** • The Committee **RECEIVED** the Organisational Status Level 4 Monitoring report and will continue to do so. Board reporting will also continue as scheduled. **PEQS 31 July 2025:** • Executive Committee have reviewed progress made on the Improvement Plan and reduced the level of local escalation to Level 2a as of 23 July 2025. The position remains challenging and PEQS have requested details of funding arrangements to the October PEQS meeting, along with details of the quality of assessments. **F&P 02 September 2025:**

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		• Update provided in the F&P Chairs report and the CEO report. Further written update to be included in update to November Board.

De-escalated Items:

PEQS 4 July 2023 PEQS 30 April 2025 de-escalated	Infection Prevention and Control (Reported to Board IC July 2023)	**PEQS 24 Oct 2023:** • 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) **PEQS 23 Jan 2024:** • 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 **PEQS 16 April 2024:** Action plan is nearing completion and all actions are on track **PEQS 30 July 2024:** • Progress has been made (see PEQS Chair's Report to Board) but this matter remains escalated to Board. **PEQS 07 Nov 2024:** • Progress has been made (see PEQS Chair's Report to Board).

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		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 **PEQS 30 April 2025:** • 45 of the 47 improvement actions had been completed. The remaining two were due for completion within the next few weeks. The Executive Committee recommended Infection Prevention and Control be de-escalated.
W&C March 2025 P&C June 2025 De-escalated	Availability of Regional Investment Funding	**W&C 13 Mar 2025:** • RIF funding 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 Better Together Agenda. W&C to monitor and alert Board of any fundamental changes. **P&C 03 June 2025:** • Committee continues to monitor, RIF decisions now confirmed.
ARAC July 2025 Board 24 September 2025 De-escalated	Annual Accounts 2024/25 - the Health Board has failed to meet its statutory deadline for signoff of annual accounts.	**ARAC 8 July 2025:** • ARAC noted work continues with Audit Wales to conclude the audit and the Committee will receive outcome of lessons learned to October meeting and report to Board. • ARAC has not met since the last Board meeting in July 2025. The Annual report and accounts were approved by the Board on the 30 July and ARAC will receive a lessons learnt report at its meeting on the 07 October.

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Reporting Committee:	**Audit, Risk and Assurance Committee**
Committee Chair	Stephen Elliot
Date of last meetings:	07 October 2025
Paper prepared by:	Corporate Governance Business 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 Audit, Risk and Assurance Committee (ARAC) at its meeting on 07 October 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the ARAC is set out in Schedule 4 (pages 03-16) of Standing Orders.

3.HIGHLIGHT REPORT

(Links to agenda and reports:07 October 2025 - Powys Teaching Health Board

Meeting: 07 October 2025

Alert / Escalate	There was none
Advise	There was none
Assure	**INTERNAL AUDIT PROGRESS REPORT 2025/2026** Committee Members received the progress report which was inclusive of several audits that had been planned for delivery and reporting; however, they had not been finalised in time of the committee on 07 October. An overview of the progress with the delivery of the audit plan was provided: • One audit had been finalised, • Two were in draft, • Five were in progress, • Eight were at the planning stage, with scopes agreed and work scheduled to commence over the coming months.

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The Committee was informed of a request to defer the timing of the follow-up audit on Deprivation of Liberty Safeguards. This followed a previous limited assurance audit, as delays in recruiting to key posts had impacted progress on the associated actions. It was agreed that deferring the audit to later in the year would be more appropriate.

The Committee RECEIVED the report and APPROVED the proposed adjustments to the 2025/2026 plan.

INTERNAL AUDIT REPORTS

An overview was provided to the committee of the Assurance obtained from the Duty of Candour Audit which confirmed a rating of Reasonable Assurance.

The Committee recognised that where rapid reviews were only completed for incidents involving a death, the management action was unclear. The issues related to Mental Health would be addressed to ensure consistency across the organisation in how reviews were conducted. It was agreed that feedback would be provided to the team to update the wording of the management action.

The Committee **RECEIVED** and **NOTED** the Internal Audit report.

EXTERNAL AUDIT PROGRESS REPORT

The presentation provided an update on the Planned Care report, originally scheduled for July, was presented and resulted a time gap. Members were advised that some developments had occurred since the report was prepared.
A discussion would be held outside of the meeting regarding the Structured Assessment and whether there was an opportunity to present it directly to the Board, to help manage the demands of the January committee.

It was noted that the Cancer Services review had already been referenced within the update. Following discussions with the Health Board regarding the relevance and scope, particularly its focus on service provision, it was agreed that the scope was not applicable. An alternative approach to focus on commissioning arrangements was considered but overlapped with existing internal audit work. As a result, it was agreed to refund that element of the audit.

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The Committee RECEIVED and NOTED the External Audit Progress Report

EXTERNAL AUDIT REPORTS: PLANNED CARE RECOVERY

A summary was provided which outlined the findings of the national thematic review of planned care recovery, undertaken across all Welsh Health Boards. The review assessed the Health Board's progress in addressing planned care challenges and reducing the backlog of waiting lists. The Health Board accepted all recommendations. Thanks were extended to Health Board colleagues for their support during the review.

The Committee RECEIVED the External Audit report and Management responses.

LEARNING FROM ANNUAL EXTERNAL AUDIT OF ACCOUNTS AND ANNUAL REPORT 2024/2025

A summary was provided of the review of Continuing Health Care (CHC) processes following completion of the Annual Accounts. An overview of the issues identified were provided and actions taken to address the findings from the Audit of Accounts in 2024/2025.

The Committee proposed that the specific actions taken in relation to the lessons learned from the Annual Audit and accounts to be inclusive within the Approach for 2025/26 Annual Accounts. The Committee AGREED to the proposal and would be included within the report in March 2026.

The Committee RECEVIED the report and took ASSURNACE that the issues and learning identified as part of the 2024/2025 audit were being addressed.

COUNTER FRAUD UPDATE AND REPORTS

An overview of the key areas of work undertaken by the Health Board's Local Counter Fraud Specialist were provided. It was noted that the Health Boards service level agreement with Swansea Bay University Health Board (SBUHB) for the delivery of counter fraud services was due for renewal. Discussion with the Director of Finance, Estates and Support Services was underway.

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The Committee RECEIVED the update report and took ASSURANCE that appropriate counter fraud systems are in place.

AUDIT RECOMMENDATIONS TRACKER

An overview of the Audit Recommendations Tracker was presented, and it was noted that the report was provided in a revised format. Since the last report, significant improvements had been implemented based on Committee feedback. A data quality and validation exercise had been completed, along with a review of the tracker to improve formatting and readability. The report focused on the following key elements:

- Overdue findings
- Revised deadlines
- High-priority items
- Issues linked to limited assurance reports

An update was provided on the Mattresses Internal Audit findings which had received a Limited Assurance. It was acknowledged that initial expectations for resolving the issue was overly ambitious. Despite delays, progress was on track, and assurance was given that the issue should be resolved within the next month.

The Committee RECEIVED the position of Audit Findings and took ASSURNACE that the organisation has appropriate systems in place to tracking and responding to audit recommendations.

FINANCIAL CONTROLS

The Committee received an overview of current financial governance arrangements, which included:

- Standard Financial Instructions and Scheme of Delegation
- Procurement Thresholds and the role of the Non-Pay Scrutiny Group
- Policies relating to Training, Travel, and Expenses
- Overview of Long-Term Agreements and Service Level Agreements
- Continuing Healthcare (CHC) processes, with noted overlap from earlier agenda discussions
- Primary Care and Pay Expenditure, with further actions to be progressed as discussed at Board level

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- Vacancy Control Processes and reference to the Investment Benefits Group
- General approach to Budgetary Control and Savings
- Arrangements for Income Management and Internal Audit, including relevant financial system audits
- CHC-related actions following the End-of-Year Audit
- Update on Level 4 Escalation work, including input from External Consultants who have undertaken a "Grip and Control" checklist. Feedback and recommendations for improvement were expected.

The Committee RECEIVED the contents of the paper and took ASSURANCE from the financial controls in place.

RISK AND ASSURANCE UPDATE

The Committee received a summary of the Risk and Assurance programme. Work continued to mature the Board Assurance Framework through the development of detailed assurance analysis for each strategic risk.

The rollout of the Datix System had been delayed due to long-term staff absence in the risk post and data input errors identified during the pilot phase. These issues required corrective action to ensure reliable reporting. A workaround was identified to address the data input issue.

The Committee took ASSURANCE from the update on progress provided against the implementation of the Risk Management Framework (RMF) and took ASSURANCE from the update on progress provided against the implementation of the Board Assurance Framework (BAF).

INFORMATION GOVERNANCE PERFORMANCE REPORT

Members were provided with a summary of the Information Governance (IG) performance.

The Committee RECEIVED the report, took ASSURANCE on areas of good compliance, acknowledged efforts and successes and NOTED areas of poor or non-compliance and took ASSURANCE a programme of work was in place to improve compliance.

DIGITAL FIRST ANNUAL PLAN

The Committee RECIVED the report and took ASSURANCE that the Health Board was progressing and delivering against the Digital Strategic Framework, to embed a clinically led digitally enabled service in support of Digital First as a

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Strategic enabler for transformation, improvement, quality, safety and efficiency, NOTED the key achievements and NOTED the key challenges.

SFI EXECUTIVE FINANCIAL DELEGATION LIMITS

The Committee RECEIVED the report and DISCUSSED the proposed changes to the Standing Financial Instructions, which included:

- Executive authorisation levels increased to £500k for the Chief Executive;
- £250k for the Director of Finance and up to £100k for Executive team;
- A series of administrative updates would be applied to the SFIs which included Executive and other job title changes, Board Committee titles and external agency name changes where appropriate.
- The Committee NOTED that the Chief Executive would complete a review of the Executive portfolio scheme of delegation in readiness for the Board in November.

SINGLE TENDER WAIVERS

The Committee NOTED there has been no Single Tender Waiver requests made between 1 March 2025 and 31 March 2025 and took ASSURANCE that the organisation has appropriate monitoring in place for single tender waivers.

LOSSES AND SPECIAL PAYMENTS ANNUAL REPORT

Committee members received the item which provided a summary for the period 1st April 2024 to 31st March 2025. The payments had been categorised as follows:

- Clinical negligence and personal injury
- Redress (Putting Things Right)
- General Medical Practice Indemnity (GMPI)
- Other Special Payments

The Committee **RATIFIED** the Annual Report on Losses and Special payments covering the period 1st April 2024 to 31st March 2025.

INFORMATION GOVERNANCE RECORDS MANAGEMENT AND ANNUAL REPORT

It was noted that this was the first combined report on information governance and records management. The

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	report provided an overview of a number of matters and metrics. The Committee **RECEIVED** the annual report for 2024/25 and took **ASSURANCE** appropriate mechanisms are in place to monitor and record progress. The Committee **NOTED** the actions for continued development into 2025/26. **ANNUAL REVIEW OF COMMITTEE EFFECTIVENESS** A summary of the findings arising from the recent Committee Effectiveness Survey was presented. The findings of the survey were broadly positive, however noted the following areas for further consideration: • Committee Membership and Quoracy • Focus of Committee time, e.g. on lower assurance audits, long overdue audit recommendations and WHCs, financial controls • Induction/training specific to ARAC • Benchmarking for Committee effectiveness and 'what good looks like' in and audit Committee context The Committee DISCUSSED the summary of the Committee Effectiveness survey and any areas for action/improvement. **REVIEW OF COMMITTEE TERMS OF REFERENCE** A summary of the proposed changes to the Committee Terms of Reference was presented and discussed. The Committee ENDORSED the proposed amendments to the Terms of Reference and NOTED that an update to work programme would need to be undertaken to reflect the inclusion of Digital.
Inform	The following items were **RECIEVED** as part of the consent agenda: • Organisational Register of Interests (For information) • Losses and Special Payments (For Assruance) • Single Tender Waivers (For Assurance) • Information Governance Toolkit (For Assruance) • Committee Work Programme (for Information) • PTHB Glossary (for Information)
Appendices	There was none.
NEXT MEETING 13 January 2026	

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Key;

Alert / Escalate	Alert to matters that the Board need to be aware of, such as an area of non-compliance,

	or a major threat to safety/ to the delivery of strategy (list not exhaustive)
Advise	Advise the Board of areas subject to on-going monitoring or development or where there is negative assurance
Assure	Assure the Board where positive assurance has been received
Inform	Inform the Board of any other relevant information

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Reporting Committee:	**Finance and Performance Committee**
Committee Chair	Ronnie Alexander
Date of last meetings:	21 October 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 Finance and Performance Committee (F&P) at its meeting on 21 October 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the Finance and Performance Committee is set out in Schedule 4 (pages 17 – 27) of Standing Orders.

3.HIGHLIGHT REPORT

(Links to agenda and reports: 21 October 2025 - Powys Teaching Health Board

Alert / Escalate	**ORGANISATIONAL STATUS (NHS WALES ESCALATION FRAMEWORK) LEVEL 4 MONITORING REPORT** An update was provided against the Organisational status where the Board had been placed into level 4 escalation in November 2024. The following summary was provided: • Externally commissioned organisation providing external support, transformation and audit expertise, including additional internal audit days in key areas. • No significant emerging findings identified that would impact the 2025–26 position. • Initial report completed at the end of October; Board development engagement started in November, with the final report due in December. • Roles and responsibilities remain clear, with a Senior Responsible Officer (SRO) in place and work aligned to the Level 4 action plan. • Strong engagement between the PTHB and Welsh Govbernment planning teams and finance team and NHS Wales Performance and Improvement Team regarding the Level 4 plan.

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	• Regular updates and de-escalation criteria continue to be shared. The Committee RECEIVED the Organisational Status Level 4 Monitoring report.
Advise	There were no matters discussed.
Assure	**FINANCE PERFORMANCE REPORT MONTH 07** The Committee received the report and were provided with an overview on the latest performance position against the NHS Wales Performance Framework 2025/26. The following key themes were highlighted: • The Annual Plan was submitted to Welsh Government in March 2025, which included a deficit of £38.4m with an ambition to identify further actions to be able to plan for a £16m deficit; • The Accounting Officer letter in May confirmed actions to reduce expenditure in 2025/26 with a quantified value of £10.1m to revise the Health Board's forecast to a £28.3m deficit. Monthly monitoring returns to Welsh Government had been completed with reference to the £28.3m deficit; • At month 06, there was a £17.7956m overspend against the forecast deficit of £14.157m, giving the Health Board an operational overspend of £3.638m; • Significant pressures continue across Commissioning, Agency and Mental Health Private Providers; • Commissioning had overspent by £3.980m, with unfunded cost pressure arising from price increase non-elective tariffs in the English system; • Private and voluntary sector was overspent by £1.722m due to an increased number of acute mental health and learning disability placements with private providers; • Agency expenditure of £0.330m was lower than the previous month and continues to improve with underspends across Primary Care and Continuing Health Care. It was noted that the key additional cost pressure outside of the plan related to the NHS England tariff. Initially, it had been assumed this would be funded based on previous experience, however confirmation was received that it would not, resulting in the identification of a risk. The cost pressure was originally assessed at £5.4m but had reduced to £3.8m. The need for clarity and certainty around the actual impact and mitigation actions was emphasized.

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Identifying further actions would be a Board responsibility. Current actions were being implemented, and it was confirmed that no further actions had been identified so far through the externally commissioned report.

The Committee acknowledged the significant progress, particularly in reducing agency spend and prescribing costs. The savings achieved at £17m was considered a substantial amount, however recognised further progress was still required. Appreciation was expressed to the teams involved for their efforts in delivering these savings.

The Committee RECEIVED the financial report, CONSIDERED and DISCUSSED the financial forecast for 2025/26 of £28.3m and took ASSURANCE that the organisation has effective financial monitoring and reporting mechanisms in place.

INTEGRATED QUALITY AND PERFORMANCE REPORT MONTH 05

The Integrated Quality & Performance Report (IQPR) provided an update on the latest available performance position against the NHS Wales Performance Framework 2025/26.

The committee discussed Neurodevelopmental Services and noted the recent internal escalation with good progress made; however, performance was still low. Members raised concern about potential backsliding; assurance sought that improvements would be maintained. Further detailed discussion expected at the Patient Experience, Quality and Safety (PEQS) Committee.

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.

ANNUAL DELIVERY PROGRESS REPORT Q2

An update was provided on the quarterly delivery against the Health Boards Annual delivery plan. The report included components from the Ministerial Advisory Group on performance and productivity in NHS Wales. The Q2 progress summary included:

- Achievements noted across multiple areas:

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- Population health: breastfeeding accreditation, smoking cessation successes, vaccination improvements.
- Primary care: increased dental provision, community optometry.
- Planned care: developments in musculoskeletal and orthopaedics.
- Enablers: workforce, digital, partnership, governance, and assurance.

- Challenges:
- Higher proportion of items at risk or behind schedule (18% vs 12% last quarter).
- Executive Committee agreed to review these in detail and take actions to improve delivery confidence.

The Committee DISCUSSED the report and TOOK ASSURANCE that the Health Board had appropriate systems in place to monitor performance and respond to relevant issues.

GENERAL DENTAL SERVICES (GDS)
An overview was provided of the General Dental Services (GDS) Commissioning Framework.

The Committee discussed the availability of qualified dental professionals, initiatives to support dental practices in adopting a multidisciplinary team model, including developing and supporting dental therapists. However, recruiting and retaining dentists in the independent contractor sector remains a significant challenge. Members acknowledged positive steps like mobile units for urgent access but highlighted ongoing concerns about routine access and plans to improve overall dental service capacity.

The Committee RECEIVED the update and took ASSURANCE that the General Dental Services Commissioning Assurance Framework was in place and the monitoring process provides relevant assurance in relation to dental contract management.

DEEP DIVE – CANCER PERFORMANCE AND DIAGNOSTICS
The Committee received an overview on Cancer Performance and Diagnostics across Powys. It was noted that Welsh Cancer data was of average quality and remained under development and investigation both locally and nationally. Reporting robust data would be improved, with longer time

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periods utilised to negate low number challenges where possible. Diagnostics were noted to also to be a significant challenge for Powys.

The Committee RECEIVED and DISCUSSED the Cancer Performance and Diagnostics report and NOTED the areas of challenge.

SIX MONTHLY REPORT ON CATERING SERVICES

The Committee received the report and noted the following:

- Powys had maintained top food hygiene ratings through a strengthened Food Safety Management System, proactive auditing, and improved staff training.
- New assurance system and upcoming Catering Management Information System would enhance compliance and allergen control.
- Minor allergen issues were addressed with targeted actions. Allergen awareness and workforce resilience remain but were managed. Overall, food safety assurance was robust and embedded at all levels.

The Committee took ASSURANCE from the current position of sustained compliance and governance maturity and APPROVED the cessation of further standalone assurance reporting on this matter.

POWYS PUBLIC SERVICE BOARD (PSB) CLIMATE WORKING GROUP UPDATE

The Committee received the report which highlighted the development of a two-phase programme. Phase one concluded in December 2024, and phase two was underway supported by Shared Prosperity Fund funding through February 2026.

The programme had strengthened organisational capability, improved data capture, and enhanced public engagement. A third phase was under development to deepen data granularity and expand community-level action. Powys remained a core member, ensuring health-related impacts were considered in future planning.

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	Concerns were raised regarding the availability of funding and the need to review priorities. It was recognised that a key focus should be on climate adaptation within health services. Members noted that elements from the Public Services Board (PSB) could provide valuable input to inform health-related activities. The Committee RECEIVED the report and took ASSURANCE the partnership work contributes effectively to PTHB plans and requirements. **COMMITTEE RISK REGISTER** The Committee received the revised Committee Risk Register comprised of risks allocated to the Committee for oversight within the newly developed Strategic Risk Register (SRR) as adopted by the Board on 30 July 2025. The Committee reviewed Risk 001 concerning the Health Board's inability to achieve financial breakeven and maintain sustainability. Members agreed the likelihood of this risk occurring is now almost certain. They questioned whether the risk score should be updated to reflect this increased likelihood. Further discussion with the Finance team will occur outside the meeting, and any changes will be included in the next risk update cycle. The Committee RECEIVED the corporate risks within the Committee's remit and took ASSURANCE that risks were being managed in line with the Risk Management Framework.
Inform	The following documents were received for information: • Committee work programme • Tackling the Planned Care Challenges • Powys Teaching Health Board Glossary.
NEXT MEETING: 04 December 2025	

Key:

Alert / Escalate	Alert to matters that the Board need to be aware of, such as an area of non-compliance, or a major threat to safety/ to the delivery of strategy (list not exhaustive)
Advise	Advise the Board of areas subject to on-going monitoring or development or where there is negative assurance
Assure	Assure the Board where positive assurance has been received

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Inform	Inform the Board of any other relevant information

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Reporting Committee:	**PLANNING, PARTNERSHIP AND POPULATION HEALTH COMMITTEE**
Committee Chair	Rhobert Lewis
Date of last meeting:	20 November 2025
Paper prepared by:	Corporate Governance Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to **NOTE** that the following matters are scheduled to be discussed at the meeting held on 20 November 2025 (the Committee has not met at the time of the release of this paper). A full report will be available at the Board meeting in January 2026.

- Integrated Plan 2025/26 Development and Draft Maturity Matrix
- Approach for Development of 2026/27 Annual Plan
- Strategic Change Report and Engagement Report
- Child Immunisation Annual Report
- Vaping Deep Dive/Tobacco Control Action Plan
- Public Service Board Annual Report
- Committee Risk Register

The papers from this meeting can be accessed at: 20 November 2025 - Powys Teaching Health Board

DATE OF NEXT COMMITTEE MEETING

03 February 2026 at 10:00 via Microsoft Teams.

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Reporting Committee:	**Patient Experience, Quality and Safety Committee**
Committee Chair	Simon Wright
Date of last meetings:	23 October 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 23 October 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 28 -42) of Standing Orders.

3. HIGHLIGHT REPORT

Links to agenda and reports: 23 October 2025 - Powys Teaching Health Board

Alert / Escalate	• **Neurodiversity Services** – This service was placed under local escalation (level 3) by Executive Committee on 02 October 2024. PEQS were advised at their July 2025 meeting this had been reduced to Level 2a. PEQS were assured that the quality of assessments is a key focus alongside reducing the backlog. 16 cases were breaching the 104 week wait target and it was expected the target would be met imminently. PEQS noted the position remains challenging and again requested details of funding arrangements to be included in the next report to Committee, together with details of de-escalation criteria. This matter is escalated to Board and PEQS will continue to provide updates • **Civica** – patient experience system – PEQS received an update on work to date to implement the People's

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	Experience Framework. PEQS requested sight of the implementation plan at their next meeting. The adoption of the People's Experience Framework is now scheduled to be brought to PEQS in February and Board in March 2026. This matter remains escalated to Board and PEQS will continue to provide updates.
Advise	• **Integrated Quality Report** 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 subject to the following: Further to the attention drawn to the number of incidents recorded with no harm value at the July meeting, further work has been undertaken and a backlog of incidents going back to 2021 identified. PEQS heard these will be addressed at pace and requested an interim report on this matter to be provided in November 2025. PEQS will monitor the position.
Assure	• **Maternity Assurance Report** The Committee took ASSURANCE on the assessment and actions identified against the Swansea Bay maternity report and NOTED a wider update will be provided in February 2026 relating to maternity services for Powys patients, including an update on the national self-assessment work currently taking place. PEQS requested further detail regarding assurance when commissioned services are sub-standard and noted the Board will need to take the opportunity to reflect on the balance of the organisation as a provider and commissioner • **Patient Experience – General Dental Services (GDS)** The Committee RECEIVED the report, and took ASSURANCE that systems and clinical governance processes are in place to monitor the quality of primary care dentistry. The Committee request that the Chair's Forum review the reporting arrangements for GDS which is currently split between this Committee and Finance and Performance Committee. • **Clinical Audit 2024/25 and 2025/26**

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	The Committee RECEIVED the clinical audit plan for both 2025/26 (mid-year update) and for the 11 outstanding audits from 2024/25, and took ASSURANCE that a clinical audit plan is in place, NOTING an end of year report will be provided in early 2026/27. • **Medicines Management Annual Report 2024/25** The Committee RECEIVED the report and took ASSURANCE that the necessary responsibilities in relation to Medicine Management are being met. • **Committee Risk Register** The Committee RECEIVED the risks relating to the Committee and took ASSURANCE the risks were being managed in line with the Risk Management Framework.
Inform	The following Internal Audit Report was received for information: • Duty of Candour (Reasonable Assurance) which had been received by the Audit, Risk and Assurance Committee on 07 October 2025. The 2025 PEQS **Work Programme** was received. The Transition of Care Annual Report 2023/24 had been expected to the July meeting, deferred to the October meeting. A further extension was requested The Committee had reluctantly accepted this request on the basis that future Annual Reports would be produced for the August meeting. Committee also expressed concern at the number of requests for deferral of deadlines for actions. The Chief Executive undertook to review the position before the next meeting.
Appendices	None
NEXT MEETING: 05 February 2026	

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Reporting Committee:	**People and Culture Committee**
Committee Chair	Jennifer Owen-Adams
Date of last meetings:	29 September 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 People and Culture Committee meeting on 29 September 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the People and Culture Committee is set out in Schedule 4 (pages 44 – 54) of Standing Orders.

3. HIGHLIGHT REPORT

(Links to agenda and reports: People and Culture Committee - Powys Teaching Health Board)

Alert / Escalate	Nothing to report from this meeting.
Advise	Nothing to report from this meeting.
Assure	**Workforce and Performance Report** The Committee received a report with attention focused on the use of agency staff and sickness absence which showed • a positive trend in agency usage, averaging 68.9 full-time equivalents over 12 months. • a marked reduction in both on and off contract agency staff since the start of the financial year. Bank staff usage rose, effectively replacing agency costs and supporting the Welsh Government's target of a 30% reduction in agency spending. • Sickness absence saw a slight 0.3% year-on-year increase, though long-term absences have decreased due to proactive steps. Efforts continue to reduce short-term absences and lower the overall rate. Agency use and sickness absence remain priorities.

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The Committee RECEIVED the information provided in the update and took ASSURANCE the organisation collects, analyses and monitors relevant people and culture data.

Director of People and Culture Report

The Committee were provided an update on workforce priorities, noting

- Ongoing efforts to reduce agency spending, with site reconfiguration seen as the most impactful strategy,
- Powys Teaching Health Board (PTHB) has pursued a deliberate approach to hiring additional healthcare support workers to strengthen the permanent workforce, while also collaborating with universities to attract new candidates. The focus is placed on appointing permanent healthcare support staff rather than depending on agency personnel, as this strategy proved either cost-neutral or more financially beneficial compared to employing temporary staff.
- The organisation secured funding to extend mindfulness and well-being programmes, with forty-four staff accessing counselling and occupational health standards maintained.
- Well-being roadshows were relaunched and well attended, despite resource pressures.
- Partnership work included new funding for school engagement and developing skills across organisations, as well as plans for careers festivals and more primary school outreach.
- Staff were highly aware of the Better Together programme, and feedback on organisational change would inform future planning.
- Nationally, the organisation continued to review mandatory training, develop a leadership framework, and complied with new legislative requirements through an annual social partnership report.

The Committee RECEIVED this report as an update on priorities within the Workforce section of the Integrated Plan 2025/26 since the July 2025 that are not part of the Committee's agenda and; took ASSURANCE regarding delivery of those priorities. The paper also provides an update on any workforce areas identified nationally.

Theme 2 – Great Place to Work

The Committee received assurance on several matters including staff retention, staff experience (Speaking Up

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	Safely Framework, the independent Whistleblowing service, the Managers Programme, the NHS Staff Survey and the reverse mentoring scheme. The Committee REVIEWED the information provided in the update and took ASSURANCE of delivery against the plan. **Violence and Aggression Incidents** The Committee were provided with an overview and analysis of Datix recorded violence and aggression incidents, noting that most incidents involving aggressive behaviour or physical assault, mainly concentrated in mental health wards, often due to a small number of patients. Restrictive practices were limited to mental health settings, with fewer incidents elsewhere. High training compliance was maintained, though some staff missed sessions due to absence. Ongoing monitoring and collaboration with safeguarding teams ensure appropriate interventions. The Committee REVIEWED the information provided in the update and took ASSURANCE that appropriate monitoring of incidents is undertaken and relevant actions are in place. **Committee Risk Register** The Committee received an update on the relevant risks from the newly developed Strategic Risk Register (SRR), It was noted that the SRR contained a single but significant risk concerning the ability to recruit and retain a suitable workforce. The Committee RECEIVED the Corporate Risks within the Committee's remit, DISCUSSED any relevant issues and; took ASSURANCE that risks are being managed in line with the Risk Management Framework.
Inform	
NEXT MEETING: 09 December 2025 via Microsoft Teams	

Key:

Alert / Escalate	Alert to matters that the Board need to be aware of, such as an area of non-compliance, or a major threat to safety/ to the delivery of strategy (list not exhaustive)
Advise	Advise the Board of areas subject to on-going

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	monitoring or development or where there is negative assurance
Assure	Assure the Board where positive assurance has been received
Inform	Inform the Board of any other relevant information

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Reporting Committee:	**Executive Committee**
Committee Chair	Hayley Thomas, Chief Executive
Date of last meeting:	12 November 2025
Paper prepared by:	Director of Corporate Governance and Corporate Business Manager

KEY DECISIONS AND MATTERS CONSIDERED BY THE COMMITTEE

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.

I am pleased to provide the Board with a summary of the matters considered by the Executive Committee when it met on the 17 September, 26 September, 1 October, 15 October, 22 October, 29 October and 12 November 2025. Meetings following these dates will be reported to the Board in January 2026.

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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	Financial Controls	Assurance	The Executive Committee RECEIVED the contents of this paper and took ASSURANCE from the financial controls in place and NOTED the paper will be provided to the Audit Risk and Assurance Committee in October.	Audit, Risk and Assurance Committee	17.09.25
	Transformation of PTHB Resuscitation Services	Assurance	The Executive Committee DISCUSSED and APPROVED proceeding with Resuscitation Trolley Option 2 to transform and provide greater assurance of Resuscitation Services within PTHB.		17.09.25
	Better Together Portfolio Update	Assurance	The Committee RECEIVED and took ASSURANCE FROM the Stage 0-2 Engagement Report and Stage 2 Engagement Closure Report and DISCUSSED and APPROVED the Draft Consultation Plan. The Committee RECEIVED and took ASSURANCE from the updated Case for Change documents and NOTED the planned forward activity including the timetable for consideration and approval of recommendations.	Board	17.09.25
	Financial Performance Report (Month 05)	Assurance	The Committee RECEIVED the financial report and took ASSURANCE that the organisation has effective financial monitoring and reporting mechanisms in place. The Committee CONSIDERED and DISCUSSED the financial forecast for 2025/26 of £28.3m and the underlying deficit of £42.1m.	Board	17.09.25
	Integrated Quality and Performance	Assurance	The Committee DISCUSSED the content of this report; and took ASSURANCE that the Health Board has	Board	17.09.25

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	Report (Month 04)		appropriate systems in place to monitor performance and respond to relevant issues.		
	Workforce Performance Report	Assurance	The Committee NOTED the report.	People and Culture Committee	17.09.25
	Nationally Reportable Incidents Update	Assurance	The Committee RECEIVED the report and were INFORMED by the contents of this report.		17.09.25
	Theme 2: Great Place to Work	Assurance	The Committee REVIEWED the information provided in the update and took ASSURANCE of delivery against the plan.	People and Culture Committee	17.09.25
	Violence and Aggression Deep Dive	Assurance	The Committee REVIEWED the report and DISCUSSED the contents and the proposed next steps and NOTED the report will be provided to the People and Culture Committee in September.	People and Culture Committee	17.09.25
	DHCW Cyber Security and Assurance Report that had been presented at the Digital Data and Technology Leadership Board	Assurance	The Committee NOTED the position on the paper presented and the response from the DDaT Leadership Board.		17.09.25
	Better Together - Phase One Options Appraisal and		The Committee CONSIDERED the alternative timeline scenarios presented and determine if there are others which should be considered and DISCUSSED the scope and resource requirements if moving towards a single consultation timeline taking into consideration learning	Board Development	26.09.25

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	Timeline Assessment		from Phase 1. The Committee AGREED to reconvene early week of the 29 September to further discuss options.		
	Level 4 Escalation Support Update	Assurance	The Committee RECEIVED an update on the escalation support provided by Grant Thornton.		01.10.25
	Learning from Annual External Audit of Accounts and Annual Report 24/25	Assurance	The Committee RECEIVED the contents of the report and took ASSURANCE that the issues identified as part of the 2024/25 audit are being addressed.	Audit Risk and Assurance Committee	01.10.25
	People's Experience Framework	Assurance	The Committee RECEIVED the report and took ASSURANCE that progress is being made regarding the implementation of the People's Experience Framework including appropriate monitoring and reporting. The Committee also took ASSURANCE that continued actions are in place to further develop People's Experience implementation, monitoring, and reporting.	Patient Experience, Quality and Safety Committee	01.10.25
	Medicines Management Annual Report	Assurance	The Committee RECEIVED the report and took ASSURANCE that the necessary responsibilities in relation to Medicine Management are being met.	Patient Experience, Quality and Safety Committee	01.10.25
	Medical Devices and Point of Care Testing Annual Report 2024/25	Assurance	The Committee REVIEWED the report and ACCEPTED this as an accurate overview of the service.	Patient Experience, Quality and Safety Committee	01.10.25

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	Digital First Assurance Report	Assurance	The Committee took ASSURANCE that the health board are progressing and delivering 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 and NOTED the key achievements; challenges and the output report following the Cyber Assurance Framework audit review.	Audit, Risk and Assurance Committee	01.10.25
	Better Together Portfolio Update	Assurance	The Committee received and NOTED an update on the Better Together portfolio.		15.10.25
	Finance Performance Report Month 06	Assurance	The Committee RECEIVED the financial report and took ASSURANCE that the organisation has effective financial monitoring and reporting mechanisms in place and DISCUSSED the financial forecast for 2025/26 of £28.3M and the underlying deficit of £42.1M.	Finance and Performance Committee	15.10.25
	Integrated Quality and Performance Report Month 05	Assurance	The Committee 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.	Finance and Performance Committee	15.10.25
	Food Safety and Compliance Report	Assurance	The Committee took ASSURANCE from the current position of sustained compliance and governance maturity. The Committee also APPROVED the cessation of further standalone assurance reporting on this matter.	Finance and Performance Committee	15.10.25
	Quarter 2 Annual Delivery Progress Report	Assurance	The Committee DISCUSSED and STRENGTHENED the report with additional information for inclusion and CONSIDERED the change requests.	Finance and Performance Committee and Board	15.10.25

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	Integrated Quality Report	Assurance	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.	Patient Experience, Quality and Safety Committee	15.10.25
	PSB Climate Working Group Update	Assurance	The Committee RECEIVED the shared work identifying the ongoing to response to climate change by the Powys Public Service Board Climate Working Group and took ASSURANCE the partnership work contributes effectively to PTHB plans and requirements.	Finance and Performance Committee	15.10.25
	Maternity Assurance Report	Assurance	The Committee RECEIVED an update on the safety and quality of maternity services, in the context of national scrutiny. The report outlined the service's position against the independent review into maternity services at Swansea Bay UHB and corresponding recommendations. The Committee took ASSURANCE on the assessment and discussed points of interest or concern.	Patient Experience, Quality and Safety Committee	15.10.25
	Neurodevelopment Services Escalation Oversight Update	Assurance	The 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 within the Service and took ASSURANCE from the ongoing monitoring and evaluation mechanisms in place.	Patient Experience, Quality and Safety Committee	15.10.25
	Commissioning Assurance Framework - Primary Care General Dental Services 2024/25	Assurance	The Committee RECEIVED the update provided and took ASSURANCE that the General Dental Services Commissioning Assurance Framework is in place and the monitoring process provides relevant assurance in relation to dental contract management.	Finance and Performance Committee	15.10.25

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	Quality and Safety in General Dental Services	Assurance	The Committee RECEIVED the report that has been requested by the Patient Experience Quality and Safety Committee (for the October 2025 meeting) and took ASSURANCE that systems and clinical governance processes are in place to monitor primary care dentistry.	Patient Experience, Quality and Safety Committee	15.10.25
	Progress Report Clinical Audit	Assurance	The Committee RECEIVED the update report and took ASSURANCE that clinical audit is progressing in year.	Patient Experience, Quality and Safety Committee	15.10.25
	Child Immunisations Annual Report	Assurance	The Committee took ASSURANCE regarding the uptake in childhood immunisations and the actions being undertaken to maintain and / or further increase the uptake of childhood immunisations, including targeted catch-up campaigns. The Committee NOTED the successful implementation of a targeted HPV vaccination catch-up campaign in August 2025 to increase uptake rates in Powys.	Planning, Partnerships and Population Health Committee	29.10.25
	Digital Strategic Framework Annual report	Assurance	The Committee took ASSURANCE that robust arrangements are in place to ensure ongoing delivery and significant progress made to align with ministerial digital priorities. The Committee ACKNOWLEDGED key achievements delivered to date and RECOGNISED that alongside these assurances and achievements, significant challenges remain.	Audit Risk and Assurance Committee (in Jan 2026)	29.10.25
	SBAR: Cardiology Heart Rhythm Test Reporting	Assurance	The Committee received an SBAR highlighting data quality issues in cardiac diagnostics reporting, confirmed corrective actions to ensure accurate future performance reporting, and the Committee noted the position for inclusion in HT's Board report.		29.10.25
	Planning and Strategy	Assurance	The Committee received and provided additional inputs on the evidence or commentaries. The Committee	Planning, Partnerships	12.11.25

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	Maturity Matrix Self-Assessment		CONSIDERED and agreed the associated actions to ensure these are comprehensive, proportionate and appropriate.	and Population Health Committee, Board	
	Strategic Change and Engagement Report	Assurance	The Committee received the report, which served as a baseline with changes reported by exception since the previous update. The Committee NOTED the report and DISCUSSED the content.	Planning, Partnerships and Population Health Committee	12.11.25
	WCCIS Position Statement	Assurance	The Committee NOTED the national funding position, the current programme procurement position and the planned timelines. The Committee took ASSURANCE that due diligence has been conducted and planned for the procurement process. A regular update to the Executive Committee was requested.		12.11.25
	Tobacco Control Action Plan and Vaping Deep Dive	Assurance	The Committee NOTED and CONSIDERED the contents of the briefing and took ASSURANCE about progress in the delivery of actions towards achieving the Health Board's smoking cessation targets.	Planning, Partnerships and Population Health Committee	12.11.25
Inform	Hate Crime Charter	Approval	The Committee supported the recommendation that Powys Teaching Health Board SIGN UP to the Wales Victim Support Hate Crime Charter and APPROVED the resulting actions set out in the next steps.	Board (via CEO report)	17.09.25
	Social Partnership Annual Report	Approval	The Committee APPROVED the draft Social Partnership Duty Annual Report for presentation to the Local Partnership Forum.	People and Culture Committee and Local	17.09.25

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				Partnership Forum	
	Workforce Controls: Vacancy Freeze	Approval	The Committee agreed for the implementation to commence from the 2 October. *NB – any recruitment is subsequently considered weekly buy Executive Committee.*	People and Culture In-Committee	26.09.25
	MSK First Contact Practitioner Service - South Cluster	Approval	The Committee APPROVED transition of the South Cluster MSK FCP service from Cluster funding to Health Board funding on a substantive basis at a cost of £97,905 per annum.		15.10.25
	Options Appraisal: GMS Additional Funding Request		The Committee RECEIVED the paper and independent report from the RCGP; CONSIDERED and DISCUSSED the preferred options and AGREED the way forward.		22.10.25
	Implementation of Open Eyes and E-referrals (Digitilisation of the Eye Care Programme)	Approval	The Committee NOTED the national Funding position; the Planned scoping workstreams required and the planned timelines; and took ASSURANCE that due diligence had been conducted and planned for the progress of this mandated clinical system implementation. The Committee SUPPORTED the recommendation as proposed: Proceed with the implementation of OpenEyes and E-Referrals, accepting the Welsh Government funding and ensuring clear operational and digital leadership for the rollout.		22.10.25
	System Winter Resilience Plan 2025/26	Recommendation	The Committee DISCUSSED the system plan and RECOMMENDED the plan for submission to the RPB Board for final consideration and sign-off.	RPB Board	29.10.25
	Tender for the Provision of General Dental	Approval	The Committee NOTED the procurement process has complied with The Health Services (Provider Selection	Board In-Committee	29.10.25

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	Services in Crickhowell		Regime) (Wales) 2025 regulations and made relevant recommendations to the Board (In-Committee).		
	Policy Review Update	Approval	The Committee APPROVED amendments of the following policies: • HR011 Recruitment & Selection Policy • HR073 All-Wales Job Evaluation Policy • HR116 All-Wales Anti-Sexual Harassment Policy		29.10.25
	CHC/Complex Care: Brokerage Section 33 with PCC	Approval	The Committee APPROVED the testing of the system in order to maximise case evaluation and benefits prior to the end of the financial year; and REVIEWED and DISCUSSED the content of this report and the appended draft Section 33 agreement with Powys County Council. The Committee Took ASSURANCE regarding the actions in place to manage service demand, improve performance and control spending.		29.10.25
	Workforce Race Equality Standard: Analysis of Local PTHB Workforce Data	Endorsement	The Committee NOTED the findings of the analysis and ENDORSED their inclusion in the Equality Team's 2025–26 work plan. The Committee also ENDORSED the findings of this analysis to enable sharing of this with the Welsh Government Equality Team.	People and Culture Committee	12.11.25
	Women's Health Options Appraisal	Approval	The Committee RECEIVED a report to seek approval for the preferred option for delivering a Women's Health Hub in Powys aligned with WG implementation guidance and the Women's Health Plan for Wales. The Committee APPROVED Option Three.		12.11.25

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.

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

Key:

Alert / Escalate	Alert to matters that the Board need to be aware of, such as an area of non-compliance, or a major threat to safety/ to the delivery of strategy (list not exhaustive)
Advise	Advise the Board of areas subject to on-going monitoring or development or where there is negative assurance
Assure	Assure the Board where positive assurance has been received
Inform	Inform the Board of any other relevant information

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Region:	**Powys**
Report:	**Regional Directors Report**
Period Covered:	**16 September 2025 – 13 November 2025**
Author:	**Katie Blackburn**
Status:	**For Information**
Date:	**27th November 2025**

Summary:

No. engagement activities	No. visits	No. consultations	No. service changes	No. representations	No. open advocacy cases	No. people engaged with
22	2	45	11	14	99	203

Engagement 2025-2026:

April	Newtown Llais Local	**October**	Presteigne and Knighton Llais Local
May	Llanfyllin Public Forum	**November**	Brecon Social Care Forum
June	Ystradgynlais Public Forum	**December**	
July	Crickhowell Llais Local	**January**	
August	Llanfair Caereinion Public Forum	**February**	Llanfyllin Llais Local
			Health and Social Care Summit Llandrindod
September		**March**	Welshpool Public Forum
			Machynllyth Social Care Forum

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Six Month Summary of "What we've heard", and where…….

Llais Event	Health Concerns	Social Care Concerns
Newtown Llais Local 1st- 11th April	Poor GP Access Mental Health Support Gaps Lack of NHS Dental Care	Hospital Discharge & Dignity Access & Transport Barriers Cross- Border Care Confusion
Llanfyllin Public Forum 14th May	Poor Access to Appointments Delayed Referrals & Disjointed Care Long Travel for Basic Services	Inadequate Discharge Planning Lack of Support for Carers Limited Awareness of Available Services
Ystradgynlais Public Forum 25th June	Border Problems Access to GPs Mental Health Services	Staff Training Gaps Closure of Canolfan Day Centre Reduced Local Services
Crickhowell Llais Local 1st- 11th July	GP Access and Continuity Dental Care Gaps Hospital and Specialist Services	Communication Problems Joined-up Care Rural Transport and Access
Llanfair Caereinion Public Forum 28th August	NHS Dental Services Hospital Access & Transport Lack of Awareness of Support Services	Access and Continuity of Care Lack of Awareness of Support Services Financial Barriers

Advocacy:

Total no. new cases opened	20
Total no. cases closed	19
Total no. open advocacy cases	99

Top 5 complaint themes during period:

1. Mental Health Services
2. Communication
3. Access
4. Accessing care locally
5. Social care

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National Updates:

https://www.llaiswales.org/news-and-reports/reports/annual-report-accounts-2024-2025

https://www.llaiswales.org/news-and-reports/reports/llais-consultation-response-national-strategy-preventing-and-responding

https://www.llaiswales.org/news-and-reports/reports/llais-response-ligature-reduction-assessment-policy-and-procedure

https://www.llaiswales.org/news-and-reports/reports/llais-response-code-practice-quality-assurance-and-performance-management

https://www.llaiswales.org/news-and-reports/reports/welsh-language-standards-annual-report-2024-2025

https://www.llaiswales.org/news-and-reports/reports/llais-response-inquiry-improving-access-support-unpaid-carers

Katie Blackburn

Regional Director – Llais Powys

13 November 2025

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.1a

PTHB Board	**26 November 2025**
Subject:	**Planning and Strategy Maturity Matrix Self Assessment**
Approved and presented by:	Nicola Johnson, Executive Director of Planning, Performance & Commissioning
Prepared by:	Assistant Director of Planning
Other Committees and meetings considered at:	Executive Committee – 12 November 2025 Planning, Partnerships and Population Health Committee – 20 November 2025

PURPOSE:

This report provides the Board with an updated self assessment against a 'Strategy and Planning Maturity Matrix' provided by Welsh Government. This is required to be completed as part of the Level 4 Escalation and Intervention arrangements (for strategy and planning components).

The matrix has been revised by Welsh Government in the Autumn 2025 and there are significant changes to the previous version. Further guidance has also been provided in relation to the interpretation of the criteria and scoring (this cover paper provides the full explanation of the changes).

A revised self assessment has therefore been made against the new framework, applying the new guidance, and considered in detail at Executive Committee and Planning, Partnerships and Population Health Committee in November.

Following consideration at Board, the report will then be submitted to Welsh Government to meet the deadline of the end of November 2025.

RECOMMENDATION(S):

The Board is asked to:

- **NOTE** that the revised matrix and further guidance from Welsh Government has been comprehensively considered and taken into account in the attached Self-Assessment, including consideration by Executive Committee and Planning, Partnerships and Population Health Committee

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- **NOTE** the key findings and in particular the areas of action to improve the maturity of strategy and planning in the organisation
- **APPROVE** the revised self assessment for submission to Welsh Government in line with Welsh Governments Level 4 Escalation and Intervention arrangements (for strategy and planning components).

Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	This report provides the Committee with an updated stocktake of Strategic Change programmes around Wales and England which may have an impact on Powys residents.
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:

PTHB is required to complete an updated self-assessment against a 'Strategy and Planning Maturity Matrix' provided by Welsh Government, as part of Level 4 Escalation and Intervention arrangements, by the end of November 2025.

The full Self Assessment is attached and a summary of key points is provided in this cover paper, noting in particular:

- That there have been significant changes made by Welsh Government since the previous version and further guidance has been provided in relation to the criteria and scoring methodology

- There are a number of key areas of action which can be identified from the outputs of the Self Assessment, to improve the maturity of strategy and planning in the organisation

Following consideration at Board, the report will then be submitted to Welsh Government to meet the deadline of the end of November 2025.

BACKGROUND:

PTHB is required to complete an updated self-assessment against a 'Strategy and Planning Maturity Matrix' provided by Welsh Government, as part of Level 4 Escalation and Intervention arrangements.

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It is expected that this is considered via Committee and Board mechanisms, prior to submission to Welsh Government at the end of November 2025. Regular review is also required.

Scope and methodology of the self-assessment noting changes since previous version

The self-assessment covers the strategy and planning elements of Level 4 escalation (the financial elements are covered through a separate assessment and action planning mechanism, however there are interdependencies in the criteria set by Welsh Government relating to financial sustainability, which impact on the 'scoring' of the self-assessment).

Welsh Government have made significant changes to the matrix since the previous version shared with the Committee. There are still six domains, as before, and in this version, each of those has multiple, new, 'themes' and evidence/ levels / actions are required for each new theme. An overall 'judgement score' is also required for each domain. The Levels remain as before, (1 = basic, 2 = early progress, 3 = results, 4 = maturity and 5 = exemplar). These are now applied to each theme, within each of six Domains.

The criteria used for determining the level has been expanded and guidance from Welsh Government is that these criteria are to be applied with rigour. The methodology that has therefore been applied, is that if any components of the criteria for a level cannot be met, that excludes both the possibility of achieving that level and the ability to progress up a level until those are met (even if many components of higher levels can be evidenced).

Therefore, the scoring of levels achieved defaults to the lowest Level which can be fully achieved (and this means that scores are generally low).

This tendency towards low scores is a feature of all health board assessments and the moderation by Welsh Government of the previously submitted return.

There is a greater emphasis on having an 'IMTP' (balanced financial plan) and 'Clinical Service Plan' in the criteria which excludes or 'rate limits' the levels that PTHB can assess as being achieved. As the criteria are repetitive in many cases, the rate limiting factors impact on scoring across multiple themes and domains.

Self-assessment scoring

The scores for each Domain (overall judgement score) and theme is as below. There was some discussion about the appropriacy of the lower scores at Planning, Partnerships and Population Health Committee, given there are considerable areas of good practice / and other external assurances including the previous IMTP internal audit and Structured Assessment reports, which this may not fully take into account. However, it was determined that these are

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appropriate scores for this exercise, given the criteria and the guidance received.

Two scores have been amended to a single score following discussion at Planning, Partnerships and Population Health Committee (rather than a range as presented to Executive Committee) – these are highlighted below.

Domain	Overall Judgement Score	Themes (new)	Theme scores
A) Strategy Development/ Clarity of Purpose, Vision and Strategy	2	• Strategy and Plan • Vision and Purpose • Alignment of National Policy and All-Level Partnership Priorities • Key enablers • Engagement in Development • Population Health Needs Assessment • Priorities and Achievability • Horizon Scanning	2 2 3 2 3 3 3 3
B) Strategy and Plan Alignment and, Development of IMTP	1	• IMTP Development • Alignment between Clinical Services Strategy and Plan and the IMTP or Annual Plan • Triangulation of Services • Commissioning	1 1 2 2
C) Dynamic & Engaged Planning	2	• Stakeholder engagement • Service Delivery Risk and Issue Management Approach • Service Model / Regional Design	3 1 2
D) Operational Planning	1	• Demand and Capacity Modelling • Clinical Leadership & Input • Planning Process	1 1 1
E) Best Practice Approach to Improvement	1	• Engagement • Benchmarking • Governance	1 1 2
F) Realistic & Deliverable	1	• Risk Identification & Management • Development of IMTP and Track Record • Monitoring and Delivery	1 1 2

The assessment requires an action plan for each separate domain and theme. A broad summary of key action areas is included below:

- Progression of the Better Together Portfolio is critical to addressing the main 'rate limiting' factors i.e. the development of a Clinical Services Strategy / Plan (CSS / CSP). This is a key contributor to the routemap to financial balance and sustainability and therefore central to being able to produce a financially balanced plan, i.e. an Integrated Medium Term Plan (IMTP).

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- Review and response to the externally commissioned review by Grant Thornton and partners will also determine any further areas to progress the maturity of strategy and planning, particularly in relation to the CSS/ CSP and key drivers of financial deficit (and ability to produce an IMTP).
- Implementation of key PTHB frameworks for Strategic Commissioning and Population Health also offer high impact opportunities across the short, medium and longer term strategy and planning horizons, aligned with the work on Better Together and a sustainable model of care.
- Intelligence gained during the development of options and System / Service Level models of care via Better Together will help to mature the approach to the annual cycle of Planning / Commissioning / Performance.
- Similarly, skills and knowledge developed during the Better Together and North Powys programmes of work have helped to mature some aspects operational and service planning, alongside greater clinical leadership in some areas, however gaps remain (particularly when benchmarked against larger health boards) and further improvement is planned.
- Feedback from Welsh Government on the current plan (alongside the NHS Wales Planning and Performance Framework when issued) will be used to strengthen the next plan, for example reinforcing the clear alignment with the Wellbeing of Future Generations Act and Wellbeing Objectives.
- There has been extensive engagement as part of Better Together which will similarly be used to inform and mature strategy and planning, and this directly feeds into the development of the CSS / CSP and Annual Plan.
- Feedback from stakeholders has also been sought as part of the learning cycle for the Planning Approach for 2026 and 2027 and as a result, stronger connectivity is being built into the process with Llais and the development of the PTHB Plan will be a core feature in the programme of both internal and external continuous engagement being led by the PTHB Communications and Engagement Team over Autumn / Winter 2025/26.
- The shared Population Needs Assessment, Market Stability Assessment and Wellbeing Assessment are also due for refresh in 2026/2027 (being scheduled / planned currently via RPB and PSB) and will be key to further maturing partnership strategy and planning.

NEXT STEPS:

Following consideration at Board, the Self Assessment will be submitted to Welsh Government by the deadline of end of November 2025.

The outputs, key areas of action and learning, and reflection on the methodology of the self assessment will be discussed in the regular

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Touchpoints with Welsh Government relating to Level 4 Escalation. Reporting to the Board and its Committees in regards to PTHB's escalation status will continue as previously agreed by the Board.

IMPACT ASSESSMENT – NOT REQUIRED

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.2

PTHB Board	**26 November 2025**
Subject:	**Plan Approach and Process 2026 -2027**
Approved and presented by:	Nicola Johnson, Executive Director of Planning, Performance & Commissioning
Prepared by:	Assistant Director of Planning
Other Committees and meetings considered at:	An earlier iteration of the Plan Approach was considered at Board Development in October 2025 and an update considered at Informal Executives, Board Development and PPPH Committee in November. This report reflects updates made following discussion and feedback from those sessions.

PURPOSE:

This report provides an overview of the approach and process for the development of the Plan 2026 – 2027, including draft Strategic Priorities and Plan on a Page.

RECOMMENDATION(S):

The Board is asked to:

- Take **ASSURANCE** that the Plan Approach and Process has been subject to engagement and scrutiny via Executive Team, Committee and Board Development mechanisms
- **NOTE** the recap provided on the Context and Strategic Framework and the key aims of the 2026/ 2027 Plan in that context
- **NOTE** the Draft Strategic Priorities and Plan on a Page (discussed in detail via the Board Development and Committee processes)
- Take **ASSURANCE** that a process is in place to manage the complex interdependencies and note the high level process and timelines (with the First Draft scheduled to be submitted to Board in January 2026 and the Final Draft in March 2026)

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Approve/Take Assurance	**Discuss**	**Note**

Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y/~~N~~	This report provides the Committee with an updated stocktake of Strategic Change programmes around Wales and England which may have an impact on Powys residents.
2. Provide Early Help and Support	Y/~~N~~	
3. Tackle the Big Four	Y/~~N~~	
4. Enable Joined up Care	Y/~~N~~	
5. Develop Workforce Futures	Y/~~N~~	
6. Promote Innovative Environments	Y/~~N~~	
7. Put Digital First	Y/~~N~~	
8. Transforming in Partnership	Y/~~N~~	

EXECUTIVE SUMMARY:

This report provides an updated overview of the approach and process for development of the PTHB Plan 2026 – 2027, covering:

1) Context and Strategic Framework
   - The continued importance of the shared long term Health and Care Strategy for Powys and the Wellbeing Objectives
   - Alignment with other partnership strategy and planning cycles
   - An updated approach to Population Health and prevention, responding to the broader external environment and wider determinants of health
   - NHS Wales Requirements & Cabinet Secretary Priorities (noting that the Planning and Performance Frameworks for 2026/27 are not yet released)
   - The organisation's escalation status and associated requirements, particularly those for Finance, Strategy and Planning
2) The key aims for the 2026/27 Plan in this context
3) Prioritisation for the 2026/2027 Plan including
   - Draft Strategic Priorities
   - First Draft Plan on a Page
4) Assurance on the Planning Process, particularly:
   - Engagement and Interdependencies
   - The management of complex interdependencies through iterative rounds of consideration, triangulation and prioritisation
   - A clear governance timeline to ensure engagement, oversight and scrutiny.

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BACKGROUND:

1) Context and Strategic Framework

The shared long term **Health and Care Strategy for Powys**, A Healthy Caring Powys, continues to be the cornerstone for the PTHB Plan (the current plan is included at Appendix 1, showing the alignment to this strategy).

This ensures that the **Wellbeing Objectives** which were identified following extensive engagement with communities and stakeholders in Powys, as part of the development of the Health and Care Strategy, continue to be central to the PTHB Plan. This is key to the organisation's response to the Well-being of Future Generations (Wales) Act 2015.

The current Health and Care Strategy spans the period up to 2027 and oversight is held by the **Regional Partnership Board**. A period of re-consideration of the strategy took place in 2023 – 2024 in light of the impact and recovery from the Covid-19 pandemic, and the changing context for health and care. It was agreed across partners that the vision and objectives remain relevant and the strategy will continue in place to the end of 2027.

This allows for the next stage of strategy development to be informed by the **Population Needs Assessment** and **Wellbeing Assessment** (due for completion in March / May 2027) and **Market Stability Report** (March 2027).

This also aligns to the cycle for the **RPB Joint Area Plan** which spans to March 2028, with annual delivery and resource planning. More immediate work is underway in the current cycle of annual planning, to understand the positions and legacy plans for those programmes and resources currently supported via the **Regional Investment Fund** (RIF), as that is scheduled to end in Spring 2026. This includes a number of PTHB activities and teams / roles which are currently funded via the RIF income stream.

The above scheduling also provides the greatest alignment with other key Powys and regional plans including:

- The **Powys Cluster Plans**, which are similarly set in the context of the Health and Care Strategy. The RPB Executive Team in Powys provides the mechanism of the Pan Cluster planning function.
- The **Powys Wellbeing Plan**, which is also due to be updated by the Public Services Board by May 2028 and will be informed by the Population and Wellbeing Assessments noted above.
- The transformation programmes of both PTHB and PCC, individually via **Better Together** and **Sustainable Powys** respectively, and collectively via the flagship **North Powys Wellbeing Programme**.

Population health and wellbeing is a unifying factor across all the above and PTHB has recently developed a **Population Health Strategic Framework**, as part of the Annual Report of the Director of Public Health. This sets out an evidence based approach to 'preventing the preventable' and 'modifiable risk factors', across the life course, to reduce inequity in health outcomes. Key actions have

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been identified as part of the framework which will be captured in the PTHB Plan 2026 – 2027.

These focus on the wider determinants of health and a whole system approach to **prevention** and the **'Marmot'** principles, addressing factors relating to the broader external environment as captured in the analysis of **'PESTLE' factors** (Appendix 2). These were previously considered in detail at Board Development and Committees ('PESTLE' being the political, economic, social, technological, legal and environmental factors).

At the time of writing this report, the **NHS Wales Planning and Performance Frameworks** for 2026 – 2027 have not yet been released. The latest advice is that these will be published along with the NHS Wales **Financial Allocations**, in late November or early December.

Welsh Government have advised that the current planning framework (summary attached at Appendix 2) can be used as a guide in the interim, alongside **key developments in year** including:

- The recommendations set out in the Ministerial Advisory Group report on NHS Wales Performance and Productivity published Spring 2025 (and the associated Welsh Government response on those recommendations)
- Keynote speeches given by the Cabinet Secretary for Health and Social Care in Spring and Summer 2025, which updated ministerial priorities
- Publication of 'Improving Performance Together' by Welsh Government in July 2025 which set out three requirements

    1) Delivery of key priorities for the NHS in Wales (waiting times and handovers, Pathways of Care Delays and women's health)

    2) Strengthening how we run the NHS (leadership and culture, regional working, accountability and collaboration) and

    3) Getting services ready for the future (prevention, community services, digital and innovation)

For PTHB, a series of correspondences from Welsh Government have also been received in year, and have been discussed at Board Development and PTHB Board, to inform responses by the PTHB Accountable Officer.

It should be noted that the current Annual Plan is not approved by Welsh Government due to the organisation's **financial position and associated escalation status**, of Level 4 for Strategy, Planning and Finance.

2) The key aims for the 2026/27 Plan

In this context, and reflecting the discussion at Planning, Partnership and Population Health Committee on this item on 20 November, there is a need to strike a carefully considered balance, to produce a plan that continues to respond to the needs of the Powys population whilst also striving for a plan that can be accepted by Welsh Government.

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- It will continue to be centred around **Quality** and the delivery of safe, timely, effective, efficient, equitable and person-centred care.
- It will include an assessment of complex interdependent factors, to set out the **Routemap to Sustainability** (which is necessary to achieve full de-escalation and return to Integrated Medium-Term Plans).
- It will respond to the **NHS Wales Planning & Performance Frameworks** (not yet released as noted above), balancing multiple requirements across Ministerial priorities / Improving Performance Together / National and Regional programmes/ commissioning and provider delivery/ responses to strategic changes and the plans of other organisations, notably the neighbouring health boards, NHS Wales national bodies and in particular the Joint Commissioning Committee.
- To support the **Finance De-escalation Criteria** and to respond to the Grant Thornton Report, the development of savings plans for 2026/27 and development of the Routemap to Sustainability will be integrated into the annual planning process and Annual Plan 2026 - 27.
- To support the **Strategy and Planning De-Escalation Criteria** there will be one single integrated plan, which will still need to focus on short term Recovery actions; but will also reflect the requirement to ensure the Board has a clear vision and long term strategy, to develop and deliver a 'Clinical Services Plan' and be able to develop an approvable Integrated Medium Term Plan (IMTP). *(A separate paper is also being presented to Board for this meeting, with further detail on the related Self Assessment against Welsh Government's criteria for Maturity of Strategy and Planning).*
- The plan will therefore reflect the accelerating delivery of the transformation actions of **Better Together** which is the mechanism for delivery of the 'Clinical Services Plan' for the Health Board. It will make a clear distinction on those actions which can be taken next year, which do not require consultation, and will lay out the timeline and actions necessary for engagement and consultation on those that do.

3) Prioritisation process for 2026/ 2027 – including Draft Strategic Priorities and Plan on a Page

The prioritisation process for the 2026/ 2027 plan commenced relatively early in the process this year, with a consideration at Board Development in early October 2025 of the current plan and associated positions.

This identified those items which are likely to continue into 2026 / 2027 where they are annual cycles (such as vaccination and screening) or multi-year programmes of work (such as the major transformation programme 'Better Together'). Acknowledgement was also made that items may roll forward where delays in implementation occur, however the focus at this point is to recover delivery in year, where possible (*a separate paper is being provided to this Board meeting setting out progress against the current plan as at the end of Quarter 2*).

Further prioritisation has taken place in November, through a session at Informal Executives, and a further Board Development session. This has enabled the production of a Draft set of Strategic Priorities and Draft Plan on a Page below:

FIRST DRAFT Plan on a Page



Detailed work-up of the key areas of delivery underneath each of the Strategic Priorities is now underway, supported by an internal Workshop in early November and a series of internal 'Pop Ups', focusing in detail on key areas of priority. These are bringing together key leads across Directorates and this collective approach is proving useful in aligning plans for next year – including those under development for Better Together, North Powys Wellbeing Programme, Clusters, Service Delivery and Development and Quality Improvement.

The 'MOSCOW' methodology is being applied, to assist with the identification of 'Must do, Should Do, Could Do and Would Do areas of work. This is also being set in the context of the 'guiderails' discussed at Board Development, as below:

- ❑ Critical to risk/ recovery/ sustainability
- ❑ Critical to Performance / Productivity
- ❑ Necessary to deliver next year's actions for Better Together / North Powys Wellbeing Programme / Population Health strategic framework
- ❑ Responding to Grant Thornton & Partners' recommendations
- ❑ Local choices on national policy / programme requirements

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The above guidelines are also ensuring that a full consideration is made of priorities against strategic and corporate risk / directorate risk registers.

In order to continuously improve the plan, guidance has also been provided to those working on their delivery plans, to help them to focus on 'the intended outcome'. This reflects discussions at Committee and Board in year on the clarity of the end result and impact of items in the Plan.

A second workshop is planned on 2 December which will bring together key leads across Transformation and Value and other Directorates, to 'read across' the work to date and build a collective view of the totality of the priorities and resources required. This will include colleagues leading on the 'enabling' functions such as Digital, Workforce and Environments.

4) Assurance on the Planning Process

Internal engagement is underway as described in the section above, with a schedule of Executive, Committee and Board engagement to provide leadership and oversight of the plan as it develops.

This allows clear guidance and parameters to be provided to **Directorates**, supported by intensive input from the Planning Team working with Delivery Leads and their respective Lead Executives and SROs, to share outputs of discussions and build the detail of the plan, checking and triangulating back through collective mechanisms as well as Directorate mechanisms, on an iterative basis (as shown in the high level diagram overleaf).

Engagement is also taking place through collective staff mechanisms notably the new **Operational Leadership Group** (OLG) in the health board, which brings together the Assistant and Deputy Directors across the health board. This mechanism has a particular focus on organisational risk management which brings a useful perspective to the plan prioritisation process (this is also a new area in the revised Welsh Government Planning Maturity Matrix, which is being reported on separately at this Board meeting).

Broader internal and external communication and engagement mechanisms will also be used for dissemination of information on the plan and opportunities for feedback. The PTHB engagement team are delivering a programme of continuous engagement during Q3 and Q4 2025/26 and will share updates on the plan and test products as they develop, such as the Draft Strategic Priorities and Plan on a Page. There is a schedule of visits to local community groups, drop-in events in each of the 13 localities and existing insight reports that will be used to inform the plan.

The updated Better Together Case for Change and Technical Chapters on Community Services, Mental Health and Learning Disabilities, and Primary Care are also useful sources of evidence and insight, together with a detailed report summarising the key themes of engagement during spring and summer 2025. A

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report is also expected shortly from the Powys Engagement and Insight Network which provides a view across health, care and wellbeing.

There is consideration also taking place with the Regional Partnership Board (RPB) to align 'Plans on a Page' across the system for health and care –which will ensure that the connectivity across the shared 'Wellbeing Objectives' is clearly visible and priorities are shaped in accordance with the agreed focus on areas of greatest pressure and impact in the system as a whole.

Similarly, prioritisation has begun within the Mid Wales Joint Committee for Health and Social Care, with PTHB representatives involved to ensure connectivity across strategic priorities and the continuation of a shared strategic intent. Consideration is being given by the Committee currently to those areas first noted in the 'Longley Report' (the Mid Wales Healthcare Study 2014) which initiated the establishment of the Committee, over ten years ago.

Other external engagement includes the work through existing mechanisms, led by lead Executives / SROs and the Chief Executive, with stakeholders including Welsh Government (including the formal and informal touchpoints relating to escalation) and the joint management arrangements with national bodies including the Joint Commissioning Committee (JCC).

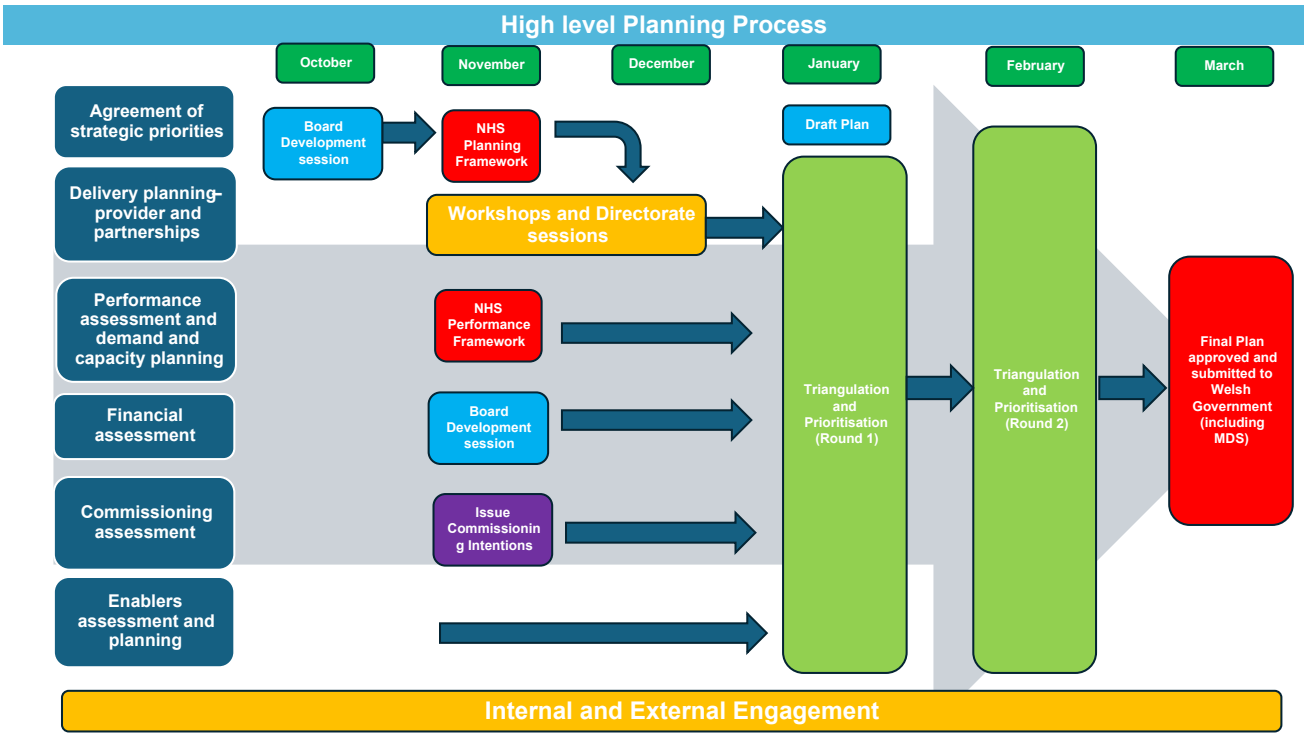
Additional bespoke sessions are also organised where these are helpful to support discussions in more detail and include all the relevant leads from each organisation, such as the JCC/PTHB Plan Engagement session scheduled on 21 November and an annual HEIW/PTHB engagement session scheduled in January (these are informal and discursive and used to support the decision making mechanisms already in place).

There are also mechanisms for continuous information sharing and insights on plans with regards to any strategic changes around the Powys borders, including those through Peer Networks and commissioning (*a separate paper giving an update on strategic change around Powys has recently been provided to the Planning, Partnerships and Population Health Committee and can be provided separately or accessed on Admincontrol internally or the PTHB website externally*).

Llais have been proactively included in the planning stages, to ensure that their preferred method of engagement in the plan development was included in the process. Their preference was to provide an evidence submission, based on their work with patients, communities and stakeholders to understand the views and perspectives of those parties and feed that into the process. This will be used once received, to inform the iterative rounds of prioritisation and triangulation noted below. This is in addition to the existing mechanisms of regular engagement with Llais which also provides the opportunity to offer and organise any further engagement with Llais officers or wider membership as appropriate.

As can be seen from the overview provided above, there are multiple, highly complex components to be assimilated as part of the development of the plan 2026 – 2027. This is managed through a series of steps as shown in the high level process below:

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The key dates including decision points, key deliverables and associated milestones are shown below:

Governance Timeline – Key Dates

Month	Meeting	Key focus / decisions / products
September	23rd - Informal Executives	• Initial discussion on Plan approach including learning and progress on current plan, critical areas for next year's plan, financial plan, strategic framework and prioritisation approach , alignment to Better Together
October	2nd – Board Development	• Board engagement on Plan approach as noted above
	Core Group – fortnightly	• Core Group to be established to carry out the baseline assessment, co-ordinate the technical planning and production of key trajectories and alignment of operational / workforce / financial / performance and quality
	21st F&P Committee	• Updates provided via finance and performance reports on current positions
November	13th – Board Development	• Consideration of plan development & financial framework in line with progress and emerging positions (possibly consideration of NHS Wales Planning Framework if released by this point and how this informs PTHB priorities and positions)
	20th - PPPH Committee	• Consideration of plan development in line with progress and emerging positions (possibly further detailed consideration of NHS Wales Planning Framework and alignment to PTHB Plan if released by this point)
	26th – Board	• Board oversight and scrutiny in relation to the above
December	4th - F&P Committee	• Updates provided via finance and performance reports on current positions
	16th – Board Development	• Consideration of plan development in line with progress and emerging positions
January	15th – Board Development	• Consideration of plan development particularly financial allocation letter (usually received at end December) and how this informs PTHB financial plan and priorities / DRAFT PLAN
	28th - Board	• Board oversight and scrutiny in relation to the above
February	3rd PPPH Committee	• Consideration of final stage of plan development / DRAFT PLAN
	12th – Board Development	• Update on plan development in line with progress and emerging positions
	26th – F&P Committee	• Consideration of any final finance / performance components of plan prior to Board submission
	Mid February	• Accountable Officer Letter to be submitted to Welsh Government (not yet requested but custom and practice)
March	12th - Board Development	• Consideration of final stage of plan development / FINAL DRAFT PLAN prior to Board submission
	25th - Board	• Submission of FINAL PLAN for approval
	End of March – Submission to Welsh Government	• FINAL Strategic Plan and Accountable Officer Letter • FINAL DRAFT Delivery Plan • FINAL Ministerial Templates (if applicable this year) • Technical Return 'MDS'

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NEXT STEPS:

December

- Continue to manage the complex interdependencies via the planning process as set out in this paper
- This will include a second internal Workshop on 2 December at which the first round of delivery planning against the Wellbeing Objectives and Strategic Priorities will be considered, to enable a collective 'read across' of the plan and associated delivery planning for the 'Enablers'
- There will also be a further Board Development session on 16 December to progress discussions on key areas of focus as these evolve – and to provide an update on the NHS Wales Planning and Performance Frameworks / Allocation Letter (if received)

January

- In January the focus will be on triangulation and prioritisation through Executive leads individually and collectively, and through further Board Development on 15 January
- The First Draft Plan is scheduled to be submitted to PTHB Board on 28th January 2026

February

- A further round of triangulation and prioritisation will take place in February 2026, including Planning, Partnership and Population Health Committee on 3rd February and Board Development on 12 February
- There will also be an opportunity for detailed final consideration of the financial and performance positions and trajectories at Finance and Performance Committee on 26th February 2026

March

- The Final Plan is scheduled to be submitted to PTHB Board and then to Welsh Government at the end of March 2026

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Appendix 1: Current Plan

Recap: Current Plan

- The current plan has a set of Strategic Priorities and Critical Actions for 2025/26
- Wellbeing Objectives
  - Focus on Wellbeing
  - Early Help and Support
  - Tackling the Big Four
  - Joined up Care
- Enabling Objectives
  - Workforce Futures
  - Digital First
  - Innovative Environments
  - Transforming in Partnership



Appendix 2: PESTLE Analysis

External Environment – PESTLE Analysis

Updated September 2025 - for review and discussion

Political
- Global conflicts impacting on supply chain and costs
- Senedd Election and changes to constituencies / members May 2026
- Changes in leadership roles in Welsh Government and NHS Wales Performance and Improvement
- Differing policy relating to NHS and social care between England and Wales (and potential further changes following Senedd Election)
- Changes in recent years in Powys County Council leadership, portfolios and management arrangements / responding to inspectorate findings

Economic
- Challenging public sector financial position
- Impacts of pandemic/ Brexit/ supply chain and cost of living changes
- Impact of resolved & ongoing trade union / industrial action
- Welsh Government budget setting in context of pending Election
- Employment challenges, in health and care, fragility in services and scarcity across workforce and professions
- Financial impact on healthcare of system pressure/ care delays
- Potential impacts in relation to Local Authority budgetary setting (and vice versa for budget setting choices made in NHS and other sectors)
- Potential energy supply issues & associated emergency preparedness

Social
- Complexity in civil life; balance of stability / protest in society and associated requirements for emergency planning preparedness
- Growing inequality and health inequalities and long term trends in relation to life expectancy plateauing / increased excess mortality
- Increase in healthcare demand; Orford report NHS in 10+ Years
- Covid inquiry and impact on public life
- Trends for flexible 'portfolio' approaches to work and careers
- New technologies supporting new forms of social connection / intelligence sharing across traditional boundaries of state / place
- Differential impacts and benefits of social changes across population groups / characteristics and urban/rural geographies
- Continued surveillance in relation to Covid-19 and respiratory illness – ongoing requirement for pandemic preparedness

Technological
- Exponential growth in new technologies including Artificial Intelligence (although evidence base for utility / effectiveness lacking; widely contrasting views on risk)
- Advancements in medicine including genetics, drug discovery and telecare
- Legacy of fast growth - high redundancy rate in infrastructure and devices
- Plurality of digital platforms which are not necessarily interoperable, high rate of replacement / refurbishment / investment required to keep pace
- Roles / functions/ education and training of workforce and users / public
- Lack of progress on national Digital programmes
- Advancements will radically transform our lives - and the way in which public services and healthcare need to be delivered

Legislative
- Existing legislative and policy requirements are significant and further major legislative reform of the NHS in recent years in England
- Potential further legislative change in Wales post Senedd Elections in May 2026
- Complex architecture of statutory bodies / and associated accountability
- Ministerial Advisory Group report on Performance and Productivity highlighted the need for stronger and more public accountability
- New machinery being introduced in NHS Wales in response to above
- Significant proportion of organisations across NHS Wales and wider UK with Escalation and Intervention arrangements, reflecting system wide challenges
- PTHB at Level 4 Escalation for Strategy, Planning and Finance (routine monitoring for all other domains) – requires additional and intensive action and responses

Environmental
- Welsh Government declared a Climate Emergency in 2019 supported by members of the Senedd – a number of actions and delivery plans in place including Net Zero Strategic Plan (2022) and Decarbonisation Strategic Delivery Plan 2021 – 2030
- Some progress particularly in decarbonisation of the estate and energy use reported by Welsh Government but further urgent change required
- Greater scale and pace of environmental changes will become realistic as innovations in technology emerge (such as those seen with electric vehicle charging and limitations on emissions)

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Appendix 3: Summary of NHS Wales Requirements (Current year)

NHS Wales Requirements / Cabinet Secretary Priorities

The Planning & Performance Frameworks for 2026 have not yet been released, however advice given by Welsh Government colleagues is to use the current Planning Framework and requirements published in year:

- Those related to the **Ministerial Advisory Group** on Performance and Productivity (MAG): Planned Care; Diagnostics; Cancer; Urgent & Emergency Care; Operating model and accountability framework; Measuring productivity; Digital and Data
- Keynote speeches updating **Cabinet Secretary priorities** in Spring and Summer 2025
- '**Improving Performance Together**' Welsh Government July 2025 - three areas:
  1. Delivering the key Welsh Government priorities for the NHS (waiting times and handovers; Pathways of Care delays; women's health)
  2. Strengthening how we run the NHS (leadership and culture; regional working; accountability & collaboration)
  3. Getting services ready for the future (prevention; community services; digital and innovation)
- For health boards with deficit financial positions, a series of **correspondences** were also issued and responded to in year

NHS Wales Planning Framework 2025/26 (Current year)

Strategic priorities / areas of focus required by the Cabinet Secretary for Health and Social Care 2025/26:

- **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 – these are monitored and reported to Welsh Government on a monthly basis and will be a key focus at the 'Accountability Forum' in the Autumn 2025.

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

IMPACT ASSESSMENT – NOT REQUIRED AT THIS TIME

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

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

Agenda item: 3.3

BOARD	**26 NOVEMBER 2025**
Subject:	**Better Together Portfolio Update**
Approved and presented by:	Executive Director of People & Culture; Director of Improvement & Transformation
Prepared by:	Director of Improvement & Transformation; Deputy Director of Engagement, Communication & Corporate Governance
Other Committees and meetings considered at:	Executive Committee 19.11.2025 – who supported the paper.

PURPOSE:

To provide an update to the Board on the progress and next steps of the Better Together Transformation portfolio

RECOMMENDATION(S):

The Board is asked to:

- **RECEIVE** the update on the current position and progress made in relation to delivery of Better Together.
- **NOTE** the planned forward activity including the link to further consideration and decision making on Temporary Service Change.
- **RECEIVE** the Stage 0-2 Engagement Report and Stage 2 Engagement Closure Report and **TAKE ASSURANCE** that engagement activity for Stages 0-2 have been delivered.

Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The Better Together Portfolio is aligned with all Health & Care strategy 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:

This report provides a strategic update on the progress of Better Together - the Health Board's transformation route map to ensure sustainable, high-quality, and person-centred care across the county. It outlines progress on redesigning adult physical and mental health community services, including the development and appraisal of new care models, extensive stakeholder engagement, and the assessment of temporary service changes.

The report provides an update on current achievements, ongoing risks, and next steps, including a revised timeline for public consultation and continued engagement with staff, patients, and stakeholders.

The Executive Committee is asked to approve the report for onward presentation, while the Board is asked to receive the update, note planned activities, and take assurance from the engagement process and supporting reports.

BACKGROUND

The Health Board has an approved health and care strategy, which sets out our vision for health and care services across Powys. This remains our direction of travel and work has been undertaken to deliver a plan to deliver the strategy through the Accelerated Sustainable Model (ASM) and Better Together Transformation & Value programmes. Regular progress updates on the Better Together programmes have been delivered to Executive and PPPH Committees.

With the establishment of the Route Map to Sustainability workstreams in Summer 2024 and a new Directorate of Improvement & Transformation in October 2024 the transformation programme structure and its delivery mechanisms were reviewed with a new structure approved and put in place from January 2025.

Since establishment of the new Directorate, the Health Board has gone into Escalation & Monitoring Level 4 (Targeted Intervention) for Finance, Strategy and Planning. Evidence of a clear roadmap and implementation of the health board's Clinical Services Plan (CSP) is included in Welsh Government de-escalation criteria. 'Better Together' was established as a Portfolio as the delivery mechanism for the CSP.

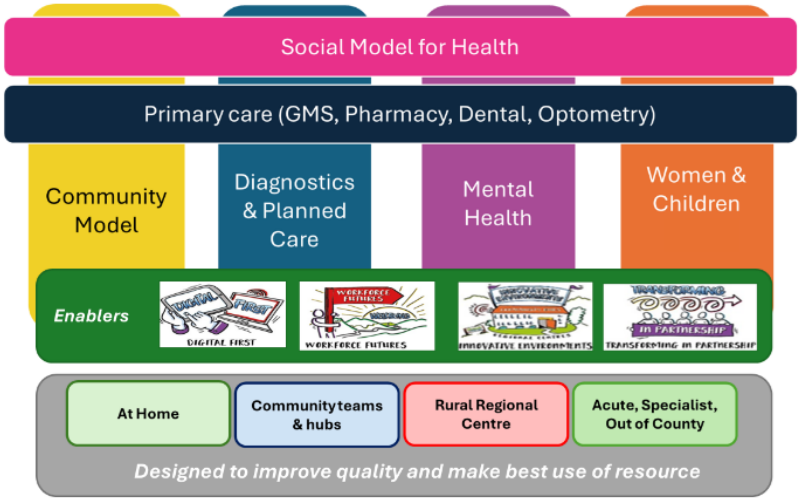
Better Together responds to an urgent and well-evidenced case for change. Health and care services in Powys face increasing pressure from a growing elderly population, rising incidence of complex multimorbidity, ageing infrastructure, workforce challenges, and escalating financial constraints. There is clear alignment with local and national strategy, including *A Healthier Wales*

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and the *NHS in 10+ Years* (Orford) report, in recognising that "no change is not an option."

The transformation portfolio aims to redesign models of care to deliver safe, sustainable services aligned to population needs, with a stronger focus on prevention, earlier intervention, and better join up across physical health, mental health, primary care, social care and the third sector.

Recognising the importance of delivering action towards a sustainable future model for healthcare in Powys a phased approach to engagement and development of options was developed with adult physical and mental health community services as the first phase. Future phases will address planned care services and women and childrens services. The infographic below depicts the portfolio design.



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CURRENT POSITION AND PROGRESS UPDATE

Adult physical and mental health community services (Phase 1)

A comprehensive options development and appraisal process is in progress for adult physical and mental health community services, aligned with NHS Wales planning guidance and quality standards. The process has been informed by extensive engagement (Stages 1 and 2), clinical input, and multi-agency collaboration. Key achievements include:

Development of Thematic chapters for primary care, physical health community services and mental health & learning disabilities. These chapters have been used to support the development of options and have been shared with stakeholders ahead of key engagement events. They have been published on the Better Together section of the health board website.

Development of system level models of care for a Social Model for Health & Wellbeing, Integrated Community Model and Mental Health Model. These have been tested with stakeholders through the stage 2 engagement period and updated to incorporate feedback received.

Development of service level models of care for Urgent Care, Mental Health Inpatient, Physical Health Inpatient and Community Services. These models will form the basis of the specifications for future service delivery and the basis for planning improvement activity for the FY2026/27 annual plan.

Development of a Long List of Delivery Options across five service areas: Diagnostics, Urgent Care, Mental Health Inpatient, Physical Health Inpatient, and Community Services.

Application of Hurdle Criteria by the options development group to assess each option against agreed planning principles, including clinical assurance, financial and workforce impact, accessibility, digital inclusion, and stakeholder readiness. Application of the hurdle criteria was tested with the Clinical Reference Group in a check and challenge session.

Shortlisting and appraisal of Options Using the hurdle criteria, options were shortlisted across the five service areas. Further assessment and appraisal has included, but not been limited to:

- Alignment to evidence & standards
- Quality Impact Assessment (Level 1 & 2)
- Travel time analysis
- Demand & Capacity Modelling

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- Patient pathway testing
- Strengths, weaknesses, opportunities & threats (SWOT) analysis

An options appraisal workshop took place on 11th September 2025 to undertake a non-financial appraisal of the options by key stakeholders against the six NHS Wales quality standards (safe, timely, effective, efficient, equitable, person-centred).

At the time of writing outputs of this workshop are being considered alongside a financial appraisal of the options including revenue implications and workforce considerations, supported by external demand and capacity modelling and a capital/estates assessment to develop recommendations to the Executive Committee and the Board on options to be considered for public consultation.

An extension of the timeline for completion of this stage of work was sought from the Board in October 2025. The change in timeline was assessed as necessary to enable further analysis and testing of the options recognising the complexity involved. It also reflects advice from the external consultation assurance provider in relation to the timeframe for conscientious consideration post consultation which was felt to be insufficient based on learning from other organisations.

The Board recognised and approved the need to change the approach and timescale to the delivery of all phases of Better Together, recognising public consultation for phase 1 (adult physical and mental health community model) will not take place as originally planned from October 2025. It was also recognised that this change would impact the intended timescales to consult on Temporary Service Changes, further detail on this is provided below.

Future timeline - all phases

Senedd elections are scheduled to take place in May 2026 with pre-election period anticipated to commence from the end of March 2026. Public consultation cannot now take place ahead of these elections. Further planning is underway to determine the future timeline for Better Together which includes phase 1, adult physical and mental health community services, and the additional phases of Planned Care and Women, Children and Families services. The earliest date for public consultation on Phase 1 will now be following conclusion of the Senedd elections and establishment of a Programme for Government.

Temporary Service Changes (MIU and Ready to Go Home/Rehab Units)

In October 2024, the Board made the following decisions in relation to proposed Temporary Service Changes following a period of engagement:

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- A change to the opening hours (8am to 8pm) for the Minor Injury Unit (MIU) Services in Brecon and Llandrindod Wells.

- Implementation of Ready To Go Home Units (RTGHU) in Llanidloes and Bronllys in combination with strengthened inpatient rehabilitation at Brecon and Newtown

- Assessment of these changes over a 6-month period using an evaluation framework (quantitative and qualitative) and clear decision-making criteria

- Recommendations based on the evaluation to be considered by the Temporary Service Change Programme Board and Executive Committee, before being presented to Board on 30 July 2025

The evaluation was undertaken on schedule, and the findings from the evaluation were presented to the Board on 30 July 2025. These indicated:

- The change to MIU opening services has had broadly positive effects, including improvements to service reliability, to staff and patient safety and to staff satisfaction. No significant increases in GP attendances have been identified; use of bank staff has reduced and staffing costs have reduced 9%. There have been no unplanned closures to the service in the last six months. Staff utilisation has improved.

- Similarly, broadly positive effects have been identified for Ready to Go Home Units/Rehab Units. These include a sustained improvement in efficiency and flow, early signs of improved outcomes, reduced lengths of stay, more efficient deployment of staff and efficiencies in staffing costs.

The Board agreed on the basis of these findings that both the temporary changes to MIU opening hours and implementation of Ready to Go Home and Rehabilitation Units should remain in place, until decisions are made through Phase 1 of Better Together, which is focused on adult Physical & Mental Health Community Services, including Urgent Care.

At that time, it was anticipated that formal consultation would commence in Autumn 2025 with decisions due by Spring 2026. Recognising the scale, complexity and importance of this work, a revised timeline for Better Together consultation is now being developed.

The current position in relation to the temporary changes has been reviewed by the Temporary Change Programme Board and the Executive Committee. No new issues have been identified that would suggest either that we revert to the model in place prior to temporary changes. or that it would be feasible or appropriate to move to formal consultation on these temporary changes outwith the wider Better Together programme.

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It has therefore been agreed by the Executive Committee that the temporary changes will remain in place pending formal decisions through the Better

Together programme. This decision acknowledges that ongoing monitoring remains in place to ensure that any issues of concern would be identified and acted on promptly. A further assurance update will be presented to the Board no later than March 2026, which will draw on quality & safety monitoring, patient experience including the Llais urgent care review, staff experience, stakeholder feedback (e.g. primary care and clusters), and a programme of continuous engagement with our communities between November 2025 and February 2026 (outlined below) which will include the publication of a Discussion Paper to set out the journey so far and proposed next steps as well as a community conversation event in each of the 13 Powys localities.

Engagement

The assurance report for Stages 0-2 engagement is included at **appendix 1**, and the closure report for Stage 2 engagement is included at **appendix 2** as sources of assurance.

Two 'deliberative' events in June and August brought together 70-100 stakeholders at each event from across the system to consider Stage 1 & 2 Engagement, system models, emerging options and assessment criteria. A 'lock in' week for clinical and professional leads took place 14th – 18th July enabling rapid progress on model of care and options development through collaborative working. Feedback was overwhelmingly positive, with participants highlighting the value of dedicated time and cross-sector dialogue. Primary care workshops have been undertaken in March, June and September with a further event planned in January. A primary care round table session took place in July. The importance of join up in delivery of key aspects of the future model with local authority and third sector partners is recognised and they have been included in key stakeholder events and additional focused discussions to ensure this is fully embedded in plans.

A period of engagement will now commence between end of November and early February to gather insights about "what matters" in relation to Planned Care and Women & Children's and to use SWOT-based enquiry to help gain an understanding from a staff, patient, public and stakeholder perspective of "options" for the future. There may also be opportunities to further discuss and seek views on the model of care for adult physical and mental health community services. The principles for this engagement will be:

- DIGITAL FIRST information via PTHB website, intranet, govDelivery, social media etc. to enable people to share their views

- OPPORTUNISTIC:
    - Information at existing staff events such as CEO briefing, wellbeing roadshows
    - Information at existing stakeholder events e.g. PAVO locality events

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- PURPOSEFUL:
  - 13 staff events
  - 13 public locality events (3pm-6pm) – wider HB and health & wellbeing services will be invited to join for a "health fair" format
  - Targeted approach to reach out to community groups

- INTERDEPENDENCIES:
  - Alignment with co-production and engagement work for Women's Health Hub
  - Alignment with North Powys Wellbeing Programme
  - Engagement on Temporary Service Changes

Risks

A portfolio risk register is in place and the organisational risk appetite for Transformation is 'eager'. The most significant risks identified for the portfolio are the capacity and capability across the organisation and partner organisations to deliver Better Together, additional high rated risks (16+ before mitigation) are organisational and public readiness for change and the delivery timeline. Whilst mitigating actions have been successfully taken to increase capability to deliver Phase 1, adult physical & mental health community services, through securing of additional clinical expertise and external support for demand & capacity modelling, and some mitigation has been achieved in terms of capacity through the 'lock in' approach, there has been an impact on delivery to timeframe. Risks will continue to be monitored closely through the Portfolio Board and reported to Executive Committee.

NEXT STEPS

Next steps in portfolio delivery will be as follows:

- Finalisation of options appraisal and recommendations for Phase 1, adult physical and mental health community services
- Further planning for future phases of Better Together to include Planned Care and Women, Children and Families services.
- Consultation plans and timeline developed in accordance with election guidance
- Further update to Board in March 2026

Appendix 1 – Stage 0-2 Engagement Report

pthb.nhs.wales/about-us/better-together/better-together-documents/technical-documents/listening-to-the-people-of-powys-during-spring-and-summer-2025-engagement-report/ = (Available to Board Members in Background Papers)

Appendix 2 – Stage 2 Engagement Closure Report – Attached as paper 3.3a

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Better Together Stage Two Engagement Plan: Closure Report

April to August 2025

Last updated 17 November 2025



Stage Two SITREP

Step	Core Aim	Timeline	Status	Comments
Stage Two Step One	Secure external support for Stage Two activity	End April 2025	COMPLETE	A contract has been agreed with Practice Solutions to provide engagement support to Stage 2. This was in place from mid May. The contract has also been expanded to provide independent analysis of survey responses.
Stage Two Step Two	Development of Stage Two engagement materials and engagement plan	1 May 2025 to 4 June 2025	COMPLETE	Engagement materials were developed on schedule and engagement plan was launched on schedule.
Stage Two Step Three	Delivery of engagement plan	7 June 2025 to 27 July 2025	COMPLETE	Full suite of engagement materials launched on schedule. Programme of staff roadshows and workshops completed on 15 July 2025. Nearly 400 staff conversations have taken place through our staff roadshows, with information distributed for colleagues not on site during our visits. Over 90 colleagues from community and mental health services attended workshops. Programme of public roadshows and drop-ins concluded on 16 July, with further community outreach events continuing until close of engagement. Online closing date extended to 30 July 2025 to enable final responses and manual entry of written submissions.
Stage Two Step Four	Preparation of initial findings from engagement. Planning and delivery of Deliberative Event on 13 August	30 July to 13 August	COMPLETE	Initial headlines presented to Deliberative Event on 13 August.
Stage Two Step Five	Preparation of final Stage One and Two Engagement Report	By 31 August	COMPLETE	A combined overarching Stage One and Stage Two engagement report was presented to and endorsed by ODEC on 9 September 2025 and was approved by Portfolio Board on 16 September 2025. This has been published on the health board website at pthb.nhs.wales/about-us/better-together/better-together-documents/technical-documents/listening-to-the-people-of-powys-during-spring-and-summer-2025-engagement-report/

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Introduction

A three stage engagement process is being developed and delivered to support engagement and consultation (as required) on the future model of health services for Powys with an initial focus on adult physical and mental health NHS community services.

- Stage One (pre-engagement) focuses on the overarching case for change to help develop a shared understanding of the need for change, ensuring that this is developed based on community and stakeholder perspectives
- Stage Two (engagement) focuses on engagement in the development of emerging options for the future delivery of community services and adult mental health
- Stage Three (consultation) would comprise formal consultation (e.g. where proposals meet the thresholds for substantial change in line with Welsh Government guidance on NHS service change[1])

This plan is being developed on the assumption that final options may be substantial in nature and therefore may require a period of formal consultation in line with Welsh Government guidance on service change.

Similar Stage Two and Stage Three activity is anticipated in future years for other service areas including Diagnostics & Planned Care, and Women & Children, as part of a rolling programme of thematic review.

This document therefore acts as the Stage Two Engagement Plan (engagement) on the Better Together Portfolio from April to August 2025 (including a formal period of engagement from June to July 2025) focused on adult physical and mental health NHS community services.

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[1] Welsh Government guidance anticipates that exceptionally where changes are substantial in nature a two phase process would take place. Stage Two (engagement) would constitute the first phase and Stage Three (consultation) would constitute the second phase in line with this guidance: How to make changes to health services: guidance for NHS organisations | GOV.WALES

Stage Two Objectives

The overall objectives for Stage Two Engagement on adult physical and mental health NHS community services have been developed through the Organisational Development, Engagement and Communication Workstream and ratified by the Better Together Portfolio Board.

They have been developed to reflect Welsh Government Guidance on NHS Service Change which states that the purpose of the engagement period is to undertake "***extensive discussion with all the key stakeholders … to explore all the potential issues, to refine the options and to decide and agree on which questions will be set out in the consultation***.

Key stakeholders listed within the guidance that must be engaged during engagement prior to consultation include Llais, Public Service Board, Regional Partnership Board, staff and their representative bodies, service users of the specific services considered for change, other key partners who may be affected such as WAST.

The objectives were last reviewed by the Workstream Group on 3 July 2025 with no new changes:

- Continue to raise awareness of the challenges and opportunities for the NHS in Powys (continuous engagement on the Case for Change)
- Continue to raise awareness of the Better Together programme and build engagement in shaping the future of safe, quality health services for Powys (awareness and participation in Better Together)
- Provide initial feedback on the work so far ("you said, we did")
- Gather feedback on the emerging scenarios for the future shape of adult physical and mental health community services:
- Advantages and disadvantages of identified scenarios (insights for integrated impact assessment)
- Opportunity to identify further scenarios (proposals at a formative stage)
- Gather feedback on emerging Assessment Scenarios (public and staff engagement in decision-making criteria / conscientious consideration)
- Set out the expected next steps including clarification of what is within current scope (realistic expectations)
- Continue to learn and improve the way we engage with the people of Powys and with staff (continuous improvement)
- Build and nurture support across RPB and PSB partners for co-ordinated engagement on Better Together (support via Powys Engagement and Insight Network)

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The key steps of Stage Two engagement to deliver these objectives are:

Step	Core Aim	Timeline
Step One	Secure external support for Stage Two activity	By end April 2025
Step Two	Development of Stage Two engagement materials and engagement plan	1 May 2025 to 4 June 2025
Step Three	Delivery of engagement plan	7 June 2025 to 27 July 2025
Step Four	Preparation of initial findings from engagement. Planning and delivery of Deliberative Event w/b 11 August.	30 July to 11 August
Step Five	Preparation of final Stage One and Two Engagement Report	By 31 August

Throughout this plan a number of discretionary additional activities have been highlighted for consideration subject to available capacity. These are highlighted in purple. Achievement of the plan is not compromised if these activities are not achieved.

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Step One: Secure external support for Stage Two activity

By End April 2025

Step One Objectives

The principal objectives of Step One are:

- Define schedule of requirements (M)
- Undertake procurement process supported by NWSSP (M)
- Scoring and contract award (M)
- Inception (M)

Key programme dependencies for Step One include:

- Identification of programme resource to support Step One
- Development of tender document for Stage Three consultation

Step One Stakeholders

The principal stakeholders for Step One are:

Category	Sub-Category	Action
A. Patients Service, Users and Cares	None	N/A
B. Public and Communities	None	N/A
C. PTHB Staff and Contractors	PTHB Executive Team	Agreement of programme resource
	Better Together Portfolio Board	Oversight of development of schedule of requirements
	Better Together Programme Community	N/A
	ODEC Workstream	Responsibility for procurement process
	PTHB Board	Keep aware through programme updates
D. Partner Organisations	NWSSP	Support from NWSSP to the procurement process
E. National Bodies	None	N/A
F. Unions and Professional Associations	PTHB Staff Side	N/A

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Category	Sub-Category	Action
G. Political	None	N/A
H. Oversight, Scrutiny and Regulation	Llais	Keep engaged – membership of ODEC workstream group within Portfolio governance
I. Media	None	N/A
J. Business and Supply Chain	Potential suppliers	Advertise opportunity to potential suppliers
K. Other	None	N/A

Step One Risks

The key risks for Step One include:

Risk	Likelihood / Impact	Mitigation	Out-turn Comments
Provider not secured in sufficient time to ensure Stage Two requirements are adequately met	3x4	Active management of procurement process by Deputy Director	Some challenges in timeliness and completeness of procurement advice from SSP but contract in place by mid May.
Procurement does not follow legislation and guidance	2x4	Active management of procurement process by Deputy Director. Specialist advice from SSP. Director level escalation.	Some challenges in timeliness and completeness of procurement advice from SSP but contract in place by mid May.

Step One Activity Log

Product	Who	When	Status	Comments
Develop schedule of requirements	DD(ECCG)	09/04/25	Complete	Schedule of requirements submitted to SSP on 9 April 2025
Procurement	SSP	28/04/25	Complete	Multiquote responses received from SSP on 28 April 2025
Contract Decision	DD(ECCG)	30/04/25	Complete	Decision on multiquote issued to SSP on 30 April 2025
Procurement Outcome Report	SSP	07/05/25	Complete	POR received from SSP on 07/05/25
Decision on POR	DD(ECCG)	08/05/25	Complete	Signed POR submitted to SSP

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Contract Award	SSP	12/05/25	Complete	Contract Award communicated to Practice Solutions
Inception	DD(ECCG) and Practice Solutions	16/05/25	Complete	Inception meeting on 16/05/25

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Step Two: Development of Stage Two engagement materials and engagement plan

1 May 2025 to 4 June 2025

Step Two Objectives

The principal engagement and communication objectives of Step Two were:

- Agree nature and format of materials required for Step Three (M)
- Develop and approve materials to meet core requirements for Step Three (M)
- Ensure that prioritised and resourced plan is in place for Step Three delivery and analysis (M)

Key programme dependencies for Step Two include:

- Programme Team providing content for Engagement Materials.

Step Two Stakeholders

The principal stakeholders for Step Two were:

Category	Sub-Category	Action
A. Patients Service, Users and Cares	None	No action during Step Two
B. Public and Communities	None	No action during Step Two
C. PTHB Staff and Contractors	PTHB Executive Team	Executive decision makers on Engagement Materials
	Better Together Portfolio Board	Programme responsibility for assurance of engagement materials
	Better Together Programme Team / Programme Community	Provision of content for engagement materials – identification of the key issues to be considered during engagement
	ODEC Workstream	Agreement of nature and format of materials for Step Three Oversight of production of publication-ready materials for Step Three Planning for delivery of Step Three
	Equality and Welsh Language Team	Advice and support on alternative formats
	PTHB Board	Share for information
D. Partner Organisations	None	No action during Step Two

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Category	Sub-Category	Action
E. National Bodies	None	No action during Step Two
F. Unions and Professional Associations	PTHB Staff Side	Engagement through staff-side membership of Portfolio Board and ODEC
G. Political	None	No action during Step Two
H. Oversight, Scrutiny and Regulation	Llais	Close engagement in development of materials and planning for engagement
I. Media	None	No action during Step Two
J. Business and Supply Chain	Expert companies to support with developing materials in different formats	Identify and work with key companies to support timely development of materials
K. Other	None	No action during Step Two

Step Two Risks

The key risks for Step Two include:

Risk	Likelihood / Impact	Mitigation	Outturn comments
Public engagement materials are not produced on schedule in agreed formats because delays in provision of content mean that engagement materials are not approved in sufficient time for design, formatting, translation etc.	2x4	Escalation of need for clarity on engagement questions to SRO. Cancellation of leave and weekend working in place to ensure turnaround of materials in time for engagement period.	Risks managed through agile management by Transformation Team and by Engagement & Communication Team to ensure successful and timely delivery of priority materials, with Step Three launched on schedule.
Translation and formatting not achieved due to lack of capacity and expertise available during critical time	2x4	Mitigations include utilisation of external translators mindful of additional direct costs.	Risks managed effectively through utilisation of external translation resource <£1k

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Step Two Activity Log

Product	Who	When	Status	Comments

Agree formats for public materials (see Annex Two)	ODEC to recommend to BT Portfolio Board	Ongoing	COMPLETE	Agreed list of formats is set out in Annex 2. This was agreed through ODEC and key under review through tactical ODEC
Production of agreed "Must Do" materials in line with Annex Two	Engagement and Communication Team	4 June 2025	COMPLETE	See Annex 2 for schedule of resources
Consideration of identified "Should Do" materials in line with Annex Two	Engagement and Communication Team	4 June 2025	COMPLETE	See Annex 2 for schedule of resources
Develop and agree prioritised Step Three engagement plan.	Adrian Osborne / ODEC workstream	4 June 2025	COMPLETE	Plan is set out in Step Three below.
Agree and deliver preparatory work with PTHB staff to make them aware that public engagement and to clarify main call to action (direct people to engagement materials to encourage them to find out more and have their say)	OD Team / E&C Team	4 June 2025	COMPLETE	Advance information shared via PTHB intranet and PTHB News Update email. Focus on Better Together public engagement in Staff Briefing on 10 June. Posters and flyers made available for staff to share with patients and service users.

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Step Three: Delivery of Engagement Plan

7 June 2025 to 27 July 2025

Step Three Objectives

The principal engagement and communication objectives of Step Three are:

- Significantly increase awareness amongst patients, public, wider stakeholders of the Better Together programme and its goals (M)
- Provide patients, public and wider stakeholders with the opportunity to comment on and shape the scenarios and assessment criteria set out in the Issues Paper and contribute to options development (M)
- Ensure that the emerging options adequately reflect "What Matters" to the people of Powys before they are finalised as the basis for ongoing engagement (M)
- Local politicians have sufficient understanding of need for change, how to raise issues relating to the engagement with PTHB, and how to signpost constituent enquiries (M)
- Continue to identify from patients, public and wider stakeholders their future solutions and scenarios (S)
- Continue to develop buy-in and ownership of need for change and of the process of change (C)

Key programme dependencies for Step Three include:

- Engagement materials developed as agreed in Step Two
- Identification of organisational and/or external resource to support delivery of Step Three

Independent consultants Practice Solutions have been commissioned to work with the PTHB Engagement and Communications team to undertake a series of workshops with staff and the public. Further to the original commission, this has been expanded to additionally include (a) delivery of an online event and (b) analysis of survey findings.

Step Three Stakeholders

The principal stakeholders for Step Three are:

Category	Sub-Category	Action
A. Patients Service, Users and Cares	None	Make aware, provide opportunity to comment Issues Paper (e.g. via PTHB teams and departments) Invitation to public focus groups and drop-ins.

Category	Sub-Category	Action
B. Public and Communities	All	Make aware, provide opportunity to comment on issues paper (e.g. via stakeholder syndication, media, social media) Invitation to public workshops and drop-ins. Programme of community outreach activity to raise awareness and seek feedback Direct mail to govDelivery subscribers
	Town and Community Councils	Direct letter to each TCC with personal invitation to contribute from PTHB Chair and CEO Provide information to share through their channels
	Community Organisations	Via PAVO and wider stakeholder syndication
C. PTHB Staff and Contractors	PTHB Executive Team	Fully engaged in the engagement process including attending/leading meetings and workshops as agreed
	All PTHB Staff	Regular intranet articles Information in PTHB Staff Briefings Information in PTHB Team Focus Roadshow of events to all PTHB sites Focus groups for staff in adult community and mental health services Also aware of public engagement, support awareness raising through the channels of their service, team or department Also aware of opportunity to contribute in both a personal (resident) and professional capacity
	Better Together Portfolio Board	Oversight of engagement activity
	ODEC Workstream	Co-ordination of engagement activity
	PTHB Board	Fully engaged in the engagement process including attending/leading meetings and workshops as agreed
	All Primary Care	Aware of public engagement, support awareness raising through the channels of their service, team or department Workshops and events to enable their direct participation
D. Partner Organisations	PCC Senior Leadership Team	Provide information to share through their channels to wider PCC staff and public to enable them to take part
	PAVO Senior Leadership Team	Make aware, provide opportunity to comment on draft case for change
	RPB Members	Provide information to share through their channels to wider staff and public to enable them to take part
	PSB Members	Provide information to share through their channels to wider staff and public to enable them to take part

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Category	Sub-Category	Action
	All Health Boards and Trusts in Wales	Direct letter to each HB/Trust with personal invitation to contribute from PTHB Chair and CEO Discuss at routine CQPRM meetings? Ensure awareness via Engagement and Communication Leads
	Main England providers	Direct letter to each Trust with personal invitation to contribute from PTHB Chair and CEO Discuss at routine CQPRM meetings? Ensure awareness via Engagement and Communication Leads
	Third sector organisations in Powys	Via PAVO cascade, information available for Community Connectors and others to share through their channels. NB opportunity to share at PAVO locality meetings
E. National Bodies	Welsh Government	Aware through professional leadership and briefing channels
F. Unions and Professional Associations	PTHB Staff Side	Continue engagement through staff-side membership of Portfolio Board Discussion regarding staff engagement approach
	All others	Via general public channels
G. Political	MSs	Direct letter to each MS with personal invitation to contribute from PTHB Chair and CEO – offer 1:1 meeting Provide information to share through their channels and to help them respond to constituent enquiries
	MPs	Direct letter to each MP with personal invitation to contribute from PTHB Chair and CEO – offer 1:1 meeting Provide information to share through their channels and to help them respond to constituent enquiries
	County Councillors	Direct letter to each Councillor with personal invitation to contribute from PTHB Chair and CEO Provide information to share through their channels and to help them respond to resident enquiries
H. Oversight, Scrutiny and Regulation	Llais	Active partner in planning and delivery of Step Three through workstream group
	HIW, CIW etc.	Make aware
I. Media	Powys print media	Reach out for 1:1 meeting to explain what/why of case for change engagement
J. Business and Supply Chain	None	No action during Step Four

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Category	Sub-Category	Action
K. Other	None	No action during Step Four

Step Three Risks

The key risks for Step Three include:

Risk	Likelihood / Impact	Mitigation	Outturn commentary
Engagement on Issues Paper is not sufficiently focused and meaningful because community interest is diverted to engagement activities by neighbouring health boards and Trusts (e.g. Hywel Dda, Cwm Taf, H&W Stroke)	2x4	Difficult to fully manage as neighbouring service changes are outside our direct control, but main planned consultation is be HDUHB from late May – plan in place to attend alongside them. Also engagement on ABUHB eLGH model. Requirement for Better Together engagement activities to be sufficiently resourced such that they are not compromised by need to also support engagement/consultation on commissioned services.	Whilst there was some neighbouring consultation and engagement activity (HDUHB and ABUHB) this did not divert focus and attention.
Engagement on Issues Paper is not sufficiently focused and meaningful because community interest is diverted to new & unexpected requirements for urgent or temporary change in PTHB	3x4	Active management of internal priorities, maintain focus on Better Together	Some focus on Waiting Time measures and also on next steps on Temporary Service Change. Public updates on both issues published on PTHB website and shared via our syndication channels to help raise awareness and provide clarity.
Insufficient feedback due to consultation fatigue and/or distrust from recent engagement experience (e.g. temporary service change)	2x4	Need to focus on developing and maintaining trust in the process. Ensure clear feedback loops including sign-ups for govDelivery. Ensure sufficient timeframe for comment (e.g. eight weeks).	Seven week engagement agreed. Hundreds of voices secured across multiple activities and channels including surveys, public focus groups, public outreach, public drop-in, staff roadshows, staff survey, staff focus group etc.

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Engagement activities are insufficiently planned due to delays in previous Steps	2x5	Ensure that a clear decision timeline is in place for the overall Programme and that risks are understood and managed Ensure sufficient resourcing for Better Together engagement activities.	Engagement activity launched on schedule.
Engagement insights insufficiently informed by voices less heard such that vision for the future is not sufficiently informed by their needs and experiences	2x4	Additional work has been commissioned with Practice Solutions to focus on equality insights.	Engagement officers came into post during engagement period creating additional capacity to reach out to local community groups. Survey analysis methodology with Practice Solutions agreed, with focus on different equality lenses.
Engagement is compromised by lobbying, campaigning etc. on specific issues and/or localities	2x4	Continue to aim to encourage broad and open engagement. Independent facilitation of workshops to support voices to be heard	No significant lobbying issues identified that compromised integrity or focus of engagement.

Step Three Methodology

The table below summarises the indicative engagement methodology for Step Three. Active and agile prioritisation based on MoSCoW linked to capacity, resources and competing priorities is under way through the ODEC working group.

Modality	General Public	Staff	Political	Partner Organisations
Digital First: Offer wide-ranging opportunities to engage via digital means	Web and social media information. Distribution to stakeholder organisations with request to syndicate through their public channels (e.g. newsletters). govDelivery distribution. Online event.	Intranet information Regular weekly updates syndicated via PTHB News Updates Online survey for staff	Direct invitation to contribute via letter. Suite of information on engagement website.	Direct invitation to contribute via letter. Suite of information on engagement website.
Opportunistic and Ambient: We use the means already available to us to support engagement and awareness (e.g.	Make information available at existing public-facing events taking place during the engagement period	Information issued via PTHB Team Focus for inclusion in team meetings	Provide resources that enable them to syndicate information via their channels and help them	Provide resources that enable them to syndicate information via their channels and help them signpost constituent / resident queries

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Modality	General Public	Staff	Political	Partner Organisations
existing meetings and workshops)	Posters for public venues with information about how to find out more including how to request print copy. Folders containing all the documentation and survey in print format available in all 18 Powys public libraries. Engagement officers attending community events, supermarkets etc. Attend other engagement events (e.g. North Powys Wellbeing, Hywel Dda UHB, PAVO locality network meetings)	Ask managers to ensure regular updates on BT through their channels Updates at PTHB Staff Briefings on 10 June and 10 July	signpost constituent / resident queries.	Identify partner events that programme representatives may be able to attend to raise awareness and gather views.
Purposeful and Enhanced: In addition to the above, we agree additional priority activities that support delivery of programme objectives and manage risk	Public workshop in each of the five hub towns. Early evening public drop-in events in each hub town (Brecon, Llandrindod Wells, Newtown, Welshpool, Ystradgynlais) Online workshop	Roadshows at every PTHB site Focus groups for community and mental health staff facilitated by Practice Solutions (two x in-person and one online)	Offer 1:1 meetings with all MSs and MPs	Workshops with primary care, with PAVO, with PCC colleagues. Deliberative event being arranged for 13 August

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Step Three Timeline

Development and Distribution of Engagement Materials

Date	Activity	Stakeholders	Status	Responsibility	Comments (Purpose /Evidence etc)
	Digital First Approach		STATUS	E&C Team	
w/b 2 June	Pre-launch activities to make ready with PTHB staff, primary care and key external stakeholders		COMPLETE	E&C Team	To raise awareness and encourage people to get involved and share their views Intranet article published 25 April ahead of engagement Better Together: Work under way to prepare for next phase of engagement from 9 June 2025 Advance materials distributed to Better Together programme community. Key focus of PTHB Staff Briefing on 10 June: PTHB Staff Briefing 10 June 2025.mp4
9 June	Launch activities: - Go live for Engagement HQ - Push send engagement materials to key audiences - Social media activity - Other launch activities as agreed per Annex Two	All	COMPLETE	E&C Team	Suite of engagement materials published on schedule per Annex 2. Direct distribution to Llais, MSs, MPs, County Councillors, Town and Community Councillors Email distribution via govDelivery service Social media on Facebook, Nextdoor Requests to PTHB primary care team, PAVO, RPB secretariat, PSB secretariat, Mental Health Partnership and PTHB Charity's team for onward distribution to their networks Intranet: Better Together - Home Engagement website: Better Together - Seeking Your Views on Adult Physical and Mental Health Community Services in Powys | Have Your Say Powys and Gwella Gyda'n Gilydd: Ceisio'ch barn ar Wasanaethau Cymunedol Iechyd Corfforol a Meddyliol i Oedolion ym Mhowys | Dweud Eich Dweud Powys

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Date	Activity	Stakeholders	Status	Responsibility	Comments (Purpose /Evidence etc)
w/b 9 June	Delivery of folders containing all printed engagement materials to Powys libraries	General Public	COMPLETE	E&C Team	Improve availability of information for people without digital access
w/b 9 June	Updated news article for staff	Staff	COMPLETE	E&C Team	Join us in the next stage of Better Together
9 June	Launch article for public	All	COMPLETE	E&C Team	Better Together in Powys: Seeking Your Views on Adult Physical and Mental Health Community Services in Powys - Powys Teaching Health Board
w/b 16 June	Repeater and reminder activities via social media, govDelivery, website and stakeholder networks	All	COMPLETE	E&C Team	Raise awareness and encourage response
18 June	Weekly reminder for PTHB staff	Staff	COMPLETE	E&C Team	Your Weekly Better Together Update: 18 June 2025
w/b 23 June	Repeater and reminder activities via social media, govDelivery, website and stakeholder networks	All	COMPLETE	E&C Team	Raise awareness and encourage response
24 June	Reminder news release	All	COMPLETE	E&C Team	Health board invites people to share their views - Powys Teaching Health Board
26 June	Weekly reminder for PTHB staff	Staff	COMPLETE	E&C Team	Your Weekly Better Together Update: 26 June 2025
w/b 30 June	Repeater and reminder activities via social media, govDelivery, website and stakeholder networks	All	COMPLETE	E&C Team	Raise awareness and encourage response
w/b 30 June	Paid for social media advertising to promote events	All	COMPLETE	E&C Team	Raise awareness and encourage response
3 July	Weekly reminder for PTHB staff	Staff	COMPLETE	E&C Team	Your Weekly Better Together Update: 3 July 2025
w/b 7 July	Paid for social media advertising to promote survey	All	COMPLETE	E&C Team	Raise awareness and encourage response
8 July	Personal letter from Hayley Thomas	All	COMPLETE	E&C Team	Update from Hayley Thomas: Better Together in Powys - Powys Teaching Health Board
9 July	Weekly reminder for PTHB staff	Staff	COMPLETE	E&C Team	Your Weekly Better Together Update: 9 July 2025

Date	Activity	Stakeholders	Status	Responsibility	Comments (Purpose /Evidence etc)
13 July	"Two Weeks Left" reminder	All	COMPLETE	E&C Team	Better Together in Powys - Two weeks until the closing date on 27 July - Powys Teaching Health Board
w/b 14 July	Repeater and reminder activities via social media, govDelivery, website and stakeholder networks – reminder of closing date of this phase and that there will be ongoing ways to get involved	All	COMPLETE	E&C Team	Raise awareness and encourage response
17 July	Weekly reminder for PTHB staff	Staff	COMPLETE	E&C Team	One Week To Go: Let's Make Every Voice Count (Your Weekly Better Together Update: 17 July 2025)
20 July	One week to go	Public	COMPLETE	E&C Team	Raise awareness and encourage response: Better Together in Powys - One week until the closing date on 27 July - Powys Teaching Health Board
23 July	Final reminder for PTHB staff	Staff	COMPLETE	E&C Team	
30 July	Survey closes	All	COMPLETE	E&C Team	Extended date until 5pm on Wed 30 July to allow for any late responses and manual input.

Date	Title of event	Venue	Stakeholders	Approx. number of people	Presenter(s)	Purpose / Location of notes/evidence/recording
10 June	PTHB Staff Briefing	Online	PTHB staff	125	CEO, Lucie Cornish	Watch the latest PTHB Staff Briefing on 10 June 2025
11 June	Machynlleth Locality Network (PAVO)	Care Centre, Forge Road	Third Sector	25	Engagement team	Raising awareness and distributiing surveys
12 June	Knighton Locality Network (PAVO)	Presteigne Memorial Hall	Third Sector	14	Engagement team	Raising awareness and distributing surveys

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Date	Title of event	Venue	Stakeholders	Approx. number of people	Presenter(s)	Purpose / Location of notes/evidence/recording
18 June	Crickhowell Locality Network (PAVO)	Henderson Hall, Talybont on Usk	Third Sector	12	Engagement team	Raising awareness and distributing surveys
24 June	Staff roadshow in Newtown	Newtown Hospital, The Park, Ladywell House, Park Street	PTHB staff	See staff engagement report	OD team with Execs / ADs / DDs	See staff engagement report
25 June	Llanfyllin Locality Network (PAVO)	The Youth Centre, Llanfyllin	Third Sector	8	Engagement Team	Raising awareness and distributing surveys
26 June	Staff roadshow in Llandrindod, Builth and Knighton	Llandrindod Hospital, Knighton Hospital, Spa Road, Glan Irfon, Antur Gwy	PTHB staff	See staff engagement report	OD team with Execs / ADs / DDs	See staff engagement report
27 June	Awareness raising	Co op Builth Wells	General Public	30	Engagement team	Raising awareness and distributing surveys
1 July	Staff roadshow in Llanidloes and Machynlleth Hospital	Llanidloes Hospital, Machynlleth Hospital	PTHB staff	See staff engagement report	OD team with Execs / ADs / DDs	See staff engagement report
1 July	Brecon Public Focus Group	Theatr Brycheiniog	General Public	See public engagement report	Practice Solutions / PTHB E&C Team / IM plus Exec or AD	See public engagement report
1 July	Brecon Public Drop in	Theatr Brycheiniog	General Public	See public engagement report	PTHB E&C Team	See public engagement report
2 July	Staff roadshow in Ystradgynlais	Ystradgynlais Hospital	PTHB staff	See staff engagement report	OD team with Execs / ADs / DDs	See staff engagement report
2 July	Welshpool Public Focus Group	Town Hall	General Public	See public engagement report	Practice Solutions / PTHB E&C Team / IM plus Exec or AD	See public engagement report

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Date	Title of event	Venue	Stakeholders	Approx. number of people	Presenter(s)	Purpose / Location of notes/evidence/recording
2 July	Welshpool Public Drop in	Town Hall	General Public	See public engagement report	PTHB E&C Team	See public engagement report
3 July	Ystradgynlais Public Focus Group	The Welfare	General Public	See public engagement report	Practice Solutions / PTHB E&C Team / IM plus Exec or AD	See public engagement report
3 July	Ystradgynlais Public Drop in	The Welfare	General Public	See public engagement report	PTHB E&C Team	See public engagement report
4 July	Community outreach	Llandrindod Wells, Tesco	General public	100	PTHB E&C Team	
4 July	Llais Volunteers	Online	Llais		Lucie Cornish	
4 July	Community Outreach	Ystradgynlais Llandrindod Wells	General Public		PTHB E&C Team	
7 July	HDUHB consultation event	Y Plas	General Public	c.100	HDUHB / PTHB E&C Team	Members of PTHB engagement team attended to provide information about Better Together for people attending the consultation event
9 July	Online Public Focus Group	Online	General Public		Practice Solutions / IM plus Exec or AD	
9 July	Community outreach	U3A Singing for Fun Llandrindod Wells	General public	12	PTHB E&C Team	
9 July	Community outreach	Builth Wells Ladies Choir	General public	30	PTHB E&C Team	Riasing awareness and distributing survey copies
10 July	Llandrindod Wells Public Focus Group	Metropole	General Public	See public engagement report	Practice Solutions / PTHB E&C Team / IM plus Exec or AD	See public engagement report

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Date	Title of event	Venue	Stakeholders	Approx. number of people	Presenter(s)	Purpose / Location of notes/evidence/recording
10 July	Llandrindod Wells Public Drop in	Metropole	General Public	See public engagement report	PTHB E&C Team	See public engagement report
10 July	PTHB Staff Briefing	Online	PTHB staff	104	CEO, Lucie Cornish	Watch the latest PTHB Staff Briefing on 10 July 2025
10 July	Staff roadshow in Bronllys and Talgarth	Bronllys Hospital, Talgarth	PTHB staff	See staff engagement report	OD team with Execs / ADs / DDs	See staff engagement report
10 July	Community outreach	Newtown Morrisons	General public	80	PTHB E&C Team	
10 July	Community outreach	Llanidloes Leg Club	General public	15	PTHB E&C Team	
10 July	PAVO Locality Forum	Newtown	Third sector		PTHB E&C Team	
11 July	Community outreach	Builth Wells Lunch Club	General public	25	PTHB E&C Team	Raising awareness and distributing survey copies
11 July	Community outreach	Llanyre Sit Stretch Relax Session	General public	30	PTHB E&C Team	
11 July	Community outreach	New Radnor Community Centre – Line Dancing	General public	7	PTHB E&C Team	
14 July	Staff roadshow in Welshpool and Llanfyllin	Welshpool Hospital, Bryntirion, Welshpool Health Centre, Llanfyllin	PTHB staff	See staff engagement report	OD team with Execs / ADs / DDs	See staff engagement report
14 July	Newtown Staff Focus Group	Ladywell House	PTHB community and mental health staff	See staff engagement report	Practice Solutions plus Exec/AD presenter	See staff engagement report

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Date	Title of event	Venue	Stakeholders	Approx. number of people	Presenter(s)	Purpose / Location of notes/evidence/recording
14 July	Community outreach	Llanidloes Sewing Group	General Public	3	PTHB E&C Team	
14 July	Online Staff Focus Group	Online	PTHB community and mental health staff	See staff engagement report	Practice Solutions plus Exec/AD presenter	See staff engagement report
14 July	Community outreach	Chess club - Clarence Hall, Crickhowell	General Public	6	PTHB E&C Team	
14 July	Community outreach	Rhayader Leg Club	General Public	20	PTHB E&C Team	
15 July	Llandrindod Wells Staff Focus Group	Spa Road	PTHB community and mental health staff	See staff engagement report	Practice Solutions plus Exec/AD presenter	See staff engagement report
15 July	Community outreach	Ystradgynlais Crafty Cafe	General Public	30 estimated	PTHB E&C Team	
15 July	Community outreach	Welshpool Mind Walk and Talk	General Public	2	PTHB E&C Team	
15 July	Community outreach	Llanfyllin Gentle Yoga	General Public	12	PTHB E&C Team	
15 July	Community outreach	Brecon Leg Club	General Public	10	PTHB E&C Team	
16 July	Newtown Public Focus Group	Hafan yr Afon	General Public	See public engagement report	Practice Solutions / PTHB E&C Team / IM plus Exec or AD	See public engagement report
16 July	Newtown Public Drop in	Hafan yr Afon	General Public	See public engagement report	PTHB E&C Team	See public engagement report

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Date	Title of event	Venue	Stakeholders	Approx. number of people	Presenter(s)	Purpose / Location of notes/evidence/recording
16 July	Community outreach	Brecon Mind social group	General Public	6	PTHB E&C Team	
17 July	Community outreach	Ystradgynlais MIND	General Public	7	PTHB E&C Team	
17 July	Community outreach	Llanidloes Only Legs Aloud	General Public	28	PTHB E&C Team	
17 July	Community outreach	Llandrindod Wells Leg Club	General Public	20	PTHB E&C Team	
21-24 July	Community Outreach	Information available at RWAS	General Public		PTHB mental health team attending with flyers	
22 July	Community Outreach	Llandrindod U3A Sewing Group	General Public	8	PTHB E&C Team	Raising awareness/ distributing paper surveys
22 July	Community Outreach	Kaleidoscope	General Public	12	PTHB E&C Team	Raising awareness/ distributing paper surveys
22 July	Community Outreach	Newtown Senior Holiday at Home	General Public	23	PTHB E&C Team	
24 July	Community Outreach	Trecastle 4T's	General Public	3	PTHB E&C Team	
28 July	Community Outreach	Welshpool Livestock Market with Farming Fit team	General Public	7	PTHB E&C Team	Seeking views and conducting 7 interviews with Powys farmers.

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Step Four: Initial Findings

30 July to 13 August 2025

Step Four Objectives

The principal engagement and communication objectives of Step Four are:

- Provide an initial report on engagement findings from Stage Two to the deliberative event on 13 August 2025 (M)

Key programme dependencies for Step Five include:

- Completion of Stage Three engagement activities (M)
- Initial analysis of Stage Two public survey findings by Practice Solutions (M)
- Initial analysis of Stage Two public workshops by Practice Solutions (M)
- Initial analysis of Stage Two staff workshops by Practice Solutions (M)
- Initial analysis of Stage Two staff survey by OD team (M)

Step Four Risks

The key risks for Step Four include:

Risk	Likelihood / Impact	Mitigation	Outturn comments
Insufficient organisational capacity for development of initial report including impact of Annual Leave	2x4	Active and agile prioritisation to ensure development of report	Whilst the post-engagement period was impacted by annual leave, sufficiently early planning and a successful continuity plan was put in place so that initial findings could be presented to the deliberative event on 13 August.
Key dependencies not delivered on schedule	2x4	Regular touchpoint meetings with Practice Solutions. Sign off survey analysis methodology (complete). Initial findings due in Step Four.	All key dependencies delivered within agreed tolerance.

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Step Four Activity Log

Product	Who	When	Status	Comments
Touchpoint with Practice Solutions	AO/JF/SL/Practice Solutions	16 July	Complete	NB facilitator on leave from 17 July to 4 August
Touchpoint with Practice Solutions	AO/JF/SL/Practice Solutions and Rhys Brown	11 August	Complete	NB AO and JF on leave w/b 4 August
Deliberative Event 13 August	All	13 August	Complete	Slide content agreed and presented to deliberative event on 13 August.

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Step Five: Preparation of Stage One and Stage Two Engagement Report

By 31 August 2025

Step Five Objectives

The principal engagement and communication objectives of Step Five are:

- Provide a report on overall engagement activity and findings during Stage One and Stage Two (M)

Key programme dependencies for Step Five include:

- Completion of Stage One reporting (M)
- Analysis of Stage Two public survey findings by Practice Solutions (M)
- Analysis of Stage Two public workshops by Practice Solutions (M)
- Analysis of Stage Two staff workshops by Practice Solutions (M)
- Analysis of Stage Two staff survey by OD team (M)
- Analysis of Stage Two drop in events feedback by Engagement Team (M)
- Analysis of Stage Two community outreach feedback by Engagement Team (M)

Step Five Risks

The key risks for Step Five include:

Risk	Likelihood / Impact	Mitigation	Outturn comments
Insufficient organisational capacity for development of report	2x4	Active and agile prioritisation to ensure development of report	Draft report shared with Tactical ODEC and Route Map Steering Group members on 29 August for review. Updated report for presentation to ODEC on 9 September followed by Portfolio Board on 16 September.
Key dependencies not delivered on schedule	2x4	Regular touchpoint meetings with Practice Solutions. Sign off survey analysis methodology (complete). Initial findings due in Step Four.	No issues identified.

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Step Five Activity Log

Product	Who	When	Status	Comments
Agree overall framework and content of report	AO	1 August	COMPLETE	Overall framework of combined Stage One and Stage Two engagement insight report agreed
Provide content	Per lead authors (JF, SL, Practice Solutions)	27 August	COMPLETE	
Finalise draft report	SL/JF	27 August	COMPLETE	Draft report completed
Review at Tactical ODEC on 27 August	Tactical ODEC	27 August	COMPLETE	Share with Tactical ODEC members for review via email on 29 August
Review at Route Map Steering Group 2 September	Route Map Steering Group	2 September	COMPLETE	Draft shared with Route Map Steering Group members on 29 August for review at meeting on 2 September
Review at ODEC on 9 September	ODEC	9 September	COMPLETE	Draft was updated reflecting feedback from tacODEC and RMSG for ODEC on 9 September.
Submit for review at Portfolio Board on 16 September	Portfolio Board	16 September	COMPLETE	Draft was updated reflecting feedback from ODEC for PB on 16 September.
Include in Board Papers on 26November 2025	PTHB Board	24 September	COMPLETE	Included in Board Papers for 26 November 2025.

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Annex One: Channel Strategy

The following Channel Strategy approach was agreed by Better Together Portfolio Board on 21 January 2025:

Public Channel	Agreed Approach	Commentary
Public website (broadcast)	Use existing health board website • pthb.nhs.wales • biap.gig.cymru	These channels already exist and can be utilised quickly with no additional direct costs. Whilst the PTHB website skin and template cannot be rebranded with Better Together design elements, this is not a problem. The PTHB brand will retain primacy, and Better Together elements can feature within the body of the page.
Public website (engagement)	Use existing Have Your Say Powys website • haveyoursaypowys.wales • dweudeichdweudpowys.cymru	These channels already exist and can be utilised quickly with no additional direct costs. Better Together design elements can easily be applied to hub and project areas within on the Have Your Say platform Supports overall coherency of "one conversation" with the public across public sector partners (Have Your Say is used by RPB partners including PCC, PTHB, PAVO, North Powys Wellbeing and consideration is being given to expanding this to PSB partners subject to DPIA and funding considerations).
Subscriber service (engagement)	Use existing govDelivery service to reach subscribers of Engagement News	The existing govDelivery channel encourages people to sign up to news channels (e.g. 650 subscribers for engagement news) and to indicate their locality(s) of interest so that we can target information about activities and events based on geography. We can utilise our existing subscribers and drive new interest to encourage sign ups. This provides us with a simple option for push-send of e-news content to subscribers utilising existing RSS functionality augmented by bespoke content & design.
Intranet / Extranet	Use existing PTHB SharePoint but establish dedicated "Service Area" (current information is within T&V)	There is legacy Better Together information within the Transformation & Value Service Area. A dedicated Service Area will be established to reinforce that this is a shared programme for PTHB and not solely for T&V. A key challenge with NHS SharePoint is that we cannot assign access to users outside NHS Wales. No simple and feasible "extranet" options have been identified to support document and business process collaboration with partners outside the health board.
Social Media	Continue to use existing HB channels and encourage partner syndication	We do not propose new and dedicated social media platforms for Better Together (e.g. designated presence on LinkedIn, Facebook, X, YouTube). Followership takes a long time to build, channel management is resource intensive, social media engagement and penetration is increasingly challenging given algorithm changes / move to groups etc., social media environment increasingly toxic.
Syndication	Continue to utilise existing syndication and partnership mechanisms	As normal, the Programme can make appropriate use of other managed channels (e.g. PTHB digital screens), as well as earned reach through partner channels (e.g. through existing partnership mechanisms such as PEIN we can support and encourage syndication of programme messaging through partner channels to broaden reach). As appropriate, paid-for approaches can be considered (e.g. print and social media advertising).

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Annex Two: Materials for public engagement

During Step Two the health board will need to produce a range of materials to support public and stakeholder engagement in the continuing development of the case for change. The table below sets out the suite of materials, MoSCoW assessment and status.

Material / Publication	Suggested Formats	Comments	Progress update	MoSCoW	How
Digital Engagement Platform	EN	Host on haveyoursaypowys.wales	Completed	M	E&C Team (SL)
	CY	Host on dweudeichdweudpowys.cymru	Completed	M	PTHB translation (SL)
PTHB web signposting	EN	Article signposting from pthb.nhs.wales	Completed	M	E&C Team (JF)
	CY	Article signposting from biap.gig.cymru	Completed	M	PTHB translation
Issues Paper	EN PDF	NB seek to develop to meet PDF accessibility standards	Completed	M	E&C Team (AO)
	CY PDF	NB seek to develop to meet PDF accessibility standards	Completed	M	External translation (AO/JF)
	EN html (web publication)	Web version of Issues Paper text for improved accessibility	Completed	M	E&C Team
	CY html (web publication)	Web version of Issues Paper text for improved accessibility	Completed	M	Same text as above
	Video version EN		Not prioritised due to capacity	S	
	Video version CY		Not prioritised due to capacity	S	
	EN Easy Read version	Suitable for different reading ages	Completed	S	LD Cymru
	CY Easy Read version	Suitable for different reading ages	Completed	S	LD Cymru
	BSL version of video	Accessibility for first language BSL	Reactive – respond to requests	deal with individual requests on bespoke basis	£ External
	Other community languages	Ad hoc – e.g. use Language Line, etc	Reactive – respond to requests	deal with individual	£ External

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				requests on bespoke basis	
Survey (data gathering methodology)	EN online	Host on haveyoursaypowys.wales	Completed	M	E&C team
	CY online	Host on dweudeichdweudpowys.cymru	Completed	M	PTHB translation
	EN print	Produce print version that can be made available on request	Completed	M	E&C team (SL/LT)
	CY print	Produce print version that can be made available on request	Completed	M	Same text as above (SL/LT)
	Easy Read Survey EN	Included in Easy Read issues paper	Completed	S	LD Cymru
	Easy Read Survey CY	Included in Easy Read issues pape	Completed	S	LD Cymru
	Capture tool for feedback from meetings and workshops	Create a capture sheet that can be used for face-to-face events to gather and submit feedback (NB default is to direct people to standard survey)	Completed Capture form has been created for TCC events	S	E&C team (LT)
Public Event materials	Suite of engagement materials for public drop-ins	Print materials	Completed	M	E&C team
Syndication	Article for third party websites EN	Short third-party article to signpost how to get involved	Completed	S	E&C team (JF)
	Article for third party websites CY	Short third-party article to signpost how to get involved	Completed	S	PTHB translation
Print Copy	Phoneline to request print copies	Manual print process for requests	Completed	M	E&C team
		Phone line services can also advertise availability of Sign Live	In hand: On-demand ad hoc/bespoke response on individual basis	W	BT Programme Team
	Distribute copies to libraries	Enables members of the public without digital access to visit local library to find out more	Completed	S	E&C team (LT)
	Print run for use at public outreach events	Sufficient copies for use at public events	Completed	M	E&C team

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	Widespread print distribution to organisations	Not a prudent use of public resources – via individua requests	N/A	W	£ External print
Social Media	EN image and core text	Regular social media posts to direct people to where they can find out more	Completed	M	E&C team (RJ)
	CY image and core text	Regular social media posts to direct people to where they can find out more	Completed	M	PTHB translation
	Animation / short explainers	Insufficient internal capacity to commission this	N/A	W	£ External
Letter	EN covering letter to stakeholders	Letter to stakeholders to raise awareness and seek views	Completed	M	E&C team (JF)
	CY letter to stakeholders	Letter to stakeholders to raise awareness and seek views	Completed	M	PTHB translation
Poster	EN Print	Print poster with web address and QR code plus phoneline to request printed copy for stakeholders to display in public areas Also version 2 with dates and booking arrangements for public meetings	Completed (artwork sized A4/A3 + A5 additional)	M	E&C team £ External print
	CY Print	Print poster with web address and QR code plus phoneline to request printed copy for stakeholders to display in public areas Also version 2 with dates and booking arrangements for public meetings	Completed	M	PTHB translation £ External print
	EN digital	Digital poster for digital noticeboards (e.g. PTHB waiting areas)	Completed	S	E&C team
	CY digital	Digital poster for digital noticeboards (e.g. PTHB waiting areas)	Completed	S	Text as above
Flyer	EN Print	Small flyer with web address and QR code plus phoneline to	Completed (same treatment as poster)	C	E&C team £ External print

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		request printed copy for use at any public events Version 2 advertising public events			
	CY Print	Small flyer with web address and QR code plus phoneline to request printed copy for use at any public events Version 2 advertising public events	Completed	C	PTHB translation £ External print
PowerPoint slide set	EN PowerPoint	Slide set, script and questions for use in workshops – NB PDF version also added to engagement website	Completed	M	E&C Team
	CY PowerPoint	Slide set, script and questions for use in workshops – NB PDF version also added to engagement website	Completed	M	PTHB translation
Partner engagement pack	EN pack	Suite of materials for partner organisations to undertake engagement with their own audiences	Full suite of materials shared as above including partner story for websites and newsletters	W	E&C team
	CY pack	Suite of materials for partner organisations to undertake engagement with their own audiences	As above	W	PTHB translation
Event booking platform	EN/CY digital	MS Forms established for booking for events	Complete	M	E&C Team
Regular govDelivery reminders	EN/CY	Repeater messages	Complete	S	E&C Team
Paid for social media advertising	CN/CY	Boosted posts for (a) events and (b) complete survey	Complete	C	E&C Team
Regular media updates	EN/CY	Repeater messages	Complete	S	E&C Team
Staff intranet	EN	Dedicated staff intranet pages with information and signposting	Complete	M	E&C Team

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Staff Flyer		Short explainer leaflet for staff	Complete	S	WOD team
Staff Short Survey		Shorter survey for staff	Complete	C	WOD team
Staff poster		Advertise events, direct to survey and further information	Complete	C	WOD team

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Annex Three: Overall Programme Summary

Stage	Core Aim	Timeline	Status	Comments
Stage One	Pre-engagement on case for change	January to May 2025	CLOSED	• Closure of Stage One was agreed by ODEC on 10 June and ratified by Portfolio Board on 17 June.
Stage Two	Engagement on community and mental health model	May to August 2025 (staff and public engagement June-July)	COMPLETE	• Stage Two activities were delivered on schedule. • Initial findings presented to Deliberative Event on 13 August. • Combined Stage One and Stage Two engagement report endorsed by ODEC on 9 September and submitted to Portfolio Board on 16 September.
Stage Three	Formal consultation on community and mental health model	September 2025 to March 2026 (formal consultation October 2025 to January 2026	DEFERRED	• The overall timeline for Better Together including formal consultation on the community and mental health model is being revised.

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Powys THB Finance Department
Financial Performance Report
Board

Period 07 (October 2025)
FY 2025/26

Date Meeting: 26 November 2025
Item 3.4

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Introduction

Subject:	**FINANCIAL PERFORMANCE REPORT FOR MONTH 07 OF FY 2025/26**
Approved & Presented by:	Pete Hopgood, Executive Director of Finance
Prepared by:	Hywel Pullen, Deputy Director of Finance
Other Committees and meetings considered at:	Executive Committee – 19 November 2025

PURPOSE:

This paper provides an update on the October 2025 (Month 07) Financial Position, including progress with savings delivery.

RECOMMENDATION:

The Committee is asked to receive the financial report and take assurance that the organisation has effective financial monitoring and reporting mechanisms in place.

The Committee is asked to consider and discuss the financial forecast for 2025/26 of £28.3m and the underlying deficit of £42.1m.

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THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

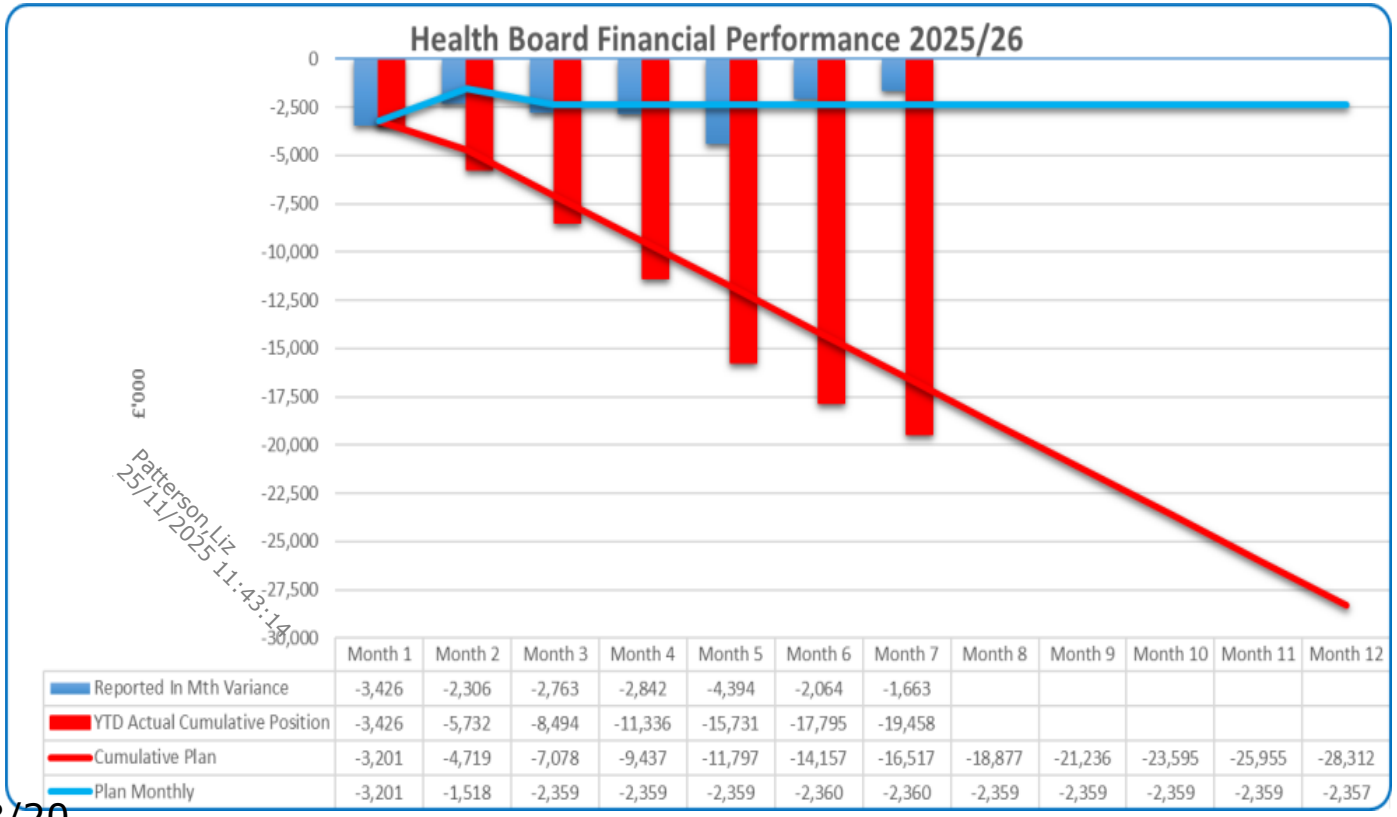
Strategic Objectives:	• Focus on Wellbeing	✖
	• Provide Early Help and Support	✖
	• Tackle the Big Four	✖
	• Enable Joined up Care	✖
	• Develop Workforce Futures	✖
	• Promote Innovative Environments	✖
	• Put Digital First	✖
	• Transforming in Partnership	✓
Health and Care Standards:	• Staying Healthy	✖
	• Safe Care	✖
	• Effective Care	✖
	• Dignified Care	✖
	• Timely Care	✖
	• Individual Care	✖
	• Staff and Resources	✓
	• Governance, Leadership & Accountability	✖

Approval/Ratification/Decision	Discussion	Information
	✓	

Summary Health Board Position 2025/26

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	-2,360	-1,663	↓
Reported Year To Date financial position – (deficit)/surplus	-16,517	-19,458	↑
Year end – (deficit)/surplus	-28,312	-28,312	→

Capital		
	Value £'000	**Trend**
Capital Resource Limit	6,534	→
Reported Year to Date expenditure	1,974	↑
Reported year end – (deficit)/surplus – Forecast	6,534	→



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Reported In Mth Variance	-3,426	-2,306	-2,763	-2,842	-4,394	-2,064	-1,663					
YTD Actual Cumulative Position	-3,426	-5,732	-8,494	-11,336	-15,731	-17,795	-19,458					
Cumulative Plan	-3,201	-4,719	-7,078	-9,437	-11,797	-14,157	-16,517	-18,877	-21,236	-23,595	-25,955	-28,312
Plan Monthly	-3,201	-1,518	-2,359	-2,359	-2,359	-2,360	-2,360	-2,359	-2,359	-2,359	-2,359	-2,357

Powys THB submitted an Annual Plan to Welsh Government in March 2025, which included a deficit of £38.4m with an ambition to identify further actions to be able to plan for a £16m deficit.

The Accounting Officer letter in May confirmed actions to reduce expenditure in 2025/26 with a quantified value of £10.1m to revise the Health Board's forecast to a £28.3m deficit. This report and the monthly monitoring returns to Welsh Government have been completed with reference to the £28.3m deficit.

At month 7, there is a £19.458m overspend. Compared to a planned deficit of £16.517m, (which is 7/12ths of a forecast £28.312m deficit), this equates to the Health Board having an overspend of £2.942m.

The capital resource limit for 2025/26 is £6.534m, the forecast outturn is £6.534m; with a YTD spend of £1.974m.

Year to Date overspend of £2.9m compared to Plan

The YTD overspend is predominantly due to unforeseen cost pressures.

- NHS England unplanned care tariff increase - £2.2m
- JCC delivery - £0.5m
- Employers NI contribution - £0.6m

The balance of (£0.4m) underspend is an operational variance connected with savings and private providers overspend off-set by underspends elsewhere.

Revenue Variance Position 2025/26

Overall Summary of Variances £'000s

	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(261,012)	(261,012)	0
02 - Capital Donations	(76)	(76)	0
03 - Other Income	(4,885)	(5,871)	(986)
Total Income	**(265,973)**	**(266,960)**	**(986)**
05 - Primary Care - (excluding Drugs)	28,407	27,999	(408)
06 - Primary care - Drugs & Appliances	20,645	20,645	(0)
07 - Provided services -Pay	71,846	72,020	174
08 - Provided Services - Non Pay	13,316	12,200	(1,116)
09 - Secondary care - Drugs	813	803	(10)
10 - Healthcare Services - Other NHS Bodies	110,270	114,766	4,497
12 - Continuing Care and FNC	23,703	23,116	(587)
13 - Other Private & Voluntary Sector	3,739	5,121	1,382
14 - Joint Financing & Other	5,976	5,974	(2)
15 - DEL Depreciation etc	3,373	3,373	0
16 - AME Depreciation etc	402	402	0
18 - Profit/Loss Disposal of Assets	0	0	0
Total Costs	**282,490**	**286,418**	**3,928**
Reported Position	**16,517**	**19,458**	**2,942**

At Month 07, there is a £19.458m overspend against the forecast deficit of £16.517m giving the Health Board an overspend of £2.942m compared to Plan. The most significant areas to highlight are:

- Commissioning of Healthcare Services from other NHS Bodies is £4.497m overspent at M7. There is an unfunded cost pressure arising from price increase on non-elective tariffs in the English system, savings target shortfall, overspend with JCC and underspend with Welsh providers.
- Other private and voluntary sector is overspent YTD by £1.382m. This is due to an increased number of acute mental health and LD placements with private providers.
- Agency expenditure of £0.356m in the month, compared to M07 2024/25 it is £0.271m lower.
- CHC and FNC is underspent by £0.587m YTD. There are 376 packages of care, a net increase of 21 since Month 12 2024/25.
- There are underspends in primary care within dental and general medical services and in provider services – non-pay.

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	(4,885)	(5,871)	**(£986)**
07 - Provided services -Pay	2,394	2,151	(243)	2,114	71,846	72,020	**£174**
08 - Provided Services - Non Pay	0	0	0	0	13,316	12,200	**(£1,116)**
Grand Total	**2,394**	**2,151**	**(243)**	**2,114**	**£80,278**	**£78,348**	**(£1,929)**
Directorate View							
Assistant Director Community Services	1,025	936	(88)	912	28,906	27,512	**(£1,394)**
Assistant Director MH/LD	541	425	(116)	419	14,435	18,544	**£4,109**
Assistant Director Women and Children	159	158	(1)	160	4,425	4,710	**£285**
Estates and Support Services	198	207	9	205	9,562	9,595	**£33**
Corporate and other Services	471	425	(46)	418	22,950	17,987	**(£4,963)**
Grand Total	**2,394**	**2,151**	**(243)**	**2,114**	**£80,278**	**£78,348**	**(£1,929)**

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.

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Explanation of Performance

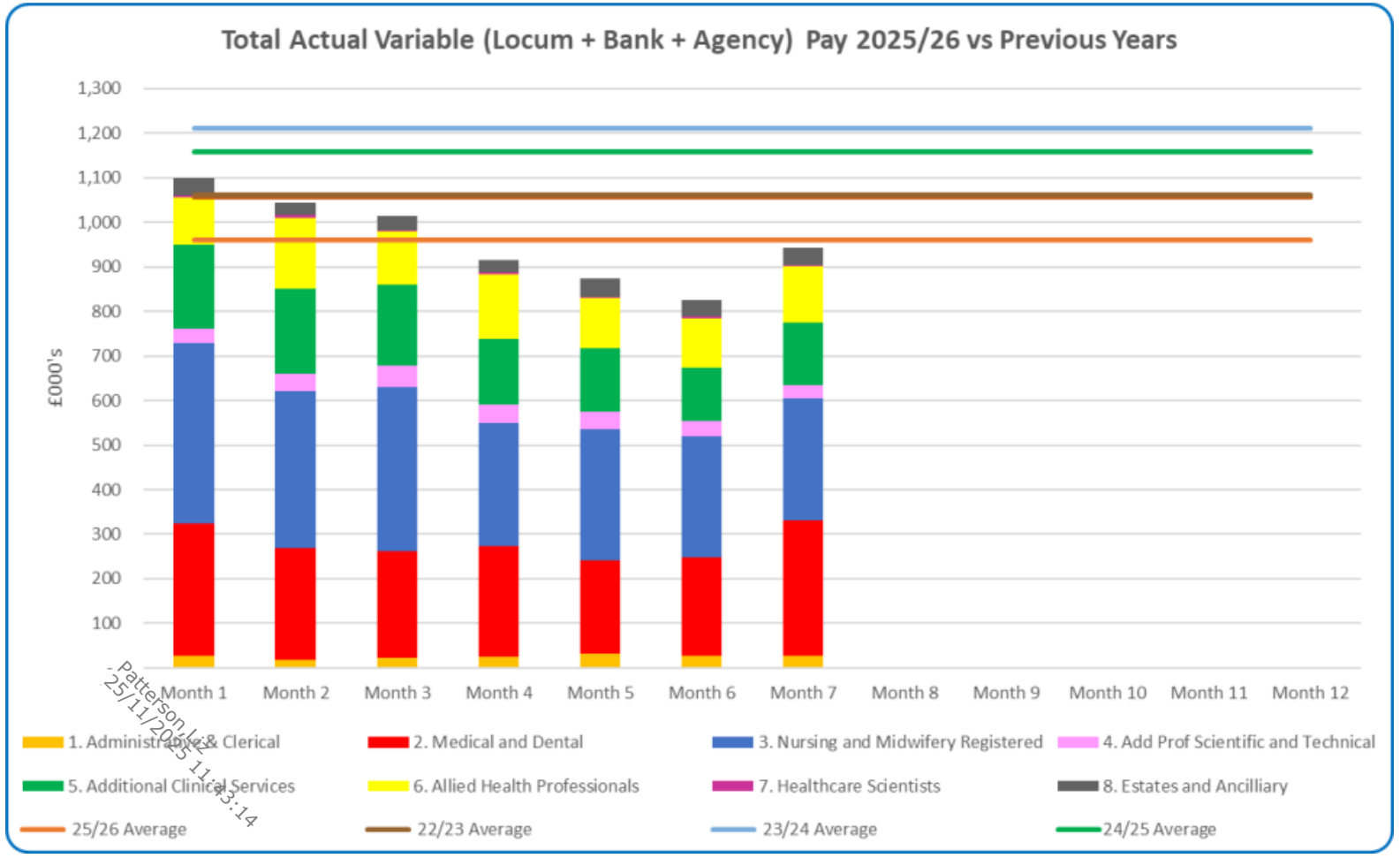
- The Month 7 position is showing an underspend of £1.929m over these categories.
- The service with the largest overspend is Mental Health & Learning Disability. This is due to agency and locum expenditure and the underachievement of savings.
- Community Services is underspent due to management of vacancies and slippage against non-recurrent funding received.
- Vacancies are running at 21% (116 WTE) for MH&LD Services and 9% (88 WTE) for Community Services.
- Corporate and other Service are underspent. There are vacancies and financial reserves held centrally to off-set the overspends in MH&LD Services.
- The following page provides more detail on agency expenditure and the actions being taken to address the high usage.

Risks

- Increased workforce gaps resulting in greater requirement for temporary workforce and associated premium spend.

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).



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

- The chart opposite demonstrates in October variable pay is higher than the 3 prior months. It is £263k less than in month 7 last year. It is broken down by staff type.
- However, Powys continues to be an outlier within NHS Wales as forecasted agency and locum spend was on average 5.5% of total forecasted pay in Month 6, against the Wales average of 1.8%.
- The HB's Variable Pay Reduction group is implementing a detailed 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.

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 2025/26 were agreed by the deadline of 12 June. Contract proposals with English providers are being negotiated. The Health Board is seeking to reduce expenditure in 2025/26 by reducing the quantity of elective activity commissioned. Particularly with SaTH, WVT and RJAH. This has been delayed and escalated to Welsh Government on 10/09/25.

NHS Commissioning Variance to Date 2025/26

Commissioning	Budget to Date £000	Actual to Date £000	Variance to Date £000
Welsh Providers	29,523	28,368	(1,155)
English Providers	43,936	48,554	4,618
JCC	33,374	34,490	1,117
Other NHS Providers	2,894	2,863	(31)
Mental Health (LTAs Only)	544	491	(52)
Total	**110,270**	**114,766**	**4,497**

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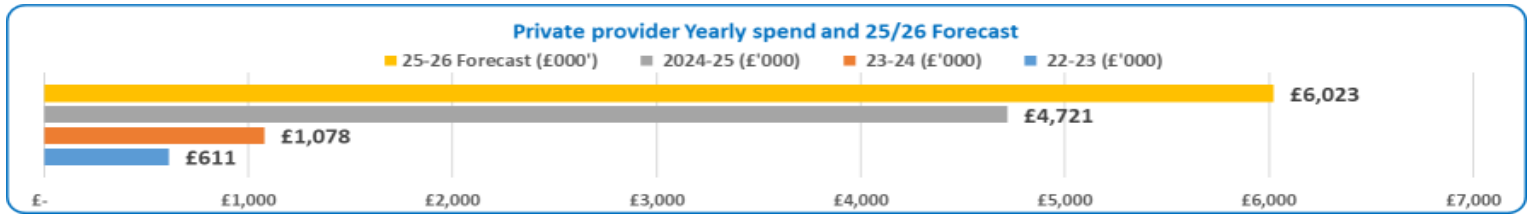
Risks
- Capacity and performance of Adult Social Care services
- Providers exceed their RTT recovery targets.
- Winter pressures and capacity of the system generally to treat patients and thus avoid secondary care admissions.
- Delivery of saving plans.

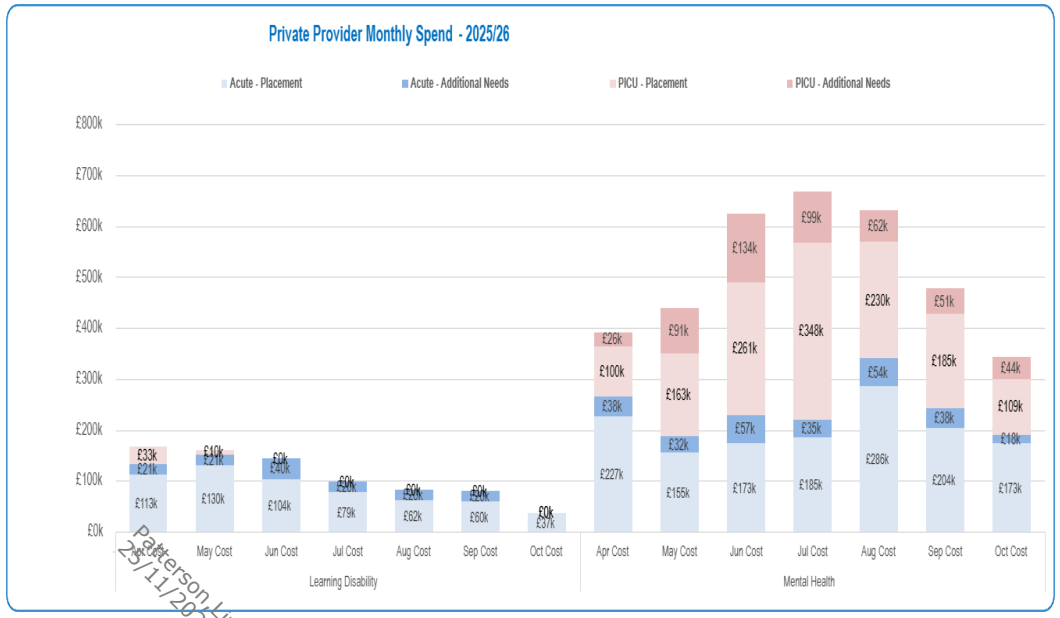
Performance

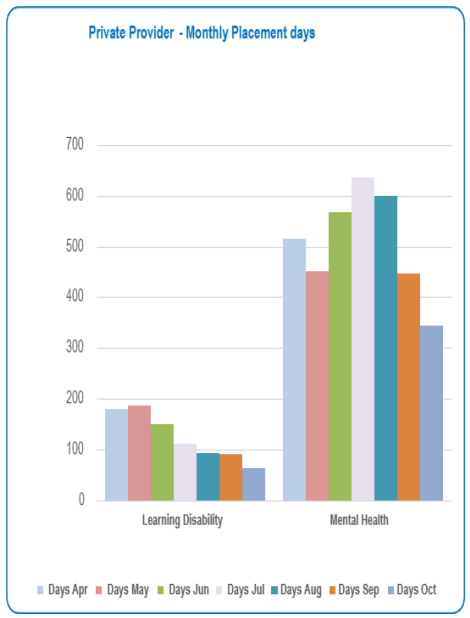
- *Welsh Providers* – there is an underspend due to reduced activity.
- *English providers*
  - There is an unfunded cost pressure arising from price increases in the English system for maternity and non-elective tariffs of circa an average 13%. This is estimate as £3.8m for the year, which is £2.2m pf the YTD variance.
  - The other contributing factor is that the savings target is not currently forecast to be fully achieved (see later slide). This is £1.9m of the YTD variance.
  - Due to coding difficulties and delays with SaTH and WVT there may be cost pressures in respect of activity, which are not fully reflected in the position yet.
- *Joint Commissioning Committee* – the JCC overspend reflects two issues:
  - Powys share of JCC forecast overspend £0.9m
  - the additional £1m expenditure reduction sought from JCC, so that the cost increase is limited to 1.77% funding increase the Health Board received from Welsh Government.

Private Providers – Mental Health and Learning Disability

We are focused on this because:
Commissioning of private providers for acute mental health and LD patients is an area of significant expenditure growth (number of packages and price inflation). Maintaining strong and transparent governance over private providers processes is crucial for financial sustainability and relationships with our partners.







Performance and Action

The 2025/26 financial plan had provision for private provider expenditure for acute mental health patients to match equivalent expenditure in 2024/25, reduced by an expectation that actions could be taken for costs to be £2m lower on a recurrent basis.

As at M7, it is forecast that without successful mitigating action the costs will increase to £6.0m (£5.2m MH and £0.8m LD). This is a reduction of £0.7m compared to M06. The number of open packages is 15 at the end of October, a reduction of 5 in month.

LD and MH costs have stayed consistent, which is primarily driven by high cost PICU placements and Additional Needs (1-2-1 care).

Action has been taken to strengthen operational decision making and the monitoring of commissioned packages. The Health Board is exploring the option of increasing its own capacity and block booking of placements.

What the table tells us

The table shows the significant growth in costs incurred with private providers 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 throughout 2025/26 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.

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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:
  - 4,153 days within Powys community hospitals related to Health processes, 8,888 days to Social Care and 1,474 days to joint processes. Associated costs to date of £1.9m, £4.1m and £0.7m, respectively.
  - 4,604 days within district general hospitals (DGHs) and English community hospitals related to Health processes; 3,265 days to Social Care and 563 to joint processes. Associated costs to date of £1.2m, £1.0m and £0.1m, respectively.

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Please note the days are costed at £456 in Powys, on average of £396 for a community hospital in England and £343 for an excess bed day in a DGH in England.

2025-26	Health			Joint			Social Care		
Gross Cost of Delays	YTD		Forecast	YTD		Forecast	YTD		Forecast
	Days	£m	£m	Days	£m	£m	Days	£m	£m
PTHB Provider Delays	1,279	£0.60	£1.00				3,843	£1.80	£3.00
PTHB Provider Assessment Delays	2,874	£1.30	£2.20	1,474	£0.70	£1.20	5,045	£2.30	£3.90
Subtotal PTHB Provider	**4,153**	**£1.90**	**£3.20**	**1,474**	**£0.70**	**£1.20**	**8,888**	**£4.10**	**£6.90**
Shropshire Community Bed Delays	145	£0.00	£0.10				29	£0.00	£0.00
WVT Community Bed Delays	247	£0.10	£0.20				256	£0.10	£0.20
DGH Bed Delays - England	3,126	£1.10	£1.80	339	£0.10	£0.20	2,446	£0.80	£1.40
DGH Bed Delays - Wales	1,086	£0.00	£0.00	224	£0.00	£0.00	534	£0.00	£0.00
Subtotal English & Welsh Providers	**4,604**	**£1.20**	**£2.10**	**563**	**£0.10**	**£0.20**	**3,265**	**£1.00**	**£1.70**
Total Opportunity Cost (at full cost)	**8,757**	**£3.10**	**£5.40**	**2,037**	**£0.80**	**£1.40**	**12,153**	**£5.00**	**£8.60**
						Total All	**22,947**	**£8.90**	**£15.30**

Performance and action:
This is a challenging situation with increased risks for patients, the effective operation of services and the financial performance. The Heath Board works in partnership with the Council to address the underlying issues.

Prescribing

We are focused on this because:
The costs of prescribing rose significantly from April 2022 to September 2023. 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 continued into FY24-25 and lower costs have continued into the first 5 months of FY25-26.

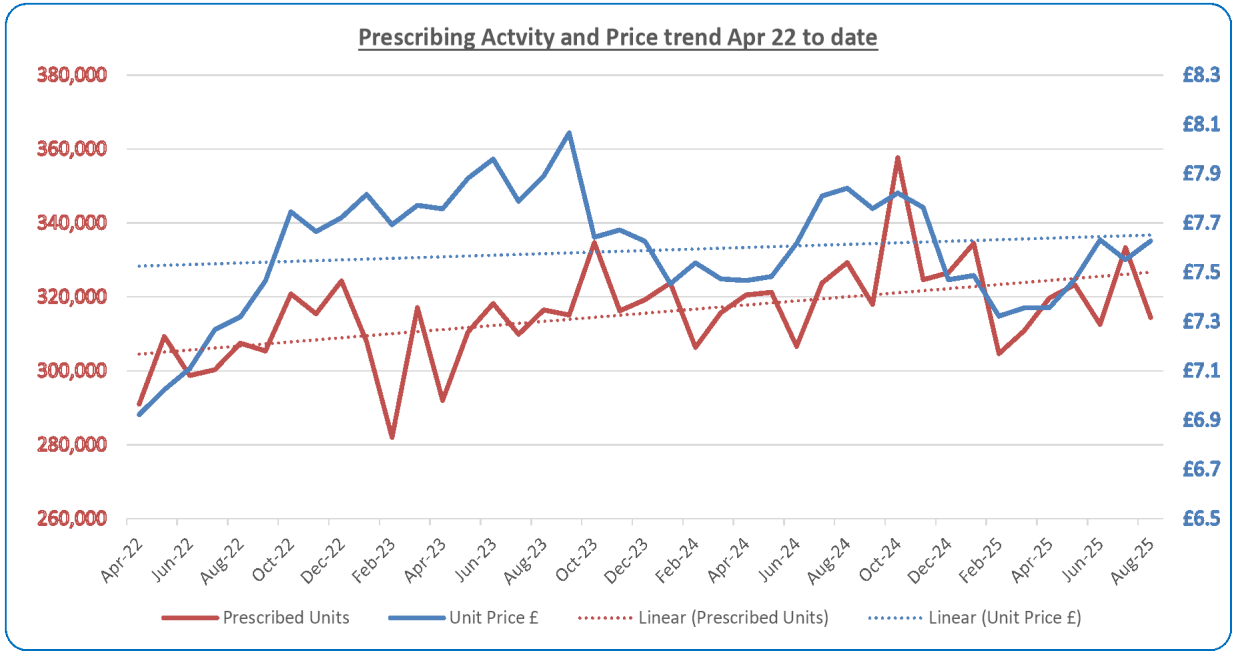
Status Update

Forecasting a breakeven position against a budget of £29.1m(incl £1.5m saving target). Prescribing costs are reported 2 months in arrears.

YTD costs, M1-5, are in line with Q4 FY24-25 and M1-5 of FY24-25.

- Unit price decrease year on year of -1.0%
- Reducing £% in FY25-26, driven by NCSO/price concessions. Unit costs are expected to continue at a lower rate further into FY25-26 as the full year effect of the Rivaroxaban and diabetes drug cost reduction are realised.
- Prescribing activity year on year increase of 0.1%

Prescribing cost increases	FY21-22	FY22-23	FY23-24	FY24-25	F'cast FY25-26
	£k	£k	£k	£k	£k
Prescribing Budget	23,182	24,694	28,959	31,161	29,420
Prescribing Annual costs/f'cast	25,610	27,469	29,195	29,488	29,420
Yr on Yr % increase/decrease	-1.3%	7.3%	6.3%	1.0%	-0.2%
Yr on Yr increase £ Total	**-344**	**1,859**	**1,727**	**292**	**-68**
Yr on Yr increase £ Growth	475	655	747	1,029	33
Yr on Yr increase £ Inflation	-819	1,204	980	-736	-100



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 forecasting 1.8m of savings, against a target of £1.5m. Actual savings will be identifiable later in the financial year.
- 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	21/22 Year end Position £'000	22/23 Year end Position £'000	23/24 Year end Position £'000	24/25 Year end Position £'000	25/26 Budget £'000	25/26 Forecast £'000	25/26 Variance £'000	Growth 2024/25 to 2025/26 Forecast £'000	Growth 2024/25 to 2025/26 Forecast %
Children	£157	£296	£310	£623	£694	£783	£89	£161	25.8%
Learning Disabilities	£1,639	£2,461	£3,549	£4,322	£4,943	£5,402	£459	£1,081	25.0%
Mental Health	£10,611	£13,949	£16,201	£19,714	£22,590	£22,058	(£533)	£2,344	11.9%
Mid Locality	£1,635	£1,882	£2,123	£2,301	£2,658	£2,500	(£158)	£199	8.6%
North Locality	£2,098	£2,646	£3,475	£3,927	£4,548	£3,530	(£1,017)	(£396)	(10.1%)
South Locality	£1,853	£1,904	£1,955	£1,670	£1,937	£2,129	£192	£460	27.5%
CHC Provisions	£1,796	£779	£683	£248	£0	£0	£0	(£248)	(100.0%)
Grand Total	**£19,790**	**£23,917**	**£28,296**	**£32,803**	**£37,371**	**£36,403**	**(£968)**	**£3,600**	**11.0%**
Number of active clients	**285**	**295**	**327**	**355**	**379**	**376**		**21**	**5.9%**
D2RA		**£696**	**£201**	**£7**	**£9**	**£0**	**(£9)**	(£7)	(100.0%)
FNC	**£1,960**	**£2,131**	**£2,279**	**£2,782**	**£3,254**	**£3,054**	**(£200)**	**£271**	**9.8%**
Total	**£21,750**	**£26,744**	**£30,777**	**£35,592**	**£40,633**	**£39,456**	**(£1,177)**	**£3,864**	(79.3%)

Performance and Action
The 2025/26 financial plan had provision for CHC inflation and growth based on the forecast for 2024/25 at Month 10.

As at month 7, there is an underspend of £0.587m on the budget of £20.317m against Continuing Care and FNC. The number of CHC packages has increased by 21 to 376, since the 2024/25 outturn.

The table shows that a £0.968m CHC underspend is currently forecast based upon the number of packages at the current time, which is below the 379 assumed in the Plan.

Patterson, Liz
25/11/2025 01:43:54

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 2025/26 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 2025/26 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

	(£ '000s)									
	In-year 2025/26							Recurrent for future years		
Targeted Area	2025/26 Target	No. Green + Amber	Green (forecast)	Amber (forecast)	Green + Amber (forecast)	Forecast vs Target	Red (potential)	Recurrent 2025/26 Target	Forecast FYE	FYE vrs Recurrent Target
Premium pay expenditure	3,400	42	3,217	0	3,217	-183	845	3,400	3,012	-388
Medicine Management	1,500	6	1,795	0	1,795	295	0	1,500	1,795	295
MV and HP Programmes	1,000	1	732	0	732	-268	0	0	0	0
2% Recurrent	1,000	32	1,523	0	1,523	523	109	1,000	1,254	254
1% Non-recurrent	500	18	1,561	0	1,561	1,061	78	0	0	0
CHC / Private Providers	2,500	1	500	0	500	-2,000	2,000	2,000	0	-2,000
Commissioning	3,080	8	1,131	0	1,131	-1,949	0	1,420	1,131	-289
Commissioning (NHSE to Wales Targets)	7,100	14	6,600	0	6,600	-500	0	0	1,200	1,200
Commissioning (JCC)	1,000	0	0	0	0	-1,000	0	0	0	0
Commissioning (POCD)	1,500	2	673	0	673	-827	657	0	673	673
RTGH	500	2	500	0	500	0	0	0	0	0
Total	23,080	126	18,232	0	18,232	-4,848	3,689	9,320	9,065	-255

Performance and Actions

- As shown in the table, green schemes with £18.232m savings are currently forecast, against the £23.080m target, giving a gap of £4.848m to be closed.
- The recurrent impact of saving schemes is £9.065m, compared to the £9.320m recurrent target. If the recurrent target is not achieved this would have 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

Patterson,Liz 25/07/2025 11:40:14

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.

Identification of additional schemes.

WG Value & Sustainability Board

V&S Board Category	£000
Workforce	3,400
Medicine Management	1,500
CHC/ private providers	2,500
Non-pay/ commissioning	12,680
Other	3,000
Total	**23,080**

Risks and Opportunities

We are focused on this because:
The revised £28.312m deficit forecast 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 forecast and improve upon it.

Table reported to Welsh Government

Risk	£ '000	Likelihood
Prescribing	(600)	Low
Joint Commissioning Committee Performance	(136)	Medium
Commissioning - Emergency activity NHS England	(2,000)	Medium
Commissioning - Elective savings NHS England - contracts not yet signed	(1,000)	Medium
Commissioning - High Cost Drugs	(400)	Medium
Commissioning - NSE parity of funding (WVT) 2024/25	(5,000)	Low
Commissioning - NSE parity of funding (WVT) 2025/26	(8,100)	Low
Welsh Risk Pool - increase in risk	(874)	High
Band 2 to 3 HCSW employment dispute	(2,123)	Medium
Unplanned Spend Reduction yet to be realised	(3,999)	Medium
Non Delivery of Unplanned additional required Mitigations yet to be finalised - Maternity & Non-Elective English 13% Average Additional Price Increase	(3,802)	High
Non Delivery of Unplanned additional required Mitigations yet to be finalised - ENIC	(1,110)	High
Non Delivery of Unplanned additional required Mitigations Yet To Be Finalised - JCC Risk Share	(914)	High
Total	**(30,058)**	

Opportunity	£ '000	Likelihood
Red Saving Schemes	2,500	Medium
Total	**2,500**	

Patterson, Liz 25/11/2025 11:43:14

The risks and opportunities in relation to Continuing Health Care in terms of the growth in packages being lower or greater than the underlying assumption have been netted to zero.

Risks

- There is a potential risk of circa £3.400m for the THB relating to the level of activity undertaken by our providers and increase in the high-cost drugs.
- Wye Valley Trust raised an invoice for £5m in 2024/25 related to its view regarding parity of funding from PtHB equivalent to NHS England commissioners. The equivalent figure for 2025/26 is £8.1m. Both amounts are shown as risks.
- The NWSSP has alerted organisations that contributions to the Welsh Risk Pool could be greater than planned for.
- Resolution of the employment dispute regarding the banding of some healthcare support workers could have a £2.1m financial implication in 2025/26.
- Unplanned spend reductions yet to be realised of £3.999m.
- Non delivery of mitigations to offset the estimated unforeseen cost pressures:
  - of £3.8m in relation to Maternity and Non Elective English 13% average additional price increases
  - a £1.1m funding shortfall in relation to ENIC. The additional Welsh Government funding does not cover the increase in employer's NI costs fully
  - JCC overspend due to non-delivery of savings £0.9m.

1. At month 7, PTHB is reporting a £19.458m deficit. This comprises the evenly profiled forecast deficit £16.517m, with an overspend of £2.942m.
   - The overspend is due to unforeseen cost pressures amounting to £3.3m YTD, which have not been mitigated.
   - The £23.080m savings target is profiled into the position. Actions are progressing to deliver the savings.
   - There are a series of operational pressures needing to be addressed, including the provision of acute mental health and learning disability services (private providers).

2. The revenue forecast for 2025/26 is £28.312m. There are several underlying assumptions and a series of significant risks and limited opportunities surrounding this forecast from unforeseen cost pressures outside of our Plan.

3. The Health Board's planned underlying deficit is £42.071m.

4. Other financial matters:
   - The Health Board has a £6.534m capital allocation, which it plans to spend fully.
   - Due to the £28.3m forecast financial deficit, the THB will require Strategic Cash later in the financial year to meet its obligations to suppliers.
   - 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 CHC invoices and agency. By number, the Q2 performance is 91.5%. Additional work is being undertaken to improve this, and we are seeing a monthly decrease in agency PSPP breaches.

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Powys THB Finance Department
Financial Performance Report – Appendices

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Monitoring Return Reported

Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 13th November 2025.

MMR Narrative



WG Narrative

MMR Tables



MMR Tables

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Capital 2025/26

Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st October 2025
WG CRL FUNDING	**£M**	**£M**	**£M**
Discretionary Capital	2.066	2.066	0.914
Decarbonisation Programme	0.643	0.643	0.370
TEF - Fire	0.415	0.415	0.029
TEF - Infrastructure	1.290	1.290	0.041
TEF - Decarbonisation	0.100	0.100	0.005
TEF - Mental Health	0.080	0.080	0.008
TEF - Infection Prevention Control	0.230	0.230	0.011
Mental Health Quality and Safety Schemes	0.435	0.435	0.001
DPIF - Medicines and Prescribing and Medicines Administrat	0.127	0.127	0.000
DPIF - Digital Maternity Cymru	0.100	0.100	0.000
IRCF - North Powys Integrated Health and Wellbeing Hub - F	0.971	0.971	0.595
DPIF - RISP	0.077	0.077	0.000
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	**6.534**	**6.534**	**1.974**

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Cash Flow 2025/26

Appendix 3

	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	**629**	**674**	**336**	**1,352**	**1,022**	**2,260**	**2,922**	**3,659**	**3,600**	**500**	**500**	**500**
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	40,262	42,051	39,419	40,578	41,478	43,657	43,273	40,376	38,798	37,295	39,722	2,413
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)
WG Revenue Funding - Other (e.g. invoices)	1,909	50	5	47	3	18	901	57	4	969	308	1,017
WG Capital Funding - Cash Limit - LHB & SHA only	0	500	0	500	0	1,664	0	0	500	1,381	823	1,855
Income from other Welsh NHS Organisations	771	499	737	586	798	941	941	681	425	887	817	1,438
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	901	1,221	539	546	1,844	235	560	567	700	671	703	1,108
Total Receipts	43,693	44,171	40,550	42,107	43,973	46,365	45,525	41,531	40,277	41,053	42,223	7,681
Payments												
Primary Care Services : General Medical Services	3,039	2,719	3,179	3,006	2,720	3,089	3,220	2,800	2,800	3,300	4,500	2,900
Primary Care Services : Pharmacy Services	548	1,186	0	460	357	329	767	0	900	450	450	0
Primary Care Services : Prescribed Drugs & Appliances	1,356	2,736	0	1,466	1,693	1,693	3,043	0	2,900	1,450	1,450	0
Primary Care Services : General Dental Services	407	420	365	491	507	441	441	450	450	450	450	450
Non Cash Limited Payments	134	145	155	141	144	135	135	150	150	150	150	150
Salaries and Wages	9,669	9,855	9,879	9,866	10,442	10,844	10,394	10,400	10,400	10,400	10,400	10,400
Non Pay Expenditure	23,062	27,068	25,356	26,697	26,564	28,912	26,450	26,729	25,120	24,000	24,000	21,297
Capital Payment	5,433	380	600	310	308	260	338	1,061	657	853	823	1,296
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	43,648	44,509	39,534	42,437	42,735	45,703	44,788	41,590	43,377	41,053	42,223	36,493
NET CASH FLOW IN MONTH	**45**	**(338)**	**1,016**	**(330)**	**1,238**	**662**	**737**	**(59)**	**(3,100)**	**0**	**0**	**(28,812)**
Balance c/f	**674**	**336**	**1,352**	**1,022**	**2,260**	**2,922**	**3,659**	**3,600**	**500**	**500**	**500**	**(28,312)**

Due to the £28.3m forecast financial deficit, the THB will require Strategic Cash later in the financial year to meet its obligations to suppliers.

Balance Sheet (SoFP)

	Opening Balance Beginning of Apr-25	Closing Balance End of Sep-25	Forecast Closing Balance End of Mar-26
Non-Current Assets	**£'000**	**£'000**	**£'000**
Property, plant and equipment	110,704	112,823	112,823
Intangible assets	154	154	154
Trade and other receivables	196	196	196
Other financial assets	0	0	0
Non-Current Assets sub total	**111,054**	**113,173**	**113,173**
Current Assets			
Inventories	197	198	198
Trade and other receivables	10,991	10,134	10,134
Other financial assets	0	0	0
Cash and cash equivalents	629	3,659	(28,312)
Non-current assets classified as held for sale	0	0	0
Current Assets sub total	**11,817**	**13,991**	**(17,980)**
TOTAL ASSETS	**122,871**	**127,164**	**95,193**
Current Liabilities			
Trade and other payables	50,135	43,190	41,833
Borrowings (Trust Only)	0	0	0
Other financial liabilities	0	0	0
Provisions	3,803	3,374	3,374
Current Liabilities sub total	**53,938**	**46,564**	**45,207**
NET ASSETS LESS CURRENT LIABILITIES	**68,933**	**80,600**	**49,986**
Non-Current Liabilities			
Trade and other payables	720	720	720
Borrowings (Trust Only)	0	0	0
Other financial liabilities	0	0	0
Provisions	803	803	803
Non-Current Liabilities sub total	**1,523**	**1,523**	**1,523**
TOTAL ASSETS EMPLOYED	**67,410**	**79,077**	**48,463**
FINANCED BY: Taxpayers' Equity			
General Fund	16,781	28,446	(2,168)
Revaluation Reserve	50,629	50,631	50,631
PDC (Trust only)	0	0	0
Retained earnings (Trust Only)	0	0	0
Other reserve	0	0	0
Total Taxpayers' Equity	**67,410**	**79,077**	**48,463**

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Core Financial Plan Year 1 2025/26

Financial Plan	(£m)
Underlying Deficit	30.6
Cost pressures in secondary care	13.4
Other cost pressures	11.4
Net effects of allocation adjustments	-6.0
Mitigating Actions	-11.0
Additional Mitigating Actions	-10.1
TOTAL DEFICIT	**28.3**

Powys THB submitted its 2025/26 Annual Plan to Welsh Government in March 2025, which included a deficit of £38.4m with an ambition to identify further actions to be able to plan for a £16m deficit.

The Accounting Officer letter in May confirmed actions to reduce expenditure in 2025/26 with a quantified value of £10.1m to revise the Health Board's forecast to a £28.3m deficit.

This report and the monthly monitoring returns to Welsh Government have been completed with reference to the £28.3m deficit.

Underlying deficit

The underlying deficit associated with the 2025/26 Financial Plan is £42.1m. This reconciles to the £28.3m deficit plan above by adding back the £10.1m of Additional Mitigating Actions, which are non-recurrent, and £3.7m of the Mitigating Actions, which relates to the 1% non-recurrent savings target.

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The cost drivers causing the underlying deficit are commissioning of specialist and secondary healthcare, continuing healthcare (CHC), pay and use of private providers.



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

Agenda item: 3.5

The Board	**26 November 2025**
Subject:	Powys Teaching Health Board Integrated Quality & Performance Summary Report – Month 6 (September) 2025/26.
Presented by:	Nicola Johnson, Executive Director of Planning, Performance, and Commissioning
Approved by:	Deputy Director of Performance and Commissioning
Prepared by:	Head of Performance. Performance Management Support Officer.
Other Committees and meetings considered at:	Executive Committee (19/11/2025) – who supported the paper to the Board.

PURPOSE:

This Integrated Quality & Performance Report (IQPR) summary provides an update on the latest available performance position for Powys Teaching Health Board against the NHS Wales Performance Framework 2025/26 containing information up until the end of September 2025 (month 6).

RECOMMENDATION(S):

The Board is asked to:

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

Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	Use this space to provide a brief narrative explanation of alignment with the health board's wellbeing objectives including reference to our strategic priorities. This can include reference to the Board Assurance Framework.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	

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5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

SUMMARY:

This report provides The Board with the latest performance information in the full IQPR format up until the end of month 6 (September) and contains individual slides for all NHS Performance measures to highlight performance compliance and challenge.

Summary for Month 6

PTHB Provider Services

Planned care:

- Diagnostic waits – In September there was a further reduction in echocardiogram breaches of the 8-week target from 95 (Aug-25) to 54. Recovery remains ahead of trajectory for echocardiograms with the aim of no breaches by March 2026. Extra capacity continues to be sought for echoes via clinical staff working in bank roles for the provider. A single breach for a complex pathway was reported in Diagnostic Endoscopy which remains a fragile service.

  Non-Obstetric Ultrasound has seen a significant increase in breaches in September increasing from 28 in August to 77. The service is fragile due to its limited scale and unplanned absence has impacted performance significantly, however the service expects to significantly improve in October with 4 breaches provisionally reported.

- Referral to treatment (RTT) pathways in Powys as a provider are fully compliant with the national targets of 52 or 104 weeks for outpatients and treatments respectively.

  Challenges remain with in-reach capacity fragility, with significant shortfalls of in-reach provision from Wye Valley NHS Trust for Ophthalmology and Rheumatology reported. The number of long waiting patients is increasing as capacity is being utilised to manage the outpatient target position, and overdue follow ups (FUPs) which is particularly challenging in Ophthalmology. Another area of concern is the in-reach ENT service fragility in North Powys with BCUHB & SATH impacting waiting times.

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Key actions for the provider in month included the 'go-live' of MSK referral management from the 24th of September, the Orthopaedics consultant speciality lead starting and working with National Planned Care Clinical Directors on speciality level support to PTHB.

- Therapies pathway breaches have reduced in September to 47 (56 in Aug-25). Forty-four breaches are in Occupational Therapy (OT), 2 in Physiotherapy and a further 1 in Podiatry. These breaches are linked to staffing fragility with services challenged by unplanned absences of a very small workforce with single points of challenge e.g., 1-clinician pan Powys in OT Hand Therapy. Key actions are; Physiotherapy has new recruits in place with expected improvement in Q3, and OT Hand Therapy has increased capacity and is expected to recover by December (Month 9).

- Audiology measures for adults and paediatrics have not achieved the month-on-month reduction in September. It should be noted that following a local reporting review, reported figures have been revised back to April 2025 (further detail included on slide 39), this has not impacted the nationally reported performance.

  Adult breaches increased to 37 in September against the 14 week target whilst Paediatric breaches increased slightly to 3 against their respective 6 week target. The key challenge for adult audiology is a reported 75hrs of vacancies pan Powys in band 4/5 admin and professional Head of Service roles. All clinical posts are advertised, and replacement administration staff are due to start in November 2025 as well as active liaison with Swansea Bay UHB regarding professional support for service. The Paediatric service has a specific single clinician pan Powys challenge so annual leave or sickness directly impact service waiting times.

- The percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment remains escalated to level 3 whilst investigations are ongoing. August performance is reported as 6.3% against the 95% target. This metric is especially challenged by clinician capacity for endoscopy (colonoscopies) in PTHB and across other Wales acute providers.

- Provider cancer pathways reported 40 new pathways in September and positively reported 86.4% of 22 downgraded pathways closed within the 28 day NICE guidance of best practice target in the same month.

<u>Mental Health:</u>

- Under-18s: Compliance improved in September including assessments (100%), interventions (90.0%), and care and treatment plans (96.8%).

- For Adults: Compliance has been achieved as profiled for assessments (82.4%) and interventions (89.6%). Whilst performance is significantly improved since the beginning of the financial year, recent challenges in

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delays recruiting to some vacant roles as well as high demand, short terms sickness and annual leave in August created a temporary back log. Mitigations have been successful and whilst demand remains high there is further improvement in performance anticipated for the next reporting period.

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Neurodevelopmental Services (Children and Young People):

- Performance against the nationally reported measure (26 week wait to assessment) was 19.5% in September, down from August's reported position of 21.8%. Performance as predicted against the < 26-week cohort is falling (19.5%). From January 2025 revised referral criteria have increased referral other than treatment (ROTT) to average 44% from a rate of 9% in the previous nine month. This challenges the percentage compliance with less pathways entering the service numerator (new referrals)/denominator (existing pathways). This is due t the service transformation which has reduced the numerator (additions to list).

  The service reported 3 pathways waiting over 104 weeks for the same period which is a reduction from August, and the service will have no active pathways over 104 weeks by the end of October.

Emergency Care:

- Powys provider Minor Injuries Units (MIU) services performed very well, meeting the 4-hour target (100% compliance) and reporting median waits of 6 minutes for triage and 6 minutes for senior clinician assessment.

Commissioned services

Planned care (RTT) Wales:

- The number of patients waiting over 52 weeks for a new outpatient appointment has reduced from 353 breaches in August to 296 in September. Swansea Bay UHB & Hywel Dda UHB are compliant with the targets and have no Powys residents waiting over 52 weeks for a new outpatient appointment and no patient reported waiting over 104 weeks. All providers except Cwm Taf Morgannwg UHB show improvement for this snapshot.

- Waits over 104 weeks during August for RTT continue to increase with 59 pathways breaching the target. Ninety-three percent of the 59 breaching pathways are in Aneurin Bevan UHB, Betsi Cadwaladr UHB, and Cardiff and Vale UHB.

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Planned care (RTT) England:

- Powys residents accessing services in England have consistently waited less time for treatment except for at Robert Jones & Agnes Orthopaedic Hospital NHS Foundation Trust (RJAH) as explained below.

- Wye Valley NHS Trust (WVT) still reports the best performance of all Powys commissioned providers with 68% of pathways waiting under 26 weeks for treatment and the cohort over 52 weeks has started to increase following the adherence to PTHB's commissioning intentions.

- The Shrewsbury & Telford Hospital NHS Trust (SATH) reports an improved position with special cause improvement across all key wait bands. It should be noted at the end of September, SATH has not adhered to the commissioning intention to deliver services to NHS Wales waiting times targets.

- The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) remains the most challenged English provider for long waits with a growing trend of over 104 week waiters and with all key wait bands reporting special cause concern. An agreement has been reached and implemented by RJAH for PTHB commissioning intentions around treatment waiting times.

  RJAH continue to face challenges with regards to their capacity and ability to see all patients within the Welsh Government targets. They are currently predicting 63 pathways waiting over 104 waits at year end, but in August breaches over 104 weeks increased further again to 90. The breaches comprise of treatment waits for spinal, arthroplasty, knee and sports injuries and foot and ankle care. Very long waits exceed 200 weeks especially for complex spinal.

- As at 13th November the health board has received 46 concerns regarding the Commissioning Intentions in NHSE, with no related Serious Reportable Incidents.

Cancer Pathways:

Welsh Providers

- At the end of September, the provisional position reported a total of 271 pathways closed for Powys residents across all Welsh providers including PTHB. Of these 224 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). The remaining 47 pathways were closed with the commencement of definitive treatment.
- The reported performance was 53% for September against the Single Cancer Pathway target of 80% with 22 of the 47 pathways breaching 62 days.

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- Ongoing retrospective review of very long waiting pathways (146+ days) continues with all Welsh commissioned providers.

English Providers

- The SATH data challenge has been resolved from October 2025 with further work to be undertaken to improve the detail available for Powys pathways.
- SATH reported 65.3% compliance against the 62 days urgent suspected cancer pathway in August. Cancer performance has continued to steadily improve from the same period in 2024/25. Of the 36 pathways starting treatment, 13 breached and of these 6 were over 104 days (it should be noted NHSE CWT reports shared breaches). SATH is currently ahead of recovery trajectory for 28-day FDS & 62-day USC in August and August was their highest reported performance in the last 18 months.

- Wye Valley NHS Trust (WVT) performance reported in August that 70.0% of 20 Powys residents started treatment within 62 days. Most breaches reported were in Urological (Prostate), and Breast, and a single breach in Lung.

Commissioned Emergency Care:

- The median target for Purple Arrest (Cardiac or respiratory arrest) was not achieved for Powys patients. In September performance was a significant outlier and the worst in Wales at 14 minutes 15 seconds (all-Wales performance was 7 minutes 15 seconds).

- The median emergency response time for the Red target for Powys patients was the worst reported performance in September of all health boards with a median time of 11 minutes and 28 seconds. This is significantly higher than All Wales performance which reported 8 minutes and 37 seconds.

- Median wait times for Powys residents who attend an emergency department was reported at 17 minutes average (across Welsh units only) to be triaged by a clinician and the wait was 67 minutes on average to assessment by a senior clinical decision maker in September. This performance is within expected values at an aggregate level for Welsh Emergency care units.

- No commissioned service met the required national 4 or 12hr targets in September for their A&E departments. However, Welsh emergency department performance for Powys residents is better than the English counterparts, though significant delays persist, especially in ambulance handovers.

Month 6 measures by escalation level.

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There is a total of 50 reportable measures currently in the 2025/26 financial year.

Of the reported metrics 3 are reported at level 3 as follows:

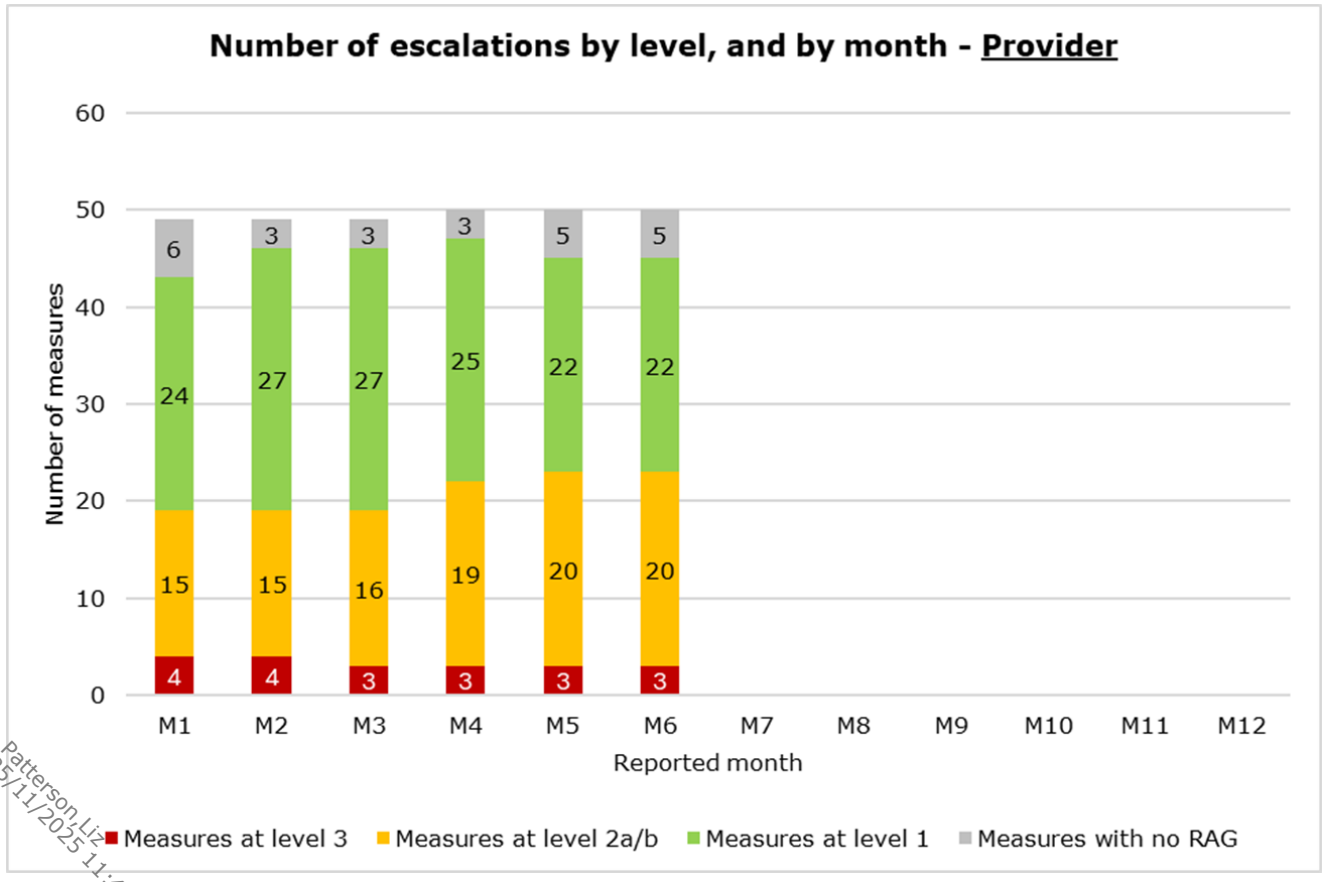
- Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment.
- Number of patients waiting more than 8 weeks for a specified diagnostic.
- Number of patients waiting for a follow-up (FUP) outpatient appointment who are delayed by over 100% due to data quality issues.

A further 20 measures are rated at level 2a, and 22 are achieving level 1 compliance e.g., no issues reported.

5 measures remain without a RAG rating:

- Smoking measures 1 and 2 have an annual compliance target, these as confirmed with the Director of Public Health will not be RAG rated until a full year's data is available. It should be noted that from 2026/27 the NHS Performance Framework will have quarterly uptake targets set by Welsh Government.
- As per 2024/25 a further 3 health care acquired infections (HCAI) measures are currently non-rated with ongoing discussions between the Nursing Directorate and Welsh Government on integration into the national targets.

The following provides the relative performance of the Health Board against the NHS Performance Framework 2025/26 that is applicable to the provider e.g., no commissioned planned care or local measures are accounted for even if they are listed within the below exception/escalation reports or other areas of the IQPR.



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Enabling Actions

The Welsh Government has set out a number of enabling actions to support Health Boards deliver against the expectations of the NHS Wales Planning Framework 2025-28. A summary of progress against the enabling actions is provided below. There are no actions rated as not being on-track for achievement in-year.

Thematic area	Objective	RAG rating
Operational effectiveness – urgent and emergency care (6 actions)	Improve timely access to care, reducing the length of wait in key areas of the urgent and emergency care stream through addressing variation.	4 - Amber 1 - Green 1 – PTHB not have ED or Acute services
Operational effectiveness – planned care (9 actions)	Improving timely access to care, reducing unwarranted variation in clinical productivity.	3 - Amber 1 - Green 4 - Light green 1 - Not currently applicable to PTHB
Workforce productivity (5 actions)	Maximise workforce productivity and efficiency, strengthening value and effective deployment of the workforce.	2 - Amber 1 - Light green 2 - Green
Maximising value for money (4 actions)	Continue to optimise value for money and contribution to overall efficiency through key non-pay areas, optimising both efficiency and effectiveness.	2 - Amber 2 - Light green
Improving value, optimising outcomes, minimising variation (11 actions)	Support improvements in outcomes, effectiveness and value through optimising how resources are utilised, and focus on improving outcomes.	6 - Amber 2 - Light green 1 - Green 1 – No tumour site services delivered in PTHB 1 – No joint services delivered in PTHB.
Key to RAG rating: Green: complete Light green: on track Amber: delayed but will be achieved in year Red: will not be achieved in year		

Quality Outcomes Framework

NHS Wales Performance and Improvement has led the development of the National Quality Outcomes Framework (QOF) over the past year, as commissioned by the Chief Nursing Officer. A collaborative approach has been undertaken with a wide range of stakeholders across NHS Wales and Welsh Government to co-design the first phase.

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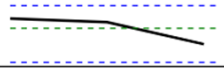
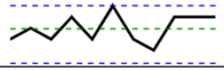
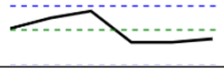
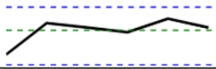
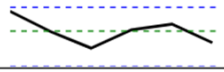
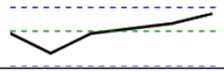
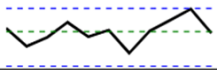
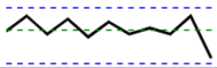
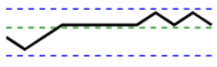
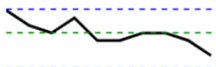
The development of the QOF has been informed by research and learning from high-performing healthcare systems both nationally and internationally. It is designed to provide a clear and consistent picture, both locally and nationally, to support the identification, monitoring, and learning of quality and safety improvement priorities, as part of a Quality Management System (QMS) approach.

The health board is required to ensure measures are included in Board level reporting from October 2025 to support assurance of service quality and help identify areas for strategic improvement. The Performance team are now including this report which is sourced directly from the NHS Performance and Improvement dashboard monthly.

It should be noted that PTHB as a unique provider requires further data quality checks and methodology work for example:

- Crude Mortality - Provider care pathways result in a very high percentage of crude mortality when compared to All Wales/Acute providers (PTHB provides end of life inpatient care, and the denominator as a community provider is significantly lower than an acute provider).
- RAMI – linked to the above and requires further validation.
- Agency spend – The figure does not match the IQPR data flow received directly from Finance.
- NHS Performance and Improvement have asked for further engagement on key measures used in the QOF during Q3 especially around mortality which is sourced from CHKS benchmarking which is not used by the health board.

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Quality Standard	Measure	Latest period	Latest figure		Previous figure	Last 12 months	Outlier
Safe	Antibacterial items per 1,000 STAR-PUs	Jun-25	214.52				
Safe	Crude mortality rate (%)	Sep-25	6.64%	▼ -7.4%	7.17%		
Safe	Never Events reported to NHS P&I	Oct-25	0		0		
Safe	Percentage of discharges on D2RA Pathway 0	Sep-25	1.49%		0.00%		
Safe	Percentage of discharges on D2RA Pathway 1	Sep-25	53.73%	▲ 11.2%	48.33%		
Safe	Percentage of discharges on D2RA Pathway 2	Sep-25	13.43%	▼ -10.4%	15.00%		
Safe	Percentage of discharges on D2RA Pathway 3	Sep-25	10.45%	▼ -47.8%	20.00%		
Safe	Percentage of discharges with no D2RA Pathway Allocated	Sep-25	20.90%	▲ 25.4%	16.67%		
Safe	RAMI (Risk adjusted mortality index) 2023	Sep-25	109.57	▼ -29.4%	155.26		
Safe	Safeguarding Adults - Lv1 training	Aug-25	91.95%	▼ -0.1%	92.04%		
Safe	Violence and Aggression (Wales)	Aug-25	94.47%	▲ 1.3%	93.25%		Outlier high
Timely	Opthalmology R1 appointments attended within target date* (%)	Sep-25	61.33%	▼ -17.8%	74.59%		
Timely	Patients starting first definitive cancer treatment* (%)	Aug-25					
Effective	Diabetes patients completing all eight care processes* (%)	Oct-25	49.60%	▼ -2.4%	50.81%		
Efficient	Agency spend for all staff groups as % of total pay bill	Aug-25	5.20%	▼ -24.0%	6.85%		

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NEXT STEPS:

- Quality Outcome Framework – Further development working with NHS Performance & Improvement Beacons dashboard to source, report and challenge methodology against all required measures to high quality reporting.

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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Powys Teaching Health Board

Integrated Quality & Performance Report

Month 6 (September) - 2025/26
Updated on 20/11/2025

Board
26 November 2025
Item 3.5a

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Executive Summary	
Provider National Focus (NHS Performance Framework)	Level 3 Performance Challenges
	Level 2a/2b Performance Challenges
	Level 1 Achievements
	Quadruple Aim 1
	Quadruple Aim 2
	Quadruple Aim 3
	Quadruple Aim 4
Provider/Commissioned service assurance	Provider Cancer & Quality & Safety
	Commissioned Planned & Emergency Care Inc. Cancer

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Background of the IQPR

What is the Integrated Quality & Performance Report (IQPR)

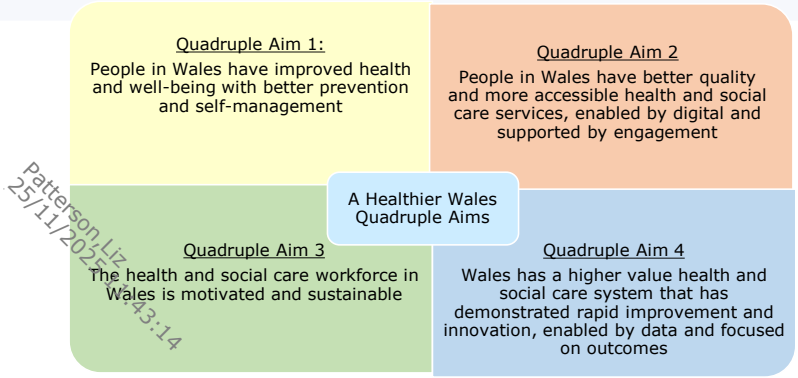
This report is a key part of the health boards Integrated Quality and Performance Framework (IQPF) designed to drive improvement in health board performance and health outcomes for those patients that Powys is responsible for.

The IQPR uses key NHS Performance Framework measures updated for 2025/26 which include further timely local measures to provide robust assessment of the health boards performance as both a provider and commissioner of care focusing on key challenge and success.

This process utilises both quantitative and qualitative measurements which are backed by statistical process, business rules, and narrative provided by leads of the service area. The IQPR will continue to be developed with further inclusion of key measures.

What is the NHS Performance Framework?

The NHS Performance Framework is a key measurement tool for "A Healthier Wales" outcomes, The NHS Wales Quadruple Aim Outcomes are a set of four interconnected goals or aims that aim to guide and improve healthcare services in Wales. These aims were developed to enhance the quality of care, patient experience, and staff well-being within the National Health Service (NHS) in Wales. Link to the NHS Wales Performance Framework 2025/26



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What is the Integrated Quality and Performance Framework (IQPF) in Powys?

The Integrated Quality & Performance Framework (IQPF) aims to report holistically at service, directorate or organisation level the performance of the resources deployed, and the outcomes being delivered. Overall performance assessed via intelligence gathered across key domains including activity, finance, workforce, quality, safety, outcomes and performance indicators. The framework is reviewed and refreshed on a yearly basis ensuring modernisation and compliance with developing aspects of health care.

Key for the framework is they system review, reporting, escalation and assurance process that aligns especially to the NHS Performance measures and any priority trajectories. In the provider Integrated Quality & Performance Group meetings will address key challenges and provide a robust forum for support and escalation to Executive leads and provide actions and recovery trajectories for escalated metrics.

As part of the operationalisation of the IQPF there is an expected element of exception or escalation either in a clinical or corporate service area triggering cause for concern. In such circumstances the Clinical Service Area or corporate team may be put into an escalation arrangement. Escalation will be considered against 4 domains (Access & Activity; Finance & Value; Quality; Workforce & Culture) and 3 levels of escalation. The levels of the framework, triggers and escalation response are set out below.

1. Level 1 : Normal e.g., earned autonomy meeting key objectives
2. Level 2a : Failure to achieve / maintain delivery
3. Level 2b : Specific for financial overspend by more than £0.5m per year
4. Level 3 : Serious concerns on quality, governance, ongoing failure to achieve key priority metrics.
5. De-escalation : Challenge rectified, requirement change, or senior committee decision.

Link to escalation descriptor slide

Summary of Performance Provider – Month 6

Planned care

- Diagnostic waits – September reports a further reduction in echocardiogram breaches of the 8-week target from 95 (Aug-25) to 54. Recovery remains ahead of trajectory for echo cardiograms with the aim of no breaches by March 2026. Extra capacity continues to be sought for echocardiograms via clinical staff working in bank roles for the provider. A single breach for a complex pathway was reported in Diagnostic Endoscopy which remains a fragile service. Non-Obstetric Ultrasound has seen a significant increase in breaches in September increasing from 28 in August to 77. The service is fragile due to its limited scale and unplanned absence has impacted performance significantly, however the service expects to significantly improve in October with 4 breaches provisionally reported.

- Referral to treatment (RTT) pathways in Powys as a provider are fully compliant with the National targets of 52 weeks and 104 weeks for outpatients and treatments, respectively. Challenges remain with in-reach capacity fragility with significant shortfalls of in-reach provision from Wye Valley NHS Trust for Ophthalmology and Rheumatology reported. The number of long waiting patients is increasing as capacity is being utilised to manage outpatient target position, and overdue follow ups (FUP's) which is particularly challenging in Ophthalmology. Another area of concern is the in-reach ENT service fragility in North Powys with BCUHB & SATH impacting waiting times. Key actions for the provider in month include MSK referral management live in PTHB from the 24th of September, Orthopaedics consultant speciality lead in post Sept 2025, working with National Planned Care Clinical Directors on speciality level support to PTHB.

- Therapies pathway breaches have reduced in September to 47 (56 in Aug-25). 44 breaches are in Occupational Therapy (OT), 2 in Physiotherapy and a further 1 in Podiatry. These breaches are linked to staffing fragility with services challenged by unplanned absences of a very small workforce with single points of challenge e.g., 1 clinician pan Powys service in OT Hand Therapy. As key actions Physiotherapy has new recruits in place with expected improvement in Q3 and OT Hand Therapy with increased capacity is expected to recover by December (Month 9).

- Audiology measures for adults and paediatrics have not achieved the month-on-month reduction in September. It should be noted that following a local reporting review, reported figures have been revised back to April 2025 (further detail included on slide 39), this has not impacted the nationally reported performance. Adult breaches increased to 37 in September against the 14-week target whilst Paediatric breaches increased slightly to 3 against their respective 6-week target. The key challenge for adult audiology is a reported 75hrs of vacancies pan Powys in band 4/5 admin and Professional Head of Service roles. All clinical posts are advertised, and replacement admin are due to start in November 2025. Active liaison with Swansea Bay UHB regarding professional support for service. The Paediatric service has a specific single clinician pan Powys challenge where annual leave or sickness directly impact service waiting times.

- Screening - The percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment remains escalated to level 3 whilst investigations are ongoing with August performance reported as 6.3% against the 95% target. This metric is especially challenged by clinician capacity for endoscopy (colonoscopies) in both the provider and across Wales acute providers.
-
- Provider cancer pathways reported 40 new pathways in September and positively reported 86.4% of 22 downgraded pathways closed within the 28-day NICE guidance of best practice target in the same month.

Mental Health:

- Under-18s: Compliance improved in September including assessments (100%), interventions (90.0%), and care and treatment plans (96.8%).

- For Adults: Compliance has been achieved as profiled for assessments (82.4%) and interventions (89.6%). Whilst performance is significantly improved since the beginning of the financial year, recent challenges in delays recruiting to some vacant roles as well as high demand, short terms sickness and annual leave in August created a temporary back log. Mitigations have been successful and whilst demand remains high there is further improvement in performance anticipated for the next reporting period.

- Psychological therapy waiting times reported 88.6% compliance against the 80% target in September.

- Adult Care and Treatment Plan (CTP) compliance: Performance does not meet the 90% target with 80.4% compliance reported in September. Key challenges include the increased complexity of patients and the additional demand on the PTHB team linked to the shortfall of local authority capacity.

Neurodevelopmental Services (Children and Young People):

- Performance against the nationally reported measure (26 week wait to assessment) reported was 19.5% in September down from August's reported position of 21.8%. The service reported 3 pathways waiting over 104 weeks for the same period. Performance as predicted against the < 26-week cohort is falling (19.5%). From January 2025 revised referral criteria have increased referral other than treatment (ROTT) to average 44% from a rate of 9% in the previous nine month. This challenges the percentage compliance with less pathways entering the service numerator (new referrals)/denominator (existing pathways). Actions include a focus on the longest waiting pathways via a multi-disciplinary approach with consistency following the new Pan Powys model for waiting times which has stopped geographical variance improved scheduling.

Emergency Care:

- Powys provider Minor Injuries Units (MIU) services performed very well, meeting the 4-hour target (100% compliance) and reporting median waits of 6 minutes for triage and 6 minutes for senior clinician assessment.

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Summary of Performance Commissioned – Month 6

Commissioned services

Planned care (RTT) Wales:

- The number of patients waiting over 52 weeks for a new outpatient appointment has reduced from 353 breaches in August to 296 in September. Swansea Bay UHB & Hywel Dda UHB are compliant with no Powys residents waiting over 52 weeks for a new outpatient appointment and no patient reported waiting over 104 weeks. All providers except Cwm Taf Morgannwg UHB show improvement for this snapshot.
- Waits over 104 weeks during August for RTT continue to increase with 59 pathways breaching the target. Swansea Bay UHB reports that no Powys resident pathway waited over 2 years for treatment and 93% of the 59 breaching pathways are in Aneurin Bevan UHB, Betsi Cadwaladr UHB, and Cardiff & Vale UHB.

Planned care (RTT) England:

- Powys residents accessing services in England have consistently waited less time for treatment except for Robert Jones & Agnes Orthopaedic Hospital NHS Foundation Trust (RJAH).
- Wye Valley NHS Trust (WVT) still reports the best performance of all Powys commissioned providers with 68.0% of pathways waiting under 26 weeks for treatment, over 52 weeks have started to increase following the adherence to PTHB's commissioning intentions. This will increase the number of patients waiting resulting in decreased performance but still within Welsh Government targets for 2025/26 and build an increased waiting list into 2026/27. This action has attributed to an increased number of concerns being logged with the health board from both MS/MPs/Patients.
- The Shrewsbury & Telford Hospital NHS Trust (SATH) reports an improved position with special cause improvement across all key wait bands. It should be noted at the end of September; SATH has not adhered to the commissioning intention to deliver services to NHS Wales waiting times targets.
- The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) remains the most challenged English provider for long waits with a growing trend of very long waiters and with all key wait bands reporting special cause concern. An agreement has been reached and implemented by RJAH for PTHB commissioning intentions around treatment waiting times. RJAH continue to face challenges with regards to their capacity and ability to see all patients within the Welsh Government targets. They are currently predicting circa 60 pathways waiting over 104 waits at year end, but in August breaches over 104 weeks increased further again to 90. The breaches comprise of treatment waits for spinal, arthroplasty, knee and sports injuries and foot and ankle care. Very long waits exceed 200 weeks especially for complex spinal.

Cancer Pathways:

Welsh Providers

- At the end of September, the provisional position reported a total of 271 pathways closed for Powys residents across all Welsh providers including PTHB. Of these 224 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). The remaining 47 pathways were closed with the commencement of definitive treatment.
- Reported performance of 53% for September against the Single Cancer Pathway target of improvement trend to 80% with 22 of the 47 pathways breaching 62 days.
- Ongoing retrospective review of very long waiting pathways (146+ days) continues with all Welsh commissioned providers.

English Providers

- The SATH data challenge has been resolved from the 28/10/2025 with further work to be undertaken to improve the detail available for Powys pathways.
- SATH reported 65.3% compliance against the 62 days urgent suspected cancer pathway in August. Cancer performance has continued to steadily improve from the same period in 2024/25. Of the 36 pathways starting treatment 13 breached and of these 6 were over 104 days (It should be noted NHSE CWT reports shared breaches). SATH is currently ahead of recovery trajectory for 28-day FDS & 62-day USC in August and August was their highest reported performance in the last 18 months.
- Wye Valley NHS Trust (WVT) performance reported in August that 70.0% of 20 Powys residents started treatment within 62 days. Most breaches reported were in Urological (Prostate), and Breast, and a single breach in lung.

Commissioned Emergency Care:

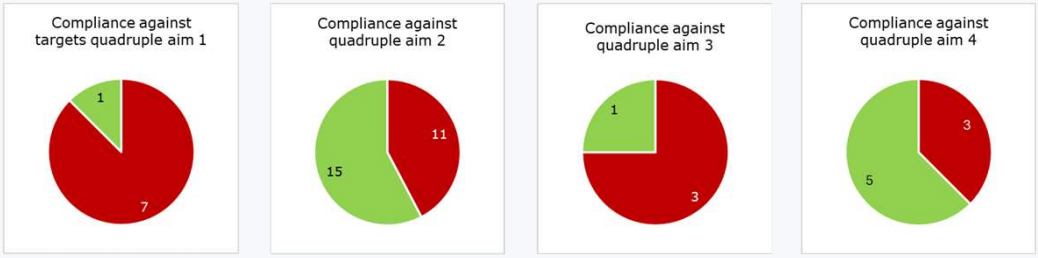
- Powys does not achieve the median target for Purple Arrest (Cardiac or respiratory arrest), in September performance was a significant outlier and worst in Wales at 14 minutes 15 seconds (All Wales performance was 7 minutes 15 seconds).
- Powys median emergency response time to red was the worst reported performance in September of all health boards with a median time of 11 minutes and 28 seconds significantly higher than All Wales performance which reported 8 minutes and 37 seconds.
- Median wait times for Powys residents who attend an emergency department report 17 minutes average (across Welsh units only) to be triaged by a clinician and wait 67 minutes on average to assessment by a senior clinical decision maker in September. This performance is within expected values at an aggregate level for Welsh Emergency care units.
- Reported in September no commissioned service meets the required national 4 or 12hr targets for their A&E departments. However, Welsh emergency department performance for Powys residents is better than the English counterparts, though significant delays persist, especially in ambulance handovers.

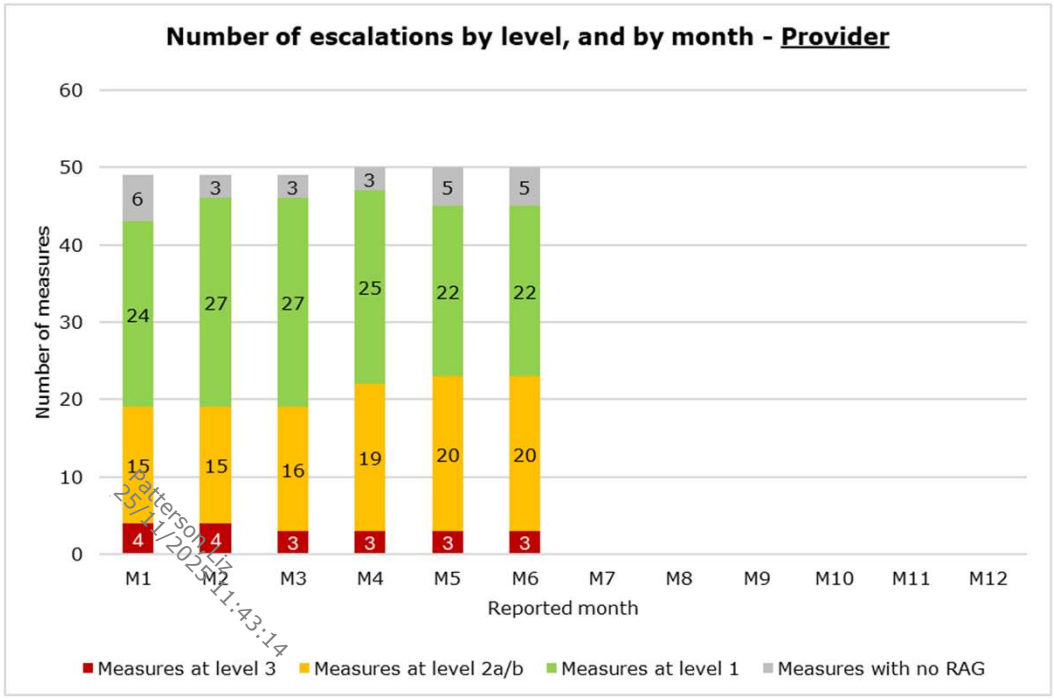
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Visual summary of performance at month 6 (September 2025)

Only measures with a compliance rating e.g., compliant (green), non-compliant (red) are included within the quadruple aims compliance pie charts.
No commissioned metrics are included within graphs below.
No non-RAG rated measures are included.

Compliance against NHS Performance Framework 2025/26 measures at month 6 by quadruple aim area.





- For Powys Teaching Health Board currently *50 quantitative measures are reportable of the *54 total in the NHS Performance Framework in 2025/26.
- This graph provides the relative performance of the health board against the NHS Performance Framework that is applicable to the provider e.g., no commissioned planned care or local measures are accounted for even if they are listed within the below exception/escalation reports or other areas of the IQPR.
- It should also be noted however that any measure can have its escalation level raised or lowered by senior agreement for example serious concerns can result in a level 3 escalation, even if performance meets national target e.g., the escalation rating can override compliance against national target.
- Measures with no escalation are those with either insufficient data to determine compliance e.g. 12-month reduction trends (normally new metrics), and those where PTHB reports but has no national target as a non-acute provider.

* From July 2025 the Welsh Ambulance Service NHS Trust (WAST) 8-minute response times to RED calls has been retired and replaced with median emergency ambulance response time to purple (arrest category calls) and median emergency ambulance response times to red (emergency category calls). This has increased reportable measures to 50 with the red median directly replacing the now retired 8-minute response (no measure numbers have yet been allocated by Welsh Government).

Level 3 - Performance Challenges

Serious concerns on quality and governance or continued and consistent failure to meet agreed performance improvements and trajectories.

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
8	**Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment** Period: Aug-25 | Target: 90% | Actual: 6.3% | SPC icon	This measure remains in escalation due to poor target compliance. Although target compliance is very poor nationally this still triggers level 3 escalation internally following the Integrated Quality and Performance Framework rules with extra checks and engagement being carried out between the health board and Public Health Wales screening.	• Key challenge feedback following Public Health Wales assurance visit includes; • Single handed consultant service impacting waiting times for screening. • Ongoing insource requirement to support delivery which is further challenged by procurement processes. • Histology challenges with CTMUHB were flagged in June around capacity to meet the 7-day compliance target. CTMUHB are now outsourcing to manage the demand and look for further sustainable options for the service. CTMUHB has recently had a service review with Bowel Screening Wales and although the 7-day threshold was low, overall median turn around time was acceptable. • Insource provision has fluctuated with short term contract extensions following NHS Shared services procurement delays. • Patient choice including appointment deferral resulting in significant impact on compliance (clock adjustments are not made for BSW pathways), some patients are deferring up to circa 3-5 potential dates or noting that they are not available for multiple months from screening assessment.	• Positive feedback via Public Health Wales assurance visit to bowel screening service (June 25) recognised PTHB service delivered to a high standard and the team should be commended for this. Staff are highly skilled and motivated to provide a high-quality service to bowel screening participants and there is effective and dedicated leadership across the teams. There is evidence of a quality-focused culture that encourages continuous improvement, with effective communication and planning. PHW did highlight the challenges faced by PTHB in terms of single-handed consultant and impact on waiting times for screening – we continue to require insourcing to support delivery of this service (insourcing is stop start due to change in procurement which makes forward planning difficult), regional working with CTMUHB joint nursing posts reviewing options for joint screening clinician post however there is skills shortage all HBs challenged. – PHW assurance visit report will be released in August. • Deep dive on pathways to be undertaken in Q3 2025/26 linked to key . • Increased number of patients being assessed and screened in PTHB; the service is also repatriating patients from CTMUHB pathways. • Appointment of new band 7 screening practitioner with CTMUHB from May 2025.
26	**Number of patients waiting more than 8 weeks for a specified diagnostic** Period: Sep-25 | Target: 0 | Actual: 132 | SPC icon	This measure remains escalated due to ongoing service pressure and non-compliance against Welsh Government key performance indicator target.	• Cardiology (Echo Cardiogram scans) remain under pressure in South Powys, due to in reach fragility of Aneurin Bevan University Health Board consultant services and increasing echo cardiogram demand, following change in clinical practice where patients are sent straight to test by consultant prior to outpatient appointment. • National shortage of Endoscopists particularly colorectal. • National increase in urgent suspected cancer referrals with resultant diagnostic demand increase. • All health care providers in Wales are utilising insource to help negate increased demand challenges. • Non-obstetric ultrasound challenges include deterioration due to unplanned absence, fragility of service due to limited scale.	• PTHB is achieving the recovery trajectory for echocardiograms for September. • Health board has tried to recruit extra echocardiogram capacity via bank but has not been successful. Locum support remains in place. • Demand and Capacity workstream to assess system efficiency and implement improvements. • Continuous monitoring of waiting list. • Ultrasound - recruited a development post with a view to complete preceptorship 2025/26 • Currently the team are supporting the midwifery service so there is agency in place to support the Non-Obstetric Ultrasound (NOUS). • Explore repatriation opportunities to increase scale of service • Implementation of new booking process through the Therapies Hub.
32	**Number of patients waiting for a follow-up (FUP) outpatient appointment who are delayed by over 100%** Period: Sep-25 | Target: < same month pre. year | Actual: 1227 | SPC icon	FUP pathways recording and reporting was escalated in Q4 2021/22 following service identified significant accuracy challenge in the reporting of pathway time banding. Resulting reporting checks by the Powys Data Intelligence team highlighted a significant quantity of un-reported pathways and local reporting was aligned to the National WPAS team's process. Although accuracy of reporting has improved significantly this measure with remain escalated until suitably resolved with Executive signoff.	• Service capacity pressure prioritising urgent, and urgent suspected cancer pathways, which in turn places pressure of compliance on routine and FUP pathways. • Clinical leadership to support in reach clinicians to adopt see on symptoms (SOS)/patient-initiated follow-up (PIFU) pathways. • Increased number of over 100% delays reported requiring further investigation. • De-escalation has not been achieved within schedule e.g., by end of Q1 2025/26. • De-escalation delayed by un-scoped workstream linked to non consultant led services and reportable specialty status review. • Challenge with clinical staff capacity for validation especially in single clinician services who are not administratively supported.	• PTHB standardised service operating procedure for validation, and submission under development. • Significantly improved pathway management and validation for consultant led specialties. • Limited issues reported linked to system challenges (under assessment). • Growing challenge of FUP capacity which is showing that patient pathways delayed over 100% of their re-attendance target date have increased. • Enhanced clinical support for consultants in outpatients to maximise SOS & PIFU opportunities. • Support from National Clinical Implementation Networks to move clinical practice in terms of SOS/PIFU. • Plan under development for national implementation of discharge protocols which will require MDT resource and specialty leadership.

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Level 2 - Performance Challenges

Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance, or deterioration of performance over time.

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
3	**Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)** Period: Q1 2025/26 | Target: 4 Quarter Improvement Trend | Actual: 79.6% | SPC icon: N/A	Measure not meeting target *please note that from August 2025 national methodology has changed for this measure.	• Interpretation of the target varies across Wales. PTHB have focussed service to concentrate on harm reduction and enabling service users to take control on reducing the harm of substance misuse therefore, this does not always include complete abstinence, and clients may access the service for a significant length of time. • South Powys Dual Diagnosis worker role remains vacant. • Lack of full time Clinical Lead role for Area Planning Board (APB).	• Area Planning Board (APB) Commissioning Manager currently drafting an APB Action Plan encompassing recommendations and focus points from Health Inspectorate Wales (HIW) review. The APB has reviewed its structure and improved performance management through development of subgroups. • PTHB have created a Harm Reduction Co-ordinator role which was appointed to in 2023 who continues to provide liaison with the provider. • Recruitment campaign for remaining vacant Dual Diagnosis post.
4	**Percentage of children who are up to date with the scheduled vaccinations by age 5** Period: Q1 2025/26 | Target: 95% | Actual: 91.4% | SPC icon: N/A	Measure not meeting target	• Data on uptake is sourced nationally from the Child Health System whilst vaccination is undertaken by GP Practices and recorded on their information system. Children moving into the area from countries outside of the UK, and challenges to record accurate vaccination history in Primary Care & Child Health.	• Enhanced COVER surveillance continues, focussing on pre-school age (up-to-date by age 4) • Primary Care SOP developed to ensure timely return of Childhood Immunisation clinic lists from Primary Care to Child Health Department.
5	**Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15** Period: Q1 2025/26 | Target: 90% | Actual: 77.9% | SPC icon: N/A	Measure not meeting target	• Obtaining signed parental consent forms can be challenging. • There are discrepancies in data being captured by different systems, and inaccuracies with data held on CYPrIS. It is challenging therefore to ensure immunisation status for Powys residents is accurate and that those eligible are being immunised, particularly when not a pupil of a Powys school.	• Vaccination promotion in schools in an appropriate way and through the curriculum where possible. A new HPV toolkit has been released and is being promoted in schools. • Review implementation of the NICE guidelines (NG218) Vaccine uptake in the general population particularly recommendations 1.3.24 to 1.3.39 in subsection - Vaccinations for school-aged children and young people to ensure these are being implemented, where appropriate. • HPV vaccine programme delivery in schools commenced beginning of May 2025. Programme to continue until 17 July with mop-ups following initial school visits, so each school attended twice.
6	**Percentage uptake of the influenza vaccination amongst adults aged 65 years and over** Period: Mar-25 | Target: 75% | Actual: 69.2% | SPC icon: N/A	Measure not meeting target • Data reported as at season end (March 2025), first reported in Month 2 IQPR, no further data to report.	• Autumn/Winter 2024/25: • Adult flu vaccine is offered through GP Practices, all community pharmacies and additionally through Vaccination Centres (latter from Jan 24). Data on uptake is taken from GP Practice data which does not automatically include vaccinations given by pharmacy and therefore reliant on the timely input into the GP data system.	• Autumn/Winter 2024/25: • GP led clinics organised across Powys for eligible residents by GP Practices. • Pharmacy flu clinics also available in many communities across Powys. • Public Health Wales led communication campaign, supported by local communications team through health board channels, amplified through local networks.
7	**Percentage uptake of the COVID-19 vaccination for those eligible** Period: Jun-25 | Target: 75% | Actual: 55.7% | SPC icon: N/A	Measure not meeting target. • To note this is a cumulative measure and will only be updated during active COVID-19 vaccination period. The next period will start from September (Month 6).	• Vaccine fatigue anecdotally reported across Wales which is reflected in uptake rates. • Data on COVID-19 Vaccination uptake is sourced from Public Health Wales (PHW) surveillance data, which is based on total eligible population. This does not consider those who have opted out of vaccination, and therefore cannot be included for a vaccination • Staffing challenges within the clinical team have led to a slower roll out of the Spring Covid-19 Vaccination programme	• Ongoing work to support care homes with completing the correct paperwork for vaccination prior to vaccination teams visiting care homes prior to COVID-19 Vaccination programmes. • The service has moved away from "opting out" for citizens, to ensure that eligible citizens are invited for their COVID-19 Vaccination during each programme that they are eligible for. • Data currently being collected by the vaccination service on the reasons patients are cancelling appointments, to help inform improvements to the COVID-19 vaccination services in the future.
10	**Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life** Period: Sep-25 | Target: 95% | Actual: 93.0% | SPC icon:	Measure not meeting target	• The data is for babies that live in Powys but might have care elsewhere e.g. special care in an external hospital, whereby we have no control over the test timings. With relatively small numbers of birth the % figures fluctuate more noticeably.	• Continue to utilise the courier service to enhance timely collection and deliveries to laboratory. • Ongoing engagement with Public Health Wales to ensure correct provider reporting rather than by residency. • Collection days have been amended to improve transport to the laboratory.

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Level 2 - Performance Challenges

Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance, or deterioration of performance over time.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
NA	**Median target for purple arrest: Cardiac or respiratory arrest** Period: Sep-25 | Target: 6-8 minutes median response time | Actual: 00:14:15 | SPC icon: N/A	Measure not meeting target	• This is a commissioned service by the health board, as such Powys has limited actions available to resolve issues. • WAST continue to experience challenges with large number of ED attendances and conveyances, large number of lost hours per month and handover delays.	• Meeting being arranged between PtHB, NHS Wales Joint Commissioning Committee and WAST colleagues to discuss performance, patient experience and outcomes; and identified improvement actions including enhancement of current in county pathways. • Continued engagement with commissioned services via CQPRM meetings and sharing resident view findings with key services. • PTHB will continue to be active member of the Ambulance Services and 111 Collaborative Commissioning Integration Group, represented by the Deputy Director of Performance and Commissioning.
NA	**Median emergency ambulance response times to red (emergency category calls)** Period: Sep-25 | Target: 6-8 minutes median response time | Actual: 00:11:28 | SPC icon: N/A	Measure not meeting target		
20	**Median emergency response time to amber calls** Period: Sep-25 | Target: 12-month reduction target | Actual: 01:08:25 | SPC icon: 	Measure not meeting target	• Demand for urgent care services continues to increase including calls to 999 ambulance services. • Handover delays and lost hours continue to be a challenge across Wales. • Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds slowing system flow. • Noticeable shift in demand acuity away from red to Amber 1.	• Ministerial Advisory Group recommendations – Health Boards should ensure that no ambulance handover should exceed 45 minutes (absolute maximum handover time of 45 minutes to be introduced by October 2025), with focus on achieving 15-minute handover target where possible. National ambulance patient handover improvement delivery group underway. • All Wales urgent care system escalation calls being held daily (often more than once per day).
27	**Percentage of children <18 waiting 14 weeks or less for a specified AHP** Period: Sep-25 | Target: 12-month reduction target | Actual: 99.7% | SPC icon: 	Measure not meeting target	• Key risk of breaches are within speech and language therapy (SLT) and Occupational Therapy (OT). • The key challenges for SLT: • Staffing vacancies and maternity leave. • Previously unrecognised backlog of long waiting patients. • High caseload demand. • Key challenges for OT: • Forecast 50% staff vacancy (September 2025).	• Remedial action plan undertaken by services for escalation as required. • New standard operating procedure in place (SOP) to improve service processes for SLT. • Demand and capacity work is being undertaken to improve flow for SLT and OT. • Recruitment plans underway for SLT and OT., staff to commence October 2025
28	**Number of therapy breaches 14+ weeks (all ages)** Period: Sep-25 | Target: 0 | Actual: 47 | SPC icon: 	Measure not meeting target.	• Physiotherapy (MSK) sickness trajectory to recover by Month 8 (November) • Podiatry remains significantly fragile with one clinician pan-Powys potential breaches in Month 8. • Occupational Therapy (OT) Hand Therapy – Clinician is a single point of failure (1 clinician service).	• MSK Physio – agency use and new recruits in place, therefore a reduction in breaches from Month 8. • Podiatry – continue to recruit and agency in place but remains fragile. • OT Hand Therapy – on track for recovery Month 9 (December). Second service therapist going to vacancy panel.
29	**Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)** Period: Sep-25 | Target: Month on Month reduction | Actual: 37 | SPC icon: N/A	Measure not meeting target.	• Vacancies – 75hrs Band 4 & 5 roles, maternity leave, admin and Professional Head of Service.	• All clinical posts advertised. • Admin post due to start w/c 17.11.25. • Bank and agency staff in place supporting waiting list. The service is challenged to recruit agency staff. • Liaising with Swansea Bay HB regards professional support for the service. • Head of Physiotherapy currently operationally managing the service.

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Level 2 - Performance Challenges

Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance, or deterioration of performance over time.

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
30	**Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)** Period: Sep-25 | Target: Month on Month reduction | Actual: 3 | SPC icon: N/A	Measure not meeting target.	• Single practitioner delivering the service in South Powys places risk on service delivery against target with annual leave or potential sickness impacting the service.	• Reviewing demand and any efficiencies where appropriate. • Recruitment and temporary staffing continues to be pursued as needed across all audiology services.
34	**Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment** Period: Sep-25 | Target: 80% | Actual: 19.5% | SPC icon	Measure is not meeting target.	• From April 2022 the ND service has been in receipt of non-recurrent funding via the Regional Partnership Board's (RPB) Revenue Integration Fund (RIF) (2022-27) plus Welsh Government Neurodivergence monies (2022-25), all of which is supporting temporary staff to address the RTA and waiting list backlog. However, these funding streams to not fully cover the staffing costs of the service. Awaiting confirmation and receipt into budget. • Given the consistent national increase in referral demand since June 2021, ND waiting lists have increased exponentially and the service was unable to meet the demand with the model in place. • Ensuring a substantive and robust staffing model in is place is a priority during Q3, current plan is to maintain <104 week wait. This was not achieved for month 4 due to multiple cancelled appointments by patients or Was Not Brought. However, appointments have been re-scheduled for these families within 8 weeks. Position improved at Month 6 and anticipated nil waits over 104 weeks at month 7.	• Waiting list management aligned to longest wait from referral to assessment (RTA) commenced in March 2025 as internal waiting list had been addressed and concluded. • KPI's to ensure quality service is in place. • Robust scheduling, with the utilisation of joint appointments. • Commencements of improved clinic scheduling. • Pan Powys model for waiting time pathways rather than the previous geographically led process which resulted in regional variance in patient's pathway wait times. • Child centred model with partners in education, social care and 3rd sector being mapped – care around the child and family/carer. • Commissioned co-production partnership model with the Parent and Carers Voices Forum, programme of work commenced in September 2024 for 12 months. Year 2 commissioned jointly with education. • Business efficiencies being addressed within the administrative processes. Further work to enhance digital capabilities required with digital services expertise. • Use of automated text messaging (WPAS) - implemented July 25. • Transformation plan being implemented.
36	**Percentage of sickness absence rate of staff** Period: Sep-25 | Target: 80% | Actual: 5.48% | SPC icon	Measure is not meeting target.	• Rolling sickness absence saw a steady upward trajectory since September 2024. • Anxiety, Stress & Depression continue to be the main reason for absence, followed by other musculoskeletal problems.	• The People and Culture Business Partners team (P&C BP) are monitoring absences prompts in ESR and following these up with managers to ensure policy is followed. • Sickness absence is monitored via directorate Senior Management Team (SMT) meetings and escalated to Assistant Directors (AD's) where necessary. • All long-term absence cases over 6 months are reviewed with managers to ensure all actions are up to date in line with the Managing Attendance at Work policy. • The managers training programme covers the managing attendance at work policy and manager responsibilities in detail.
37	**Turnover rate for nurse and midwifery registered staff leaving NHS Wales** Period: Jul-25 | Target: Rolling 12-month reduction against a baseline of 2024/25 | Actual: 8.85% | SPC icon	Measure is not meeting target.	• Health Education and Improvement Wales (HEIW) have produced the analysis and data for this measure along with the methodology, as such the health board cannot replicate this information locally. • HEIW have noted that " current data has some anomalies, and we will be going to organisations to discuss the raw data to iron these out".	• Managers continue to be encouraged to undertake exit interviews with staff where appropriate to try and gather clear intelligence for the reasons staff leave. • The Workforce and Organisational Development (WOD) Directorate are working to develop good practice guides to support managers in working to improve retention. • The WOD Directorate will continue to roll out Team Climate surveys which will support managers and teams to identify actions which they can take to support retention.
39	**Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excl. doctors and dentists in training)** Period: Sep-25 | Target: 85% | Actual: 81.0% | SPC icon	Measure is not meeting target.	• Over the last 24 months, the health board have seen a sustained improvement in PADR Compliance. However, compliance has seen a slight downward trend in the last 6 months. Directorates continue to report that a combination of staff absence, vacancies and operational pressures have continued to have an impact in the delivery of PADRs.	• The People and Culture Business Partners team (P&C BP) team review the monthly PADR compliance report and provide focussed intervention to managers that have compliance less than 85%. • The P&C BP team discuss compliance at senior management meetings within services, escalating to Assistant Directors areas of concern as required. • Targeted work will continue in directorates with lower compliance.

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Level 2 - Performance Challenges

Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance, or deterioration of performance over time.

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
42	**Number of Pathways of Care delayed discharges** Period: Sep-25 | Target: 12 month reduction trend | Actual: 77 | SPC icon	Measure not meeting target.	• Some apparent impacts from out of county surge in discharge. • Evidence of higher dependency in recent inpatient admissions. • Seasonal inpatient care setting fluctuations adding pressures. • High-cost placements (in particular, Dementia Nursing Care Home beds) continue to be challenging. • Complex patients including court of protection.	• Weekly Multi Disciplinary Team deep dive into longest lengths of stay. • Reducing ambulance conveyance to Emergency Departments (ED) including delivering a seven-day single point of access and a seven-day community-based falls response.
44	**Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (CTP) for adults 18 years and over** Period: Sep-25 | Target: 90% | Actual: 80.4% | SPC icon	Measure not meeting target.	• Additional demand on PTHB's Community Mental Health Teams (CMHT) remains as capacity is not yet fully optimised by the mitigation of impact from local authority deficits in capacity to contribute to duty an initial assessment. This mitigation began with the introduction of the single point of access triage and assessment model. This is aligned to 111#2 and is also key transformational work to modernise and streamline services. Phase 2 is currently being rolled out, but this has impacted on Community Mental Health Team (CMHT) capacity again as they are holding additional pressures whilst assessments are moved from teams to the Single Point of Access. • Competing priorities and complexity of patients presenting at present has put additional pressure on teams.	• Joint modelling work in the developing Transformation agenda for MH has seen positive developments with Adult Social Care and consideration of Powys County Council's responsibilities in Community Mental Health Teams (CMHT). Workshops are ongoing for a PTHB/PCC Mental Health Senior Leadership. Team to define future operating model. • Continue to advertise vacant positions. • An enhanced reminder system has been put in place to advise staff of when CTPs are due to be out of compliance with support from data Team and local administrators. This aligns with the standard operating procedure (SOP) has been put in place to standardise data collection pan Powys with review meetings regularly undertaken to check consistency. • Currently investigating a 'Mental Health Measure' data recording area of WCCIS to replace and centralise current means of data collection. • The triage and assessment service when phase 2 is rolled out, will have a positive impact in reducing the pressures within CMHTs enabling more time for C&T Planning.
50	**Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)** Period: Sep-25 | Target: 12 month improvement trend towards national target of 95% | Actual: 61.3% | SPC icon	Measure not meeting target.	• Ongoing challenge from fragility of in-reach service model especially Ophthalmology (WVT). Impact of NHSE Waiting Times making backfill of lost sessions extremely difficult with significant underperformance against contracted in-reach sessions.	• On-going development of Multi Disciplinary Team (MDT) in eyecare further extension of wet AMD capacity in Powys to support service sustainabiliy and repatriation of patients • Development and implementation of WGOS4 community optometry triaging with appointment of community optometrist in Planned Care commencing Nov 25 • On-going escalation of contracted position via Commissioning CQPRM meetings with WVT • All patients receive a clinical call prior to appointment to provide advice support and ensure scarce OP resources are maximised limiting DNAs – DNA rate is less than 3% • Business proposal to PTHB Planned Care Board for Speciality Lead Ophthalmology Consultant sessions as per GIRFT recommendations to support further MDT service transformation is under consideration • Project Team currently being established to progress implementation of Open Eyes Electronic Patient Record and Electronic Referrals for Community Optometry to support further service efficiencies • Additional insourcing capacity from HBSUK planned as part of National Commissioning Programme awaiting confirmation from provider regarding start date for ophthalmology

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Level 1 – No concerns

Local delivery of agreed objectives and performance, finance ambitions in line with agreed trajectories.

No.	Measure description	Period	Target	Actual	SPC icon
9	Percentage of well babies completing the hearing screening programme within 4 weeks	Jul-25	90%	91.2%	
11	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2024/25	100%	100%	N/A
12	Percentage of patients (aged 12+) with diabetes who received all 8 NICE recommended care processes	Sep-25	Improvement compared to the same month in the previous year	50.8%	
13	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Sep-25	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2025 and 100% by 31 March 2026	37.3%	
14	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Aug-25	Increase compared to the same month in the previous year	557	
15	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	Sep-25	80%	100%	
16	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LMPHSS) for people aged under 18 years	Sep-25	80%	90.0%	
17	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged 18 and over	Sep-25	80%	82.4%	
18	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LMPHSS) for people aged 18 and over	Sep-25	80%	89.6%	
21	Median time from arrival at an emergency department to triage by a clinician	Sep-25	15 minutes or less	6	N/A
22	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	Sep-25	60 minute or less	6	N/A
23	Percentage of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Sep-25	Improvement compared to the same month in the previous year, towards the national target of 95%	100%	
24	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Sep-25	Reduction compared to the same month in the previous year, towards the national target of zero	0	
31	Number of patients waiting more than 52 weeks for a new outpatient appointment	Sep-25	0	0	

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Level 1 – No concerns

Local delivery of agreed objectives and performance, finance ambitions in line with agreed trajectories.

No.	Measure description	Period	Target	Actual	SPC icon
33	Number of patients waiting more than 104 weeks for referral to treatment	Sep-25	0	0	
35	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Sep-25	80%	88.6%	
38	Agency spend as a percentage of the total pay bill	Sep-25	12-month reduction	5.1%	
40	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Jul-25	Maintain the 95% target or demonstrate a 12-month improvement trend	100%	
41	Percentage of all classifications' coding errors corrected by the next monthly reporting submission	Aug-25	90%	100%	
43	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	Sep-25	90%	96.8%	
45	Number of patient experience surveys completed and recorded on CIVICA	Aug-25	Month on month improvement	491	
53	Number of patient safety incidents that remain open 90 days or more	Sep-25	12-month reduction trend	7	

Non-RAG rated measures (new measures or measures with no national target applicable for PTHB)

1	Percentage of adult smokers who make a quit attempt via smoking cessation services	Q1 2025/26	5% cumulative annual target	2.37%	N/A
2	Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	Q1 2025/26	40% Annual Target	11.05%	N/A
46,47,48	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Pseudomonas aeruginosa	Sep-25	No national target for PTHB as a non-acute provider.	0	N/A
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli and; S.aureus (MRSA and MSSA)	Sep-25		2.48	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C.Difficile	Sep-25		19.29	

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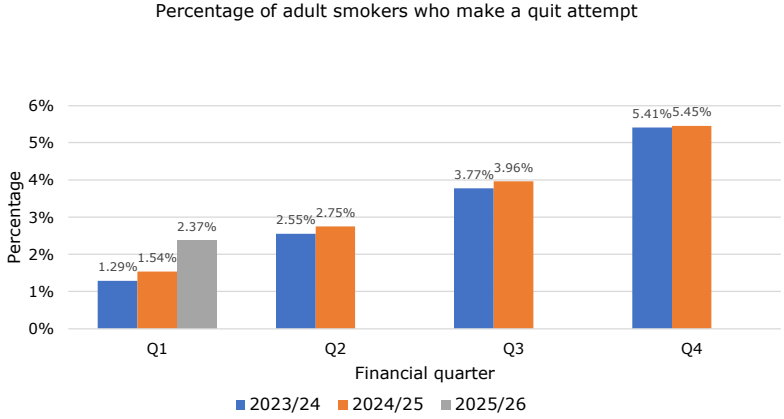
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity | **NHS Performance Measure – 1** | **Powys as a provider**

Smoking - Percentage of adult smokers who make a quit attempt via smoking cessation services

Executive lead	Executive Director of Public Health	Officer lead	Principal Public Health Practitioner

Latest available	Q1 2025/26	Status of measure	N/A
Reported performance	2.37%	Benchmark position (Wales)	2nd (1.58%)
Target	5% annual target		
SPC assurance rating	Not applicable cumulative target		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Public Health		
Recover by?	Not applicable		



What the data tells us

- Performance for Q1 2025/26 is 2.37%, which is higher than the same period last year (1.54%) and on track to exceed the 5% by year end.
- As a cumulative measure the smoking KPI will not be RAG rated until the completion of the 2025/26 financial year.

Paterson,Liz 19/11/2025 11:43:14

Challenges

- As the percentage of adult smokers in Powys falls it leaves remaining the group of smokers who find it most difficult to quit and are often facing complex issues.

Actions & Mitigations

Improving access and client focus:

- Smoking Cessation Team continuously monitor and review provision and uptake of face-to-face clinics across Powys in community venues and some GP Practices and adapt service delivery accordingly. In addition to individual face-to-face and telephone support offered across Powys, group support option is currently available in Brecon and Welshpool.
- Smoking Cessation Lead continues to engage with PTHB community teams and outpatient clinics across Powys to promote the Smoking Cessation Service, and to encourage referral of smokers in Powys for Nicotine Replacement Therapy and behavioral support.
- Referral rates and CO monitoring of pregnant smokers in Powys have both improved. An action plan is in place working in partnership with midwifery team to try to increase the CO monitoring and referral rates further.

Implementation of communication and engagement plan for public, professionals and partner agencies, including:

- The GP Text message project targets registered smokers with offers of specialist support to quit. It is focused in areas of deprivation across Powys, currently running in 6 GP practices, including 2 new practices.
- Nicotine Replacement Therapy (NRT) protocol for inpatients and the smoke free hospital policy continues to be promoted to PTHB staff.
- The Stop Smoking Team use a range of methods to widely promote the service including Powys Smoke Free Newsletter 4th edition; supporting community events with promotional materials; developing successful quit case stories; recruiting Smoking Cessation Champions within workplaces and in the community.

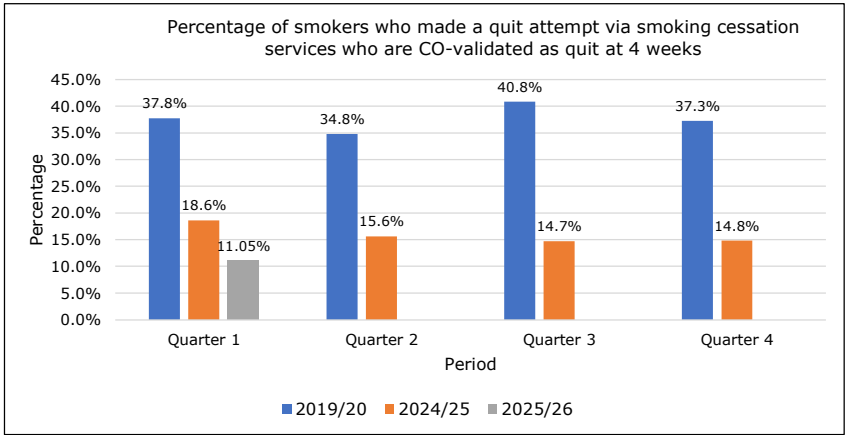
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Access & Activity | **NHS Performance Measure – 2**

Smoking - Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks

Executive lead	Executive Director of Public Health	Officer lead	Principal Public Health Practitioner

Latest available	Q1 2025/26	Status of measure	N/A
Reported performance	11.05%	Benchmark position (Wales)	7th (23.3%)
Target	40% annual target		
SPC assurance rating	Not applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Public Health		
Recover by?			



What the data tells us

- In Q1 2025/26 11.05% of treated smokers were reported as Carbon monoxide (CO) validated as quit at 4 weeks.
- In addition, 43% self-reported as having quit at 4 weeks making the total of treated smokers quit at 4 weeks as 54%.
- As a cumulative measure the smoking KPI will not be RAG rated until the completion of the 2025/26 financial year.

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Challenges

- Many clients are choosing telephone support, so it is challenging to obtain validated Carbon monoxide (CO) reading (rather than self-report). The rurality of Powys, transport issues etc make it challenging for some clients to meet face to face to undertake CO monitoring, preferring to self-validate their successful quit.

Actions & Mitigations

- A number of actions are in place to try to increase the number of CO validated successful quits in Powys including face-to-face clinics across Powys for clients to CO validate if receiving telephone support both in GP Practices and community clinics; working in partnership with key pharmacies in Newtown to offer CO validation to community clients; providing personal CO monitors to pregnant smokers and clients with barriers to access due to mobility or rurality issues.

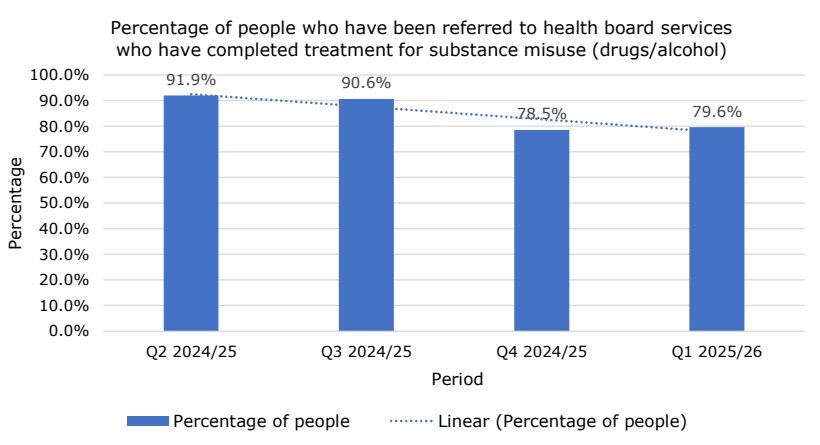
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Access & Activity | **NHS Performance Measure – 3**

Substance Misuse - Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Mental Health

Latest available	Q1 2025/26	Status of measure	Level 2a
Reported performance	79.6%	Benchmark position (Wales)	5th (86.5%)
Target	4 quarter improvement trend		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- Performance has decreased over the last 12 months with 79.6% in Q1 2025/26 and 86.0% reported in Q1 2024/25.
- The health board benchmarked 5th in Wales with an All-Wales position of 86.5% for Q1 2025/26.
- **Note: The methodology for this measure has changed from August 2025 and all historic data has been revised for at least the last 12 months. This data now excludes neutral closures, such as; referred elsewhere, moved on, moved to GP prescribing and prison, as it is deemed that these individuals will continue their treatment elsewhere.**

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Challenges

- Interpretation of the target varies across Wales. PTHB have focussed service to concentrate on harm reduction and enabling service users to take control on reducing the harm of substance misuse therefore, this does not always include complete abstinence, and clients may access the service for a significant length of time.
- South Powys Dual Diagnosis worker role remains vacant.

Actions & Mitigations

- Area Planning Board (APB) Commissioning Manager currently drafting an APB Action Plan encompassing recommendations and focus points from Health Inspectorate Wales (HIW) review. The APB has reviewed its structure and improved performance management through development of subgroups.
- PTHB have created a Harm Reduction Co-ordinator role which was appointed to in 2023 who continues to provide liaison with the provider.
- The recently retendered contract for drugs and alcohol community treatment service has a new emphasis is on client outcomes and holistic support.
- Regular commissioning monitoring meetings with provider in place to monitor community demand.
- Complex Needs portfolio – agreed that Powys County Council (PCC) lead and will co-ordinate partnership meeting in the next quarter. Ongoing Live Well – Mental Health Partnership Priority.
- Recruitment campaign for remaining vacant Dual Diagnosis post.
- Agreed that PTHB will utilise ringfenced substance misuse funding to establish a Clinical Lead Post that will oversee Harm Reduction and Dual Diagnosis and will enhance clinical governance arrangements.
- Substance Harm reduction plan is established in line with area need.
- An APB co-production Planner is in place for 2025-26.
- A full clinical audit has been completed of the kaleidoscope services.
- An analysis of Needle exchange provision has been completed.
- A series of Stigma videos' have been completed.
- Since the last reporting period an interim clinical lead role within PTHB has been established and is reviewing performance with APB colleagues with a view to revising and strengthening joint working including referral pathways. This work is now moving forward at pace and more collaborative practice with partner agencies such as housing and social care, PTHB and kaleidoscope is evident. The Dual diagnosis practitioner for North Powys has also returned from LTS.
- The downward trend in performance is more likely associated with changed recording practice, but this is being tested at present.

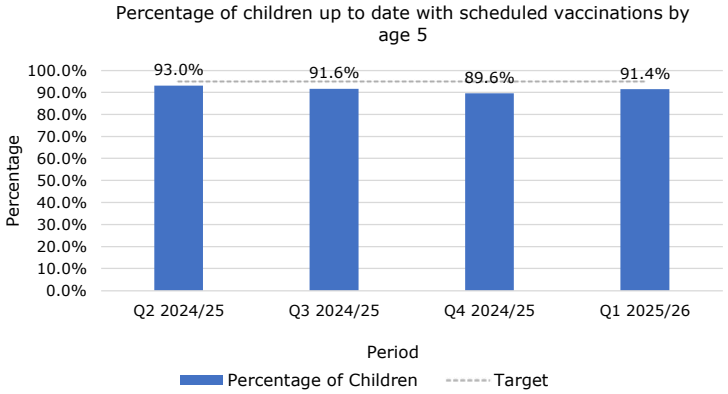
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Access & Activity | **NHS Performance Measure – 4**

Vaccinations - Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)

Executive lead	Executive Director of Public Health	Officer lead	Head of Service: Public Health Programmes & Services

Latest available	Q1 2025/26	Status of measure	Level 2a
Reported performance	91.4%	Benchmark position (Wales)	1st (87.7%)
Target	95%		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Q3 2025/26		



What the data tells us

- Reported uptake performance for Powys in Q1 (91.4%) remains below target (95%) but is the highest in Wales with the All-Wales benchmark reported as 87.7%.

Patterson Liz 25/11/2025 11:43:14

Challenges

- Data on uptake is sourced nationally from the Child Health System, whilst vaccination is undertaken by GP Practices and recorded on their information system. The Child Health System and GP database are not electronically linked, therefore frequent data cleansing is required to ensure that the information flow into the Child Health System is accurate and reflects immunisation status for Powys residents.
- Children moving into the area from countries outside of the UK, and challenges to record accurate vaccination history in Primary Care & Child Health.
- Childhood schedule changes from 01/07/2025 with the removal of Hib / Meningococcal Group C at 12 months – hard stop on supply of Menitorix, Meningitis B and Pneumococcal (PVC) swap at 12 and 16 weeks.
- Pending introduction of an 18-month appointment to include a fourth DTaP/IPV/Hib/Hep B (6 in 1) and bringing forward the pre-school MMR (suggested January 2026). With potential MMR/V (Varicella) from January 2026 – although awaiting confirmation on this.
- The digital infrastructure for these changes is not in place and therefore will rely on manual changes to the schedule from primary care.

Actions & Mitigations

- Enhanced COVER surveillance continues which includes:
  - Data cleansing.
  - Enhanced monitoring of practice queues lists.
  - Enhanced monitoring of key childhood vaccinations (6 in 1 and MMR).
- Support being provided to Health Visitors to follow up preschool children who have missed routine vaccinations – Standard Operating Procedure (SOP) ratified and in use.
- Immunisation coordinator working with GP practices to improve pre-school uptake.
- Ongoing support provided for Primary Care with queues list monitoring and prompting to review lists/understand waits and cover equity. Encouraging GPs to offer unscheduled vaccinations for missed vaccinations. SOPs have been developed for both scheduled and unscheduled immunisations to improve the accuracy of data recorded by Primary Care and shared with Child Health System and prevent delays with returning forms to Child Health.
- MMR Catch-up completed and the Health Board achieved the WHC target of reaching over 90% for 2 MMR vaccines in both primary and secondary schools (July 2024).
- There is national work exploring improving vaccine uptake and information sharing for children who transfer in from outside the UK.
- National changes to the digital infrastructure underway, led by DHCW, to improve data transfer between GP practices and CYPrIS (the child health record database).
- The All-Wales data collection Child Health Immunisation Process Standards (CHIPS) pathway is currently being updated. This has not been finalised yet – awaiting publication
- VPDP have provided a letter and visual guide to primary care clinicians to support with the childhood vaccination schedule changes.
- New complete routine immunisation schedule for Wales published from 1st July 2025 – to reflect childhood changes
- VPDP have provided Q&A sessions for Primary Care since the changes on 01/07/25.

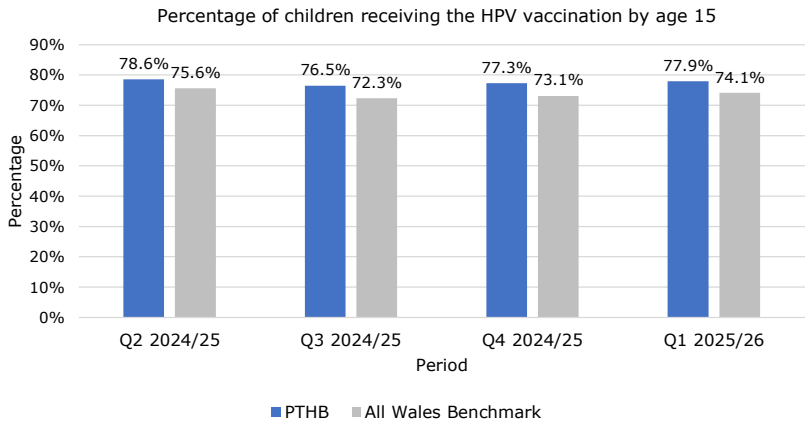
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Access & Activity | **NHS Performance Measure – 5**

Vaccinations - Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15

Executive lead	Executive Director of Public Health	Officer lead	Assistant Head of Public Health Nursing

Latest available	Q1 2025/26	Status of measure	Level 2a
Reported performance	77.9%	Benchmark position (Wales)	3rd (74.1%)
Target	90%		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?	TBC		



What the data tells us

- Reported uptake improved slightly in Q1 2025/26 reporting 77.9% compared to 77.3% in Q4 2024/25

Patterson,Liz 25/11/2025 11:43:14

Challenges

- Obtaining signed parental consent forms can be challenging.
- There are discrepancies in data being captured by different systems, and inaccuracies with data held on CYPrIS. It is challenging therefore to ensure immunisation status for Powys residents is accurate and that those eligible are being immunised, particularly when not a pupil of a Powys school.

Actions & Mitigations

- Vaccination promotion in schools in an appropriate way and through the curriculum where possible. A new HPV toolkit has been released and is being promoted in schools.
- Review implementation of the NICE guidelines (NG218) Vaccine uptake in the general population particularly recommendations 1.3.24 to 1.3.39 in subsection - Vaccinations for school-aged children and young people to ensure these are being implemented, where appropriate.
- HPV vaccine programme delivery in schools commenced beginning of May 2025. Programme to continue until 17 July with mop-ups following initial school visits, so each school attended twice.
- E-consent has been rolled out in Powys in 2025 with the aim of increasing the return rate of consent. Further evaluation of this approach to be undertaken.
- Work being undertaken by the School Nursing service and Child Health in relation to data cleansing to improve accuracy of data and uptake rates.
- Letters were sent in August 2025 to parents of children in school years 8-13 with a missing HPV, DTP, MenACWY or MMR record on CYPrIS inviting parents to contact PTHB with updated records or to attend drop-in vaccination clinics. Over 80 queries were made to the Immunisation Coordinator to either update records, make enquiries or to provide updated personal information.
- Drop-in clinics by the Vaccination Centres were undertaken between 18 August and 05 September 2025 with over 100 vaccinations administered including 83 HPV, 22 DTP, 25 MenACWY, 3 MMR.
- Data cleansing and vaccination administration increased current HPV uptake by 5% (figures unverified)

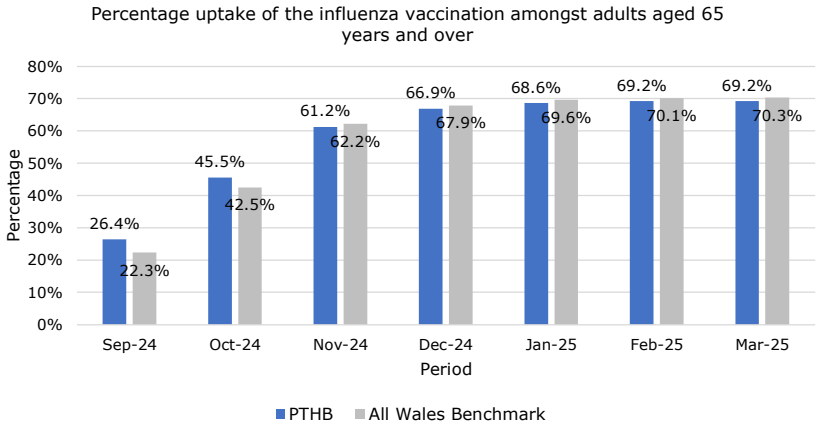
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Access & Activity | **NHS Performance Measure – 6**

Vaccinations - Percentage uptake of the influenza vaccination amongst adults aged 65 years and over

Executive lead	Executive Director of Public Health	Officer lead	Head of Service: Public Health Programmes & Services

Latest available	Mar-25	Status of measure	Level 2a
Reported performance	69.2%	Benchmark position (Wales)	5th (70.3%)
Target	75%		
SPC assurance rating	Not applicable (season cumulative measure)		
Measure type	NHSPF	Quality of measure data	
Data source of measure	Welsh Government Scorecard		
Recover by?	Not applicable 24/25 season of vaccination has finished		



What the data tells us

- To note this is a cumulative measure and will only be updated during active influenza vaccination period.
- Autumn/Winter 2025/26 vaccinations commenced 1st October, data yet to be published.

Patterson,Liz
25/11/2025 11:43:14

Challenges

- Vaccine fatigue anecdotally reported across Wales in previous seasons, requires continued work to maintain uptake levels.
- There has been a change to a central procurement model for flu vaccines in September 2025.
- The introduction of WIS as the primary vaccination recording system for flu has presented some challenges for GPs and Pharmacies.

Actions & Mitigations

- Flu Vaccination Programme for over 65s started on 01 October 2025.
- Adult flu vaccine is offered through GP Practices for eligible patients, and in community pharmacies in many communities across Powys.
- Opportunistic vaccination of eligible population through vaccination centres.
- Public Health Wales led communication campaign, supported by local communications through health board channels, amplified through local networks.
- The introduction of WIS as the primary vaccination recording system aims to improve the accuracy and accessibility of uptake data. Challenges in primary care with the new processes have been addressed with the support of the Vaccination Service.
- Continued monitoring of uptake data to direct additional action.
- The Central Procurement of Flu programme is being implemented for the 2025/26 Influenza campaign with the aim of making flu vaccine more readily available for GPs and Pharmacies. Early logistical challenges have been addressed by the Vaccination Service.

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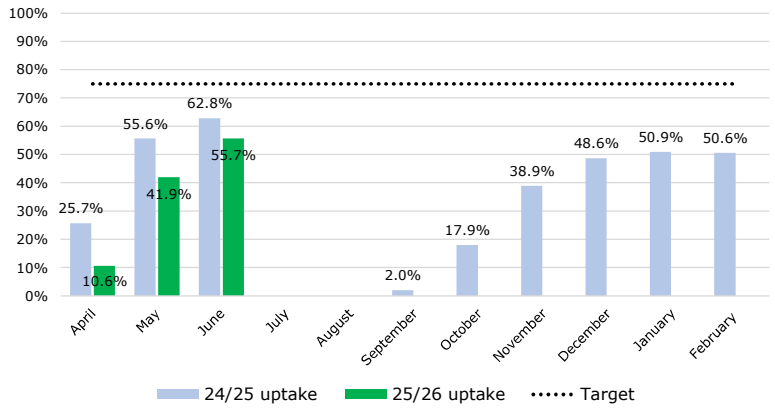
Access & Activity | **NHS Performance Measure – 7**

Vaccinations - Percentage uptake of the COVID-19 vaccination for those eligible - Spring and Autumn Booster: All eligible people

Executive lead	Executive Director of Public Health	Officer lead	Head of Service: Public Health Programmes & Services

Latest available	Jun-25	Status of measure	Level 2a
Reported performance	55.7%	Benchmark position (Wales)	2nd (52.3%)
Target	75%		
SPC assurance rating	Not applicable (season cumulative measure)		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Not applicable 24/25 season of vaccination has finished		

Percentage uptake of COVID-19 vaccination for those eligible



What the data tells us

- To note this is a cumulative measure and will only be updated during active COVID-19 vaccination period.
- The Autumn/Winter 2025/26 programme started 1st October 2025 (Month 7), data yet to be published.
- Trend data shows a decrease in uptake rates of COVID-19 vaccination, with vaccine fatigue being anecdotally reported across Wales.

Patterson,Liz 25/11/2025 11:43:14

Challenges

- Vaccine fatigue anecdotally reported across Wales in previous seasons, requires continued work to maintain uptake levels.
- Data on COVID-19 Vaccination uptake is sourced from Public Health Wales (PHW) surveillance data, which is based on total eligible population. This does not consider those who have opted out of vaccination and therefore cannot be invited for a vaccination appointment.
- Universal offer of Covid-19 for eligible populations, no longer a need for patients to have received any previous doses prior to being invited.
- Denominator now includes those who have previously chosen not to come forward for a Covid-19 vaccination.
- Staffing challenges within the clinical team have led to a slower roll out of the Spring Covid-19 Vaccination programme, with ongoing challenges as we head into winter, mitigated by bank staff support.

Actions & Mitigations

- Ongoing work to support care homes with completing the correct paperwork for vaccination prior to vaccination teams visiting care homes prior to COVID-19 Vaccination programmes.
- The service has moved away from "opting out" for citizens, to ensure that eligible citizens are invited for their COVID-19 Vaccination during each programme that they are eligible for.
- Programme of work completed by the service to ensure any citizen without clear notes on record as to instruction to not receive any more invites for COVID-19 have the "opt out" flag removed from their record, to ensure that they will be invited for each COVID-19 programme in which they are eligible.
- Increase local clinics to offer more access to vaccinations in targeted communities, utilising PTHBs community hospitals.
- Data currently being collected by the Vaccination Service on the reasons patients are cancelling appointments, to help inform improvements to the COVID-19 vaccination services in the future.
- Recent paediatric immunosuppressed pilot undertaken offering vaccination counselling to parents to optimise vaccination uptake and offer equitable vaccination at one of our 11 clinic locations across PTHB.

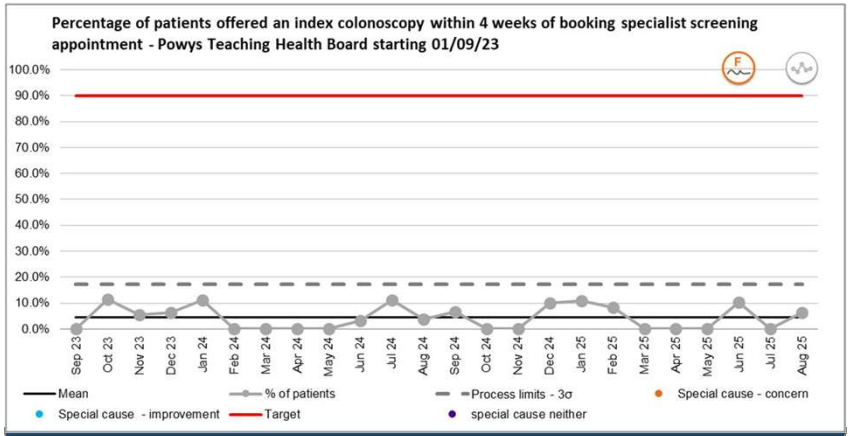
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity | **NHS Performance Measure – 8**

Screening - Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director Community Services

Latest available	Aug-25	Status of measure	Level 3
Reported performance	6.3%	Benchmark position (Wales)	7th (8.8%)*
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PHW compliance report		
Recover by?	Timescale requested from Public Health Wales		



What the data tells us

- Powys performance against this measure is challenged reporting 6.3% in August 2025, All Wales performance is also challenged against this measure reporting 8.8% compliance for the August.
- Due to poor performance compliance this metric has been escalated by the Powys Performance team to level 3 for enhanced monitoring.
- Methodology of measure remains under scrutiny with Public Health Wales; data quality however was updated to average quality following positive checks on provided metric information.

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Challenges

- Key challenge feedback following Public Health Wales assurance visit includes;
  - Single handed consultant service impacting waiting times for screening.
  - Ongoing insource requirement to support delivery which is further challenged by procurement processes.
- Histology challenges with CTMUHB were flagged in June around capacity to meet the 7-day compliance target. CTMUHB are now outsourcing to manage the demand and look for further sustainable options for the service. CTMUHB has recently had a service review with Bowel Screening Wales and although the 7-day threshold was low, overall median turn around time was acceptable.
- Insource provision has fluctuated with short term contract extensions following NHS Shared services procurement delays.
- Patient choice including appointment deferral resulting in significant impact on compliance (clock adjustments are not made for BSW pathways), some patients are deferring up to circa 3-5 potential dates or noting that they are not available for multiple months from screening assessment.
- Key issues across Wales are linked to the capacity of Endoscopy and the ability to offer diagnostics in a timely manner against target.
- Not all referrals for PTHB led Specialist Screening Practitioner assessment appointments have their colonoscopy carried out within provider services and not all patients are suitable for the procedure within PTHB provided units.
- Powys is commissioned to carry out Bowel Screening Wales (BSW) activity within its diagnostic/day case units, patients also access services commissioned from bordering DGH's.

Actions & Mitigations

- Positive feedback via Public Health Wales assurance visit to bowel screening service (June 25) recognised PTHB service delivered to a high standard and the team should be commended for this. Staff are highly skilled and motivated to provide a high-quality service to bowel screening participants and there is effective and dedicated leadership across the teams. There is evidence of a quality-focused culture that encourages continuous improvement, with effective communication and planning. PHW did highlight the challenges faced by PTHB in terms of single-handed consultant and impact on waiting times for screening – we continue to require insourcing to support delivery of this service (insourcing is stop start due to change in procurement which makes forward planning difficult), regional working with CTMUHB joint nursing posts reviewing options for joint screening clinician post however there is skills shortage all HBs challenged. – PHW assurance visit report will be released in August.
- Deep dive on pathways to be undertaken in Q3 2025/26 linked to key .
- Increased number of patients being assessed and screened in PTHB; the service is also repatriating patients from CTMUHB pathways.
- Appointment of new band 7 screening practitioner with CTMUHB from May 2025.
- Regular meetings between local operational leads and the Bowel Screening Wales (BSW) team.
- In-source capacity utilised for both screening and symptomatic service.
- Continue with regional planning discussions around endoscopy which in turn supports bowel screening.
- Work ongoing with regional partners around the provision of sustainable services going forward.
- Powys physical capacity (treatment rooms) offered as part of mutual aid for regional solutions further discussions with Associate Director Regional Delivery NHS Performance & Improvement.

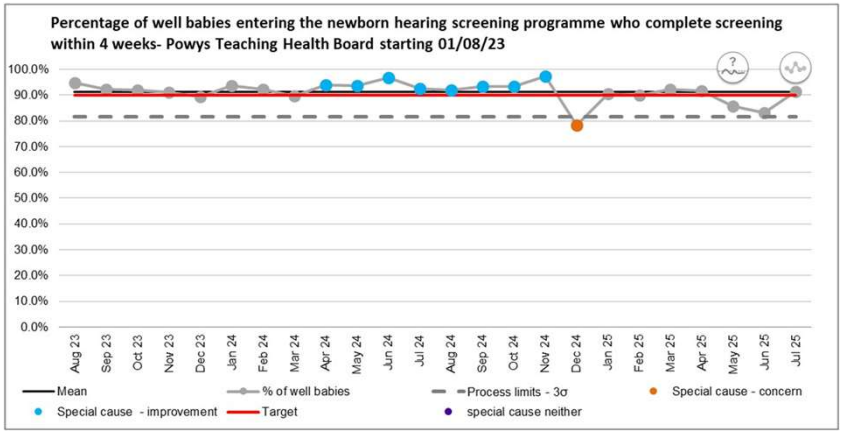
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Access & Activity | **NHS Performance Measure – 9**

Screening - Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks

Executive lead	Executive Director of Nursing, Quality, Women and Family Health	Officer lead	Director for Midwifery, Women and Family Health

Latest available	Jul-25	Status of measure	Level 1
Reported performance	91.2%	Benchmark position (Wales)	7th (97.9%)
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- Powys performance reported 91.2% compliance in July 2025 against the 90% target (ranked 7th in Wales).
- All Wales performance for July is 97.9%.

Patterson,Liz 25/11/2025 11:43:14

Challenges

- No challenges reported.

Actions & Mitigations

- No actions reported.

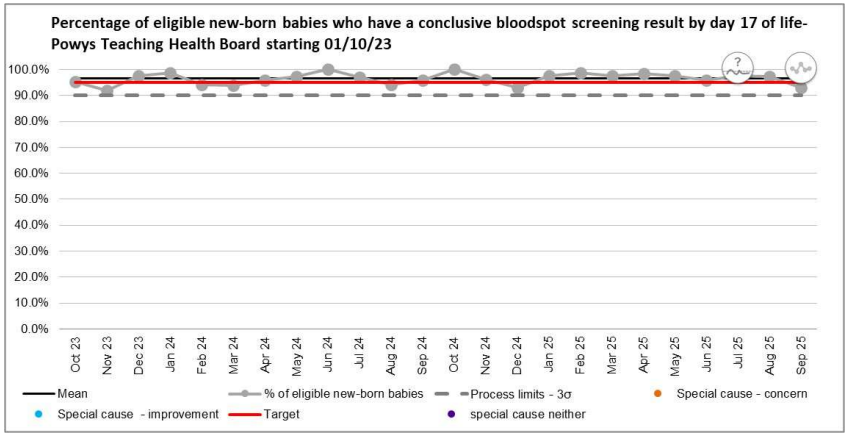
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity	NHS Performance Measure – 10	Frequency - Monthly

Screening - Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life

Executive lead	Executive Director of Nursing, Quality, Women and Family Health	Officer lead	Director for Midwifery, Women and Family Health

Latest available	Sep-25	Status of measure	Level 2a
Reported performance	93.0%	Benchmark position (Wales)	5th (96.6%)*
Target	95%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Not required		



What the data tells us

- Powys Performance reported 93.0% in September against the national target of 95%. The health board ranks 5th in Wales against an All-Wales position of 96.6% in August 2025

Patterson,Liz 25/11/2025 11:43:14

Challenges

- This service cannot be provided in Powys e.g., external neo-nates care testing, and testing laboratories can cause challenges with reporting and non-compliance.
- The data is for babies that live in Powys but might have care elsewhere e.g. special care in an external hospital, whereby we have no control over the test timings. With relatively small numbers of birth the % figures fluctuate more noticeably.

Actions & Mitigations

- Continue to utilise the courier service to enhance timely collection and deliveries to laboratory.
- Ongoing engagement with Public Health Wales to ensure correct provider reporting rather than by residency.
- Collection days have been amended to improve transport to the laboratory.
- This was related to one baby that was based in special care and as it is postcode dependant, meant that as it was not taken within the 17 days, affected our rates. (so not related to midwifery in Powys)

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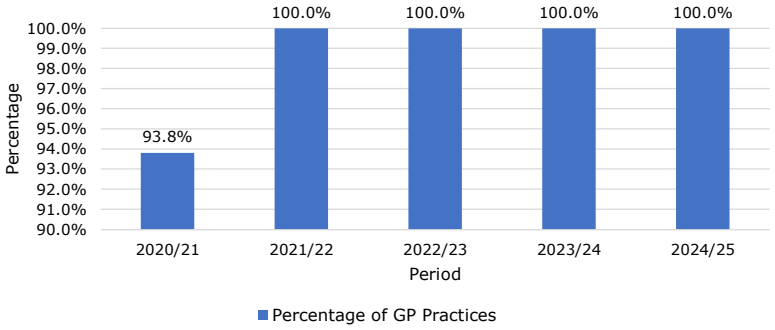
Access & Activity | **NHS Performance Measure – 11** | **Frequency - Annual**

Primary Care - Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Primary Care

Latest available	2024/25	Status of measure	Level 1
Reported performance	100%	Benchmark position (Wales)	1st (96.8%)
Target	100%		
SPC assurance rating	Not applicable for this measure		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?	Not required		

Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-Hours



What the data tells us

- National Access Standards achievement for 2024/25 confirms 100% compliance against all targets.

Patterson,Liz 25/11/2025 11:43:14

Challenges

- Element of the Access Standards, previously known as Phase 1 Standards are now embedded in the Unified Contract, effective from 1st October 2023. These areas are now picked up under routine contract monitoring.
- The Access Standards comprise of what was previously known as Phase 2 standards. These standards are optional, however 100% practices participated in the Access Standards 2023/24

Actions & Mitigations

- PTHB Access Forum monitor and reviews compliance with Access Standards – formal quarterly review in place
- Unified Contract Assurance Monitoring checks ongoing compliance with the unified contract and the Access Standards.
- Compliance against open hours and appointment availability regularly monitored by Primary Care Department.
- Any raised access concerns are followed up with individual practices.
- Quarterly reporting confirms via the PC Information Portal that the Access Standards continue to be achieved.

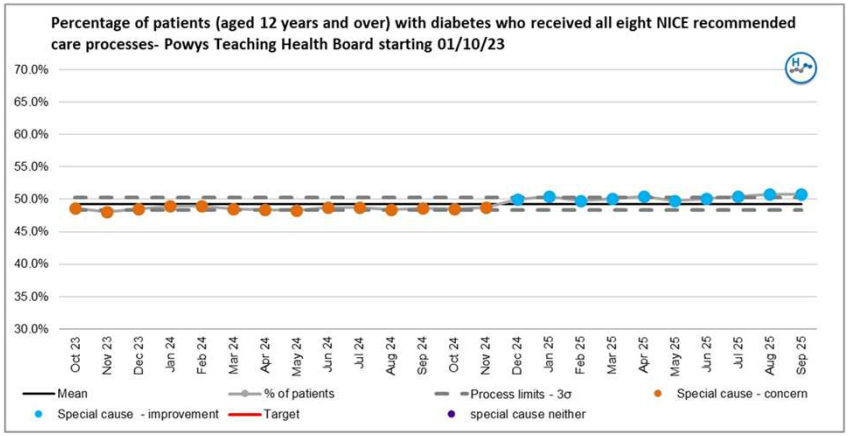
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Access & Activity | **NHS Performance Measure – 12**

Primary Care - Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	TBC

Latest available	Sep-25	Status of measure	Level 1
Reported performance	50.8%	Benchmark position (Wales)	1st (44.5%)
Target	Improvement compared to the same month in the previous year		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- Performance against the measure is compliant with the target for September 2025 reporting 50.8% and is higher than August 2024 (48.7%).
- PTHB ranks 1st in Wales with the All-Wales average of 44.5%

Patterson,Liz
25/11/2025 11:43:14

Challenges

- Performance is not as expected but has remained stable for both Type 1 and 2 patients across Powys.
- Powys remains the highest performing Health Board in Wales.
- Performance particularly low in foot surveillance and Urine Albumin.

Actions & Mitigations

- Task and finish group being established with Executive leadership.
- Focussed work to be undertaken through clusters and GMS collaborative.
- Officer lead to be confirmed.

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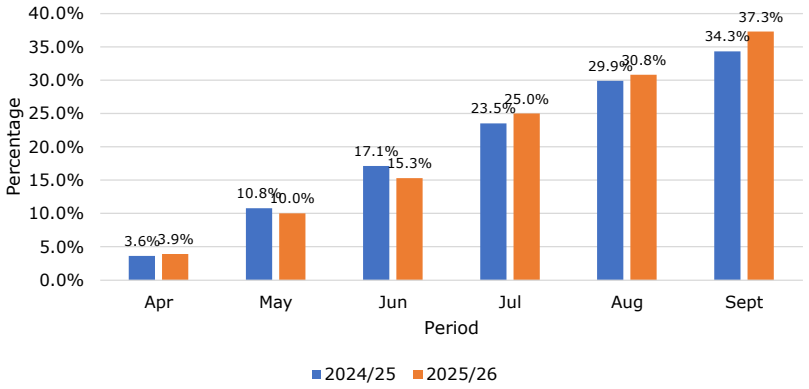
Access & Activity	NHS Performance Measure – 13	Frequency - Monthly

Primary Care - Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Primary Care

Latest available	Sep-25	Status of measure	Level 1
Reported performance	37.3%	Benchmark position (Wales)	5th (39.9%)
Target	Deliver 30% contract value by Sep-25 and 100% by Mar-26		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	NHSBSA		
Recover by?			

Percentage of the primary care dental services (GDS) contract value delivered



What the data tells us

- Data provided by the NHS Business Services Authority (NHSBSA) only reports against Units of Dental Activity (UDA) and does not include a significant element of contracts under "contract reform" e.g., not a complete picture of compliance for dental practices in PTHB.
- Performance for September reports 37.3% and is slightly higher than September 2024 (34.3%)

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Challenges

- Regulatory limitations impacts on the health board's ability to action recurrent contract reductions; therefore the release of cash to improve access in other areas of Powys is limited. Contractors are reluctant to commit to permanent contract reductions.
- This metric applies to Contract Reform practices only. 23% of practices are still working to the UDA model contract; therefore this data is not capturing this cohort to represent a true access position.

Actions & Mitigations

- Mid-year contract review meetings completed with all eligible UDA practices and 100% of Contract Reform Practices.
- Non recurrent adjustments being implemented for underperforming practices through mutual agreement (if agreed).
- Contract performance date is monitored on an individual contract basis monthly via the GDS monitoring group.
- Year-end forecasting in place and reviewed/updated monthly.

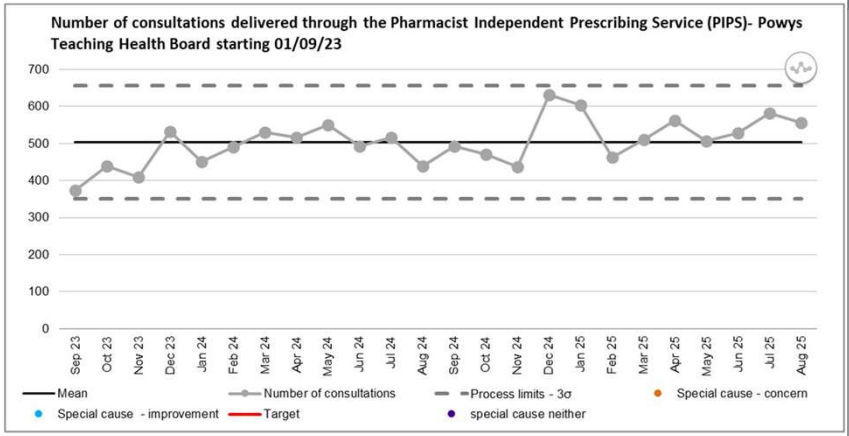
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Access & Activity | **NHS Performance Measure – 14** | **Frequency - Monthly**

Primary Care - Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)

Executive lead	Executive Medical Director	Officer lead	Chief Pharmacist

Latest available	Aug-25	Status of measure	Level 1
Reported performance	557	Benchmark position (Wales)	7th (15,399)
Target	Increase compared to the same month in the previous year.		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- Performance against the measure shows PTHB is compliant (i.e. showing an increase in consultations compared to the same month in the previous year): 557 consultations were delivered in August 2025 compared to 440 consultations in August 2024.
- Although the data is reported as "Number of consultations", this reflects the number of consultations claimed for, not necessarily delivered. In efforts to move community pharmacy to reimbursing for having a prescribing service available, much like GMS, a mechanism was introduced into the 24/25 contract to allow for pharmacists to claim for the average number of consultations delivered whilst on annual leave or a short period of sickness.

Challenges

- The main challenge faced by pharmacists who wish to train as independent prescribers continues to be the ability to secure a Designated Prescribing Practitioner (DPP) to provide supervision, support and practical experience in a clinical area during training. There is currently a limited pot of money to reimburse DPPs for their time although this funding is not guaranteed beyond 2025/26.
- This is one of several services in which pharmacy contractors are being encouraged to increase consultation activity; pharmacists often have only one consultation room and limited members of staff who can perform these services.
- Please note that data validation has retrospectively change December 2023 previously number of consultations recorded from 548 to 532.
- Please note that data validation has retrospectively changed August 2024 previous number of consultations recorded from 423 to 440

Actions & Mitigations

There are now nine community pharmacy sites actively prescribing for patients in Powys:

- Llanidloes Pharmacy
- Davies Chemist, Lower Cwmtwrch
- RM Jones, Hay on Wye
- Primrose Pharmacy, Talgarth
- JG and RJ Davies, Ystradgynlais
- Llanwrtyd Pharmacy
- Well Pharmacy, Brecon
- Boots, Builth Wells
- Rowlands, Rhayader

It is anticipated that three further pharmacies will be commissioned to provide PIPS during 2025/26, in Llandrindod Wells, Presteigne and Machynlleth.

The health board is continuing to work with contractors to promote the service and colleagues are involved in shaping the community pharmacy contractual framework.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/25	517	551	492	517	440	492	471	438	632	604	462	511
2025/26	563	507	528	582	557							

Private Meeting Item

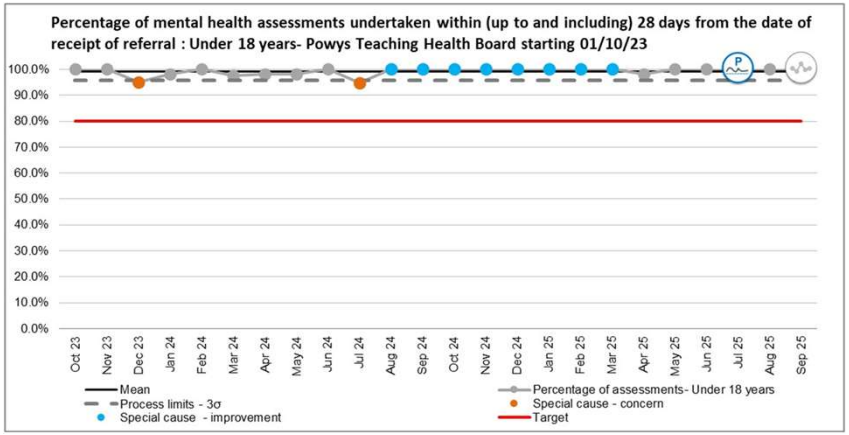
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Access & Activity	NHS Performance Measure – 15	Frequency - Monthly

Mental Health - Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged **under 18 years**

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Mental health

Latest available	Sep-25	Status of measure	Level 1
Reported performance	100%	Benchmark position (Wales)	1st (89.5%)*
Target	80%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health Submission Proforma		
Recover by?			



What the data tells us

- LPMHSS assessment carried out for young people (under 18 years of age) is reporting 100% compliance in September 2025, the health boards performance against this measure has met or exceeded the target since September 2021 and ranks 1st in Wales against 89.5% All Wales position in August 2025

Jones-Davies, Liz
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Challenges

- Whilst improvement noted and no issues to report, important to note sustained increase in demand, complexity and acuity.

Actions & Mitigations

- Increased demand is being monitored along with increased admissions to tier 4 inpatients units.
- Demand and capacity work to be undertaken

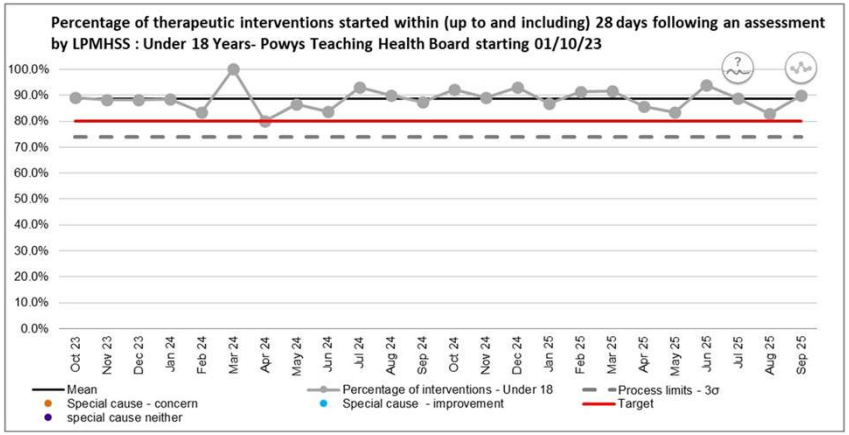
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Access & Activity	NHS Performance Measure – 16	Frequency - Monthly

Mental Health - Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged **under 18 years**

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Mental health

Latest available	Sep-25	Status of measure	Level 1
Reported performance	90.0%	Benchmark position (Wales)	5th (76.1%)*
Target	80%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health Submission Proforma		
Recover by?	By end of 2024/25		



What the data tells us

- Performance for under 18's interventions reports 90.0% in September against the 80.0% target with common cause variation.
- PTHB ranked 5th in Wales against an All-Wales position of 76.1% in August 2025

Patterson,Liz
25/11/2025 11:43:14

Challenges

- Whilst improvement noted and no issues to report, important to note sustained increase in demand, complexity and acuity.

Actions & Mitigations

- Increased demand is being monitored along with increased admissions to tier 4 inpatients units.

Data updated

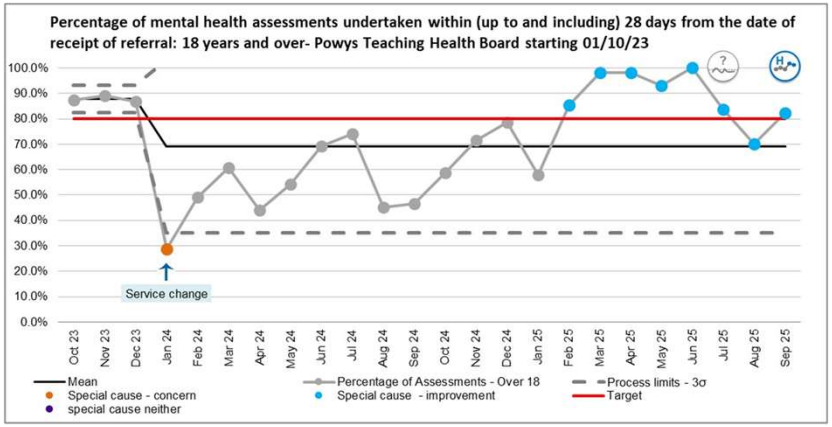
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Access & Activity | **NHS Performance Measure – 17** | **Frequency - Monthly**

Mental Health - Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged **18 years and over**

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Mental health

Latest available	Sep-25	Status of measure	Level 1
Reported performance	82.4%	Benchmark position (Wales)	7th (88.6%)*
Target	80%		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health Submission Proforma		
Recover by?			



What the data tells us

- Performance in September has improved from 70.1% to 82.4%, PTHB ranks 7th and performs below the All-Wales average of 88.6% in August 2025

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Challenges

- Whilst performance is significantly improved since the beginning of the financial year, recent challenges in delays recruiting to some vacant roles as well as high demand, short terms sickness and annual leave in August created a temporary back log. Mitigations have been successful and whilst demand remains high there is further improvement in performance anticipated for the next reporting period.

Actions & Mitigations

- Service capacity reprioritised in September with a focus on recovering Part 1A.
- Improved service capacity due to Mental Health Practitioner returning from unplanned leave.
- Centralised pan-Powys allocation process improving service resilience.
- 1A Target recovered in September 2025 although underlying fragility remains due to recruitment freeze.

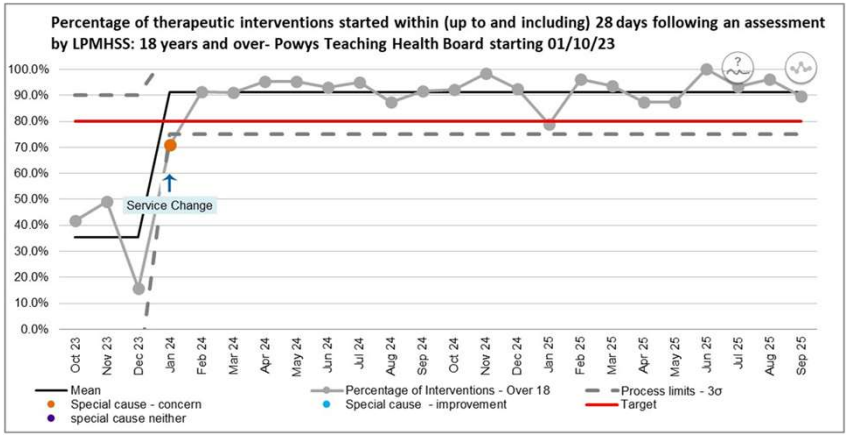
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Access & Activity	NHS Performance Measure – 18	Frequency - Monthly

Mental Health - Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged **18 years and over**

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Mental health

Latest available	Sep-25	Status of measure	Level 1
Reported performance	89.6%	Benchmark position (Wales)	4th (92.71%)*
Target	80%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health Submission Proforma		
Recover by?	By end of 2024/25		



What the data tells us

- Health board performance for adult interventions has declined in September 2025 to 89.6% from 96.1% in August 2025.
- PTHB ranks 4th against the All-Wales position of 92.71% for August 2025

Patterson,Liz 25/11/2025 11:43:14

Challenges

- Staffing capacity impacted by leave and sickness has resulted in part 1 b performance in January.
- In recovery of Part 1a, more assessments have been undertaken than ever before in PTHB LPMHSS. Clearly this impacts on capacity for interventions, however, the Service have worked hard to improve the position in both Part 1a and Part 1b with variation occurring as a result of annual leave or sickness only.

Actions & Mitigations

- Increased demand for assessments has impacted on capacity for interventions

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Access & Activity	NHS Performance Measure – 21 & 22	Frequency - Monthly

Urgent & Emergency Care – Powys residents - Median time from arrival at an emergency department to triage by a clinician

Urgent & Emergency Care – Powys residents - Median time from arrival at an emergency department to assessment by a clinical decision maker

Executive lead	Executive Director of Planning, Performance and Commissioning	Officer lead	Senior Manager Unscheduled Care

Latest available	Sep-25	Status of measure	Level 1
Target	Median wait to triage = 15 minutes or less Median wait to senior clinical decision = 60 minutes or less		
Measure type	Provider	Quality of measure data	Average
Data source of measure	DHCW EDDS		

	Apr	May	Jun	Jul	Aug	Sep
Median wait to triage	4	4	5	7	6	6
Median wait to senior clinical decision	4	5	6	7	7	6

What the data tells us

- Both median wait to triage and senior clinical decision performance better than target within Powys Minor Injury Units.

Patterson,Liz
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Challenges

- No issues with the Powys Minor Injury Units (MIU) currently reported.

Actions & Mitigations

- No new actions from a provider perspective.

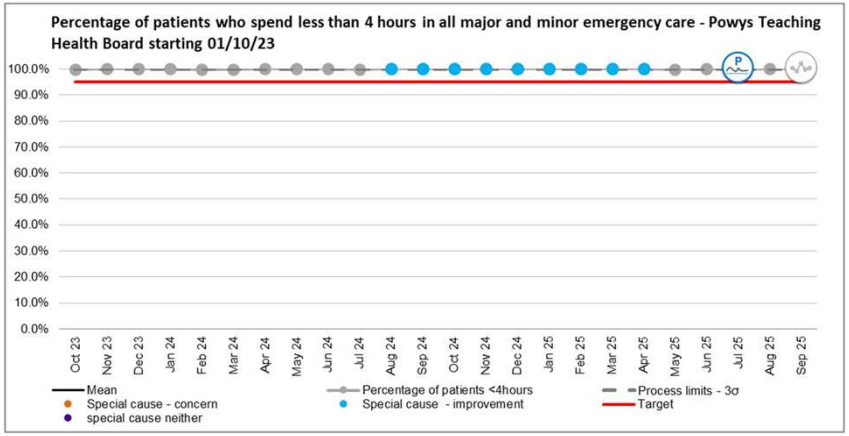
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Access & Activity	NHS Performance Measure – 23	Frequency - Monthly

Urgent & Emergency Care - Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Senior Manager Unscheduled Care

Latest available	Sep-25	Status of measure	Level 1
Reported performance	100%	Benchmark position (Wales)	1st (65.5%)
Target	Improvement compared to the same month in the previous year, towards the national target of 95%.		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	DHCW EDDS		
Recover by?			



What the data tells us

Powys Teaching Health Board (PTHB) as a provider of care via MIU's continues to provide excellent compliance in meeting the 4hr target. Performance is common cause variation.

Patterson,Liz
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Challenges

- No issues with the Powys Minor Injury Units (MIU) currently reported.

Actions & Mitigations

- No new actions from a provider perspective.

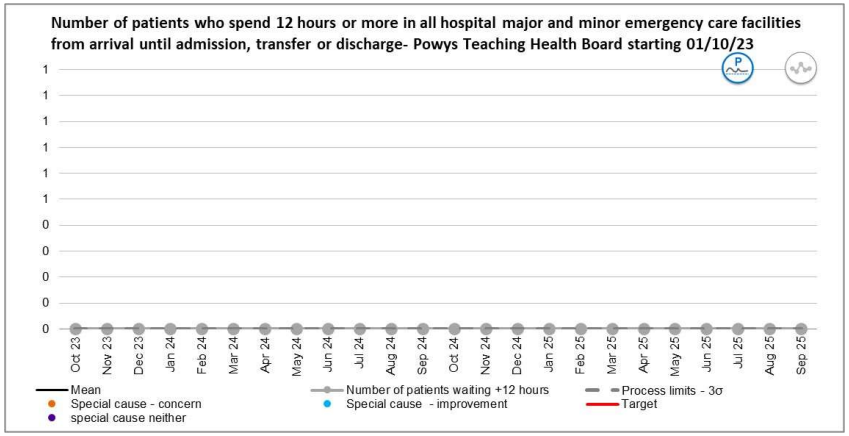
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Access & Activity | **NHS Performance Measure – 24** | **Frequency - Monthly**

Urgent & Emergency Care - Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Senior Manager Unscheduled Care

Latest available	Sep-25	Status of measure	Level 1
Reported performance	0	Benchmark position (Wales)	1st (10,208)
Target	Reduction compared to the same month in the previous year, towards the national target of zero		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	DHCW EDDS		
Recover by?			



What the data tells us

- Powys Teaching Health Board (PTHB) as a provider of care via MIU's continues to provide excellent compliance in meeting the 12hr target. Performance is common cause variation, and the target has not been missed in at least 5 years of reporting.

Patterson,Liz
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Challenges

- No issues with the Powys MIU's currently reported.

Actions & Mitigations

- No new actions from a provider perspective.

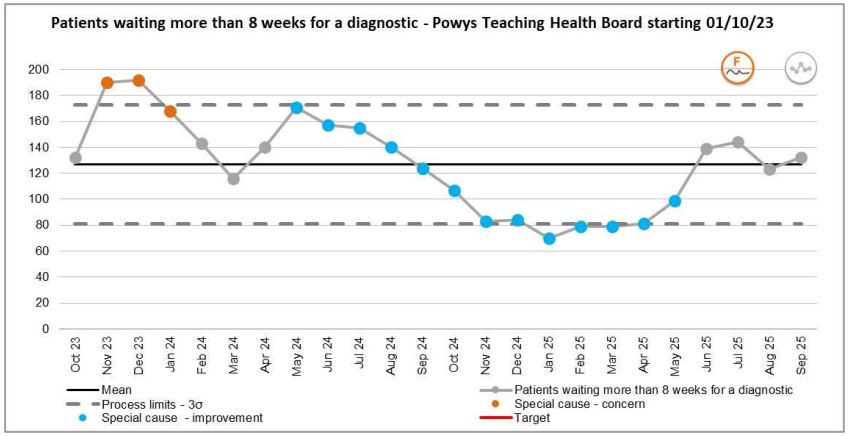
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Access & Activity | **NHS Performance Measure – 26** | **Frequency - Monthly**

Planned Care & Cancer - Number of patients waiting more than 8 weeks for a specified diagnostic

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group

Latest available	Sep-25	Status of measure	Level 3
Reported performance	132	Benchmark position (Wales)	1st (46,678)*
Target	Zero		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	TBC		



Detailed narrative of challenges, actions and mitigations by sub service on the next slide

Paterson.Liz
21/11/2025 11:43:14

Diagnostic's performance by sub service

Service	Sub service	Total pathways waiting	Number of pathway breaches	Percentage breaching target
Cardiology	Echo Cardiogram	93	54	58%
Diagnostic Endoscopy	Colonoscopy	11	0	0%
Diagnostic Endoscopy	Cystoscopy	3	0	0%
Diagnostic Endoscopy	Flexible Sigmoidoscopy	4	0	0%
Diagnostic Endoscopy	Gastroscopy	13	1	8%
Radiology – Consultant Referral	Non-Obstetric Ultrasound	50	6	12%
Radiology – GP Referral	Non-Obstetric Ultrasound	671	71	11%

What the data tells us

This measure includes various diagnostic provisions, echo cardiograms, endoscopy, and non-obstetric ultrasound.

- The health board has reported 132 breaches in September 2025, 54 breaches are for Cardiology (Echo Cardiograms), 1 breaches reported within Endoscopy and 77 breaches are within non-obstetric ultrasound.
- This measure remains escalated due to ongoing service pressure and non-compliance against Welsh Government key performance indicator target.
- With Echo Cardiogram breaches reduced to 54 the sub-service remains ahead of trajectory for zero breaches by March 2026.

Key data quality challenges/changes

1. Heart Rhythm Test Pathways
A review of diagnostic submissions in September found that a small number of heart rhythm test pathways had not been included in previous data submissions. Although these account for only around 2% of total diagnostic pathways, they do include cases that exceeded the 8-week target. These pathways have been managed appropriately in line with national Referral to Treatment (RTT) guidance and best practice but were unintentionally omitted from the data submitted to DHCW and Welsh Government. This issue has been escalated to the Powys Teaching Health Board (PTHB) Executive Team and the Welsh Government's Head of Planned Care. Following agreement, these pathways will be included in the submission from the end of October (Month 7).

2. Non-Obstetric Ultrasound Reporting
As part of the rollout of the Radiology Information System Programme (RISP) in Powys — which modernises the digital systems used in Radiology and strengthens data sharing across borders — there has been an increase in the number of pathways reported. Modernisation work at Llandrindod Wells Hospital, using the Wye Valley NHS Trust digital system, has improved reporting accuracy and completeness. As a result, total reportable pathways have increased, leading to better data quality and more comprehensive reporting for pathways managed by Powys Teaching Health Board.

Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity	NHS Performance Measure – 26	Frequency - Monthly

Planned Care & Cancer - Number of patients waiting more than 8 weeks for a specified diagnostic

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group

Cardiology - Challenges	No. of breaches	54

- Cardiology (Echo Cardiogram scans) remain under pressure in South Powys, due to in reach fragility of Aneurin Bevan University Health Board consultant services and increasing echo cardiogram demand, following change in clinical practice where patients are sent straight to test by consultant prior to outpatient appointment.
- National shortage of clinical physiologists has resulted in whole system fragility, acute care providers also require insource arrangements to manage demand and reduce delays.
- National waiting times for echo-cardiograms have increased and remain high in acute providers.

Cardiology - Actions & Mitigations

- Echocardiograms performance has improved ahead of the improvement trajectory following increased capacity provision by ABUHB, and utilisation of locum capacity.
- Additional capacity currently being sought via bank staff for cardiology specific physiologist clinician to undertake echo cardiograms. (second attempt at recruitment).
- Improved patient information and advice and support with aims to reduce patient "Did not attend" (DNA). DNA Rate less than 3%.
- Working with in-reach to review capacity due to changes in clinical practice (escalated via CQPRM).
- Development of clinical waiting list validation within in reach clinical team: On-going.
- New echo cardiogram scanner purchased and installed via charitable funds for Brecon War Memorial Hospital.
- Escalated via CQPRM, capacity shortfall escalated as part of insourcing proposal however delayed with extension to current insource provider until Q4.

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Diagnostic Endoscopy - Challenges	No. of breaches	1

- Ongoing challenge of small numbers of breaches linked to service fragility and a single complex case.
- National shortage of Endoscopists particularly colorectal.
- National increase in urgent suspected cancer referrals with resultant diagnostic demand increase.
- All health care providers in Wales are utilising insource to help negate increased demand challenges.
- In-reach clinician fragility resulting from the above points including further business continuity challenges in Cwm Taf Morgannwg UHB (CTMUHB). CTMUHB currently have challenges in succession planning (as per national challenge), ongoing fragile workforce reliant on locums and insourcing which impacts on in-reach service capacity and reliability with resulting short notice cancellations.
- JAG 5 Year Assurance accreditation preliminary discussion with JAG has advised further time is required to embed the clinical leadership model – advise that the health board apply for JAG accreditation Q1 2026/27.
- Colonoscopy capacity is insufficient without supplementary insourcing.
- Delays in District General Hospitals (DGH diagnostics, especially Histology/Pathology risk timeliness of pathways including urgent suspected cancer pathways.

Diagnostic Endoscopy - Actions & Mitigations

- Significant service transformation including strengthening of team leadership and staff development to maximise service efficiency.
- Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a very high risk for the health board). Proposal for capacity and contingency planning awaiting finalisation.
- Sponge capsule (cyto-sponge) feedback so far has been excellent from both staff and patients.
- Ongoing Executive level discussions around service sustainability and joint work with CTMUHB from February 2024.
- Rolling programme of clinical and administrative waiting list validation.
- Additional in-sourcing capacity requested but awaiting financial package confirmation to allow utilisation.
- Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid.

Non-Obstetric Ultrasound - Challenges	No. of breaches	77

- Deterioration due to unplanned absence
- Fragility of service due to limited scale.
- Reporting challenges following the RISP rollout.

Non-Obstetric Ultrasound - Actions & Mitigations

- RISP rollout has positively improved the data quality for Powys responsible pathways with significantly improved digital connectivity cross border.
- Use of agency and bank for breaching patients.
- Demand and Capacity workstream to assess system efficiency and implement improvements.
- Continuous monitoring of waiting list.
- Recruited a development post with a view to complete preceptorship 2025/26.
- Currently the team are supporting the midwifery service so there is agency in place to support the Non-Obstetric Ultrasound (NOUS).
- Explore repatriation opportunities to increase scale of service.

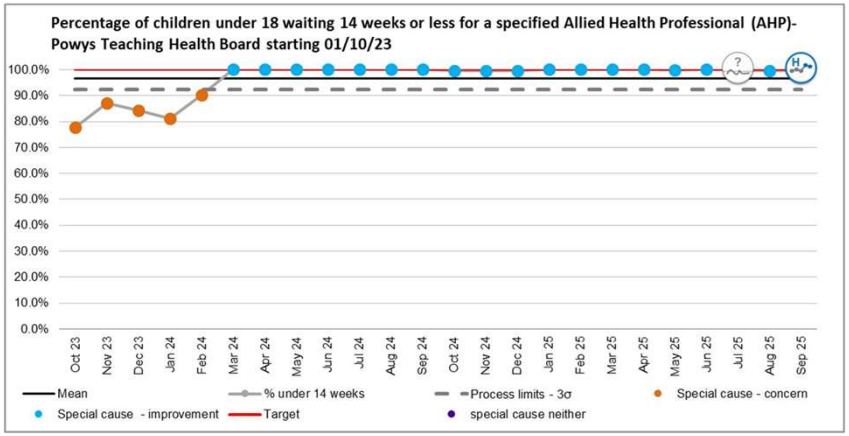
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Access & Activity	NHS Performance Measure – 27	Frequency - Monthly

Planned Care & Cancer - Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group

Latest available	Sep-25	Status of measure	Level 2a
Reported performance	99.7%	Benchmark position (Wales)	2nd (83.9%)*
Target	100%		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			



What the data tells us

- The percentage of young people (<18s) who are waiting under 14 weeks for a specified allied health professional (AHP) does not meet the target with 99.7% compliance in September.

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Challenges

- Key risk of breaches are within speech and language therapy (SLT) and Occupational Therapy (OT).
- The key challenges for SLT:
  - Staffing vacancies and maternity leave.
  - Previously unrecognised backlog of long waiting patients.
  - High caseload demand.
- Key challenges for OT:
  - Forecast 50% staff vacancy (September 2025).

Actions & Mitigations

- Remedial action plan undertaken by services for escalation as required.
- New standard operating procedure in place (SOP) to improve service processes for SLT.
- Demand and capacity work is being undertaken to improve flow for SLT and OT.
- Recruitment plans underway for SLT and OT., staff to commence October 2025
- Parents/carers have been offered to attend training/education (which is part of the pathway) whilst on the waiting list (Waiting well) following triage so they can start to implement strategies.
- Service Manager reviewing the caseload and waiting list.
- SLT scoping to introduce clinic based rather than community to improve efficiencies.

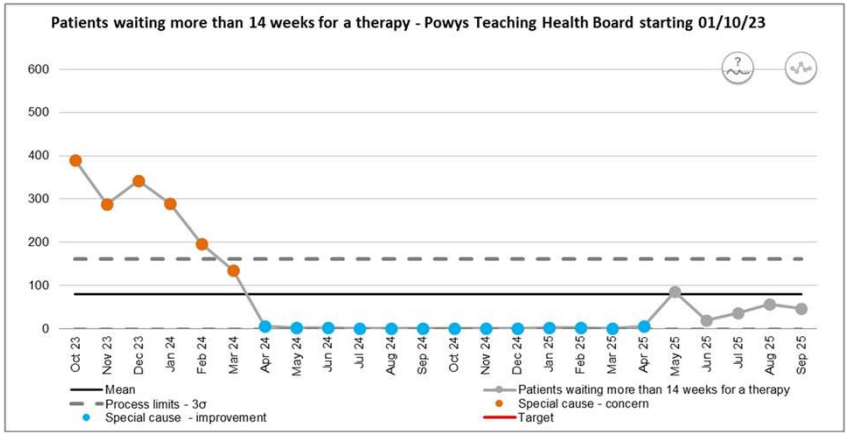
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Access & Activity | **NHS Performance Measure – 28** | **Frequency - Monthly**

Planned Care & Cancer - Number of patients (all ages) waiting more than 14 weeks for a specified therapy

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group

Latest available	Sep-25	Status of measure	Level 2a
Reported performance	47	Benchmark position (Wales)	3rd (4837)*
Target	Zero		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			



What the data tells us

- For 2025/26 Audiology performance is assured via new measures:
  29. Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)
  30. Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)
- September 2025 47 pathways breached the 14-week target.
- 24-month SPC assurance is common cause variation

* It should be noted that nationally 57 breaches are reported for Therapies in August 2025, however a single incorrect pathway for Physiotherapy has since been removed and the records have been updated and re-submitted – this will be visible from the December update.

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Therapy performance by sub service

Service	Sub service	Total pathways waiting	Number of pathway breaches	Percentage breaching target
Dietetics	Adults	251	0	0%
Dietetics	Paediatrics	71	0	0%
Occupational Therapy	Adults	84	43	51%
Occupational Therapy	Learning Disabilities	8	0	0%
Occupational Therapy	Paediatrics	14	1	7%
Physiotherapy	Adults	2110	2	0%
Physiotherapy	Paediatrics	95	0	0%
Podiatry	Routine	599	1	0%
Podiatry	Urgent	4	0	0%
Speech Language	Adults	74	0	0%
Speech Language	Paediatrics	55	0	0%

Challenges

- Physiotherapy (MSK) sickness trajectory to recover by Month 8 (November)
- Podiatry remains significantly fragile with one clinician pan-Powys potential breaches in Month 8.
- Occupational Therapy (OT) Hand Therapy – Clinician is a single point of failure (1 clinician service).

Actions & Mitigations

- MSK Physio – agency use and new recruits in place, therefore a reduction in breaches from Month 8.
- Podiatry – continue to recruit and agency in place but remains fragile.
- OT Hand Therapy – on track for recovery Month 9 (December). Second service therapist going to vacancy panel.

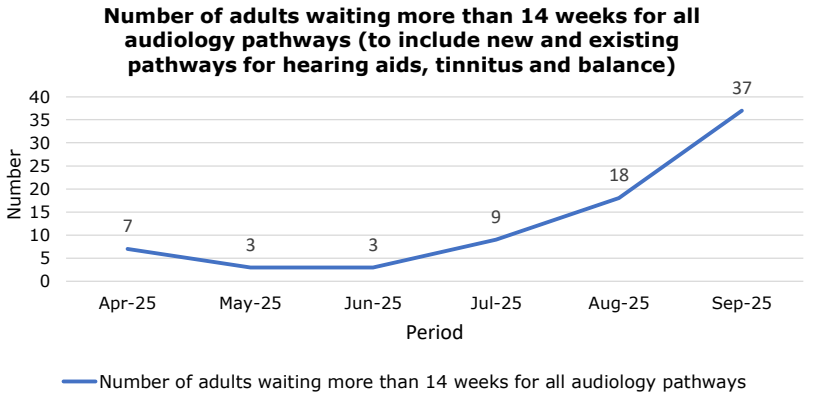
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Access & Activity	NHS Performance Measure – 29	Frequency - Monthly

Planned Care & Cancer – Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group

Latest available	Sep-25	Status of measure	Level 2a
Reported performance	37	Benchmark position (Wales)	N/A
Target	Month on Month Reduction		
SPC assurance rating	N/A		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			



What the data tells us

- The measure is non-compliant in September against the month-on-month reduction target with 37 adults waiting in September compared to 18 in August 2025.

*A data challenge was identified in November that the reported values locally were incorrect based on the health boards validation report. This error did not affect the National reported position by Welsh Government who source their Performance report from the DHCW. The table below reflects the corrected position.

Rutherford-Liz
25/11/2025 14:43:14

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Original	6	3	0	5	10	33
Revised	7	3	3	9	18	37

Challenges

- Vacancies – 75hrs Band 4 & 5 roles, maternity leave, admin and Professional Head of Service.

Actions & Mitigations

- All clinical posts advertised.
- Admin post due to start w/c 17.11.25.
- Bank and agency staff in place supporting waiting list. The service is challenged to recruit agency staff.
- Liaising with Swansea Bay HB regards professional support for the service.
- Head of Physiotherapy currently operationally managing the service.

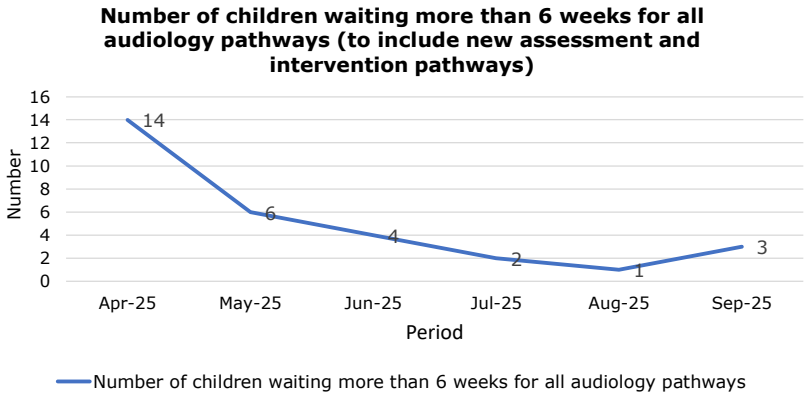
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Access & Activity | **NHS Performance Measure – 30** | **Frequency - Monthly**

Planned Care & Cancer – Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group

Latest available	Sep-25	Status of measure	Level 2a
Reported performance	3	Benchmark position (Wales)	N/A
Target	Month on Month Reduction		
SPC assurance rating	N/A		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			



What the data tells us

- The measure is non-compliant in September against the month-on-month reduction target with 3 patients waiting.
- Very limited breaches because of small fragile service with single practitioner.

*A data challenge was identified in November that the reported values locally were incorrect based on the health boards validation report. This error did not affect the National reported position by Welsh Government who source their Performance report from the DHCW. The table below reflects the corrected position.

Published 13/02/2026 12:42:14

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Original	9	4	1	1	1	1
Revised	14	6	4	2	1	3

Challenges

- Single practitioner delivering the service in South Powys places risk on service delivery against target with annual leave or potential sickness impacting the service.

Actions & Mitigations

- Reviewing demand and any efficiencies where appropriate.
- Recruitment and temporary staffing continues to be pursued as needed across all audiology services.

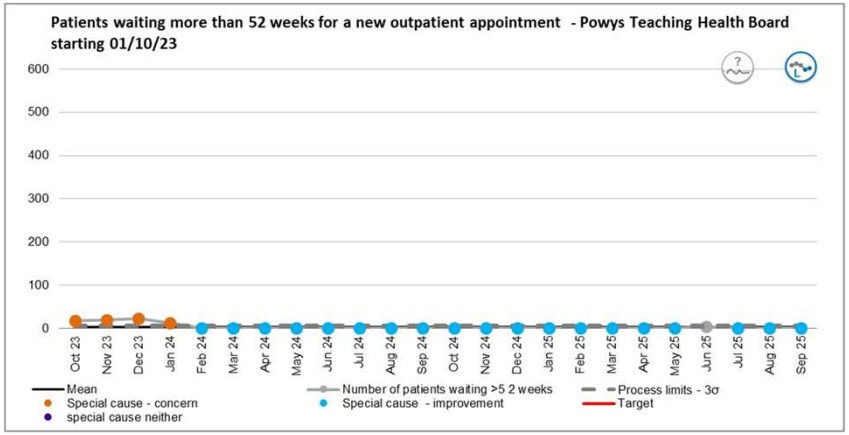
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Access & Activity | **NHS Performance Measure – 31** | **Frequency - Monthly**

Planned Care & Cancer – Patients waiting more than 52 weeks for a new outpatient appointment

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group

Latest available	Sep-25	Status of measure	Level 1
Reported performance	0	Benchmark position (Wales)	1st (71,709)*
Target	Zero		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			



What the data tells us

- 0 pathways wait over 52 weeks for a new outpatient appointment in September
- Powys routinely reports the quickest waiting times in Wales, however as a non acute provider many pathways require diagnostics and or treatment in acute commissioned care.

Patterson,Liz 25/11/2025 11:43:14

Challenges

- Performance reliant on fragile in-reach provision from Welsh and English acute care providers.
- Significant shortfalls with in-reach provision from Wye Valley NHS Trust for Ophthalmology and Rheumatology.
- General Surgery in-reach model fragility in South Powys provided by CTMUHB continues to be a long-standing challenge.
- ENT fragility in North Powys with BCUHB & SATH impacting waiting times.
- Number of long waiting patients is increasing as capacity is being utilised to manage outpatient target position, and overdue FUP's particularly challenging in Ophthalmology.

Actions & Mitigations

- MSK referral management live in PTHB from 24th September, orthopaedics consultant speciality lead in post Sept 25, working with National Planned Care Clinical Directors on speciality level support to PTHB.
- Outpatient additional capacity via Healthcare Business Solutions UK (HBSUK) as part of National Planned Care Programme - implementation plans developed to commence from Nov 25.

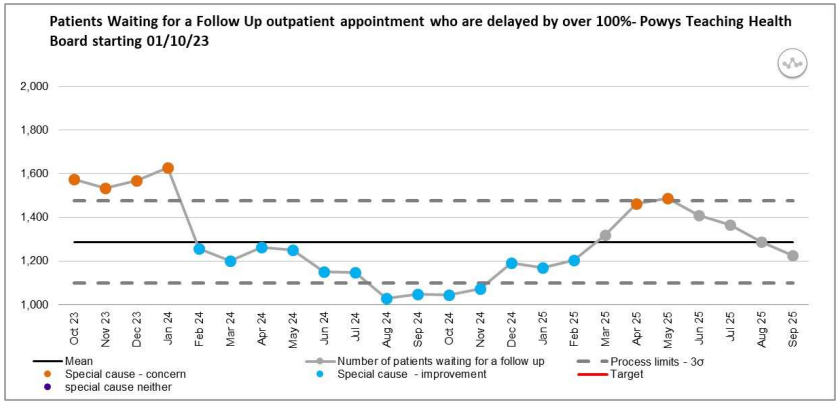
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Access & Activity | **NHS Performance Measure – 32** | **Frequency - Monthly**

Planned Care & Cancer - Number of patients waiting for a follow-up (FUP) outpatient appointment who are delayed by over 100%

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group/MH/Women & Children

Latest available	Sep-25	Status of measure	Level 3
Reported performance	1227	Benchmark position (Wales)	1st (258,665)*
Target	Reduction compared to the same month in the previous year		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Poor
Data source of measure	PTHB Data & Business Intelligence reporting		
Recover by?	TBC		



What the data tells us

- In September 1227 FUP's were reported as overdue by 100% or over this is more than the equivalent period in September 2024 (1049).
- FUP pathways recording and reporting was escalated in Q4 2021/22 following service identified significant accuracy challenge in the reporting of pathway time banding.

Patterson,Liz
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Challenges

- Service capacity pressure prioritising urgent, and urgent suspected cancer pathways, which in turn places pressure of compliance on routine and FUP pathways.
- Clinical leadership to support in reach clinicians to adopt see on symptoms (SOS)/patient-initiated follow-up (PIFU) pathways.
- Increased number of over 100% delays reported requiring further investigation.
- De-escalation has not been achieved within schedule e.g., by end of Q1 2025/26.
- De-escalation delayed by un-scoped workstream linked to non consultant led services and reportable specialty status review.
- Challenge with clinical staff capacity for validation especially in single clinician services who are not administratively supported.

Actions & Mitigations

- PTHB standardised service operating procedure for validation, and submission under development.
- New Power BI report initial version released September 2025, this report will now have a further consultation window with services.
- Proactive action on validation with services has confirmed;
    - Significantly improved pathway management and validation for consultant led specialties.
    - Limited issues reported linked to system challenges (under assessment).
    - But a growing challenge of FUP capacity which is showing that patient pathways delayed over 100% of their re-attendance target date have increased.
- Enhanced clinical support for consultants in outpatients to maximise SOS & PIFU opportunities.
- Support from National Clinical Implementation Networks to move clinical practice in terms of SOS/PIFU.
- Plan under development for national implementation of discharge protocols which will require MDT resource and specialty leadership.

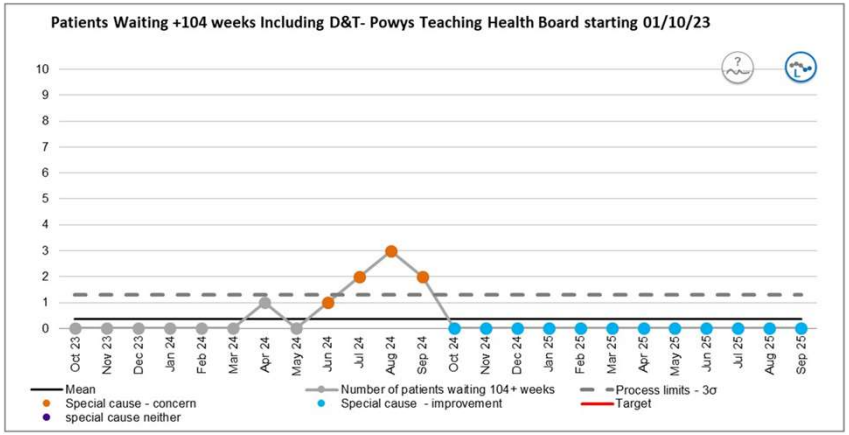
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Access & Activity	NHS Performance Measure – 33	Frequency - Monthly

Planned Care & Cancer – Patients waiting more than 104 weeks for an appointment

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group

Latest available	Sep-25	Status of measure	Level 1
Reported performance	0	Benchmark position (Wales)	1st (8,703)*
Target	Zero		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			



What the data tells us

- 0 pathways wait over 104 weeks for an appointment in September
- The organisation benchmarks 1st and the All-Wales performance position is 8,703 for August 2025

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Challenges

- Performance reliant on fragile in-reach provision from Welsh and English acute care providers.
- Significant shortfalls with in-reach provision from Wye Valley NHS Trust for Ophthalmology and Rheumatology.
- General Surgery in-reach model fragility in South Powys provided by CTMUHB continues to be a long-standing challenge.
- ENT fragility in North Powys with BCUHB & SATH impacting waiting times.
- Number of long waiting patients is increasing as capacity is being utilised to manage outpatient target position, and overdue FUP's particularly challenging in Ophthalmology.
- Key challenges with District General Hospital diagnostic waits especially for Nerve Conduction, CT, MRI, and Pathology/Histology reporting.

Actions & Mitigations

- MSK referral management live in PTHB from 24 Sept, orthopaedics consultant speciality lead in post Sept 25, working with National Planned Care Clinical Directors on speciality level support to PTHB.
- Outpatient additional capacity via HBSUK as part of National Planned Care Programme - implementation plans developed to commence from Nov 25.

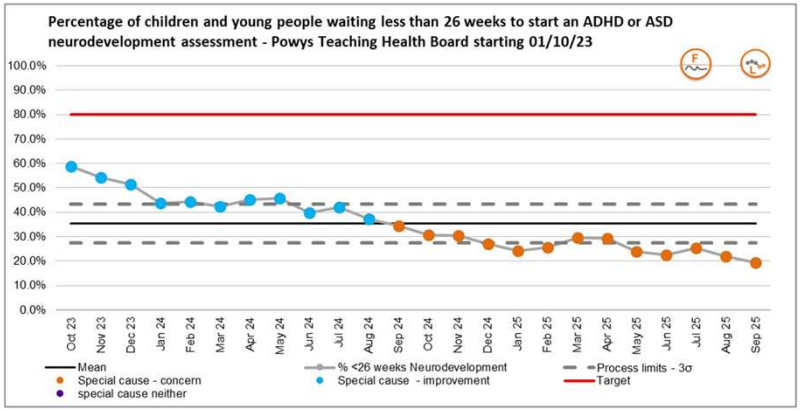
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Access & Activity | **NHS Performance Measure – 34** | **Frequency - Monthly**

Mental Health including CAMHS - Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment (ND)

Executive lead	Executive Director of Nursing, Quality, Women and Family Health	Officer lead	Director for Midwifery, Women and Family Health

Latest available	Sep-25	Status of measure	Level 2a
Reported performance	19.5%	Benchmark position (Wales)	5th (23.2%)*
Target	80%		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	TBC		



What the data tells us

Please note that unlike normal referral to treatment pathways for planned care this metric measures the time from referral to first assessment appointment, this assessment may then take a significant engagement time to provide a diagnosis and future care plan. Only children between the ages 0-17.5 years are submitted as part of the performance proforma.

- ND is now de-escalated to level 2a following rigorous escalation oversight and Executive agreement that key recovery plans are in place and effective.
- Of the 931 pathways reported in September's snapshot 19.5% wait less than 26 weeks for their first assessment.
- Performance as predicted against the < 26-week cohort is falling (19.5%). From January 2025 revised referral criteria have increased referral other than treatment (ROTT) to avg. 44% from a rate of 9% in the previous nine month. This challenges the percentage compliance with less pathways entering the service e.g., under 26 weeks.
- 3 pathways were confirmed over 104+ weeks at the end of September.

Powys Teaching Health Board

Challenges

- From April 2022 the ND service has been in receipt of non-recurrent funding via the Regional Partnership Board's (RPB) Revenue Integration Fund (RIF) (2022-27) plus Welsh Government Neurodivergence monies (2022-25), all of which is supporting temporary staff to address the RTA and waiting list backlog. However, these funding streams to not fully cover the staffing costs of the service. Awaiting confirmation and receipt into budget.
- Given the consistent national increase in referral demand since June 2021, ND waiting lists have increased exponentially and the service was unable to meet the demand with the model in place.
- Ensuring a substantive and robust staffing model in is place is a priority during Q3, current plan is to maintain <104 week wait. This was not achieved for month 4 due to multiple cancelled appointments by patients or DNA/Was Not Brought. However, appointments have been re-scheduled for these families within 8 weeks. x3 patients waited over 104 weeks on the referral to assessment list at the end of Sept 2025. A further improved position is anticipated in month 7.

Actions & Mitigations

- Waiting list management aligned to longest wait from referral to assessment (RTA) commenced in March 2025 as internal waiting list had been addressed and concluded. Open pathways being managed ongoing via ND MDT panel.
- KPI's to ensure quality service is in place.
- Robust scheduling, with the utilisation of joint appointments.
- Commencements of improved clinic scheduling.
- Pan Powys model for waiting time pathways rather than the previous geographically led process which resulted in regional variance in patient's pathway wait times.
- Child centred model with partners in education, social care and 3rd sector being mapped – care around the child and family/carer.
- Commissioned co-production partnership model with the Parent and Carers Voices Forum, programme of work commenced in September 2024 for 12 months. Anticipated year 2 to be commissioned jointly with education.
- Business efficiencies being addressed within the administrative processes. Further work to enhance digital capabilities required with digital services expertise.
- Use of automated text messaging (WPAS) - implemented July 2025.
- Core templates of documentation developed and in use (WCCIS).
- Robust communication plan in place for parents/carers; letters to be sent to families when a child is accepted to the waiting list along with progress updates.
- Multi Disciplinary Team (MDT) panel and decisions implemented and embedded within the structure. Further action required to ensure robust multi professional panel e.g. recruitment of clinical psychologist.
- Multi agency Start Well project under consideration in relation to a whole system single point of access for children with ND and emotional health and wellbeing needs, for signposting to the most appropriate level of support.
- Recurrent funding beyond March 2026 to be confirmed via business case and MDT model as RIF monies not secured beyond this date.

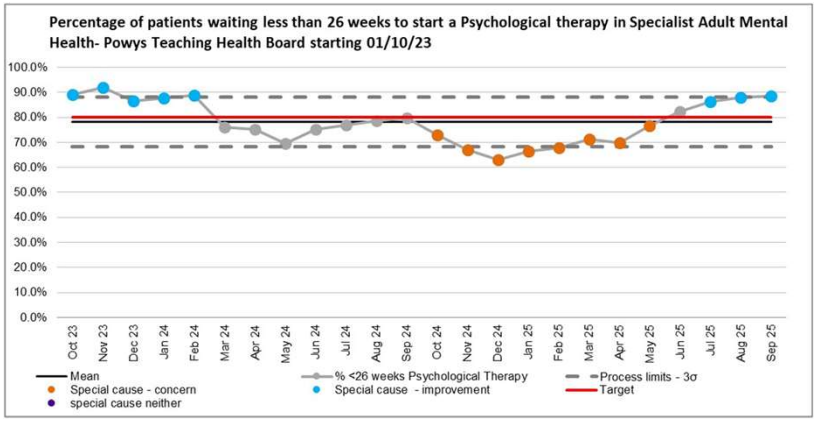
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measure – 35** | **Frequency - Monthly**

Mental Health, including CAMHS - Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Mental Health

Latest available	Sep-25	Status of measure	Level 1
Reported performance	88.6%	Benchmark position (Wales)	1st (55.6%)*
Target	80%		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			



What the data tells us

- Performance continues to improve and the measure report special cause improvement reporting 88.6% in September.
- PTHB benchmarked positively in August and ranked 1st with the All-Wales position of 55.6% for the same period.

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Challenges

The recent dip in performance has been principally attributed to:

- Recruitment pause/freeze from Nov/Dec 2024 causing delay in the replacement of staff through recruitment.
- This deterioration in performance has been caused by short term pressures.

Actions & Mitigations

- In addition to the Welsh Government supported waiting lists initiative which is ongoing with an additional Band 7 and Band 6 (plus administrative support added to the) above establishment, through some focused work and extension of a locum on a temporary basis (within establishment, funded by vacancies and unrelated to recruitment pause) we anticipate the position to gradually improve (Feb-26 performance in projected to be 70%).
- The unfreeze of psychology posts has occurred which means that recruitment is underway and if successful will support longer term and sustainable recovery.

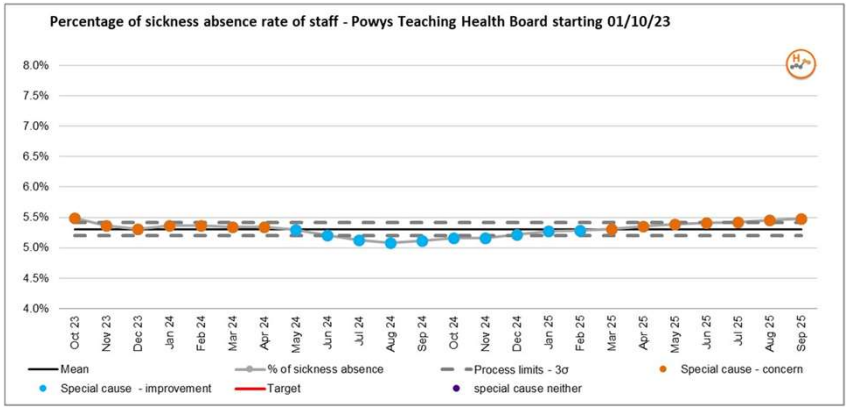
Healthier Wales Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Workforce | **NHS Performance Measure – 36** | **Frequency - Monthly**

Percentage of sickness absence rate of staff

Executive lead	Executive Director of People and Culture	Officer lead	Deputy Director of People and Culture

Latest available	Sep-25	Status of measure	Level 2a
Reported performance	5.48%	Benchmark position (Wales)	6th (6.22%) (Jul-25)
Target	12-month reduction trend		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Workforce		
Recover by?			



What the data tells us

- The rolling 12-month sickness absence rate is reported as 5.48% for September 2025
- The organisation benchmarks 6th and the All-Wales performance position is 6.22% for July 2025.
- Special cause improvement

Patterson,Liz
25/11/2025 11:43:14

Challenges

- Rolling sickness absence saw a steady upward trajectory since September 2024
- Anxiety, Stress & Depression continue to be the main reason for absence, followed by other musculoskeletal problems.

Rolling sickness absence rates are highest in the following staffing groups:

- Additional Clinical Services – 6.78%
- Nursing & Midwifery – 6.49%
- Estates & Ancillary – 6.02%

Actions & Mitigations

- The People and Culture Business Partners team (P&C BP) are monitoring absences prompts in ESR and following these up with managers to ensure policy is followed.
- Sickness absence is monitored via directorate Senior Management Team (SMT) meetings and escalated to Assistant Directors (AD's) where necessary.
- All long-term absence cases over 6 months are reviewed with managers to ensure all actions are up to date in line with the Managing Attendance at Work policy.
- The managers training programme covers the managing attendance at work policy and manager responsibilities in detail.
- The P&C BP team undertake absence monitoring to enable more efficient targeted interventions in directorates. This has included delivery of several bespoke sessions to directorates.
- P&C has recruited Mindfulness Practitioners onto the bank. They have developed some bespoke training offers for our staff that on off sick or receiving counselling support (with their consent) as well as supporting staff to remain in work. The feedback and evaluation has been very positive with future targeted activity taking place and being planned during the current financial year.
- There has been an increase in the numbers (183 as of June) of staff signing up to VIVUPS YourCare app where they can monitor their wellbeing and access additional support resources.
- We have signed up to the ViVUP – Virtual GP appointment model – Enabling staff to gain same or next day access to a GP for non-routine advice (note; this service will not issue fit notes)

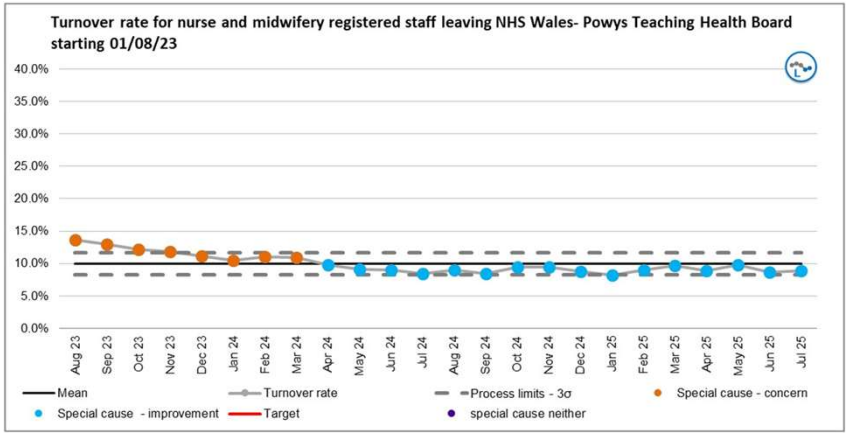
Healthier Wales Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Workforce	NHS Performance Measure – 37	Frequency - Monthly

Turnover rate for nurse and midwifery registered staff leaving NHS Wales

Executive lead	Executive Director of People and Culture	Officer lead	Deputy Director of People and Culture

Latest available	Jul-25	Status of measure	Level 2a
Reported performance	8.85%	Benchmark position (Wales)	10th (5.85%)
Target	Rolling 12-month reduction against a baseline of 2024-25		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- PTHB is non-compliant against the target as reported in July with turnover rate 8.85%.
- PTHB benchmarks 10th with All Wales performance at 5.85%

Patterson,Liz
25/11/2025 11:43:14

Challenges

- Health Education and Improvement Wales (HEIW) have produced the analysis and data for this measure along with the methodology, as such the health board cannot replicate this information locally.
- HEIW have noted that " current data has some anomalies, and we will be going to organisations to discuss the raw data to iron these out".

Actions & Mitigations

- Managers continue to be encouraged to undertake exit interviews with staff where appropriate to try and gather clear intelligence for the reasons staff leave.
- The Workforce and Organisational Development (WOD) Directorate are working to develop good practice guides to support managers in working to improve retention.
- The WOD Directorate will continue to roll out Team Climate surveys which will support managers and teams to identify actions which they can take to support retention.
- An initial organisational self-assessment against the national nurse retention plan has been completed which will inform the forward plan.
- The Workforce and OD Directorate together with the Trade Unions and colleagues from services continue to roll out a series of Staff Roadshows across all Hospital sites. The aim of these events is to support staff wellbeing and promote the support that is available within the Health Board.
- The health board have successfully appointed to the Workforce Retention Lead role which will support the delivery of the nurse retention plan within Powys.

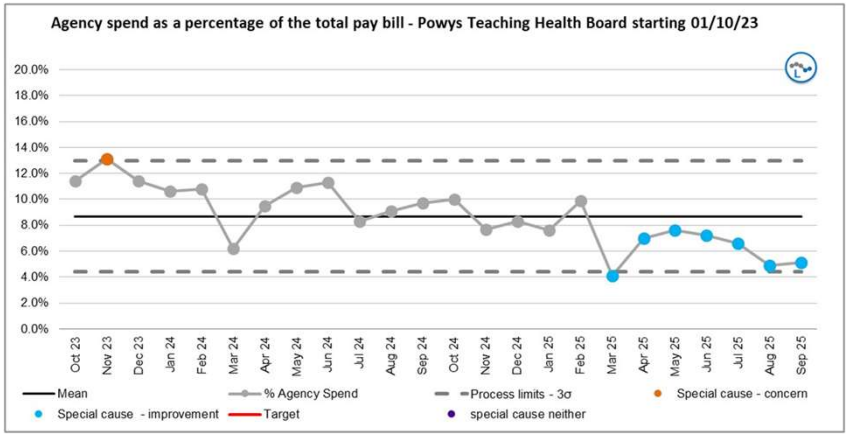
Healthier Wales Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Workforce	NHS Performance Measure – 38	Frequency - Monthly

Agency spend as a percentage of the total pay bill

Executive lead	Multi Executive leadership	Officer lead	Multi Officer Leads

Latest available	Sep-25	Status of measure	Level 1
Reported performance	5.1%	Benchmark position (Wales)	12th (2.5%) (Jul-25)
Target	12-month reduction		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Finance		
Recover by?			



What the data tells us

- The provider agency spend as a percentage of total pay bill varies as a response to demand.
- This reduction has been achieved and performance for September is 5.1%.
- Variation is Special cause improvement.

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Challenges

- Limited substantive Professional workforce availability.
- Rurality.
- COVID & impacts of short-term Sickness absence.
- Patient acuity & dependency.
- Short term Allied Health Professional (AHP) locum use utilising Welsh Government AHP Funding to meet delivery plan targets.

Actions & Mitigations

- Reviewing operational footprint to further reduce reliance on temporary staffing.
- Negotiating with on-contract agencies for additional recruitment and long-lining of staff.
- Refresh of actions from establishment review.
- Additional recruitment of overseas nurses (OSN) who undertake Objective Standard Clinical Examination (OSCE) that the nurses must pass in order to re-register from April 2023.
- Substantial recruitment to AHP posts utilising WG AHP funding.
- Further tightening of operational processes including:
- Earlier roster planning.
- Improved roster compliance and sign off.
- Targeting of bank staff over agency.
- Targeted recruitment campaigns.
- Long lining of on contract agency.
- Establishment review
- On streaming of further overseas Nurses.
- Roster scrutiny and accountability.
- Targeted analysis of enhanced levels of care to support pre planning of staffing requirements.
- Restrictions on sign off for on-contract agency use.
- Conversion of agency to substantive in one setting.
- Conversion of Thornbury nurses to on framework agency in high-cost area.
- Bi-weekly cross organisation group for scrutiny and challenge.
- Deep dive focus on Mental Health agency utilisation – improved position for December.
- Substantial recruitment to WG funded AHP posts to be complete Q4 2023/24.

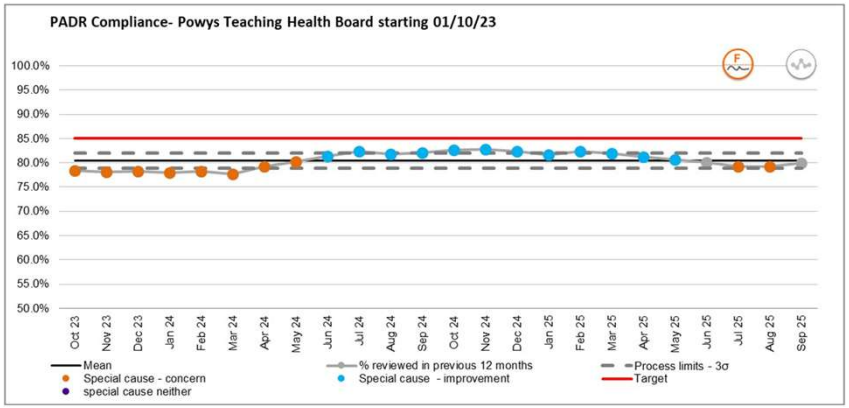
Healthier Wales Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Workforce	NHS Performance Measure – 39	Frequency - Monthly

Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)

Executive lead	Executive Director of People and Culture	Officer lead	Deputy Director of People and Culture

Latest available	Sep-25	Status of measure	Level 2a
Reported performance	81.0%	Benchmark position (Wales)	6th (77.8%) (Jul-25)
Target	85%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Workforce & OD team		
Recover by?			



What the data tells us

- PTHB PADR compliance is reported at 80.0% for September 2025, performance continues to remain above average but is below national target.
- The last benchmark available for Wales in June showed PTHB benchmarking 6th out of 13 organisations.

Patterson,Liz 27/11/2025 11:43:14

Challenges

- Over the last 24 months, the health board have seen a sustained improvement in PADR Compliance. However, compliance has seen a slight downward trend in the last 6 months. Directorates continue to report that a combination of staff absence, vacancies and operational pressures have continued to have an impact in the delivery of PADRs.

Actions & Mitigations

- The People and Culture Business Partners team (P&C BP) team review the monthly PADR compliance report and provide focussed intervention to managers that have compliance less than 85%.
- The P&C BP team discuss compliance at senior management meetings within services, escalating to Assistant Directors areas of concern as required.
- Targeted work will continue in directorates with lower compliance.

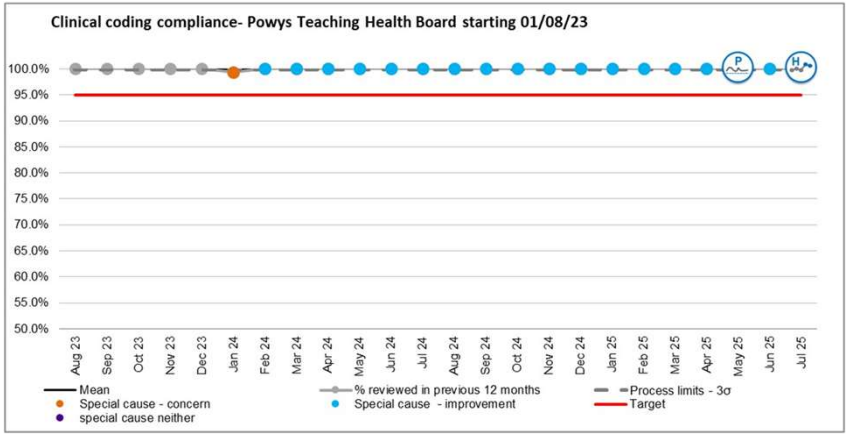
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Quality, safety, effectiveness, and experience | **NHS Performance Measure – 40** | **Frequency - Monthly**

Percentage of episodes clinically coded within one reporting month post episode discharge end date

Executive lead	Executive Director of Allied Health Professions, Health Sciences and Digital	Officer lead	Assistant Director of Digital Technology & Data Operations

Latest available	Jul-25	Status of measure	Level 1
Reported performance	100%	Benchmark position (Wales)	1st (79.4%)
Target	Maintain the 95% target or demonstrate a 12-month improvement trend		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- PTHB has a very small but high performing clinical coding team who predominately report 100% compliance against the national measure.

Patterson,Liz
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Challenges

- No current challenges reported.

Actions & Mitigations

- No outstanding actions or mitigations to report

Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

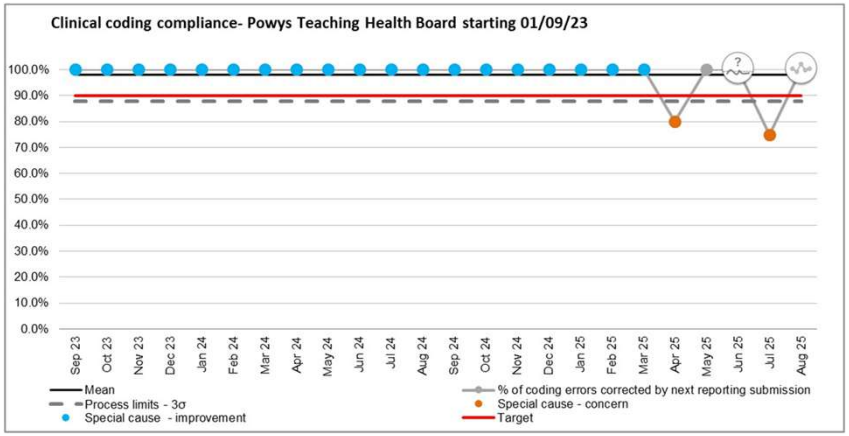
Quality, safety, effectiveness, and experience | **NHS Performance Measure – 41** | **Frequency - Monthly**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification

Executive lead	Executive Director of Allied Health Professions, Health Sciences and Digital	Officer lead	Assistant Director of Digital Technology & Data Operations

Latest available	Aug-25	Status of measure	Level 1
Reported performance	100%	Benchmark position (Wales)	1st (62.2%)
Target	90%		
SPC assurance rating	Common cause concern		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- This measure reports 75.0% compliance in August 2025
- Rationale - This measure supports the improvement of data quality which informs significant clinical management decisions. It supports the identification of issues of inaccuracy in clinically coded data and ensure that Health Boards and Trusts improve the quality of this data by correcting issues as soon as possible. The aim is for 100% accuracy, but 10% discretion allows for outlier cases and aligns with data quality methodology.

Public Board - 25.09.25 - 11:43:14

Challenges

- No issues to report as the target has been met.

Actions & Mitigations

- Initial instance of drop in performance was due to a late submission by PTHB.
- Second instance of drop in compliance was due to DHCW Processing delays.

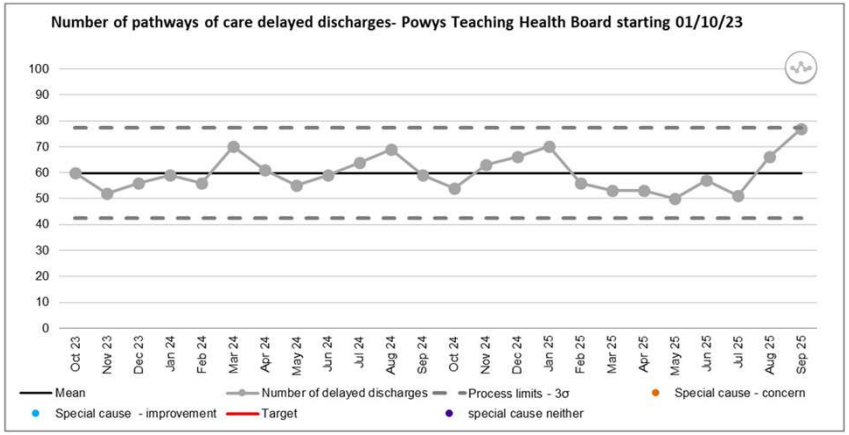
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Access & Activity | **NHS Performance Measure – 42** | **Frequency - Monthly**

Enhanced Care in the Community - Number of Pathways of Care delayed discharges

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group

Latest available	Sep-25	Status of measure	Level 2a
Reported performance	77	Benchmark position (Wales)	2nd (1,374)
Target	12-month reduction trend		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- PTHB is non-compliant at the end of September with 77 delayed discharges compared to 66 in August 2025 against the 12-month reduction target.
- Pathways of Care delayed discharges (POCD) continues to report common cause variation.

Patterson.Liz 25/11/2025 11:43:14

Challenges

- Some apparent impacts from out of county surge in discharge.
- Evidence of higher dependency in recent inpatient admissions.
- Seasonal inpatient care setting fluctuations adding pressures.
- High-cost placements (in particular, Dementia Nursing Care Home beds) continue to be challenging.
- Complex patients including court of protection.

Actions & Mitigations

- Our Average Days Delayed has reduced by 4 days.
- Our Average Length of Stay has reduced by 9 days.
- Awaiting Social Worker Allocation delays have reduced significantly.
- Weekly Multi Disciplinary Team deep dive into longest lengths of stay.
- Reducing ambulance conveyance to Emergency Departments (ED) including delivering a seven-day single point of access and a seven-day community-based falls response.
- Testing Therapy turnaround at front-door in two ED's.
- Optimal hospital flow framework (OHFF) and Powys DigiFLO expansion into Mental Health wards underway.
- Staff engagement in OHFF Champion training and national project.
- Revised board round process in development, aligned with OHFF training approach.

Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

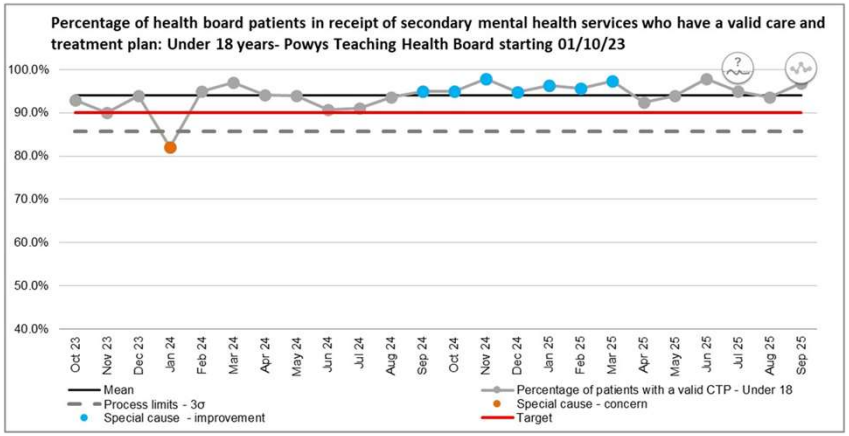
Quality, safety, effectiveness, and experience | **NHS Performance Measure – 43** | **Frequency - Monthly**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Mental Health, including CAMHS - Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Mental Health

Latest available	Sep-25	Status of measure	Level 1
Reported performance	96.8%	Benchmark position (Wales)	5th (96.3%)*
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health submission proforma		
Recover by?			



What the data tells us

- The health board ranked 5th against the All-Wales position of 93.6% in August
- Variation remains common cause.
- Data challenges about CTP submission validation are currently being investigated by the Digital, Performance, and Mental Health team.

Davies-Jones, Liz
07/11/2025 11:43:14

Challenges

- The >90% target has consistently been met or exceeded since March 2024. Some of the variation has been between 90%-100% has been attributed to the minor impact on service delivery (small numbers can denote variance even due to the sickness of one practitioner).

Actions & Mitigations

- No actions or mitigations reported for this period.

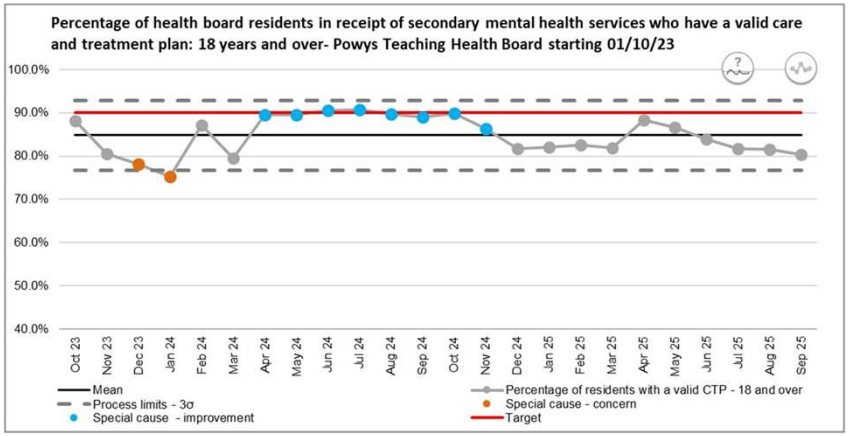
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Quality, safety, effectiveness, and experience | **NHS Performance Measure – 44** | **Frequency - Monthly**

Mental Health, including CAMHS - Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (CTP) for adults 18 years and over

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Mental Health

Latest available	Sep-25	Status of measure	Level 2a
Reported performance	80.4%	Benchmark position (Wales)	6th (81.4%)*
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health submission proforma		
Recover by?	Q4 2024/25		



What the data tells us

- Adult and older CTP compliance has measured at 80.4% and reports common cause variation.
- PTHB benchmarked 6th against an All-Wales position of 81.4% in August.
- Data challenge around retrospective updates in CTP performance.

Patterson,Liz 25/11/2025 11:43:14

Challenges

- Additional demand on PTHB's Community Mental Health Teams (CMHT) remains as capacity is not yet fully optimised by the mitigation of impact from local authority deficits in capacity to contribute to duty an initial assessment. This mitigation began with the introduction of the single point of access triage and assessment model. This is aligned to 111#2 and is also key transformational work to modernise and streamline services. Phase 2 is currently being rolled out, but this has impacted on Community Mental Health Team (CMHT) capacity again as they are holding additional pressures whilst assessments are moved from teams to the Single Point of Access.
- Competing priorities and complexity of patients presenting at present has put additional pressure on teams.
- Maintaining the level of compliance even though below target has been challenging and it is positive that we remain consistent with plan in place to improve.

Actions & Mitigations

- Joint modelling work in the developing Transformation agenda for MH has seen positive developments with Adult Social Care and consideration of Powys County Council's responsibilities in Community Mental Health Teams (CMHT). Workshops are ongoing for a PTHB/PCC Mental Health Senior Leadership. Team to define future operating model.
- Continue to advertise vacant positions.
- An enhanced reminder system has been put in place to advise staff of when CTPs are due to be out of compliance with support from data Team and local administrators. This aligns with the standard operating procedure (SOP) has been put in place to standardise data collection pan Powys with review meetings regularly undertaken to check consistency.
- Currently investigating a 'Mental Health Measure' data recording area of WCCIS to replace and centralise current means of data collection.
- The triage and assessment service when phase 2 is rolled out, will have a positive impact in reducing the pressures within CMHTs enabling more time for C&T Planning.
- Mental Health & Learning Disabilities division have brought in capacity to undertake a whole service CTP audit. This has been completed and reported to with improvement plan in place.
- Focussed work is being undertaken striving for improvement for next reporting period as follows.
  - Outpatient's Clinics have been revised to accommodate CTP reviews.
  - Compliance data and out of date reviews have been added as standard MDT agenda item.
- Teams are reviewing medics clinics to streamline processes and provide greater capacity for CTP reviews within their job plans.
- Targeted work to improve (e.g. Ystradgynlais now showing 100% compliance from 66.3% in November last year)
- Next prioritised area for intervention and support is Brecon currently performing at 65.4% - will drastically increase overall position once interventions compete. Nort Powys performing at 88.6%.
- Need to improve quality has been a focus. 2025/26 seen significant audit and training work undertaken
- Roll out of phase two duty SPOA – currently recruiting to assessment team that will reduce capacity challenges in CMHTs by freeing up time for CTP work undertaken. Success in application to be a demonstrator project for National Strategic Programme Board for Mental Health focussing on this next phase of transformation will support roll out.
- Expected improvement in early 2026.

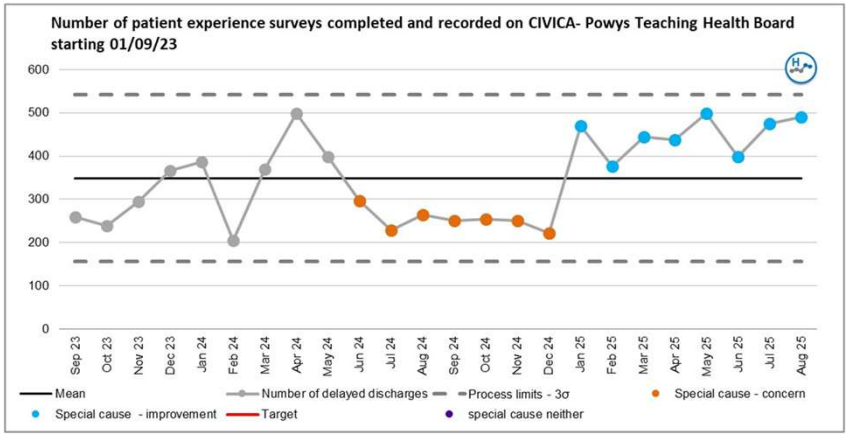
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Quality, safety, effectiveness, and experience | **NHS Performance Measure – 45** | **Frequency - Monthly**

Number of patient experience surveys completed and recorded on CIVICA

Executive lead	Executive Director of Nursing, Quality, Women and Family Health	Officer lead	Assistant Director Quality & Safety

Latest available	Aug-25	Status of measure	Level 1
Reported performance	491	Benchmark position (Wales)	9th (27,254)
Target	Month on month improvement		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Quality and Safety team		
Recover by?			



What the data tells us

- Reported experience surveys have increased in August 2025 with 491 surveys completed and recorded on CIVICA compared to 475 in July 2025

Patterson,Liz
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Challenges

- Limited resource to support proactive management of CIVICA experience questionnaires to realise the full potential of the system.

Actions & Mitigations

- 2358 responses received during Q2 of which 1123 were received via SMS.
- 81 Surveys available in the CIVICA system.
- The People's Experience Framework Stakeholder group has been established.
- Those in receipt of commissioned care receive SMS notification to complete experience questionnaire, the findings are shared with commissioned providers along with reporting against quality reporting in relation to commissioned services.

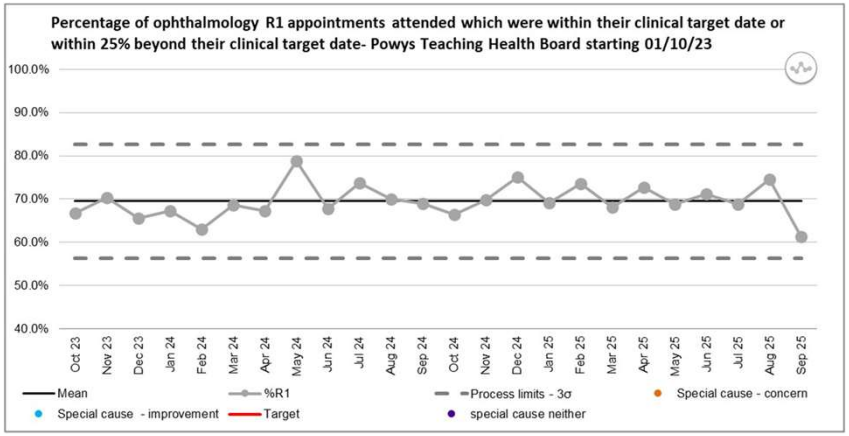
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Access & Activity | **NHS Performance Measure – 50** | **Frequency - Monthly**

Planned Care and Cancer - Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group

Latest available	Sep-25	Status of measure	Level 2a
Reported performance	61.3%	Benchmark position (Wales)	1st (63.4%)*
Target	12-month improvement trend towards national target of 95%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	Plan to be developed 2024/25		



What the data tells us

- The health boards performance for the measure in September is 61.3% attending within clinical target date (or within 25% beyond). PTHB has continued to benchmark positively against the All Wales benchmark (63.4%) and ranks 1st in August 2025.

Patterson,Liz
25/11/2025 11:43:14

Challenges

- Ongoing challenge from fragility of in-reach service model especially Ophthalmology (WVT). Impact of NHSE Waiting Times making backfill of lost sessions extremely difficult with significant underperformance against contracted in-reach sessions.

Actions & Mitigations

- On-going development of Multi Disciplinary Team (MDT) in eyecare further extension of wet AMD capacity in Powys to support service sustainability and repatriation of patients
- Development and implementation of WGOS4 community optometry triaging with appointment of community optometrist in Planned Care commencing Nov 25
- On-going escalation of contracted position via Commissioning CQPRM meetings with WVT
- All patients receive a clinical call prior to appointment to provide advice support and ensure scarce OP resources are maximised limiting DNAs – DNA rate is less than 3%
- Business proposal to PTHB Planned Care Board for Speciality Lead Ophthalmology Consultant sessions as per GIRFT recommendations to support further MDT service transformation is under consideration
- Project Team currently being established to progress implementation of Open Eyes Electronic Patient Record and Electronic Referrals for Community Optometry to support further service efficiencies
- Additional insourcing capacity from HBSUK planned as part of National Commissioning Programme awaiting confirmation from provider regarding start date for ophthalmology

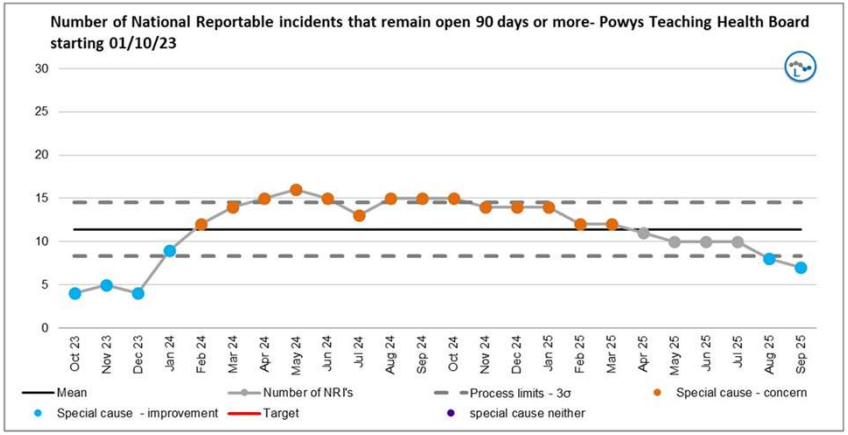
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Quality, safety, effectiveness, and experience | **NHS Performance Measure – 53** | **Frequency - Monthly**

Number of National Reportable incidents that remain open 90 days or more

Executive lead	**Executive Director of Nursing, Quality, Women and Family Health**	**Officer lead**	**Deputy Director of Nursing**

Latest available	**Sep-25**	**Status of measure**	**Level 1**
Reported performance	7	Benchmark position (Wales)	6th (72)
Target	12-month reduction trend		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- Powys has 7 nationally reportable incidents (NRI) that remained open over 90 days in September 2025

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Challenges

- Complexity of 2 NRI's since Q2 2022 have required significant timescales to investigate outside of control of PTHB.
- Delayed contributions to investigations by external agencies.
- Mental Health investigations have a longer 120-day window to complete; this will impact performance against the 90-day measure.
- Fragility of small teams impacts capacity to complete investigations within a timely manner.
- There is limited resource within the Quality and Safety Team to provide support the completion of investigations.

Actions & Mitigations

- Continued high level of support to services from the Head of Quality & Safety.
- Additional training and support is being provided to teams to ensure staff members have the required skills to carry out investigations.
- Regular and ongoing communication with NHS Executive to ensure data is accurate.
- Currently review of the Incident Management Framework is being undertaken following a year of implementation; Root Cause Analysis template and training to ensure robust processes and standards of investigation in the management of NRIs.
- Discussion to be held with informal executive committee during November to agree revised and refreshed process going forwards.

Provider Service Assurance

PTHB information on key provider elements e.g., local measures, quality specific and provider cancer pathway assurance..

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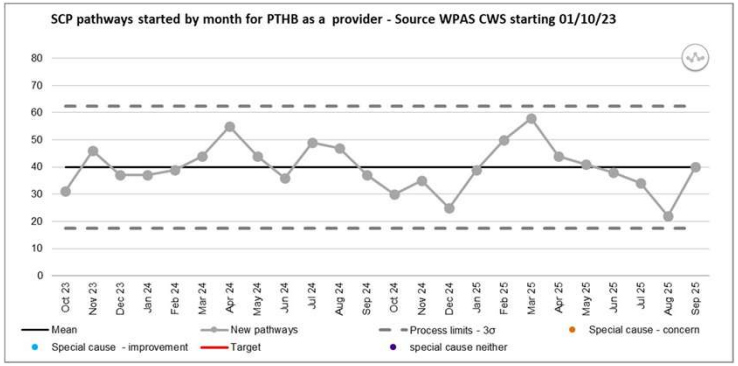
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

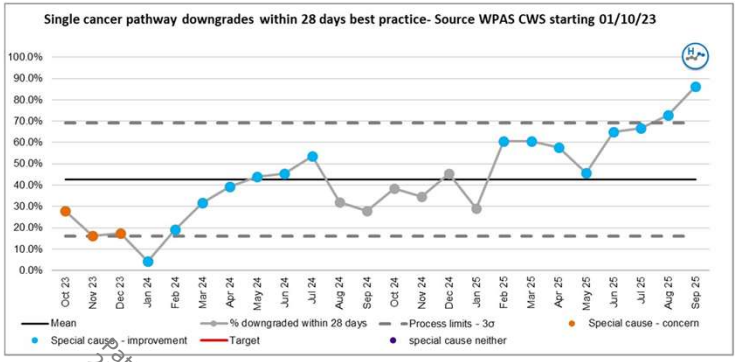
Access & Activity | **Local Measure** | **Frequency - Monthly**

Planned Care & Cancer – Powys provider cancer pathways additions Inc. straight to test diagnostics, and downgrade performance against 28-day NICE guidance of best practice.

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group

Latest available	Sep-25	Status of measure	Level 2a
Measure type	Local measure	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		





What the data tells us

Powys Teaching Health Board (PTHB) does not provide cancer treatment but supports limited diagnostics and outpatient engagement predominately for upper and lower gastrointestinal suspicions. These pathways in 2025/26 remain highly dependant on the General Surgery in-reach and private insource to achieve high quality timely care. It should be noted that many Powys residents will be referred directly into acute commissioned care especially within North and Mid Powys.

- Powys has reported 40 new pathways in September 2025 with 33 via primary care referral.
- The health board has reported a very positive compliance of 86.4% for downgrades within 28 days of the 22 closed pathways in September.
- PTHB meets the straight to diagnostic test 12-month improvement trend in September with 33.3% compliance. However, compliance is volatile because of small numbers sent straight to diagnostics in Powys.
- It should be noted that complex diagnostics are carried out within acute care providers although the patient remains tracked by PTHB, these delays remain a challenge for provider pathway compliance.

Challenges

Key challenges within PTHB align to the national issues:

- Shortages of Endoscopists particularly colorectal.
- Colonoscopy capacity is insufficient without supplementary insourcing.
- Bid to Welsh Government Cancer Transformation fund declined in round 2.
- National increase in urgent suspected cancer referrals with resultant diagnostic demand increase.
- In-reach clinician fragility resulting from the above points including further business continuity challenges in Cwm Taf Morgannwg UHB (CTMUHB).
- Delays in DGH diagnostics, Histology/Pathology risk timeliness of pathways including USC.
- Complex pathways across providers with referral triage and access criteria challenges.

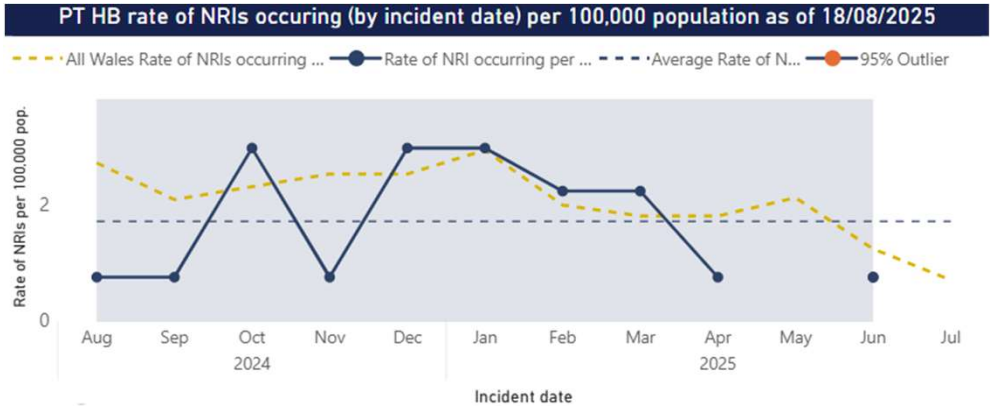
Actions & Mitigations

- Internal Cancer Audit undertaken Q1 2025/26 with reasonable assurance rating.
- Utilising Waiting Well Service to provide clinical support to cancer tracking.
- DHCW data resource review with PTHB Digital team and Operational services to strengthen pathway tracking for patients referred to treatment. This review has provided key improvement recommendations in Q1 25/26 which where locally driven have been implemented, but further work requires DHCW led changes to central data set, a timeline for this has been requested.
- Significant service transformation including strengthening of team leadership and staff development to maximise service efficiency.
- Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a very high risk for the health board). Proposal for capacity and contingency planning awaiting finalisation.
- Enhanced administrative cancer tracking in place with substantive post appointment March 2024.
- Work with Welsh Government and DHCW reporting team ongoing to assess validation of records submitted, the methodology and its appropriateness for PTHB pathways as reported nationally.
- Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid.
- Appointed colorectal specialty lead on a locum basis.

Source National SCP dataset	Target	2024-10	2024-11	2024-12	2025-01	2025-02	2025-03	2025-04	2025-05	2025-06	2025-07	2025-08	2025-09
% of patients who are sent straight to test	12 month improvement trend	23.1%	26.3%	33.3%	45.5%	58.3%	73.3%	60.0%	40.0%	33.3%	66.7%	33.3%	33.3%

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Key quality measures – Powys as a provider



Other Indicators	Date updated	Reported position
Patient safety notice/alerts compliance	Sep-25	100%
National reportable incident rate per 100k pop	Jun-25	1.53 per 100k
% Complaints settled within 30 days (month received)	Jun-25	73.7%
Reported never events	06/10/2025	Zero
Mortality Rate Rolling Annual	Aug-25	6.0%

What the data tells us

- PTHB is 100% compliant with all current patient safety notices or alerts.
- Zero never events have been reported.
- Powys reported 6.0% rolling annual mortality rate for August 2025

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Challenges

- Historic NRI investigations requiring joint review have prevented closure within timeframe.
- Team capacity to complete investigations in a timely manner is a challenge.
- Quality of final report and sign off process is an area of focus for improvement.

Actions & Mitigations

- Review of incident investigation training being undertaken.
- Review Incident Management framework Policy and associated SOP.

Quality Outcomes Framework – Phase 1 measures
Source NHS Performance and Improvement.

Milestone - Launch of 14 QOF measures in Beacon (phase 1) by October for a consolidated view of quality standards. These standards are to be reported monthly to The Board.

Quality Standard	Measure	Latest period	Latest figure		Previous figure	Last 12 months	Outlier
Safe	Antibacterial items per 1,000 STAR-PUs	Jun-25	214.52				
Safe	Crude mortality rate (%)	Sep-25	6.64%	▼ -7.4%	7.17%		
Safe	Never Events reported to NHS P&I	Oct-25	0		0		
Safe	Percentage of discharges on D2RA Pathway 0	Sep-25	1.49%		0.00%		
Safe	Percentage of discharges on D2RA Pathway 1	Sep-25	53.73%	▲ 11.2%	48.33%		
Safe	Percentage of discharges on D2RA Pathway 2	Sep-25	13.43%	▼ -10.4%	15.00%		
Safe	Percentage of discharges on D2RA Pathway 3	Sep-25	10.45%	▼ -47.8%	20.00%		
Safe	Percentage of discharges with no D2RA Pathway Allocated	Sep-25	20.90%	▲ 25.4%	16.67%		
Safe	RAMI (Risk adjusted mortality index) 2023	Sep-25	109.57	▼ -29.4%	155.26		
Safe	Safeguarding Adults - Lv1 training	Aug-25	91.95%	▼ -0.1%	92.04%		
Safe	Violence and Aggression (Wales)	Aug-25	94.47%	▲ 1.3%	93.25%		Outlier high
Timely	Opthalmology R1 appointments attended within target date* (%)	Sep-25	61.33%	▼ -17.8%	74.59%		
Timely	Patients starting first definitive cancer treatment* (%)	Aug-25	Not applicable to PTHB provider.				
Effective	Diabetes patients completing all eight care processes* (%)	Oct-25	49.60%	▼ -2.4%	50.81%		
Efficient	Agency spend for all staff groups as % of total pay bill	Aug-25	5.20%	▼ -24.0%	6.85%		

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Quality Outcome Framework (QOF) measures continue to be developed with ongoing data source and quality discussion. All these current measures are also picked up either within the wider NHS Performance Framework e.g., measures 12, 25, 38 and 50 are duplicated in the QOF or within the health board PEQS report which covers key elements of Quality and Safety.

Commissioned Service Assurance

PTHB information on key commissioned e.g., services not provided in county. This includes planned, urgent and cancer care as examples.

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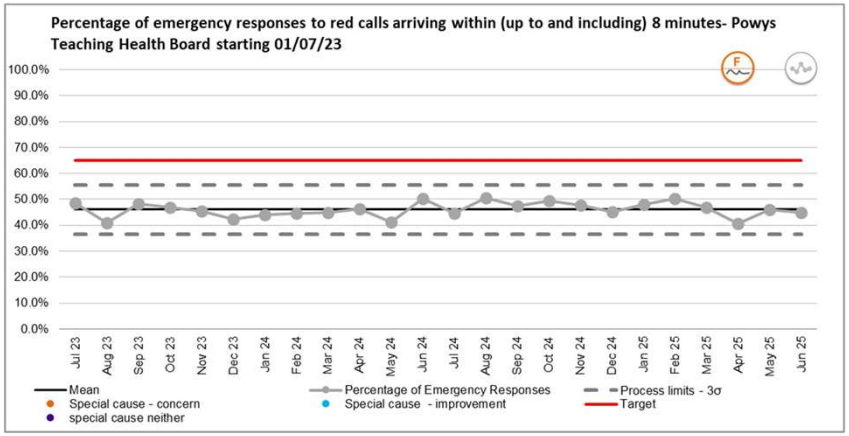
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Access & Activity	NHS Performance Measure – 19	Frequency – Retired measure

Urgent & Emergency Care - Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes within Powys

Executive lead	Executive Director of Planning, Performance and Commissioning	Officer lead	Deputy Director of Performance and Commissioning

Latest available	Jun-25	Status of measure	Level 2a
Reported performance	44.8%	Benchmark position (Wales)	7th (50.7%)
Target	65%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Retired		
Recover by?			



What the data tells us

- Please note that this measure has been retired, June is the last month reported against the Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes. Reporting will recommence in August against the revised categories as described on the Welsh Ambulance Services website how our service is changing - Welsh Ambulance Services University NHS Trust.

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Access & Activity	NHS Performance Measures – TBC	Frequency – Monthly

Urgent & Emergency Care –

- Median emergency ambulance response time to purple: arrest category calls.
- Median emergency ambulance response time to red: emergency category calls

Executive lead	Executive Director of Planning, Performance and Commissioning	Officer lead	Deputy Director of Performance and Commissioning

Median emergency ambulance response time to purple: arrest category calls

Report Month	All Wales	Aneurin Bevan University Health Board	Betsi Cadwaladr University Local Health Board	Cardiff & Vale University Health Board	Cwm Taf Morgannwg University Health Board	Hywel Dda University Health Board	Powys Teaching Health Board	Swansea Bay University Health Board
Sep-25	00:07:15	00:06:30	00:07:23	00:07:17	00:08:55	00:07:48	00:14:15	00:06:41

Median emergency ambulance response time to red: emergency category calls

Report Month	All Wales	Aneurin Bevan University Health Board	Betsi Cadwaladr University Local Health Board	Cardiff & Vale University Health Board	Cwm Taf Morgannwg University Health Board	Hywel Dda University Health Board	Powys Teaching Health Board	Swansea Bay University Health Board
Sep-25	00:08:37	00:07:39	00:09:40	00:08:18	00:08:43	00:10:02	00:11:28	00:07:54

What the data tells us

Welsh Ambulance Services University Health Trust (WAST) have provided a guide to how the service is changing here - how our service is changing - Welsh Ambulance Services University NHS Trust.

Data is sourced from the Welsh Government Performance team.

- The data above contains information on the performance of the respective Welsh health board areas and will contain non-Powys responsible response times.
- Core target for both measures is Median response (6-8 minutes) e.g., any median time of 00:08:01 or higher is classed a missing target.
- Powys does not achieve the median target for Purple Arrest (Cardiac or respiratory arrest), in September performance was a significant outlier and worst in Wales at 14 minutes 15 seconds (All Wales performance was 7 minutes 15 seconds).
- Powys median emergency response time to red was the worst reported performance in September of all health boards with a median time of 11 minutes and 28 seconds significantly higher than All Wales performance which reported 8 minutes and 37 seconds.

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Challenges

- WAST continue to experience challenges with large number of ED attendances and conveyances, large number of lost hours per month and handover delays.

Actions & Mitigations

- Meeting being arranged between PtHB, NHS Wales Joint Commissioning Committee and WAST colleagues to discuss performance, patient experience and outcomes; and identified improvement actions including enhancement of current in county pathways.
- Continued engagement with commissioned services via CQPRM meetings and sharing resident view findings with key services.
- PTHB will continue to be active member of the Ambulance Services and 111 Collaborative Commissioning Integration Group, represented by the Deputy Director of Performance and Commissioning.

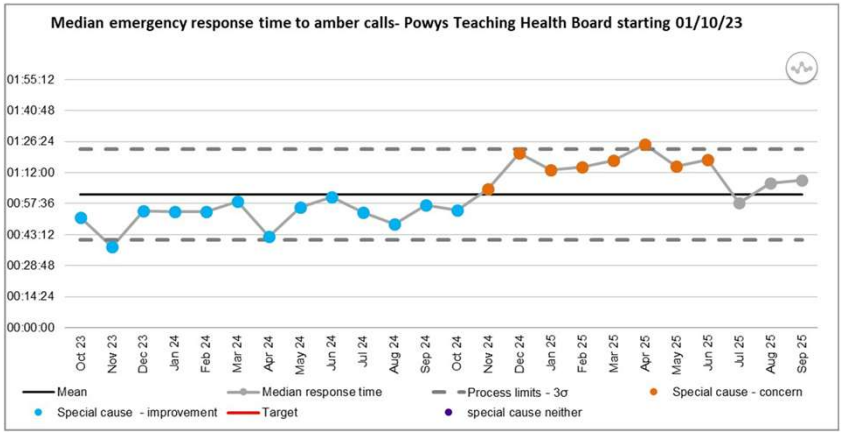
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Access & Activity | **NHS Performance Measure – 20** | **Frequency - Monthly**

Urgent & Emergency Care - Median emergency response time to amber calls

Executive lead	Executive Director of Planning, Performance and Commissioning	Officer lead	Deputy Director of Performance and Commissioning

Latest available	Sep-25	Status of measure	Level 2a
Reported performance	01:08:25	Benchmark position (Wales)	1st (01:23:25)
Target	12-month reduction target		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	WAST		
Recover by?	Commissioned provider, unable to provide recovery estimate.		



What the data tells us

- Median amber response times have reported a decrease in performance in September 2025 with response times increasing to 01:08:25
- PTHB ranks 1st in Wales with the All-Wales average at 01:23:25

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Challenges

- Demand for urgent care services continues to increase including calls to 999 ambulance services.
- Handover delays and lost hours continue to be a challenge across Wales.
- Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds slowing system flow.
- Noticeable shift in demand acuity away from red to Amber 1.

Actions & Mitigations

- Ministerial Advisory Group recommendations – Health Boards should ensure that no ambulance handover should exceed 45 minutes (absolute maximum handover time of 45 minutes to be introduced by October 2025), with focus on achieving 15-minute handover target where possible. National ambulance patient handover improvement delivery group underway.
- All Wales urgent care system escalation calls being held daily (often more than once per day).
- New national dashboard ongoing development to provide improved intelligence around challenge and hotspots.
- Engagement with the Ambulance Service to develop actions to reduce handover delays, including enhancement of current in-county pathways to reduce admission.
- Health Board working with JCC to establish series of regular meetings to discuss performance, patient experience and quality outcomes.
- PTHB will continue to be active member of the Ambulance Services and 111 Collaborative Commissioning Integration Group, represented by the Deputy Director of Performance and Commissioning.

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Access & Activity	NHS Performance Measure – 21 & 22	Frequency - Monthly

Urgent & Emergency Care – Powys residents - Median time from arrival at an emergency department to triage by a clinician

Urgent & Emergency Care – Powys residents - Median time from arrival at an emergency department to assessment by a clinical decision maker

Executive lead	Executive Director of Planning, Performance and Commissioning	Officer lead	Deputy Director of Performance and Commissioning

Latest available	Sep-25	Status of measure	Level 2a
Target	Median wait to triage = 15 minutes or less Median wait to senior clinical decision = 60 minutes or less		
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	DHCW EDDS		

What the data tells us

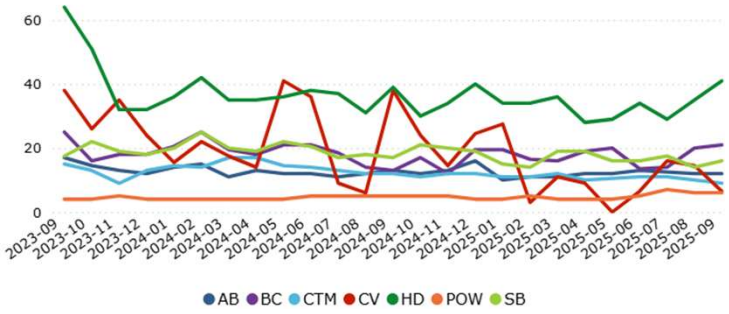
- Median Waits time reporting for emergency departments is not currently available for English providers following data limitations. Welsh provider information is sourced directly from the DHCW.
- In Wales the aggregated median wait time for triage is 17 minutes, and the aggregated median wait time for assessment by a clinical decision maker is 67 minutes.
- Median wait times reported within the IQPR are only that experienced by Powys residents e.g., the reported performance may not reflect the overall experience for all patients at the respective health provider.
- Hywel Dda University Health Board continues to report the highest median times to triage and clinical decision of the Welsh emergency flow services.

Actions & Mitigations

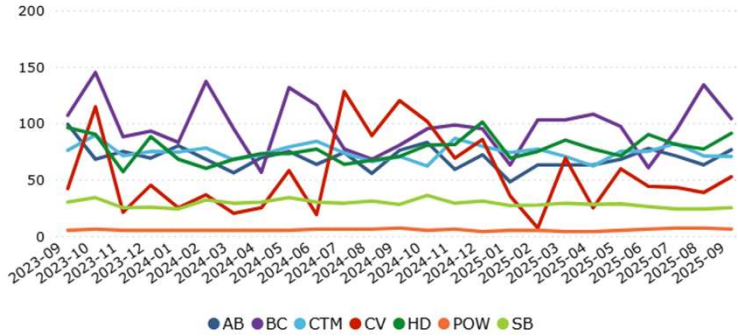
- Engagement with commissioned services via CQPRM meetings and sharing resident view findings with key services.

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Median Wait from Arrival to Triage (minutes)



Median Wait from Arrival to Clinician (minutes)



The data in the below table should be used for guidance only and cannot provide an equity of access review without significant data quality risk (caveat). The cohort of Powys residents of which their median wait is calculated is considerably smaller than the over number of patients attending the unit. These low numbers will result in potentially significant variation for the health boards overall calculated median wait.

Sep-25 -Source Welsh Government monthly scorecard.

Emergency access provider	Median wait to triage – Powys resident - minutes	Median wait to triage – All patients attending - minutes	Median wait to senior clinical decision – Powys resident - minutes	Median wait to senior clinical decision – All patients attending - minutes
ABUHB	12	15	77	139
BCUHB	21	20	104	131
CTMUHB	9	11	71	69
C&VUHB	7	5	53	73
HDUHB	41	28	91	73
SBUHB	16	19	25	19

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Access & Activity	NHS Performance Measure – 23 & 24	Frequency - Monthly

Urgent & Emergency Care - Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge

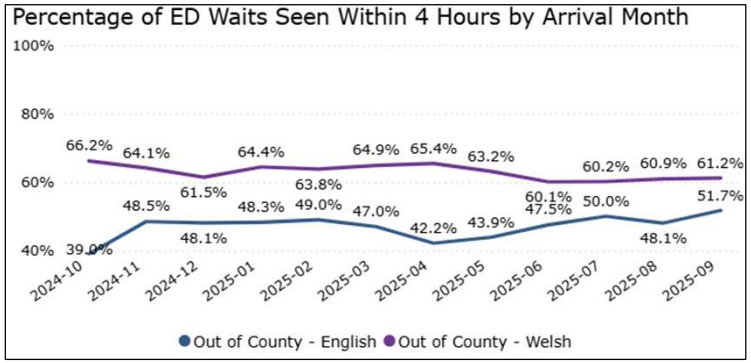
Urgent & Emergency Care - Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge

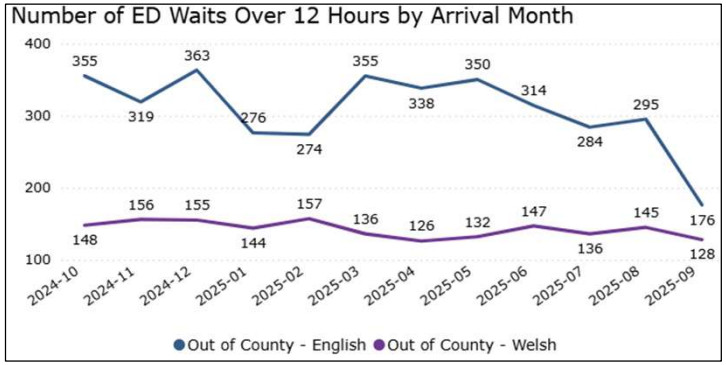
Executive lead	Executive Director of Planning, Performance and Commissioning	Officer lead	Deputy Director of Performance and Commissioning

Latest available	Sep-25	Status of measure	Level 2a
Target	Improvement compared to the same month in the previous year, towards the national target of 95%.		
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	DHCW EDDS via PTHB data warehouse		

Key notes

- Complete English data is delayed by up to 1 month and the latest information should be taken as provisional.





What the data tells us

Welsh Emergency Access (A&E) providers

- Powys residents have seen a slight improvement in September to 61.2% from 60.9% in August for those waiting under 4 hrs in Welsh units.
- Patients waiting over 12 hrs decreases slightly to 128 but remains within expected variation.

English Emergency Access (A&E) providers

- PTHB residents attending English emergency units see the longest wait with poor but improved compliance to the 4-hour target. 51.7% were reported in September as waiting less than 4hrs in their units.
- In September provisional data shows 176 Powys responsible patients waiting over 12 hrs in emergency units before admission, transfer, or discharge. It should be noted that the reported performance is a significant drop and could indicate incomplete data from SATH.

Data Quality

- Information on emergency department waits can be delayed especially from English providers, this results in retrospective updates of performance. which will be noticeable between reporting month although minor.

Challenges

- More Powys residents flow into emergency units in England than Wales, where the greatest compliance pressures occur.
- Handover times of ambulances are poor at key sites in Wales & England with patients waiting a considerable period before being admitted to A&E.
- Providers experiencing ongoing challenges of high demand, over occupancy in departments, long waits for inpatient beds, delay in discharge of clinically optimised patients.

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Actions & Mitigations

- PTHB as provider to continue to progress Urgent and Emergency Care plans within context of Better Together (including falls prevention pathway, frailty models, enhanced care in the community and Same Day Urgent Care).

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Access & Activity	NHS Performance Measures – 25	Frequency - Monthly

Planned Care & Cancer – Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

Executive lead	Executive Director of Planning, Performance and Commissioning	Officer lead	Deputy Director of Performance and Commissioning

Latest available	Sep-25	Status of measure	Level 2a
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	DHCW		

Single cancer pathway performance – Powys residents – Last 12 months – Source DHCW
Target improvement trend to 80% - (Target prior to April 2025 75%).

HealthBoard	2024-10	2024-11	2024-12	2025-01	2025-02	2025-03	2025-04	2025-05	2025-06	2025-07	2025-08	2025-09
Aneurin Bevan UHB												
Pathways With Treatment	9	13	16	15	15	16	9	16	14	23	14	15
Treated Within 62 Days	8	7	9	11	9	11	5	10	7	18	10	9
Breaching 62 Day Target	1	6	7	4	6	5	4	6	7	5	4	6
% Treated Within Target	89%	54%	56%	73%	60%	69%	56%	63%	50%	78%	71%	60%
Betsi Cadwaladr UHB												
Pathways With Treatment	1	3	2		1		3	2		3	1	4
Treated Within 62 Days	1	3	2				2	1		1		
Breaching 62 Day Target					1		1	1		2	1	4
% Treated Within Target	100%	100%	100%		0%		67%	50%		33%	0%	0%
Cardiff And Vale UHB												
Pathways With Treatment			1	1						1		
Treated Within 62 Days				1						1		
Breaching 62 Day Target			1									
% Treated Within Target			0%	100%						100%		
Cwm Taf Morgannwg UHB												
Pathways With Treatment	5	3	9	4	3	5	3	2	5	7	3	8
Treated Within 62 Days	4		4	1	1	1			4	2	1	5
Breaching 62 Day Target	1	3	5	3	2	4	3	2	1	5	2	3
% Treated Within Target	80%	0%	44%	25%	33%	20%	0%	0%	80%	29%	33%	63%
Hywel Dda UHB												
Pathways With Treatment	5	7	7	9	6	6	10	9	11	8	7	7
Treated Within 62 Days	2	6	2	6	4	3	5	3	6	5	3	2
Breaching 62 Day Target	3	1	5	3	2	3	5	6	5	3	4	5
% Treated Within Target	40%	86%	29%	67%	67%	50%	50%	33%	55%	63%	43%	29%
Swansea Bay UHB												
Pathways With Treatment	11	9	11	11	5	7	7	6	5	5	1	13
Treated Within 62 Days	7	5	8	6	1	5	1	4	3	4		9
Breaching 62 Day Target	4	4	3	5	4	2	6	2	2	1	1	4
% Treated Within Target	64%	56%	73%	55%	20%	71%	14%	67%	60%	80%	0%	69%
Pathways With Treatment	**31**	**35**	**46**	**40**	**30**	**34**	**32**	**35**	**35**	**47**	**26**	**47**
Treated Within 62 Days	**22**	**21**	**25**	**25**	**15**	**20**	**13**	**18**	**20**	**31**	**14**	**25**
Breaching 62 Day Target	**9**	**14**	**21**	**15**	**15**	**14**	**19**	**17**	**15**	**16**	**12**	**22**
% Treated Within Target	**71%**	**60%**	**54%**	**63%**	**50%**	**59%**	**41%**	**51%**	**57%**	**66%**	**54%**	**53%**

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What the data tells us

- At the end of September , the provisional position reported a total of 271 pathways were closed for Powys residents across all Welsh providers including PTHB. Of these 224 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). The remaining 47 pathways were closed with the commencement of definitive treatment. 22 patients breached the 62 days target with the longest wait reported as 245 days in Hywel Dda UHB for a lung pathway.
- Performance against the SCP for Powys residents in Wales has seen very little overall change with 53% compliance in September.
- The number of pathways going straight to test has fallen below the 12-month average (64%) reporting 63%.

- **Data quality for reporting - please note that the SCP data provided within the IQPR is preliminary as the reported position is reviewed, finalised and validated at the end of every completed quarter. This validation by submitting health boards often results in limited changes included added/removed pathways or adjustment of waiting times. These changes will be fully reflected in the IQPR when available.**

Challenges

- The key challenges for Powys residents in cancer pathways for Welsh commissioned services remain predominately capacity including, but not limited to, diagnostic test and reporting capacity especially within imaging, endoscopy and pathology, and surgical capacity meeting the <62-day target. There is also a limited number of breaches resulting from patient-initiated delay e.g., holidays etc.
- Primary tumour site breaches in September include Urological (6), Breast (5), Lower GI (5), Skin (2) (excluding Basal Cell Carcinoma), Lung (2), Upper GI (1), and Sarcoma (1).
- Information on Powys residents in Welsh commissioned services is currently only reviewed retrospectively once the pathway is closed, Q2 review is currently underway.
- Open pathway influence remains challenging; the health board has limited actions available to it for influencing a patient's diagnostic and treatment pathway.

Actions & Mitigations

- Breaches of greater than 146 days continue to be monitored with breach reports/pathway reports provided on a quarterly basis and reviewed.
- SCP performance reviewed regularly through CQPRM process and reported through PTHB Integrated Quality & Performance Report, which highlights variation across providers in NHS Wales and NHS England.
- SCP performance discussion monthly with Welsh Government and the NHS Performance and Improvement team.
- Cancer deep dive for Welsh providers recently presented at Finance & Performance Committee.

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Access & Activity | **NHS Performance Measures – 25** | **Frequency - Monthly**

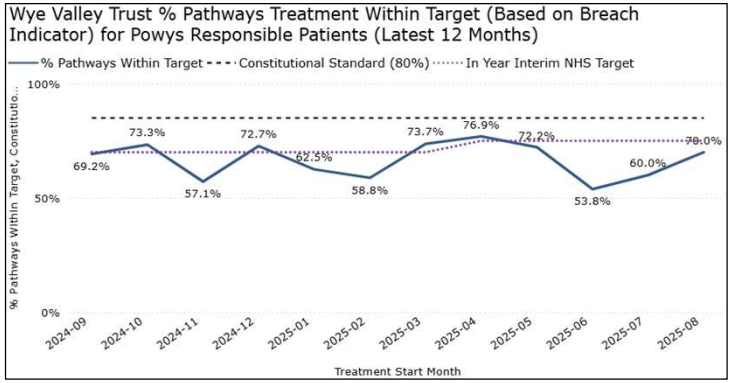
Planned Care & Cancer – Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

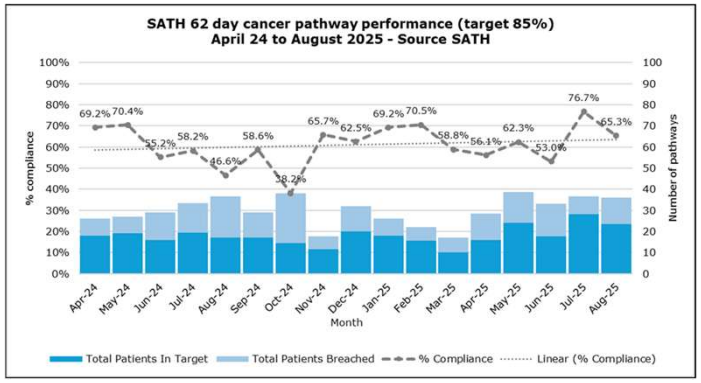
Executive lead	Executive Director of Planning, Performance and Commissioning	Officer lead	Deputy Director of Performance and Commissioning

Latest available	Aug-25	Status of measure	Level 2a
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	Manual Provider Feeds, and NHS England reporting.		

NHS England Cancer Measures, and target

- 28-day FDS = Four Week (28 days) Wait from Urgent Referral to Patient Told they have Cancer, or Cancer is Definitively Excluded (target 75%)
- 31-day DTT = One Month (31-day) Wait from a Decision To Treat/Earliest Clinically Appropriate Date to First or Subsequent Treatment of Cancer (target 96%)
- 62-day USC = Two Month (62-day) Wait from an Urgent Suspected Cancer or Breast Symptomatic Referral, or Urgent Screening Referral, or Consultant Upgrade to a First Definitive Treatment for Cancer (target 85%).





Powys key provider provisional cancer waiting times standards NHS England - All patients e.g., including non-Powys residents (table 1)

Aug-25	SATH	WVT	All English Providers	Target
28-day FDS	75.9%	81.6%	74.6%	75%
31-day DTT	91.6%	85.0%	91.6%	96%
62-day USC	68.8%	72.4%	69.1%	85%

Statistics » Cancer Waiting Times (england.nhs.uk)

What the data tells us

Powys residents attending English providers are measured in line with key NHS England cancer targets. The closest match to the Welsh Single Cancer Pathway measure is that of the Two Month (62-day) Wait from an Urgent Suspected Cancer or Breast Symptomatic Referral, or Urgent Screening Referral, or Consultant Upgrade to a First Definitive Treatment for Cancer. As a commissioner PTHB uses this key measure to gauge the compliance of our resident care in England.

- The reporting quality issue has been resolved with The Shrewsbury and Telford NHS Trust (SATH), reporting restarted for Powys responsible pathways from 28/10/2025. Data available has been improved and is now available against all key pathways in England by tumour subsite. Over 104 breach details are also now available again.
- Shrewsbury and Telford NHS Trust (SATH) reported 65.3% compliance against the 62 days urgent suspected cancer pathway in August. Cancer performance has continued to steadily improve from the same period in 2024/25. Of the 36 pathways starting treatment 6 were over 104 days. SATH is currently ahead of recovery trajectory for 28-day FDS & 62-day USC in August and August was their highest reported performance in the last 18 months.
- Wye Valley NHS Trust (WVT) performance reported in August that 70.0% of 20 Powys residents started treatment within 62 days. Most breaches reported were in Urological – Prostate, and Breast, and a single breach in lung.
- It should be noted that low numbers of Powys pathways can distort compliance.

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Challenges

- Key narrative below is sourced from the respective Integrated Performance Reports in October.
- SATH remains in Tier 3 monitoring for Elective admissions.
- SATH clinical and operational workforce constraints most notably in Oncology and Max Fax pathways. Mitigations are in place, including partnership working with a neighbouring Trust and insourcing additional capacity.
- WVT whole service e.g., all patients not just Powys responsible has seen a 23% increase in referrals vs 3 years ago for the same period.
- WVT Breast and Urology are key challenged tumour pathways, although extra sessions have been planned.
- Urology Prostate challenged by turnaround times for MRI diagnostics and Radical Retropubic Prostatectomy procedures.

Actions & Mitigations

- Requesting new information flow from SATH to resolve data quality challenge.
- SCP performance reviewed and reported through PTHB Integrated Quality & Performance Report, which highlights variation across providers in NHS Wales and NHS England.
- SATH has been de-escalated to Tier 2 for Diagnostics & Cancer with improved waiting times and compliance.
- SATH outsourcing/redirecting referrals where possible, utilising mutual aid where available and actively triaging all referrals to focus on cancer and treat accordingly (impact on routine waiters).
- WVT – To address the shortfall in Breast services, additional workforce capacity has been planned, including extra clinical sessions.
- WVT - A robotics training console is scheduled to arrive in October, which will support improvement in 62-day performance through the training of three clinicians. The community diagnostic centre opening at the end of September will have a positive impact for all cancer performance targets, especially the MRI prostate which requires a 48-hour turnaround.

Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity	NHS Performance Measures – 31 and 33	Frequency - Monthly

Planned Care & Cancer – Welsh Commissioned Referral to treatment (RTT)

Executive lead	Executive Director of Planning, Performance and Commissioning	Officer lead	Deputy Director of Performance and Commissioning

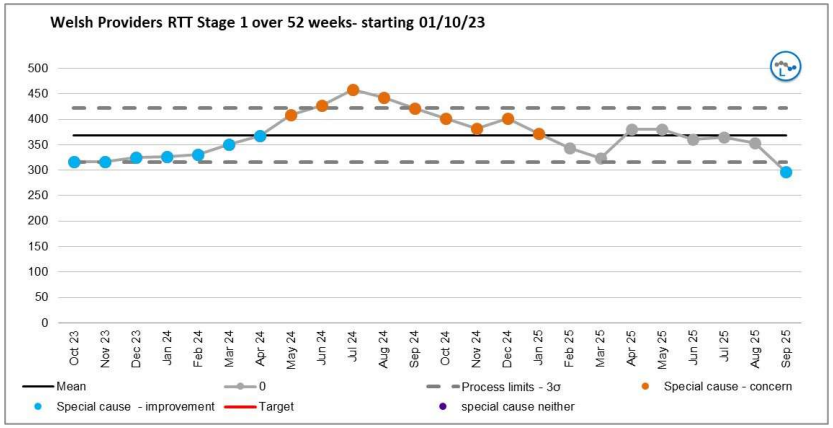
Latest available	Sep-25	Status of measure	Level 3
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DCHW		

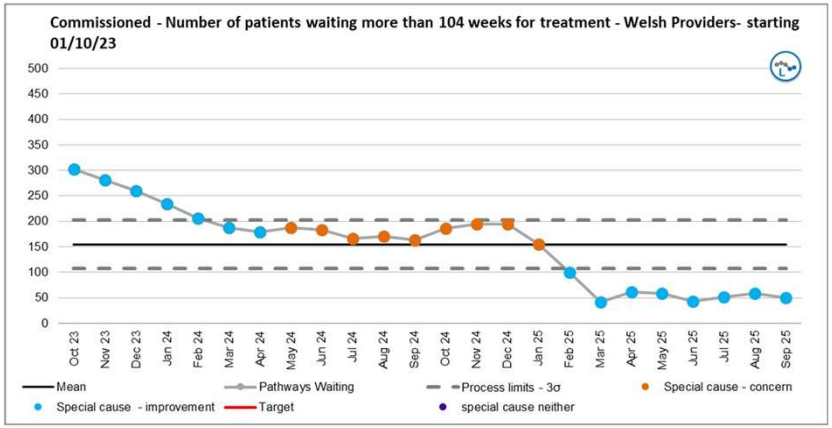
What the data tells us

Measure 31. Number of patients waiting over 52 weeks for a stage 1 (new outpatient) appointment.

- Swansea Bay UHB and Hywel Dda UHB continue to meet the stage 1 waits target reporting zero pathways over 52 weeks for Powys residents in September. All Health Boards maintained or showed improvement bar CTM (increasing challenge for those patients waiting under 52 weeks for a new outpatient appointment).
- The total number of patients waiting over 52 weeks in Wales for a new outpatient appointment has decreased from 353 in August.

- **Measure 33. Number of patients waiting more than 104 weeks for referral to treatment**
- Swansea Bay UHB and Hywel Dda UHB reporting no Powys resident waiting over 104 weeks. It should be noted however that all providers continue to show statistical improvement.





Welsh Providers	Sep-25 % of Powys residents < 26 weeks for treatment	No. long waits by cohort, with latest SPC variance: All pathways waiting over 36 weeks.	All pathways waiting over 52 weeks.	All pathways waiting over 104 weeks.	Total pathways Waiting	Stage 1 pathways over 52 weeks
Aneurin Bevan University Health Board	61.0%	697	349	11	2630	121
Betsi Cadwaladr University Local Health Board	46.7%	307	168	27	756	79
Cardiff & Vale University Health Board	53.9%	128	95	10	388	25
Cwm Taf Morgannwg University Health Board	56.2%	272	162	2	882	71
Hywel Dda University Health Board	58.3%	436	254	0	1463	0
Swansea Bay University Health Board	61.9%	533	284	0	1974	0
Total	58.5%	**2373**	**1312**	**50**	**8093**	**296**

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Challenges and actions narrative link (slide 48)

Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity	NHS Performance Measures – 31 and 33	Frequency - Monthly

Planned Care & Cancer – English Commissioned Referral to treatment (RTT)

Executive lead	Executive Director of Planning, Performance and Commissioning	Officer lead	Deputy Director of Performance and Commissioning

Latest available	Jun-25	Status of measure	Level 3
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DCHW		

Challenges and actions narrative link (slide 48)

What the data tells us

- Powys residents in England have consistently waited less time for treatment with the exception of Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH).
- **Wye Valley NHS Trust (WVT)** reports for August the best performance of all Powys commissioned main providers with 68.0% of pathways waiting under 26 weeks for treatment, however waits have increased for those over 52 weeks to 161 waiting. WVT performance will be challenge as the adherence to Welsh treatment targets started from July 2025.
- **The Shrewsbury & Telford Hospital NHS Trust (SATH)** who are not adhering to Welsh targets continue to see performance improve with 67.2% of Powys responsible pathways waiting under 26 weeks, and special cause improvement showing in those waiting over 36 and 52 weeks.
- **The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH)** remains the most challenged English provider for long waits showing a growing trend of very long waiters and with all key wait bands reporting special cause concern. Historically RJAH has always been challenged by complex spinal pathways but in August breaches over 104 weeks increased further again to 90 pathways, these breaches comprise of treatment waits for spinal, arthroplasty, knee and sports injuries and foot and ankle care.

	Aug-25	No. long waits by cohort, with latest SPC variance						Total pathways Waiting
English Providers	% 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	76.0%	27		6		0		242
The Robert Jones and Agnes Hunt Orthopaedic Hospital	49.1%	1518	H	919	H	90	H	1518
The Shrewsbury and Telford Hospital NHS Trust	67.2%	809	L	261	L	0		4242
Wye Valley NHS Trust	68.0%	684		161		0	L	3713
Total	61.6%	**3038**	H	**1347**	H	**90**	H	**9715**

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Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measures – 31 and 33** | **Frequency - Monthly**

Planned Care & Cancer – Commissioned Referral to treatment (RTT) Challenges and Actions

Commissioned RTT for Welsh providers challenges and actions

Challenges

- NHS Wales Planning and Performance Frameworks 2025/26 key targets:
  - No patients waiting over 104 weeks for referral to treatment.
  - No patients waiting over 52 weeks for new outpatient appointment.
  - No patients waiting over 8 weeks for specified diagnostics.
- Welsh acute care providers continue to experience ongoing challenges due to increased demand and service sustainability issues – BCUHB remains particularly challenged with long waiting lists and on-going demand – particular fragility with Oral Surgery and Pain Management.
- Powys residents who can have their pathways within the Powys as a provider have the quickest reported care, and with English acute health trusts providing more timely access for residents in the North & East of the county. Those residents living in southwest health economy wait the longest.
- Long wait pressure by treatment specialty remains within General Surgery, Trauma & Orthopaedics, ENT, and Ophthalmology.

Actions & Mitigations

- Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within PTHB or alternative provider.
- Continued to engage on a regular basis with all commissioned providers via contracting, quality and performance meetings. These meetings are used to discuss challenges and highlight key concerns to support the best possible care for Powys responsible patients including focus on:
  - Long waiters TCI (booked) over 52 or 104 weeks – next actions,
  - Fragile Services,
  - Demand/Activity/Financial Position
  - Elective Recovery Actions – including update on National Recovery activity
- BCUHB outsourcing and insourcing programme for most specialties underway, assess potential for PTHB living well service support (pain management)
- PTHB developed productive pathways for planned care with actions including referral management, effective clinically led pathways, implementation of GIRFT recommendations, theatre utilisation improvement.
- Welsh Government confirmed national programme to reduce overall size of waiting lists in Wales by targeting a reduction of 200,000 first outpatient appointments. This has involved national procurement of 164,000 first outpatient appointments.
- Health Boards will also deliver up to 50,000 first outpatient appointments via local plans with all Health Boards having submitted costed plans indicating specialty and volume per specialty.

Davies-Jones, Liz
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Commissioned RTT for English providers challenges and actions

Challenges

- English acute care providers continue to experience ongoing challenges due to increased demand and service sustainability issues.
- RJAH reports the highest number of over 104-week pathways for Powys residents in both England & Wales, these very long waits are not limited to specialist spinal (the historical challenge).
- Wye Valley NHS Trust continues to provide excellent access as reported in April driving down waiting times. The Health Board remains in discussions with all NHSE commissioned service providers with commissioning intentions for 2025/26 for all routine patient pathways for Powys responsible adults to be booked to NHS Wales waiting times targets.
- NHS England 2025/26 priorities remain as:
  - 65% of patients to wait 18 weeks or less from referral to treatment by March 2026 (with each trust required to improve by at least 5%).
  - Every trust must also ensure 72% of patients wait ≤18 weeks for their first appointment .
  - Reduce the share of patients waiting over 52 weeks to under 1% of the entire waiting list by March 2026.
  - These are interim milestones toward the constitutional standard of 92% for 18-week waits, now expected by March 2029.
- Increase in NHSE tariffs (A&E, Maternity, Non-Elective) of up to 17% in some instances plus 2.85% uplift.
- Patients in June have already reported to PTHB concerns on the impact for their pathways for procedures initially planned from Q2 2024/25 in Wye Valley NHS Trust and RJAH.

Actions and Mitigations

- English providers have mobilised additional capacity including insourcing, outsourcing, increase usage of additional payments for clinical activity.
- Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within PTHB or alternative provider.
- Use of Community Cardiology service in the North of Powys to reduce the flow and manage locally Powys patients driving improved outcomes and reduced travel times. Work on-going to roll out to Mid Powys.
- Continued to engage on a regular basis with all commissioned providers via contracting, quality and performance meetings.
- PTHB developed productive pathways for planned care with actions including referral management, effective clinically led pathways, implementation of GIRFT recommendations, theatre utilisation improvement.
- Implementation of PTHB MSK triage/Single Point Of Access (SPOA) enabling all GP referrals to be triaged by CMATS to decide most appropriate treatment pathway expectation that will reduce onward Orthopaedic referrals by circa 40%
- Funding allocated by WG to support 2x mega clinics for 40x stage 1 longest waiters on RJAH spinal pathway to clinically review the patients F2F by Consultant/Advanced Practitioner to assess suitability for alternate pathway – aim to hold this clinic at the start of Q4.
- SATH data system challenges – commenced conversations to continue 24/25 block arrangements into Q2 25/26
- Discussions continued and position agreed with WVT, RJAH around working to WG performance framework targets – still outstanding with SaTH.
- CSU undertaken work to assess impact of increase in NHSE tariffs, WG notified of increase in costs for PTHB.
- Communications around deferral of waiting times in WVT/RJAH shared with providers, stock response in place for initial response, individual responses provided where appropriate/required.

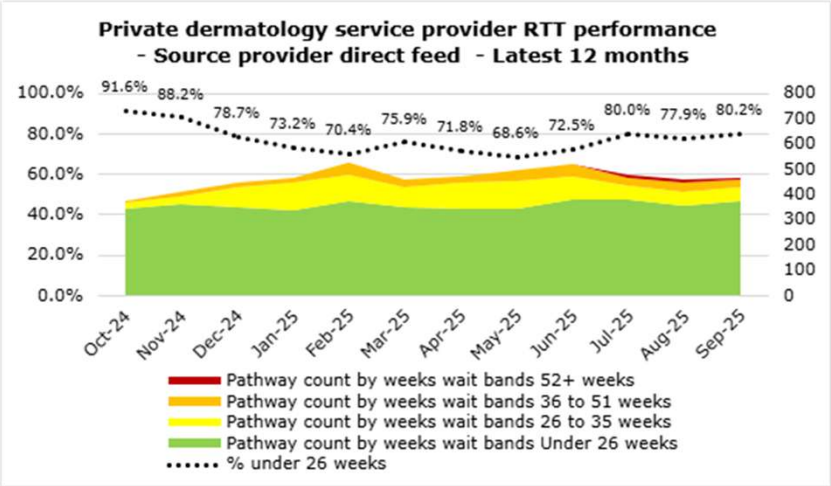
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity	NHS Performance Measures –31 and 33	Frequency - Monthly

Referral to Treatment - Private dermatology service provider

Executive lead	Executive Director of Planning, Performance and Commissioning	Officer lead	Deputy Director of Performance and Commissioning

Latest available	Sep-25	Status of measure	Level 2a
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DCHW		



Snapshot month	% under 26 weeks	Pathway count by weeks wait bands				Total Waiting
		Under 26 weeks	26 to 35 weeks	36 to 51 weeks	52+ weeks	
Oct-24	91.6%	339	25	6	0	370
Nov-24	88.2%	359	33	15	0	407
Dec-24	78.7%	348	76	18	0	442
Jan-25	73.2%	338	109	15	0	462
Feb-25	70.4%	371	105	50	1	527
Mar-25	75.9%	349	80	30	1	460
Apr-25	71.8%	339	104	29	0	472
May-25	68.6%	339	109	44	2	494
Jun-25	72.5%	377	94	44	5	520
Jul-25	80.0%	380	51	34	10	475
Aug-25	77.9%	356	55	36	10	457
Sep-25	80.2%	373	55	29	8	465

What the data tells us

- Under 26-week performance is 80.2% in September 2025, this is a slight increase on August 2025 position (77.9%). Patients waiting over 36 weeks has reduced to 37 in September from 46 in August, over 52 week waits also decrease to 8 in September from 10 in August.

Patterson,Liz
25/11/2025 11:43:14

Challenges

- Limited number of patients continue to wait over 52 weeks.

Actions & Mitigations

- Private provider requested to confirm mitigating actions for patients waiting 52 weeks and over.

PTHB Integrated Quality & Performance Framework Escalation Framework 2024/25

Please note that this framework replaces the 23/24 business reporting rules as used within the Integrated Performance Framework and report.

Escalation level	Trigger	Action expected	Monitoring and support
Level 1 (No concerns)	• Local delivery of agreed objectives and performance, finance ambitions in line with agreed trajectories. • No exceptions or quality concerns. • Sound governance arrangements in place. • Performance within expected targets either national or local	• No escalation action. • Could result in frequency adjustment for some monitoring mechanisms and meetings including IQPG.	Main monitoring through base performance review process. Key measures bi-annually in IQPR to the Board.
Level 2a (Exception)	• Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance. • Sustained deterioration on 1 or more domain. **This can include:** • Failure to deliver on an NHS Performance Framework target or local target trajectory. • A deviation or departure from the normal or expected course of action signifying specific condition or event that requires attention or further action to address the deviation. • Failure of quality standard. • Where SPC methodology notes variance of concern.	• Correspondence to Clinical service area/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring. • Recovery plan to be developed that address issues to be recovered/improved. • Depending on issue – change in frequency of and focus of standard meeting and consideration of increasing frequency including IQPG. • Reported through to Executive Committee. • Monthly reporting where appropriate via IQPR as an exception to performance.	**Options include:** • IQPG engagement monthly with Executive • Internal support as required (QI/vbhc/planning – issue dependent). • Consideration of compliance with Professional clinical codes and standards and proportionate response. • Consideration of compliance with managerial code of practice. • Internal peer review. • Executive support (directly or from other teams). • Consider need for bespoke response. • Minimum monthly updates to Executive Committee.
Level 2b (Exception)	**Specially for finance:** • Where Corporate Directorate or Clinical Service Area level budget is overspending by more than £0.5m Year to date or £1m forecast.	Identified through monthly financial reporting	CEO to call a special 'Budget Review Meeting' of all Executive Directors and the Divisional or Directorate budget holder (up to 3 team members may attend in support). **Agreed action plan established:** • Monitored through financial reporting arrangements. • Review period established if plan failing.
Level 3 (Escalation)	• Serious concerns on quality and governance. • Continued and consistent failure to meet agreed performance improvements and trajectories across a number of objectives. • Clear articulation of reasons for escalation and criteria for escalation. **This can include:** • Where a performance matter (exception) does not meet target and hits criteria for higher level of resolution, decision making or further action. • Any measure that continues to fail a health board submitted trajectory as part of the Ministerial Priority measures. • Performance recovery is failing to improve or maintain performance. • Any significant failure of quality standard. • Where IQPG deems that a service or measured outcome requires escalation resulting from identified challenge or significant concern.	• Correspondence to service area/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring. • Service Area or corporate directorate demonstrating recognition of issues and commitment to improve. • Improvement/recovery plan required to address issues identified. • Reported through to executive and relevant committee. • Escalated frequency of IQPG meetings and resultant remedial action plan completion. • Challenge review on appropriate shift to the Escalations Oversight Group (EOG). • Monthly reporting where appropriate via IQPR as an exception to performance.	**Actions could include:** • Escalation Oversight Group (EOG) • Independent review of service/corporate department effectiveness. • Deployment of appropriate HR policies e.g. Capability policy. • Weekly/fortnightly meetings with CEO and/or relevant execs to track progress against improvement actions (which directly related to de-escalation criteria). • Consideration of compliance with Professional clinical codes and standards and proportionate response. • Consideration of compliance with managerial code of practice. • Suspension or revision of service provision. **De-escalation:** The appropriate outcome for a challenge to be de-escalated. Either challenge has been rectified, requirement has changed, or via senior committee decision. A level 3 escalation may return to any previous lower level of escalation dependant on the remaining challenge and required monitoring.

Patterson,Liz
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PTHB Integrated Quality & Performance Framework: Duty of Quality Measures and Enablers

Domains	
Safe	Our healthcare system is a high quality, highly reliable and safe system that avoids preventable harm, maximising the things that go right and learning from when things go wrong to prevent them occurring again. People's health, safety and welfare are actively promoted and protected; risks are identified and monitored and where possible, risks to safety are reduced or prevented. We promote and protect the wellbeing, and safety of children and adults who become vulnerable or at risk at any time. Where children or adults may be experiencing or are at risk of abuse or neglect, we take appropriate, timely action and report concerns.
Timely	Our healthcare system ensures people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place, first time. We care for those with the greatest health need first, and where treatment is identified as necessary, we treat people based on their identified and agreed clinical priority.
Effective	Our healthcare system ensures decision-making, care and treatment reflects evidence-based best practice, to ensure that people receive the right care to achieve the optimal and possible outcomes that matter to them. We design transformative, evidenced-based, whole-of-life pathways that cover prevention, care and treatment, rehabilitation and embed these into local service delivery.
Efficient	Our health care system takes a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste. We make the most effective use of resources to achieve best value in an efficient way. We only do what is needed and undertake treatments that ensure any interventions represent the best value that will improve outcomes for people.
Equitable	Our health care system provides everyone with an equal opportunity to attain their full potential for a healthy life which does not vary in quality by organisation providing care, location where care is delivered or personal characteristics (such as age, gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status or political affiliation). We embed equality and human rights in our health care system.
Person Centred	Our health care system meets people's needs and ensures that their preferences, needs and values guide decision-making that is made in partnership between individuals and the workforce. We care about the well-being of individuals, their families, carers and our staff. We ensure that everyone is always treated with kindness, empathy and compassion and we respect their privacy, dignity and human rights. We are committed to working better together to put people and their families at the centre of decisions, seeing them as experts working alongside professionals to get the best outcome and experience.
Enablers	
Leadership	Our health care system has visible and focused leadership at all levels, with its activities driven by the organisations' vision and values for quality. Our leaders and managers take a long-term, stakeholder-centric view to develop a clear organisational vision. They have the appropriate skills and capacity to create the conditions for a functioning quality management system. We ensure our governance, leadership and accountability is effective in sustainably delivering care.
Workforce	Our healthcare system recruits, retains, develops and extends roles to ensure we have enough, confident people with the right knowledge and skills available at the right time to deliver safe care. We value our people and the commitment and resilience they demonstrate in the care they provide. We care about their wellbeing, protect their rights and support them to feel well and happy at work; and provide them with the tools, systems and environment to work safely and effectively. Our workforce planning focuses on investing in our people and nurturing, growing and transforming our workforce to create a sustainable workforce for the future.
Culture	Our healthcare system creates the right climate and culture to nurture and encourage quality and system safety, valuing people in a supportive, collaborative and inclusive workplace so that our people feel psychologically safe to raise concerns and try out new ideas and approaches. Relationships within teams and with the people we serve are effective and based on transparency, accountability, ethical behaviour, trust and just culture, where people can thrive.
Information	Our healthcare system ensures information is available and shared appropriately for all who need it. We turn data to knowledge by triangulating quantitative and qualitative performance, experience and outcome measures to understand the quality of services, efficacy of improvement work and impact of decisions made. We monitor, report and escalate indicators through our governance structures to ensure that appropriate action is taken at every level in terms of learning, improvement and accountability.
Learning, improvement and research	Our healthcare system creates the conditions and capacity for an organisation and system-wide approach to continuous learning, quality improvement and innovation, which it actively promotes. We use new knowledge to influence improvements in practice and to inform our decision-making. We ensure our learning and improvement activity is linked to our strategic vision to deliver transformational, organisation-wide change. We commit to participating in research because research-active organisations provide improved quality of care and outcomes for people.
Whole system approach	Our healthcare system ensures safety in healthcare goes beyond individual patient safety. We will look within and beyond our organisational boundaries to learn how we can continually, reliably and sustainably meet the evolving needs of people. We will strengthen relationships and work with all our partners to achieve good outcomes. Our policies incorporate the broader ambitions within the seven well-being goals and five ways of working in the Well-being of Future Generations Act.

Part 2 - 2021-11-18 - 4.4





Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.6

BOARD	**26 NOVEMBER 2025**
Subject:	**Progress Against the Annual Plan (Delivery Plan 2025-26) for the Quarter 2 period, July to September 2025**
Approved and presented by:	Nicola Johnson, Executive Director of Planning, Performance & Commissioning
Prepared by:	Assistant Director of Planning/Planning Managers
Other Committees and meetings considered at:	Executive Committee - 15 October 2025 Finance and Performance Committee – 21 October 2025

PURPOSE:

This report provides the Board with an update of the progress made against the Annual Plan for the Quarter 2 period (July to September 2025).

Following consideration at this meeting, it will be submitted to Welsh Government, as a formal report of Progress against the Plan for Quarter 2.

RECOMMENDATION(S):

The Board are asked to

- **CONSIDER** the report ahead of submission to Welsh Government,
- Take **ASSURANCE** that there is a process in place for monitoring progress against plan.

Approve/Take Assurance	Discuss	Note
Y	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	

Powys THB 25/11/2025 21:43:14

EXECUTIVE SUMMARY:

This report provides the Board with an update of the progress made in Quarter 2 (July to September 2025) against the 2025-26 Annual Plan.

Once considered and approved by the Board this will then be submitted to Welsh Government as a formal report of Progress against Plan for the Quarter 2 period.

This is an important component of the health board's assurance and performance management regime. This is particularly relevant in the context of the Health Board's escalation status of 'Level 4' for strategy, finance and planning. Improvements have been made continuously to this report to enable sufficiently detailed yet concise reporting of the PTHB Integrated Plan.

BACKGROUND

This report provides the Board with an update of the progress made in Quarter 2 (July to September 2025) against the 2025-26 Annual Plan.

1) Development of Progress Report against Plan

Each of the 22 Strategic Priorities set out within the Integrated Plan have been reviewed and a commentary provided by Executive Leads on key achievements and challenges, where required for Quarter 2.

An additional explanation including mitigating action is also included where any items are **BRAGG** rated as Red. Executive leads were also asked to reassess their delivery confidence ratings with current confidence levels compared to that of the start of the year. Improvements have been made continuously to this report to enable sufficiently detailed yet concise reporting of progress against the PTHB Integrated Plan. There has been an increased focus on the commentary in response to feedback from Committee and Board, to provide greater insight into the impacts that actions are having and the key achievements.

The Delivery Plan has also been mapped to the Ministerial Advisory Group (MAG) requirements which are now also reflected in the Welsh Government publication 'Improving Performance Together' which was issued in July 2025 as discussed below.

This is an important component of the Health Board's monitoring, assurance and performance management regime. This is particularly relevant in the context of the Health Board's escalation status of 'Level 4' for strategy, finance and planning.

Executive Lead sign off has been maintained, to ensure that the report reflects the appraisal carried out within Directorates and is given as part of the Executive Leads accountability for their portfolio and strategic priorities.

2)Progress Summary at Q2

The report shows the progress made with delivery of the actions and priorities in the Plan as reported for Q2.

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Of the 348 key deliverables identified for completion in 2025/26, 181 items due for delivery in Q2, 118 are rated as on track and 63 rated as complete. This is compared with 125 on track and 21 complete actions in Q1.

In terms of more challenged areas of progress, 44 deliverables have been rated as at risk and 18 as behind schedule within Q2 representing 18% of the overall plan. This is compared to 38 and 5 respectively for Q1, 12% of the overall plan, a decreasing position of 6% quarter on quarter. As a result, the Executive team is also asked to collectively assure the Delivery Confidence of the AMBER-rated schemes by means of this report.

In Q2 there are 100 deliverables which are not due which are scheduled for action during Q3 and Q4.

Ministerial Advisory Group Recommendations

Work was carried out in Q1 to add cross references to the Progress against Plan reporting to the MAG (Ministerial Advisory Group report & recommendations on productivity) as part of tracking of actions in these areas.

Further detailed tracking in line with the recently released Welsh Government 'Improving Performance Together' document (which incorporates the MAG, Cabinet Secretary priorities and planning / performance framework) is included in the PTHB IQPF and IQPR (Integrated Quality and Performance Framework and Report) pending the national work on the development of metrics.

Detailed updates on key areas of delivery and performance including ministerial priorities and enabling actions are provided at monthly IQPD sessions and also at Joint Executive Team (JET) meetings.

MAG recommendation	Key Deliverables	RAG rating	Commentary provided
5.6) Theatres: Development of key day case pathways **Cross reference to MAG Report 2025 recommendations:** - All Health Boards should adopt best practice in theatre management (GIRFT), local Theatre Optimisation Boards and increased productivity ie. cases per session (see MAG for specifics) (further recommendation on accreditation of Surgical Hubs which WG propose they lead)	**5.6.1)** Development of theatre dashboard in line with national programme Q3	**Not due yet**	**5.6.3)** Business Case developed for speciality lead sessions to be presented to PTHB Planned Care Board September 2025 for consideration of funding. Not agreed – needs further consideration in light of Health Board financial situation. **5.6.4)** Health Boards were anticipating National One Wales Theatre system directive from Welsh Government. This is still to be confirmed in interim. PTHB Planned Care will continue to
	5.6.2) Implementation of all day lists	**Not due yet**	

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	ophthalmology/orthopaedics 2025/26 Q4		develop Welsh Patient Admin System due to the delay in the national directive on theatre system requirements. **5.6.5)** Orthopaedic Speciality lead commenced in post September 2025 will develop opportunities plan alongside support from Orthopaedic Clinical Implementation Network.
	5.6.3) Anaesthetics specialty lead for PTHB resourced from SLA underperformance Q2	**At risk**	
	5.6.4) Digitalisation – costed proposal for theatre management system Q1	**At risk**	
	5.6.5) Review of day case procedures to identify opportunities for repatriation Q2	**At risk**	
5.7) Outpatients: Develop a single management system and oversight **Cross reference to MAG Report 2025 recommendations:** - All Health Boards should within three months develop a plan to reduce referrals to traditional outpatients in high volume specialities / unwarranted variation - Models that offer alternatives should be rapidly identified and scaled - Reduce variation in OP waiting times using best practice inc. GIRFT/ Further faster/ triage/ pathways	**5.7.1)** 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	**On track**	**5.7.1)** Further Faster discussions progressing with each in reach consultant to discuss opportunities for OP efficiencies, developing SOPs for implementation of OP procedures in Ophthalmology and ENT for implementation in Q2. Deep dive of FUs with additional validation, Attend Anywhere Workshops are being held with reach consultants to increase digital offer. National Planned Care Programme Clinical Leads are working with PTHB Planned Care to develop additional speciality level support to service development/transformation. **5.7.2)** Digital Project Manager assigned working with operational team to scope requirements, develop business cases, reviewing systems available in liaison with other HBs, supporting administrative resource will be required to manage the system this will be built into the bid which is required to be resource neutral.
	5.7.2) Develop business case and delivery model for clinical room booking system Q1-Q4	**On track**	
7.2) Cancer	**7.2.1)** Delivery against Cancer Improvement plan Q1-Q4	**On track**	

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Cross reference to MAG Report 2025 recommendations: No health board specific however note the recommendation for NHS Wales to identify single highest impact pathway change for five tumour types and incentives; and associated data development (see MAG for detail)			**7.2.1)** Delivery against the plan is ongoing with annual review due in Q4. **7.2.2)** Continue to monitor pathway performance and service provider actions to address areas for improvement via regular CQPRM meetings and link to ongoing work around Improving the Cancer Journey Programme. **7.2.3)** Collaboration with the National Cancer Team and NHS Wales Performance and Improvement supports initiatives to improve earlier diagnosis and reduce waiting times. **7.2.4)** The Improving the Cancer Journey Programme Phase 2 is working to meet the needs of people living with and affected by cancer in Powys and extend the wraparound support available to include prehabilitation to rehabilitation. Following successful recruitment for the Communication and Engagement role, the team is currently up to full complement. **7.2.5)** Improving the Cancer Journey Programme coordinates the PTHB Cancer Improvement Plan annual review. The next annual review is due in Q4 2025-26.
	7.2.2) Continue to work with Commissioned Service Providers to identify areas of the suspected Cancer pathway which could be improved Q1-Q4	**On track**	
	7.2.3) Work with the Cancer Network to implement innovations to support earlier diagnosis and reduce waiting times Q1-Q4	**On track**	
	7.2.4) Continue the Improving the Cancer Journey Programme Phase 2 Q1-Q4	**On track**	
	7.2.5) Annual review of the PTHB Cancer Improvement Plan Q1-Q4	**On track**	
10.2) 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. **Cross reference to MAG Report 2025 recommendations:** - Health Boards should make improvement in processes,	**10.2.1)** Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking Q1-Q4	**On track**	**10.2.1)** Total numbers of Pathways of Care Delays have reduced. Number of POCDs within August represent a 4% reduction when compared to the Mar ’25 baseline (51 [Aug ‘25]: 53 [Mar ‘25]) with recent 3-month data (Jun ’25 – Aug ’25) demonstrating a 23%

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partnerships and investment in specific community pathways to reduce delayed pathways of care (6 months) - Delays by pathways to be published in 3 months • Also note recommendation for WG to carry out Rapid study of longest delays to target investment, with Health Board input Also note ambulance handovers included (see MAG for detail)			reduction when compared with the same period in the previous year (157 [2025]: 203 [2024]). **10.2.2)** The number of super-stranded patients remains low. Number of super-stranded patients within August represent a 25% increase when compared with the Mar ’25 baseline (5 [Aug ‘25]: 4 [Mar ’25]). However, a 50% reduction was observed in both Jun’25 and Jul’25 (2 [Jun ’25, Jul ‘25]: 4 [Mar ‘25]). It should be noted that the low incidence rate of super-stranded patients has a disproportionate impact to target performance when viewed as a percentage. **10.2.3)** Action Plan remains in place and up to date. A new escalation action plan and monthly escalation meeting have been established with the Powys County Council Hospital Social Worker Team Lead. Performance has improved, with the average time to Social Worker allocation reducing from 21 days [Jun ‘25] to 17.8 days [Aug ‘25]. **10.2.4)** Total numbers of Days Delayed as a result of Pathways of Care Delays have reduced. Number of days delayed within August represent an 8% reduction when compared to the Mar ’25 baseline (2078 [Aug ‘25]: 2265 [Mar ‘25]) and a 26% reduction when compared with the same period in the previous year (2078 [Aug ‘25]: 2812 [Aug ‘24]).
	10.2.2) Reduce the number of super-stranded patients through escalation and tracking Q1-Q4	**On track**	
	10.2.3) Work in partnership with PCC to improve social care delays through the recommendations of the Newton Europe diagnostic report Q1-Q4	**On track**	
	10.2.4) Reduce the total number of days delayed due to Pathways of Care delays Q1-Q4	**On track**	

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10.5) Further develop PTHB's utilisation of the Optimal Hospital Flow Framework and associated tools, with a focus on D2RA and Red2Green **Cross reference to MAG Report 2025 recommendations:** Hospitals must ensure all admitted patients are placed on D2RA pathways	**10.5.1)** Develop R2G and D2RA Information and Performance dashboards Q1	**Behind Schedule**	**10.5.1) & 10.5.2)** Progress on R2G and D2RA dashboards has resumed following resolution of technical issues that had inhibited live data scripting in Q1. A data architecture restructure, completed in August, has addressed these barriers, allowing the initially planned dashboard work to recommence. Initial dashboards have now been produced and require further development; as data outputs are not yet available for review, this area has been marked as red. Work continues to align with national reporting expectations and support ongoing monitoring and review of local performance.
	10.5.2) Monitor and review data outputs and identify barriers Q2	**Behind Schedule**	
	10.5.3) Scope and assess means to address identified barriers Q3	**Not due yet**	
	10.5.4) Develop targeted action plan to address identified barriers Q4	**Not due yet**	
10.6) Further strengthening the approach to Trusted Assessment **Cross reference to MAG Report 2025 recommendations:** • Audit of Trusted Assessors May & Sept (WG lead, Health Boards to provide justification and timescales)	**10.6.1)** Pilot of Trusted Assessment approach Q1	**Complete**	**10.6.2)** A Trusted Assessor Audit was undertaken in July 2025, with recommendations received to improve documentation and agreements between the Health Board and Local Authority. An updated Memorandum of Understanding and Process Map has been shared with the Local Authority for comment and agreement. Bi-weekly meetings with Cottage View, the Health Board, and Local Authority continue to monitor progress, review outcomes, and identify opportunities to streamline the patient journey from DGH to home. Formal review and pilot evaluation are scheduled to commence in January 2026. *Proposed amendment to
	10.6.2) Review outcomes of the pilot Q2	**At risk**	
	10.6.3) Scoping of next steps Q3	**Not due yet**	
	10.6.4) Implementation of Trusted Assessment Q4	**Not due yet**	

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			timescale from *Q2* to *Q4* – see below.
12.1) 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 ACTION** **Cross reference to MAG Report 2025 recommendations:** • Health Boards to report workforce headcount, FTE staffing and productivity data to public Board meeting (see MAG report and WG response for further detail/ timescale) also note recommendation for HEIW in relation to Leadership programmes	**12.1.1)** 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	**On track**	**12.1.1)** Transformation programme managers and the Workforce future team have undergone accredited change management training. Business process re-engineering training available through Neath Port Talbot College group or University of South Wales. 1:1 coaching offer available. Bespoke facilitation for Mental Health joint senior leadership teams. Workforce Futures team aligned to the Better Together programme and active members of the Tactical OD, Engagement and Communications weekly group. Working with HEIW on scalability of current clinical leadership immersive programme (CLIP).

Progress of Critical Actions:

Additionally in this year's Plan, 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. Of the 53 critical actions identified in the Plan:

- 14 are "not due yet"
- 13 are "complete"
- 13 are "on track"
- 8 are reported as "at risk"
- 5 are reported as "behind schedule" (for further details, see table below).

Naturally there is an overlap between the 2 tables given that the critical actions are areas being picked up by the MAG also.

Wellbeing Objective	Key Areas of Delivery	Key Deliverables	RAG rating Commentary provided – Items at risk & Delivery Confidence

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			Assessment (DCA) for Amber and Reds
Focus on Wellbeing	3.1) Develop, design and implement a Children's Neurodevelopment (ND) service that is family and child centred in line with national standards **CRITICAL ACTION**	3.1.1) Embed and sustain improvements in the Children's ND Improvement Plan Q1	**On track**
		3.1.2) Ensure a clear delivery model is in place aligned to demand and capacity modelling along with population need and mapping for future prevalence Q2	**On track**
		3.1.3) Ensure a robust workforce model is in place Q2	**On track**
Early Help and Support	**4.1) 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**	4.1.1) 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	**Complete**
		4.1.2) 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	**Behind Schedule -** Change in scope, requested wording to "Confirm the baseline activity workforce, performance and finance metrics for services in scope of Phase 1 to measure the impact of service improvement and transformation". Timescale request change to Q4 DCA – Medium
		4.1.3) Design a new model for Enhanced Community Care with stakeholders Q1	**Complete**
		4.1.4) Develop and agree with partners (primary care, social care and third sector) the workforce scope and geographical structure Q1	**Complete**
		4.1.5) Check, challenge and test the proposed model through engagement with staff, stakeholders and partners Q2	**Complete**
	4.2) GP Out of Hours (OOH) CRITICAL ACTION	4.2.1) Extend the Shropdoc contract to sustain existing services subject to the assessment of delivery Q1	**Complete**
		4.2.2) Re-tender for an Out Of Hours service provision Q2-Q3	**Complete**
		4.2.3) Resolve and commission Swansea Bay University Health Board to deliver service for Ystradgynlais Q1	**At risk -** 2025/26 SLA is unsigned with outstanding areas to be resolved at Executive level meeting. Service delivery continues with no impact on patients. DCA - Medium
	5.1) Delivery of prioritised strategic planned care improvements	5.1.1) 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	**On track**
	6.1) External expertise will be commissioned to fully appraise any further improvements and develop a new model **CRITICAL ACTION**	6.1.1) Expertise commissioned and appraisal completed Q1-Q2	**Behind Schedule -** Behind schedule, primarily due to the external expertise only being commissioned and assigned at the end of Q2. This late assignment has delayed the commencement of key deliverables and without the appraisal, outputs are not available. To address this, it is recommended that the delivery timeframe be revised to Q3/Q4, allowing adequate time for onboarding, planning, and completion of the required audit work. DCA - Medium
		6.1.2) Outputs of appraisal used to inform further improvement plan Q2	**Behind Schedule -** Behind schedule, primarily due to the external expertise only being commissioned and assigned at the end of Q2. This late assignment has delayed the commencement of key deliverables and without the appraisal,

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			outputs are not available. To address this, it is recommended that the delivery timeframe be revised to Q3/Q4, allowing adequate time for onboarding, planning, and completion of the required audit work. DCA - Medium
Tackling the Big Four	7.1) Deliver improvements in High Value High Impact pathways (Diabetes) CRITICAL ACTION	7.1.1) Implement improvements in the High Value High Impact pathways aligned to Value & Sustainability Board priorities – Diabetes Q1-Q4	**At risk -** This work is ongoing and is being overseen through the Diabetes and Integrated Plan 2025–26 workstream, where all relevant deliverables are systematically tracked and progressed in line with agreed priorities. Agreed actions are underway to progress towards implementing improvements to the pathways for diabetes. **DCA – High**
		7.1.2) Review the outcomes in Powys of existing Diabetes care and pathways Q1	**Complete**
		7.1.3) Scope the potential to provide elements of the hybrid closed loop pathway closer to home Q1-Q2	**On track**
		7.1.4) Further Faster review in reach general medical endocrinology (Links to eye care referral management diabetic retinopathy pathway) Q2	**At risk -** Progress continues on the "Further Faster" review of in-reach general medical endocrinology services. Consultant engagement regarding clinic capacity and commissioning support is underway but currently behind schedule. The Pan Powys Diabetes Referral Pathway is under review to support improved access and reduce unnecessary referrals. DCA – High
		7.1.5) Develop cluster model to enhance the 8 care process outcomes Q2-Q3	**At risk -** This work is being progressed within the Diabetes and Integrated Plan Workstream, with regular reporting in place. Work and discussion are actively underway to enhance delivery of the 8 care process outcomes within clusters by Q3. DCA - Medium
	8.1) Mental Health Transformation Programme CRITICAL ACTION	8.1.1) Complete strategic assessment of community based MDTs and identify opportunities Q1	Behind Schedule - Change in scope, requested wording to "Confirm the baseline activity workforce, performance and finance metrics for services in scope of Phase 1 to measure the impact of service improvement and transformation". Timescale request change to Q4 DCA – Medium
		8.1.2) Continue transformation of front door building on Single Point of Access (SPOA) aligned to 111(2) Q1-Q4	**On track**
		8.1.4) Undertake demand and capacity modelling (health and care) Q1-Q2	**On track**
		8.1.8) Rescope sanctuary model in above context, in North Powys Q2-Q3	**At risk -** Alternative to admission, e.g. Sanctuary', has been included within mental health community model options for Better Together transformation. This is likely to impact upon current Q3 delivery deadline. **DCA - Medium**
		8.1.11) Leverage digital opportunities e.g. access to information, virtual appointments, data collection and reporting Q1-Q4	**On track**
		Acute Inpatient Model of Care 8.1.12) Further planning and design following recommendations of Supportive Assessment by NHS Executive in March 2025 Q1	**Complete**

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		8.1.13) 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	**On track**
		Older Adult Mental Health Services 8.1.14) Clinical review of existing model and demand / capacity analysis (linked to work above) Q1	**At risk** This deliverable is amber for Q1 delivery, however this work has been incorporated into '8.1.4) Undertake demand and capacity modelling (health and care) Q1-Q2', and recent workforce analysis and planning (including financial costing) for Better Together mental health short list options, therefore it is proposed that this deliverable is now redundant. Change request that this deliverable has been superseded and is no longer relevant. **DCA – Medium**
		8.1.15) Service improvement learning from Phase 1 Dementia Home Treatment Team (Design / implementation of model part of wider work noted above) Q1-Q2	**Behind Schedule** Due to staff capacity available for Q2 deliverables being diverted to the Accelerated scope for Better Together Accelerated Community Model (& Inpatient Model) programme, this Q2 deliverable requires re- planning for delivery within Q3. Work has continued in this area throughout Q2, however staff capacity has not been available to achieve completion. Change request for delivery in Q3 2025/26. DCA - High
Joined Up Care	9.1) Optimising inpatient care and bed utilisation **CRITICAL ACTION**	**Colocation by clinical need** 9.1.1) 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	**Complete**
		9.1.2) Implement recommendations including any rostering improvements (reflected in Workforce Futures and as part of SP4 Community Model) Q2-Q4	**On track**
	10.1) Refine the Integrated Flow Hub to develop a sustainable model that enhances system-wide coordination and patient flow **CRITICAL ACTION**	10.1.1) Scope and define the role and priorities of the Integrated Flow Hub, including the development of a resource plan Q1	**Complete**
		10.1.2) Subject to scoping, secure necessary resourcing including workforce and digital technologies for effective and sustainable implementation Q2	**At risk -** Scoping activity has been completed, with progress made across workforce, estates, and digital requirements. Job descriptions have been finalised and submitted for Job Evaluation, with outcomes expected following the rescheduled panel meeting on 19*th* September 2025. Estates Panel discussions have taken place and indicated broad agreement with the accommodation request, subject to clarification on space requirements and engagement with Digital Infrastructure due to the multi-agency nature of the proposal. A new digital project has also been initiated to ensure the infrastructure needed for implementation is secured. While resources are not yet fully in place, key steps have been taken to progress towards sustainable delivery. DCA - Medium
	11.1) Commissioning development Framework **CRITICAL ACTION**	11.1.1) Develop Strategic Commissioning Framework for tactical commissioning and contracting for 2025/26 based on population health and evidence based practice to improve	**Complete**

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		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	
Workforce Futures	12.1) 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 ACTION** **Cross reference to MAG Report 2025 recommendations:** • Health Boards to report workforce headcount, FTE staffing and productivity data to public Board meeting (see MAG report and WG response for further detail/ timescale) also note recommendation for HEIW in relation to Leadership programmes	12.1.1) 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	**On track**
Digital First	16.1) DSF Strategic Theme - Leadership, Partnership and Alliances ○ Schedule Board Development sessions to embed digital thinking at the leadership level CRITICAL ACTION	16.1.1) To ensure digital transformation is a continuous focus at the highest levels of leadership plan two Digital Board Awareness Sessions in year Q1	**On track**
		16.1.2) Schedule and present a Cyber/Information Governance Awareness Board Session Q2	**On track**
	16.7) DSF Strategic Theme - Infrastructure and Security CRITICAL ACTION Cyber and Infrastructure	16.7.1) 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	**Complete**
Transforming in Partnership	20.1) 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**	20.1.2) Agreement on RPB support for Ready to Go Home Units subject to the PTHB Board decision in July 2025 Q2	**Complete**

Achievements to date

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Following feedback from the Committee in the previous financial year, to enhance the content to provide greater insight into what difference actions were making, additional guidance was provided to Executive leads and a section for Achievements was added to the capture form used for the returns. This has enabled further information to be shared on achievements in the Quarter. This area of reporting will continue to be refined in year as the approach matures further

Focus on wellbeing

- Breastfeeding Support: Over 320 premises accredited under the Breastfeeding Welcome Scheme.
- Smoking Cessation: 5.6% of smokers treated in the past year, exceeding the national 5% target.
- Vaccination Success:
  - COVID-19 Spring Campaign: 56.9% uptake (highest in Wales), with over 13,000 doses administered and 79% of care home residents vaccinated.
  - RSV Vaccination: 70% uptake among pregnant women (target achieved), 51.6% uptake in the routine cohort (highest in Wales), and 66.7% in the catch-up cohort (second highest).
  - Childhood Immunisations: 91.4% of children up to date with all scheduled vaccinations by age 5; just 10 more needed to achieve the 95% herd immunity target.

Early Help and Support

- Successful award of the APMS contract for Rhayader Medical Practice and commencement of Unified Contract Assurance Framework reviews across GP practices.
- South Powys Mobile Dental Unit operating successfully with positive patient feedback and expansion to additional sites.
- Extensive MDT training through the Primary & Community Care Academy; all Powys GP Nurses in the Foundation Programme now fully qualified, with nine recruited over the past three years.
- Launch of the MSK Referral Triage and introduction of Orthopaedic Consultant Specialty Lead sessions.
- Development of the Cluster Urgent Care infographic and Emergency Admissions dashboard to support planning and insight.
- National acknowledgement for the Working Well programme and a Wales CNO Award nomination for Paul Ridd Bundle awareness training.
- Appointment of a Community Optometrist to support referral management and successful bid for new theatre equipment.
- Completion of reviews and benchmarking work on private providers and continuing healthcare needs, in collaboration with Hywel Dda UHB and the NHS Executive.

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Workforce

- Academy Career and Education Enterprise scheme (ACEES) has been delivered to 11 out of 13 Powys schools plus outreach to NPTC colleges and a Welsh Medium School over the border – reaching 5,507 students
- Retention: A refreshed approach to exit questionnaires, is now delivered via MS Forms to capture more detailed, non-anonymous feedback. There is also a 'Stay conversation' template which has been well received during the initial pilot.

Digital

- Customer satisfaction (Staff User Experience) levels have seen a significant increase, with positive feedback on our enhanced service offerings and support.
- Radiology Informatics System Procurement (RISP) is now live.

Transforming in Partnership

- Implementation of the Partnership Development Framework and reporting across 12 multiagency partnerships.
- Enhanced governance and assurance, with full delivery of the Board and Committee schedule and adoption of the new SRR and BAF Dashboard.
- Strengthened information governance, including improved asset recording and launch of an activity tracker for better workload visibility and resource planning.
- Ongoing staff development, with three team members achieving IHRIM qualifications.
- Successful completion of Stage Two Engagement for Better Together, shaping future community health services.
- Improved staff engagement and recognition through regular Team Focus sessions and Staff Excellence Awards.
- New Head of Charity successfully appointed.

Items Behind Schedule

The table below summarises areas of delivery which remain with a red BRAGG rating at the end of Quarter 2.

Strategic Priority	Key Areas of Delivery	Key Deliverables	Commentary on Red Actions	Delivery Confidence Assessment
SP4: Enhanced Primary & Community Care	**4.1) 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**	4.1.2) 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	Change in scope – requested rewording to "Confirm the baseline activity workforce, performance and finance metrics for services in scope of phase 1 to measure the impact of service improvement and transformation". Change in timescale to Q4	Medium

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SP4: Enhanced Primary & Community Care	**4.6) Cluster Development** Develop a robust planning and delivery framework at a cluster and collaborative level, capable to deliver at scale for the population	4.6.3) Implementation of Dental Collaborative (pending national negotiation outcome) Q2-Q4	It is not possible to implement as tied in with national contract negotiations. Change request submitted to remove and include in 2026/27.	Low
SP5: Planned Care and Diagnostics	**5.9) Point of Care Testing (POCT)** Improved assurance and governance	5.9.5) Review and develop existing POCT provision and governance: Develop QA Compliance framework including audits and KPIs for all devices in use Q2	Not progressed due to capacity (Sickness / absence) – timescale change to Q4	Low
SP6: Complex and Continuing Healthcare	6.1) External expertise will be commissioned to fully appraise any further improvements and develop a new model **CRITICAL ACTION**	6.1.1) Expertise commissioned and appraisal completed Q1-Q2	Behind schedule, primarily due to the external expertise only being commissioned and assigned at the end of Q2. This late assignment has delayed the commencement of key deliverables and without the appraisal, outputs are not available. To address this, it is recommended that the delivery timeframe be revised to Q3/Q4, allowing adequate time for onboarding, planning, and completion of the required audit work.	Medium
SP6: Complex and Continuing Healthcare	6.1) External expertise will be commissioned to fully appraise any further improvements and develop a new model **CRITICAL ACTION**	6.1.2) Outputs of appraisal used to inform further improvement plan Q2	Behind schedule, primarily due to the external expertise only being commissioned and assigned at the end of Q2. This late assignment has delayed the commencement of key deliverables and without the appraisal, outputs are not available. To address this, it is recommended that the delivery timeframe be revised to Q3/Q4, allowing adequate time for onboarding, planning, and completion of the required audit work.	Medium
SP8: Mental Health	**8.1) Mental Health Transformation Programme** **CRITICAL ACTION**	8.1.1) Complete strategic assessment of community based MDTs and identify opportunities Q1	Behind Schedule - Change in scope, requested wording to "Confirm the baseline activity workforce, performance and finance metrics for services in scope of Phase 1 to measure the impact of service improvement and transformation". Timescale request change to Q4	Medium
SP8: Mental Health	**8.1) Mental Health Transformation Programme** **CRITICAL ACTION**	8.1.15) Service improvement learning from Phase 1 Dementia Home Treatment Team (Design / implementation of model part of wider work noted above) Q1-Q2	A common operational policy including standard operating procedure (SOP) has been developed for the Dementia Home Treatment Team, which currently comprise a North and South team. Staff model and working pattern will be reviewed in line with short list option development for Better Together community model. The implementation of the common process is now being planned for Q3, due to reduced capacity to deliver within Q2, in addition to accelerated Better Together deliverables. Outcome measures are under review by task and finish group, for inclusion within BI reporting solution. Implementation will facilitate improved data capture of team activity volumes and patterns, which will support future workforce planning and working pattern.	High
SP10: System Resilience	10.5) Further develop PTHB's utilisation of	10.5.1) Develop R2G and D2RA	Progress on R2G and D2RA dashboards has resumed following resolution of technical issues that had	Medium

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	the Optimal Hospital Flow Framework and associated tools, with a focus on D2RA and Red2Green **Cross reference to MAG Report 2025 recommendations:** Hospitals must ensure all admitted patients are placed on D2RA pathways	Information and Performance dashboards Q1	inhibited live data scripting in Q1. A data architecture restructure, completed in August, has addressed these barriers, allowing the initially planned dashboard work to recommence. Initial dashboards have now been produced and require further development; as data outputs are not yet available for review, this area has been marked as red. Work continues to align with national reporting expectations and support ongoing monitoring and review of local performance.	
		10.5.2) Monitor and review data outputs and identify barriers Q2		Medium
SP11: Commissioning for Value	**11.3) Specialised services** Work with JCC as a preferred partner to analyse and scope opportunities to improve value; take forward JCC Transformation priorities 2025-26	11.3.2) Scope opportunities for pathway and referral optimisation (linking to the Critical action set out in SP5) – Q1-Q4	Behind target. Meeting of JCC Pathways and Referral Management Project Board held 5th August. Board established to identify and implement possible savings, value based initiatives, streamline care pathways, improve patient care and outcomes. Four phases identified to December 2026. Outside of Health Board Control	Low
		11.3.3) Develop implementation plan for identified options – Q1-Q4	Behind target. Meeting of JCC Pathways and Referral Management Project Board held 5th August. Board established to identify and implement possible savings, value based initiatives, streamline care pathways, improve patient care and outcomes. Four phases identified to December 2026. Outside of Health Board Control	Low
	11.6) Agree first phase outcomes of Third Sector Review, focussing on admission avoidance, timely discharge and end of life care	11.6.2) Updated service specifications and agreement of SLAS with providers Q2-Q3	Paper developed by Assistant Director Partnership Development and approved by Executive Committee in September 2025. Internal coordination group and Executive Group established. Phase 1 review to be presented to Executive Committee December 2025.	Medium
		11.6.3) Develop KPI's and agree new reporting metrics Q2		Medium
SP: Transformation and Sustainability	12.12) Train eligible registered nurses in restorative supervision	12.12.1) Number of registered nurses trained in restorative supervision Q1-Q4	There are a number of national challenges that are being discussed by Exec Directors of Nursing – Currently no train the trainer programmes offered, limited options of training which are Cardiff centric, no backfill for attending training or delivery. Outside of Health Board Control	Low
SP: A Great Place to Work	13.2) Embed Speaking up Safely framework	13.2.2) Evaluate Vivup SUS offer Q2	No concerns have been raised by users through VIVUP so evaluation not possible. Timescale change request to Q3. First Quarterly Steering Group had limited attendance, second group due to meet in October	Low
SP: Equalities and Welsh Language	15.5) Continue to rollout the Gender awareness training	15.5.1) Number of cohorts and participants Q2&Q4	Due to the Supreme court ruling on the definition of "Sex" under the Equality Act it has been necessary to suspend the Gender Awareness training program until the provision of clear guidelines on the correct approach to aspects of this training. The training will be resumed once clarity is provided by EHRC and Welsh Government. Outside of Health Board Control	Low
SP: Leadership and Planning for Digital	16.4) DSF Strategic Theme - Leadership, Partnership and Alliances	16.4.2) Collectively continue to deliver digital transformation to support sharing of	Cross Border project continues to face delays. Delays are caused by unforeseen data issues and scheduling issues. Due to the history of the project,	Medium

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	System Integration with providers and commissioners in NHS Wales and NHS England, with robust Data Sharing Agreements	information and standardisation across pathways, with cross border providers Q1-Q4	confidence levels are low. Current expectation is that work will be completed by mid August.	
SP: Leadership and Planning for Digital	16.9) Strategic Theme - Leadership, Partnership and Alliances ○ DSF National Programme Alignment ● Electronic Prescribing ● Maternity system and app ● Radiology Information System ● Connected Care (WCCIS), Mental Health and Community Health Solution replacement connected to Primary Care CRITICAL ACTION - Deploy with industry partners, proven clinical systems such as for Maternity, Mental Health and Community Health Systems, electronic care records and medical technologies	16.9.1) Commence the implementation of Electronic Prescribing Medicines Management to meet the Welsh Gov Milestone Funding agreement Q2	Timescales and milestones for Oct Go Live have been delayed due to the UAT platform not being available, causing slippage to testing, training and go live, this is due to supplier, technical and national issues that have taken longer than expected to resolve and very manual validation exercises to populate current medicines library.	Medium
SP: Governance incorporating Corporate Business, Information Governance & Records Management	21.6) Information Governance and Records Management Strategy	21.6.1) Finalise strategy including improvement plan Q1-Q2	This red-rated action is now nearing completion, with final steps underway with finalising the draft and approval anticipated in Q3. Progress was impacted by some key national programmes which required the Head of Service operational commitment, which have required significant team input over recent months.	Medium

3) Next Steps

This report provides the Board with an update of the progress made in Quarter 2 (July - September 2025) against the 2025-26 Annual Plan.

Following consideration and approval at this meeting, this report will then be submitted Welsh Government as a formal report of Progress against the Quarter 2 of the 2025-26 Annual Plan in line with national reporting requirements.

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NEXT STEPS:
Following consideration at this Board meeting, this report will be provided to Welsh Government as a formal report of Progress against Plan for Quarter 2 in line with national reporting requirements**.**

IMPACT ASSESSMENT
Not required

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Integrated Plan Progress Report

Quarter 2 2025-2026

July to September 2025

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BRAGG Key

Blue - Complete

Red - Behind schedule

Amber - At risk/issues present

Green - On track

Grey – Not due

The recommendations set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) have been cross referenced in the appropriate delivery areas in this Progress Report

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Plan on a page 2025 > 2026

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)

Logic Map

showing the link between Key Drivers, Objectives, Priorities and CRITICAL ACTIONS

Key Drivers

(aligned with escalation status and de-escalation criteria)

RISK
Addressing performance/ quality/delivery/ corporate risk

RECOVERY
Addressing the drivers of the financial deficit, optimising efficiency and productivity

SUSTAINABILITY
Delivering 'A Healthy Caring Powys' (Health and Care Strategy) through the Better Together Programme

CRITICAL ACTIONS in the Delivery Plan 2025 - 26

Wellbeing Objectives

A whole system approach to wellbeing & prevention

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

CRITICAL ACTION:
- Neurodevelopment Services for Children & Young People

A responsive community based model of care

4. Enhanced Primary & Community Care

CRITICAL ACTION:
- Community Model

CRITICAL ACTION:
- GP Out of Hours

5. Planned Care and Diagnostics

CRITICAL ACTIONS:
- Performance & Delivery
- Referral Optimisation

6. Complex and Continuing Healthcare

CRITICAL ACTION:
- External support for further improvement to develop a new model

Effective care across the Big Four

7. Major Conditions

CRITICAL ACTION:
- High Value High Impact Pathways: Diabetes (2025/26)

8. Mental Health

CRITICAL ACTION:
- Transformation Programme

Sustainable and resilient health care

9. Community Hospital Model and Rural Regional Centre

CRITICAL ACTION:
- Optimising inpatient pathways and bed use

10. Improve System Resilience

CRITICAL ACTION:
- Six Goals Plan – further development of Hub

11. Commissioning for Value

CRITICAL ACTION:
- Strategic and Tactical Commissioning Framework

Strategic Priorities

Enablers

WORKFORCE FUTURES

CRITICAL ACTION:
- Workforce Transformation

DIGITAL FIRST

CRITICAL ACTIONS:
- Cybersecurity
- WCCIS Replacement

INNOVATIVE ENVIRONMENTS

TRANSFORMING IN PARTNERSHIP

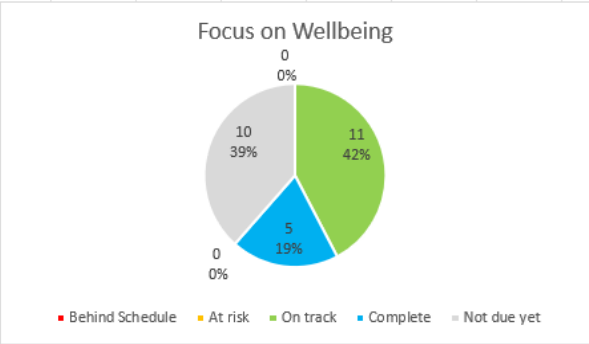
CRITICAL ACTION:
- RPB Prioritisation for greatest system impact

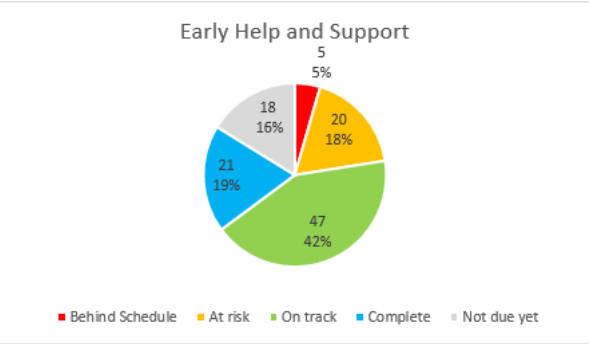
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Powys Teaching Health Board

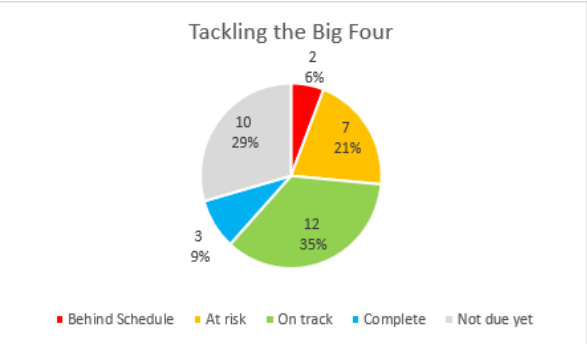
Gwella Gyda'n Gilydd ✓ Better Together

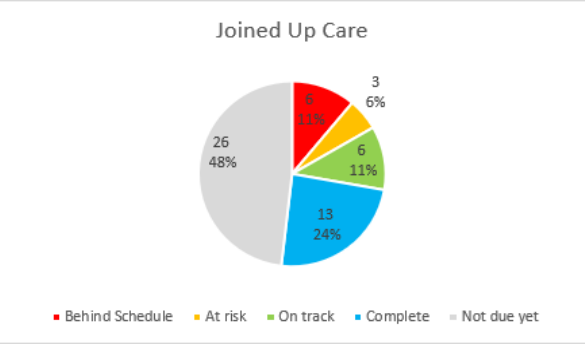
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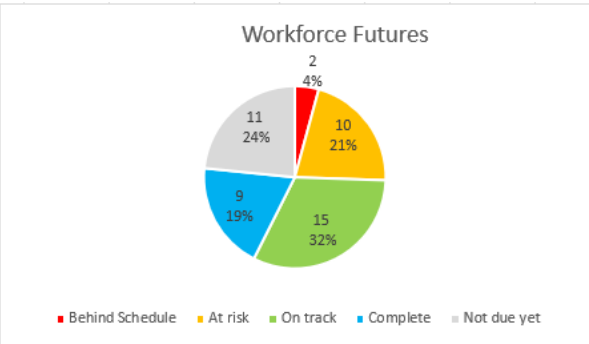
SUMMARY OVERVIEW

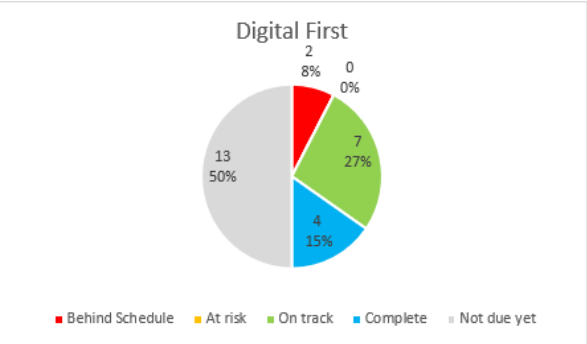




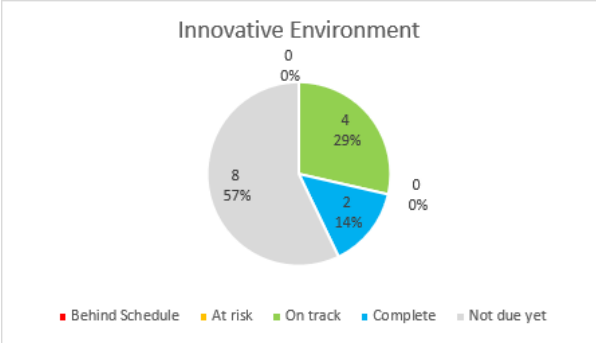


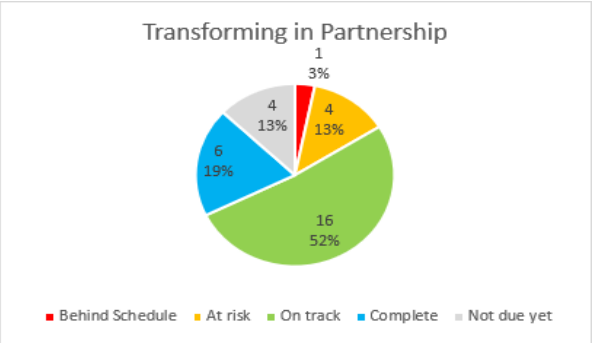


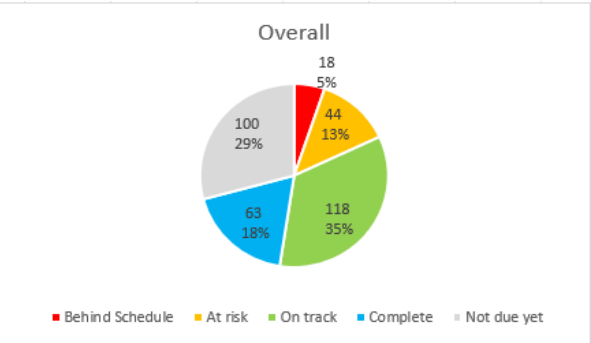




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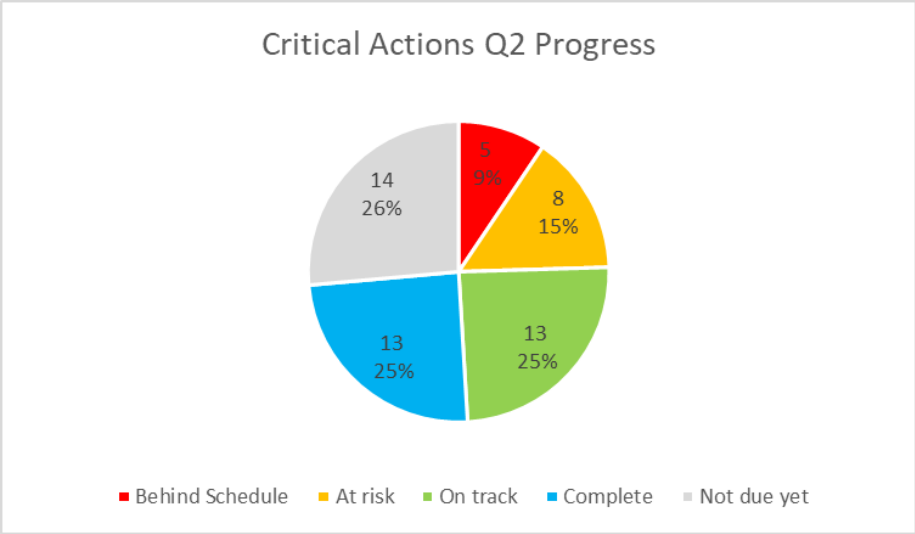






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Critical Actions



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Response to Ministerial Advisory Group recommendations Q2 (Improving Performance Together)

MAG recommendation	Key Deliverables	RAG rating	Commentary provided
5.6) Theatres: Development of key day case pathways **Cross reference to MAG Report 2025 recommendations:** - All Health Boards should adopt best practice in theatre management (GIRFT), local Theatre Optimisation	**5.6.1)** Development of theatre dashboard in line with national programme Q3	**Not due yet**	**5.6.3)** Business Case developed for speciality lead sessions to be presented to PTHB Planned Care Board September 2025 for consideration of funding. Not agreed – needs further consideration in light of Health Board financial situation.
	5.6.2) Implementation of all day lists ophthalmology/orthopaedics 2025/26 Q4	**Not due yet**	

Of the 53 critical actions identified in the Plan:

- 14 are "not due yet"
- 13 are "complete"
- 13 are "on track"
- 8 are reported as "at risk"
- 5 are reported as "behind schedule", these are linked to the Enhanced Community Care Model, Complex and Continuing Health Care (CHC) the Mental Health Transformation Programme.

7

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Boards and increased productivity ie. cases per session (see MAG for specifics) (further recommendation on accreditation of Surgical Hubs which WG propose they lead)	**5.6.3)** Anaesthetics specialty lead for PTHB resourced from SLA underperformance Q2	**At risk**	**5.6.4)** Health Boards were anticipating National One Wales Theatre system directive from Welsh Government. This is still to be confirmed in interim. PTHB Planned Care will continue to develop Welsh Patient Admin System due to the delay in the national directive on theatre system requirements. **5.6.5)** Orthopaedic Speciality lead commenced in post September 2025 will develop opportunities plan alongside support from Orthopaedic Clinical Implementation Network.
	5.6.4) Digitalisation – costed proposal for theatre management system Q1	**At risk**	
	5.6.5) Review of day case procedures to identify opportunities for repatriation Q2	**At risk**	
5.7) Outpatients: Develop a single management system and oversight **Cross reference to MAG Report 2025 recommendations:** - All Health Boards should within three months develop a plan to reduce referrals to traditional outpatients in high volume specialities / unwarranted variation - Models that offer alternatives should be rapidly identified and scaled - Reduce variation in OP waiting times using best practice inc. GIRFT/ Further faster/ triage/ pathways	**5.7.1)** 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	**On track**	**5.7.1)** Further Faster discussions progressing with each in reach consultant to discuss opportunities for OP efficiencies, developing SOPs for implementation of OP procedures in Ophthalmology and ENT for implementation in Q2. Deep dive of FUs with additional validation, Attend Anywhere Workshops are being held with reach consultants to increase digital offer. National Planned Care Programme Clinical Leads are working with PTHB Planned Care to develop additional speciality level support to service development/transformation. **5.7.2)** Digital Project Manager assigned working with operational team to scope requirements, develop business cases, reviewing systems available in liaison with other HBs, supporting
	5.7.2) Develop business case and delivery model for clinical room booking system Q1-Q4	**On track**	

			administrative resource will be required to manage the system this will be built into the bid which is required to be resource neutral.
7.2) Cancer **Cross reference to MAG Report 2025 recommendations:** No health board specific however note the recommendation for NHS Wales to identify single highest impact pathway change for five tumour types and incentives; and associated data development (see MAG for detail)	**7.2.1)** Delivery against Cancer Improvement plan Q1-Q4	**On track**	**7.2.1)** Delivery against the plan is ongoing with annual review due in Q4. **7.2.2)** Continue to monitor pathway performance and service provider actions to address areas for improvement via regular CQPRM meetings and link to ongoing work around Improving the Cancer Journey Programme. **7.2.3)** Collaboration with the National Cancer Team and NHS Wales Performance and Improvement supports initiatives to improve earlier diagnosis and reduce waiting times. **7.2.4)** The Improving the Cancer Journey Programme Phase 2 is working to meet the needs of people living with and affected by cancer in Powys and extend the wraparound support available to include prehabilitation to rehabilitation. Following successful recruitment for the Communication and Engagement role, the team is currently up to full complement. **7.2.5)** Improving the Cancer Journey Programme coordinates the PTHB Cancer Improvement Plan annual review. The next annual review is due in Q4 2025-26.
	7.2.2) Continue to work with Commissioned Service Providers to identify areas of the suspected Cancer pathway which could be improved Q1-Q4	**On track**	
	7.2.3) Work with the Cancer Network to implement innovations to support earlier diagnosis and reduce waiting times Q1-Q4	**On track**	
	7.2.4) Continue the Improving the Cancer Journey Programme Phase 2 Q1-Q4	**On track**	
	7.2.5) Annual review of the PTHB Cancer Improvement Plan Q1-Q4	**On track**	

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10.2) 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. **Cross reference to MAG Report 2025 recommendations:** - Health Boards should make improvement in processes, partnerships and investment in specific community pathways to reduce delayed pathways of care (6 months) - Delays by pathways to be published in 3 months • Also note recommendation for WG to carry out Rapid study of longest delays to target investment, with Health Board input Also note ambulance handovers included (see MAG for detail)	**10.2.1)** Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking Q1-Q4	**On track**	**10.2.1)** Total numbers of Pathways of Care Delays have reduced. Number of POCDs within August represent a 4% reduction when compared to the Mar '25 baseline (51 [Aug '25]: 53 [Mar '25]) with recent 3-month data (Jun '25 – Aug '25) demonstrating a 23% reduction when compared with the same period in the previous year (157 [2025]: 203 [2024]). **10.2.2)** The number of super-stranded patients remains low. Number of super-stranded patients within August represent a 25% increase when compared with the Mar '25 baseline (5 [Aug '25]: 4 [Mar '25]). However, a 50% reduction was observed in both Jun'25 and Jul'25 (2 [Jun '25, Jul '25]: 4 [Mar '25]). It should be noted that the low incidence rate of super-stranded patients has a disproportionate impact to target performance when viewed as a percentage. **10.2.3)** Action Plan remains in place and up to date. A new escalation action plan and monthly escalation meeting have been established with the Powys County Council Hospital Social Worker Team Lead. Performance has improved, with the average time to Social Worker allocation reducing from 21 days [Jun '25] to 17.8 days [Aug '25]. **10.2.4)** Total numbers of Days Delayed as a result of Pathways of Care Delays have
	10.2.2) Reduce the number of super-stranded patients through escalation and tracking Q1-Q4	**On track**	
	10.2.3) Work in partnership with PCC to improve social care delays through the recommendations of the Newton Europe diagnostic report Q1-Q4	**On track**	
	10.2.4) Reduce the total number of days delayed due to Pathways of Care delays Q1-Q4	**On track**	

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			reduced. Number of days delayed within August represent an 8% reduction when compared to the Mar '25 baseline (2078 [Aug '25]: 2265 [Mar '25]) and a 26% reduction when compared with the same period in the previous year (2078 [Aug '25]: 2812 [Aug '24]).
10.5) Further develop PTHB's utilisation of the Optimal Hospital Flow Framework and associated tools, with a focus on D2RA and Red2Green **Cross reference to MAG Report 2025 recommendations:** Hospitals must ensure all admitted patients are placed on D2RA pathways	**10.5.1)** Develop R2G and D2RA Information and Performance dashboards Q1	**Behind Schedule**	**10.5.1) & 10.5.2)** Progress on R2G and D2RA dashboards has resumed following resolution of technical issues that had inhibited live data scripting in Q1. A data architecture restructure, completed in August, has addressed these barriers, allowing the initially planned dashboard work to recommence. Initial dashboards have now been produced and require further development; as data outputs are not yet available for review, this area has been marked as red. Work continues to align with national reporting expectations and support ongoing monitoring and review of local performance.
	10.5.2) Monitor and review data outputs and identify barriers Q2	**Behind Schedule**	
	10.5.3) Scope and assess means to address identified barriers Q3	**Not due yet**	
	10.5.4) Develop targeted action plan to address identified barriers Q4	**Not due yet**	
10.6) Further strengthening the approach to Trusted Assessment **Cross reference to MAG Report 2025 recommendations:** • Audit of Trusted Assessors May & Sept (WG lead, Health Boards to provide justification and timescales)	**10.6.1)** Pilot of Trusted Assessment approach Q1	**Complete**	**10.6.2)** A Trusted Assessor Audit was undertaken in July 2025, with recommendations received to improve documentation and agreements between the Health Board and Local Authority. An updated Memorandum of Understanding and Process Map has been shared with the Local Authority for comment and agreement. Bi-weekly meetings with Cottage View, the Health Board,
	10.6.2) Review outcomes of the pilot Q2	**At risk**	
	10.6.3) Scoping of next steps Q3	**Not due yet**	
	10.6.4) Implementation of Trusted Assessment Q4	**Not due yet**	

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			and Local Authority continue to monitor progress, review outcomes, and identify opportunities to streamline the patient journey from DGH to home. Formal review and pilot evaluation are scheduled to commence in January 2026. *Proposed amendment to timescale from *Q2* to *Q4* – see below.
12.1) 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 ACTION** **Cross reference to MAG Report 2025 recommendations:** • Health Boards to report workforce headcount, FTE staffing and productivity data to public Board meeting (see MAG report and WG response for further detail/ timescale) also note recommendation for HEIW in relation to Leadership programmes	**12.1.1)** 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	**On track**	**12.1.1)** Transformation programme managers and the Workforce future team have undergone accredited change management training. Business process re-engineering training available through Neath Port Talbot College group or University of South Wales. 1:1 coaching offer available. Bespoke facilitation for Mental Health joint senior leadership teams. Workforce Futures team aligned to the Better Together programme and active members of the Tactical OD, Engagement and Communications weekly group. Working with HEIW on scalability of current clinical leadership immersive programme (CLIP).

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Role:	Acronym
Chief Executive Officer	CEO
Deputy Chief Executive Officer	DCEO
Executive Director of Primary Care, Community and Mental Health	ED PCC&MH
Executive Director of Finance, Capital and Support Services	ED FC&SS
Executive Director of People and Culture	ED P&C
Executive Director of Public Health	ED PH
Executive Director of Nursing, Quality, Women and Family Health	ED NQW&FH
Executive Director of Allied Health Professions, Health Sciences and Digital	ED AHPHS&D
Executive Medical Director	EMD
Executive Director of Planning, Performance and Commissioning	ED PP&C
Director of Corporate Governance / Board Secretary	DCG
Director of Strategic Improvement and Transformation	DSI&T
Associate Director of Estates, Facilities and Support Services	ADEF&SS

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Focus on Wellbeing

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

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

Commentary on Progress in this Quarter:

- **1.1.1)** Whole Systems Approach to a Healthy Weight action plan being implemented, including roll out of Breastfeeding Welcome Scheme in Powys and Gold Standard Healthy Snack Award in early years settings.
- **1.1.2)** Population Health Strategic Framework presented to September Board.
- **1.2.2)** A proactive communications plan is helping to ensure referral rates for smoking cessation services are being maintained, including GP text messaging project focusing on smokers in areas of deprivation.

Commentary on red rated actions: N/A

Achievements:

- Over 320 premises signed up to be Breastfeeding Welcome Scheme.
- 5.6% of smokers treated by smoking cessation service in previous 12 months, exceeding national 5% target.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*		
			Q1	Q2	Q3	Q4	O	Q1	Q2
1.1) Work with partners to develop and commence implementation of a population health strategic framework for Powys (subject to funding)	1.1.1) Commence implementation of a whole system population-level prevention framework (subject to funding) Q4	ED PH					M	H	Medium
	1.1.2) Population Health Strategic Framework presented and discussed at PTHB Board Q1		Blue	Blue				H	High
	1.1.3) Framework consultation activities held with PTHB stakeholders to co-produce and prioritise areas of focus Q2			Blue				M	High
	1.1.4) Framework governance and funding arrangements agreed Q3							M	Medium
	1.1.5) Review of new return on investment publications to be undertaken Q3							H	High
1.2) Delivery of health board-led population level health improvement programmes, ensuring an equity focus	1.2.1) Implement the Powys Whole System Approach to Healthy Weights action plan Q1-Q4		Green	Green			H	H	High
	1.2.2) Develop and implement a proactive promotion and engagement plan, to support smokers to quit through accessible and equitable services in the community Q1-Q4		Green	Green				H	High

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	1.2.3) Work with partners to prepare for pending legislation on tobacco and vaping Q3							H	High
	1.2.4) Refresh and update the Powys Tobacco Control Delivery Plan to align with national plan (when published) Q4							M	Medium
	1.2.5) Deliver Making Every Contact Count training Q1		Blue	Blue				H	High

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	N/A	**Change in Timescale**	N/A
Executive Director Sign Off	Mererid Bowley (Executive Director of Public Health)		

Focus on Wellbeing

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- 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
- 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

Commentary on Progress in this Quarter:

- **2.1)** In compliance with PTHB statutory obligations, updated plans have been approved by the Board in July 2025: including the PTHB Major Incident & Emergency Response Plan and PTHB Corporate Business Continuity Plan.
- **2.1)** The NHS Wales Emergency Planning, Resilience and Response Annual Report forms part of the Health Board's annual assurance processes; the Annual Report (2024-2025) was approved by the Board in July 2025 and submitted to the NHS Wales Performance and Improvement within the agreed timescales.
    - Regular internal and external communications tests have taken place, at local and regional levels.
    - The Heath Board continues to be engaged in emergency preparedness, resilience and response activities that have taken place with multi-agency partners within the Dyfed Powys Local Resilience Forum and at a national level as part of NHS Wales; this includes engagement in a range of planning, training, exercising and response activities.
    - Planning has been undertaken to ensure that the Health Board is prepared to participate in 'Exercise Pegasus'. Exercise Pegasus is a national Tier 1 exercise involving all regions and nations of the UK, which aims to assess key aspects of the UK's preparedness, capabilities and response strategies in the context of a pandemic arising from a novel infectious disease. Phase 1 of the exercise (the emergence phase) has taken place at

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the time of completing this report (17th-23rd September). A series of multi-agency 'hot debriefs' have been scheduled to take place, to ensure that early learning identified following each phase of the exercise is captured.
    - Liaison and communication work being undertaken with residential and nursing homes in Powys around winter preparedness. Work includes development of a Health Protection Champions programme.
    - Acute health protection incidents responses undertaken, in liaison with Public Health Wales and neighbouring health boards.
    - Powys signed the Paris Declaration to become a FastTrack area to contribute to ending HIV in Wales.
- **2.2.1)** Powys Hepatitis B and C action plan updated and being implemented. Testing dashboard in development to improve surveillance data available.
- **2.4.1)** RSV routine vaccination programme started 1st September 2024, with a catchup campaign January-August 2025 or until resident reaches 80th birthday. Welsh Health Circular issued 6 May 2025 required action to accelerate uptake and has led to further communication and work with stakeholders in Powys to increase awareness of RSV. 'Flu vaccination programme 2025-26 commenced in September for children and pregnant women, and adult programme to commence 1st October (running until end of March 2026). Considerable work undertaken to ensure implementation of the significant process changes to the programme from 2025/26, including central procurement of vaccines. All 16 GP practices and 22 of the 23 community pharmacies in Powys have been commissioned to deliver adult flu vaccinations.
- **2.4.1)** Covid-19 vaccination Autumn programme planned, to run from 1st October 2025 to 31st January 2026, with initial focus on care homes.
- **2.4.2)** Teenage immunisation uptake action plan developed to address gradual decline seen. Catch up campaign for school aged years 8-13 implemented during 18th August until 5th September 2025 with a good response. For HPV vaccine, the number of vaccinations administered to those in year 8 together with work by the Child Health Team to cleanse the data resulted in a 5% increase in uptake rates during the 3 week campaign.

Commentary on red rated actions: N/A

Achievements:

- Covid-19 spring vaccination uptake = 56.89% (highest in Wales) with over 13,000 doses administered. 700 care home residents (78.97%) vaccinated (third highest in Wales) [as at 05/08/2025].
- Respiratory Syncytial Virus (RSV) vaccination uptake [as at 29th August 2025]:

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- Pregnant women consistently reaching 70% target uptake
- Routine cohort (people turning 75 years of age) = 51.6% (highest in Wales)
- Catchup cohort (75-79 year olds on 02 September 2024) = 66.7% (second highest in Wales)

- 91.4% of children are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose) April-June 2025. For population herd immunity a further 10 children needed to receive all their scheduled immunisations by age 5 to reach 95% target.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*		
			Q1	Q2	Q3	Q4	O	Q1	Q2
2.1) Ensure emergency preparedness and organisation resilience and compliance against Civil Contingencies Act	2.1.1) Review of civil contingency response plans - including participation in training and exercises Q1-Q4	ED PH	Green	Green			H	H	High
2.2) Provide Health Protection response to all hazards in line with Communicable Disease Outbreak Plan for Wales	2.2.1) Deliver proactive and reactive health protection to protect the population and vulnerable groups from communicable disease Q1-Q4		Green	Green			M	H	High
2.3) Implement respiratory vaccination programme in line with Welsh Government	2.3.1) Plan and deliver annual respiratory vaccination programmes Q1, Q3, Q4		Green				H	H	High

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directives, narrowing inequities and maximising uptake in all groups	2.3.2) Plan and deliver central contracting of Influenza vaccine Q3								H	High
2.4) Implement immunisation schedule in line with National Immunisation Framework and Welsh Health Circulars, narrowing inequities and maximising uptake in all groups	2.4.1) Plan and deliver vaccination programmes Q1-Q4		Green	Green			H	H	High
	2.4.2) Plan for changes to childhood routine immunisation schedule (MMR2) Q4							M	Medium
2.5) Promote uptake of national screening programmes in partnership with Welsh Government and Public Health Wales	2.5.1) Deliver Making Every Contact Count training (includes screening) Q1 (recorded in 1.2.5)		Blue	Blue			H	H	High
	2.5.2) Ensure PTHB is represented in planning for proposed lung cancer screening in Wales Q1-Q4		Green	Green				M	Medium
	2.5.3) Annual assurance update to committee regarding adult screening programme performance in Powys delivered by Public Health Wales Q4							H	High

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	N/A	
Executive Director Sign Off	Mererid Bowley (Executive Director of Public Health)			

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Focus on Wellbeing

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

Intended Outcome/ Impact

Population and system outcomes:

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

Commentary on Progress in this Quarter:

- **3.1)** Neurodevelopment service has stepped down from Level 3 escalation to Level 2a. The business case has been to Investment Benefits Group, however some amendments now required in view of a number of breaches in waiting 104 weeks and the need to ensure capacity meets demand. This is due to go to Executive Committee in October.
- **3.2)** Women's Health plan; strategic group well established, with clear Terms of Reference and Task & Finish group also established to deliver against the project plan and report into the strategic group. Funding bid submitted to Welsh Government, and a paper on the progress of the Womens Health Hub with the RAID Log to go to informal Executive Committee in October.
- **3.3)** Children's Continuing Healthcare; recruitment is in progress and on track to deliver as planned.

Commentary on red rated actions: N/A

Achievements:

- Maternity service senior leadership team now all substantively appointed into stable structure.
- Midwifery on-call provision under formal consultation – set to improve quality and safety of care, enhance midwifery working patterns and satisfaction

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- Women & Childrens finance making good progress in delivering against financial plans, including a significant reduction in forecast

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*		
			Q1	Q2	Q3	Q4	O	Q1	Q2
3.1) Develop, design and implement a Children's Neurodevelopment (ND) service that is family and child centred in line with national standards **CRITICAL ACTION**	3.1.1) Embed and sustain improvements in the Children's ND Improvement Plan Q1	ED NQW&FH	Green	Green			H	H	High
	3.1.2) Ensure a clear delivery model is in place aligned to demand and capacity modelling along with population need and mapping for future prevalence Q2			Green				H	High
	3.1.3) Ensure a robust workforce model is in place Q2			Green				H	High
3.2) Implementation of Welsh Government Strategy for Women's Health	3.2.1) 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		Green	Green			H	H	High
3.3) Implement a robust and safe Children's Continuing Health Care (CHC) service	3.3.1) Implement PTHB Children's Continuing Health Care service with a robust workforce plan Q1-Q3		Green	Green			H	H	Medium

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3.4) Commence intention to become a UNICEF Baby Friendly Organisation	3.4.1) Undertake commitment of intent with UNICEF Baby Friendly Initiative UK Q1		Blue	Blue			H	H	High
	3.4.2) Completion of Stage 1 Accreditation Q3							H	Medium

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	N/A	

Executive Director Sign Off	Claire Roche (Executive Director of Nursing, Quality, Women and Family Health)

Early Help and Support

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- 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
- 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

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

Commentary on Progress in this Quarter:

- **4.1.5)** Stage 2 Engagement on Better Together ran from 9th June to 27th July 2025, with Staff Roadshows visiting each PTHB site in late June and early July as part of this. Following the workshops held to gather ideas from clinical and operational staff across PTHB in May 2025, a 'Lock-In Week' was held in July with key stakeholders to finalise the system-level models of care and to develop a long list of options. These options were tested against 'hurdle criteria' to determine the emerging options to be tested further with stakeholders. The second Deliberative Event was held on 13th August with approx. 70 stakeholders attending, including people who use services, PTHB clinical and operational staff, primary care colleagues and wider health and social care system partners. The system-level models of care were tested at the Deliberative Event, along with a SWOT analysis of the emerging options, and further feedback on the proposed evaluation criteria that the options would be assessed against. A dedicated Primary Care Workshop was held on 4th September and a Clinical Check & Challenge Event was held virtually on 5th September 2025 with approx. 30 PTHB professionals attending – both of these sessions gathered feedback from attendees on whether the emerging options had met the hurdle criteria. An Options Appraisal Session was held on 11th September with stakeholders from across the health and social care system to assess the emerging options against the evaluation criteria, ahead of PTHB Executive Committee and PTHB Board considering the options. Wider PTHB colleagues have continued to be kept up to date about Better Together through virtual Staff Briefing sessions held on 10th July and 18th September, and regular intranet articles.
- **4.2.2**) Re-tender for an Out Of Hours service provision Q2-Q3 – PTHB Board approval obtained on September 24th to progress Direct Award of an Alternative Provider Medical Services (APMS) contract to Shropdoc Co-operative Ltd for 15 months from 1st July 2026 to 30th September 2027. The Out of Hours Review and Future Model Group to continue to appraise the current service delivery model, consider relevant outcomes from the Better Together programme and develop a specification to commence an open market procurement process for the service from 1st October 2027.
- **4.2.3)** Meeting has been scheduled for October to agree SLA with Swansea Bay.

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- **4.3.1)** Last Year of Life and End of Life work around the community and inpatient model progressing through the Better Together work and built into the emerging options. Three Task and Finish Groups established during Q2 for specific areas where additional focus needed, i.e. education, medications and charitable funding to enable the new model. This Key Deliverable has been marked as Amber as the final model will be confirmed in Q3/Q4 as part of the Better Together work.
- **4.4.1)** As referenced in Q1, finalising the PTHB Fracture Liaison Service business case had to be paused temporarily to provide capacity for the acceleration of the community model work. The business case has been finalised and approved by the Frailty & Community Model Programme Board in Q2 and is due to go through the necessary approval processes in Q2 and into Q3. There are continuing conversations with national colleagues around potential pump-prime funding to support the PTHB service in the short term. The job descriptions for the new service have been finalised, in readiness for recruitment to start once the business case has been approved.
- **4.5.1)** The Level 2 community-based falls response model has now been agreed, with delivery to be coordinated through existing community teams via the planned Single Point of Access for Urgent and Emergency Care [10.1]. A revised standard operating procedure is in development to underpin implementation and ensure consistency across teams. Implementation of both the SPoA and the Level 2 pathway is expected to commence during Q3, with alignment between the two initiatives remaining central to delivery. This integrated approach is expected to support earlier intervention in the community, reduce unnecessary ambulance conveyances, and ease demand on neighbouring Emergency Departments, while delivering against ministerial priorities for 2025/26 (Urgent and Emergency Care).
- **4.11.3)** Business case for fracture liaison service now includes dedicated pharmacist time. Pharmacy Technician project underway to assess and refer high anticholinergic burden (ACB) scores for PTHB inpatients. Progress this quarter has focused on building a Powys-wide model for complex polypharmacy reviews, linking GPwERs, pharmacists and consultant pharmacology input. Early alignment with the DynAIRx AI tool positions Powys to be a future research site, while frailty MDTs are beginning to test deprescribing pathways. Although progress is slower than planned, this work is expected to reduce medication-related harm, prevent avoidable admissions, and directly address medicines safety risks.
- **4.12.5)** This remains a significant risk on both the Pharmacy and Mental Health team risk registers. An SBAR has been developed, with early feedback from Finance recommending a short business case be taken through Investment Benefits Group (as over the £50k threshold) before Executive Committee. While savings may render the proposal cost-neutral, the clinical safety rationale is the strongest driver for investment.
- **4.13.3)** All practices in the Mid Cluster are now live with Electronic Prescribing Services, Ystradgynlais the first dispensing practice to go live. Progress is positive, but challenges remain as dispensing practices are currently only able to use EPS for prescribing patients, creating a business risk and operational inefficiencies in running two systems. PTHB is working with DHCW to encourage a dispensing practice to become the first-of-type site for EPS dispensing. Despite these complexities, rollout is progressing broadly to plan, with all practices expected to be live by the end of 2026.

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- **4.14.1)** Capacity is being strengthened through additional training places, with Trainee Pharmacists set to increase from 3 to 6 for 2026/27 and undergraduate placements from 6 to 8.
- **4.14.3)** NMP Lead continues to support prescribers returning to practice and extending scope, and an antimicrobial stewardship CPD session is planned for October. This supports a more sustainable workforce and strengthens prescribing assurance.

Commentary on red rated actions:

- **4.1.2)** Not required to be reported on during Q2 but end of year confidence assurance moved from Medium to Low due to loss of resources supporting key deliverable.
- **4.6.3)** It is not possible to implement as tied in with national contract negotiations. Change request submitted to remove and include in 2026/27.

Achievements:

- Powys Pharmacy Technician now represents the Health Board on the All-Wales Task & Finish Group and chairs the All-Wales Self-Administration Training Short Life Working Group. She has also been invited to present PTHB's implementation approach at the RPS Wales Conference, reflecting national recognition of local innovation.
- Successful award of Alternative Provider Medical Services contract for Rhayader Medical Practice
- Focused support around frailty scoring, and diabetes 8 essential care processes to drive improvement
- GMS: Desk-top reviews for Unified Contract Assurance Framework commenced – four practices identified for focused visits to date
- Dental: South Powys Mobile Dental Unit, currently in second location. Patient experience feedback positive. Third location secured. Scoping additional location at Crickhowell. Urgent Dental slot availability in addition to Contract Variation calculations have been put into place to increase capacity. Patient demand capacity manageable with notable peaks and troughs. Specialist in special care dentistry in post. Oral Surgery IV sedation service ready to accept referral. WERO (Wales enhanced rural offer) Scheme had a positive impact – 4 foundation dentists at Brecon, Ystradgynlais and Builth Wells. WGOS 4 Medial Retina Filtering and Monitoring commenced August 2025 (Glaucoma Filtering pathway implemented February 2025)
- Primary & Community Care Academy - Extensive MDT training and development programme in place – clinical and non-clinical. P&CCA leading the "All Wales New to Primary Care Induction Programme"

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- GP Nurses Foundation Programme achievement: 100% fully qualified and working in Powys Primary Care. Total of 9 Powys GP Nurses trained and recruited in last 3 years
- New HCSW Education forum – 1st session - Communication skills training.
- Cluster Urgent Care infographic/Emergency Admissions dashboard developed

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*		
			Q1	Q2	Q3	Q4	O	Q1	Q2
4.1) 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**	4.1.1) 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	ED PCC & MH	Green	Blue			H	H	High
	4.1.2) 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		Amber	Red			H	M	Medium
	4.1.3) Design a new model for Enhanced Community Care with stakeholders Q1		Green	Blue			H	H	High
	4.1.4) Develop and agree with partners (primary care, social care and third sector) the workforce scope and geographical structure Q1		Green	Blue			M	M	Medium

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	4.1.5) Check, challenge and test the proposed model through engagement with staff, stakeholders and partners Q2			Blue			M	H	High
	4.1.6) Commence implementation of the integrated community model across all localities in Powys Q4						M	M	Medium
4.2) GP Out of Hours (OOH) CRITICAL ACTION	4.2.1) Extend the Shropdoc contract to sustain existing services subject to the assessment of delivery Q1		Blue	Blue			M	H	High
	4.2.2) Re-tender for an Out Of Hours service provision Q2-Q3			Blue			M	M	High
	4.2.3) Resolve and commission Swansea Bay University Health Board to deliver service for Ystradgynlais Q1		Amber	Amber			L	L	Medium
4.3) Last Year of Life Improve coordination for Powys patients	4.3.1) Finalise the model to improve the coordination of the Last Year of Life Q1-Q2		Green	Amber			M	M	Medium
	4.3.2) Implement the new model through a phased approach with partners Q3-Q4							M	Medium
4.4) Fracture Liaison Improve access to Fracture Liaison Services for Powys patients	4.4.1) Subject to approval, recruit to new posts to better coordinate access to Fracture Liaison Services for Powys patients Q1-Q2		Amber	Amber			H	M	Medium
	4.4.2) Work with partners in primary care and acute care to improve the performance of the core Fracture Liaison Service Q3-Q4							M	Medium

4.5) Falls Response Design and deliver a community-based falls response service in a Powys context	4.5.1) Scope and design a community-based falls response service with partners that meets the needs of a rural population Q1-Q2		Green	Blue			M	M	Medium
	4.5.2) Implement the phased delivery of the community-based falls response service Q3-Q4								Medium
4.6) Cluster Development Develop a robust planning and delivery framework at a cluster and collaborative level, capable to deliver at scale for the population	4.6.1) Cluster and Collaborative Lead engagement and maturity development Q1-Q4		Green	Green			H	H	Medium
	4.6.2) Develop Powys-wide Cluster reporting, governance and engagement with Regional Partnership Board Executive Q1-Q4		Green	Green			H	H	Medium
	4.6.3) Implementation of Dental Collaborative (pending national negotiation outcome) Q2-Q4			Red			L	L	Low
	4.6.4) Develop the Professional Nursing Collaborative Q2-Q4			Amber			M	M	Medium
	4.6.5) Develop the Optometry Collaborative Q1-Q4		Green	Green			H	H	High
	4.6.6) Continue to identify services best delivered at cluster or pan-cluster level Q1-Q4		Green	Green			H	H	High
	4.6.7) Develop Accelerated Cluster Development delivery programme with focus on streamlining, outcomes and benefits realisation to support 'shift left' Q1		Green	Green			H	H	Medium
4.7) General Medical Services (GMS) Ensure an equitable, robust and sustainable model of core GMS	4.7.1) GMS Practice Sustainability analysis, review, and action planning Q2			Amber			H	H	High
	4.7.2) Monitor GMS provision in mid cluster, and if appropriate scope alternative models to support patient access Q1-Q4		Green	Blue			H	H	High

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across Powys to enable broader primary and community development	4.7.3) Access Standards analysis, review and action planning Q1		Green	Blue			H	H	High
	4.7.4) Unified Contract Assurance Framework assurance and outcome management Q2-Q4			Green			H	H	High
	4.7.5) Quality Improvement Framework – project analysis and action planning Q1-Q2		Green	Blue			H	H	High
	4.7.6) Supplementary Service audit review, analysis and feedback Q2-Q3			Green			H	H	High
	4.7.7) Review and analysis of patient experience accessing general medical services Q4								Medium
4.8) Optometry Ensure continued growth of community optometric services to enable a wider range of eye care services to be delivered within Powys	4.8.1) Systematic tracking of core hour provision Q2			Blue			H	H	High
	4.8.2) Support and track access in relation to IPOS (Independent Prescribing Optometrists) Q1		Green	Blue			H	H	High
	4.8.3) Implement Special School Primary Eyecare (SPECS) pathway following national agreement Q3						M	M	Low
	4.8.4) Implement pathways with outreach Ophthalmology Services, clusters and Optometry practices for Glaucoma and Medical Retina pathways Q1-Q2		Amber	Blue			M	H	High
	4.8.5) Support and track access to specialist services in relation to Welsh Government Optometry Services (WGOS4) (Medical Retina and Glaucoma) and WGOS 5 Q1-Q4		Green	Green			H	H	High

4.9) Dental Services Grow capacity and sustainability of dental, orthodontic and special care dentistry services across Powys	4.9.1) Maintain urgent access in General and Community Dental Service to balance demand and capacity Q1		Green	Amber			M	M	Medium
	4.9.2) Welsh Enhanced Recruitment Offer enhanced offer for Dental Foundation dentists Q1-Q4		Green	Blue			H	H	High
	4.9.3) Continue to transfer patients from the Dental Access Portal to salaried General Dental Practitioner (GDP) in line with contract reform Q1		Blue	Blue			H	H	High
	4.9.4) Development of remote specialist in special care post Q1-Q4		Green	Blue			M	H	High
	4.9.5) Develop IV sedation service in the Community Dental Service Q4						H	H	High
	4.9.6) Enhance specialist services within Community Dental Service by developing consultant led restorative and paediatrics Q4						H	H	High
	4.9.7) Utilization of digital technology to improve efficiency and patient experience Q4						M	M	Medium
	4.9.8) Formalise special care dentistry pathways with external providers for special care patients who are unable to be treated safely in Powys Q4						M	M	Medium
	4.9.9) Systematic review and contractual change to enhance capacity for dental & orthodontic care Q1-Q4		Green	Green			H	H	High
4.10) Primary & Community Care Academy	4.10.1) Continue to support the new to General Practice Nursing foundation programme Q1-Q4		Green	Blue			H	H	High

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Develop educational offer across primary and community services to ensure improving leadership, collaborative, administrative and clinical skills	4.10.2) Develop workshops to support Primary Care Nursing & Allied Health Professionals to access advanced and extended practice skills Q1 & Q4		Green				H	H	High
	4.10.3) Deliver scenario-based training for non-clinical staff in primary care Q2-Q4			Blue			H	H	High
	4.10.4) Develop cluster & collaborate lead workshops Q2			Green			H	H	High
	4.10.5) Provide a range of training for Practice Managers to upskill and improve sustainability and business continuity Q1-Q4		Green	Green			H	H	High
	4.10.6) Expand range of training for clinical support workers in primary care Q1-Q4		Green	Green			H	H	High
4.11) Medicines Management/Pharmacy: Optimising Medicines Use	4.11.1) Improve Prescribing Efficiency: Implement the 10 Medicines priorities identified by Value and Sustainability Board Q1-Q4	EMD	Green	Green			H	H	High
	4.11.2) Implement the roll out of Bluteq Q1-Q4		Green	Green			M	M	High
	4.11.3) Support Deprescribing: working with frailty teams, promote polypharmacy reviews, develop deprescribing pathways for patients on unnecessary or potentially harmful medications, particularly in elderly and multimorbidity patients Q1-Q4		Amber	Amber			M	M	Medium
4.12) Enhancing Patient Safety & Medicines Governance	4.12.1) Improve Medicines Safety Culture: Promote reporting and learning from medication incidents to reduce avoidable harm Q1-Q4		Green	Green			M	H	High
	4.12.2) Deliver improvement in antimicrobial prescribing Q1-Q4		Green	Green				H	High

	4.12.3) Deliver improvement in opiate prescribing Q1-Q4		Green	Green				H	High
	4.12.4) Deliver improvement in gabapentin prescribing Q1-Q4		Green	Green				H	High
	4.12.5) Provision of pharmacy professional support for Mental Health wards and service Q2-Q4			Amber				L	Medium
4.13) Expanding Community Pharmacy & Primary Care Integration	4.13.1) Develop Community Pharmacy Services: Expand services including needle and syringe exchange, blood borne virus testing, minor ailment consultations Q1-Q4		Green	Green			H	H	High
	4.13.2) Implement Electronic Prescribing and Medicines Administration (ePMA) Q2-Q4			Amber				H	Medium
	4.13.3) Implement Electronic Prescribing System Q1-Q4		Amber	Amber				M	Medium
4.14) Workforce Development & Sustainability	4.14.1) Increase pharmacy work based training places to support new schools of pharmacy and collaboration with HEIW Q2			Green			M	M	High
	4.14.2) Support for development of portfolio roles Q1-Q4		Green	Green			H	H	High
	4.14.3) Support Continuing Professional Development (CPD): Focus on supporting development of Independent Prescribers Q1-Q4		Green	Green			H	H	High
4.15) Public Health & Preventative Medicine	4.15.1) Expand Vaccination & Public Health Roles: Strengthen pharmacy-led vaccination programmes, smoking cessation, and weight management Q1-Q4		Green	Green			M	M	High
	4.15.2) Support for roll out of self-administration of medicines Q1-Q4		Green	Green			H	H	High
Formal change request (Please tick as applicable and provide explanation below)									

Change in Scope	✓	**Change in Timescale**	✓

Q1 Change request

- **4.7)** New additional request: Review and analysis of patient experience accessing general medical services Q4. 20.08.25 - Approved at Executive Committee.

Q2 Change request

- **4.13.3)** Change wording to implement Electronic Prescription Service (EPS) – wrong terminology used. Suggestion: Electronic Prescription Service (EPS) in GP practices.
- **4.1.2)** Change request to deadline to be completed in Q4 2025/26.
- **4.1.2)** Change in scope – requested rewording to "Confirm the baseline activity workforce, performance and finance metrics for services in scope of phase 1 to measure the impact of service improvement and transformation"
- **4.6.3)** It is not possible to implement as tied in with national contract negotiations. Change request submitted to remove and include in 2026/27.

Executive Director Sign Off	Kate Wright (Executive Medical Director) Elaine Lorton (Executive Director Primary Care, Community & Mental Health)

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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 Planning, Performance and Commissioning, Executive Director of Allied Health Professions, Health Sciences and Digital

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- 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
- 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

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

The recommendations set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) have also been cross referenced in the appropriate delivery areas in this section of the Delivery Plan, where these apply to Health Boards (there are further recommendations for Welsh Government, HEIW and Regional fora which will require collective input and have potential implementation implications for Health Boards, a watching brief will be kept via the PTHB Planned Care Board as part of the Better Together Portfolio- see full MAG report for further detail).

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Commentary on Progress in this Quarter:

- **5.1.1)** Implementation of Referral optimisation in Orthopaedics to go live on 24th September. Issues previously identified have been rectified by DHCW and since been tested by PTHB digital team and are satisfied that this has been rectified. Appropriate training has taken place for both clinical and non-clinical staff in terms of processes and understanding the new electronic triage system. Ophthalmology - WGOS 4 Glaucoma: First pathway launched in February 2025, with glaucoma filtering now active in two practices in Mid Powys. WGOS 4 Medical Retina: Filtering and monitoring pathway scheduled to go live in August 2025, with coverage across all three cluster areas of the health board. WGOS 4 Glaucoma Monitoring: Expansion planned for October 2025 to include glaucoma monitoring services. WGOS 4 HCQ Pathway: No confirmed launch date due to lack of mandatory equipment and limited practice interest across Powys. Implementation Workstream: Combined primary and planned care workstream continues to progress well, with several SOPs now complete to support patient redirection and discharge into WGOS pathways.
- **5.1.3)** Hierarchy of reporting has been established with a Quality and Safety focus, allowing for information to be cascaded. An incident review panel is in place that meet weekly. Speciality clinical leadership is continuing to develop which is driving safety. Speciality leads in place for endoscopy and orthopaedics, with business cases developed for funding consideration for anaesthetics and ophthalmology.
- **5.1.4)** Business case development progressing will be presented to Planned Care Board October 2025.
- **5.1.5)** As agreed with Clinical Implementation Networks PTHB represented at Ophthalmology, Orthopaedics and Anaesthetics Networks. Work is ongoing with Pre- Operative Assessment pathway, resulting in a local team being set up. Meeting with National Planned Care Clinical Directors September 2025 to explore potential for CIN speciality service transformation support to PTHB Planned Care. Work on-going with National lead regarding additional insourcing capacity plan implementation.
- **5.2.1)** Implementation of referral optimisation in Orthopaedics go live date 24th September. Issues previously identified have been rectified by DHCW and since been tested by PTHB digital team and are satisfied that this has been rectified. Appropriate training has taken place for both clinical and non-clinical staff in terms of processes and understanding the new electronic triage system. These short delays have been discussed and agreed at Assistant Director level; interim options have been discounted due to added complexity. Orthopaedics posts awaiting finalisation of speciality lead post financial discussions, awaiting update from RJAH job planning in terms of uppers consultant post escalated to PTHB Planned Care Board.
- **5.3.1)** Business Case for investment to be presented in October 2025 for nurse-led wet AMD service to North Powys through regional working with BCUHB/HDUHB. Business Case for investment for Consultant Speciality Ophthalmology Lead sessions - key GIRFT recommendation to be presented PTHB Planned Care Board September 2025. Not agreed – needs further consideration in light of Health Board financial situation.

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- **5.3.2)** Appointed community optometrist to work within MDT to oversee referral optimisation shift to community optometry (WGOS4) to commence October 2025 – key GIRFT recommendation. Commencing eye YAG/SLT laser service nurse led – Q3 – key GIRFT recommendation.
- **5.3.3)** Reviewing opportunities for all day lists, gold eye team in place will need to align to Better Together Plan for community services estates footprint. Fragility of in reach makes this challenging will work with National Programme on hub opportunities.
- **5.4.1)** Business Case developed for speciality lead sessions re-current funding to be presented to PTHB Planned Care Board September 2025. Not agreed – needs further consideration in light of Health Board financial situation.
- **5.4.2)** Preparations for JAG Assessment in place on-going service improvement to ensure on-going service transformation date November 2025 tbc. Business Case for recurrent funding endoscopy speciality lead presented to Planned Care Board September 2025.
- **5.5.2)** Successful bid to National Planned Care Programme for Pre Operative team resources recruitment in progress developing estate and operating protocols will be delivered in collaboration with National Programme whole system engagement.
- **5.6.3)** Business Case developed for speciality lead sessions to be presented to PTHB Planned Care Board September 2025 for consideration of funding. Not agreed – needs further consideration in light of Health Board financial situation
- **5.6.5)** Orthopaedic Speciality lead commenced in post September 2025 will develop opportunities plan alongside support from Orthopaedic Clinical Implementation Network.
- **5.7.1)** Further Faster discussions progressing with each in reach consultant to discuss opportunities for OP efficiencies, developing SOPs for implementation of OP procedures in Ophthalmology and ENT for implementation in Q2. Deep dive of FUs with additional validation, Attend Anywhere Workshops are being held with reach consultants to increase digital offer. National Planned Care Programme Clinical Leads are working with PTHB Planned Care to develop additional speciality level support to service development/transformation.
- **5.7.2)** Digital Project Manager assigned working with operational team to scope requirements, develop business cases, reviewing systems available in liaison with other HBs, supporting administrative resource will be required to manage the system this will be built into the bid which is required to be resource neutral.
- **5.8.1)** There has been no further progress this quarter due to capacity issues and staff sickness. Diagnostics focus has been through Task & Finish Group support to Phase 1 of Better Together which has progressed assessment of Plain Film imaging, POCT and Ultrasound requirements for future urgent care and inpatient models. This has been incorporated into options development, workforce and financial modelling. Further phases of work on planned care and women and children's services will incorporate the same process.
- **5.9.1)** System issue fix with supplier due Monday 22nd September.
- **5.9.2)** Part of Better Together and Primary Care workstreams confidence in progress being made

- **5.9.3)** On track and progressing
- **5.9.4)** Agreed in scope how the model will work, needs to progress to implementation in terms of the best approach. Ideally complete by Q3 – timescale change to Q4
- **5.9.6)** Progressing well, group training delivered to aspiring nurses will extend to Health Care support worker training
- **5.9.7)** Progressing well as visible on site presence to identify further opportunities
- **5.9.8)** Discussions with OOH and GP

Commentary on red actions:

- **5.9.5)** Not progressed due to capacity (Sickness / absence) – timescale change to Q4

Achievements:

- MSK Referral Triage Live 24 September
- Orthopaedic Consultant Speciality Lead post sessions commenced September 2025
- WNO Award Nomination for OP Paul Ridd Bundle
- Appointment of Community Optometrist for Planned Care to commence to support referral management
- Working Well programme – recognition at National 3P's Conference.
- Theatre service successful bids for additional equipment

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*		
			Q1	**Q2**	**Q3**	**Q4**	**O**	**Q1**	**Q2**

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5.1) Delivery of prioritised strategic planned care improvements	5.1.1) 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	ED PCC&MH/ ED PP&C	Green	Green			H	M	Medium
	5.1.2) Strategic assessment of provided and commissioned planned care Q4							M	Medium
	5.1.5) Continued development of Planned Care Quality & Safety Framework Q1-Q4		Green	Green				H	High
	5.1.6) Development of 3Ps Waiting Well Service, business case for recurrent funding Q2-Q4			Green				M	Medium
	5.1.7) Continued participation and response to National Planned Care Programme Q1-Q4		Green	Green				H	High
5.2) Pathway Development Muscular Skeletal / Orthopaedics	5.2.1) Implementation of MSK/orthopaedic pathways transformation business case, service development in line with Orthopaedic Optimisation Framework Q1-Q4		Green	Green			H	M	Medium
5.3) Eyecare (ophthalmology)	5.3.1) Develop business case for ophthalmology pathway transformation Q1-Q4		Green	Green			H	M	Medium
	5.3.2) Service development in line with Ophthalmology Optimisation Framework Q1-Q4		Green	Green				M	Medium
	5.3.3) Scope opportunity for eyecare surgical hub in Powys Q1-Q4		Green	Green				M	Medium
5.4) Continue the development/transformation of	5.4.1) Cost plan for appointment of lead via SLA or speciality sessions pan Powys Q2			Green			L	L	Medium

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Endoscopy/Colorectal pathways in Powys	5.4.2) Development of Endoscopy service in line with National Plan including work to maintain and scope opportunity to improve against JAG standards Q1-Q4		Amber	Amber				L	Low
5.5) Develop pre-operative pathways of care	5.5.1) Development of environment at Brecon Hospital for preoperative assessment Q3						H	H	High
	5.5.2) Plan for collaboration with Primary Care to enable whole system approach Q2			Amber				H	High
	5.5.3) Development of specialist workforce to deliver peri operative care Q4							M	High
5.6) Theatres: Development of key day case pathways **Cross reference to MAG Report 2025 recommendations:** - All Health Boards should adopt best practice in theatre management (GIRFT), local Theatre Optimisation Boards and increased productivity ie. cases per session (see MAG for specifics)	5.6.1) Development of theatre dashboard in line with national programme Q3						H	H	High
	5.6.2) Implementation of all day lists ophthalmology/orthopaedics 2025/26 Q4							M	Medium
	5.6.3) Anaesthetics specialty lead for PTHB resourced from SLA underperformance Q2			Amber				M	Medium
	5.6.4) Digitalisation – costed proposal for theatre management system Q1		Amber	Amber				M	Low
	5.6.5) Review of day case procedures to identify opportunities for repatriation Q2			Amber				M	Low

- (further recommendation on accreditation of Surgical Hubs which WG propose they lead)									
5.7) Outpatients: Develop a single management system and oversight **Cross reference to MAG Report 2025 recommendations:** - All Health Boards should within three months develop a plan to reduce referrals to traditional outpatients in high volume specialities / unwarranted variation - Models that offer alternatives should be rapidly identified and scaled	5.7.1) 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		Green	Green			H	M	Medium
	5.7.2) Develop business case and delivery model for clinical room booking system Q1-Q4		Green	Green				M	Medium

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- Reduce variation in OP waiting times using best practice inc. GIRFT/ Further faster/ triage/ pathways									
5.8) Diagnostics transformation	5.8.1) Strategic assessment and implementation of plan for diagnostics Q2			Amber			M	M	Low
5.9) Point of Care Testing (POCT) Improved assurance and governance	5.9.1) Add all connectable devices to WPOCT Q1-Q2	ED AHPHS&D	Amber	Amber			H	M	Medium
	5.9.2) Expand POCT in support of clinical pathway development and governance Q1-Q4		Amber	Green				H	High
	5.9.3) Monitor Internal Quality Control (IQC) & External Quality Assurance (EQA) Q2-Q3			Green				H	High
	5.9.4) Establish model for working with Primary Care Q1-Q2		Amber	Amber				M	Medium
	5.9.5) Review and develop existing POCT provision and governance: Develop QA Compliance framework including audits and KPIs for all devices in use Q2			Red				M	Low
	5.9.6) Monitor training and develop collaborative model with Suppliers and Clinical Education teams for all POCT devices currently in use Q1-Q4		Green	Green				H	High
	5.9.7) Identify further opportunities for POCT within PTHB Q2-Q4			Green				H	High
	5.9.8) Identify opportunities in primary & community care Q2			Green				H	Medium

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	N/A	**Change in Timescale**	✓

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Q1 change in scope • **5.1.3) / 5.1.4)** could be removed as is duplicate/contained within 5.1.2. 20.08.25 - Approved at Executive Committee. Q2 change in timescale • **5.8.1)** Phase 1 (adult physical & mental health community services, including urgent care) in progress and anticipated completion Q3. Planned Care and Womens & Children to follow with alignment of diagnostics assessment. • **5.9.4)** – Taking longer than planned due to Primary Care engagement and changes to working process – timescale change to Q4 • **5.9.5)** – Not delivered due to capacity (sickness/absence) request extension to Q4	
Executive Director Sign Off	Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital) Elaine Lorton (Executive Director Primary Care, Community & Mental Health) Nicola Johnson (Executive Director of Planning, Performance and Commissioning)

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Early Help and Support

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

Intended Outcome/ Impact

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
- Delivery against National Framework for NHS Continuing Healthcare

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

Commentary on Progress in this Quarter:

- **6.2.2)** The review of high growth activity for Learning Disability and Elderly Mentally Ill services for Q1–Q2 has been completed by two dedicated teams, each focusing on their respective areas. Both teams have confirmed that their reviews are satisfactory and on track, with no significant concerns identified. This activity has been tracked through the Complex Care and Continuing Healthcare (CCCHC) workstream, ensuring alignment with broader service planning and resource monitoring. Ongoing monitoring will continue into Q3 to support early identification of any emerging pressures or service needs.

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- **6.3.1)** Progress for this quarter remains on track. The number of Continuing Healthcare (CHC) and Funded Nursing Care (FNC) applications approved at Panel continues to meet expected levels, demonstrating strong performance in both the timeliness and quality of scrutiny. Mental Health and Learning Disability processes continue to meet expectations, despite stretched resourcing. This reflects the commitment of teams to maintain standards and ensure equitable access to funding decisions.
- **6.3.2)** This deliverable remains on track, with continued progress in evidencing eligibility for care through the approval of Fast Track and Joint/Section 117 applications at Panel. A recent external review of Fast Track processes has been completed, providing additional assurance around the robustness of decision-making. While performance remains stable, it is important to note that resourcing pressures persist, particularly within the Mental Health Learning Disability teams.
- **6.3.3)** Progress remains on track, with reviews consistently undertaken within expected timeframes.
- **6.3.4)** Progress remains on track, with daily monitoring ensuring patient needs are consistently matched with available care settings in the community. This is supported by robust governance and well-established processes, which continue to provide assurance around delivery and responsiveness.
- **6.4.1)** Performance for this deliverable remains on track during Q2, this reflects strong operational oversight and commitment to maintaining review timeliness. There is high assurance that this level of performance will be sustained throughout Q3 and Q4, supported by established processes and continued monitoring.
- **6.5.1)** Progress remains on track for the completion of retrospective claims within the mandatory timescales, ensuring avoidance of interest on delayed payments. It is supported by a new process, designed to embed sustainable improvements and maintain compliance going forward.
- **6.6.3)** Has been fully implemented, addressing key findings related to systems and foundational processes. This marks a significant step in strengthening internal controls and governance. Building on this, a new and more comprehensive audit was launched during Q2, taking a deeper approach to evaluating operational effectiveness and strategic alignment. The outputs from this audit will be acknowledged and acted upon once received, ensuring continuous improvement and alignment with best practice.
- **6.6.4)** Progress remains at risk, as a national decision is still pending. A meeting is scheduled to provide further clarity, and the outcome will be critical in determining the next steps for full delivery against the seven national recommendations. Despite this delay, local progress continues, with a particular focus on the digital elements of the recommendations. These are actively being advanced with support from the Digital Transformation Team, demonstrating a proactive approach to maintaining momentum and delivering value where possible.

Commentary on red rated actions:

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- **6.1.1) and 6.1.2)** Behind schedule, primarily due to the external expertise only being commissioned and assigned at the end of Q2. This late assignment has delayed the commencement of key deliverables and without the appraisal, outputs are not available. To address this, it is recommended that the delivery timeframe be revised to Q3/Q4, allowing adequate time for onboarding, planning, and completion of the required audit work.

Achievements:

- Review of private providers, specifically for adult mental health needs has been completed
- NHS Executive work with Hywel Dda UHB to benchmark and gain understanding of trends within PTHB has also been completed

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment*		
			Q1	Q2	Q3	Q4	0	Q1	Q2
6.1) External expertise will be commissioned to fully appraise any further improvements and develop a new model **CRITICAL ACTION**	6.1.1) Expertise commissioned and appraisal completed Q1-Q2	ED PCC&MH	Amber	Red			M	M	Medium
	6.1.2) Outputs of appraisal used to inform further improvement plan Q2			Red				M	Medium
6.2) Systematic review of high growth commissioned activity – cost and volume, to determine further improvement activity	6.2.1) Review of private providers, specifically for adult mental health needs Q1		Green	Blue			M	M	Medium
	6.2.2) Review of high growth activity – specifically Learning Disability and Elderly Mentally Infirm (EMI) Q1-Q2		Green	Green				M	Medium

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	6.2.3) Design of alternative opportunities for care provision which offers sustainability, value and experience Q3-Q4							H	High
6.3) Improve Health Board processes to support effective and efficient commissioning	6.3.1) Process scrutiny of diverse funding applications - Number of Continuing Healthcare (CHC) & Funded Healthcare (FNC) applications approved at Panel Q1-Q4		Green	Green			H	H	High
	6.3.2) Chase details of individual patients to evidence eligibility for care - Number of Fast Track and Joint/Section 117 applications approved at Panel Q1-Q4		Green	Green				H	High
	6.3.3) Progress patient flow from hospital - Number of Reviews undertaken on time Q1-Q4		Green	Green				H	High
	6.3.4) 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		Green	Green				H	High
6.4) Develop robust mechanism for capturing data and processing information in order to support better commissioning and care	6.4.1) Maintaining over 85% of reviews within time Q1-Q4		Green	Green			H	H	High
	6.4.2) Clear analysis of changes and trends which supports planning for Years 3-5 Q3-Q4							H	High
6.5) Progress Retrospective CHC Claims	6.5.1) Complete Retrospective Claims within mandatory timescale to divert from interest on payments Q1-Q4		Amber	Amber			H	H	High
6.6) Enhance complex care commissioning against regional and national standards	6.6.1) NHS Executive work with Hywel Dda UHB - To benchmark and gain understanding of trends within PTHB Q1		Green	Blue			H	H	High
	6.6.2) Work with Public Health - Learn from the outcomes of public health demographics Q1		Blue	Blue				H	High

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	6.6.3) Internal Audit Action Plan - Implement Internal Audit Action Plan responses Q1-Q2		Green	Green				H	High
	6.6.4) Value & sustainability – to ensure learning and delivery against the 7 national recommendations Q1-Q4		Amber	Amber				H	High

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	✓	

Q2 Change in Timescale

- **6.1.1) and 6.1.2)** Behind schedule, primarily due to the external expertise only being commissioned and assigned at the end of Q2. This late assignment has delayed the commencement of key deliverables and without the appraisal, outputs are not available. To address this, it is recommended that the delivery timeframe be revised to Q3/Q4, allowing adequate time for onboarding, planning, and completion of the required audit work.
- **6.6.3)** Change to Q3 - Once outputs are received, further improvements to the plan will be developed.

Executive Director Sign Off	Elaine Lorton (Executive Director Primary Care, Community & Mental Health

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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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- 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
- 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

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

The recommendations set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) in relation to Cancer have been cross referenced in the appropriate delivery areas in this section of the Delivery Plan. There are no specific recommendations for Health Boards at this stage, however there may be requirements for collective action and implementation implications at a later stage, of the recommendations set out for Welsh Government and HEIW. A Watching brief will be kept via the lead Executive on any implications arising for PTHB.

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Commentary on Progress in this Quarter:

- **7.1.1)** This work is ongoing and is being overseen through the Diabetes and Integrated Plan 2025–26 workstream, where all relevant deliverables are systematically tracked and progressed in line with agreed priorities. Agreed actions are underway to progress towards implementing improvements to the pathways for diabetes.
- **7.1.2)** Review the outcomes in Powys of existing Diabetes care and pathways Q1 – COMPLETED (service mapping of existing pathways completed)
- **7.1.3)** An Executive Paper was approved prior to the establishment of the workstream. A review has since been undertaken to scope the potential for delivering elements of the hybrid closed loop pathway closer to home in Q1 and Q2. A Project Manager is now supporting the development and strengthening of the business case, which will be submitted for review and approval at the next Diabetes and Integrated Plan Workstream meeting providing options for hybrid closed loop pathways.
- **7.1.4)** Progress continues on the "Further Faster" review of in-reach general medical endocrinology services. Consultant engagement regarding clinic capacity and commissioning support is underway but currently behind schedule. The Pan Powys Diabetes Referral Pathway is under review to support improved access and reduce unnecessary referrals.
- **7.1.5)** This work is being progressed within the Diabetes and Integrated Plan Workstream, with regular reporting in place. Work and discussion are actively underway to enhance delivery of the 8 care process outcomes within clusters by Q3.
- **7.3)** All new respiratory consultant referrals are being directed to the Hywel Dda consultant to reduce waiting times for new assessments. Referral management pathway is currently being worked on. Meetings are also being held monthly to screen referrals.
- **7.4.1)** Progress this quarter following a review, highlights strategic risks in the delivery of in-reach cardiology consultant services at both Machynlleth and Brecon Hospitals. Machynlleth has seen minimal activity, with no new referrals and only 10 patients reviewed this financial year, due to the lack of direct referral pathways from Primary Care. Brecon's service, commissioned via ABUHB, is underperforming significantly, with only 29 of 104 sessions delivered to date and waiting times reaching 38 weeks, well beyond KPI thresholds.
- **7.2.1)** Delivery against the plan is ongoing with annual review due in Q4.
- **7.2.2)** Continue to monitor pathway performance and service provider actions to address areas for improvement via regular CQPRM meetings and link to ongoing work around Improving the Cancer Journey Programme.
- **7.2.3)** Collaboration with the National Cancer Team and NHS Wales Performance and Improvement supports initiatives to improve earlier diagnosis and reduce waiting times.

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- **7.2.4)** The Improving the Cancer Journey Programme Phase 2 is working to meet the needs of people living with and affected by cancer in Powys, and extend the wraparound support available to include prehabilitation to rehabilitation. Following successful recruitment for the Communication and Engagement role, the team is currently up to full complement.
- **7.2.5)** Improving the Cancer Journey Programme coordinates the PTHB Cancer Improvement Plan annual review. The next annual review is due in Q4 2025-26.
- **7.5.2)** Actively contributing to regional stroke service discussions through the Mid Wales Stroke Steering Group (with Hywel Dda and BCU), Stroke Services meetings (CTM and AB), and ongoing commissioning discussions with English providers. While engagement is strong, future pathways and service models remain under review, with limited definitive decisions to date. Maintaining clinical engagement with the National Stroke Programme and completed a review and re-establishment of the PTHB Stroke Steering Group. This will ensure a clear clinically led vision for PTHB stroke services and regular oversight and visibility of performance against national programme objectives.

Commentary on red rated actions: N/A

Achievements:

- Dedicated workstream for Diabetes established.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O= Original*		
			Q1	Q2	Q3	Q4	O	Q1	Q2
7.1) Deliver improvements in High Value High Impact	7.1.1) Implement improvements in the High Value High Impact pathways aligned to Value & Sustainability Board priorities – Diabetes Q1-Q4	ED PCC&MH	Amber	Amber				H	High

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pathways (Diabetes) CRITICAL **ACTION**	7.1.2) Review the outcomes in Powys of existing Diabetes care and pathways Q1		Amber	Blue			M	M	High
	7.1.3) Scope the potential to provide elements of the hybrid closed loop pathway closer to home Q1-Q2		Amber	Green			H	M	High
	7.1.4) Further Faster review in reach general medical endocrinology (Links to eye care referral management diabetic retinopathy pathway) Q2			Amber			H	H	High
	7.1.5) Develop cluster model to enhance the 8 care process outcomes Q2-Q3			Amber			M	M	Medium
	7.1.6) Implement changes to the hybrid closed loop pathway Q3-Q4						H	M	Medium
	7.1.7) Implement enhanced primary & community Diabetes pathway Q4						M	M	Medium
7.2) Cancer **Cross reference to MAG Report 2025 recommendations:** No health board specific however note the recommendation for NHS Wales to identify single highest impact pathway change for five tumour types and incentives; and	7.2.1) Delivery against Cancer Improvement plan Q1-Q4	EMD	Green	Green			H	H	High
	7.2.2) Continue to work with Commissioned Service Providers to identify areas of the suspected Cancer pathway which could be improved Q1-Q4		Green	Green				H	High
	7.2.3) Work with the Cancer Network to implement innovations to support earlier diagnosis and reduce waiting times Q1-Q4		Green	Green				H	High
	7.2.4) Continue the Improving the Cancer Journey Programme Phase 2 Q1-Q4		Green	Green				H	High
	7.2.5) Annual review of the PTHB Cancer Improvement Plan Q1-Q4		Green	Green				H	High

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associated data development (see MAG for detail)										
7.3) Respiratory	7.3.1) Further Faster review of in reach respiratory provision Q2	ED AHPHS&D		Green			H	H	High
7.4) Cardiac	7.4.1) Further Faster review of in reach cardiology consultants Q2	ED PCC&MH		Blue			M	M	High
	7.4.2) Develop sustainable solutions and county wide options for echocardiology & baseline against standards Q3							M	Medium
	7.4.3) Rheumatology – scope opportunities for Multi-Disciplinary Team (MDT) different approach with medicines management Q4							M	Medium
7.5) Stroke	7.5.1) 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	ED PP&C	Green	Green			M	H	High
	7.5.2) 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 (speak to Claire M)		Amber	Amber				L	Low

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	✓	**Change in Timescale**	N/A

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Q1 change in scope This request is to remove the following Key Deliverables from the Integrated Plan: • **7.3.2)** and **7.3.3)** Following a review of the evidence base, NICE guidance indicates that a telehealth solution should not be used for routine monitoring of COPD patients. The proposed remote monitoring system to be piloted is not appropriate for the current PTHB community respiratory patient cohort (non-acute chronic respiratory conditions) and a current, approved self-management/education app exists and is currently utilised in the form of COPD Hub. Therefore, it would appear not cost effective or possibly ethical for the PTHB Community Respiratory Team to pursue using or trialling the proposed remote monitoring, or any other telehealth platform to monitor stable COPD patients. Given the lack of clinical evidence base for this work, these key deliverables will not be taken forward. 20.08.25 - Approved at Executive Committee. Q2 change in scope • **7.2.3)** Request for the wording to be changed from 'Cancer Network' to 'National Cancer Team'. Request to change due to it being renamed.	
Executive Director Sign Off	Elaine Lorton (Executive Director Primary Care, Community & Mental Health) Nicola Johnson (Executive Director of Planning, Performance and Commissioning) Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital) Kate Wright (Executive Medical Director)

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Tackling The Big Four

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- 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
- 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

Service and Pathway improvements:

- 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

Commentary on Progress in this Quarter:

- **8.1.2)** This workstream is in scope of accelerated Better Together Community Model work and is being aligned with developing options for public consultation. Phase 1: Triage is now established onsite at Bronllys Hospital. Initial analysis and planning underway for phase 2: Assessment, involving a multi-disciplinary team for joint assessment with potential pilot within Q3. Initial conversations taking place with Social Care regarding level of integration at front door for Mental Health and Social care, and are continuing in wider joint PCC, PTHB and PAVO priority alignment meetings. Two key staff have left the service during August (inc. 1x maternity leave). Service manager role has been recruited and is in place, additional vacancies within the team have been recruited with training in progress. (This project is currently undergoing routine internal audit).

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- **8.1.4)** Work has taken place throughout Q1/Q2 to define demand & capacity modelling assumptions for mental health services, in line with Better Together options development. Assumptions for mental health services were supplied to external modelling supplier, (Adcuris), 15th August 2025. A provisional report has been received 8th September 2025, with full report expected from external supplier end of October (due to prioritisation of other modelling work and availability of external supplier. This deliverable has been rag rated as amber for Q2 delivery given it has been progressed and the slight delay is not impacting on other aspects of the plan.
- **8.1.8)** 'Alternative to admission, e.g. Sanctuary', has been included within mental health community model options for Better Together transformation. This is likely to impact upon current Q3 delivery deadline.
- **8.1.11)** Work continues with Digital team to define best use of current electronic systems for the proposed Dementia Home Treatment Team (DHTT) operational process, to support data collection and retrieval for reporting purposes, (pending introduction of future 'WCCIS replacement' system). Mental health inpatient wards have moved from a paper-based to electronic information system, with WCCIS implemented across inpatient wards. Also, as part of phase 2 Mental Health Single Point of Access (SPOA) work, patient assessment will be offered virtually where appropriate, potentially utilising 'Attend Anywhere' software.
- **8.1.13)** Bed and ward configuration for mental health inpatient facilities has been proposed for each mental health option for Better Together transformation, as part of workforce and financial analysis of short-listed options. Proposed configurations align with appropriate guidelines and standards, also promoting joined up working with physical health, wherever possible.
- **8.2.1)** Available data for all age self- harm in Powys has been reviewed. Engagement is ongoing with national self-harm quality statement task and finish process. Literature to raise awareness for suicide prevention and postvention is now available in key community spaces where deaths have occurred in last 12 months and in 75% of GP practices. Powys Postvention service now provided in partnership with DPJ, Ponthafren and Mind (mid), also Postvention awareness training has been provided to PTHB MH and LD staff. Powys Walks for Hope, for those bereaved or affected by suicide, running for over 12 months in various locations around Powys. Local data base maintained (including mapping of Powys suicides 2023 onwards) providing themes for targeted prevention work. Also local data is compared with Real Time Suspected Suicide Surveillance (RTSSS) data and ONS data to inform local suicide prevention.

Commentary on red rated actions:

- **8.1.1)** Some elements of the strategic assessment have been overtaken by other work to support the development of the future community model of care. A further discussion is required during Q3 to re-assess what elements of this are still required during Q3/4.

- **8.1.15)** A common operational policy including standard operating procedure (SOP) has been developed for the Dementia Home Treatment Team, which currently comprise a North and South team. Staff model and working pattern will be reviewed in line with short list option development for Better Together community model. The implementation of the common process is now being planned for Q3 (change request below), due to reduced capacity to deliver within Q2, in addition to accelerated Better Together deliverables. Outcome measures are under review by task and finish group, for inclusion within BI reporting solution. Implementation will facilitate improved data capture of team activity volumes and patterns, which will support future workforce planning and working pattern.

Achievements:

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O= Original*		
			Q1	Q2	Q3	Q4	O	Q1	Q2
8.1) Mental Health Transformation Programme **CRITICAL ACTION**	**Community Model Re-Design for Mental Health Services**	ED PCC&MH					H	H	Medium
	8.1.1) Complete strategic assessment of community based MDTs and identify opportunities Q1		Amber	Red			H	H	High
	8.1.2) Continue transformation of front door building on Single Point of Access (SPOA) aligned to 111(2) Q1-Q4		Green	Green			M	M	Medium
	8.1.3) Implement electronic GP referral to SPOA Q4						L	M	Medium
	8.1.4) Undertake demand and capacity modelling (health and care) Q1-Q2		Green	Amber			M	M	Medium
	8.1.5) Redefine core offer / care and treatment pathways with new recovery focused model Q3-Q4								

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	8.1.6) Design community model to deliver core offer, aligned to wider community model Q3-Q4						M	M	Medium
	8.1.7) Develop phased implementation plan Q4						M	M	Medium
	8.1.8) Rescope Sanctuary model in above context, in North Powys Q2-Q3			Amber			L	M	Medium
	8.1.9) Align teams to address co-morbidities and complex needs across health and care Q3						L	L	Low
	8.1.10) Align specialist teams (including Complex Emotional Needs service) Pan Powys Q3-Q4						L	L	Low
	8.1.11) Leverage digital opportunities e.g. access to information, virtual appointments, data collection and reporting Q1-Q4		Green	Green			M	M	Medium
	Acute Inpatient Model of Care 8.1.12) Further planning and design following recommendations of Supportive Assessment by NHS Executive in March 2025 Q1		Amber	Blue			H	H	High
	8.1.13) 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		Green	Green			H	H	High
	Older Adult Mental Health Services 8.1.14) Clinical review of existing model and demand / capacity analysis (linked to work above) Q1		Amber	Amber			L	M	Medium
	8.1.15) Service improvement learning from Phase 1 Dementia Home Treatment Team (Design / implementation of model part of wider work noted above) Q1-Q2		Amber	Red			H	H	High

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8.2) Suicide and Self Harm Prevention & Postvention	8.2.1) Deliver the Suicide and Self Harm Prevention Strategy 2024-2034 with particular focus on: ○ 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		Green	Green			H	H	High

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	N/A	**Change in Timescale**	✓

Q1 Change in Scope

8.1.3) Implement electronic GP referral to SPOA Q2: Due to staff capacity available for Q1 deliverables being diverted to the Accelerated scope for Better Together Accelerated Community Model (& Inpatient Model), this deliverable has been identified as a piece of work that could be deferred to Q4. Whilst a large scope of work has been accelerated, it is proving difficult to identify further deliverables, that do not have interdependency with the accelerated work, that could be deferred to later in the programme, which would allow rationalisation of staff capacity. 20.08.25 – Approved at Executive Committee.

Q2 change in timescale

- **8.1.1)** Change in scope, requested wording to "Confirm the baseline activity workforce, performance and finance metrics for services in scope of Phase 1 to measure the impact of service improvement and transformation". Timescale request change to Q4

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• **8.1.8)** 'Alternative to admission, e.g. Sanctuary', work has been included within mental health community model options for Better Together Accelerated Community Model (& Inpatient Model) programme. This impacts upon current Q3 delivery deadline as work needs to align with wider programme, hence request for later delivery to allow this to take place. Change request for delivery in Q4 2025/26. • **8.1.14)** This deliverable is amber for Q1 delivery, however this work has been incorporated into '8.1.4) Undertake demand and capacity modelling (health and care) Q1-Q2', and recent workforce analysis and planning (including financial costing) for Better Together mental health short list options, therefore it is proposed that this deliverable is now redundant. Change request that this deliverable has been superseded and is no longer relevant. • **8.1.15)** Due to staff capacity available for Q2 deliverables being diverted to the Accelerated scope for Better Together Accelerated Community Model (& Inpatient Model) programme, this Q2 deliverable requires re- planning for delivery within Q3. Work has continued in this area throughout Q2, however staff capacity has not been available to achieve completion. Change request for delivery in Q3 2025/26.	
Executive Director Sign Off	Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)

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Joined Up Care

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- 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
- 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
- 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

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

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Commentary on Progress in this Quarter:

- **9.1.2)** On 31st July 2025, the PTHB Board considered detailed evidence on the impact of the temporary changes to urgent care and inpatient services across Powys which included feedback from patients, staff, and partners, as well as data on safety, clinical outcomes, and patient experience. The PTHB Board approved the recommendation to maintain the current service model on a further temporary basis which includes the Ready to Go Home Units and Rehabilitation Units. Rostering improvements are being made through operational arrangements.

- **9.2.2)** Stage 2 Engagement on Better Together ran from 9th June to 27th July 2025, with Better Together Staff Roadshows visiting each PTHB site in late June and early July as part of this. Following the workshops held to gather ideas from clinical and operational staff across PTHB in May 2025, a 'Lock-In Week' was held in July with key stakeholders to finalise the system-level models of care and to develop a long list of options. These options were tested against 'hurdle criteria' to determine the emerging options to be tested further with stakeholders. The second Deliberative Event was held on 13th August 2025 with approx. 70 stakeholders attending, including people who use services, PTHB clinical and operational staff, primary care colleagues and wider health and social care system partners. The system-level models of care were tested at the Deliberative Event, along with a SWOT analysis of the emerging options, and further feedback on the proposed evaluation criteria that the options would be assessed against. A dedicated Primary Care Workshop was held on 4th September 2025 and a Clinical Check & Challenge Event was held virtually on 5th September with approx. 30 PTHB professionals attending – both of these sessions gathered feedback from attendees on whether the emerging options had met the hurdle criteria. An Options Appraisal Session was held on 11th September with stakeholders from across the health and social care system to assess the emerging options against the evaluation criteria, ahead of PTHB Executive Committee and PTHB Board considering the options. Wider PTHB colleagues have continued to be kept up to date about Better Together through virtual Staff Briefing sessions held on 10th July 2025 and 18th September, and regular intranet articles.

Commentary on red rated actions: N/A

Achievements:

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*		
			Q1	Q2	Q3	Q4	0	Q1	Q2
9.1) Optimising inpatient care and bed utilisation **CRITICAL ACTION**	**Colocation by clinical need** 9.1.1) 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	ED PCC&MH	Green	Blue			H	H	High
	9.1.2) Implement recommendations including any rostering improvements (reflected in Workforce Futures and as part of SP4 Community Model) Q2-Q4			Green				H	High
9.2) 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	9.2.1) 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		Green	Blue			H	H	High
	9.2.2) Engage with public, staff and stakeholders on the development of options to improve quality of services and make better use of resource Q2			Blue				H	High
	9.2.3) Commence formal consultation on the options (if required) Q3							H	High
	9.2.4) Confirm the new model Q4							H	High
Formal change request (Please tick as applicable and provide explanation below)									

Change in Scope	N/A	**Change in Timescale**	N/A

Executive Director Sign Off	Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)

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Joined Up Care

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- 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
- Supporting delivery across the NHS Wales People's Experience Framework and Six Domains of Quality

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

The recommendations set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) that relate to Health Boards have been cross referenced in the appropriate delivery areas in this section of the Delivery Plan. It is recommended in the MAG report that progress against the Six Goals programme should be reported publicly (which is discharged through existing PTHB Progress against Plan and Performance reporting, further development of metrics to be led nationally).

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Commentary on Progress in this Quarter:

- **10.1.2)** Scoping activity has been completed, with progress made across workforce, estates, and digital requirements. Job descriptions have been finalised and submitted for Job Evaluation, with outcomes expected following the rescheduled panel meeting on 19th September 2025. Estates Panel discussions have taken place and indicated broad agreement with the accommodation request, subject to clarification on space requirements and engagement with Digital Infrastructure due to the multi-agency nature of the proposal. A new digital project has also been initiated to ensure the infrastructure needed for implementation is secured. While resources are not yet fully in place, key steps have been taken to progress towards sustainable delivery. *Proposed amendment to timescale from *Q2* to *Q2-Q3* – see below.
- **10.2.1)** Total numbers of Pathways of Care Delays have reduced. Number of POCDs within August represent a 4% reduction when compared to the Mar ’25 baseline (51 [Aug ‘25]: 53 [Mar ‘25]) with recent 3-month data (Jun ’25 – Aug ’25) demonstrating a 23% reduction when compared with the same period in the previous year (157 [2025]: 203 [2024]).
- **10.2.2)** The number of super-stranded patients remains low. Number of super-stranded patients within August represent a 25% increase when compared with the Mar ’25 baseline (5 [Aug ‘25]: 4 [Mar ’25]). However, a 50% reduction was observed in both Jun’25 and Jul’25 (2 [Jun ’25, Jul ‘25]: 4 [Mar ‘25]). It should be noted that the low incidence rate of super-stranded patients has a disproportionate impact to target performance when viewed as a percentage.
- **10.2.3)** Action Plan remains in place and up to date. A new escalation action plan and monthly escalation meeting have been established with the Powys County Council Hospital Social Worker Team Lead. Performance has improved, with the average time to Social Worker allocation reducing from 21 days [Jun ‘25] to 17.8 days [Aug ‘25].
- **10.2.4)** Total numbers of Days Delayed as a result of Pathways of Care Delays have reduced. Number of days delayed within August represent an 8% reduction when compared to the Mar ’25 baseline (2078 [Aug ‘25]: 2265 [Mar ‘25]) and a 26% reduction when compared with the same period in the previous year (2078 [Aug ‘25]: 2812 [Aug ‘24]).
- **10.3.2)** On 31st July 2025, the PTHB Board considered detailed evidence on the impact of the temporary changes to urgent care and inpatient services across Powys which included feedback from patients, staff, and partners, as well as data on safety, clinical outcomes, and patient experience. The PTHB Board approved the recommendation to maintain the current service model on a further temporary basis which includes the Minor Injury Units.
- **10.4.1)** The review of Minor Injury service specification criteria has been completed, with updates now being implemented to support a broader scope of practice, enabling enhanced workforce utilisation and increasing the proportion of patients managed within PTHB Minor Injury Units. Demand and capacity data collection pilots, alongside analysis of current practices, have provided key insights into service improvement areas that are now being

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actioned. A training needs analysis with Emergency Nurse Practitioners across all MIUs has also been completed, with identified gaps being addressed and ongoing work delegated to unit leads to ensure continued development.

- **10.6.2)** A Trusted Assessor Audit was undertaken in July 2025, with recommendations received to improve documentation and agreements between the Health Board and Local Authority. An updated Memorandum of Understanding and Process Map has been shared with the Local Authority for comment and agreement. Bi-weekly meetings with Cottage View, the Health Board, and Local Authority continue to monitor progress, review outcomes, and identify opportunities to streamline the patient journey from DGH to home. Formal review and pilot evaluation are scheduled to commence in January 2026. *Proposed amendment to timescale from *Q2* to *Q4* – see below.
- **10.7.2)** Rollout of Powys DigiFLO to Mental Health Wards is progressing, though not yet complete. Additional PowerApps licences have been procured to support access for Mental Health staff. Information Roadshow sessions are scheduled with each ward from the week commencing 22nd September to the week commencing 29th September, with full rollout anticipated to progress in early Q3.

Commentary on red rated actions:

- **10.5.1 & 10.5.2)** Progress on R2G and D2RA dashboards has resumed following resolution of technical issues that had inhibited live data scripting in Q1. A data architecture restructure, completed in August, has addressed these barriers, allowing the initially planned dashboard work to recommence. Initial dashboards have now been produced and require further development; as data outputs are not yet available for review, this area has been marked as red. Work continues to align with national reporting expectations and support ongoing monitoring and review of local performance.

Achievements:

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*	*Year End Delivery Confidence Assessment O= Original*

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			Q1	Q2	Q3	Q4	O	Q1	Q2
10.1) Refine the Integrated Flow Hub to develop a sustainable model that enhances system-wide coordination and patient flow **CRITICAL ACTION**	10.1.1) Scope and define the role and priorities of the Integrated Flow Hub, including the development of a resource plan Q1	ED PCC&MH	Blue	Blue			H	H	High
	10.1.2) Subject to scoping, secure necessary resourcing including workforce and digital technologies for effective and sustainable implementation Q2			Amber				M	Medium
	10.1.3) Implement a revised approach to the Integrated Flow Hub, ensuring alignment with identified role and priorities Q3							M	Medium
	10.1.4) Assess the effectiveness and impact of the revised Integrated Flow Hub, identifying lessons learned and opportunities to support long-term sustainability Q4							M	Medium
10.2) 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. **Cross reference to MAG Report 2025 recommendations:** - Health Boards should make improvement in processes, partnerships	10.2.1) Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking Q1-Q4		Green	Green			H	H	High
	10.2.2) Reduce the number of super-stranded patients through escalation and tracking Q1-Q4		Green	Green				H	High
	10.2.3) Work in partnership with PCC to improve social care delays through the recommendations of the Newton Europe diagnostic report Q1-Q4		Amber	Green				M	Medium
	10.2.4) Reduce the total number of days delayed due to Pathways of Care delays Q1-Q4		Green	Green				H	High

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and investment in specific community pathways to reduce delayed pathways of care (6 months) - Delays by pathways to be published in 3 months • Also note recommendation for WG to carry out Rapid study of longest delays to target investment, with Health Board input • Also note ambulance handovers included (see MAG for detail)										
10.3) Evaluation and Next Step relating to Temporary Service Changes	10.3.1) Evaluate temporary service changes for Minor Injury Units Q1		Blue	Blue			H	H	High
	10.3.2) Based on evaluation, recommendation to be made to PTHB Board meeting in July regarding next steps for Minor Injury Units Q2			Blue			H	H	High
10.4) Enhance the provision of PTHB Urgent Care Services	10.4.1) Conduct a review of current clinical practices and processes to establish key insights to inform the transformation of Urgent Care services Q2			Blue			H	H	High

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	10.4.2) Establish a clear framework and criteria to optimise access and streamline processes Q3							H	High
	10.4.3) Review and scope key clinical pathways to improve the delivery of Urgent Care and inform future service design Q3							H	High
	10.4.4) Advance pathway development - define vision for the future service Q4							H	High
10.5) Further develop PTHB's utilisation of the Optimal Hospital Flow Framework and associated tools, with a focus on D2RA and Red2Green **Cross reference to MAG Report 2025 recommendations:** - Hospitals must ensure all admitted patients are placed on D2RA pathways	10.5.1) Develop R2G and D2RA Information and Performance dashboards Q1		Red	Red			H	M	Medium
	10.5.2) Monitor and review data outputs and identify barriers Q2			Red				M	Medium
	10.5.3) Scope and assess means to address identified barriers Q3							M	Medium
	10.5.4) Develop targeted action plan to address identified barriers Q4							M	Medium
10.6) Further strengthening the approach to Trusted Assessment	10.6.1) Pilot of Trusted Assessment approach Q1		Blue	Blue			L	H	High
	10.6.2) Review outcomes of the pilot Q2			Amber				H	High
	10.6.3) Scoping of next steps Q3							H	High

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Cross reference to MAG Report 2025 recommendations: • Audit of Trusted Assessors May & Sept (WG lead, Health Boards to provide justification and timescales)	10.6.4) Implementation of Trusted Assessment Q4							H	H	Medium
10.7) Enhance and expand the use of the Digital Patient Flow System: Powys DigiFLO	10.7.1) Scope the expansion of Powys DigiFLO onto Mental Health Wards Q1		Blue	Blue			H	H	H	High
	10.7.2) Rollout of Powys DigiFLO to Mental Health Wards Q2			Amber				H	H	High
	10.7.3) Embed Powys DigiFLO into standard practice for Mental Health Q3							H	H	High
	10.7.4) Refine based on lessons learned from Mental Health implementation Q4							H	H	High
	10.7.5) Embed all DigiFLO processes into business as usual Q4							M	H	High

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	N/A	**Change in Timescale**	✓

Q2 - Change in Timescale

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• **10.1.2)** Subject to scoping, secure necessary resourcing including workforce and digital technologies for effective and sustainable implementation Q2 – (Timescale change to Q2-Q3). • **10.6.2)** Suggest change to Q4 - This is to align with the revised pilot timeline, which has been extended to allow a longer running period, providing more robust data to inform the outcome review.	
Executive Director Sign Off	Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)

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Joined Up Care

Strategic Priority 11: Commissioning for Value Executive Lead - Executive Director of Planning, Performance and Commissioning

Intended Outcome/ Impact

The Commissioning for Value work programme aims to review services PTHB provides and those services it commissions to ensure that:

- 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.
- Focus on resource allocation and management to have the greatest positive impact and on the systems in processes to deliver value.
- A citizen centred approach, putting patients, safety, outcomes and experience as well as safeguarding above all other considerations.
- 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

Commentary on Progress in this Quarter:

- **11.1.1)** The Strategic Commissioning Framework was developed and presented to Board 24th September 2025.
- **11.6.1)** Review framework developed. Draft approved by Executive Committee 3rd September 2025. Excel templates developed, letter for Third Sector drafted.

Commentary on red rated actions:

- **11.3)** Behind target. Meeting of JCC Pathways and Referral Management Project Board held 5th August. Board established to identify and implement possible savings, value based initiatives, streamline care pathways, improve patient care and outcomes. Four phases identified to December 2026.
- **11.6.2 & 11.6.3)** Paper developed by Assistant Director Partnership Development and approved by Executive Committee in September 2025. Internal coordination group and Executive Group established. Phase 1 review to be presented to Executive Committee December 2025.
- **11.6.4)** The Joint Commissioning Committee are taking forward this work in relation to the national Commissioning Framework for hospices and Mental Health.

Achievements:

- The Strategic Commissioning Framework was developed and presented to Board 24th September 2025.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*		
			Q1	Q2	Q3	Q4	0	Q1	Q2
11.1) Commissioning development Framework **CRITICAL ACTION**	11.1.1) 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	ED PP&C	Amber	Blue			H	M	Medium

11.2) 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	11.2.1) Establish and secure clinical leadership Q4		Amber				M	L	Select
	11.2.2) Review of population need, current and intended outcomes Q4							M	Select
	11.2.3) Review existing service provision, undertake gap analysis in context of identified need and relevant national benchmarking data (including evidence base) Q4							M	Select
	11.2.4) Determine current provider/commissioner budget, performance and contract frameworks for each pathway Q4							M	Select
	11.2.5) Develop proposed service specifications Q4							M	Select
	11.2.6) Detail proposed clinical pathways and models of care based on the service specifications Q4							M	Select
	11.2.7) Translate clinical pathways and models of care into final specification (including tender documentation if service to be procured) Q4							M	Select
	11.2.8) Plan demand and capacity requirements to ensure timely, effective and equitable delivery of the pathway Q4							M	Select
	11.2.9) Develop pathway implementation plans Q4							M	Select
	11.2.10) Develop performance monitoring and assurance framework Q4							M	Select
11.3) Specialised services Work with JCC as a preferred partner to analyse and scope opportunities to improve value;	11.3.1) Establish with JCC preferred partner arrangement Q1		Blue	Blue			L	H	High
	11.3.2) Scope opportunities for pathway and referral optimisation (linking to the Critical action set out in SP5) – Q1-Q4		Amber	Red				L	Low

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take forward JCC Transformation priorities 2025-26	11.3.3) Develop implementation plan for identified options – Q1-Q4		Amber	Red				L	Low
11.4) Develop Fragile Service Risk Assessment methodology to guide strategic commissioning of in reach	11.4.1) Using national work, agreed methodology to review existing in-reach services and determine options for future commissioning arrangements Q4		Red				M	M	Low
11.5) Strengthen Integrated Quality and Performance Framework for PTHB as both provider and commissioner	11.5.1) 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		Blue	Blue			H	H	High
11.6) Agree first phase outcomes of Third Sector Review, focussing on admission avoidance, timely discharge and end of life care	11.6.1) Establish review group, clinical and managerial leadership Q2			Blue			H	M	High
	11.6.2) Updated service specifications and agreement of SLAS with providers Q2-Q3			Red				M	Low
	11.6.3) Develop KPI's and agree new reporting metrics Q2			Red				M	Low
	11.6.4) 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							M	Low
	11.6.5) Review opportunities for reallocation of funding streams Q2-Q3			Green				M	Medium

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	√	**Change in Timescale**	N/A

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Q1 change in timescale **11.2.1)** Due to requirement to focus resources on NHS England Commissioning and implementing referral management and the Strategic Commissioning Framework, agreed via the Better Together Portfolio Board to reprofile to Q4. 20.08.25 - Approved at Executive Committee. **11.4)** Timescale has been updated to align with 5.1, target of Q4.1. 20.08.25 - Approved at Executive Committee. Q2 Change in Scope **11.6)** Change to wording of to Key Area of delivery to - Review the Third Sector services commissioned by Powys Teaching Health Board, providing an appraisal of the key dimensions of the existing services and the opportunities for improvement to inform future planning and commissioning. **11.6.2, 11.6.3 and 11.6.5)** – To be removed from Plan as these are considerations that need to follow the completion of the review. **11.6.4)** - To be removed from Plan as this is a matter for the JCC and NWSSP.	
Executive Director Sign Off	Nicola Johnson (Executive Director of Planning, Performance and Commissioning)

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Workforce Futures

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

Intended Outcome/ Impact

- 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

The recommendations set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) in relation to Workforce which are specific to Health Boards have been cross referenced in the appropriate delivery areas in this section of the Delivery Plan. There are further recommendations for Welsh Government and HEIW which may also require collective action / health board implementation at a later stage. A Watching brief will be kept via the lead Executive on any implications arising for PTHB.

Commentary on Progress in this Quarter:

- **12.1.1)** Transformation programme managers and the Workforce future team have undergone accredited change management training. Business process re-engineering training available through Neath Port Talbot College group or University of South Wales. 1:1 coaching offer available. Bespoke facilitation for Mental Health joint senior leadership teams. Workforce Futures team aligned to the Better Together programme and active members of the Tactical OD, Engagement and Communications weekly group. Working with HEIW on scalability of current clinical leadership immersive programme (CLIP).

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- **12.2.1)** 4 Adult Registered Nurses Internationally Educated Nurses arrived into Powys in June 2025 and completed Objective Structured Clinical Examination training upon arrival. All passed their OSCE exam at the first attempt and are now working in Welshpool Hospital awaiting their NMC PINs (2 have received PINs). 4 other recruited adult Registered Nurses Internationally Educated Nurses are awaiting travel confirmation for approx. October 2025. Further recruitment of another 4 RMN IENs is being prepared, with the intention of being complete within the financial year. First of two internationally recruited medics arrived into Powys in August and has commenced work on Felindre ward. The second medic has recently completed their compliance checks, and we are planning their arrival into the country, alongside the service lead.

- **12.4.1)** Mass Healthcare Support Workers recruitment has been taking place across all wards with a total of 23 WTE advertised, 18.6 WTE offered roles, and of those, 14.6 WTE have completed onboarding and either started or about to start employment. Of the 14.6 WTE, 7 WTE are on a Fixed Term basis working on Mental Health wards.
- **12.4.2)** Implementation complete of imposed restrictions on agency usage, with exceptions subject to a comprehensive mitigation process, and executive director approval for each shift that requires agency staff.
- **12.5.1)** Weekly vacancy scrutiny process continues, with every role added to Trac submitted via email to respective Executive Director for scrutiny, which is then only authorised upon receipt of written confirmation of approval from Executive Director.
- **12.6.1)** Through Variable Pay Group, and newly established Agency Operationalisation Group meetings, agency usage is monitored tightly, and adhering to existing vacancy controls, vacancies of roles attracting agency spend are advertised with urgency.
- **12.7.1)** Nurse Associates Update: During Quarter 2, progress has continued at a national level through participation in working groups focusing on job descriptions and uniform for the RNA role. Agreement has been reached on the national uniform, while the job description remains under development. Locally, initial discussions have been held regarding the establishment of a dedicated working group; however, before finalising this, time has been scheduled with the national project lead to clarify timelines and next steps. This will ensure that our local implementation plans are aligned with the broader national programme and emerging policy direction. Following the agreement of national job descriptions, planning is now underway to implement the local assessment and validation process for Band 2 Healthcare Support Workers in line with the national validation tool. Preparatory work has commenced to schedule and coordinate assessments locally, with the aim of completing these during Quarter 3. Implementation planning for Band 3 roles will follow to ensure alignment with the nationally agreed job descriptions.
- **12.9.1)** We remain firmly committed to the Aspiring Nurse Programme in Powys, which continues to transform the way we build a sustainable nursing workforce for the county. With the support of HEIW, we are not only securing a future pipeline of registered nurses but also creating meaningful opportunities for people in rural Mid Wales to pursue nursing careers close to home. This approach is helping us to address long-term workforce

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challenges in a way that is locally focused and sustainable. Alongside this, our international recruitment programme has been highly successful in strengthening the resilience of our workforce. By welcoming 37 skilled nurses from overseas to date, we have been able to stabilise ward areas that were experiencing particularly high vacancy levels, ensuring that we can continue to deliver safe and effective care. Looking ahead, our first cohorts from the Aspiring Nurse Programme will qualify in 2026, marking the beginning of a consistent pipeline of registered nurses progressing into Band 5 roles within Powys. This milestone represents a significant step forward in securing the future of our nursing workforce and reducing our reliance on short-term solutions. A formal evaluation report is in development and will be shared with the Executive Committee when completed.

- **12.9.2) – 13)** Successful Aspiring Nurse candidates identified and onboarded, and induction commenced. Due to start on their respective allocated wards as HCSWs, within establishment, w/c 29th September 2025.

Commentary on red rated actions:

- **12.12.1)** No of Registered nurses trained in restorative supervision: There are a number of national challenges that are being discussed by Exec Directors of Nursing – Currently no train the trainer programmes offered, limited options of training which are Cardiff centric, no backfill for attending training or delivery.

Achievements:

- ACEES: Delivered to 11 out of 13 Powys schools plus outreach to NPTC colleges and a Welsh Medium School over the border – reaching 5,507 students

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment*		
			Q1	**Q2**	**Q3**	**Q4**	**0**	**Q1**	**Q2**

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12.1) 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 ACTION** **Cross reference to MAG Report 2025 recommendations:** • Health Boards to report workforce headcount, FTE staffing and productivity data to public Board meeting (see MAG report and WG response for further detail/ timescale) • also note recommendation for HEIW in relation to Leadership programmes	12.1.1) 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	ED P&C	Green	Green			M	H	High
12.2) Variable pay: On board a further 3 cohorts of internationally trained Adult Nurses, Mental Health Nurses and 2 Medics	12.2.1) Successful on-boarding of cohorts of Internationally Educated Nurses (IENs) and Medics Q1-Q4		Green	Green			M	H	High
12.3) Undertake targeted recruitment to Bank, prioritising services with variable pay spend	12.3.1) Increased recruitment to Bank Q4						H	H	High
12.4) Introduce arrangements to temporarily realign establishments to remove the use of	12.4.1) Increase in temporary/fixed term HCSWs to remove HCSW agency use Q2			Amber			H	H	High

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Healthcare Support Workers (HCSW) agency staff	12.4.2) Cease Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary agency use by September 2025 Q2			Amber			M	H	Medium
12.5) Ensure Executive approval to enhance vacancy controls	12.5.1) All vacancies are reviewed by Executives to support in year savings through delayed recruitment Q1-Q4		Green	Green			H	H	High
12.6) Enhanced monitoring of clinical vacancies to ensure timely advertising of posts that would otherwise attract variable pay	12.6.1) All clinical vacancies attracting variable pay are advertised Q1-Q4		Amber	Amber			H	M	High
12.7) 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	12.7.1) Schedule of reviews operationalised Q1-Q4		Green	Amber			H	H	High
12.8) Ensure that local job descriptions are reviewed in line with changes to the national agenda for change profiles	12.8.1) 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		Green	Green			H	H	High
12.9) Pipeline: Launch the third cohort of the Aspiring Nurse Programme with HEIW and University partners	12.9.1) Evaluate impact and Return on Investment (ROI) of pipeline workforce Q2-Q4			Amber			H	H	High
	12.9.2) Advertise, recruit and onboard 15 aspiring nurses Q1-Q3		Green	Blue				H	High
12.10) Continue to deliver and evaluate the Academy Career and Education Enterprise	12.10.1) Provide an ACEES offer to schools Q2-Q4			Green			M	H	High

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Scheme (ACEES) with Powys County Council Education service	12.10.2) Evaluate impact of programme 2024/25 Q1		Blue	Blue				H	High
12.11) Students: Train registered Nursing staff as Practice Assessors and Supervisors to support Students on placement	12.11.1) Number of registered nurses that have received the Practice Assessors/ Practice Supervisors training Q1-Q4		Green	Green			H	H	High
12.12) Train eligible registered nurses in restorative supervision	12.12.1) Number of registered nurses trained in restorative supervision Q1-Q4		Amber	Red			H	M	Low

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	N/A	
Executive Director Sign Off	Debra Wood Lawson (Executive Director of People and Culture)			

Workforce Futures

Strategic Priority: A Great Place to Work Executive Lead – Executive Director of People and Culture

Intended Outcome/ Impact

- 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

Commentary on Progress in this Quarter:

- **13.1.1)** A small pilot of the stay conversations template has taken place across five separate teams and evaluation is underway. The evaluation will be shared once complete and resources made available for staff to access via our Retention Sharepoint pages.
- **13.3.1) & 13.3)** 2024 findings have been communicated via Sharepoint, Facebook, Posters, team meetings, development days, individually to key stakeholders, at Staff Briefing and in ongoing training sessions.
- **13.4.1)** Promotion of 2025 survey has started with it opening on the 6th of October
- **13.5.1)** CLIP Programmes have been reduced to bi-monthly due to numbers of applicants and the need to reduce pressure on the organisation in terms of releasing staff from rotas. 78 participants have completed the training so far with 19 participants in Q2. Main CLIP lead has left the organisation for permanent role (Leadership Facilitator roles are fixed term, externally funded).
- **13.6.1)** Two Tier 1 days have been delivered with a total of 17 Participants as pilot programmes.
- **13.7.1)** Programme delivery not yet started but plans in place for Q3 for BCUHB and Primary Care. BCHB facilitators joining October/November course and then a Train the Trainer in February.
- **13.8.1)** 1 Manager's programme has been started in Q2 with 10 participants. Programmes run at a rate of 1 per quarter.
- **13.9.1)** 1st cohort of Reverse Mentoring has been evaluated. Average rating of understanding of Staff Wellbeing rose from 7.75/10 to 8.75/10 during the process. 2nd cohort is provisionally planned but awaiting go ahead / possible service area focus.

Commentary on red rated actions:

- **13.2.2)** No concerns have been raised by users through VIVUP so evaluation not possible. Timescale change request to Q3. First Quarterly Steering Group had limited attendance, second group due to meet in October.

Achievements:

- Retention: A refreshed approach to exit questionnaires, is now delivered via MS Forms to capture more detailed, non-anonymous feedback. We have also developed a 'Stay conversation' template which has been well received during the initial pilot.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O= Original*		
			Q1	Q2	Q3	Q4	0	Q1	Q2
13.1) Continue to address actions within the HEIW Nurse Retention Plan	13.1.1) Pilot 'Stay Conversations' template Q2	ED P&C		Blue			H	H	High
	13.1.2) Develop a leavers toolkit, to include exit interview guidance Q3							H	High
13.2) Embed Speaking up Safely framework	13.2.1) Promote the SUS routes; quarterly SUS steering group to monitor impact Q1&Q4		Amber				H	H	High
	13.2.2) Evaluate Vivup SUS offer Q2			Red				M	Low
13.3) Promote the findings and themes emerging from the 2024 NHS staff survey	13.3.1) Communicate 2024 findings and themes - "you said we have/ did" model Q1-Q2		Green	Blue			H	H	High

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13.4) Undertake 2025 NHS staff survey	13.4.1) Promote 2025 NHS staff survey retaining a 30% or higher return Q3						H	H	High
13.5) Development: Deliver B6 and 7 (expanding to 8A) Clinical Leadership Immersive Programme (CLIP)	13.5.1) Run monthly CLIP programmes Q1-Q4		Amber	Amber			M	M	Medium
13.6) Develop a one-day CLIP for B5's	13.6.1) Pilot and then implement a 1 day CLIP programme Q1-Q4		Green	Green			M	M	High
13.7) Support HEIW to Scale up PTHBs CLIP programme pan Wales	13.7.1) Run monthly CLIP sessions for HEIW ** subject to RIF funding Q1&Q2		Green	Amber			M	M	Medium
13.8) Integrate the Managers Charter within the existing managers programme	13.8.1) Number of Managers programmes held /participants Q1-Q2		Amber	Green			H	M	Medium
13.9) Evaluate Reverse mentoring pilot	13.9.1) Evaluate the first reverse mentoring cohort and promote 2nd round Q1-Q2		Green	Amber			M	M	Medium
13.10) Develop a People strategy	13.10.1) Create a people strategy with feedback from staff that describes structures, systems, skills, behaviour, leadership, and culture Q4						M	M	Low

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	N/A	**Change in Timescale**	✓

Q2 Change in timescale

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• **13.2.2)** Timescale of evaluation changed to Q3 as no concerns have been raised by users through VIVUP so evaluation not possible.	
Executive Director Sign Off	Debra Wood Lawson (Executive Director of People and Culture)

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Workforce Futures

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

Intended Outcome/ Impact

- 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

Commentary on Progress in this Quarter:

- **14.1.1)** All dates organised, with the first two in Qtr. 2. Ystradgynlais 16th and Newtown September 29th.
- **14.1.2)** VivUp offer is promoted in Corporate Induction and will be at the Wellbeing Roadshow
- **14.1.3)** Workshops dedicated to carers planned for October and promoted at corporate induction and wellbeing roadshows
- **14.2.1)** 4 Intro to Compassionate Leadership delivered monthly online with 45 participants.
- **14.3.2)** Action plan created, actions are in progress and on track – including: wellbeing practitioners (MAC Programme) With funding agreed by the PTHB Charity to continue this offer for 2-years, mapping of welfare facilities, leavers questionnaire, wellbeing conversation guide
- **14.7)** Occupational Health Employee Assistance Programme – Awarded to VIVUP as part of All Wales Framework- This will provide continuity of previous offer; enabling staff to gain access to, GP consultations, Your Care App, Counselling 24/7; Salary sacrifice offers and a wide range of self help wellbeing tools. Currently 212 employees are using the Vivup YourCare app with 369 visits to the Vivup self-help pages in the last 3 months. With Mental health and wellbeing, being the top resource used.

Commentary on red rated actions: N/A

Achievements:

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Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O=Original*		
			Q1	Q2	Q3	Q4	O	Q1	Q2
14.1) Provide access to a range of wellbeing initiatives which support the health of the workforce	14.1.1) Deliver wellbeing roadshows across the county ** subject to RIF funding Q1-Q4	ED P&C	Green	Green			H	H	High
	14.1.2) Promote the Employee assistance platform offers Q1-Q4		Green	Green			H	H	High
	14.1.3) Develop and promote the offer for working carers Q1-Q4		Green	Green			M	M	Medium
14.2) Deliver the Compassionate Leadership model to underpin approach to staff wellbeing	14.2.1) Deliver monthly Compassionate leadership intro sessions for both Health and Care staff ** subject to RIF funding Q1-Q4		Amber	Green			M	M	Medium
14.3) Provide a range of offers that deliver on the HEIW Staff Health and Wellbeing Framework (SHWF)	14.3.1) Complete Match and Gap of PTHBS Wellbeing plan/ staff experience framework against HEIW's SHWF Q1		Blue	Blue			M	H	High
	14.3.2) Develop plan and implementation for addressing the gaps Q1-Q2		Green	Blue				H	High

14.4) Targeted Support for managers to reduce short term absence through Managing attendance at work policy	14.4.1) Pilot and evaluate a mindfulness / wellbeing programme of offers to support return to work /stay in work ** subject to RIF funding Q1		Blue	Blue			H	H	High
14.5) Introduce regular case reviews for all long-term absentees	14.5.1) Rolling programme of case reviews in place Q4						H	H	Medium
14.6) Develop capability of managers on Managing Attendance	14.6.1) Rolling programme of capability improvement Q4						H	H	Medium
14.7) Re- tender Occupational Health Employee Assistance Platform (EAP)	14.7.1) Write tender specification and go out to the market Q1-Q2		Green	Blue			H	H	High
	14.7.2) Award and implement EAP Q2-Q3			Blue				H	High

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	N/A	
Executive Director Sign Off	Debra Wood Lawson (Executive Director of People and Culture)			

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Workforce Futures

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

Intended Outcome/ Impact

- 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
- 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

Commentary on Progress in this Quarter:

- **15.1)** The organisation has achieved the Age-Friendly employer hallmark.
- **15.2)** The organisation have signed the Hate Crime Charter and are taking the initial steps to putting into practice.
- **15.3)** Sexual safety policy was approved nationally by Welsh Policy Forum and released to organisations in September. It was due to go to WPRG in September but the meeting was stepped down as was not quorate. Approval will be sought to implement locally in October Welsh Policy Records Group with a view of developing a localised toolkit in partnership and with input from safeguarding.
- **15.8)** All Information Governance and related issues relating to SignLive in Primary Care have been resolved, and the system is now available for use to contact any primary care settings across Powys (unless the setting has opted out); we are the only health board in Wales with this level of coverage for British Sign Language relay interpretation.

Commentary on red rated actions:

- **15.5)** Due to the Supreme court ruling on the definition of "Sex" under the Equality Act it has been necessary to suspend the Gender Awareness training program until the provision of clear guidelines on the correct approach to aspects of this training. The training will be resumed once clarity is provided by EHRC and Welsh government.

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Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O= Original*		
			Q1	**Q2**	**Q3**	**Q4**	**O**	**Q1**	**Q2**
15.1) Continue the implementation of the objectives set out in the Strategic Equality Plan (SEP)	15.1.1) Achievements set out with the SEP are met Q4	ED P&C					H	H	High
15.2) Explore certification / kite mark schemes and accreditation e.g. Diverse Cymru Competence scheme; hate crime charter	15.2.1) Exploration completed and implemented plan in place Q3						H	H	High
15.3) Develop and implement policy and approach to sexual safety in the workplace, linking with National programmes	15.3.1) Policy implemented and promoted, monitoring in place Q1		Amber	Amber			H	H	High
15.4) Implement updated Anti racism plan which includes actions relating to recommendations arising from the WRES report	15.4.1) Achievements set out within the Plan are met Q1-Q4		Green	Green			H	H	High
	15.4.2) Half yearly updates against the Anti Racism action Plan Q2&Q4			Green				H	High
15.5) Continue to rollout the Gender awareness training	15.5.1) Number of cohorts and participants Q2&Q4			Red			H	H	Low

15.6) Development of a reasonable adjustment guidance for staff and a reasonable adjustment passport	15.6.1) Guidance issued and passport in place Q4						H	H	High
15.7) Monitor and evaluate the usage and impact of the Welsh Language Vacancy Assessment Tool	15.7.1) Review compliance of use of tool. Consider improvement target if required Q2&Q4			Amber			H	H	Medium
15.8) Monitor the use and uptake of Online translation, including exploration of sign live within primary care services	15.8.1) Sign live introduced within Primary Care settings Q4						H	H	High
	15.8.2) Continued utilisation of online translation Q1-Q4		Green	Green					High

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	✓	

Q2 change in timescale

- **15.3.1)** Timescale changed to Q3 as national policy only received in September.

Executive Director Sign Off	Debra Wood Lawson (Executive Director of People and Culture)

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Digital First

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

Intended Outcome / Impact

- 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.
- 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.
- 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 the redesign the digital model of care.
- 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.

There are no specific recommendations for Health Boards at this stage, set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025). However there may be requirements for collective action and implementation implications at a later stage, of the recommendations set out for Welsh Government and DHCW. A Watching brief will be kept via the lead Executive on any implications arising for PTHB.

Commentary on Progress in this Quarter**:**

Overall, the progress in Quarter 2 has been very encouraging. We remain focused on our objectives and are confident in our ability to deliver on our commitments for the remainder of the year.

- **16.1)** Board development session focussed on Cyber and Information Governance has been scheduled for Q3 (October, with a Digital Data Board Brief also scheduled for Q3 (November)
- **16.2)** Digital Clinical Leadership Boards have now commenced, this will embed digital clinical accountability on the cost and use of systems and will see improved outcomes in standardising data collection, improved reporting, efficient correct and safe use of our clinical systems. Increase Virtual Consultations has achieved 9 new services onboarding for individual consultations and 7 new areas for group consultations.
- **16.3)** Digital Clinical Leadership Boards have now commenced, this will embed digital clinical accountability on the cost and use of systems and will see improved outcomes in standardising data collection, improved reporting, efficient correct and safe use of our clinical systems. This is the first of the Board meetings and Dashboards on print usage and cost for example are used in collaboration with services to highlight areas of focus.
- **16.3.1)** Current Planned Care pathways identified areas are Orthopaedics and Ophthalmology. A Request submission has been provided to the DHCW National NHS Wales Programme Team for the NHS Wales App. The request sets out the intended outcomes, how this will improve current waiting times and the onboarding process. Further administrative workflows that are making progress, not to reduce wait times but to reduce inefficiency are E-Consent and patient validation in commissioning; These two identified work flows will aim to reduce duplication and inefficiency, improve quality and safety. E-Consent is live, and within Commissioning the user Testing Phase is underway, awaiting the outcome report of findings

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Digital Teams are actively engaged with the NHS Wales App working groups, to prioritise areas. An NHS Wales app brief has been proved to Board Members on the capability of NHS Wales app and the challenges realised currently. There is collaboration from Primary Care and the Public required to drive adoption and usage, and noting is one of four digital Ministerial Priorities

- **16.5)** Fixed Term Trainers appointed as part of the EPMA and Digital Maternity Cymru programme, this function is being developed at pace to support improvement and inclusivity for Digital Skills and Confidence and is being clinically led by the Chief Nurse Information Officer (CNIO)). Clinical Safety Officer Training has been completed by a number of professional roles, increasing the skills within the organisation
- **16.6)** Demand and Capacity is being reported well in our IT Technical functions, we are still experiencing gaps in our Project and Data functions as we streamline access to services, there is a challenge with directing service areas to follow a standard process to access data, which is preventing a full transparent way to understand demand on our service. This is because of the current communication channels and heavy use of emails to individuals. Processes are being implemented with the data and applications teams to follow the same best practice as the IT service. Demand reporting will be available for business as usual for the month of August in September.
- **16.7)** Cybersecurity initiatives have been a top priority, and we have made significant advancements in enhancing our security posture. This includes the implementation of advanced threat detection and response systems. However, there is a risk of emerging cyber threats that could compromise our systems and data. We are continuously updating our security protocols and conducting regular assessments to mitigate these risks. With limited capacity, whilst technically we are robust, we do have work to assure our best practice through regular performance reporting and documentation requirements.
- **16.8)** AI technology in place, there is a dependency on identifying which areas to utilise the technology, the current clinical systems are a barrier in how we are able to actively use AI in our demand and capacity work. We have identified two planned care areas to review the use of the NHS Wales app and how that might reduce waiting times, this is being reported through the Planned Care Admin Review and the Business Efficiencies work. There will be an AI policy requirement to proceed which may be a national policy (which is being worked through).
- **16.9)** The WCCIS replacement case is progressing through internal PTHB Governance frameworks and actioned as instructed and directed by Welsh Government and Digital Health and Care Wales. However, there is a risk of additional financial pressure to PTHB, which could impact the overall estimated timescales of system procurement and suppliers costs. We are closely monitoring this and are ensuring transparency at all levels. Procurement is about to commence. Electronic Prescribing Medicines Administration (EPMA) is progressing in line with the programme plan and expected milestones. A business case for Business As Usual resource will be scheduled for Investment Benefits Group in September. Quarter 3 early adoption activities will progress. Digital Maternity Case 'case' submission complete is now in project start up, with scheduled Clinical Data Standards

and Technical Implementation activities and Programme Governance in place. Planned go-live March 3rd, 2026. Radiology Information System Programme (RISP) LIVE and in Early Life Support, First Health Board Live, and now a dependency for other Health Boards to go live. From a digital perspective involvement of the project is largely complete and has moved to Business As Usual.

Commentary on red rated actions:

- **16.4.2)** Cross Border project continues to face delays. Delays are caused by unforeseen data issues and scheduling issues. Due to the history of the project, confidence levels are low. Current expectation is that work will be completed by mid August.
- **16.9.1)** Timescales and milestones for Oct Go Live have been delayed due to the UAT platform not being available, causing slippage to testing, training and go live, this is due to supplier, technical and national issues that have taken longer than expected to resolve and very manual validation exercises to populate current medicines library

Achievements:

- Clinical and discharge correspondence from Wye Valley Trust is being delivered into the Welsh Clinical Portal. Pathology is being worked through.
- Our financial performance for Q1 has been robust, with revenue growth exceeding projections. Cost management initiatives have also contributed to improved profitability. Despite this, there is a risk of market fluctuations and economic uncertainties that could impact our financial stability and growth in the upcoming quarters. On track to achieve the financial plan.
- Customer satisfaction (Staff User Experience) levels have seen a significant increase, with positive feedback on our enhanced service offerings and support. We continue to prioritize customer experience and are committed to maintaining high standards. However, there is a risk of not being able to sustain the high levels of customer satisfaction if we face any service disruptions or fail to meet evolving customer expectations. All inpatients across the health board positive feedback regarding Wifi.
- RISP is now Live

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Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment O = Original		
			Q1	Q2	Q3	Q4	O	Q1	Q2
16.1) DSF Strategic Theme - Leadership, Partnership and Alliances ○ Schedule Board Development sessions to embed digital thinking at the leadership level CRITICAL ACTION	16.1.1) To ensure digital transformation is a continuous focus at the highest levels of leadership plan two Digital Board Awareness Sessions in year Q1	ED AHPHS&D	Green	Green			M	H	High
	16.1.2) Schedule and present a Cyber/Information Governance Awareness Board Session Q2			Green				H	High
	16.1.3) Schedule and present a Big Data Management Awareness Board Session Q4							M	High
16.2) DSF Strategic Theme - Enabling Efficiency and Effectiveness ○ Embed Accountable Digital Clinical Leadership to improve quality and safety of care, and efficiency of Health Board assets	16.2.1) Embed accountable Digital Clinical Leadership to improve quality and safety of care, & efficiency of Health Board information and assets Q1-Q4		Green	Green			M	H	High
	16.2.2) Monitor attendance by stakeholders at the Digital Clinical Transformation Board and assess for increase in use of digital adoption Q1-Q4		Green	Green				H	High
	16.2.3) 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			Green				H	High

	16.2.4) Collect patient feedback on the access to digital tools and services Q3								H	Low
	16.2.5) Increasing use of Virtual Consultations for Follow Ups by 10% to improve accessibility and convenience with more flexible care options Q4								H	High
16.3) DSF Strategic Theme - Citizen Centred Care and Support - Patient Health Care Pathway Mapping and encouraged use of the NHS Wales	16.3.1) 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			Blue				M	H	High
	16.3.2) 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								H	High
	16.3.3) 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								H	High
	16.3.4) Aim to achieve a reduction in referral processing times, within 12 months through an integrated digital referral system for identified priority services Q4								H	Medium
16.4) DSF Strategic Theme - Leadership, Partnership and Alliances - System Integration with providers and commissioners in NHS Wales and NHS	16.4.1) Information Sharing agreements in place across providers and commissioners Q3							L	M	Low
	16.4.2) Collectively continue to deliver digital transformation to support sharing of information and standardisation across pathways, with cross border providers Q1-Q4		Red	Red					M	Medium

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England, with robust Data Sharing Agreements										
16.5) DSF Strategic Theme - Leadership, Partnership and Alliances ○ 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	16.5.1) 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			Blue			L	H	Medium
	16.5.2) Increase the number of Clinical Safety Officer Training sessions and increase digital confidence Q4							H	Low
16.6) DSF Strategic Theme - Enabling Efficiency and Effectiveness ○ Workforce Planning for Digital and Clinical Informatics services through a Demand and Capacity exercise to support Digital Transformation across the organisation	16.6.1) 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		Amber	Green			M	H	Medium

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16.7) DSF Strategic Theme - Infrastructure and Security CRITICAL ACTION ○ Cyber and Infrastructure	16.7.1) 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		Green	Blue			M	H	High
16.8) DSF Strategic Theme - Big Data and Artificial Intelligence ○ Put the use of data, insight and analytics, used safely and securely, at the core of the health and care system	16.8.1) 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		Green	Green			M	H	Medium
16.9) Strategic Theme - Leadership, Partnership and Alliances ○ DSF National Programme Alignment • Electronic Prescribing • Maternity system and app • Radiology Information System • Connected Care (WCCIS), Mental Health and	16.9.1) Commence the implementation of Electronic Prescribing Medicines Management to meet the Welsh Gov Milestone Funding agreement Q2			Red			M	H	Medium
	16.9.2) Submit the Digital Maternity Solution Business Case for internal Approval Q1		Green	Blue				H	High
	16.9.3) Radiology Information System Programme Upgrade Go Live Q4							H	High
	16.9.4) Draft the Community Care solution replacement (WCCIS) Business Case, ready for submission for internal approval Q3							H	High

Community Health Solution replacement connected to Primary Care CRITICAL ACTION - Deploy with industry partners, proven clinical systems such as for Maternity, Mental Health and Community Health Systems, electronic care records and medical technologies	16.9.5) Collaborate with Betsi Cadwaladr University Health Board on the specification requirements for procuring a new Mental Health Solution Q3							H	High
	16.9.6) Complete a full WPAS review to evidence Data Quality, duplication and gaps in functionality, as part of the whole system review Q4							H	High
	16.9.7) 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							H	Medium

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	✓	**Change in Timescale**	✓

Q2 change in timescale and scope

- **16.1.1)** Change from Q2 to Q2-Q4 - Board Development session booked for Q3 (original plan to complete by Q2)
- **16.1.2)** Change from Q2 to Q2-Q4 - Board Brief session booked for Q3 (original plan to complete by Q2)
- **16.4.2)** Change in scope (wording specific to Cross border) and change in Timescale from Q1-Q4 to Q4
- **16.5.1)** Change in scope (wording) To implement an interim solution to provide a training function specifically to support the implementation of the ministerial digital programme priorities DMC and EPMA
- **16.6.1)** Change from Q2 to Q4. New process for capturing demand is complete but request further extension to allow time to report against the information gathered and measure against current capacity for Q3 and Q4.
- **16.9.1)** Change from Q2 to Q4 to allow for slippage in go lives, due to a number of technical, application, and 3rd party related delays.

Executive Director Sign Off	Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)

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Innovative Environments

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

Intended Outcome/ Impact

- 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

There are no specific recommendations for Health Boards at this stage, set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) for Capital. However there may be requirements for collective action and implementation implications at a later stage, of the recommendations set out for Welsh Government. A Watching brief will be kept via the lead Executives on any implications arising for PTHB.

Commentary on Progress in this Quarter:

- **17.1)** The North Powys Health, Care and Wellbeing Integrated Hub combined Strategic Outline Case/Outline Business Case continues to be developed on programme, with a planned submission to Welsh Government in December.
- **17.2)** In line with Welsh Government advice a Business Justification Case (BJC) has been developed for the next phase of Llandrindod development to complete works to the front of the hospital whilst the larger business case is developed for the back of the hospital in line with 'Better Together'. The BJC would secure an opportunity for a further £2M investment in 2025/26. Business case scope is covered by Board approved Programme Business Case, enabling submission to WG.

- **17.3)** The discretionary programme is largely on track. This is the largest capital programme (in terms of number of projects) to date – so does pose some challenges in terms of resources. In order to keep the pipeline on track, timely scheme approvals are required.

Commentary on red rated actions: N/A

Achievements:

- Megan Thomas won the regional (Wales) Women in Property student of the year award and was shortlisted for the national finals.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*		
			Q1	**Q2**	**Q3**	**Q4**	**O**	**Q1**	**Q2**
17.1) North Powys Wellbeing Programme	17.1.1) Develop Strategic Outline Case / Outline Business Case for funding in support of an integrated health, care and wellbeing hub (phase 1) Q3	AD EF&SS					H	H	High
17.2) Llandrindod Wells Rural Regional Centre	17.2.1) Business Case submission in format as outlined by Welsh Government as part of endorsed Programme Business Case Q3						H	H	High
17.3) Discretionary Capital Programme including Targeted Estates Funding (TEF) etc	17.3.1) Discretionary Capital Programme (circa 25 projects) Q1-Q4		Green	Green			H	H	High
	17.3.2) Secure funding and deliver projects within TEF categories; Decarbonisation, Infrastructure, Fire, Decontamination, Infection Prevention Control & Mental Health Q4							H	High

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17.4) Development of RPB Strategic Capital Plan, project pipeline	17.4.1) Health and Social Care, Integration and Rebalancing Capital Fund (IRCF); capital project programme Q1		Blue	Blue			H	H	High
17.5) Llanfair Caereinion GP Practice and community hub	17.5.1) Identify project delivery and procurement pathway, secure funding and site and progress development of the project with commencement of construction phase Q1-Q4		Green	Green			M	M	Medium

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	N/A	
Executive Director Sign Off	Wayne Tannahill (Associate Director of Estates, Facilities and Support Services)			

Innovative Environments

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

Intended Outcome/ Impact

- 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
- Electricity reduction across the programme
- Gas reduction across the programme
- ~~R~~evenue 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

Commentary on Progress in this Quarter:

- **18.1.1)** ISO14001: new Auditor appointed with delay in procurement which means main audit findings will not be known until early in Q3, but positive progress and feedback from Audit team to date.
- **18.4.1)** Delivery of key outcome from Re:Fit programme met construction contract completion date of July 2025. Significant efficiency and carbon saving measures installed across the estate to provide step-change in energy consumption and provide double-digit scope 1&2 emission reduction. Formal Measurement & Validation (M&V) phase commenced to verify that actual savings match those guaranteed by the programme. Reduction of electricity consumption noted at Spa Road and Newtown Hospital enabling revenue generating power export to the electricity network out of hours.

Commentary on red rated actions: N/A

Achievements:

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*		
			Q1	Q2	Q3	Q4	O	Q1	Q2
18.1) Environmental Management System accreditation	18.1.1) Maintain external accreditation to ISO14001 standards Q2	AD EF&SS		Green			H	H	High
18.2) Decarbonisation	18.2.1) Decarbonisation Strategic Delivery Plan – actions as set out by WG for 2025/2026 Q1-Q4		Green	Green			H	H	High
18.3) Biodiversity	18.3.1) Enhancement and protection of biodiversity including community group engagement. Publication of statutory 3-yr Biodiversity Report. Development of Biodiversity Plan Q4						H	H	High
18.4) Energy Efficiency	18.4.1) Implementation of energy efficiency interventions pan-Powys: Re:fit programme / Invest to Save Q2			Blue			H	H	High

Formal change request (Please tick as applicable and provide explanation below)

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Change in Scope	N/A	**Change in Timescale**	✓
Q2 change in timescale • **18.1.1)** Timescale change - Expected completion Q3			
Executive Director Sign Off	Wayne Tannahill (Associate Director of Estates, Facilities and Support Services)		

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Innovative Environments

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

Intended Outcome/ Impact

- 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

Commentary on Progress in this Quarter:

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- **19.1.1)** Estates and Facilities work to identify synergies and associated improvements ongoing with some challenge around ability to appoint suitable Head of Facilities following three rounds of interviews. Plan to make interim internal appointment.

Commentary on red rated actions: N/A

Achievements:

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*		
			Q1	**Q2**	**Q3**	**Q4**	**O**	**Q1**	**Q2**
19.1) Develop synergies between Estates and Facilities work streams	19.1.1) Identify and develop joint working synergies and efficiencies for Estates and Facilities department Q4	AD EF&SS					H	H	High
19.2) Facilities to implement the Symbiotix system for auditing and monitoring of assurance for catering and cleaning	19.2.1) Improved Assurance and the monitoring of quality Q3						H	H	High
	19.2.2) Improve data collection for cleaning and catering standards Q3							H	High
19.3) Implementation of all Wales Cleaning Standards	19.3.1) Improved cleaning standards which are measured and matched across Wales Q3						H	H	High

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	N/A	**Change in Timescale**	N/A
Executive Director Sign Off	Wayne Tannahill (Associate Director of Estates, Facilities and Support Services)		

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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, Executive Director of Public Health

Intended Outcome/ Impact

- Collaboration across partners in Powys is central to delivery of a whole system approach to prevention for the population of Powys
- The work on a wider Mid Wales basis and other regional / national footprints have the potential to leverage improvement at greater scale and value
- Surveillance of Strategic Changes within and outside Powys provides intelligence which assists with the appraisal of risk and opportunity

Commentary on Progress in this Quarter:

- **20.1.1)** Following the first stage of the Evaluation, Prioritisation and Assurance (EPA) process a multiagency Regional Partnership Board Executive Working Group developed recommendations for the Regional Partnership Board (RPB) to achieve a reprioritisation focused on the greatest system pressures. The RPB approved the reprioritisation in June and the Regional Integration Fund (RIF) Delivery and Resource Plan for 2025/26. The next phase of applying the EPA work is underway to develop the draft Delivery and Resource Plan for 2026/27.
- **20.1.2)** Funding for the Ready To Go Home Units, subject to the PTHB Board decision in July 2025, was included in the reprioritised RIF Delivery and Resource Plan approved by the RPB. Following a six month evaluation of the temporary service changes, the evaluation report recommended that the temporary changes remain in place for the time being, whilst work continues on the Better Together Programme to shape the future of adult physical and mental health community services for Powys. The RPB Executive was updated on the 12th September 2025.
- **20.2.1)** A Framework for Partnership Development was developed and approved in quarter 1.
- **20.2.2)** A series of self-assessments are underway across the partnership arrangements which will shape a development plan for the RPB.
- **20.3.1)** Work was undertaken in Q1 to strengthen implementation, risk and exit plans in line with the EPA recommendations.
- **20.3.2)** Work is underway to ensure that the EPA recommendations and approach are helping to develop the plans (and proposals) for 2026/27.
- **20.5.1)** The first high level report under the Partnership Governance and Assurance Framework was submitted to PPPH Committee in August 2025. This covered 12 multiagency partnerships involving PTHB and set out the planning and annual reporting cycle for each. Work is underway to draw together key assessments and on the approach to the "refresh" of the Health and Care Strategy.

Commentary on red rated actions: N/A

Achievements:

- The RPB resource plan was refocused on the greatest system pressures.
- A Partnership Development Framework has been developed and agreed and implementation is underway.
- A high level report covering 12 multiagency partnerships involving PTHB has been developed, including the planning and annual reporting cycles.

There are no specific recommendations for Health Boards at this stage, set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025). However there will be requirements for collective action and implementation implications at a later stage, of the recommendations set out for NHS Wales and Regional Fora in relation to Operating Model / Accountability Frameworks / Fragile Services. A Watching brief will be kept via the lead Executives on any implications arising for PTHB.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*		
			Q1	Q2	Q3	Q4	O	Q1	Q2
20.1) 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	20.1.1) Strengthened prioritisation and utilisation of RIF funded delivery to target greatest system pressures Q4	ED PP&C					M	M	Medium
	20.1.2) Agreement on RPB support for Ready to Go Home Units subject to the PTHB Board decision in July 2025 Q2			Blue				M	High

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recommendations of the Newton Europe diagnostic report **CRITICAL ACTION**									
20.2) Work with the Regional Partnership Board (RPB) to develop, agree and implement a shared approach to partnership development	20.2.1) Work with the Regional Partnership Board to develop and agree a framework for partnership development Q1		Blue	Blue			H	H	High
	20.2.2) Work with the Regional Partnership Board to implement the agreed partnership development framework Q4							H	High
20.3) 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	20.3.1) 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		Blue	Blue			M	H	High
	20.3.2) 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							M	Medium
20.4) Work with the PSB to implement the PSB Wellbeing Plan	20.4.1) Lead the Powys Healthy Weights Strategic Steering Group to implement the Powys whole system approach to healthy weights action plan Q1-Q4	ED PH	Green	Green			M	H	High
20.5) 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	20.5.1) Annual cycle of delivery via respective Partnership arrangements Q1-Q4	ED PP&C	Green	Green			H	H	High

20.6) Work with the Marches Forward Partnership to develop and implement a plan to address shared priorities	20.6.1) Removed 20.6.2) 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		Blue	Blue			L	H	High
20.7) Systematic tracking and surveillance of external Strategic Change programmes and developments with a potential impact on healthcare for Powys residents	20.7.1) Annual cycle with quarterly production of Stocktakes Q1-Q4		Green	Green			H	H	High
20.8) Embed Research & Innovation as a key enabler of change across the organisation	20.8.1) 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	DSI&T	Green	Green			M	H	High

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	N/A	**Change in Timescale**	N/A

Q1 change in scope

- **20.6.1)** A request is made for action 20.6.1 to be removed from the plan. The four border local authorities of The Marches Partnership are refocusing and are not holding the Health Subgroup at present, so PTHB cannot take this action forward. The existing governance arrangements of The Marches Forward Partnership would not be sufficient to manage the specific (secondary) prevention at scale proposal put forward by a leading University. (The University also presented to Welsh Government, but there is not a viable way forward at this time.) Members of the Health Subgroup were willing to

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	continue to influence other Marches Forward Partnership programmes to assist in implementing a population and prevention approach, but the overarching Marches Forward Partnership (involving the four border local authorities) is refocusing, and the Health Subgroup is not meeting at present. Thus, PTHB cannot take forward this action. 20.08.25 - Approved at Executive Committee.
Executive Director Sign Off	Nicola Johnson (Executive Director of Planning, Performance and Commissioning) Mererid Bowley (Executive Director of Public Health) Lucie Cornish (Director of Improvement and Transformation)

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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

Intended Outcome/ Impact

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
- 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 from 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

Commentary on Progress in this Quarter:

- **21.1)** Board Assurance Framework (BAF) Dashboard fully developed and reported to the Board in July 2025 alongside the Strategic Risk Register, supporting BAF Dashboard Analysis Principles developed and due to be shared with Board members, focus for Q3 will be the developed of the BAF detail.
- **21.2) & 21.3)** Board Development and Committee work programmes continued to be delivered as planned in Q2, with work undertaken to review and prioritise items to ensure continued alignment to the organisation's strategy and strategic risks.
- **21.4)** Strategic Risk Register (SRR) fully developed and adopted by the Board in July 2025, with focus for Q3 will be the development of the supporting Organisational Risk Register (ORR) and Risk Management Training material
- **21.7)** 2025-26 NHS Wales Information Governance Toolkit Improvement Plan is progressing with engagement with services to maintain or improve in areas to better compliance for next year's submission.
- **21.8)** Communications Plan and Campaign of ideas has been developed and will commence Q3. Effectiveness and achievements will be included in the IG and Records Management Performance and Assurance Reports.
- **21.9)** Resourcing to implement a centralised management function has not progressed. However capital funding has been secured to support work to refurbish O ward in Bronllys in September 2025, which will bring the existing block up to required standards and provide the health board with further additional storage for archive records and release pressure on local sites which are at, or nearing, records storage capacity. Discussions are also taking place to secure a digital locking system on this block as well as in Spa Road enabling the move of records into both facilities enabling remote monitoring and control of access.

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- **21.10.1)** This has moved to Amber as Q2 has seen a rise in the number of Information Governance related incidents logged, however this could be as a result in May 2025 to ensure all potential Information Governance incidents are appropriately assured, Datix entries previously marked as 'Unsure' are now recorded as 'Yes' for specific incident categories. This targeted exercise we hope will ensure no relevant incidents are overlooked. We are going to assess this change in practice over the forthcoming months for effectiveness.

Commentary on red rated actions:

- **21.6.1)** This red-rated action is now nearing completion, with final steps underway with finalising the draft and approval anticipated in Q3. Progress was impacted by some key national programmes which required the Head of Service operational commitment, which have required significant team input over recent months.

Achievements:

- Board and Committee schedule fully delivered in the quarter.
- Strategic Risk Register (SRR) and Board Assurance Framework (BAF) Dashboard fully developed and adopted by the Board in July 2025.
- June 2025 awareness raising to Executive Committee on the Information Asset Register, resulted positively with a surge in assets added
- A new activity tracker was launched on 1st July, enabling more detailed and consistent logging of team activities. This will support improved visibility of workload, better resource planning, and more accurate reporting across the team and assurance to the wider organisation.
- Three more members of staff achieved the IHRIM Qualification in Records and Information Management (2 within the Information Governance/Records Management Team)

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*	*Year End Delivery Confidence Assessment O = Original*

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			Q1	Q2	Q3	Q4	O	Q1	Q2
21.1) Further develop and implement the Board Assurance Framework	21.1.1) Board Assurance Framework (BAF) is an integrated part of every Board meeting and informing the Boards (and Committees) work programme Q1-Q4	DCG	Green	Green			M	H	High
21.2) Design Board and Committee work plans ensuring alignment to the organisational strategic plan, Board Assurance Framework and Corporate Risk Register	21.2.1) Board and Committee work plans are agreed Q1		Green	Blue			H	H	High
	12.2.2) Work plans delivered Q4							H	High
	12.2.3) Evaluation of work plans (Q4 into 2026/27 Q1) Q1-Q4		Green	Green				H	High
21.3) Design & deliver a Board Development programme that supports the Board in fulfilling its role	21.3.1) Board development programme x10 sessions; board briefings x12 sessions reflecting the needs of the Board Q1-Q4		Green	Green			H	H	High
21.4) Review the Boards Risk Management Framework further embedding effective risk management	21.4.1) Risk management framework reviewed Q1		Blue	Blue			H	H	High
	21.4.2) Fully implemented (Q4) Q1-Q4		Amber	Amber				M	Medium
21.5) Ensure corporate business systems maximising efficiency and effectiveness	21.5.1) High quality corporate business systems and support in place across all corporate portfolios Q1-Q4		Amber	Amber			M	M	Low
21.6) Information Governance and Records Management Strategy	21.6.1) Finalise strategy including improvement plan Q1-Q2		Red	Red			H	M	Medium

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21.7) Develop the PTHB elements of the NHS Wales Information Governance Toolkit – Improvement Plan 2025/26	21.7.1) Engagement with Service leads to progress identified actions to improve compliance in readiness for next submission Q1-Q4		Green	Green			H	H	High
21.8) Develop a communications/awareness plan	21.8.1) Develop and deliver a plan that co-ordinates the communication/training and awareness plan which includes a review of effectiveness Q1-Q4		Green	Green			H	H	High
21.9) Records Management – Align and strengthen the Storage of Archive Health Records against legislation	21.9.1) Identify the resourcing strategy to support the effective on-going management to store archive health records over 4 designated facilities Q1-Q4		Amber	Amber			H	L	Low
21.10) Ensure effective Information Governance and Records Management systems and processes are implemented to maintain and improve legislative compliance	21.10.1) Reduction in number of data and Information Governance breaches Q1-Q4		Green	Amber			H	H	Medium
	21.10.2) Successful completion of regulatory audits with no major non compliance issues Q1-Q4		Green	Green				H	High

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	✓	

Q2 change in timescale

- **21.6)** Change of timescale requested to end Q4, the change request is based on resourcing requirements and other priorities, confidence of completion by end of Q4 is high.

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Executive Director Sign Off	Helen Bushell (Director of Corporate Governance)

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Transforming in Partnership

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

Intended Outcome/ Impact

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

- Better informed public and stakeholders
- 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

Commentary on Progress in this Quarter:

- **22.1)** Key marketing and communication activities have included support for the health board's commissioning intentions in relation to waiting times, for which there has been continued proactive and reactive communication following implementation from July 2025 and ahead of expansion of these measures to include outpatients from Q3. A further key priority has continued to be our Staff Excellence Awards for which the celebration events concluded in Q2. Our maternity backfill for the Digital Communications Officer role has also commenced in post.
- **22.2)** A key focus during Q1 has been the continued design and delivery of our programme of engagement on Better Together. Following engagement on the case for change during Q1, the focus has been on staff, public and stakeholder engagement on scenarios for the future shape of adult physical and mental health community services from June. By the end of Q2, our Stage Two engagement plan had been delivered with Stage 2 activities formally closed. A detailed Stage 0-2 Engagement Report has been produced, bringing together key insights from the engagement activities to date. These insights are informing the planning and delivery of the future Better Together work programme. Consultation by Hywel Dda UHB on nine clinical service

areas, and engagement by Aneurin Bevan UHB on their enhance Local General Hospital model, concluded during the quarter and was supported by the PTHB team to enable people in Powys to participate. Delivery confidence remains at medium given the uncertainties associated with factors outside of our control (e.g. planned or urgent change proposals by neighbouring health boards) and also the political context leading up to elections to a reformed Senedd.

- **22.3)** Work has progressed on shared RPB/PSB priorities including gathering insights towards the Q1-Q2 six-monthly report on engagement activity, as well as further development of the coproduction community of practice. However, following the departure of the RPB communications and engagement lead for a new role with ICJ our delivery confidence remains medium until resourcing is clarified going forward.
- **22.4)** Ongoing review of the stakeholder map remains in place in the context of Better Together. Regular meetings with Members of the Senedd and Member of Parliament continue, meeting on an individual basis replacing the previous group sessions. Weekly editions of The Week continue to inform Board Members of current media and political issues, and this now includes a new insights page looking ahead to the Senedd elections in 2026.
- **22.5)** Work requirements relating to COVID Inquiry and Special Purposes Committee have been low level during the quarter, and a decision has been made nationally for the work of the former Special Purposes Committee to be consolidated into the Public Affairs Committee. A proposal is being developed to absorb remaining COVID Inquiry activity into "business as usual" processes which would lead to the completion and closure of this objective during Q3. Delivery confidence has therefore been increased to high.
- **22.6)** Recruitment to the role of Head of Charity has taken place, with a permanent Head of Charity commencing in post shortly before the end of Q2. Final checks have taken place on the charity website with launch now imminent. Delivery confidence has therefore increased to high.

Commentary on red rated actions: N/A

Achievements:

- Successful completion of Stage Two Engagement for Better Together including comprehensive programme of engagement and insight to support the development of the future shape of adult physical and mental health community services, including preparation of the detailed Stage 0-2 Engagement Report.
- Further embedding of monthly Team Focus to strengthen staff engagement and communication
- Conclusion of Staff Excellence Awards celebration events
- Successful recruitment to Head of Charity role

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*		
			Q1	Q2	Q3	Q4	O	Q1	Q2
22.1) Design and delivery of a programme of marketing and communication	22.1.1) 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	DCG	Green	Green			H	H	High
22.2) Design and delivery of a programme of continuous engagement	22.2.1) 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		Green	Green			M	M	Medium
22.3) Delivery of shared PSB/RPB Engagement and Participation Plan priorities	22.3.1) 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		Green	Green			M	M	Medium
22.4) Ensure effective corporate affairs systems and processes that support the organisation to achieve its goals	22.4.1) Undertake quarterly review and update of principal stakeholder map, including specifically readiness for Senedd Reform 2026 Q1-Q4		Green	Green			H	H	High

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22.5) Ensure effective and appropriate contribution to COVID learning through the UK COVID Inquiry and Senedd Special Purpose Committee	22.5.1) Continue organisational learning including proactive and reactive engagement with the UK COVID Inquiry and the Senedd Special Purpose Committee Q1-Q4		Green	Green			M	M	High
22.6) Development and delivery of the Powys Health Charity strategy	22.6.1) Conclude delivery of current Powys Health Charity Strategy and develop and agree Powys Health Charity Strategy 2026-29 Q1-Q4		Green	Green			M	M	High

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	N/A	
Executive Director Sign Off	Helen Bushell (Director of Corporate Governance)			

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.7

BOARD	**26 November 2025**
Subject:	**STRATEGIC RISK REGISTER and BOARD ASSURANCE FRAMEWORK (BAF) DASHBOARD**
Approved and presented by:	Helen Bushell, Director of Corporate Governance / Board Secretary
Prepared by:	Deputy Board Secretary
Other Committees and meetings considered at:	Executive Committee – 19 November 2025

PURPOSE:

Provide the Board with the **November 2025** version of the Strategic Risk Register and BAF Dashboard for review, assurance and approval.

RECOMMENDATION:

The Board is asked to:

- **REVIEW** the **November 2025** Strategic Risk Register update, included at **Appendix A** ensuring that it is a complete and a true reflection of the health board's current high-level risks
- **REVIEW** the **November 2025** BAF Dashboard update, included at **Appendix B** ensuring that it is a complete and a true assessment of the health board's confidence in its strategic controls and assurance
- **TAKE ASSURANCE** on the development of an Organisational Risk Register (ORR) encompassing the most significant operational risks the organisation, a high-level summary of which is included at **Appendix C**
- **TAKE ASSURANCE** on the controls and assurances to manage strategic risks and there are actions to address any identified gaps
- **APPROVE** the updates proposed by Executive Leads including:
  - the increase in scoring for SRR 002 (Transformation)
  - the decrease in scoring for SRR 010 (Major/Critical Incident)

Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	

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2. Provide Early Help and Support	Y	The Corporate Risk Register covers all of the strategic objectives and risks could impact on more than one objective.
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 Strategic Risk Register (SRR) is a cornerstone of the Board Assurance Framework (BAF) and is the central repository for risks to the delivery of PTHB's strategic priorities. The SRR was created following the approval of a revised Risk Management Framework in March 2025 and was developed in alignment to the Health Board's Strategic Priorities and was first report to the Board in November 2025.

The most significant operational risks to the Health Board are captured in the Organisational Risk Register (ORR) report to the Executive Committee. Having been established in November 2025 each risk included in the ORR will be mapped to a Strategic Risk and is a summary (Description and Score) will be included under the 'Associated organisation risks (ORR); section under each detailed Strategic Risk in **Appendix A** for Board awareness.

There are 12 risks on the register. Following review and consideration by Executive Leads, the following changes were proposed:

- SRR 002 (Transformation) – Risk score **increases** from 12 (L3 x I4) to 16 (L4 x I4), due to the unmitigated realisation of risk.

- SRR 010 (Major/Critical Incident) - Risk score **decreases** from 16 (L4 x I4) to 12 (L3 x I4), due to the significant number of control measures in place.

There have been no other changes suggested to risk descriptions or scores to those risks reported in the Strategic Risk Register on the 30 July 2025 to the Board.

Appendix A includes a summary of the risks, the heatmap of risk ratings and the detail for each strategic risk.

The Board Assurance Framework (BAF) Dashboard is newly developed and first reported to the Board in November 2025. This dashboard supports the Strategic Risk Register by seeking/providing assurance that the actions deployed by the Board to manage/mitigate its key risks are adequate and effective, and presenting an opportunity to undertake further scrutiny and identify actions where gaps or

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weaknesses are identified. The BAF Dashboard is attached to this paper as **Appendix B**.

As part of the revised Risk Management Framework (RMF) the Board supported the development of an Organisational Risk Register (ORR) owned by the Executive Committee and consisting of the most significant operational risks to the organisation. Work has been undertaken in Q3 to develop this register and a high level summary of the current ORR is provided as **Appendix C** for Board sightedness. The Executive Committee will continue to develop and mature the ORR over the coming months and will continue to report a summary to the Board for sightedness as part of each Strategic Risk Report.

NEXT STEPS:

Executive Committee will continue to seek assurance on the ongoing development and management of all organisational and strategic risks. Responsibility is allocated, as per Committee terms of reference against the current strategic risk register as follows:

Committee	Risk Number and Summary
Audit, Risk and Assurance	• SRR 011 (Digital and Electrical Infrastructure)
Finance and Performance	• SRR 001 (Financial sustainability) • SRR 007 (Estate) • SRR 009 (Continuing Health Care) • SRR 012 (Public Confidence)
Patient Experience, Quality and Safety	• CRR003 (Commissioning) • CRR004 (Provided Services)
People and Culture	• SRR 006 (Workforce)
Planning, Partnerships and Population Health	• SRR 002 (Transformation) • SRR 005 (Primary Care) • SRR 008 (Prevention) • SRR 010 (Major/Critical Incident)

A detailed Board Assurance Framework in support of each strategic risk is currently in development and will be reported to the Board in January 2025.

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Strategic Risk Register

November 2025

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STRATEGIC RISK DASHBOARD

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

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

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

KEY:

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

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Trend	
*	**New risk**
➔	**Risk score unchanged since last report**
↓	**Risk score decreased since last report**
↑	**Risk score increased since last report**

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RISK HEAT MAP

Almost certain 5					
Likely 4				**SRR 002 – Transformation** **SRR 004 – Provider** **SRR 005 – Primary Care** **SRR 006 – Workforce** **SRR 007 – Estate** **SRR 009 – CHC**	**SRR 001 – Financial Balance**
Possible 3				**SRR 003 – Commissioning** **SRR 010 – Emergency Response**	**SRR 011 – Digital** **SRR 012 – Public Confidence**
Unlikely 2					
Rare 1					

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LIKELIHOOD X IMPACT	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5

SRR 001	**There is a risk that:** The Health Board is unable to achieve its duty to achieve financial breakeven (and therefore sustainability).	
Current Risk Score: **20**	**Risk rating detail:** (likelihood x impact) Current: L4 x I5 = 20 Inherent: L4 x I5 = 20 Target: L2 x I4 = 8	**Risk Category:** Financial Sustainability **Boards Risk Appetite:** **Cautious**
Executive Lead: Executive Director of Finance, Capital and Support Services		**Assuring Committee:** Finance and Performance Committee
Latest review date: October 2025 **Added to register:** June 2024 **Link to Strategic Priorities and Wellbeing**		**Cause/source of risk:** The Health Board reported a £15.8m deficit in 2024/25 It is forecasting a £28.3m deficit in 2025/26 Savings programme of £23.1m Underlying deficit of £42.1m **Risk materialising would result in:**

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Objectives: Cross-cutting risk relevant to all SPs and WBOs		Failure to achieve the statutory duty to breakeven		
Controls (What has been implemented to manage the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
1.1	Financial Plan approved by Board. Subsequent AO letters set out savings target of £23.1m.	Plan approved by Board	Reasonable	Board
1.2	Additional control - Introduced joint CEO and ED Finance only focussed meetings with each Exec Director individually.	Regular meetings and agreed action monitoring	Reasonable	Board
1.3	Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks.	Plan Management	Reasonable	Board
1.4	Group established for Variable Pay, identified leads and clear expectation re delivery, these groups will have a short and longer-term focus for delivery. Variable Pay, CHC and Commissioning regular deep dive areas of focus at F&P Committee to track actions to improve.	Reports to F&P Committee	Reasonable	Board
1.5	Investment Benefits Group - focus on benefits realisation of previous investments, including consideration of dis-investment.	Delivering VFM, improving efficiency and sustainability, report to Executive Committee	Reasonable	Board

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1.6	Regular communication and reporting to Welsh Government and NHS Wales Performance and Improvement (Financial Planning and Delivery Directorate) regarding the impact of pressures on Financial Plan and underlying position.	Monthly Meetings and reporting in line with Escalation plan.	Reasonable	Board

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
Executive Directors are focussed on delivery of £23.1m savings targeted for 2025/26.	DFC&SS	Reported regularly to Board and F&P and to Exec Committee. Month 6 £17.7m savings forecast. ~~and D&P~~	Ongoing	Ongoing
Executive Team workshops focussed on actions to reduce expenditure in 2025/26.	DFC&SS	Workshops held w/c 7 July. Outcome to be reported to Board in July	Ongoing	Ongoing
An external review has been commissioned, which is focusing on the financial position of the Health Board and its arrangements for commissioning secondary healthcare services and CHC.	DFC&SS	Grant Thornton has been appointed. Interim findings are due to be reported at the end of October. Final report at the end of November.	End of November	Ongoing

Additional information:

Rationale for current score:

- The Plan includes a £23.1m savings target. This is not currently being achieved.

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- The Health Board is experiencing greater cost pressures than its recurrent mitigating actions and additional funding can contain. This is leading to an increase in its underlying deficit. Assessed as £42.1m.
- The scale of this deficit against annual expenditure of circa £480m makes it probable that the organisation will not be able to comply with its statutory duty to breakeven for some time.

SRR 002	**There is a risk that:** The Health Board is unable to successfully deliver and realise the benefits of transformation	
Current Risk Score: ~~12~~ 16	**Risk rating detail:** (likelihood x impact) Current: ~~3~~ 4 x 4 = ~~12~~ 16 Inherent: 4 x 4 = 16 Target: 2 x 4 = 8	**Risk Category:** Innovation and Strategic Change **Boards Risk Appetite:** Eager
Executive Lead: Executive Director of People and Culture		**Assuring Committee:** Planning, Partnerships and Population Health

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Latest review date: July 2025 **Added to register:** July 2025 **Link to Strategic Priorities and Wellbeing Objectives:** Cross-cutting risk relevant to all SPs and WBOs		**Risk cause/source:** • Insufficient capacity to deliver across the Better Together Portfolio • Insufficient cognition and capability to deliver the level of transformational change across the Better Together Portfolio • Lack of organisational and public readiness for change • Timescales are too challenging to deliver • Inability to invest in estate and infrastructure required to deliver level of transformational change across the Portfolio • Financial recovery plan FY25/26 impacts on ability to deliver the Better Together portfolio • Unable to access reliable data and/ or deliver digital transformation and infrastructure to support change • Misalignment with key dependencies both external and internal to the portfolio **Risk materialising would result in:** Will not deliver improved quality and sustainability of services or make better use of resource. Health Board will remain in escalated measures. Services remain fragile with significant variation / inconsistency in service provision creating inequity and gaps Unable to develop clinical services plan required as part of Level 4 de-escalation criteria. Commissioning spend continues to escalate.

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		Unable to realise wider benefits of transformation in a timely manner Reputational damage		
Controls (What has been implemented to manage the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
2.1	Transformation programmes in place under the Better Together Portfolio, in line with PTHB Strategic Priorities, to provide the capacity to deliver the transformational deliverables required to support delivery of a balanced financial plan within 3-5 years.	• Transformation updates provided to Executive Committee • Portfolio Highlight report, Portfolio and Programme workbooks, minutes and assurance reports from the Better Together Portfolio including North Powys Wellbeing Programme, Frailty & Community Model incorporating the Six Goals for Urgent & Emergency Care Programme, Planned Care & Diagnostics Programme, Mental Health Transformation Programme, Business Efficiencies Programme and	Reasonable	Executive Committee

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		Temporary Service Change Programme		
2.2	Better Together Portfolio Board established as a Sub—Group of the Executive Committee	• Regular reporting to the Executive Committee	Substantial	Executive Committee
2.3	Oversight of Better Together and Transformation integrated into Terms of Reference of F&P, P&C and PPPH Committees	• Regular reporting to Board Committees and onwards assurance provided to Board	Substantial	Multiple Board Committees
2.4	Better Together Stage ~~Phase~~ 2 engagement programme has been developed and commenced including staff roadshows and workshops as well as several public events across Powys.	• Review and report on outcomes arising from engagement	Reasonable	Better Together Portfolio Board
2.5	Monthly informal Planning update meetings with WG including Better Together update	• Regular informal discussion with WG leads	Substantial	N/A
2.6	Wider stakeholder engagement plan in place with regular Primary Care, PCC, PAVO and Llais interface.	• Inputs and reporting from primary care workshops and meetings. • Inputs and outputs from wider stakeholder engagement meetings.	Reasonable	Better Together Portfolio Board
2.7	Ongoing assessment of delivery capacity as portfolio plan develops. Monitored through Portfolio Board and reported to Executive Committee	• Portfolio Board reporting to Executive Committee	Reasonable	Better Together Portfolio Board

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
Revised timeline in development, including consideration of alignment for	DI&T	NEW	End Nov 2025	On track

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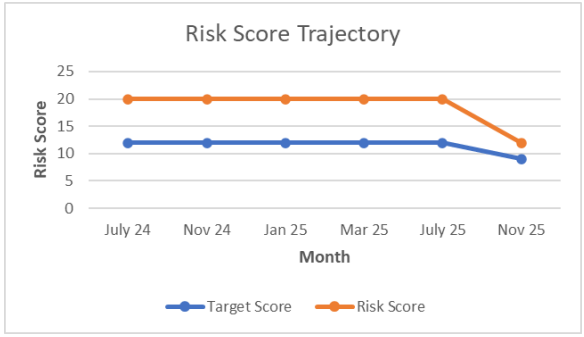
future phases and resourcing plan to strengthen delivery confidence				
Continued implementation of transformational programmes aligned to the PTHB Strategic Priorities to deliver agreed benefits and deliverables	DI&T	This continues	Ongoing	On track
Implementation of Strategic Change deliverables to support achieving financial sustainability	DI&T; Executive Director Programme Leads; Programme SROs	Approved Temporary Changes implemented for 6 month period and ~~under~~ evaluated~~ion~~. Further decision making aligned with Better Together.	~~July 2025~~ Ongoing	~~On track~~ Aligned to extension of Better Together timeline
Ongoing public, staff and stakeholder communication & engagement	DI&T; Director of Corporate Governance	ODEC workstream established to oversee delivery of Comms & Engagement activity to support portfolio delivery Resource plan supported and in implementation.	Ongoing	On track
Map dependencies within portfolio and external to portfolio including strategic change being enacted on PTHB borders and assess impact and areas for close monitoring	DSI&T; Director of Planning, Performance & Commissioning	This continues	Ongoing	On track
Development of Estates Strategy	Associate Director of Capital, Estates & Property	Close working with Better Together programme to support strategy development	Ongoing	On track

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Assess dependencies with digital work plan	DSI&T; Director of AHPs, Health Science and Digital	Dependencies and interdependencies under ongoing assessment	Ongoing	On track
Additional information:				
N/A				

SRR 003	**There is a risk that the Health Board is unable to respond to the demand for commissioned services**	
Current Risk Score: **20**	**Risk rating detail:** (likelihood x impact) Current: L5 x I4 = 20 Inherent: L5 x I4 = 20 Target: L3 x I4 = 12	**Risk Category:** Performance and Service Sustainability **Boards Risk Appetite: Open**
Executive Lead: Executive Director of Planning, Performance & Commissioning		**Assuring Committee:** Patient Experience, Quality & Safety Committee

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Latest review date: October 2025 **Added to register:** July 2024 **Link to Strategic Priorities and Wellbeing Objectives:** SP 11 and WBO 8		**Cause of risk and rationale for current score:** • Increase in demand, inequality of access, complexity of patient needs, or failure to respond to demand pressures • Planned Care NHS Wales – number of patients waiting > 52 weeks improved however only SBUHB compliant for Powys residents. Very long waits (>104 weeks) continue to increase. SBUHB has reported no Powys resident pathways > 104 weeks. Challenges remain with in-reach provision due to capacity fragility and complex diagnostic delays. • Planned Care NHS England: PTHB requested NHSE providers to deliver to NHSW waiting times targets. WVT reporting 69.4% of pathways waiting <26 weeks for treatment. SATH reporting more challenged position. No patients >104 weeks but continuing to report patients >52 weeks. RJAH remains most challenged provider for long waiters. 78 > 104 weeks reported in July. Very long waits exceed 200 weeks, especially for complex spinal. • ~~Planned care recovery continuing to accelerate in NHSE.~~ • ~~High volumes of patients waiting > 52 weeks and > 104 weeks in NHS Wales. Cabinet Secretary expectations to improve waiting times in NHS Wales.~~ • The risk relates to the Timely, Equitable, Effective and Patient Experience elements of the Duty of Quality. **Risk materialising could result in:** • Poorer outcomes and experience for the citizens of Powys • Difficulty in balancing performance and financial plan

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Controls (What has been implemented to manage the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
3.1	For Planned Care Services - Regular review of demand pressures by looking at referral levels into services	Referral data into services from commissioning data sets and supplementary reports received from commissioned providers. Low assurance currently due to robustness of referral data. Exploring alternative data sources (e.g. activity) whilst working through improved data set for GP referrals.	Limited	Executive Director
3.2	For Urgent & Emergency Services – Regular review of demand pressure by reviewing attendance rates and emergency inpatient volumes	Attendance data into services from commissioning data sets and supplementary reports received from commissioned providers	Reasonable	Executive Director
3.3	Using demand data to plan to commission sufficient service provision for all services provided out of county, noting the need to agree a balanced finance and performance position as part of the IMTP process	Demand, activity and financial information from commissioning datasets used to inform contract plans	Reasonable	Executive Director
3.4	Reviewing where services do not meet clinical and operational standards	Various data sources including operational & performance data.	Limited	Executive Director
3.5	Improving the outcomes and experience data capture to inform future reporting on commissioned services to the	Various data sources including operational & performance	Limited	Executive Director

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	Finance and Performance Committee and Board as well as future planning	data. Qualitative information from QMS, PROMS & PREMS reporting, concerns, NRIs, clinical audit, regulatory inspections		

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
<u>Planned Care</u> ▪ Continue regular meetings with commissioned service providers. ▪ Secure performance improvement trajectories from providers. ▪ Insourcing contract extended to offer Powys residents experiencing long waits in commissioned service providers in NHS Wales to be treated in Powys. ▪ Ongoing scrutiny and oversight through CQPR meetings with escalation through Integrated Quality and Performance Report. ▪ Continuing to work to obtain robust data for referrals from NHSW and NHSE GPs for Powys residents.	Executive Director of Planning, Performance and Commissioning (supported by DPCCMH)	Performance Trajectories and details on harm reviews for Powys residents requested from commissioned service providers in NHS England and NHS Wales to understand expected performance 2025/26 and to be reviewed and discussed through CQPRMs. Planned Care Insourced provision tender exercise delayed. Mitigating actions put in place to ensure continuity of service provision whilst tender exercise undertaken. Paper presented to Executive Committee for decision.	April 2025 and ongoing	~~On track~~ Delayed (Procurement)

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		Established Commissioning Oversight and Assurance Group (COAG), chaired by Exec DPPC, to provide a forum for internal oversight and escalation of performance monitoring of commissioned non-specialist services.		
▪ Cancer	MD (supported by DPPC)	Added to this version of the risk register. Actions to be agreed. Cancer Working Group chaired by Medical Director. CQPRMs and COAG cover all specialties with commissioned providers. Cancer Deep Dive to be presented to F&P Committee October 2025.	TBA	TBC
<u>Urgent and Emergency Care</u> ▪ CQPRMS cover all specialties with commissioned providers including UEC.	DPPC (supported by DPCCMH)	CQPRMS and COAG cover all specialties including urgent and emergency care.	April 2025 and ongoing	On track

Commented [NJ1]: Can we put anything in about revived cancer Working Group?

Commented [NJ2R1]: Also COAG will cover all specialities

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▪ Continued work on 6 Goals plan to reduce admissions and secure timely discharge. ▪ Strengthening arrangements for admissions to community beds in NHSE. ▪ Continue series of regular meetings with WAST and commissioned service providers. ▪ Continue commissioning of ambulance services in partnership through the Joint Commissiong Committee ▪ Secure performance improvement trajectories and improvement plans from providers.		Historically had regular meetings (ICAP and Q&S) with Health Boards and WAST to cover performance, patient experience, incidents and resultant investigations, clinical indicators. Several recent ICAP meetings have been cancelled. Regular attendance at CCLG and sub- committee structure. New governance structure ~~being~~ developed by the JCC with establishment of Ambulance Services and 111 Collaborative Commissioning Integration Group. ~~Terms of Reference awaited.~~ Standing agenda item in CQPRMs to review improvement plans, patient experience, and patient harm.		
<u>All indicators</u> There are some performance indicators that continue to fail the operational standard e.g. Single Cancer Pathway, 4	DPPC	Integrated Quality and Performance Framework (IQPF) has been reviewed and refreshed for 2025/26. As part	April 2025 and ongoing	On track

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Hour ED waits. The Health Board will develop a suite of indicator sub-sets to determine if any improvement is being made towards achievement of the overall target.		of the IQPF, the Integrated Quality and Performance Report will continue to provide information across the NHS Wales Performance Framework measures including Cancer and 4 hour ED waits.		

Additional information:

Rationale for current score:

Planned Care

NHS Wales

- Latest validated position to month 5 as per IQPR month 5 report presented to Executive Committee 15th October 2025.~~1~~ (April 2025):

  - ~~Swansea Bay UHB and Hywel Dda UHB continue to meet the stage 1 waits target reporting zero pathways over 52 weeks for Powys residents. However, the overall position in Wales increases in pathways over 52 weeks with Aneurin Bevan UHB and Cwm Taf Morgannwg UHB reporting special cause concern.~~
  - ~~Only Swansea Bay UHB remains compliant in April reporting no pathways over 104 weeks. All other providers bar Cardiff and Vale UHB continue to report special cause improvement. But the overall number increases from 41 in March to 62 in April 2025.~~

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Challenges

- NHS Wales Planning and Performance Frameworks 2025/26:
  - No patients waiting over 104 weeks for referral to treatment.
  - No patients waiting over 52 weeks for new outpatient appointment.
  - No patients waiting over 8 weeks for specified diagnostics.
- Welsh acute care providers continue to experience ongoing challenges due to increased demand and service sustainability issues.
- Powys residents who can have their pathways within the Powys as a provider have the quickest reported care, and with English acute health trusts providing more timely access for residents in the North & East of the county. Those residents living in southwest health economy wait the longest.
- Long wait pressure by treatment specialty remains within General Surgery, Trauma & Orthopaedics, ENT, and Ophthalmology.

Actions & Mitigations

- Welsh including Powys provider services, have mobilised additional capacity including insourcing, outsourcing, increase usage of additional payments for clinical activity.
- Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within PTHB or alternative provider.
- Continued to engage on a regular basis with all commissioned providers via contracting, quality and performance meetings. These meetings are used to discuss challenges and highlight key concerns but primarily to support the best possible care for Powys responsible patients within current health contracts. Also note progress against GIRFT pathway and case mix recommendations are discussed and noted.
- PTHB developed productive pathways for planned care with actions including referral management, effective clinically led pathways, implementation of GIRFT recommendations, theatre utilisation improvement.
- All Welsh providers have been formally contacted to request confirmation of when those patients waiting > 104 weeks will be seen.

~~NHS England~~

- ~~Latest validated position month 12 (March 2025):~~

- ~~Powys residents in England have consistently waited less time for treatment except for Robert Jones & Agnes Orthopaedic Hospital NHS Foundation Trust (RJAH), all wait bands are reporting special cause concern at an aggregated level.~~
- ~~**Wye Valley NHS Trust (WVT)** reports the best performance of all Powys commissioned providers with 70.1% of pathways waiting under 26 weeks for treatment, 113 wait over 52 and of these 4 pathways wait between 77 and 104 weeks for Ophthalmology and respiratory medicine. WVT is the only English provider to consistently report special cause improvement for all key wait bands.~~

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- **The Shrewsbury & Telford Hospital NHS Trust (SATH)** reports a more challenged position with all key wait bands reporting special cause concern e.g., the total numbers of waiters in these bands is increasing. The key challenged specialties for long waiting pathways in SATH are Ophthalmology and Oral Surgery which make up 24 of the total 27 pathways between 77 and 104 weeks.
- **The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH)** remains the most challenged English provider for long waits the SPC chart (right) shows a growing trend of very long waiters and with all key wait bands are reporting special cause concern. Historically RJAH has always been challenged by complex spinal pathways but in March of the 40 total breaches 16 are for Knee & Sports Injuries, 12 are complex spinal, 10 reported for Arthroplasty pathways, and 2 in upper/lower limb. The longest wait for a complex spinal pathway awaiting specialist unit was reported by the provider at 307 weeks.

- Work ongoing with NHSE providers, primarily RJAH, SaTH and WVT, re PTHB Commissioning Intentions 2025/26, commissioning to NHS Wales treatment targets.

Cancer

- Cancer performance remains poor against the 62 day targets in both English and Welsh commissioned services.

Urgent and Emergency Care (latest position April 2025)

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~~Welsh Emergency Access (A&E) providers~~

- ~~Powys residents have seen a slight increase to 66.3% for those waiting under 4 hrs in Welsh units.~~
- ~~Number of patients reported waiting over 12 hrs was 124 for April 2025~~

~~English Emergency Access (A&E) providers~~

- ~~It should be noted that the English information is not complete, Shrewsbury and Telford NHS Trust data has not been available consistently from Q1 2024/25.~~
- ~~PTHB residents attending English emergency units see the longest wait with 47.4% reported in March as waiting less than 4hrs in their units.~~
- ~~Of the reported health board 140 patients were reported waiting over 12hrs (predominately Wye Valley NHS Trust).~~

~~Data Quality~~

- ~~Information on emergency department waits can be delayed especially from English providers, this results in retrospective updates of performance which will be noticeable between reporting month although minor.~~

Update including impact of actions to date on current risk score:
Improved performance experienced within NHS England commissioned service providers; expected improvement in NHS Wales expected following issue of additional planned care monies in 2025/26, and national procurement process for outpatients and treatments.

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

SRR 004	There is a risk that the Health Board is unable to respond to the demand for provided services	
Current Risk Score:		**Risk Category:** Performance and Service Sustainability

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16	**Risk rating detail:** (likelihood x impact) Current: L4 x I4 = 16 Inherent: L4 x I4 = 16 Target: L3 x I4 = 12	**Boards Risk Appetite: Open**
Executive Lead: Executive Director of Primary Care, Community and Mental Health (PCCMH)		**Assuring Committee:** Patient Experience, Quality & Safety Committee
Latest review date: October ~~July~~ 2025 **Added to register:** July 2024 **Link to Strategic Priorities and Wellbeing Objectives:** Several SPs and WBO 4 and 8		**Cause of risk:** • Increase in demand, inequality of access, complexity of patient needs, or failure to respond to demand pressures. **Risk materialising would result in:** • Poorer outcomes and experience for the citizens of Powys • Increased system pressure across urgent and emergency care pathways. • Reduced efficiency in patient flow and bed utilisation • Inability to meet national performance targets and ministerial priorities.

Controls (What has been implemented to manage the risk?)	**Sources of Assurance**	**Level of Assurance**	**Highest Assurance**

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				provided to:
4.1	For Planned Care Services - Regular review of demand pressures by looking at referral levels into services. Reviewing all in-reach SLA with partner organisations to achieve a more sustainable offer. Maximising insourcing offer to ensure optimal performance standards are achieved. Implement as many Optimisation frameworks and 5 Goals for Planned Care as appropriate for a community-based provider	• Referral data into services from commissioning data sets and supplementary reports received from commissioned providers Best practice guidance from GIRFT and Welsh Government / NHS Exec	Reasonable	Finance & Performance
4.2	For Urgent & Emergency Services – Regular review of demand pressure by reviewing attendance rates and emergency inpatient volumes	Attendance data into services from commissioning data sets and supplementary reports received from commissioned providers	Reasonable	Finance & Performance
4.3	All services - using demand data to plan to provide the correct level of services provision for all services provided in county	Demand, activity and financial information from commissioning datasets used to inform contract plans	Reasonable	Finance & Performance
4.4	Reviewing where services do not meet clinical and operational standards	Various data sources including operational & performance data.	Reasonable	Finance & Performance
4.5	Constantly reviewing staffing level and the amount of agency staff being used. Additional control procedures in place to the reliance on agency staff (particularly higher cost agency providers) and deliver expected cessation.	Various workforce and financial reports recording agency usage at ward and service level	Reasonable	Finance & Performance
4.6	Improving the outcomes and experience data capture to inform future planning	Various data sources including operational & performance data. Qualitative information from PROMS	Reasonable	Finance & Performance

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		& PREMS reporting, clinical audit, regulatory inspections		
4.7	Development and implementation of integrated system coordination mechanisms—including the Integrated Flow Hub, daily discharge huddles, Trusted Assessment processes, and the expansion of Powys DigiFLO—to enhance system resilience and operational efficiency. This control supports delivery of the PTHB Six Goals for Urgent and Emergency Care, contributes to the NHS Wales People's Experience Framework, and enables a shift toward a prevention-based, value-driven model of care.	Task & Finish Group reports, baseline assessment against National SPoA Framework, operational data (Package of Care Delays, PoCD), pilot evaluations and implementation monitoring reports	Reasonable	Finance & Performance

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
<u>Planned Care</u> ▪ Continue series of regular meetings with service providers ▪ Monitor and manage delivery against performance improvement trajectories for our own services. ▪ Medinet contract extended to offer Powys residents experiencing long waits in commissioned service providers in NHS Wales to be treated in Powys. Work being progressed to issue a tender for insourced provision in 2025/26.	Executive Director PCCMH	Performance Trajectories being routinely monitored and managed.	September 2026	On track

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Ongoing scrutiny and oversight through CQPR meetings with escalation through Integrated Performance Report.				
<u>General Service Sustainability & Future Models of Care</u> The health board is currently reviewing models of care as part of its five-year plan but also in response the staffing and financial challenges. ▪ A number of service reviews are being undertaken with several 'cases for change' having been approved by the Health Board and stakeholders.	Executive Director PCCMH	Overall case for change now available for second phase engagement, with options development completed and available for future engagement and consultation. Further work ongoing to develop and implement service change that falls below threshold for consultation.	April 2026	On track
There are some performance indicators that continue to fail the operational standard e.g. Neuro-developmental target. The Health Board will develop a suite of indicator sub-sets to determine if any improvement is being made towards achievement of the overall target.	Executive Director PCCMH	A number of sub-indicator performance targets have been identified. These have been built into the IQPR and actions in train to further reduce risk	December 2025	On track
Operationalise and expand integrated system coordination mechanisms—including the Integrated Flow Hub, daily discharge huddles, Trusted Assessment processes, and DigiFLO rollout—to mitigate delays, improve patient flow,	Executive Director PCCMH	Flow Hub: model scoped, and roles identified; launch planned for December 2025. PoCD: Daily tracking and escalation in place; overall delays reduced, recognising seasonal variation. Daily 'huddle' to review patients in place.	March 2026	On Track

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and support timely discharge across the system.		DigiFlo: Implemented on community hospital wards, expansion into MH has been progressed. Trusted Assessment: Pilot completed in collaboration with PCC with early findings indicating positive impact.		

Additional information:

~~Rationale for current score:~~

~~Planned Care~~

- ~~NHS Wales Ministerial standards~~
- ~~Whilst services generally perform well against access targets, the fragility of some of the in-reach SLAs creates inherent operational risk to delivery.~~

~~Inpatient Beds~~

- ~~At present capacity is part staffed by continued reliance upon agency staff. This is not a sustainable or affordable model.~~
- ~~On any given day, over 40% of our beds can be occupied by patients that are clinically optimised and ready for discharge. They are delayed due to a lack of capacity in onward parts of the pathway. Elongated lengths of stay can have a detrimental impact to the long term needs for patients, and an increase to overall rehabilitation needs~~

~~Primary Care~~

- ~~There are some recruitment challenges for staffing in primary care.~~
- ~~Dental access and capacity required does not currently meet demand.~~

~~Minor Injury Units~~

- ~~Powys MIUs continue to performance well, in May (latest validated available) reported 100% compliance against 4 hour target and no patients waiting longer than 12 hours.~~

~~Mental Health~~

~~Elements of the service are currently in internal performance and scrutiny escalation~~

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

SRR 005	There is a risk that Primary Care is unable to respond to demand

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<table>
<tr><td>Current Risk Score:

16</td><td>Risk rating detail: (likelihood x impact)

Current: L4 x I4 = 16
Inherent: L4 x I4 = 16
Target: L3 x I4 = 12</td><td>Risk Category: Performance and Service Sustainability

Boards Risk Appetite: Open</td></tr>
<tr><td colspan="2">Executive Lead: Executive Director of Primary Care, Community and Mental Health</td><td>Assuring Committee: Planning, Partnerships and Population Health Committee</td></tr>
<tr><td>Latest review date: ~~July~~ October 2025

Added to register:

July 2024

Link to Strategic Priorities and Wellbeing Objectives:

SP 4 and WBO 8</td><td>
</td><td>Drivers/causes of risk:
• Increase in demand, inequality of access, complexity of patient needs, or failure to respond to demand pressures

Risk materialising would result in:
• Related workforce challenges may lead to services becoming unsustainable</td></tr>
</table>

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Controls (What has been implemented to manage the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
5.1	Monitoring and liaison with GP practices to offer support including weekly review of the escalation tool, reviewing the sustainability matrix, and considering sustainability funding applications. Regular discussions with Cluster Lead and LMC regarding ongoing demands and additional actions to manage peaks. ~~Additional national and local investment into GMS for 24/25.~~ National 25/26 negotiations have been delayed; however the expectation is additional national investment will be announced. ~~about to commence.~~ Sustainability Assessment Panels being held following practice application submission. Targets discussions and action plans and support packages in place with specific practices. ~~Implementing a local sustainability framework to consider supporting practices who do not meet the National Sustainability Assessment Framework criteria.~~	• Escalation Tool • Sustainability matrix score • National Sustainability Assessment Framework • Primary Care Information Portal – access standards	Reasonable	Executive Committee
5.2	National Contract Assurance Framework embedded to support contract assurance.	• Contract Assurance Framework • Annual Return • Supplementary Service Audits	Reasonable	Executive Committee / Finance & Performance

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	~~23/24 CAF cycle completed, with a mixture of targeted Practice visits and action plans. Outstanding actions being picked up as part of the 24/25 review process~~ 24/25 evidence reviews commenced, including a comparison of clinical indicators across the 2 years for consistency/improvement assurance. Outstanding actions from 23/24 being followed up as part of the 24/25 review process GMS Contracts Management Group currently ~~meeting in mid July to~~ confirming practice action plan requirements or targeted practice visits required as part of the 24/25 cycle.	• Prescribing Data • Practice Declarations • GP Clinical Governance Self-Assessment Tool • Information Governance Toolkit		
5.3	Implementation and maturity of Accelerated Cluster Development Programme and associated cluster projects of local pathways will support practice sustainability. 26/27 Cluster IMTP plans currently being progressed, for presentation to ~~agreed by~~ RPB Executive Group by end of Q3 ~~– 09/01/25~~	Cluster Plan progress reported to RPB Executive Group	Reasonable	Executive Committee / Finance & Performance
5.4	OOH APMS contract is in place with Shropdoc from 01/04/25 to 05/0~~6~~1/26 (including extensions). PTHB Board have approved Direct Award to continue with current specification from 01/07/26 to 30/09/27.	• Weekly Rota (triage & base cover) • Monthly achievement against OOH Performance Standards	~~Limited~~ Reasonable	Executive Committee / Finance & Performance

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	~~The future long-term viability of Shropdoc continues to be a high-risk concern for PTHB. The long-term company viability review is currently under review by the Health Board. This is not having an impact on current service delivery, however, is an ongoing risk for PTHB.~~ Resolve and secure current commissioning arrangements with SBUHB for 25/26 to ensure ongoing provision of OOH cover for Ystradgynlais patients and Ystradgynlais Community Hospital. ~~Meeting dates being arranged/~~Conversations being led at Director level between PTHB and SBUHB. SBUHB continue to provide a service. Quarterly Performance Reviews continue to monitor out of hours services.	• Quarterly Performance Review Commissioning Assurance Framework		
5.5	Allocating patients from the Dental Access Portal is in place. DAP is fluid with regular 'on and offs' Patient urgent access demand has sufficient capacity in the system to address patient need and this is monitored very closely on a weekly basis. Urgent access pathways in place in all contract reform practices, further supported by the Community Dental Service pathway when needed. Mobile Dental provision, salaried PTHB service working well. Pathways in place to support patients following completion of	• Dental Access Portal • Contract Reform new patient and historic patient metrics. • GDS monitoring Group	Limited	Executive Committee / Finance & Performance

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	course of treatment. Current location is Bronllys ~~and from September onwards Gwynyfed High School.~~ ~~Non-Recurrent investment added to contracts in areas of need (geographical and service need) securing increased access provision.~~ Procurement underway to recommission general dental services in Crickhowell and Knighton			

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
To complete GP Practice visits following outcome of Desktop Reviews. These will take place in Q4	Assistant Director Primary Care (ADPC)	Desk top reviews to commence in July	~~October~~ November 2025	On track
Review and assess completion of General Practice Improvement Plans	ADPC	Not yet commenced - linked to desktop reviews above.	March 26	On track
To undertake GDS End of year review visits with all contract holders	ADPC	Arranged for July/August 25. Includes 3 face to face visits	August 25	Completed
Undertake GDS Mid-Year Review visits	ADPC	Will be undertaken in October/November 2025	November 25	On track
Review of GMS sustainability matrix	ADPC	To be undertaken in Q2	November 25	On track
Relocate mobile dental clinic to Gwernyfed High School	Associate Dental Director/ADPC	Agreed implementation plan in place with the school	~~October~~ December 25	On track
Offer additional non recurrent GDS access opportunities across Powys	ADPC	3 non-recurrent ortho contracts being progressed. ~~Also Clifton Dental Practice non recurrent CVN agreed~~	September 25	Completed

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Procure additional recurrent GDS access opportunities across Powys	ADPC	Crickhowell contract award – pending November Board Approval ~~currently out to tender~~	April 25	Completed
Procure additional recurrent GDS access in mid Powys		Knighton contract procurement commenced	March 26	On track
Assessment of delivery model of current GMS OOH service provision and future procurement options	Executive Director of Primary Care, Community and Mental Health (EDPCCMH/ADPC	GMS out of hours review and future model appraisal group with multiple stakeholder representation set up, to consider various options for the future OOH GMS service delivery and model across Powys. This will be presented to September Board for approval	September 25	Complete
Complete Procurement of direct award for future provision of GMS OOH services	EDPCCMH/ADPC	Will commence following Board approval in September to proceed.	March 26	On track
Ensure future provision of general medical services for patients registered at Rhayader Medical Practice post 30th September 2025	EDPCCMH/ADPC	Procurement process concluded and APMS contract award issued. To be implemented on 01/01/26 ~~being worked through with 2 bidders for Board approval of selected bidder (July Board)~~	~~July~~ January 2026	On track
Additional information:				

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Rationale for current score:

- ~~Current Shropdoc OOH contract due to end 30/06/25~~
- Sustainability assessment and escalation tool of GP Practices identifying consistently high-risk practices across Powys. Practices may not be able to provide sustainable GMS services. Approx. 50% of GP Practices reporting level 3/level 4 currently confirming the ongoing pressure. Appointment/contact activity data confirms continued high patient demand.
- Practice Sustainability support in place for Llanfyllin and Knighton
- Practice Sustainability applications for support being considered ~~prepared~~ for Llanidloes and Welshpool ~~.~~
- ~~Termination of Rhayader Medical Practice contract, effective from September 2025.~~
- Financial sustainability of practices may influence the termination of Local Supplementary Services
- Dental access continues to be challenging in areas with recruitment and workforce challenges. Mid cluster particularly affected currently.
- DAP waiting list currently at 3,500~~710~~ patients on the waiting list.
- Orthodontic demand continues to exceed capacity across Powys.
- New Optometry Regulations and implementation of WGOS4 challenging due to complex secondary care pathways and implementation is further compromised by ~~appropriately trained workforce~~ information governance complexities

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SRR 006	There is a risk that the Health Board is unable to recruit and retain an appropriate workforce	
Current Risk Score: **16**	**Risk rating detail:** (likelihood x impact) Current: L4 x I4 = 16 Inherent: L4 x I4 = 16 Target: L2 x I4 = 8	**Risk Category:** Workforce **Boards Risk Appetite:** **Cautious**
Executive Lead: Executive Director People & Culture		**Assuring Committee:** People & Culture Committee
Latest review date: ~~July~~ October 2025 **Added to register:** July 2024 **Link to Strategic Priorities and Wellbeing Objectives:** Cross-cutting risk relevant to all SPs and WBOs		**Drivers/causes of risk:** • Demographics of the workforce and within our communities leading to challenging labour market. • No university within the Powys footprint to provide regular supply of newly qualifying clinicians. • Rurality and commutability of sites. **Risk materialising would result in:** • Higher agency costs associate with variable pay spend • Inability to sustain high quality services and patient safety

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Controls (What are we currently doing about the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
6.1	Safecare has been implemented to support and monitor safe staffing levels on wards.	Briefing at daily huddle between Community Service Managers and TSU.	Reasonable	Assistant Directors
6.2	A programmed schedule of staffing huddle meetings take place during the week between the TSU and services to plan and review rosters for the week ahead and prioritise areas requiring additional staffing.	Routine schedule published to include all relevant staff. It is managed by the resourcing team with a rota in place of TSU staff to attend.	Reasonable	Assistant Directors
6.3	A Variable Pay Group has been established and meets twice monthly. A range of performance measures have been developed to monitor variable pay levels.	Minutes and papers from meetings. Escalation of current vacancies within areas of high variable pay spend. Adult and MH Ward managers have been engaged to fully understand and agree existing vacancies and encouraged to actively advertise vacant posts. Wider vacancy 'deep dive' investigation completed and presented to variable pay group.	Reasonable	Deputy CEO

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

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Action	Lead	Action update	Deadline	Action on Target
Workforce Planning: Roll out the organisationally agreed workforce planning model by delivering training which supports services to develop their resource plans.	tbc	Ongoing support available to service leads in the development of workforce plans. HEIW funded role currently advertised – Workforce Planning Manager, to operationally support service areas in the development of workforce plans.	November 2025	On track
Candidate Journey application to induction Review the end-to-end candidate journey from application to induction, identifying changes or omissions within the current process that are required to improve the candidate journey. To be extended to include local KPIs for recruitment to the Bank.	tbc	Heavily involved with All-Wales recruitment modernisation group, applying any learning to improve PTHB processes. End to End journey being reviewed to identify opportunities. No activity from NWSSP over this period. Recruitment Modernisation group, renamed as Recruitment Improvement and first meeting held in June 25. End-to-end review of Bank recruitment complete with changes immediately implemented. Weekly	31/09/2025	On Track

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		monitoring and escalation process in place.		
Increase bank supply: Targeted Recruitment Open days taking place at all Hospitals and will continue throughout the year. Rolling adverts and targeted Bank adverts for Registered Nurses and HCSW posts.	tbc	5 Open Days held over June and July 2024 across Powys with multiple members recruited to the bank at each event. A further 5 held in August and September 2024. Work continues to onboard the applicants successfully. Further targeted bank recruitment Open Days planned for Q4 2024-25. Specialist Bank Mental Health services Open Day held in February, with successful interviews held on the day. Within the FY 25/26, we have held 2 open days, in Welshpool and Bronllys with limited success. Rolling adverts out each week and shortlisting against applicants each Friday, alternating between RNs, HCSWs and both General and Mental Health fields. These	Ongoing	On Track

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		rolling adverts continue to feed staff onto the Bank across both General and MH wards.		
International Recruitment Continue international nurse recruitment to a target of 18 Adult nurses and 6 Mental Health Nurses	tbc	18 international nurse offers have been made, first cohort of 6 arrived in Newtown in August 2024, have now all passed their OSCE exam and have their NMC PINs. A further 6 arrived into Machynlleth on 20 November and are under-going their OSCE training. Final FY 24/25 General Nurse cohort of 6 staff arrived into Bronllys on 3 Feb, and will work across both Brecon hospital wards. In addition, 6 RMNs are expected in country by end of Q4. 24/25 International recruitment plan complete, totalling 18 Adult RNs and 6 RMNs, who have all now passed their OSCE exam. 25/26 International recruitment programme	Ongoing	On Track

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		commenced, ~~and 4 Adult RNs arrived in country in June 25, a further 4 Adult RNs due Oct/Nov 25. Paused RMN International recruitment pending student streamlining processes.~~ with 8 RNs having arrived in the country, 4 of whom have already completed OSCE and gained their NMC PIN, the remaining 4 are currently undertaking their training. 4 RMNs are due to be interviewed in November 2025 and intended to arrive in approx. January 2026.		
Agency Operationalising Meetings Regular meeting, chaired by Exec Director to scrutinise use of, and mitigate against, the use of Agency staff	Executive Director Primary Care, and Executive Director People and Culture	4 meetings held to discuss and allocate actions to mitigate against Agency Use – resulting in increased recruitment of HCSWs, introduction of agency authorisation process – to be signed off at Executive Director level - reviewing of existing establishment, greater understanding of vacancies and agency use, scrutiny of broader variable	30 October 2025	Complete

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		pay expenditure. Meeting schedule now complete and workstreams incorporated into Variable Pay Group Meetings.		

Additional information:

Rationale for current score:

- The risk has been fully reviewed and assessed as a new risk in July 2024.
- As of 30th September 2025, the Health Board contracted vs budgeted establishment showed a vacancy rate of 11.55%. After the use of overtime, additional hours, agency, and Bank this fell to 5.71%.
- The challenges in recruitment are more pronounced in clinical roles with vacancies running at 12.26% for registered Nursing and Midwifery, 23.32% for Healthcare Scientists, 15.28% for Allied Health Professionals, 12.19% for Additional Clinical Services, 16.50% for Medical and Dental and 3.10% for Add Prof Scientific & Technic.
- ~~As of 31st May 2025, the Health Board contracted vs budgeted establishment showed a vacancy rate of 13.87%. After the use of overtime, additional hours, agency, and Bank this fell to 7.65%.~~
- ~~The challenges in recruitment are more pronounced in clinical roles with vacancies running at 17.70% for registered Nursing and Midwifery, 17.10% for Healthcare Scientists, 16.24% for Allied Health Professionals, 15.96% for Additional Clinical Services 14.62% for Medical and Dental and 10.02% for Add Prof Scientific & Technic.~~
- To support safe staffing levels there continues to be a need for reliance on agency staffing with the following WTE agency staff deployed in September 2025 from information held on the Health Roster/TSU systems:
  - Additional Clinical Services: 8.55 WTE
  - Nursing & Midwifery Registered: 17.61 WTE
  - Allied Health Professionals: 5.93 WTE
- ~~To support safe staffing levels there continues to be a need for reliance on agency staffing with the following WTE agency staff deployed in May 2025 from information held on the Health Roster/TSU systems:~~
  - ~~Additional Clinical Services: 25.01 WTE~~
  - ~~Nursing & Midwifery Registered: 22.65 WTE~~
  - ~~Allied Health Professionals: 7.84 WTE~~

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SRR 007	There is a risk that the care provided in some areas is compromised due to the health board's estate being not fit for purpose.	
Current Risk Score: **16**	**Risk rating detail:** (likelihood x impact) Current: L4 x I4 = 16 Inherent: L4 x I4 = 16 Target: L2 x I4 = 8	**Risk Category:** Quality **Boards Risk Appetite: Minimal**
Executive Lead: Executive Director of Finance, Capital, and Support Services		**Assuring Committee:** Finance and Performance Committee
Latest review date: ~~July~~October 2025 **Added to register:** January 2017 **Link to Strategic Priorities and Wellbeing Objectives:**		**Drivers/causes of risk:** **Estates Compliance**: (Risk Driver: Ageing Infrastructure, Underinvestment, Compliance Demands) • Powys has the oldest estate in NHS Wales with 38% of the estate infrastructure was built pre-1948, and only 5% post-2005, leading to higher maintenance needs and outdated systems. • Years of underinvestment have compounded deterioration and compliance risks across key areas (fire safety, water hygiene, electrical systems, medical gases, ventilation, etc.). • Backlog Maintenance stands at approximately £70M, significantly exceeding available budgets.

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SP 9 and WBOs 1 and 4		• Revenue pressures due to rising energy costs and mandated cost savings are limiting the ability to invest in maintenance or modernisation. • Internal Audit (March 2024) issued a 'Limited Assurance' report citing the critical condition of the estate and shortfall in funding to address backlog and support future transformation plans. • Powys has the oldest estate in NHS Wales, compounding these issues. **Capital**: (Risk Driver: National Funding Constraints, Affordability, Prioritisation Pressures) • NHS Wales faces significant capital funding constraints which has seen the introduction of a new Capital Business Case Prioritisation Process from April 2024. This process will re-assess all current and planned projects against criteria for benefits and affordability, potentially impacting the PTHB capital programme / transformation agenda. • NWSSP-SSU audit (February 2024) reported a Limited Assurance rating, identifying a shortfall in WG Capital against backlog maintenance across the NHS estate. • Affordability challenges due to high overheads for contractors operating in rural areas like Powys are impacting the viability and attractiveness of capital schemes. **Environment & Sustainability**: (Risk Driver: Policy Ambition vs. Resource Gap) • The NHS Wales Decarbonisation Strategic Delivery Plan (2021) sets out ambitious targets to reduce

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		carbon emissions. However, delivery capacity is limited due to limited funding/resource allocation. • The aging estate infrastructure is not well-suited to low-carbon adaptations without significant retrofit investment (Re:fit), further widening the gap between policy ambition and practical delivery. **Risk materialising would result in:** • Inability to sustain high quality services • Adverse impact on achievement of WBO 1 & 4 • Increased likelihood of infrastructure failure, non-compliance with statutory regulations, potential harm to patients and staff, and inability to deliver safe, modern healthcare services. • Escalating backlog costs may also lead to reputational damage and regulatory scrutiny. • Delayed or cancelled capital projects, inability to modernise or expand services, and failure to address critical infrastructure needs. • Possible impact on transformation goals, reduce service quality, and compromise long-term estate sustainability. • Failure to meet decarbonisation targets, missed national sustainability commitments, and rising operational costs due to inefficiencies. Also leading to reputational harm and reduced eligibility for future Environment and Sustainability funding streams.		
Controls (What has been implemented to manage the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**

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	ESTATES			
7.1	Specialist sub-groups for each compliance discipline	Structured meetings, risk-based approach, clear escalations lines	Reasonable	Estates Compliance Group
7.2	Risk-based improvement plans introduced	Highlight reports identifying and tracking risk mitigations, clear escalation lines	Reasonable	Estates Compliance Group
7.3	Specialist leads identified for key compliance areas	Authorised Persons independently appointed by NWSSP-SES	Reasonable	Estates Compliance Group
7.4	Estates Compliance Group and Capital Control Group established	Minutes, papers & work plans from meetings	Reasonable	Innovative Environments Group
7.5	Medical Gases Governance Group; Fire Safety Group; Water Safety Group; Electrical Safety Group; Asbestos Safety Group; Ventilation Safety Group convened with cross organisation & NWSSP-SES membership.	• Minutes and papers from meetings • Audits undertaken by NWSSP	Reasonable	Estates Compliance Group, Health & Safety Committee
7.6	Capital Programme developed for Compliance and approved capital programme	• Paper to Executive level meeting	Substantial	Delivery & Performance
7.7	Capital and Estates set as a specific organisational priority in the Health Board's Annual Plan	• Annual Plan	Substantial	Board
7.8	Address (on an ongoing basis) maintenance and compliance issues	• Compliance Highlight Reports, Audit plans, notes and papers from meetings	Reasonable	Delivery & Performance Group

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7.9	Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards	• Compliance Highlight Reports, Audit plans, notes and papers from meetings	Reasonable	Delivery & Performance Group
7.10	30+ Specialist Maintenance Contracts in place to ensure appropriate specialist service provision over 3-5 year contract periods	• Contracts let via NWSSP-Procurement and contain Key Performance Indicator regime	Reasonable	Estates Compliance Group
	CAPITAL			
7.11	Capital Procedures for project activity	• Capital Procedures CP/D/1.00 document • Annual Capital Systems Audit reports from NWSSP	Reasonable	Innovative Environments Group
7.12	Routine oversight / meetings with NWSSP Procurement	• Notes from meetings • Annual Procurement Report	Substantial	Innovative Environments Group / Finance & Performance
7.13	Specialist advice, support and audit from NWSSP Specialist Estates Services / Authorising Engineers	• Notes from meetings • Designated Director role	Substantial	Innovative Environments Group
7.14	Audit reviews by NWSSP Audit and Assurance	• Audit reports and Action Plans	Reasonable	Audit and Assurance Group
7.15	Close liaison with Welsh Government, Capital Function	• Regular Capital Review Meetings. Notes and papers from meetings	Substantial	Innovative Environments Group

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7.16	Reporting routinely to Finance & Performance Committee	• Notes and papers from meetings	Reasonable	Finance & Performance Committee
7.17	Capital Programme developed and approved	• Paper to Executive level meeting	Substantial	Delivery & Performance / Board
7.18	Detailed Strategic, Outline and Full Business Cases defining risk	• BJC, SOC, OBC, FBC documents / governance	Substantial	Executive Committee / Board
7.19	Capital and Estates set as a specific Organisational Priority	• Annual Plan	Substantial	Board
7.20	Capital projects developed for consideration for Welsh Government slippage in order to take advantage of any available funding	Capital proposals sheets Project sheets • SBARs	Substantial	Capital Control Group /Innovative Environments Group
	ENVIRONMENT			
7.21	ISO 14001 accreditation	SGS external body certification	Substantial	Finance & Performance
7.22	Environment & Sustainability Group	Notes and papers from meetings	Reasonable	Innovative Environmental Group
7.23	NWSSP-Specialist Estates Services (Environment) support and oversight	Meetings with Director NWSSP-SES	Reasonable	Innovative Environments Group
7.24	Welsh Government support and advice to identify and fund decarbonisation project initiatives	Presence on WG groups such as Community of Experts, etc.	Reasonable	Innovative Environments Group

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7.25	Welsh Government Energy Service / Re:fit energy programme of works underway. Investment Grade Proposal (IGP) published to illustrate invest to save projects	WG Salix Framework arrangement	Substantial	Innovative Environments Group

Mitigating Actions (What more will we do?)				
Action	**Lead**	**Action update**	**Deadline**	**Action on Target**
Implement the in-year Capital Programme and develop the long-term capital programme which is responsive to changes in funding availability and funding sources.	Associate Director for Capital, Estates and Facilities	Fluid nature of NHS All Wales Capital allocations and current WG/NHS funding challenges make future capital investment uncertain. All-Wales NHS Capital Prioritisation Review has 3 key schemes on 'green' list. Pressure on programme to divert capital to Transformation activity at short notice.	In line with Annual Plan for 2025-26	On Track
Continue to seek Welsh Government capital funding to underpin investment to improve the estate / support Transformation.	Associate Director for Capital, Estates and Facilities	Consider alternative funding opportunities such as RPB IRCF, Targeted Estates Funding, etc. and have schemes 'on the shelf' in anticipation of Welsh Government 'end of year' capital slippage.	In line with Annual Plan for 2025-26	On Track

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Deliver energy savings and decarbonisation benefits	Associate Director for Capital, Estates and Facilities	£4.2M Re:fit energy efficiency project works complete in Q2	In line with Annual Plan for 2025-26	complete
Review current structure of capital and estates department – Estates Management and Senior Management Team structure enhancements in place. Second tier of structure review required to address establishment staff numbers in Works Team and recruitment challenges. Resource review undertaken by IEG in 2023 with proposal limited by financial position.	Associate Director for Capital, Estates and Facilities	Due to financial challenges within the Health Board, this item is on hold.	TBC	At risk
Additional information:				
Update including impact of actions to date on current risk score: **Estates:** Estates compliance – team continues to support core statutory compliance and limited Reactive job requests using risk-based approach due to age of estate. Workforce challenges for recruitment and staff resource establishment level being reviewed at Innovative Environments Group. Organisational recruitment freeze ongoing. **Fire:** Work to improve operational fire structure has been positive, but significant infrastructure risks related to compartmentation and physical systems remain. Programmes of work implemented but are dependent on capital funding. **Property:** significant pressure on space with expanding staff numbers alongside implementation of new agile working approach. Rationalisation of space of health board and other public sector bodies underway. International Recruitment has introduced significant extra workload, which is affecting output of core activity. Better Together may have significant impact. **Finance:** significant cost pressures related to energy and inflation are acting to increase pressure on Estates Revenue and Capital projects outturn costs and material / Supplier availability. Estates related pressure on revenue due to reactive failures of key building fabric and infrastructure.				

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SRR 008	**There is a risk that:** The Health Board is unable to shift to a primary prevention focused health care system	
Current Risk Score: **16**	**Risk rating detail:** (likelihood x impact) Current: L4 x I4 = 16 Inherent: L5 x I4 = 20 Target: L2 x 3I = 6	**Risk Category:** Innovation and Strategic Change **Boards Risk Appetite:** Eager
Executive Lead: Executive Director of Public Health		**Assuring Committee:** Planning, Partnerships and Population Health
Latest review date: ~~July~~ October 2025 **Added to register:** July 2025 **Risk source:** SP 1 and WBO 1		**Cause of risk and rational for current score:** • NHS historically structured around acute and reactive care • The NHS is under immense pressure with escalating acute care demand; means it's a challenge to 'shift left' to reallocate resources to redesign care models around primary care and prevention • NHS Wales priorities and performance measures respond to rising health care pressures and are predominantly focused on activity and acute care rather than broader system change and population health outcomes. • Predominately community-based prevention services undertaken by the Health Board for tobacco control/smoking cessation and preventing childhood obesity is currently reliant on external grant funding.

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		Risk materialising would result in: • Without increased focus and resources on prevention and shifting of healthcare system towards a preventative model risks: more people will develop avoidable chronic conditions, and live more years in poorer health, and further increased unsustainable demand on acute care/services and escalating healthcare costs • Preventable disease disproportionately affects disadvantaged communities and groups, widening health inequalities		
Controls (What are we currently doing about the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
8.1	The Health Board *Annual Plan 2025/26* contains a number of prevention focused activities under the strategic priority 'Focus on Wellbeing'.	PTHB Annual Plan internal performance reporting procedures.	Reasonable	Board/ Committee/Executive Committee/Group
8.2	The Powys Public Services Board *Wellbeing Plan* has the objective that 'People in Powys live happy, healthy, and safe lives' with the associated delivery step 'Taking a whole systems approach to healthy weight'.	Powys Public Services Board internal and external reporting requirements.		
8.3	The Powys Regional Partnership Board *Area Plan 2023-28* includes 'Priority 1.3 Population health improvement, including health inequalities'.	Powys Regional Partnership Board internal and external reporting requirements.		

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8.4	PTHB is required to report against vaccination uptake and smoking cessation targets contained in the *NHS Wales Performance Framework 2025-26*.	NHS Wales Planning Framework reporting procedures.		

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
The *Better Together* consultation on adult physical and mental health community services in Powys contains the ambition that 'Together we want to create a future that helps people to stay healthy'.	Director of Improvement and Transformation	~~Phase 2 consultation underway until end July.~~ Detailed work is underway to make sure the right timeline is in place for the work ahead	~~End of 2025/26~~ To be confirmed	On track
A Population Health Framework for Powys (DPH Annual Report) will be published.	Executive Director of Public Health	Completed. Published as part of Sept'25 Board papers.	24/09/25	Completed
The 2026/27 planning process in the Health Board will be used to take forward actions in the Population Health Framework.	Executive Director of Public Health	Work is underway to understand the 2026/27 planning process and how actions in the Framework can be included.	March'26.	On track.

Additional information:

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

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SRR 009	There is a risk that: The Health Board is unable to stabilise the growing implications of Continuing Health Care	
Current Risk Score:	**Risk rating detail:** (likelihood x impact) Current: L4 x I4 = 16	**Risk Category:** Performance and Sustainability

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16	Inherent: L4 x I4 = 16 Target: L3 x I3 = 9	**Boards Risk Appetite:** Open
Executive Lead: Executive Director of Primary, Community Care and Mental Health		**Assuring Committee:** Finance and Performance Committee
Latest review date: October ~~July~~ 2025 **Added to register:** July 2025 **Link to Strategic Priorities and Wellbeing Objectives:** SP 6 and WBO 4		**Cause of risk and rational for current score:** • Demand is greater than available resource **Risk materialising would result in:** • The service is unable to remain within allocated budget • Failure to meet needs of vulnerable patients who are eligible for health services

Controls (What has been implemented to manage the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
9.1	HB wide Group established for Variable Pay, identified leads and clear expectation re delivery. Variable pay, CHC and Commissioning regular deep dive areas of focus at D&P Committee to track actions to improve.	Reports to Executive Committee and F&P Committee	Reasonable	Board

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9.2	A Complex Care and Continuing Health Care (CCCHC) workstream is in place to monitor progression of identified key principles, escalate issues, and guide next steps through regular updates. This structured oversight supports early risk identification, informed decision-making, and contributes to meeting savings targets through improved processes, enhanced reporting, and strengthened assurance.	Reports to Executive Director for PCCMH and escalated if required to Executive Committee via committee papers/updates.	Reasonable	Executive Committee
9.3	Robust governance embedded through a multi-disciplinary panel and approval process, including Continuing Healthcare, to ensure consistent, transparent, and accountable decision-making	Reports into Variable Pay, DMT and CCCHC.	Reasonable	Executive Committee
9.4	Monthly Directorate Management Team (DMT) meetings include a standing agenda item whereby the Assistant Director for Complex Care provides an update incorporating Continuing Healthcare (CHC) via the DMT Highlight Report. This ensures regular oversight, facilitates early identification of risks, and supports timely decision-making.	Reports to Executive Director for PCCMH and escalated if required to Executive Committee via committee papers/updates.	Reasonable	Executive Committee

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
Deep Dive Report on EMI numbers and costs	Assistant Director of Complex Care	Report submitted to Executive Director on time	June 2025	Complete
Recruitment to additional post to support MH Adults of Working Age with	Head of Mental Health Complex and Unscheduled Care	Draft JD is submitted to Workforce for job matching	June 2025	Complete

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provision of commissioning support to Acute Care Pathway				
Private Provider Report identifying new governance processes in place	Assistant Director of Mental Health and Learning Disabilities / Assistant Director of Complex Care	Report submitted to Executive Director on time	June 2025	Complete
Complex Care Operational Management Group	Assistant Director of Complex Care	This bi-monthly meeting has a financial component. This is in addition to other regular meetings with finance to review budget changes/rationale. Monitoring continues regularly. Meeting last on 24/10/25. Slightly improved CHC position.	~~July~~ October 2025	On track
Complex Care Workshop Series	Executive Director of Primary Care, Community and Mental Health	Working group addressing challenges through specific project work: • Implementation of Digital systems • Specific review high cost placements • Alternative arrangements with	June 2025	Complete

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		providers to meet high need EMI placements		
New System to process Retrospective CHC Claims	Lead Nurse Complex Care and Care Home Governance	Implementation of an effective system to ensure process slippage is reduced when dealing with claims	April 2025	Complete
National Digital System delays	Assistant Director of Complex Care	There is no clear timeline for when a national system will be agreed. Welsh Government (WG) has agreed to fund the initial procurement cost of a digital system only but will not cover ongoing costs such as licensing and other system-related expenses. Health Boards will need to plan financially for future costs. There is a national business case in pace. Team has engaged in several product demonstrations.	~~September~~ October 2025	Delayed
Additional information:				

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Rationale for current score: It is early on in the financial year and full year demand is unknown, with continued work locally and nationally

Update including impact of actions to date on current risk score: Remains the same as no significant change in position since last review

SRR 010	**There is a risk that:** The Health Board is unable to respond in a timely, efficient, and effective way to a major incident, or critical incident

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Current Risk Score: **12 ~~16~~**	**Risk rating detail:** (likelihood x impact) Current: 3~~4~~ x 4 = 12 ~~16~~ Inherent: 4 x 4 = 16 Target: 2~~4~~ x 3 = 6 ~~12~~	**Risk Category:** Safety **Boards Risk Appetite:** Averse
Executive Lead: Executive Director of Public Health		**Assuring Committee:** Planning, Partnerships and Population Health Committee
Latest review date: October 2025 **Added to register:** July 2025 **Link to Strategic Priorities and Wellbeing Objectives:** Cross-cutting risk relevant to all SPs and WBOs		**Cause of risk and rational for current score:** • Due to emergency planning arrangements at both the corporate level and operational level not being sufficiently robust to respond to the incident or emergency. **Risk materialising would result in:** • Adverse impacts on delivery of care to patients • Inability to respond to a major incident to meet needs of those affected • Harm or injury to population, patients and/or staff • Health Board breaches statutory duties under the Civil Contingencies Act 2004 • Litigation & financial penalties • Reputational damage and loss of public confidence • Staff absence (injury, wellbeing)

Controls (What has been implemented to manage the risk?)	Sources of Assurance	Level of Assurance	Highest Assurance provided to:

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10.1	Major Incident and Emergency Response Plan and Corporate Business Continuity Plan are in place and updated on an annual basis.	• Plan approved by Executive Committee • Civil Continency Annual Report	Substantial	Executive Committee
10.2	Business Continuity Policy in place, with supporting 'Business Continuity Toolkit' available for operational services to develop service level business continuity plans.	• Policy approved by Executive Committee	Substantial	Executive Committee
10.3	PTHB Pandemic Framework is in place to guide the Health Board's response to a new or emerging pandemic. The Health Board is currently awaiting the publication of updated UK Pandemic Guidance, prior to completing a further review of the Framework.	• Framework approved by Executive Committee	Substantial	Executive Committee
10.4	PTHB Adverse Weather Arrangements is in place and is updated on an annual basis.	• Arrangements approved by Executive Committee	Substantial	Executive Committee
10.5	Internal protocols are in place for the management of patients self-presenting with a suspected High Consequence Infectious Diseases (HCID) are in place and are subject to regular review.	• Protocols in place	Substantial	Executive Director
10.6	PTHB Civil Contingencies Training Plan in place and updated on an annual basis.	• Plan approved by Executive Committee	Substantial	Executive Committee
10.7	Corporate level Business Continuity arrangements subject to internal audit 2023/24.	• Audit Report – substantial assurance (Dec 2023)	Substantial	Audit Committee
10.8	Operational level Business Continuity arrangements subject to internal audit 2024/2025.	• Audit Report – substantial assurance (May 2025)	Substantial	Audit Committee
10.9	The Health Board is fully engaged in Dyfed Powys Local Resilience Forum's planning and response structures.	• Minutes of meetings • Training and exercise records	Substantial	Executive Director

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10.10	The Health Board is fully engaged in the NHS Wales Emergency Preparedness, Resilience and Response planning structures.	• Minutes of meetings • Training and exercise records	Substantial	Executive Director
10.11	The Health Board has participated in a variety of exercises. Examples of these exercises are included below (not inclusive): • Exercise Mighty Oak (National Power Outage) • Exercise Pen Y Darren (Mass Casualty) • Exercise CYD (Communicable Disease) • Exercise Fad Fellin (Mpox/HCID) • Exercise Solaris (Pandemic) • Exercise Redstreak (Water disruption) • Exercise Wales Connect (Regular Pan Wales Response Plan activation test) • Walkthroughs of the operational response to major incidents/Mpox arrangements • Exercise Pegasus (Pandemic Response)	• Exercise Reports	Substantial	Executive Director
10.12	Testing of internal major incident and business continuity response plans through response to incidents, including: Powys Train Collision (October 2024) Storm Darragh (December 2024)	• Debriefs from internal responses to incidents	Substantial	Executive Committee
10.13	Internal repository in place for all internal Response Plans	• Internal repository	Substantial	Executive Director
10.14	Strengthened cross-border multi-agency working through the establishment of regular meetings to share information on identified areas of risks, preparedness activities and response.	• Six monthly meetings in place	Substantial	Executive Director
Mitigating Actions (What more will we do?)				

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Action	Lead	Action update	Deadline	Action on Target
Deliver programme of work in place to strengthen identified areas of risk.	Civil Contingencies Manager		31st March 2026	On Track
Complete cycle of work to ensure that PTHB internal response plans remain up to date.	Civil Contingencies Manager		31st March 2026	On Track
Continue to provide regular update reports to the Executive Committee on programmes of work in place to strengthen identified areas of risk	Civil Contingencies	Regular updates on Exercise Pegasus (pre and during Exercise) to Executive Committee during August/September/October 2025. Debrief learning report will be incorporated into update report.	February 2025	On Track
Complete internal operational review of clinical governance arrangements for operational major incident response arrangements	Civil Contingencies Manager/ Urgent and Emergency Care Clinical Transformation Lead	Mass Casualty Incident Arrangements for Wales updated and approved at NHS Wales Executive Civil Contingencies Group (October 2025). This is informing update of HB review of arrangements underway.	December 2025	On Track
Additional training and exercise opportunities to support PTHB's staff preparedness in response to an incident or emergency to be made available	Civil Contingencies Manager		31st March 2026	On Track

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Continue to engage in, and actively promote preparedness activities (including planning, training, exercising) taking place with multi-agency partners, including NHS Wales Emergency Preparedness, Resilience and Response networks and Dyfed Powys Local Resilience Forum	Civil Contingencies Manager		31st March 2026	On Track
Continue to incorporate lessons identified from other incidents and exercises into internal plans and procedures to strengthen the Health Board's future response to incidents	Civil Contingencies Manager		31st March 2026	On Track
Additional information: The Executive Director of Public Health holds the overall responsibility for Civil Contingencies Planning within PTHB, however all Executive Directors are responsible for ensuring business continuity for the services that sit within their portfolio areas, as outlined within the PTHB Business Continuity Policy. Cyber resilience and response sits within the responsibility of the Executive Director of Allied Health Professions, Health Sciences and Digital				
Rationale for current score: There are a number of control measures in place, however further work is required to strengthen identified areas of risk and test internal response capabilities.				

SRR 011	**There is a risk that:** failure of Digital & Electrical Infrastructure in Powys (Internal & External) poses a risk to the delivery of care.	
Current Risk Score:	**Risk rating detail:** (likelihood x impact) Current: 3 x 5 = 15	**Risk Category:** Performance and Service Sustainability

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15	Inherent: 4 x 5 = 20 Target: 3 x 4 = 12 *Risk scored based on health board wide failure.*	**Boards Risk Appetite: Open**
Executive Lead: Executive Director of Allied Health Professionals, Health Sciences and Digital		**Assuring Committee:** Audit, Risk and Assurance Committee
The detail relating to this risk are considered In-Committee as some of the details are sensitive and confidential.		

SRR 012	**There is a risk that:** The Health Board is unable to maintain and build public confidence in regard to service delivery and transformation in staff, patients, stakeholders and community.	
Current Risk Score:	**Risk rating detail:** (likelihood x impact) Current: 3 x 5 = 15	**Risk Category:** Reputation and Public Confidence

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15	Inherent: 4 x 5 = 20 Target: 2 x 4 = 8	**Boards Risk Appetite:** Open
Executive Lead: Director of Corporate Governance / Board Secretary		**Assuring Committee:** Finance and Performance Committee
Latest review date: July 2025 **Added to register:** July 2025 **Link to Strategic Priorities and Wellbeing Objectives:** Cross-cutting risk relevant to all SPs and WBOs		**Cause of risk and rationale for current score:** • The NHS is facing a very challenging period, including the waiting list backlog arising from COVID, the delays in strategic transformation exacerbated by the pandemic period, significant inflationary pressures. This is compounded locally by the challenges of service delivery in a rural area including for recruitment and retention, the need to take action to transform the model of health care so that it is safe and sustainable for the future, and the need for immediate action in response to the financial position. In this context there is a need for challenging decisions, sometimes short term in nature (e.g. waiting list measures). Given the comparatively small organisational leadership infrastructure in PTHB it is highly complex to engage meaningfully at a hyperlocal level with the many different community needs and expectations across our large county, particularly to contextual this to multiple secondary and tertiary care pathways. **Risk materialising would result in:** • Lack of public confidence could lead to erosion of trust; reduced engagement and discretionary effort by patients, public, staff and stakeholders; leadership and administrative burden in relation to responding to

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		complaints, correspondence, FOI, enquiries, Senedd questions etc.; adverse impact on staff morale, recruitment and retention; potential loss of strategic momentum and/or financial inefficiencies due to delays, rework or crisis communications.		
Controls (What has been implemented to manage the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
12.1	Better Together programme in place in order to make lasting decisions about the permanent future shape of safe and sustainable health services, with Stage One engagement completed and Stage Two engagement nearing completion	Better Together Programme	Reasonable	Board
12.2	Communication and engagement team in place (substantive team = 4.0wte, additional temporary posts) with active management of priorities aligned with organisational priorities and risks	Quarterly E&C Team reports Directorate Review	Reasonable	~~PPPH~~ Director / Chief Executive
12.3	Weekly informal communications report to Board including reputation risk portfolio to support internal review and scrutiny	Copies of The Week	Reasonable	Chair / whole Board
12.4	~~Quarterly~~ Twice Yearly Engagement and Communication Report supports ongoing review of capacity against opportunities and risks	~~Quarterly~~ Twice yearly E&C Team reports Directorate Review	Reasonable	~~PPPH~~ Board Committees (x2 per annum)
12.5	Temporary strengthening of communications and engagement function including non-pay resources to support Better Together programme	Minutes of Executive Committee	Reasonable	Executive Committee

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12.6	Procurement of additional engagement delivery and analysis support to Stage Two Better Together engagement	Contract in place. Reports to Portfolio Board and Executive Committee	Reasonable	Board
12.7	Procurement of additional consultation delivery and analysis support to Stage Three Better Together	Contract in place. Reports to Portfolio Board and Executive Committee	Reasonable	Board
12.8	Stakeholder Map in place	Stakeholder Map	Reasonable	Executive Committee
12.9	Priority stakeholder engagement mechanisms in place (e.g. regular MS/MP briefings, Board to Cabinet meetings with PCC, Joint Leadership Team meetings with PCC, RPB and sub-structures, PSB and sub-structures	Notes from meetings	Reasonable	Board
12.10	OD programme in place linked to Better Together transformational change programme	Notes of ODEC and Portfolio Board	Reasonable	Executive Committee
12.11	Channel strategy in place and kept under review (web, govDelivery, Facebook, NextDoor etc.)	Quarterly E&C Team reports	Reasonable	Executive Committee
12.12	Out of hours media protocol in place via Gold On Call but currently insufficient team capacity for on call comms	Major Incident and Business Continuity Plan arrangements	Limited	Executive Committee
12.13	Powys Engagement and Insight Network in place to support pan-organisational co-ordination of engagement and insight (joint sub-group of RPB and PSB)	Minutes 6-monthly insight reports	Reasonable	Executive Committee

Mitigating Actions (What more will we do?)				
Action	**Lead**	**Action update**	**Deadline**	**Action on Target**
Procurement of consultation assurance for Stage Three Better Together	DCG/DoP&C	Procurement process due to conclude by 08/25 following some delays outside the health board's control in SSP	30/07/25	~~Delays by SSP have been escalated~~ Complete

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		Oct 2025 – procurement complete		
Stakeholder engagement assurance included within TI support framework	DCG	Procurement process under way Oct 2025 – procurement complete, report due Dec 2025	08/25	On track
Identification of named Locality leads for each of the 13 Powys localities	DCG	Arrangements being finalised for implementation Oct 2025 – In final draft, will be complete end Nov 2025	08/25	~~On track~~ Off track, rescheduled 30/11/25
Establishment of continuous engagement programme following strengthening of engagement team from 06/25	DCG	Schedule of events being developed for implementation following Oct 2025 – Engagement Officer recruitment completed and programme of continuous engagement in place	08/25	Complete
Develop consultation plan for Better Together	DoP&C / DCG / DPPC	Consultation plan being developed through Better Together programme arrangements Oct 2025 – consultation plan developed on schedule. Action now paused due to Programme changes. Update to be provided via overall	08/25	Complete

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		Board report on Better Together to 25 Nov Board meeting.		
Establish annual Insight Report from community engagement activities for Board review and to inform annual planning	DCG	Pilot report created 2024/25 with aim to fully establish from 2025/26	31/03/26	On track
Further campaign to encourage govDelivery sign ups to increase subscribers so that residents can receive information direct from PTHB	DCG	Paid-for advertising campaign summer 2025	30/09/25	Complete

Additional information:

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

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

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Board Assurance Framework (BAF) Dashboard

PTHB Board– November 2025

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Board Assurance Framework Dashboard: Key

Key:

Adequacy of Controls
Are we doing enough to manage the risk?
GREEN: Multiple controls
AMBER: Some controls
RED: Limited/no controls

Effectiveness of Controls
Is what we're doing working?
GREEN: Controls largely effective
AMBER: Some control weaknesses
RED: Significant control weaknesses

Control Assurance
Based on what evidence?
GREEN: Assurance largely substantial
AMBER: Assurance largely reasonable
RED: Assurance largely limited
GREY: Insufficient assurance available

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Risk outside Board appetite

Board Assurance Framework Dashboard

Strategic Risk	Inherent Score	Current Score	Target Score	Within Appetite	Adequacy of Controls *Are we doing enough to manage the risk?*	Effectiveness of Controls *Is what we're doing having the desired impact?*	Associated Assurance *Based on what evidence?*
SRR 001: **Financial Balance** *EDoFC&E*	**20**	**20**	**8**	**Cautious** ⚠	Multiple Controls	Some control weaknesses	Assurance largely reasonable
SRR 002: **Transformation** *EDP&C*	**16**	**16**	**8**	**Eager** *In appetite*	Multiple Controls	Some control weaknesses	Assurance largely reasonable
SRR 003: **Commissioning** *EDPP&C*	**20**	**20**	**12**	**Open** *In appetite*	Multiple Controls	Some control weaknesses	Assurance largely reasonable/limited
SRR 004: **Provided Services** *EDPCCMH*	**16**	**16**	**12**	**Open** *In appetite*	Multiple Controls	Some control weaknesses	Assurance largely reasonable
SRR 005: **Primary Care** *EDPCCMH*	**16**	**16**	**12**	**Open** *In appetite*	Multiple Controls	Some control weaknesses	Assurance largely reasonable
SRR 006: **Workforce** *EDP&C*	**16**	**16**	**8**	**Cautious** *In appetite*	Multiple Controls	Some control weaknesses	Assurance largely substantial

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Strategic Risk	Inherent Score	Current Score	Target Score	Within Appetite	Adequacy of Controls *Are there enough controls in place?*	Effectiveness of Controls *Are those controls working as intended?*	Associated Assurance *How do we know/evidence?*
SRR 007: **Estate** *EDoFC&E*	**16**	**16**	**8**	**Minimal** 	Multiple Controls	Some control weaknesses	Assurance largely substantial/ reasonable
SRR 008: **Prevention** *EDPH*	**20**	**16**	**6**	**Eager** *In appetite*	Some controls	Controls largely effective	Assurance largely reasonable
SRR 009: **Continuing Health Care** *EDPCCMH*	**16**	**16**	**9**	**Open** *In appetite*	Some controls	Some control weaknesses	Assurance largely reasonable
SRR 010: **Emergency Preparedness/Incident Response** *EDPH*	**16**	**12**	**12**	**Averse** @ target	Multiple Controls	Controls largely effective	Assurance largely substantial
SRR 011: **Digital** *EDAHPHS&D*	**20**	**15**	**12**	**Open** *In appetite*	Multiple Controls	Controls largely effective	Assurance largely reasonable
SRR 012: **Public Confidence** *DCG*	**20**	**15**	**8**	**Open** *In appetite*	Multiple Controls	Controls largely effective	Assurance largely reasonable

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Summary Position

- 9 of the 12 risks are operating within the Board's Risk Appetite
- 1 of the 12 risks are at target score
- **2 of 12 risks received are operating outside of the Board's Risk Appetite**
  - **SRR 001 – Financial Balance**
  - **SRR 007 – Estate**
- *Is the Board willing to tolerate the current position outside of appetite or is action to identify and implement further controls needed to mitigate risks?*

- **8 of the 12 risks received have Inherent Scores the same as the Current Score, suggesting a need to review the effectiveness of controls and/or risk scoring.**

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Scoring Matrix

Likelihood x Impact = Risk Score

LIKELIHOOD						
	Almost Certain 5	5	10	15	20	25
	Likely 4	4	8	12	16	20
	Possible 3	3	6	9	12	15
	Unlikely 2	2	4	6	8	10
	Rare 1	1	2	3	4	5
		Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
		IMPACT				

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Risk Appetite Summary

Strategic Risk	Main Risk Category	Appetite Level	Other associated risk categories
SRR 001 – Financial Balance	Financial Sustainability	Cautious	• Financial Governance, Financial Investment, Performance and Service Sustainability, Quality, Regulation and Compliance, and Reputation and Public Confidence.
SRR 002 - Transformation	Innovation and Strategic Change	Eager	• Performance and Sustainability of Services, Regulation and Compliance and Safety
SRR 003 – Commissioning	Performance and Service Sustainability	Open	• Quality, Safety, Partnerships, Performance and Sustainability of Services, Reputation and Public Confidence.
SRR 004 – Provider	Performance and Service Sustainability	Open	• Quality, Safety, Workforce, Performance and Sustainability of Services.
SRR 005 – Primary care	Performance and Service Sustainability	Open	• Quality, Safety, Partnerships, Performance and Sustainability of Services, Reputation and Public Confidence.
SRR 006 - Workforce	Workforce	Cautious	• Quality, Safety, Regulation and Compliance and Reputation and Public Confidence.

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Risk Appetite Summary Cont.

Strategic Risk	Main Risk Category	Appetite Level	Other associated risk categories
SRR 007 – Estate	Quality	Minimal	• Safety, Regulation and Compliance, Reputation and Public Confidence and Financial Investment.
SRR 008 – Prevention	Innovation and Strategic Change	Eager	• Quality, Workforce and Reputation and Public Confidence.
SRR 009 – CHC	Performance and Service Sustainability	Open	• Financial Governance, Financial Sustainability, Partnerships, Quality, Reputation and Public Confidence and Regulation and Compliance.
SRR 010 – Emergency preparedness	Safety	Averse	• Reputation and Public Confidence, and Regulation and Compliance
SRR 011 – Digital	Performance and Service Sustainability	Open	• Quality, Safety, Regulation and Compliance and Reputation and Public Confidence.
SRR 012 – Public Confidence	Reputation and Public Confidence	Open	• Innovation and Strategic Change

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GIG CYMRU NHS WALES

Bwrdd Iechyd Addysgu Powys

Powys Teaching Health Board

Organisational Risk Register

Summary

November 2025

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Risk Lead	Risk ID	Risk Description There is a risk that/of:	SCORE	Trend	Board Risk Appetite
EDoFC&E	ORR 001	Failure to deliver financial forecast and savings target for the current financial year (2025/26)	**16**	*	Cautious
EDAHPHS&D	ORR 002	Failure to effectively implement the NHS App	**16**	*	Eager
EDPCCMH	ORR 003	Urgent care flows	**12**	*	Open
EDPCCMH	ORR 004	Compromised sustainability of service models	**12**	*	Open
EDP&C	ORR 005	National review of band 2 health care support worker roles has implications for the Health Board	**16**	*	Cautious
EDPH	ORR 006	A significant public health event/emergency	**16**	*	Minimal

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Risk Lead	Risk ID	Risk Description There is a risk that/of:	SCORE	Trend	Board Risk Appetite
EDPH	ORR 007	A national power outage	**16**	*	Minimal
EDPP&C	ORR 008	A deterioration in partnership working	**9**	*	Open
EDPCCMH	ORR 009	General Medical Services (GMS) sustainability is compromised due to lengthy procurement processes, impacting continuity of primary care provision.	**16**	*	Open
EDPCCMH	ORR 010	Insufficient staffing capacity within MH&LD services leads to increased pressure on service delivery and potential quality concerns.	**12**	*	Minimal
EDPCCMH	ORR 011	Limited acute service capacity results in increased reliance on private sector providers, with associated cost and quality implications. .	**16**	*	Minimal

KEY:

Executive Lead	
EDoFC&E	Executive Director of Finance, Capital and Estates

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EDP&C	Executive Director of People and Culture
EDPP&C	Executive Director of Planning, Performance and Commissioning
EDPCCMH	Executive Director of Primary Care, Community and Mental Health
EDPH	Executive Director of Public Health
EDAHPHS&D	Executive Director of Allied Health Professionals, Health Sciences and Digital
DCG	Director of Corporate Governance/Board Secretary
CEO	Chief Executive
Trend	
*	**New risk**
➔	**Risk score unchanged since last report**
↓	**Risk score decreased since last report**
↑	**Risk score increased since last report**

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.8

PTHB Board	**26 November 2025**
Subject:	**Powys Regional Partnership Board (RPB) System Resilience Plan 2025/26**
Approved and presented by:	Nicola Johnson, Executive Director of Planning, Performance & Commissioning Elaine Lorton, Executive Director of Primary Care, Community and Mental Health
Prepared by:	Assistant Director of Planning/Planning Manager
Other Committees and meetings considered at:	Planning, Partnerships and Population Health Committee 14 August 2025 PTHB Executive Committee 29 October 2025 The Plan has also been extensively considered via the RPB mechanisms including the RPB Executive and Board

PURPOSE:

The purpose of this paper is to present the System Resilience Plan 2025-26 'Winter Plan'. The plan has been produced collaboratively with the Regional Partnership Board in line with guidance received from Welsh Government.

RECOMMENDATION(S):

The Board are asked to:

- **Take Assurance** that there has been an extensive process of development for this plan, led by the RPB, with active participation and coordination of Health Board, Powys County Council and Third Sector input.
- **Take Assurance** that the plan has been submitted to Welsh Government to meet their deadline of 31 October.
- **Note** that final version of the plan is being provided to the Board for information and will be submitted to RPB Board for noting on 16th December.

Approve/Take Assurance	Discuss	Note
Y	Y	Y

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ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	Use this space to provide a brief narrative explanation of alignment with the health board's wellbeing objectives including reference to our strategic priorities. This can include reference to the Board Assurance Framework.
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:

This paper provides the Board with the Powys Regional Partnership Board (RPB) System Resilience Plan 2025/26 (Attached).

The plan has been developed through the RPB to include inputs from system partners in line with Welsh Government requirements and timelines.

The System Resilience Plan brings together a number of key component parts which collectively represent the system wide preparations and response arrangements over the Autumn/Winter period for 2025/26.

The reporting of the plan to Welsh Government will be carried out through various mechanisms, via the RPB, the Health Board and other individual partners, as noted in attached report.

BACKGROUND

The System Resilience Plan has been developed through the Regional Partnership Board. The Plan has been developed in line with multiple national requirements and responds to population need within the context of the shared Health and Care Strategy for Powys.

The plan brings together a number of component parts which collectively represent the system wide preparations and response arrangements over the Autumn and Winter period.

There have been a number of key challenges outlined within the plan associated with the increased demand for Health and Care Services within Powys with a focus on how we respond utilising a whole system approach.

As part of preparations for Winter Welsh Government issued correspondence at the end of June outlining the national plan, key delivery actions for organisations and associated timescales. Initially the Health Board were asked to review the national plan and provide assurance that our own strategies offered sufficient robustness aligned to national actions.

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For 2025/26 organisations were asked to complete a self-assessment template to provide further assurance that local system plans aligned to national expectations set out by Welsh Government. This template was collaboratively completed through RPB mechanisms and was approved by PTHB Executive Committee 3rd September before submission to Welsh Government. Following submission of the Self-Assessment template Welsh Government provided feedback with a number of areas for further clarity and assurance. These related to Single Point of Access, Community Healthcare, local authority and third sector engagements and governance assurance.

To further support planning for Winter 2025/26 organisations were also asked to produce comprehensive operational resilience plans to address surge capacity, 7-day operational leadership and workforce planning for the period 22nd December to 13th January. Following further modelling work this was then extended by Welsh Government to 1st December – 31st January. This response was completed by all system stakeholders through the RPB.

A tracker is provided within the attached plan outlining all national requirements which have been received through a series of correspondences over the Summer/Autumn period, including the various submission points in line with Welsh Government timelines.

Our system response includes: -

- Community capacity to support care closer to home
- Optimal hospital patient flow and home first
- Vaccination
- Respiratory
- 7 Day Falls and Same Day Emergency Care (SDEC)
- Capacity Enhancements
- Hospital Discharge Planning and Pathways of Care Transformation Grant
- Third Sector
- WAST Winter Preparedness
- Communication and Engagement
- System Surveillance and Co-ordination

A number of associated plans have been amalgamated to form the system response to Winter which include responses from all stakeholders within Powys.

All partners confirmed their final contributions and the attached plan was therefore submitted to Welsh Government as required by 31st October and is provided to the Health Board for information prior to submission to the RPB Board for noting on 16th December.

The Plan is being provided to PTHB Board to:-

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- **Take Assurance** that there has been an extensive process of development for this plan, led by the RPB, with active participation and coordination of Health Board, Powys County Council and Third Sector input.
- **Take Assurance** that the plan has been submitted to Welsh Government to meet their deadline of 31st October.
- **Note** that final version of the plan is being provided to the Board for information and will be submitted to RPB Board for noting on 16th December.

NEXT STEPS:

Following Board, the System Resilience Plan will be received by the RPB Board on 16th December.

The System Resilience Plan is a live document and key components are therefore operational at the time of writing this report, with tracking through both individual partner and collective mechanisms including the Delivery Co-ordination Group. The reporting of the plan to Welsh Government will be carried out through various mechanisms, via the RPB, the Health Board and other individual partners, as noted in attached report.

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					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.
Timely					
Effective					
Efficient					
Equitable					
Person Centred					
Workforce					
Leadership					
Culture					
Information					
Learn, Improve, Research					
Whole Systems Approach					

EQUALITY:

	No impact	Negative	Positive	Both	
Age					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.
Disability					
Gender reassignment					
Marriage / civil partnership					
Pregnancy / maternity					
Race					
Religion or Belief					
Gender					
Sexual Orientation					
Welsh Language					

Socio-economic status					
Social exclusion					
Carers					

RISK ASSESSMENT:

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

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Powys RPB System Winter Resilience Plan 2025/26

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Bwrdd Partneriaeth Ranbarthol Powys
Iechyd a Gofal Cymdeithasol

One Powys Yn Un

Powys Regional Partnership Board
Health and Social Care

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Introduction

This plan builds on System Resilience Arrangements put in place in previous years, set in the context of the shared Health and Care Strategy for Powys.

There is a shared commitment across partners to work on further improvements to address pressures in the system, to be prepared for Winter, and ensure Powys residents are supported.

The Plan brings together a number of component parts which collectively represent the system wide preparations and response arrangements over the autumn and winter period.

These respond to a number of correspondences and requirements issued by Welsh Government in relation to winter planning and the Welsh Government's Science Research Evidence: Winter modelling report and scenarios (available at https://www.gov.wales/science-research-evidence-winter-modelling-2025-2026).

This plan is a high-level summary of the component action plans, Welsh Government templates and programmes of work. (Further detail on each component is available through the respective leads and can be provided on request).

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Context

- The purpose of these slides are to outline the Winter System Resilience Plan 2025-26. The plan has been produced collaboratively with the Regional Partnership Board in line with guidance received from Welsh Government.
- As part of preparations for Winter 2025/2026, the Welsh Government issued correspondence at the end of June 2025 outlining the national plan and key delivery actions for health boards, NHS Trusts, and partners.
- In response, organisations were expected to review the draft plan and ensure their own strategies are sufficiently robust, with formal feedback submitted to the Welsh Government by **6 August 2025**
- Health boards have been asked to work collaboratively with the Regional Partnership Board to complete a self assessment template in which assurance will be provided to ensure integrated planning for Winter 2025/2026 aligns to Welsh Government's expectations, submission to Welsh Government **12 September 2025.**
- To further support winter preparedness, all partners were asked to develop comprehensive operational resilience plans covering the critical period from **22 December 2025 to 13 January 2026**. These plans were expected to address acute hospital surge capacity, seven-day operational leadership, and workforce planning to manage system-wide pressures, **to be submitted by 31 October 2025.**
- Following further modelling work, as contained in the Welsh Government's Science Research Evidence: Winter modelling report and scenarios (available at https://www.gov.wales/science-research-evidence-winter-modelling-2025-2026) the period required for inclusion within resilience plans was extended to **1 December 2025 – 31 January 2026**
- The Plan therefore brings together a number of component parts which collectively represent the system wide preparations and response arrangements over the autumn and winter period to include responses in line with outlined requirements. It is a high-level summary of the component action plans, Welsh Government templates and programmes of work. (Further detail on each component is available through the respective leads and can be provided on request).

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Challenges



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Increased demand for health and care services and support over winter create challenges and impacts across the whole system level which include:

- Increase in respiratory illnesses over winter, leading to higher patient admissions and care needs
- Increased risk of falls and injuries that require urgent medical attention
- Increased hospital admissions due to seasonal flu / viruses and cold weather, particularly for vulnerable patients
- Adverse weather incidents also create transportation and care challenges which can cause delays across the system
- Strain on hospital capacity which creates further complications in discharge planning processes
- Logistical challenges arising from the unique Powys geography
- Reliance on cross border provision in England for acute care and challenges relating to repatriation back into County
- Limitations in market capacity for care provision and historic reliance on a bed based model of care
- WAST also note particular challenges between patient demand and available capacity for both 111 and Emergency Medical Services response

National and Local Strategic Frameworks



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Requirements

Requirement	Requested From Where?	Submitted
• High Level Assurance submission	• NHS Wales Leadership Board correspondence 'An Update on Planning for Winter 2025/2026'	6 August
• Cabinet Secretary meeting additional requirements	• Welsh Government Correspondence received 6 August 'Winter Planning – Support for people with chronic respiratory conditions and symptoms of breathlessness'	26 August
• Cabinet Secretary meeting further additional requirements	• Nick Wood 'Update to CS on Planning for Winter 2025-2026 v2'	26 August
• 'Planning Together for Winter' Self Assessment Toolkit	• Welsh Government Correspondence received 14 July 'Planning Together for Winter 2025/26 – Expectations and key actions'	12 September
• Additional requirements based on feedback from Self Assessment Template Submission	• Welsh Government correspondence received 7 October 'Feedback on Winter Plans and Request for Governance Assurance'	31 October
• Proactive Management of High-Risk COPD Patients – Winter Preparation	• Welsh Government correspondence received 25 September 'Proactive Management of High-Risk COPD patients' from Dr James Calvert and Anthony Gibson	31 October
• All Wales Paediatric Surge and Capacity Plan	• Email correspondence received 2 October from Dr. Claire Thomas NHS Wales Performance and Improvement	N/A – these services are not provided within Powys
• Local health and care system resilience plans for Winter (1 December 2025 – 31 January 2026) template	• Welsh Government correspondence received 22 August 'Planning for Winter period 2025'	31 October
• Building resilience in the Urgent and Emergency Care system reiteration following NHS Leadership Board	• Welsh Government correspondence received 22 October 'Winter Planning'	31 October
• System Winter Resilience Plan 2025/26	• NHS Wales Leadership Board correspondence 'An Update on Planning for Winter 2025/2026'	31 October

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Community capacity to support care closer to home

Optimal hospital patient flow and home first

(Outputs of the Self Assessment Toolkit and Action Plan required by Welsh Government which are applicable to Powys)

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Toolkit outputs

Key Actions	Lead	Planning Together for Winter Toolkit	Deadline for delivery	RAG Rating	Implementation Status	Risks	Gaps	Controls In Place
Proactive management of 0.5% most at risk of urgent care (including falls / care home residents) through implementation of Proactive Care principles by Regional Partnership Boards, Pan Cluster Planning Groups and integrated health and social care community	David Farnsworth	Action 3	01-Dec-25	Green	Partial implementation of care home falls framework underway; L1 training and lifting cushions provided via VBHC Multiagency Falls Project with positive impact. Further care home visits planned from August, supported by Falls Prevention Team. Bid submitted to Six Goals programme to extend targeted falls interventions and training to remaining care homes.	Variable care home engagement could limit uptake of falls training and interventions.		Ongoing collaboration with the national team to communicate upcoming expectations and promote participation in the training programme
Health boards provide robust community nursing services to support the multiprofessional team around the person across a 7 day period - Weekend capacity should be at circa 80% of that of weekday. Self Assessment and subsequent planning should consider and advise improvement trajectories against target expectation	David Farnsworth	Action 5	01-Dec-25	Amber	Team has consistently achieved 60% staffing of weekend shifts, comparable to weekday. Well recognised that delivery beyond this would challenge small teams, and require frequency of weekend working greater than 14, which is logistically unachievable. Demand & capacity failing to demonstrate workload to justify and to be kept under review.	National expectations balanced agains workforce deliverability	Unlikely to achieve full delivery	Ongoing monitoring of demand & capacity. 7f7 working across other community teams including therapies & reablement.
Health Boards and Local Authorities to collaborate to continue to increase referrals to Enhanced Community Care and Multi Professional Wrap Around Care (including Reablement). Self Assessment and subsequent planning should consider and advise improvement trajectories.	David Farnsworth	Action 9	01-Dec-25	Green	Well established delivery of CRT model, with good MDT engagement and collaborative working across the system, inncluding cluster frailty services. Newly formed standalone reablement servcie fully operational and delivering increased capacity	Linited community capacity for Domiciliary care and challenging rural geography.	Increased cpability in workforce, though recognised and included in plans for transformation.	System wide reporting of activty & demand. Oversight across urgent care reporting and incorporated into transfromation planning.
Implement Single Point of Access to Urgent Care (LHBs) as a component of enhanced regional system navigation	David Farnsworth/Ryan McNicholas	Action 8	Oct-25	Green	Development of Single Point of Access underway, focusing on L2 Falls Response, IV Covid Therapy, and step-up/down patient flow pathways; launch targeted for September.	Recruitment & short-term funding projected to be a risk. Digital support. Demand outstripping capacity on small teams.		Secondment being explored internally, criteria to be built on resource with expectations clearly defined.
Within an integrated IAA model of care, implement the six goals programme community-based falls response framework	David Farnsworth/Ryan McNicholas	Action 7	Nov-25	Green	Plans underway to deliver L2 Falls Response via District Nursing and Community Therapy Teams; pathway development in progress with combined SPoA launch planned for September.	Inability to deliver a geographically suitable and financially sustainable model across a broad rural area with low and variable demand		Targetted delivery through existing services
Implement community breathlessness hubs (*three pilot sites only)	Claire Madsen/Vic Deakins		31-Oct-25					

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Toolkit outputs

Winter Strategic Goal	Key Actions	Lead	Planning Together for Winter Toolkit	Deadline for delivery	RAG Rating	Implementation Status	Risks	Gaps	Controls In Place
	Health boards to commission Supplementary Services from General Medical Services to support identification of 0.5% population at greatest risk of urgent care needs	Jayne Lawrence	Action 3	01-Dec-25	Green	Directed Supplementary Service not yet issued by WG. .	Prior to implementation, , procurement regulations will need to be adhered to which will delay implementation		Specification will need to be reviewed regarding any duplication with current CRT/VW Local Supplementary Service - this will impact on the uptake.
	Implement 'neighbourhood level' timely, accessible, coordinated and TEC enabled Information, Advice and Assistance (IAA)	David Farnsworth	Action 4	01-Dec-25	Green	Existing flow hub in place and work well advanced to deliver SPOA commencing September. Some limitations likely from initial professional facing implementation model, but anticipating full expansion as wider servcies for onward referral further develop. Limited offer for teleheath across system, though common platforms in place via PCC and equipment provision. Wider specialist systems being tested via specialist teams.	Limitations of professional access model and linited technology offer.		Incorporated into transformation governance model, with regular reporting for rollout.
	Health Boards to promote community pharmacy services (Sore Throat Test and Treat / UTI services)	Emlyn Pritchard	Action 6	01-Oct-25	Amber	We are already promoting these services and providing advertising materials to all participating pharmacies. 1st October is not a great deadline for delivery of this: It's the date when UTI treatment service will become a mandatory component of the Clinical Community Pharmacy Service (we've been working with pharmacies to this point getting them delivering the service, but availability is patchy). This is also the date on which the general flu vaccination programme starts. Much more likely that advertising of sore throat / UTI will continue into winter, however the focus in community pharmacy will be delivering flu which has changed this year. We haven't promoted this service via FB etc. for quite some time so can plan this in for late October.	1st October is already a very busy period for community pharmacy: flu season starts and UTI service becomes mandatory. HBs can help to advertise a service but there's a risk that it will not be available to patients consistently.	Service availability relies on contractors sourcing staff who can deliver the service and being able to deliver throughout the day. Community pharmacies are commissioned to provide many services but the vast majority only have one consultation room which will be busy delivering influenza vaccinations in October / November.	Engagement with contractors – regular communication with community pharmacies to monitor readiness, staff capacity, and consultation room availability. Flexible promotion approach – ability to pause or re-focus advertising (e.g. pushing flu over UTI/sore throat) if pharmacies report capacity issues.
	Increasing uptake among staff groups through LHB review of winter 24/25; vaccination champions; peer vaccinators; MECC; and routine monitoring	Mererid Bowley	Action 1	31-Dec-25	Green	increased promotion of peer vaccinators and flu champion training during the flu 25/26 campaign. Flu "walkarounds" planned into vaccination timetable. Plan to invite all staff employed by PTHB to attend drop in clinics across all PTHB sites during September 2025. Maternity services providing peer immunisation across all community hospitals.	Reliance on vaccination service staff to deliver staff flu whilst also delivering COVID programme. Ability to recruit peer vaccinators and flu champions to raise awareness of benefits of flu vaccine.		Regular engagement with staffing group. Communications plan in place for staff flu programme.
	To increase uptake of vaccines to protect against winter respiratory illnesses, consider targeting populations in areas of socio-economic deprivation	Mererid Bowley	Action 1	01-Oct-25	Green	Pilot of late night and weekend appointments in areas of socio-economic deprivation to commence for covid vaccinations. Information and drop in sessions at supermarkets in areas of socio- economic deprivation	Limited workforce to deliver education and vaccinaton clinics during the programme duration. Apetite in the local community to book spaces to deliver infromation drop		Continue monitoring of uptake rates in areas of socio-economic deprivation and flexible approach to arranging clinics in the local community.
	Health boards to ensure clinical teams in primary and community settings dealing with chronic and acute respiratory disease are encouraged to apply, where appropriate, the nationally agreed management guidelines for COPD, asthma, RSV Bronchiolitis, and Community Acquired Pneumonia.	David Farnsworth	Action 2	01-Dec-25	Amber	Small respiratory specialist team supporting primary care model. Higher risk patients retained on caseload, and national guidelines well recognised. Standardised formulary in place and secondary care support available.	Smaller teams, limited capacity	Primary care model relied upon	Data reporting in pace to identify surges in act

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Toolkit outputs

Key Actions	Lead	Planning Together for Winter Toolkit	Deadline for delivery	RAG Rating	Implementation Status	Risks	Gaps	Controls In Place
Consistent delivery of the six goals programme 'optimal hospital flow framework'	Ryan McNicholas		01-Dec-25	Green	Optimal Hospital Flow Framework being embedded, supported by Powys DigiFLO with preparations underway to support national R2G reporting; revised Board rounds approach in development for October implementation.	Delays in embedding revised Board rounds or full utilisation of Powys DigiFLO could limit effective monitoring of hospital flow and R2G reporting.		Ongoing engagement with operational teams to ensure timely adoption and alignment with national reporting requirements.
Applying a proportionate approach to 7-day health and social care working to enable discharge of people during the weekend and prevetn admission.	David Farnsworth		01-Dec-25	Green	Existing services designed to deliver 7/7 cover, and transformation plans fully engaged with delivering 7 day models of care	System wide models for 7/7 cover incomplete		Data reporting includes activity and demand over 7 days
Undertaking Decision Support Tools (DST)/CHC process in the community	Ruth Derrick		01-Dec-25	Green	The Complex Care Teams are responsible for the scrutiny and the proccesing of applications through the weekly panel process.			
Implementing an integrated method for System Navigation	David Farnsworth		01-Dec-25	Green	Plans in place to stand up SPOA in September. Will act as professional facing navigation system, but will deliver coordination with existing patient facing navigation.	Professional facing but with ability to coordinate	Professional facing but with ability to coordinate	Pateint experience reporting
Consistent delivery of the Trusted Assessor model	David Farnsworth		01-Dec-25	Green	Trusted Assessor Model in place in Cottage View and subject to joint review to support further and wider implementation. Trusted Assessment implemented within CHC assessment process remains positive.	Parallel models with overlapping aims may dilute the evaluation of the trusted assessor approach.		Strengthen collaboration with partners to ensure alignment in design and coordinated execution.
Embed D2RA Pathways into practice (optimising the Home First approach)	David Farnsworth		01-Dec-25	Green	D2RA pathways well embedded; Powys DigiFLO supports improved data capture, with >85% of patients allocated to D2RA pathway prior to discharge since March. Further improvements underway.	Variability in staff adherence or data recording could impact consistent allocation to D2RA pathways and data utility		Continued monitoring via Powys DigiFLO and targeted staff engagement to reinforce pathway allocation and data quality.

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Vaccination

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PTHB Influenza Programme 2025 to 2026

PTHB Delivery of Influenza Programme 2025 to 2026

Key Information

Eligible Cohorts

- children aged two and three years on 31 August 2025
- school aged children from reception to year 11 (inclusive)
- people aged 6 months to 64 years in a clinical risk group
- people aged 65 years and older (age on 31 March 2026)
- all adult residents in Welsh prisons
- pregnant women
- carers of a person whose health or welfare may be at risk if the carer falls ill
- frontline health and social care workers
- people experiencing homelessness
- household contacts of the immunocompromised
- poultry workers

Approximately 79,147 citizens eligible in Powys

The programme will begin in September 2025 for children and pregnant women, followed by the adult programme which will commence on 1 October 2025. Both programmes will conclude on 31 March 2026.

Uptake target for all eligible groups is 75%

By 1 December 2025;

- 65% for people aged 65 years and over
- 37% for people aged 6 months to 64 years in a clinical risk group

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GP Practice

Delivering to;

- Children aged 6 months to 2 years in a clinical risk group
- Children aged 2-3 years of age
- People aged 17-64 years in a clinical risk group
- People aged 65 years and older (age on 31 March 2026)
- Pregnant women (if not received with midwife)
- School aged children in a clinical risk group if preference is to receive at GP
- Primary care staff (including dentists and optometrists and locum GPs) who are registered with the practice

Vaccination for children and pregnant women to begin in September as soon as vaccination is available.

All 16 GP Practices in Powys have submitted Expressions of Interest to deliver flu vaccination to eligible adults commencing on 1 October 2025

Community Pharmacies

Delivering to;

- People aged 17-64 years in a clinical risk group
- People aged 65 years and older (age on 31 March 2026)
- Staff working in adult residential homes, nursing care homes and children's hospices
- Staff providing domiciliary care
- Poultry workers

All 23 pharmacies in Powys have submitted expressions of interest to deliver flu vaccination to eligible adults commencing on 1 October 2025

PTHB

Delivering to;

- PTHB staff
- School aged children (Reception to Year 11)
- Patients on a ward in PTHB
- People who are identified as housebound
- Pregnant women

The Vaccination Service will be monitoring uptake in all eligible groups and will provide support to contractors where they are not on a trajectory to meet the uptake targets by 1 December 2025 or the 75% target by 31 March 2026.

Pregnant Women
Pregnant women in Powys will be offered flu vaccination at their midwife appointment by PTHB Maternity services

School Nursing Service
The School Nursing service will be running their school influenza vaccination programme from WC 16 September 2025. There will also be clinics offered for Home Educated Children

Inpatients

The community services team will vaccinate any eligible citizens who are on PTHB inpatient wards during the Influenza Programme2025 to 2026

People who are housebound

PTHB District Nurse teams are providing vaccination at home for those who are designated as housebound

PTHB COVID 19 Autumn 2025 Vaccination Delivery Model

PTHB Delivery of COVID-19 Vaccination 2025

Key Information

Eligible Cohorts

Individuals aged 6 months and over who are immunosuppressed

Residents in a care home for older adults

Adults aged 75 years and over

Approximately 22,971 citizens eligible in Powys, of which 22,227 are "opted in" to receive their COVID Vaccination.

The COVID-19 Autumn vaccination programme will run from 1 October 2025 to 31 January 2026.

The first 2 weeks of delivery will concentrate on care home vaccination visits, followed by appointments through vaccination clinics across Powys from 15 October 2025

Invitations will be sent to all "opted in" citizens irrespective of previous vaccinations. Citizens will be invited in priority group order;

· Immunosuppressed citizens

· Adults aged 80 years and over

· Adults aged 75 years and over

All citizens will receive a vaccination appointment prior to December 2025, with "mop up" activity commencing in December 2025

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Clinic Locations

Newtown Vaccination Centre

Bronllys Vaccination Centre

Bro Ddyfi Hospital, Machynlleth

COWSHAAC, Welshpool

Knucklas Community Centre, Knighton

The Pavilion, Llandrindod

Glan Irfon Health and Care Centre, Builth Wells

Ystradgynlais Rugby Club, Ystradgynlais

Regular clinics will be held in each of our clinic locations, with the aim being that citizens will be invited to their most local clinic for their vaccination appointment.

We would encourage citizens to contact us if an alternative location, or appointment slot is needed.

Care Home Delivery

Care homes for older adults

Nurses from the vaccination service will commence Powys care home visits in August 2025 to complete Mental Capacity Assessments (MCA) and make Best Interest decisions for residents, where this is required. This is in line with National Best Practice and all nurses I the vaccination service have completed MCA training.

Care Home Vaccination visits will commence on 1 October 2025.

The vaccination service will continue to offer care home vaccinations throughout the duration of the Autumn 2025 programme to ensure that any new residents are given the opportunity to receive vaccination.

Mobile provision

People who are housebound

PTHB District Nurse teams are providing vaccination at home for those who are designated as housebound

Inpatients

The community services team will vaccinate any eligible citizens who are on PTHB inpatient wards during the COVID-19 Autumn Vaccination Programme

Respiratory

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Support for people with chronic respiratory conditions and symptoms of

Further guidance letter received: **Winter Planning – Support for people with chronic respiratory conditions and symptoms of breathlessness** (6th August)

Key Action	Detail	Response
1. Identify and proactively support high-risk individuals focussing on	Those with COPD, asthma, bronchiectasis, and other chronic respiratory conditions associated with increased risk of deterioration during the winter period. In particular creating a register of COPD patients with a history of hospital admission or ≥2 community exacerbations in the last 12 months and asthma patients with a hospitalisation in the last 12 months or ≥ 2 exacerbations requiring treatment with systemic steroids.	Community Resource Team specification signed off and supports stratification of patients at risk for admission. Cluster and Health Board frailty functions additionally wrapped around patient cohort, with specialist respiratory teams focussed on higher risk patients. Further work in train to identify data and co-ordinate register of eligible patients.
2. Ensure timely access to preventative interventions:	The influenza vaccination programme is our principal programme aimed at reducing winter respiratory disease and maximising uptake can have a significant impact on the burden of respiratory disease in those with COPD of any age. Uptake of vaccinations against preventable respiratory infections can be improved in those with COPD through active promotion to this group. Action should be taken to maximise uptake of other vaccines aimed at respiratory infections, delivered through routine programmes and in line with JCVI guidelines, such as RSV, pneumococcus and COVID-19 Evidence from England has shown that RSV vaccine is highly effective in preventing hospitalisation for older people with a chronic respiratory condition. Action to address household warmth can reduce the impact of cold weather on health. Prioritise high risk patients who are still smoking for smoking cessation support.	**Flu vaccination:** Blended influenza delivery plan involving all GP Practices, all Pharmacies, Midwifery, school nursing, district nursing and Vaccination Services agreed and in place to offer wide access and flexibility to eligible groups to maximise flu vaccination uptake in targeted groups, including individuals with COPD. **RSV vaccination:** Targeted outreach clinics and bespoke letters sent to individuals eligible for RSV vaccine during July & August resulting in 70% uptake in residents registered with GPs in Powys. Additional plan underway to target residents registered with GPs located outside of Powys. **Covid vaccination:** Detailed plan in place to maximise uptake in eligible groups through Vaccination Service, including outreach community clinics across the county to increase access to vaccination. **Household warmth:** promotion through community and voluntary sector of keeping warm this Winter, including community wellbeing events being planned to support residents to access community support. **Smoking Cessation Service:** Targeted work with GP practices, involving contacting smokers to offer help to quit.
3. Strengthen community-based care pathways	Including development of streamlined access for high-risk individuals to ambulatory care pathways and pathways diverting patients from emergency to urgent pathways. Ensure that community resource and district nursing teams are equipped to manage care needs of individuals at high risk of winter deterioration in a timely manner to avoid admission.	Streamlined access via existing flow hub and newly developing SPOA, with enhanced MDT available to support step in support for of individuals at high risk of winter deterioration.

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Support for people with chronic respiratory conditions and symptoms of

Further guidance letter received: **Winter Planning – Support for people with chronic respiratory conditions and symptoms of breathlessness** (6th August)

Key Action	Detail	Response
4. Coordinate with primary care, community and third sector partners	To ensure continuity of care and support for self-management, for example increasing the use of 'just in time' medication boxes; ensuring there is appropriate self-management and rehabilitation service capacity in place over winter; for example, access to Expert Patient Groups, pulmonary rehabilitation and national exercise referral schemes.	Support in place through CRT identification and management, supported by specialist clinical teams including respiratory, cardiac, frailty and community Nursing.
5. Admission avoidance	Expand the use of your local Single Points of Access (SPOAs) to identify suitable acute /urgent respiratory cases that can be identified early and with senior clinical assessment and advice, that can be appropriately managed within the community without the need for an ED attendance or admission. Linking with your Regional Clinical Support Hubs (CSH) should also be considered to provide added resilience.	Existing flow hub has been partially expanded to incorporate referrals from the community teams. Further development now in train, with Single Point of Access (SPOA) anticipated for launch in September 2025. Community resource Team (CRT) specification now signed off and standardised approach to MDT management being rolled out. Includes community Nursing, therapies, frailty teams and reablement, with KPIs in place to monitor impact.
6. Review and adapt Same Day Emergency Care (SDEC)	Models over the winter period to ensure timely access for patients presenting with respiratory and cardiac conditions. This includes considering whether extending operational hours may improve access, enhancing clinical pathways to ensure timely respiratory assessment, and ensuring appropriate staffing and diagnostics are available to support rapid decision-making over 7 days.	Community services unable to support full SDEC model, however commissioned pathways in place within acute hospitals. Separately, standardisation and clinical development in place for MIU services across Powys, with improved coordination around diagnostics, further development in place for point of care testing and enhanced clinical decision making support available from enhancements in medical staffing across the county.

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Further guidance letter received: **Proactive Management of High-Risk COPD Patients – Winter Preparation (25 September)**
Nominated lead attended national forum chaired by Anthony Gibson with work being commenced on proactive COPD initiatives within action plan aligned with risk indicators including:

- Exacerbation Prevention
- Pulmonary Rehabilitation
- Self-management Smoking Cessation
- Vaccination
- All Wales Guidance

7 Day Falls and Same Day Emergency Care (SDEC)

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Further progress update request

Key Area – From letter received from Nick Wood (8th August)	Response
1. **A 7 day a week falls response service** covering each health boards geographical area to ensure that we deliver a minimum of 10% improvement with the emphasis on achieving the 25% improvement through the winter.	Level 1 Response is in place, provided by St. John and commissioned through WAST 12hr/day 7days/week. On prior assessment, 78% of cases were responded to within 2 hours in line with the National Framework and the conclusion of WAST modelling based on the 23/24 demand was there was no additionality of Level 1 Service provision within Powys was required. Level 2 Response is in development. A joint workshop was held in April, attended by PTHB, Powys County Council, PAVO and WAST representatives. Likely demand for this response was anticipated to be low (approximately 32 calls/month) suggesting that to deliver this in a cost-effective way, and to reach the broad geographic expanse required, this would require the utilisation of existing services. The development of the Single Point of Access was also identified as a key enabler. The intention is for the Level 2 response to be delivered via the District Nursing and Community Therapies Teams already in place, coordinated via the Single Point of Access and for both the SPoA and Falls Pathway to be jointly launched in September in preparation for Winter. Emerging risks for this include the clinical oversight model and the recruitment challenges that may emerge due to short term funding availability. The aim for this model would be Mon-Fri 9-5 at launch with a view to exploring further expansion thereafter. Care Home L1 Training and equipment - PTHB has previously delivered elements of this work through the 22/23 VBHC Multiagency Falls Project delivered in collaboration with WAST. This involved delivering training and equipment to Care Homes similarly to later national work undertaken in collaboration with SJA. Following the completion of the VBHC Falls Project, a team of Falls Practitioners is in post with the aim of continuing this work - including further Care Home visits scheduled to commence from August. There has been a further opportunity to have additional training delivered via SJA, which is being explored subject to funding at present.
2. **SDEC** – We have seen some real progress in some health board areas with referrals into SDEC – Cabinet secretary has asked that we deploy the 6 Goals team to support those areas where referrals are below average and to further enhance the respiratory pathways into SDEC as part of the work on breathlessness.	Without a Type 1 Emergency Department or acute services, PTHB will support these priorities through continued efforts to reduce emergency attendances and admissions, with a focus on the frail population through: • 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 • Improved coordination of the Last Year of Life for Powys patients • Improved access to Fracture Liaison Services for Powys patients • Continue the transformation of the front door for MH services building on the first 2 phases of implementation of the MH SPOA Triage & Assessment service, aligned to 111(2) • Enhancing provision of and access to Point of Care Testing • Re-scope the purpose of Sanctuary within the context of the re-designed community model, considering priorities to establish a safe place to assess in the north of the county • Enhancing the provision of PTHB Urgent Care Services
3. 6 key actions within **Winter Planning – Support for people with chronic respiratory conditions and symptoms of breathlessness** letter (8th August)	Response included within previous 2 slides

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Capacity Enhancements

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Service Area	Enhancements to capacity planned for 1 December – 31 January	Risks	Mitigating actions	Executive lead
Enhanced management of key areas of urgent and emergency care community demand 1. L1 and L2 falls management 2. Symptoms of breathlessness 3. Care homes (conveyance / admission avoidance)	Proactive review of at risk cohort via falls prevention team. Review of commissioned capacity for falls response	Workforce fragility	Prioritisation of urgent care flows and hospital discharge by teams during this period	Elaine Lorton, DPCCMH
	Review of caseloads for respiratory and cardiac rehab team and active engagement with relevant patients	Small teams with limited capacity	Dynamic capacity management of workload	Elaine Lorton, DPCCMH
	Active review of data and engagement with care home providers, including attendance at care home forums.	Variance in approach across care homes	Available support from specialist Health Board teams including Community Nursing	Elaine Lorton, DPCCMH
Community and primary care capacity (inc. GP in-hours capacity) Specifically provide assurance that processes are in place to ensure repeat prescribing ordering has been brought forward ahead of the Christmas period (applicable to all GP practices and especially	GP Practices have well established processes in place to inform patients in advance the requirements to bring forward repeat prescribing orders in readiness to cover the Christmas and New year period. This will include a variety of patient communications including text messages, reminder information on FP10s, posters within practices and updates via practice websites.	Reliant on patient participation	Reinforce importance of messaging through the Powys Practice Managers Forum.	Elaine Lorton, DPCCMH

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dispensing doctor practices) Provide planned District Nursing levels each day over the period as a % of the average weekday day capacity.	Rosters not yet completed for this period, but typically the service will staff to 100% capacity during the weekday operational sessions and 60% during out of hours including Bank Holiday.	Sickness absence	Active shift management with communication channels across all teams, cross cover, and active management of annual leave.	
Palliative and end of life care	Specialist Palliative care team maximised for availability during period, alongside community nursing teams. Active engagement with virtual ward and GP palliative care reviews, with proactive plans in place for all patients known to the teams.	Workforce capacity / small teams and absence	Active shift management with communication channels across all teams, cross cover, and active management of annual leave.	Elaine Lorton, DPCCMH
Enhanced Community Care	Active schemes across all practices, with full engagement across community and specialist teams. Augmented by the establishment of the SPoA, with well-established resource mapping across Health, Social care and third sector resources.	Localised health risks such as outbreak	Active vaccination campaigns with strong performance historically achieved across staff and public groups.	Elaine Lorton, DPCCMH
GP out-of-hours capacity	Rotas starting to be completed for this period and will continually be contributed to over the coming weeks, via the usual rota master process. Previous years demand informs the potential demand and capacity required and any emerging health outbreaks For the Christmas and New Year bank holiday periods additional hours will be incorporated into the rota, which will include in particular front loading triage hours at the start of the pathway following referral from 111.	Localised health risks such as outbreak. Workforce availability (low risk currently as rota coverage is currently very good)	Ongoing active assurance discussions with OOH providers which will increase from 1st December onwards in readiness for the bank holiday period.	Elaine Lorton, DPCCMH

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Community pharmacy out-of-hours capacity	Powys commissions limited additional "out-of-hours" community pharmacy provision, with the exception of the established Sunday rota in Ystradgynlais. Existing extended opening hours across the county (up to 18:30) will be maintained, with routine monitoring to ensure commissioned rota hours are delivered and clearly advertised to patients. We will continue to publish the changing rotas (Llandrindod Wells and Ystradgynlais) and check weekly with providers to ensure resilience in planned cover during December and January. ShropDoc continue to hold stocks of emergency / acute / time-limited medicines within their OOH bases to ensure patients can access medicines when community pharmacies are closed.	Significant geographical spread makes a comprehensive pharmacy out-of-hours service financially and operationally unviable. Workforce fragility if any contractor is unable to sustain their commissioned hours. Public awareness of where and when commissioned rota provision is available.	Ongoing contract monitoring visits to ensure commissioned hours are provided and advertised. Publication of rotas in advance of the Christmas and New Year period. Weekly review of community pharmacy OOH resilience during December–January to ensure emerging risks are addressed quickly. Clear patient communications signposting to NHS 111, ShropDoc, and published pharmacy rotas.	Elaine Lorton, DPCCMH
In-hospital acute and community site bed capacity (I.e. ability to open temporary capacity at times of pressure. Please provide additional bed numbers, where appropriate)	Community beds only operated in county. Maximal capacity planned to be available during this period, with well-established surge procedures and capacity across the county footprint (immediate / within 48hrs / within 2 weeks).	Workforce capacity including medical cover	Staffing escalation procedures well established and locum and agency to be relied upon	Elaine Lorton, DPCCMH
In-hospital staffing capacity (including plans for surge capacity)	Rosters not complete for this period, but signed off 12 weeks in advance. Full staffing expected, with annual leave actively managed during this period. Escalation procedures well established and local resilience regularly tested.	Workforce capacity and absence	Staffing escalation procedures well established and locum and agency to be relied upon	Elaine Lorton, DPCCMH

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Residential / nursing care home capacity (Including nursing and residential care homes. Please provide additional bed numbers where appropriate)	Currently market occupancy is around 90%. It is anticipated that this will not change significantly over the winter with some residential vacancies remaining, however limited numbers of nursing beds. To mitigate this, the Powys system will use well established procedures to monitor capacity and maximise new placement turn around to get best use of the available beds.	Care workforce capacity and absence. Inflationary fees and costs. Market stability. Temporary home closures. Seasonal illness. Weather.	Reviewing costs jointly with PTHB. Reissue guidance ot providers of seasonal illness. Provider forum to support contingency business planning.	Nina Davies, Director of Social Services and Wellbeing, PCC
Social care packages (including domiciliary care availability)	There is a good geographical mapping of domiciliary capacity in each region of Powys. The Powys system additionally understand and recognise the pressure points. In response, there is new investment in domiciliary care to support provision across the county. PCC are are making payment for retainers where appropriate, to maintain packages especially in areas where provision is subject to market pressures. Reviews have been undertaken of the dynamic purchasing system which again supports improved control, access and quality. Enablement also has increased capacity. PCC continue to support direct payments as an option and brought our support service in house to better administer this.	Weather, workforce capacity, recruitment.	Review of existing waiting lists. Prioritising and triaging. Paying retainers for hospital admissions to keep packages open. Working with providers to ensure plans up to date. Warm space register.	Nina Davies, Director of Social Services and Wellbeing, PCC
Escalation Executive level presence / support over 22 December 2025 – 3 January 2026 (e.g. gold command)	Gold and Silver on call rotas operational and due to be published shortly.	absence	Escalation and cross cover arrangements in place	Elaine Lorton, DPCCMH
Additional communications plans	Additional resource is being secured to support the Better Together engagement and consultation process in order to reduce pressures on core corporate communications resource so that core winter activity (Help Us Help You, Vaccination Saves Lives, NHS 111 etc.) can be maintained.	National advertising plan not yet confirmed by WG Complexity of Powys (multiple emergency care flows to neighbouring health systems in Wales and England) adds complexity of messaging	Updating on national winter advertising plans requested from WG Participation in all-Wales comms planning, Shropshire Telford & Wrekin whole system planning, Herefordshire & Worcestershire whole system planning, Powys system planning	Elaine Lorton, DPCCMH

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Hospital Discharge Planning & Pathways of Care Transformation Grant

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Timely and Safe Hospital Discharges

Preventing Hospital Overcrowding Timely discharges help prevent overcrowding, maintain capacity and availability for care

Supporting Patient Recovery Discharging to appropriate settings supports better recovery and reduces complications

Reducing Prolonged Stay Risks Safe discharge lowers risks such as infections and complications linked to long hospital stays



Key Challenges in Winter Hospital Discharges for Powys

Limited placement capacity and provider coverage

- Residential and nursing capacity
- Placement capacity at 90.2% (August 2025)
- Nursing capacity particularly limited in Mid and North Powys
- Impacts on hospital flow from SaTH and WVT

Provider coverage impact on patient discharge

- Limited community care availability in some areas (although hours provided significantly increased)
- Mid and North Powys particularly impacted

Assessment challenges

- Timely assessment is a national challenge and Powys has additional challenge of large geography and use of multiple DGH sites including England

Transportation and rurality issues in Powys

- Rural setting results in long travel distances
- Complicates discharge planning and home care
- Out of county assessments are key challenge
- Impact of adverse weather conditions in Powys given rural geography and infrastructure
- Can delay healthcare delivery and patient transport

Mitigating Actions and Strategies

- Enhanced Collaboration
  - Daily Patient Flow Review / Weekly integrated and co-ordinated discharge planni
  - Reducing delays and improving community care integration
  - Dedicated Long Length of Stay meetings
- Expanding Enablement and Step Down Services
  - Additional assessors in Front Door Team with focus on independence and unbloc
  - Step down care discharge-to-assess beds at 2 dedicated units in care homes follo interim beds where appropriate for those waiting for community provision
  - Flexible use of residential home capacity to use respite block beds to support discharge
  - Costed care plan reviews with individual care home providers
- Trial use of AI in DGHs to increase assessment capacity and facilitate trusted assessor model
- Increased assessment capacity
  - Expansion of PCC Social Care capacity in Hospital Team to icnldue community hospitals increasing effectiveness of D2A pathway and 7 day coverage; dedicated ward and MDT support including at Ready to Go Home Units
  - Reduction in those awaiting Social Worker allocation/ days delayed/ numbers awaiting assessment
  - Development of Trusted Assessor pathway with external providers – dedicated PCC and PTHB Project Officer; methodology trialled in 2 care homes ready for scaling
- Increased Domiciliary Care Capacity
  - Development of retainer framework with providers
  - Enhanced brokerage capacity including refresh of dynamic purchasing system
- Proactive prevention
  - More areas provided with early help to stay home, prevent admission and return home
  - Development of LAC, information and advice and holistic day opportunities

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Timely and Safe Hospital Discharges (continued)



Supporting patients and families during discharge

- **Clear Discharge Instructions** to help patients and families understand care requirements and expectations; patients to be given letters explaining options and offer of step-down beds where appropriate. Avoid assessment where possible in wards.
- **Promoting Care Plan Adherence** through effective communication, including between providers and care co-ordinators, particularly to support complex cases

- **Clarity on charging** Leaflet explaining charges developed including information on 6 weeks non chargeable service for those qualifying for D2RA

Follow-Up Care

- **Coordinated Follow-Up Visits and tracking** for those in interim and step down beds, to transfer in timely way, maintaining capacity and flow
- Those in step down to be regularly reviewed to ensure that flow is maintained and capacity is not saturated.
- Technology enabled care to be maximised to reduce chance of readmission and promote independence.

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Monitoring, Evaluation and Continuous Improvement

Integrated Dashboard

- Updated daily – barriers addressed without delay
- Tracking discharge data in real time
- Immediate awareness of flow and operational status
- Identification of bottlenecks, delays and operational challenges
- Improved patient outcomes through timely interventions based on data, reducing delays and enhancing patient care quality

Feedback Mechanisms from Patients and Staff

- Quality Assurance Audits on monthly basis including speaking directly to patient or family
- Feedback via commissioned services / provider forums and other ongoing engagement where barriers and opportunities in relation to discharge are discussed
- Informs collective improvement to practice and system flow into services

Adjusting plans based on data and emerging needs

- Responsive and pro-active to escalation / surges in demand
- Dedicated Patient Flow Co-Ordinator responds in real time
- If barriers remain, Team Manager and Service Manager respond same day
- Use of escalating concerns process to maintain quality and support resilience in the provider market

Pathways of Care Transformation Grant

Intervention	Outcome (identify and include links towards key discharge delay groups where applicable)	Proposed Activities	Improvement Measures	Investment Amount
Assessment	**Use of AI** to increase assessment capacity by reducing time taken to complete assessment and facilitate trusted assessor work across external partners.	Magic Notes app to be used to transcribe assessments within all teams. This to be trialled in DGH's to facilitate trusted assessor model where access to or compatibility of record systems are a barrier.	Reduction in numbers awaiting assessment by social care. Reduction of those awaiting Social worker allocation Number of assessments completed by trusted assessor.	£60,000
	Increased **assessment** capacity and timelier allocation for assessment.	Increased Social Work capacity in Hospital Team. This will expand the remit to include community hospitals as well as DGH's increasing the effectiveness of the D2A pathway and availability of 7-day coverage where needed.	Reduction of those awaiting Social worker allocation Reduced number of days delayed Reduction in numbers awaiting assessment by social care.	£140,000
Reablement and Domiciliary Care	Increased **enablement** capacity and further development of new enablement pathway.	Development of additional enablement assessors based within Front Door Team ensuring all people referred progress through enablement ensuring greater focus on independence and unblocking bridging team.	Reduction of those awaiting reablement community care package Increased numbers accessing enablement Decrease in number of hours of support post intervention	£420,000
	Home Support - Early help and prevention to maintain people at home, prevent admissions to hospital and enhanced discharge support to return home. (sure start, SATH?)	Additional Home support area to be delivered. Some of the things Home Support can help with include: • Community care line responders 24/7/365. • Proactive wellbeing checks. • Practical support and assistance. • Assisting carers with their role. • Information, advice and assistance. Falls response. Currently 40% of call outs are in response to a fall. This will increase coverage across the county, provide equipment and training to staff to respond to falls and prevent admissions	Number of admissions prevented. Number of discharges supported. Reduction of those awaiting start of new community care package funded by social care.	£150,000
	Increasing Domiciliary capacity across rural areas to facilitate timelier discharges.	Work with providers to understand barriers to picking up packages in rural areas and develop retainer framework to maintain workforce capacity and secure packages for discharge.	Reduction of those awaiting start of new community care package funded by social care. Increased number of domiciliary care hours provided. Increased number of providers on Dynamic Purchasing system.	£333,915
	Assessing for independence, develop enhanced triage and short-term interventions at the front door which focuses on enablement and independence.	Increased OT capacity to support new therapy led enablement pathway within a new team at Front door.	Reduction of those awaiting reablement community care package Increased numbers accessing enablement Decrease in number of hours of support post intervention	£150,000
	Trusted Assessor - timelier admissions to care homes reducing lengths of stay and days delayed.	Develop Trusted Assessor pathway with external providers. This will be facilitated by a dedicated project officer in partnership with colleagues in PTHB.	Reduction of those awaiting waiting start of new community care package funded by social care Reduced number of days delayed Number of assessments completed.	£55,000
			TOTAL	£1,308,915

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Third Sector

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Third Sector

- **Powys Association of Voluntary Organisations** (PAVO) promote key messages and support co-ordination across the community & voluntary sector through it's Community Wellbeing Team which consists of;
    - **Powys Befriending Service** matches individuals age 50+ to volunteers to help combat loneliness and isolation
    - **Community Connectors** attend Ready 2 Go Home Units, Virtual Ward, MDT, Patient flow and Adult Social Care Screening meetings and work with vulnerable individuals to identify and tailor support to needs, connecting them to third sector support, and raising awareness of wider sector support available with Health & Social Care.
    - **Cancer Community Connector** works with people affected by Cancer, signposting them to local support and services
    - **Social Prescribers** work with individuals aged 50-75yrs to make sustainable, long-term changes to their health & wellbeing.

- **Powys Mental Health Information service** provides advice on accessing third sector mental health support
- **Targeted support** to help people remain independent at home is provided by commissioned and grant funded organisations; British Red Cross, Age Cymru Powys, Credu support for carers, Powys Citizen Advice and Community Transport providers
- **Communication** - sharing messages relating to support and advice e.g. cost of living, befriending, emergency travel advice
- **Engagement** - carried out via PAVO - Older People, Children & Young People, Community Conversations, Locality & thematic Networks - gathering service users and the sector views on local services, influence how they are delivered, and identify issues for escalation where required.
- **Social Value Forum** - collaborates with stakeholders, identifying and address gaps in services, working together on solutions
- **Volunteering** - promotion of opportunities and the benefits of volunteering for individual and the recipient

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Welsh Ambulance Services Trust
Winter Preparedness

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Assessment of Biggest Addressable Challenges

WAST were asked by Welsh Government to identify the biggest addressable challenges for winter as below:

- Key challenge is balance between patient demand and available capacity particularly for 111 and Emergency Medical Services response
- Forecasts and predictive modelling are used to maximise deployment around demand spikes
- Key actions include improving the 111 digital offer and further evolution of the 999 clinical model alongside W45 are key actions



Clinical Model Transformation programme - To improve clinical effectiveness, patient safety and support the wider system by minimising conveyance to EDs, where appropriate and safe – including: Remote Clinical Screening for 999 demand; New Ambulance Performance Framework; Delivery of Phase 2 of Clinical Model – on target for go live on 2 December 2025; Key interdependency with health board pathways notably Single Point of Access

Handover Reduction - Development of W45 handover improvement plans (45 minutes handover waits)

National Falls response – proposal submitted to deliver Falls Framework at scale, funding received for dedicated Falls desk with planned go live 12 November 2025

Respiratory offer – proposal submitted and WAST proceeding with actions to more accurately stream patients including: pathway for patients 0-4 years with breathing problems, feasibility review of digital products, pro-active management pre-crisis, signposting and referral to digital platforms for chronic disease management, respiratory discovery report

SDECs (Same Day Emergency Care) – improved reporting and modelling; will assist in SDEC access and consistency and improvement in handover lost hours

111 Wales Digital offer – testing virtual assistants to move into production and additional modules, developments include Whatsapp integration for virtual agents, web functionality, language expansion; text only channel for 111; clinical reviews of symptom checkers; further plans for dental workflow and prescription reordering

Planned Care Recovery Support – funding secured to deliver transport capacity for additional activity

Communications – delivery of Winter Communications Plan; including new or alternative initiatives

Advanced Paramedic Practitioner Scheduling – APP Scheduling to be turned on in December to increase see and treat and assist in appropriate avoidance of conveyance

Data and modelling – rosters developed based on forecasting and modelling, Quality and Safety monitoring assurance plan for Phase 2 Ambulance Performance Framework, live ODU Dashboard

National Enabling Activity – **Influenza Vaccination Programme** live 1st October 2025

Communication & Co-Ordination

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Communication and Engagement

Communication and Engagement remain critical elements in the delivery of the Winter Plan. However, our approach to communication and engagement planning for winter 2025/26 continues to assume no funding for people, promotion and products and therefore continues to anticipate a low level programme that is realistic to the resources available with a focus on

- Utilisation and amplification of national campaigns and resources e.g. Help Us Help You, NHS 111, winter respiratory vaccination
- Localisation of national messaging to support local access to services e.g. how to access COVID, flu and RSV vaccination in Powys
- Sharing urgent service messages e.g. MIU opening, changes to services in adverse weather

There will also be a specific focus on the implementation of the decisions made by the health board on proposals for temporary changes to MIU opening hours, as well as to the impact of the planned x-ray replacement programme across the county.

Our approach is based on four pillars:

PREVENT
Focusing on preventing avoidable health complications by keeping well this winter.

SUPPORT AND SIGNPOST
Reducing pressures on services by signposting alternative services and sources of information, and helping patients to access the right care in the right place at the right time.

FLOW
Promoting calls to action that support flow (e.g. timely discharge from hospital).

PARTNERSHIP AND SYNDICATION
Sharing messages from key partner organisations including Powys County Council and PAVO that will provide support and advice to Powys residents during the winter (e.g. cost of living, befriending, emergency travel advice).





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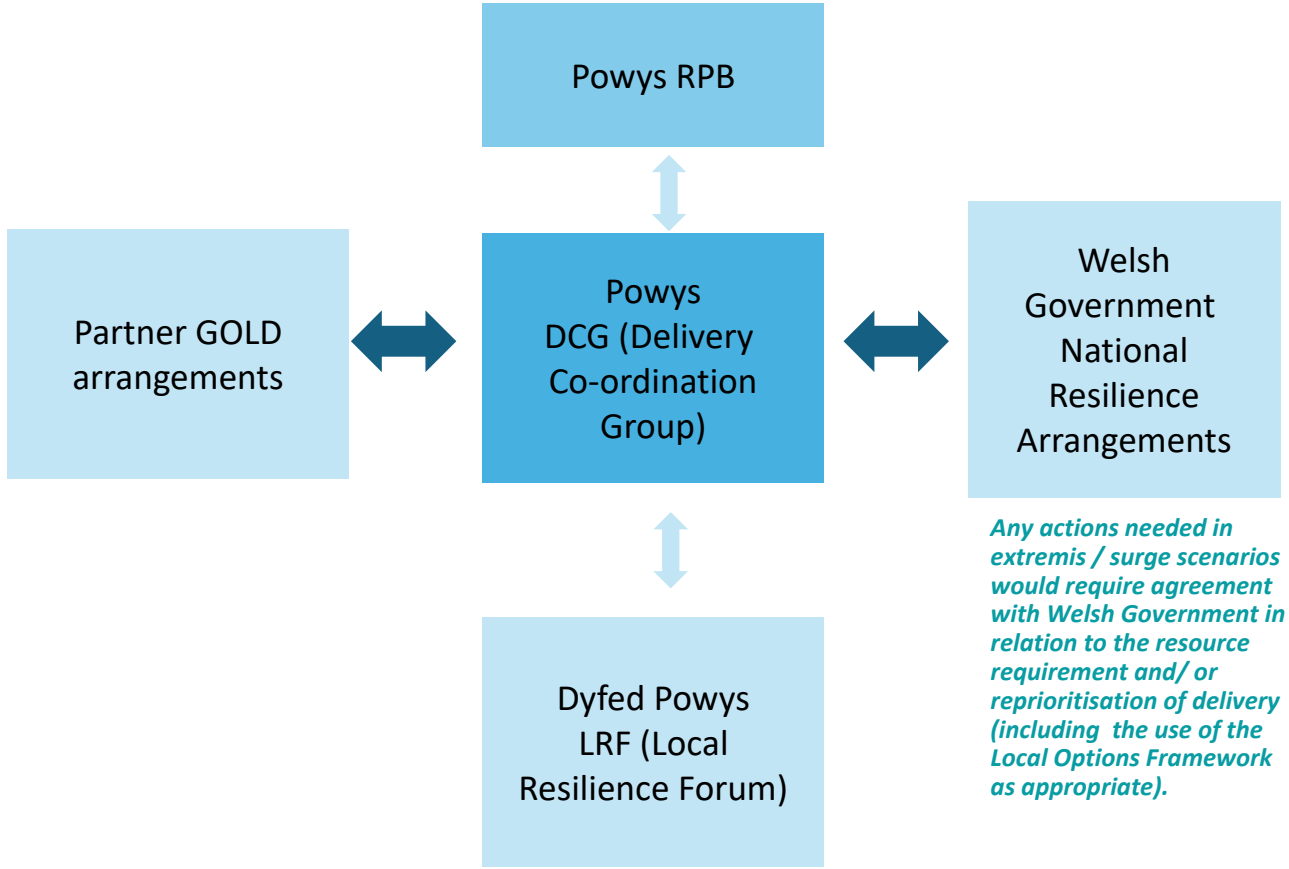
System Surveillance and Co-ordination

Powys Regional Partnership Board: Delivery Co-ordination Group

- The Powys Delivery Coordination Group (DCG) meets to support winter planning arrangements and address current pressures in the system. Core members are: PTHB, Powys County Council and Powys Association of Voluntary Organisations (PAVO).

Wider System Partners

- Welsh Government and NHS Wales Executive
- Welsh Ambulance Service NHS Trust; Welsh Health Boards and other NHS Wales organisations
- Dyfed Powys System Resilience Forum
- NHS England organisations and providers particularly Shropshire, Telford & Wrekin ICS; Wye Valley / Herefordshire & Worcestershire ICS
- Llais are also key stakeholders in relation to public and patient engagement on system responses



Any actions needed in extremis / surge scenarios would require agreement with Welsh Government in relation to the resource requirement and/ or reprioritisation of delivery (including the use of the Local Options Framework as appropriate).

Agenda item: 3.9

BOARD	26 November 2025
Subject:	**Director of Corporate Governance Report**
Approved and presented by:	Helen Bushell, Director of Corporate Governance / Board Secretary
Prepared by:	Director of Corporate Governance / Board Secretary Deputy Board Secretary
Other Committees and meetings considered at:	N/A

PURPOSE:

The paper provides a series of updates to the Board linked to:

- Board activity since the last meeting held on the 24 September 2025 including items considered In-Committee
- Standing Order updates (executive non pay delegations)
- Chair's Actions taken on behalf of the Board.

RECOMMENDATION(S):

The BOARD is asked to:

- **RECEIVE** the Director of Corporate Governance report
- **RATIFY** the three Chair's Action taken since the last meeting of the Board held on the 24 September 2025;
- **RATIFY** the application of the Common Seal applied on one occasion since 26 March 2025 and receive **ASSURANCE** that the action was taken in accordance with Section 9 of the Standing Orders.

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	

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EXECUTIVE SUMMARY:

Board Activity since the last in routine meeting public meeting held on the 24 September 2025.

In-Committee meetings of the Board
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 approved an In-Committee meeting protocol to guide what type of business is considered In-Committee.

The Board have not held any additional In-Committee meetings since the last scheduled meeting on the 24 September 2025. In September, the Boards In-Committee agenda included:

- Chief Executives briefing
- Procurement: Primary Care Out of Hours Contract

Additional In-Public Board meetings
The Board have not held any additional In-Public meetings since the last scheduled meeting on the 24 September 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 a Board Development sessions on the 02 October and 13 November 2025.

Chair's Action
Three Chair's Actions have been undertaken since the last meeting of the Board on the 24 September 2025. The Actions were supported by the Chair, the Chief Executive, Director of Corporate Governance, lead Executive Directors and at least 2 other Independent Members.

The Chair's Actions were approved in line with the requirements of the Health Boards Standing Orders and are summarised as follows:

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Chair's Action	Decision
1	Approval of the to change the approach and timescale to the delivery of the Better Together programme (all phases), recognising stage 3 (public consultation) for phase 1 (adult physical and mental health community model) which will not take place as originally planned from October 2025.
2	Approval of commencement of the procurement process for the General Dental Service (GDS) contract in Knighton
3	Approval of the extension of the Online CBT Platform Contract (SilverCloud) via call off contract.

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 documents have 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
Formalisation of agreement for the electricity substation at Brecon War Memorial Hospital.	Lease to National Grid Electricity Distribution PLC.

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

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Powys Teaching Health Board

Agenda item: 3.9a

BOARD	**Date: 26 NOVEMBER 2025**
Subject:	**Standing Financial Instruction (SFI) Executive Financial Delegations (non-pay expenditure)**
Approved and presented by:	Helen Bushell, Director of Corporate Governance
Prepared by:	Director of Corporate Governance Head of Corporate Governance
Other Committees and meetings considered at:	Audit, Risk and Assurance Committee (07 October 2025) – who endorsed the recommendations to the Board.
Appendices:	N/A

PURPOSE:

This report provides the Board with a series of proposed changes to the Standing Financial Instructions, including Executive financial delegation levels.

RECOMMENDATION(S):

The Board is asked to:

- **DISCUSS** the proposed changes to the Standing Financial Instructions and **APPROVE** the following proposed changes:
  - Executive authorisation levels are increased to £500k for the CEO, £250k for the Director of Finance and to £100k for Executive team
  - A series of administrative updates are applied to the SFIs including executive and other job title changes, Board committee names and external agency names changes where appropriate.
- **NOTE** that the Chief Executive will complete a review of the Executive portfolio scheme of delegation in readiness for the January Board.

Approve/Take Assurance	Discuss	Note
√	x	x

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The SFIs are a core control for all activities across the organisation.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	

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6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

STANDING FINANCIAL INSTRUCTIONS

PTHB if required to have in place a set of Standing Orders (SOs) for the regulation of proceedings and business. The Standing Orders for PTHB and Glossary of Terms, including the Standing Finance Instructions and Scheme of Reservation and Delegation of Powers are available via the attached link:
Board Governance - Powys Teaching Health Board

With regards to non-pay financial approvals, the organisation currently has four key limits in operation for the approval of expenditure. These are as follows:

ORACLE REQUISITIONS	Authority Delegated to
Up to **£10,000**	Nominated Budget holder for specific cost centres
£1,000 to **£25,000**	Assistant Directors
Up to £50,000	Executive Directors
Up to £100,000	Chief Executive

As outlined in the Financial Controls paper presented to the Audit Risk and Assurance Committee, having relatively low values to Assistant Director level at £25k means that the Executive team have sight of all significant purchases or contracts. However, a comparatively low delegation level for Executive Directors means that a high volume of orders require Chief Executive or Chair or Board approval for relatively low values in the context of the organisational turnover.

A review has taken place and changes are recommended to ensure the organisations scheme of delegation is in line with modern day practice and can support the requirements of efficient, effective and appropriately controlled delivery of organisational business.

Comparison with other NHS Health Boards

Following review of a selection of other NHS Wales organisations SFIs, a summary of delegations for Non-Pay expenditure are summarised below:

Organisation	Executive Director authority	DOF Authority	CEO Authority
Hywel Dda	100k	500k	500k
CTM	250k	500k	1m
Cardiff & Vale	250k	500k	1m

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Proposed Change in PTHB Non-Pay Executive Delegation Levels
The following changes are recommended to Non-Pay expenditure authorisation levels within PTHB:

Delegation	Current Authority (PTHB)	Proposed New Authority (PTHB)	Change Summary
Chief Executive	£100k	£500k	Increase from £100k to £500k
Director of Finance	£50k	£250k	Increase from £50k to £250k
Executive Director	£50k	£100k	Increase from £50k to £100k
Deputy/Assistant Directors	£25k	£25k	No change
Nominated budget holders for specific cost centres	£10k	£10k	No change

PTHB is the smallest health board in Wales in terms of population and annual turnover but must operate to the same requriements and performance standards as all health boards. The proposed changes would, in summary:

- Ensure appropriate levels of non pay authority to the most senior staff in the organisation – all other controls remain in place as outlined in the SFIs including procurement rules and organisational controls such as the non pay scrutiny group
- The volume of authorisations currently required by the CEO would be reduced in the region of 40-60 authorisations per month supporting appropriate delegations and efficient processing
- The introduction of a specific Director of Finance authorisation level is in line with other health board delegations
- Delegation level changes are only proposed to the CEO and executive team, retaining appropriate levels of senior officer control
- All other controls remain in place, the changes apply to non pay only, not to other delegation areas as outlined in the SFIs.

The finance team have confirmed that changes to the Oracle finance system can be applied efficiently and effectively.

OTHER SFI PROPOSED CHANGES

During the course of recent months, some administrative changes have been identified by either PTHB staff and/or audit colleagues as follows:

- Executive team job titles need to be updated throughout the document

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- The Head of Financial Services job title needs to be updated to Assistant Director of Finance (Accounting and Services) throughout the document
- Other job titles require update in line with current organisational structure (for example Head of Pharmacy is now Assistant Director Medicines Management)
- Board Committee names require updating (for example Performance and Resources Committee needs to be Finance and Performance Committee)
- Minor administrative changes such as the updating the name of the Joint Commissioning Committee.

NEXT STEPS:

The Chief Executive will complete a review of the Executive portfolio scheme of delegation in readiness for the January Board.

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Model Standing Orders

Reservation and Delegation of Powers

For Local Health Boards

ADOPTED BY POWYS TEACHING HEALTH BOARD – MAY 2024 Revised MARCH 2025

Schedule 1

MODEL SCHEME OF RESERVATION AND DELEGATION OF POWERS

This Schedule forms part of, and shall have effect as if incorporated in the Local Health Board Standing Orders

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MODEL SCHEME OF RESERVATION AND DELEGATION OF POWERS

Introduction

As set out in Standing Order 2, the Board - subject to any directions that may be made by the Welsh Ministers - shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the LHB may be carried out effectively, and in a manner that secures the achievement of the organisation's aims and objectives. The Board may delegate functions to:

i) A Committee, e.g., Quality and Safety Committee;

ii) A sub-Committee, e.g., a locality based Quality and Safety Committee taking forward matters within a defined area. Any such delegation would, subject to the Board's authority, usually be via a main Committee of the Board;

iii) A joint-Committee or joint sub-Committee, e.g., with other LHBs established to take forward matters relating to specialist services; and

iv) Officers of the LHB (who may, subject to the Board's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Board is notified of any matters that may affect the operation and/or reputation of the LHB.

The Board's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Board;
- Scheme of delegation to Committees and others; and
- Scheme of delegation to officers.

all of which form part of the LHB's SOs.

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DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES

The Board will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- Everything is retained by the Board unless it is specifically delegated in accordance with the requirements set out in Standing Orders or Standing Financial Instructions.

- The Board must retain that which it is required to retain (whether by statute or as determined by the Welsh Ministers) as well as that which it considers is essential to enable it to fulfil its role in setting the organisation's direction, equipping the organisation to deliver and ensuring achievement of its aims and objectives through effective performance management

- Any decision made by the Board to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility

- The Board must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development

- The Board must take appropriate action to assure itself that all matters delegated are effectively carried out

- The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes

- Except where explicitly set out, the Board retains the right to decide upon any matter for which it has statutory responsibility, even if that matter has been delegated to others

- The Board may delegate authority to act, but retains overall responsibility and accountability

- When delegating powers, the Board will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.

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HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT

The Board

The Board will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

The Chief Executive

The Chief Executive will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally and which functions will be delegated to other officers. The Board must formally agree this scheme.

In preparing the scheme of delegation to officers, the Chief Executive will take account of:

- The guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles);
- Their personal responsibility and accountability to the Chief Executive, NHS Wales in relation to their role as designated Accountable Officer; and
- Associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in Standing Financial Instructions).

The Chief Executive may re-assume any of the powers they have delegated to others at any time.

The ~~Board Secretary~~Director of Corporate Governance / Board Secretary

The ~~Board Secretary~~Director of Corporate Governance / Board Secretary will support the Board in its handling of reservations and delegations by ensuring that:

- A proposed schedule of matters reserved for decision by the Board is presented to the Board for its formal agreement;
- Effective arrangements are in place for the delegation of LHB functions within the organisation and to others, as appropriate; and
- Arrangements for reservation and delegation are kept under review and presented to the Board for revision, as appropriate.

The Audit, Risk and Assurance Committee

The Audit, Risk and Assurance Committee will provide assurance to the Board of the effectiveness of its arrangements for handling reservations and delegations.

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Individuals to who powers have been delegated

Individuals will be personally responsible for:

- Equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- Exercising any powers delegated to them in a manner that accords with the LHB's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify the Chief Executive or the ~~Board Secretary~~Director of Corporate Governance / Board Secretary of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will be exercised by the individual to whom that officer reports, unless the Board has set out alternative arrangements.

If the Chief Executive is absent their nominated Deputy may exercise those powers delegated to the Chief Executive on their behalf. However, the guiding principles governing delegations will still apply, and so the Board may determine that it will reassume certain powers delegated to the Chief Executive or reallocate powers, e.g. to a Committee or another officer.

SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within the LHB. The Scheme is to be used in conjunction with the system of control and other established procedures within the LHB.

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SCHEDULE OF MATTERS RESERVED TO THE BOARD[1]

THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
1	FULL	GENERAL	Board may determine any matter for which it has statutory or delegated authority in accordance with SOs (except for those decisions delegated to the NHS Wales Joint Commissioning Committee (the JCC)).
2	FULL	GENERAL	The Board must determine any matter that will be reserved to the whole Board. These will be set out within Schedule of Matters Reserved to the Board.
3	FULL	GENERAL	Approve the LHB's Governance Framework
4	FULL	OPERATING ARRANGEMENTS	Approve, vary and amend: ▪ Standing Orders; ▪ Standing Financial Instructions; ▪ Schedule of matters reserved to the LHB; ▪ Scheme of delegation to Committees and others; and ▪ Scheme of delegation to officers. In accordance with any directions set by the Welsh Ministers.
5	FULL	OPERATING ARRANGEMENTS	Ratify any urgent decisions taken by the Chair and the Chief Executive in accordance with Standing Order requirements
6	NO – Audit, Risk &	OPERATING ARRANGEMENTS	Formal consideration of report of ~~Board Secretary~~Director of Corporate Governance / Board Secretary on any non-compliance with Standing Orders, making proposals to

[1] Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Welsh Government requirements.

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	Assurance Committee		the Board on any action to be taken.
7	FULL	OPERATING ARRANGEMENTS	Receive report and proposals regarding any non-compliance with Standing Orders, and where required ratify in public session any action required in response to failure to comply with SOs.
8	FULL	OPERATING ARRANGEMENTS	Authorise use of the LHB's official seal.
9	FULL	OPERATING ARRANGEMENTS	Approve the LHB's Values and Standards of Behaviour framework.
10	NO - Chair on behalf of Joint Committee, Vice-Chair on behalf of Joint Committee if Chair is declaring interest	ORGANISATION STRUCTURE & STAFFING	Require, receive and determine action in response to the declaration of Board members' interests, in accordance with advice received, e.g. From Audit, Risk and Assurance Committee or ~~Board Secretary~~Director of Corporate Governance / Board Secretary
11	FULL	STRATEGY & PLANNING	Determine the LHB's strategic aims, objectives and priorities
12	FULL	STRATEGY & PLANNING	Approve the LHB's key strategies and programmes related to: ▪ Population Health Needs Assessment and Commissioning Plan ▪ The development and delivery of patient and population centred health and care/clinical services ▪ Improving quality and patient safety outcomes ▪ Workforce and Organisational Development ▪ Infrastructure, including IM &T, Estates and Capital (including major capital investment and disposal plans)

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13	FULL	STRATEGY & PLANNING	Approval of Joint Area Plan prepared under the direction of the Regional Partnership Board and in response to the population assessment
14	FULL	STRATEGY & PLANNING	Agreement of Well-being objectives in accordance with the requirements of the Well-being and Future Generations (Wales) Act 2015
15	FULL	STRATEGY & PLANNING	Approval of Well-being Plan prepared and agreed by the Public Service Board
16	FULL	STRATEGY & PLANNING	Approve the LHB's Integrated Medium Term Plan, including the balanced Medium-Term Financial Plan
17	FULL	STRATEGY & PLANNING	Approve the LHB's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure)
18	FULL	OPERATING ARRANGEMENTS	Approve the LHB's framework and strategy for performance management.
19	FULL	STRATEGY & PLANNING	Approve the LHB's framework and strategy for risk and assurance.
20	FULL	OPERATING ARRANGEMENTS	Ratify policies for dealing with raising concerns, complaints and incidents in accordance with the Putting Things Right and health and safety requirements.
21	FULL	OPERATING ARRANGEMENTS	Agree the arrangements for ensuring the adoption of standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the LHB, including standards/ requirements determined by Welsh Government, regulators, professional bodies/others, e.g. National Institute of Health and Care Excellence (NICE)
22	FULL	STRATEGY & PLANNING	Approve the LHB's patient, public, staff, partnership and stakeholder engagement and co-production strategies.
23	FULL	OPERATING ARRANGEMENTS	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Board determines it so

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			based upon its contribution/impact on the achievement of the LHB's aims, objectives and priorities
24	FULL	ORGANISATION STRUCTURE & STAFFING	Appointment of officer members of the Board (Chief Executive and Directors) in accordance with the provisions of the Regulations and in accordance with Ministerial Instructions
25	NO – Remuneration and Terms of Service Committee	ORGANISATION STRUCTURE & STAFFING	Termination of appointment and suspension officer members in accordance with the provisions of the Regulations and in accordance with Ministerial instructions
26	NO – Remuneration and Terms of Service Committee	ORGANISATION STRUCTURE & STAFFING	Consider appraisal of officer members of the Board (Chief Executive and Directors)

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27	NO – Remuneration and Terms of Service Committee	ORGANISATION STRUCTURE & STAFFING	Approve the appointment, appraisal, discipline and dismissal of any other Board level appointments and other senior employees, in accordance with Ministerial Instructions e.g. the ~~Board Secretary~~Director of Corporate Governance / Board Secretary
28	NO – Remuneration and Terms of Service Committee	ORGANISATION STRUCTURE & STAFFING	Consider and approve redundancy and Early Release Applications, noting that where the settlement is £50,000 or above subsequent agreement of Welsh Government is required.
29	FULL	ORGANISATION STRUCTURE & STAFFING	Approve, [arrange the] review, and revise the LHB's top level organisation structure and corporate policies
30	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, [arrange the] review, revise and dismiss LHB Committees, including any joint-Committees directly accountable to the Board
31	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any Committee, joint-Committee or Group set up by the Board
32	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Board on outside bodies and groups
33	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the standing orders and terms of reference and reporting arrangements of all Committees, joint-Committees and groups established by the Board
34	NO – Audit, Risk & Assurance Committee	OPERATING ARRANGEMENTS	Approve arrangements relating to the discharge of the LHB's responsibility as a bailee for patients' property

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35	FULL - except where Chapter 6 specifies appropriate to delegate to a committee, Chief Executive or Officers	OPERATING ARRANGEMENTS	Approve individual compensation payments in line with the provisions of Annex 4 to Chapter 6 of the Welsh Government Manual for Accounts
36	FULL - except where Chapter 6 specifies appropriate to delegate to a committee, Chief Executive or Officers	OPERATING ARRANGEMENTS	Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and officers
37	FULL	OPERATING ARRANGEMENTS	Approve proposals for action on litigation on behalf of the LHB
38	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the arrangements relating to the discharge of the LHB's responsibilities as a corporate trustee of funds held on trust in accordance with the provision of Paragraph 20 of the Standing Financial Instructions.

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39	FULL	STRATEGY & PLANNING	Approve new contracts for the LHB to provide, or to secure provision from providers for Personal Medical; Dental; Pharmacy; Optometry services to some or all of the LHB's population where the value exceeds the delegated limit of the Chief Executive
40	FULL	STRATEGY & PLANNING	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Executive set out in the Standing Financial Instructions
41	FULL	PERFORMANCE & ASSURANCE	Approve the LHB's audit and assurance arrangements
42	FULL	PERFORMANCE & ASSURANCE	Receive reports from the LHB's Executive on progress and performance in the delivery of the LHB's strategic aims, objectives and priorities and approve action required, including improvement plans, as appropriate
43	FULL	PERFORMANCE & ASSURANCE	Receive reports from the LHB's Committees, groups and other internal sources on the LHB's performance and approve action required, including improvement plans, as appropriate
44	FULL	PERFORMANCE & ASSURANCE	Receive reports on the LHB's performance produced by external regulators and inspectors (including, e.g., Audit Wales, HIW, etc) that raise significant issue or concerns impacting on the LHB's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Board Committees (as appropriate)
45	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion of the LHB's Chief Internal Auditor and approve action required, including improvement plans
46	FULL	PERFORMANCE & ASSURANCE	Receive the annual management report from the Auditor General for Wales and approve action required, including improvement plans
47	FULL	PERFORMANCE & ASSURANCE	Receive assurance regarding the LHB's performance against the Health and Care Standards for Wales and the arrangements for approving required action, including improvement plans.
48	FULL	REPORTING	Approve the LHB's Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Welsh Government where required

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49	FULL	REPORTING	Receive, approve and ensure the publication of LHB reports, including its Annual Report and annual financial accounts in accordance with directions and guidance issued

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DELEGATION OF POWERS TO COMMITTEES AND OTHERS[2]

Standing Order 2 provides that the Board may delegate powers to Committees and others. In doing so, the Board has formally determined the composition, terms of reference and reporting requirements in respect of any such Committees, in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

The Board has delegated a range of its powers to the following Committees and others:

- The Audit, Risk and Assurance Committee
- The Patient Experience, Quality and Safety Committee
- The Workforce and Culture Committee
- The ~~Delivery~~ Finance and Performance Committee
- The Planning, Partnerships and Public Health Committee
- The Charitable Funds Committee
- The Executive Committee
- The Remuneration and Terms of Service Committee

Sub-Committees

- The Pharmaceutical Applications Panel (reporting directly to Board)
- The Mental Health Act, Power of Discharge sub-Group (reporting to the Patient Experience, Quality and Safety Committee)

The scope of the powers delegated, together with the requirements set by the Board in relation to the exercise of those powers are as set out in i) Committee terms of reference, and ii) Formal arrangements for the delegation of powers to others (if applicable). Collectively, these documents form the LHB's Scheme of Delegation to Committees.

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[2] As defined in Standing Orders

SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS*

The LHB Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the ~~Director of Finance~~Executive Director of Finance, Capital and Support Services and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions form the basis of the LHB's Scheme of Delegation to Officers.

Scheme of Delegation (May 2024)
Executive Director of Primary Care, Community and Mental Health (previously Executive Director of Operations/ Director of Community & Mental Health)
• Planned care and specialties. • Learning Disability Services • Mental Health Services (including CAMHS) • Palliative Care Services • Rehabilitation Services • Intermediate Care Services • Diabetes Services • Respiratory Conditions Services • Older Peoples Services • Unscheduled Care • Diagnostic Services • Continuing Healthcare and Funded Nursing Care – Strategic and operational application • Meeting of Access Targets / Referral to Treatment Times – Powys provider services • Oversight of the performance of Ambulance Services • Pathways of Care Delays • Medicines Management [in conjunction with the Medical Director – professional] • Site Coordination

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- Primary Care
- Primary Care Out of Hours arrangements, including 111.
- Primary care development including Clusters (with support from CEO)
- Primary Care contractor performance management, including accreditation of enhanced services (with support from Medical Director)
- Removal of violent patients from GMS Services
- Pain Management Services / Powys Living Well service.
- Stroke and Neurological Services
- Responsible Officer- Cottage View

Executive Medical Director

- Professional lead for Medicines Management including Patient Group Directions - written instructions to help supply or administer medicines to patients, usually in planned circumstances.
- Research and Development - Including clinical trials.
- Professional Medical and Dental Workforce: Standards, Education, Regulation and Responsible Officer – Appraisal and Revalidation
- Caldicott Guardian
- Medical Legislation and National Policy
- Medical Leadership and Engagement
- Admission to the performers list
- Blood Safety and Quality
- Human Tissue issues
- Executive lead for Organ Donation
- Clinical Audit
- Resuscitation
- Mortality Review
- Development of and Engagement with Clinical Networks
- Individual Patient Commissioning
- Implementation and compliance with Medical Royal College Standards
- Implementation and compliance with National Institute for Clinical Excellence (NICE) guidelines.

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- Strategic responsibility to Board for Clinical Informatics

Executive Director of Nursing, Quality, Women and Family Health (previously Executive Director of Nursing & Midwifery)

- Professional leadership of Nursing and Midwifery
- Lead Executive for implementation of the Duty of Quality and the Duty of Candour, quality of Health and Care Services, Patient Experience and Satisfaction, including raising Concerns – patients and public (Putting Things Right, NHS Redress), review and addressing of patient safety incidents,
- Infection Prevention and Control
- Decontamination
- Implementation and compliance with Patient Safety Alerts
- Executive lead for children and young people services
- Safeguarding Adults and Children
- (CYSUR & CWMPAS – the Regional Safeguarding Boards)
- Safeguarding, protecting and promoting the health and well-being of children, young people, vulnerable adults and victims of domestic abuse.
- PTHB actively contribute locally, regionally and nationally on a number of Safeguarding agendas including Child Protection, Adult Protection, Looked After Children, VAWDASV and Gender Based Violence, Community Safety Partnership, Youth Offending Board, Deprivation of Liberty Safeguards, MAPPA, Female Genital Mutilation, Modern Day Slavery and Trafficking and Child Sexual Exploitation.
- Deprivation of Liberty Safeguards
- Nutrition and Hydration
- Dementia
- Professional Nursing and Midwifery Workforce: Standards; Education; Regulation; Supervision of Midwives; and NMC Revalidation
- Women and Children's Services including ALN.
- Integration Agenda with Powys County Council in relation to operational delivery: Children
- Nurse Staffing Act Compliance
- Nationally Reportable Incidents and Early Warning Notifications to WG.
- Review and Monitoring of regulation 28 with HM Coroner

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• Responsible for PSOW actions and liaison with PSOW office. • Lead Executive for relationship with HIW
Executive ~~Director of Finance~~Executive Director of Finance, Capital and Support Services, Capital and Support Services (previously Executive ~~Director of Finance~~Executive Director of Finance, Capital and Support Services, IT & Information Services)
• NHS Wales Statutory Financial Duties and requirements • Professional leadership of Finance staff • Financial Planning (Revenue and Capital) • Financial Management, Monitoring and Reporting • Financial Systems and Controls • Provision of Financial Services to Directorates • Procurement including tenders and post tender negotiations. Liaison with Shared Services to enable delivery of robust procurement services. • Counter Fraud including PPV. • Liaison with External Financial Auditors • Charitable Funds Accounting • Health and Care Research Wales financial arrangements including accounts. • Asset Accounting • Preparation of Annual Accounts • Continuing Healthcare and Funded Nursing Care – financial authorisation up to £75k • Strategic oversight Capital and Estates • Facilities and Support Services • Logistics • ~~Facilities and Support Services~~ • Fire Safety • Agile working
Executive Director of Commissioning, Performance & Planning (previously Executive Director of Strategy, Primary Care and Partnerships)
• Commissioning development, monitoring and performance monitoring across the organisation

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- Performance management across the organisation, including the development and implementation of the Improving Performance Framework and integrated reporting.
- Meeting of Access Targets/ Referral to Treatment Times – commissioned services
- Executive lead for commissioning relationship with WHSCC and EASC
- Executive lead for liaison and engagement with third sector
- Executive lead for Planning (strategic and operational), including strategic planning with key partners, and partnership working.
- Executive lead for the organisation's longer-term strategy, including its transition into a clinical service plan.
- Continuous engagement and consultation and liaison with Llais on those matters relating to service change (supported by the Deputy Director of Engagement and Communication).
- Board level lead for service change and public consultation (supported by the Deputy Director of Engagement and Communication).
- Compliance with national guidance on service delivery change - engagement and consultation
- Continuous engagement and consultation and liaison with Llais on those matters relating to service change.
- Executive Lead for the development of the organisation's Integrated Medium Term Plan/Integrated Plan

Executive Director Public Health

- Health Improvement Strategy (as part of overarching health and care strategy)
- Health Needs Assessment
- Public Health Planning
- Public Health Initiatives linked to the NHS Wales Delivery Framework.
- Stop Smoking
- Vaccination and Immunisation
- Flu
- Obesity
- Screening
- Professional Public Health Workforce: Standards; Education; and Regulation
- Outbreak Control
- Public Health Monitoring and Surveillance

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- Provision of Public Health Advice
- Production of Director of Public Health Annual Report
- Executive lead for Armed Forces and Veterans
- Civil Contingency, Emergency Planning, Business Continuity
- Executive lead for Prudent Health and Care
- Executive lead for the Well-being of Future Generations Act
- Strategic lead for co-ordination of RPB/PSB
- Carers

Executive Director of Allied Health Professions Health Sciences and Digital (previously Executive Director of Therapies & Health Science)

- Medical Devices including implementation and compliance with Medical Device safety Alerts.
- Professional Allied Health professionals and Healthcare Sciences and Social Workers: Leadership; Standards; Education; Point of Care Testing; and Regulation and Revalidation
- Data quality and clinical coding
- Delivery of Information management and Technology Strategy and Services
- Provision of Clinical Information Systems - hosting and enabling connectivity. This does not include system administration or management.
- Provision of ICT management systems
- Business Intelligence systems
- Provision of ICT infrastructure and telephony

Executive Director of People and Culture (previously Executive Director Workforce and OD)

- Professional Workforce and Organisational Development Workforce: Standards; Education; and Regulation
- Employment and staff relations
- Workforce Planning
- Workforce Policies and Practices
- Employee Health and Well-being including the provision of Occupational Health Services
- Employee Engagement
- Trade Union partnership arrangements
- Employee Record Management

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- Workforce Information Management Systems
- Values and Standards of Behaviour Framework
- Raising Concerns
- Barring and Disclosure Arrangements
- Equality and Diversity & Human Rights
- Welsh Language provision
- Executive Lead for Violence & Aggression
- Volunteering
- Hosting arrangements – Health and Care Research Wales
- Wellbeing Guardian
- Speaking Up Safely Exec Lead
- Library Services
- Health and Safety

Director of Corporate Governance/ ~~Board Secretary~~Director of Corporate Governance / Board Secretary

- Risk Management
- Board Assurance Framework
- Board and Committee Arrangements and Annual Work Programme
- Board Development Programme
- Production of the Annual Governance Statement and Coordination of the Annual General Meeting
- Compliance with Standing Orders including delivery of the Board governance structure
- Legislation and Legal Services / provision of legal advice
- Use of the Common Seal
- Register of Interests and Gifts and Hospitality
- Policies Management
- Internal and External Audit Liaison
- Public inquiries, including COVID-19
- Board level lead for the Health Board's Charity
- Information Governance
- Records Management Framework

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• Intellectual Property Rights and Commercialisation • Corporate Communications • Corporate Business support to the executive team, Chair, Vice Chair and Independent Members • Professional advice to the Chair, CEO and Board on all matters relating to corporate governance
Director of Strategic Improvement and Transformation (previously Director of Performance & Commissioning)
• Service Improvement • Senior Responsible Officer for North Powys • Transformation & Value

This scheme only relates to matters delegated by the Board to the Chief Executive and their Executive Directors, together with certain other specific matters referred to in Standing Financial Instructions.

Each Executive Director is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.

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SCHEME OF DELEGATION LINKED TO STANDING FINANCIAL INSTRUCTIONS

Introduction

This Schedule of additional delegations identifies those specific areas within Standing Financial Instructions which require additional delegations from the Board, Chief Executive and the ~~Director of Finance~~Executive Director of Finance, Capital and Support Services and other Officers.

This Schedule should not be read in isolation and needs to be used alongside the full set of Standing Financial Instructions at Schedule 3 of Standing Orders.

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1. General Requirements, Overriding Financial Instructions and Financial Provisions and Obligations

Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
1A	LHB's must agree Standing Financial Instructions (SFIs) for the regulation of their financial proceedings and business. They shall have the effect as if incorporated in the Standing Orders (SOs).	1.1.1	Board	~~Board Secretary~~Director of Corporate Governance / Board Secretary working with the ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ to ensure SFIs are in place and agreed by the full Board.
1B	All financial procedures must be approved by the ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~-~~and Audit, Risk and Assurance Committee.	1.1.3	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ Audit, Risk and Assurance Committee	No further delegation
1C	Should any difficulties arise in the interpretation of the any of the SFIs then advice of the ~~Board Secretary~~Director of Corporate Governance /	1.1.4	All Board Members and Officers of the	~~Board Secretary~~Director of Corporate Governance / Board Secretary is

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	Board Secretary and ~~Director of Finance~~Executive Director of Finance, Capital and Support Services should be sought before acting.		health board	responsible for ensuring all Board members are aware of this requirement Executive Directors are responsible for ensuring that their teams are aware of this requirement.

Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
1D	The users of SFIs should also be familiar with the provisions of the health boards SOs.	1.1.5	All Board Members and Officers of the Health Board who use the SFIs	~~Board Secretary~~Director of Corporate Governance / Board Secretary is responsible for ensuring all Board members are aware of this requirement Executive Directors are responsible for ensuring that their teams are aware of this requirement.
1E	Full details of any non-compliance with SFIs and explanation of the reasons for non-compliance to be reported to the ~~Director of Finance~~Executive	1.2.1	All Board Members and Officers of the	~~Board Secretary~~Director of Corporate Governance / Board Secretary is

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	Director of Finance, Capital and Support Services and ~~Board Secretary~~Director of Corporate Governance / Board Secretary.		health board	responsible for ensuring all Board members are aware of this requirement Executive Directors are responsible for ensuring that their teams are aware of this requirement.
1F	~~Director of Finance~~Executive Director of Finance, Capital and Support Services and ~~Board Secretary~~Director of Corporate Governance / Board Secretary to refer any matters of non-compliance to the Audit, Risk and Assurance Committee to formally consider the matter. Audit, Risk and Assurance Committee to make proposals to the Board on any action to be taken.	1.2.1	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~/ ~~Board Secretary~~Director of Corporate Governance / Board Secretary Audit and Assurance Committee	~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services) in the absence of the ~~Director of finance~~Executive Director of Finance, Capital and Support Services and the Head of Corporate governance and Corporate Business in the absence of the ~~Board Secretary~~Director of Corporate Governance / Board Secretary.
1G	The Board as a whole and the Chief Executive in particular, in their role as the Accountable Officer must ensure that the health board meets its statutory obligation to perform its functions within the available financial resources.	1.3.1	Board Chief Executive specifically	No further delegation. Guidance on the responsibility of budget holders is set out later in this document.

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2. Responsibilities and delegation

Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
2A	The Board exercises financial supervision and control by: a) Formulating the Medium Term Financial Plan (MTFP) as part of the Integrated Medium Term Plan (IMTP); b) Requiring the submission and approval of budgets within approved allocations/overall funding c) Defining and approving essential features in respect of important policies and financial systems (including the need to obtain value for money and sustainability); and d) Defining specific responsibilities placed on Board members and LHB officers, and LHB committees and Advisory Groups as indicated in	2.1.1	Board	Coordination and management of the development of the IMTP - ~~Director of Planning and Performance~~Executive Director of Planning, Performance and Commissioning Coordination and development of the MTFP – ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
	the 'Scheme of delegation' document.			
2B	Responsibility for the health board's system of internal control.	2.2.2	Chief Executive	Executive Directors are responsible for ensuring adequate systems of internal control are in place across their areas of responsibility.
2C	It is the duty of the Chief Executive to ensure that Board members, health board officers, and all new appointees are notified of, and put in a position to understand their responsibilities within these SFIs	2.2.3	Chief Executive	~~Board Secretary~~Director of Corporate Governance / Board Secretary and ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ are responsible for ensuring all Board members understand their responsibilities.

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
				Executive Directors are responsible for ensuring that their teams understand their responsibilities.
2D	~~Director of Finance~~Executive Director of Finance, Capital and Support Services is responsible for: a) Implementing the health board's financial policies and for coordinating any corrective action necessary to further these policies; b) Maintaining an effective system of internal financial control including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions; c) Ensuring that sufficient records are maintained to show and explain the health board's transactions, in order to disclose, with reasonable	2.3.1	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services) ~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services) , Financial Business Partners and Management Accountants.

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
	accuracy, the financial position of the health board at any time; and d) Without prejudice to any other functions of the health board, and Board members and health board officers, the duties of the ~~Director of Finance~~Executive Director of Finance, Capital and Support Services include: (i) the provision of financial advice to other Board members and health board officers, and health board committees and Advisory Groups, (ii) the design, implementation and supervision of systems of internal financial control, and (iii) the preparation and maintenance of such accounts, certificates, estimates, records and reports as the health board may require for the purpose of carrying out its statutory duties.			~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services) , Financial Business Partners and Management Accountants. No further delegation
2E	The ~~Director of Finance~~Executive Director of Finance, Capital and Support Services is	2.3.2	~~Director of Finance~~Executiv	~~Head of Financial Services~~Assistant

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
	responsible for ensuring an ongoing training and communication programme is in place to affect these SFIs.		e Director of Finance, Capital and Support Services ~~and IT~~	Director of Finance (Accounting and Services)
2F	All Board members and health board officers, and health board Committees and Advisory Groups, severally and collectively, are responsible for: a) The security of the property of the health board; b) Avoiding loss; c) Exercising economy, efficiency and sustainability in the use of resources; and d) Conforming to the requirements of SOs, SFIs, Financial Procedures and the Scheme of delegation.	2.4.1	All Board members, officers, Committees and Advisory Groups	No further delegation
2G	Any contractor or employee of a contractor who is empowered by the health board to commit the health board to expenditure or who is authorised to obtain income shall be covered by the SFIs. It is the responsibility of the Chief Executive to ensure that such persons are made aware of this.	2.5.1	Chief Executive	Executive Directors are responsible for ensuring this is understood by contractors working in their area.

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3. Audit, Fraud and Corruption, and Security

Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
3A	In accordance with SOs the Board shall formally establish an Audit, Risk and Assurance Committee (or equivalent) with clearly defined terms of reference.	3.1.1	Board	No further delegation. ~~Board Secretary~~Director of Corporate Governance / Board Secretary will support the establishment of the Committee and ensure clear terms of reference are in place.
3B	Audit, Risk and Assurance Committee ~~Committee~~ to follow the guidance set out in the NHS Wales Audit Committee Handbook. *Note: revised guidance has been issued by Treasury since model SFIs issued. Audit and Assurance Committees should follow this guidance.*	3.1.1	Chair of Audit, Risk and Assurance Committee	No further delegation. Chair of Audit, Risk and Assurance Committee to be supported by ~~Board Secretary~~Director of Corporate Governance / Board Secretary.

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
3C	Ensuring there are arrangements in place to review, evaluate and report on the effectiveness of internal financial control, including the establishment of an effective Internal Audit function.	3.2.1 (a)	Chief Executive	~~Board Secretary~~Director of Corporate Governance / Board Secretary
3D	Ensuring that the Internal Audit function meets the NHS mandatory audit standards in accordance with the internal audit manual and provides sufficient independent and objective assurance to the Audit and Assurance Committee and the Accountable Officer.	3.2.1 (b)	Chief Executive supported by ~~Board Secretary~~Director of Corporate Governance / Board Secretary	Shared Services – Director of Audit and Assurance Services Head of Internal Audit
3E	Deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption	3.2.1 (c)	Chief Executive	~~Board Secretary~~Director of Corporate Governance / Board Secretary and ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~
3F	Ensuring that an annual Internal Audit report is prepared for the consideration of the Audit Committee and the Board.	3.2.1 (d)	Chief Executive	Head of Internal Audit

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
3G	The health board's Audit Committee must ensure that a cost effective external audit service is delivered.	3.4.1	Audit and Assurance Committee	No further delegation. ~~Board Secretary~~Director of Corporate Governance / Board Secretary and ~~Director of Finance~~Executive Director of Finance, Capital and Support Services to support the Audit, Risk and Assurance Committee. ~~Board Secretary~~Director of Corporate Governance / Board Secretary to ensure review scheduled in~~-~~to the Committees work programme.
3H	The Auditor General's representative should be invited to attend every Audit Committee.	3.4.2	~~Board Secretary~~Director of Corporate Governance /	Head of Corporate Governance and Corporate Business

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
			Board Secretary	
3I	The Audit, Risk and Assurance Committee should formally consider and review the external auditors audit strategy.	3.4.4	Audit, Risk and Assurance Committee	No further delegation. ~~Board Secretary~~Director of Corporate Governance / Board Secretary to ensure review scheduled in~~-~~to the Committees work programme.
3J	The Audit, Risk and Assurance Committee should consider the annual audit plan prepared by the external auditors and the associated fees. The Audit, Risk and Assurance Committee should consider material changes to the annual audit plan.		Audit, Risk and Assurance Committee	No further delegation. ~~Board Secretary~~Director of Corporate Governance / Board Secretary to ensure review scheduled in~~-~~to the Committees work programme
3K	The health board will provide the Auditor General and his representatives with whatever facilities are necessary to facilities audits, including accommodation and access to IT facilities.	3.4.8	~~Director of Finance~~Executive Director of Finance, Capital and Support	~~Head of financial Services~~Assistant Director of Finance (Accounting and Services)

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
			Services ~~and IT~~	
3L	The Chief Executive and ~~Director of Finance~~Executive Director of Finance, Capital and Support Services shall monitor and ensure compliance with Directions issued by the Welsh Ministers on fraud and corruption.	3.5.1	Chief Executive and ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	No further delegation The ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ will be responsible for regular liaison with Counter Fraud Services
3M	The health board shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist.	3.5.2	Board	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ to put arrangements in place. Audit, Risk and Assurance Committee to review adequacy of arrangements.

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
3N	Local Counter Fraud Specialist to provide a written report to the ~~Director of Finance~~Executive Director of Finance, Capital and Support Services and Audit, Risk and Assurance Committee at least annually, on counter fraud work within the health board	3.5.4	Local Counter Fraud Specialist	No further delegation. ~~Board Secretary~~Director of Corporate Governance / Board Secretary to ensure report scheduled in ~~-~~to the work programme of the Audit, Risk and Assurance Committee.
3O	The health board must participate in the annual National Fraud Initiative.	3.5.5	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	No further delegation
3P	The Audit, Risk and Assurance Committee should consider the health board's participation in additional dataset matching in order to support the detection of fraud across the whole public sector.	3.5.5	Audit, Risk and Assurance Committee	No further delegation ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ to

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
				provide advice to the Committee. ~~Board Secretary~~Director of Corporate Governance / Board Secretary to ensure discussion scheduled in the Committee work programme.
3Q	The health board Chief Executive will monitor and ensure compliance with Directions issued by the Welsh Ministers on NHS security management.	3.6.1	Chief Executive	Director of Primary and Community Care and Mental Health
3R	The Chief Executive has overall responsibility for controlling and co-ordinating security.	3.6.2	Chief Executive	Director of Primary and Community Care and Mental Health

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4. Allocations and Financial Duty

Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
4A	The ~~Director of Finance~~Executive Director of Finance, Capital and Support Services of the LHB will: a) Prior to the start of each financial year submit to the Board for approval a report showing the total allocations received, assumed in-year adjustments and their proposed distribution including any sums to be held in reserve; b) Ensure that any ring-fenced or non-discretionary allocations are disbursed in accordance with Welsh Ministers' requirements; c) Periodically review any assumed in-year allocations to ensure that these are reasonable and realistic; and d) Regularly update the Board on significant changes to the initial allocation and the application of such funds.	4.0.2	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	No further delegation

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
4B	The Chief Executive has overall executive responsibility for the health board's activities and is responsible to the Board for ensuring that it meets its financial duty.	4.0.3	Chief Executive	Executive Directors

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5. Integrated Planning

Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
5A	The Chief Executive will compile and submit to the Board, on an annual basis, the rolling 3 year Integrated Medium Term Plan.	5.1.3	Chief Executive	~~Director of Planning and Performance~~Executive Director of Planning, Performance and Commissioning
5B	The Board approved Integrated Medium Term Plan will be submitted to the Welsh Government in line with the requirements of the Integrated Planning Framework.	5.1.3	Board	Chief Executive on Board's behalf
5C	The Board will: a) Approve the Integrated Medium Term Plan (IMTP) prior to the beginning of the financial year of implementation. b) Approve a balanced Medium Term Financial Plan (MTFP) as part of the Integrated Medium Term Plan, which meets all probity and value for money requirements; and c) Prepare and agree with the Welsh Government a robust and sustainable	5.2.2	Board	~~Performance & Resources Committee~~Finance and Performance Committee will scrutinise the draft IMTP and MTFP and make recommendations to the Board.

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
	recovery plan in accordance with Welsh Ministers' guidance where the LHB plan is not in place or in balance.			

6. Budgetary Control, Delegation and Reporting

Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
6A	Prior to the start of the financial year the ~~Director of Finance~~Executive Director of Finance, Capital and Support Services will, on behalf of the Chief Executive, prepare and submit budgets for approval and delegation by the Board.	6.1.1	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	Assistant ~~Director of Finance~~Executive Director of Finance, Capital and Support Services
6B	Approval and delegation of budgets	6.1.1	Board	No further delegation for Directorate level budgets

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
6Bi	Approval of annual detailed budget for Directorates within budget approved by Board	Local	Executive Directors	No further delegation
6Bii	Delegation of budgets to budget holders including ensuring the appropriate documentation is completed and returned to the Finance Directorate	Local	Executive Directors	No further delegation
6Biii	Authorisation of expenditure above budget	Local	Chief Executive	Reported to Audit, Risk and Assurance Committee
6C	Monitor financial performance against budget and plans and report the current and forecast position on a monthly basis and at every Board meeting. Any significant variances should be reported to LHB members as soon as they come to light and the Board shall be advised on any action to be taken in respect of such variances.	6.1.2	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	No further Delegation *[~~Head of Financial Planning~~Assistant Director of Finance supports preparation]*
6D	All budget holders must provide information as required by the ~~Director of Finance~~Executive Director of Finance, Capital and Support Services to enable budgets to be compiled and managed appropriately.	6.1.3	Budget Holders	No further delegation
6E	All budget holders are required to sign up to their	6.1.4	Budget Holders	Formal sign off required

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
	allocated budgets at the start of the financial year.			at Directorate level only -See Table 6E (1) below
6F	The ~~Director of Finance~~Executive Director of Finance, Capital and Support Services has a responsibility to ensure that appropriate and timely financial information is provided to budget holders and that adequate training is delivered on an on-going basis to assist budget holders managing their budgets successfully.	6.1.5	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services) , Financial Business Partners and Management Accountants.

Table 6E (1)

Delegated Matter	Delegated to:	Agreed by:
Delegation of the management of defined Revenue budgets to budget holders:		
i. Revenue budgets for Clinical Directorates	i. Budget Holders	i. Executive Directors
ii. Revenue budgets for Corporate directorates	ii. Budget Holders	ii. Executive Directors
iii. Reserves	iii. ~~Director of~~	

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	~~Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	

Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
6G	The Chief Executive may delegate, via the ~~Director of Finance~~Executive Director of Finance, Capital and Support Services, the management of a budget to permit the performance of a defined range of activities, including pooled budget arrangements under Regulations made in accordance with Section 33 of the NHS (Wales) Act 2006 (C.42). This delegation must be in writing and be accompanied by a clear definition of: a) The amount of the budget; b) The purpose(s) of each budget heading;	6.2.1	Chief Executive	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ to ensure that the requirements of the delegation as set out in 6.2.1 are met

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	c) Individual or committee responsibilities; d) Arrangements during periods of absence; e) Authority to exercise virement; f) Achievement of planned levels of service; and g) The provision of regular reports.			
6H	Delegation to include the authority to exercise virement and budget transfers	6.2.1	Chief Executive	See Table 6H (1) below
6I	The Chief Executive, ~~Director of Finance~~Executive Director of Finance, Capital and Support Services and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.	6.2.2	Chief Executive	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ Budget Holders
6J	Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive, as advised by the ~~Director of Finance~~Executive Director of Finance, Capital and Support Services.	6.2.4	Chief Executive *[advised by ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~]*	No further delegation

Table 6H (1) -Approval of variation of budgets, including authority to vire

Delegated Authority	Between budget lines	Capital to revenue & *vice versa*
Within a department	Budget manager ~~plus line manager~~	

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Within a directorate; between departments	Executive Director	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ in liaison with Welsh Government
Between directorates	Executive Director of both directorates ~~and Director of Finance~~	
Budget transfers between Reserves and Delegated budgets	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	
Notification of virement to Directorate of Finance to ensure budget updated	Individual authorising the virement	

Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
6K	Devise and maintain systems of budgetary control.	6.3.1	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services)

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
6L	Each Budget Holder is responsible for ensuring that: a) Any likely overspending or reduction of income that cannot be met by virement is not incurred without the prior consent of the Chief Executive subject to the Board's scheme of delegation; b) The amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of virement; c) No permanent employees are appointed without the approval of the Chief Executive other than those provided for within the available resources and workforce establishment as approved by the Board.	6.3.2	Budget Holders	No further delegation
6M	The Chief Executive is responsible for identifying and implementing cost and efficiency improvements and income generation initiatives in accordance with the requirements of the Medium Term Financial Plans.	6.3.3	Chief Executive	Executive Directors

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
6N	All monitoring returns must be supported by a detailed commentary signed by the ~~Director of Finance~~Executive Director of Finance, Capital and Support Services and Chief Executive. This commentary should also highlight and quantify any significant risks with an assessment of the impact and likelihood of these risks maturing.	6.5.2	Chief Executive and ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	No further delegation
6O	All information made available to the Welsh Ministers must be made available to the Board.	6.5.3	Chief Executive and ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	No further delegation

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7. Annual Accounts and Reports

Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
7A	The Board must approve the health board's annual accounts prior to submission to the Welsh Ministers and the Auditor General for Wales in accordance with the annual timetable.	7.0.1	Board	No further delegation The Audit, Risk and Assurance Committee will provide advice and make recommendations.
7B	The Chair and Chief Executive have responsibility for signing the accounts on behalf of the health board. The Chief Executive has responsibility for signing the Annual Governance Statement and the Annual Quality Statement.	7.0.2	Chair and Chief Executive Chief Executive	No further delegation No further delegation
7C	Ensuring that financial reports and returns are prepared in accordance with the accounting policies and guidance determined by the Welsh Ministers and the Treasury and consistent with International Financial Reporting Standards.	7.0.3	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	No further delegation
7D	The health board's audited annual accounts must	7.0.4	Board	No further delegation

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
	be adopted by the Board at a public meeting and made available to the public.			*[~~Board Secretary~~Director of Corporate Governance / Board Secretary responsible for ensuring arrangements for a public meeting are made]*
7E	The health board will publish an annual report, in accordance with guidelines on local accountability, and present it at its Annual General Meeting. The document will comply with the Welsh Government's Manual for Accounts.	7.0.5	Board	~~Board Secretary~~Director of Corporate Governance / Board Secretary to prepare draft for Board consideration.

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8. Shared Services

Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
8A	A Memorandum of Co-operation and a Hosting Agreement must be in place between the health board's and Trusts within Wales setting out the obligations of NHS bodies to participate in the Shared Services Partnership Committee and to take collective responsibility for setting the policy and delivery of the Shared Services to the health service in Wales. The Hosting Agreement will provide the terms upon which Velindre NHS Trust provides the legal framework for the management and provision of Shared Services to the NHS in Wales.	8.0.4	Board	~~Board Secretary~~Director of Corporate Governance / Board Secretary
8B	The health board shall nominate a member of the Board to represent its interests on the Shared Services Committee	Local	Board	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~

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9. Banking arrangements

Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
9A	The ~~Director of Finance~~Executive Director of Finance, Capital and Support Services is responsible for managing the LHB's banking arrangements and for advising the Board on the provision of banking services and operation of accounts. This advice will take into account guidance/ Directions issued from time to time by the Welsh Ministers. Health Board's should consider using the Government Banking Service (GBS) for its banking services unless there is sound reasoning and value for money considerations to justify the use of commercial accounts.	9.1.1	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	No further delegation
9B	Approval of banking arrangements	9.1.2	Board	Audit, Risk and Assurance Committee
9C	The ~~Director of Finance~~Executive Director of Finance, Capital and Support Services is responsible for:	9.2.1	~~Director of Finance~~Executive Director of	~~Head of Financial Services~~Assistant Director of Finance

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	a) Establishing bank accounts; b) Establishing additional commercial accounts where there is sound reasoning and a value for money assessment; c) Establishing separate bank accounts for the LHB's non-exchequer funds; d) Ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made; e) Reporting to the Board all arrangements made with the health board's bankers for accounts to be overdrawn; f) Monitoring compliance with Welsh Ministers' guidance on the level of cleared funds.		Finance, Capital and Support Services ~~and IT~~	(Accounting and Services)
9D	All accounts should be held in the name of the LHB. No officer other than the ~~Director of Finance~~Executive Director of Finance, Capital and Support Services shall open any account in the name of the LHB or for the purposes of furthering LHB activities	9.2.2	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	No further delegation
9E	The ~~Director of Finance~~Executive Director of Finance, Capital and Support Services will prepare detailed instructions on the operation of bank accounts which must include: i. The conditions under which bank accounts is to be operated ii. Those authorised to sign cheques or other orders drawn on the health board accounts	9.3.1	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	i. ~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services) ii. See Table 9E (1)

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				below
9F	The ~~Director of Finance~~Executive Director of Finance, Capital and Support Services must advise the LHB's bankers in writing of the conditions under which each account will be operated.	9.3.2	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	No further delegation
9G	The ~~Director of Finance~~Executive Director of Finance, Capital and Support Services shall approve security procedures for any cheques issued without a hand-written signature	9.3.3	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services)
9H	The ~~Director of Finance~~Executive Director of Finance, Capital and Support Services will review banking arrangements of the health board at regular intervals to ensure they reflect best practice and represent best value for money by periodically seeking competitive tenders for the health board's banking business.	9.4.1	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services)
9J	The results of bank tendering exercises should be reported to Board	9.4..2	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	~~Board Secretary~~Director of Corporate Governance / Board Secretary to ensure that such reports go to the Board.

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Table 9E(1)

Day to day operation of bank accounts: i. maintain list of approved signatories for manual payments ii. approval to authorise automated payments: ▪ accounts payable* ▪ payroll ▪ primary care contractors iii. maintain list of bankline authorisers and users for internet banking transactions	i. ~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services) ii. ~~NHSWSSP~~NHS NWSSP iii ~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services)

***after confirmation from Head of Finance that sufficient funds are available in the bank account**

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10. Income, fees and charges and security of cash, cheques and other negotiable instruments

Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
10A	**Income Systems**. Designing and maintaining procedures to ensure compliance with systems for the proper recording, invoicing, and collection and coding of all monies due. Ensuring that systems are in place for the prompt banking of all monies received. (i) General Offices in Hospitals (ii) Other Locations	10.2.1	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services) (i) Assistant Directors of Community & Mental Health (ii) Heads of Department
10B	Ensuring that systems are in place for the prompt banking of all monies received.	10.2.1	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services)

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
10C	**Fees and Charges**- Approving and regularly reviewing the level of all fees and charges, other than those determined by the Welsh ministers or by statute (*Private patients, overseas visitors, income generation and other related services)*	10.3.1	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	No further delegation
10D	All officers must inform the ~~Director of Finance~~Executive Director of Finance, Capital and Support Services promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.	10.3.2	All Officers of the Health Board	Executive Directors are responsible for ensuring that all their teams are aware of this requirement. Table 10D (1) sets out details of delegations related to fees and charges.
10E	The ~~Director of Finance~~Executive Director of Finance, Capital and Support Services is responsible for the appropriate recovery action on all outstanding debts.	10.4.1	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	Director of Financial Services

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Table 10D(1)

Fees and Charges:	Authority Delegated to
Long Term Agreements with other NHS bodies i. Approval and Signing of Long Term Agreements ii. Variations to the Agreement	i. Annual value up to £1m -~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ Annual value over £1m - Chief Executive ii. Up to £200,000- ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ Over £200,000 – Chief Executive
Service Level Agreements – NHS and Non NHS Agreement to provide services with an annual value: i. up to £50,000 ii. up to £100,000 iii. Over £100,000	i. Executive Directors ii. Relevant Director and ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ iii. Board
Individual NHS patient treatment charges outside of LTAs and SLAs Agreement to provide treatment: i. up to £5,000 ii. over £5,000	i. Assistant Director of Commissioning ii. Executive Medical Director
Private Patients and overseas patients without reciprocal agreements	

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i. pricing policy and price structure ii. payment policy, including use of deposits, income guarantees, arrangements with insurance companies	i. ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ ii. ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~
Commercial sponsorship offers (including funding contributions for staff & non staff costs) Agreement to receive commercial sponsorship or funding: i. up to £1,000 ii. over £1,000	i. Relevant Director and ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ ii. Relevant Director and ~~Director of Finance~~Executive Director of Finance, Capital and Support Services plus Executive Medical Director
Approval of concession arrangements	~~Director of Finance~~Executive Director of Finance, Capital and Support Services
Commercial and non commercial research projects and trials Agreement to receive funding: i. up to £50,000 ii. £50,000 to £100,000 iii. Over £100,000	i. Executive Medical Director ~~ii.~~ Executive Medical Director and ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ ~~iii.~~ii. Executive Committee

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Agreements for non patient care fees and charges (e.g. tenancy agreements rents ,licences) **Agreement to enter into agreements based on total annual income:** i. up to £10,000 ii. Over £10,000			i. Relevant Director and Assistant ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ii. Chief Executive and ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	
Ref	**SFI requirement**	**SFI Ref.**	**Accountability for deliver and compliance with the SFI sits with**	**Related responsibilities delegated to**
10F	**Debt recovery-** (i) Appropriate recovery action on all outstanding debts. (ii) Ensuring the Welsh Ministers' guidance on disputed debt arbitration is strictly adhered to.	10.4.1 10.4.4	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ Chief Executive & ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services) ~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services)

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10G	**Security of cash, cheques and other negotiable instruments-** Approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable, and establishing systems and procedures for handling cash and negotiable securities on behalf of the health board. The provision of adequate facilities and systems for officers whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines.	10.5.1	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services) ~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services)
10H	**Reimbursement of patient monies held on trust** Appropriate procedures and delegations to be put in place.	Local	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services)

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11. Grant funding, procurement and contracts for goods and services

Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
11A	Maintaining detailed policies and procedures for all aspects of grant funding- i.e. awarding of grants	11.1.1	Board *[Chief Executive is ultimately responsible]*	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~
11B	LHBs are responsible for ensuring that appropriate procedures exist in relation to all the grants and funding for which they are accountable. **They are also responsible for ensuring that any grant provided to an entity that engages in economic activity complies with the State aid rules.**	11.3.2	Board *[Chief Executive is ultimately responsible]*	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~
11C	LHBs are required to undertake due diligence checks on all potential delivery organisations to determine the economic and financial viability of any organisation(s) to administer public funds, and the reliability of the organisation(s).	11.3.3	Board *[Chief Executive is ultimately responsible]*	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~
11D	The health board is responsible for ensuring that all third party delivery organisations comply with	11.3.5	Board *[Chief Executive is*	~~Director of Finance~~Executive Director

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	and adhere to the terms and conditions of the Funding Agreement.		*ultimately responsible]*	of Finance, Capital and Support Services ~~and IT~~
11E	The health board shall maintain detailed policies and procedures for all aspects of procurement including tendering and contracting processes.	11.4.1	Board *[Chief Executive is ultimately responsible]*	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~
11F	EU Directives and UK regulations (the Public Contracts Regulations 2006 (2006/5)) exist covering the whole field of procurement, and these Directives set thresholds above which special and demanding procurement protocols and legal requirements apply. All Directors and their staff are responsible for seeing that those Directives are understood and fully implemented.	11.6.2	Executive Directors	Officers of the Health Board
11G	The health board shall adopt a Sustainable Development Strategy consistent with the NHS Wales Sustainable Development Strategy	11.7.1	Board	No further delegation ~~Director of Planning and Performance~~Executive Director of Planning, Performance and Commissioning – to develop on behalf of Board

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11H	The health board shall benchmark its performance in sustainable procurement and produce annual action plans for improvement through its use of the Sustainable Procurement Assessment Framework (SPAF). For all contracts over £25,000, the health board shall take account of social, economic and environmental issues when making procurement decisions using the Sustainable Risk Assessment Template (SRA).	11.7.2	Board Board	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~Director of Finance~~Executive Director of Finance, Capital and Support Services
A11I	To ensure that the LHB is fully compliant with EU Directives, UK Regulations and Welsh Ministers' guidance, the health board shall ensure that it shall have procedures that set out: a) Requirements and exceptions to formal competitive tendering requirements; b) Tendering processes including post tender discussions; c) Requirements and exceptions to obtaining quotations; d) Evaluation and scoring methodologies e) Approval of firms for providing goods and services. All procedures shall reflect the Welsh Ministers' guidance and the LHB's delegation arrangements	11.9.1 11.9.2	Board *[Chief Executive is ultimately responsible]*	~~Director of Finance~~Executive Director of Finance, Capital and Support Services

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	and approval processes.			
11J	General Consent has been granted to LHBs by the Welsh Ministers for individual contracts up to the value of £1 million** in each case with the exception of those contracts specified in SO 11.6.7. All contracts exceeding this delegated limit, all acquisitions and disposals of land of any limit, and the acceptance of gifts of property, must receive the written approval of the Welsh Ministers before being entered into.	11.9.5	Welsh Ministers	No further delegation
11K	**Procurement Thresholds** Minimum thresholds for quotes and competitive tendering arrangements are to be complied with.	11.10	~~Director of Finance~~Executive Director of Finance, Capital and Support Services	All Officers of the Health Board See Table 14(G)1
11L	**Contract Management.** The Chief Executive shall nominate an officer who shall oversee and manage each contract on behalf of the health board so as to ensure that obligations on delivery of business and operational objectives, and achieving value for money, are met	11.12.1	Chief Executive Officer	Executive Directors

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***Current delegated limit for contracts before requiring Ministerial approval is £1m**

12. Contracts for Health Care Services

Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
12A	The Chief Executive is responsible for ensuring the health board enters into suitable Health Care Agreements or individual patient commissioning agreements where appropriate. All agreements must be in accordance with the functions conferred on the LHB by the Welsh Ministers.	12.1.1 12.1.3	Chief Executive	See 12A (1) – 12 A(12) below
12B	The Chief Executive will need to ensure that regular reports are provided to the Board detailing performance and associated financial implications of all Health Care Agreements	12.3	Chief Executive	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ and ~~Director of Planning and Performance~~Executive Director of Planning, Performance and Commissioning ~~Board Secretary~~Director of Corporate Governance /

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				Board Secretary to ensure that such reports are built in to work programmes.

	Agreements for the purchase of services	Authority delegated to
12A (1)	**Long Term Agreements with other NHS bodies** i. Approval and Signing of the Long Term Agreement ii. Variations to the Agreement	i. Annual value up to £1m -~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ Annual value over £1m - Chief Executive ii. Up to £200,000- ~~Director of Finance~~Executive Director of Finance, Capital and Support Services Over £200,000 – Chief Executive
12A (2)	**Service Level Agreements - NHS** Agreement to purchase services with an annual value: i. up to £50,000 ii. upto £100,000 iii. Over £100,000	i. Relevant Executive Director ii. Relevant Executive Director and ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ iii. ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ and Chief Executive Officer

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12A (3)	**Grant funding agreements** Agreement to give a grant with a total value: i. up to £25,000 iii. Over £25,000	i. Relevant Assistant Director and Assistant ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ii. Relevant Executive Director and ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~
12A (4)	**Individual Continuing Healthcare Placements /Packages Authorisation of individual placements/packages following recommendation from the CHC Panel :** i. Annual value up to £~~30~~25,000 ii. Annual value between £~~30~~25,000 and £~~50~~100,000 iii.Annual value up to £~~75~~250,000 iv.Annual value over £500,000 v. Agreement of changes to annual standard rates	i. ~~Chair of CHC Panel~~Assistant Director of Complex Care ii. Executive Director of ~~Nursing and Midwifery~~Primary, Community Care and Mental Health ~~and Director of Finance, Information and IT~~ iii. Deputy Chief Executive iv. Chief Executive iv. Executive Director of ~~Nursing and Midwifery~~Primary, Community Care and Mental Health Services and Director of Community Services~~Director of Finance and IT~~
12A (5)	**NHS Funded Nursing Care (FNC)** i. Authorisation of individual placements/packages following recommendation from a Nurse Assessor ii. Agreement of changes to annual standard rates	i. FNC Co-ordinator ii. Executive Director of Nursing, Quality,

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		Women and Family HealthMidwifery and Director of Community Services Director of Finance and IT
12A (6)	**Individual Patient Commissioning Agreements – NHS Providers and non NHS providers (including European Economic Area applications)** **Authorisation of individual agreements following recommendation from the IPC Panel:** i. Annual value up to £1050,000 ii. Annual value over £1050,000	i. Executive Medical Director ii. Chief Executive or Deputy Chief Executive Director of Finance and IT
12A (7)	**Primary Care Contracts – General Medical Services (excluding enhanced services)** i. Approval and Signing of the GMS contracts with practices ii. Variations to the Agreement iii. Payments under the contracts	i. Executive Director of Primary, and Community Care and Mental Health ii. Executive Director of Primary, and Community Care and Mental Health iii. Delegated to NHSWSSPNHS NWSSP
12A (8)	**Primary Care Contracts – General Medical Services (Enhanced services)** i. Approval and Signing of agreements to provide Enhanced services ii. Variations to the Agreement iii. Payments under the Agreements	i. Executive Director of Primary, and Community Care and Mental Health ii. Executive Director of Primary, and Community Care and Mental Health iii. Delegated to NHSWSSPNHS NWSSP

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12A (9)	**Primary Care Contracts – General Dental Services** i. Approval and Signing of the GDS contracts with practices ii. Amendments to the Agreement iii. Payments under the contracts	i. Executive Director of Primary~~, and~~ Community Care and Mental Health ii. Executive Director of Primary~~, and~~ Community Care and Mental Health iii. Delegated to ~~NHSWSSP~~NHS NWSSP
12A (10)	**Primary Care Contracts – Pharmaceutical Services (including enhanced and advanced services)** i. Payments under the contracts or enhanced service agreements ii. Approval and signing of agreements to provide enhanced services	i. Delegated to NHS NWSS~~W~~P ii. Executive Director of Primary~~, and~~ Community Care and Mental Health
12A (11)	**Primary Care Contracts – General Ophthalmic Services** i. Payments under the contracts or enhanced service agreements ii. Approval and signing of agreements to provide enhanced services	i. Delegated to NHS NWSS~~W~~P ii. Executive Director of Primary~~, and~~ Community Care and Mental Health
12A (12)	**Providing services jointly with Local authorities under Section 32 and 33 of NHS (Wales) Act 2006.** i. Approval and Signing of the pooled budget arrangements ii. Amendments to the Agreement	i. Chief Executive and ~~Director of Finance~~Executive Director of Finance, Capital and Support Services~~ and IT~~ ii. Chief Executive and ~~Director of Finance~~Executive Director of Finance, Capital and Support Services~~ and IT~~

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13. Pay expenditure

Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
13A	In accordance with SOs the Board shall establish a Remuneration and Terms of Service (RaTS) Committee, with clearly defined terms of reference and operating arrangements that specify which posts fall within its area of responsibility.	13.1.2	Board	~~Board Secretary~~Director of Corporate Governance / Board Secretary to ensure Committee in place
13B	The RaTS Committee shall report in writing to the Board the basis for its recommendations. The Board shall use the report as the basis for their decisions, but remain accountable for taking decisions on the remuneration and terms of service of Directors and other senior employees, in accordance with the framework set by the Welsh Ministers. Minutes of the Board's meetings should record such decisions.	13.1.3	RaTS Committee Chair Board Chair supported by ~~Board Secretary~~Director of Corporate Governance / Board Secretary	~~Board Secretary~~Director of Corporate Governance / Board Secretary to ensure reports form the Committee go to the Board No further delegation No further delegation

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
13C	The Board will after due consideration and amendment if appropriate approve proposals presented by the Chief Executive for the setting of remuneration and terms of service for the setting of remuneration and terms of service for those employees and officers not covered by the Committee.	13.1.4	Board	~~W&OD~~People and Culture Committee
13D	The workforce plans incorporated within the approved Integrated Medium Term Plan will form the funded establishment, i.e., the budget for all approved posts.	13.2.1	Board to approve	~~Director of Workforce and OD~~Executive Director of People and Culture to coordinate All Executive Directors to contribute
13E	The funded establishment of any department may not be varied without the approval of the Chief Executive or an officer with delegated authority.	13.2.2	Chief Executive	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~
13F	No Board member or health board official may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration outside the limit of their approved budget and funded establishment unless authorised to do so by the Chief Executive.	13.3.1	Chief Executive	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~

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	New Appointments, Bank and agency costs	Delegated Approval / Sign Off by:
B1	Employment of all fixed term and permanent staff – except medical consultants	VR form signed by relevant Executive Director and ~~Director of Finance~~Executive Director of Finance, Capital and Support Services
B2	Employment of fixed term and permanent staff (subject to any vacancy review policy in place)- Medical consultants only	VR form signed by Medical Director and ~~Director of Finance~~Executive Director of Finance, Capital and Support Services
B3	Nursing bank and On contract agency	Ward Manager
B4	Nursing agency Off contract	Assistant Directors of Community & Mental Health
B5	Medical agency - On Contract - Off Contract	Assistant Directors of Community & Mental Health Executive Medical Director
B6	Engage non-medical, non-payroll staff (subject to contracting and tax assurance rules):	Executive Director of ~~W&OD~~People and Culture and ~~Director of Finance~~Executive Director of Finance, Capital and Support Services to confirm agreement on off contract hires prior to any commitment**.**
	- Below **£25k** gross commitment	Assistant Directors of Community & Mental Health
	- up to £~~50k~~ 100k gross commitment	Executive Directors

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	- **Up to £250 k gross commitment**	Deputy Chief Executive (currently Executive Director Finance, Capital and Support Services)
	- > £500k gross commitment	Chief Executive

Note: Urgent Out of Hours request to be approved by the Executive Director on call

Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
13G	Procedures to be presented by the Chief Executive for Board approval for the determination of commencing pay rates, condition of service, etc. for employees in accordance with pay, terms and conditions set out in Agenda for Change and other pay review bodies	13.3.2	Chief Executive	Executive Director of ~~Workforce & OD~~People and Culture
13H	The Executive Director of People and Culture~~Workforce and Organisational Development~~ is responsibility for: a) Securing the provision of an efficient, value for money payroll service; b) Specifying timetables for submission of properly authorised time records and other notifications; c) The final determination of pay and allowances including verification that the rate of pay and relevant	13.4.1	Executive Director of ~~Workforce & OD~~People and Culture	No further delegation

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
	conditions of service are in accordance with current agreements; d) Agreeing the timing and method of payment with the payroll service; e) Authorising the release of payroll data where in accordance with the provisions of the Data Protection Act 1998 (C.29); f) Verification and documentation of data; g) The timetable for receipt and preparation of payroll data and the payment of employees and allowances; h) Maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay; i) Security and confidentiality of payroll information; j) Checks to be applied to completed payroll before and after payment; k) A system to ensure the recovery from those leaving the employment of the LHB of sums of money and property due by them to the LHB.			

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
13I	The Chief Executive is responsible for: i Ensuring that any shared or hosted service arrangement is supported by appropriate contract terms and conditions, adequate internal controls and audit review procedures; ii) Ensuring a sound system of internal control and audit review of any internally provided payroll service; iii) Maintenance and/or the authorisation of regular and independent reconciliation of pay control accounts.	13.4.2	Chief Executive	(i) ~~Board Secretary~~Director of Corporate Governance / Board Secretary (iii) ~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services) (iii) ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~
13J	Appropriately nominated managers have delegated responsibility for: a) Submitting time records, and other notifications in accordance with agreed timetables; b) Completing time records and other notifications in accordance with the contract of Service Level Agreements; and	13.4.3	Line Managers	See Table **13J (1 to 11) below**

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
	c) Submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfil obligations in circumstances that suggest they have left without notice, the Executive Director of ~~Workforce and Organisational Development~~People and Culture and/or Chief Executive must be informed immediately. In circumstances where fraud is suspected, this must be reported to the ~~Director of Finance~~Executive Director of Finance, Capital and Support Services.			

	General Payroll Approvals	Delegated to:
13J1	Grant additional increments to staff (outside of national T&C)	~~Director of Workforce and OD~~Executive Director of People and Culture Noted at Remuneration Committee

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13J2	Electronic and paper timesheets and other reporting forms to confirm: ○ Non-attendance at work; ○ sickness and absence records; ○ overtime, unsocial hours and on call.	Line Managers (as determined by Executive Director or equivalent)
13J3	Travel and subsistence claims (via e-expenses)	Line Manager
13J4	Annual leave applications	Line Manager
13J5	Applications for carry forward of annual leave to next year within A4C limits/Medical & Dental Handbook	Assistant Directors
13J6	Annual leave carry forward to next year in excess of A4C limits	Executive Directors
13J7	Buying additional annual leave	Assistant Directors
13J8	Study leave applications	Line Manager
13J9	Salary Sacrifice Scheme applications	Assistant ~~Director of Workforce and OD~~Director of People and Culture
13J 10	Specific benefits in kind i. Lease cars ii. Authorised phone user, remote access	Executive Directors
13J 11	Termination Forms	~~Locality General Managers or Assistant Directors~~ Executive Directors

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
13K	Ensuring that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation; and dealing with variations to, or termination of, contracts of employment (i) Non-medical posts advertised on NHS Jobs (ii) Non-medical posts not advertised via NHS Jobs (iii) Medical posts (wherever advertised)	13.5.1	Executive Director of ~~Workforce & OD~~People and Culture	(i) NHS NWSSP (ii) & (iii) no delegation

Approve departure under compromise agreement (VERs) ○ Up to £50k ○ Above £50k	i. All applications to be approved by Executive Director People and Culture and ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~. ii. All applications also need to be approved by the Remuneration and Terms of Service Committee iii. Any VER payments over £50k also need to be approved by WG.
Approve redundancy	i. Remuneration and Terms of Service Committee (subject to any Welsh Government approval mechanisms)

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Approve departure under compromise agreement (other than VERs)	Relevant Executive Director and Director of ~~W&OD~~People and Culture* (subject to any Welsh Government approval mechanisms)

Note: Any agreements that are deemed contentious to be referred to Remuneration and Terms of Service Committee

14. Non Pay expenditure

Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
14A	The CEO will approve the level of non pay expenditure and operational scheme of delegation and authorisation to budget holders and managers within the parameters set out in the health board's scheme of delegation	14.1	Chief Executive	See Below for Oracle and non Oracle requisitions

Note: All Financial Limits shown below are exclusive of VAT

ORACLE REQUISITIONS	Authority Delegated to
Up to **£10,000**	Nominated Budget holder for specific cost centres
~~£1,000~~ Up to **£25,000**	Deputy/Assistant Directors
Up to £~~50~~100,000	Executive Directors

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Up to £250,000	Deputy Chief Executive (currently Executive Executive Director of Finance, Capital and Support Services, Capital and Support Services)
Up to £~~100~~500,000	Chief Executive

Expenditure commitments made outside of the ORACLE requisition process		**Authority Delegated to**
Contracts for HealthCare Services	See Section 12	See Section 12
Pharmacy drugs ordered via Pharmacy system	i. Up to £50,000 ii. Up to £25,000	i. Executive Medical Director ~~ii. Head of Pharmacy and R&D~~ ~~iii.~~ii. Chief Pharmacist
Pension Agency Invoices (Injury Benefit/Compensation)	i. > £100,000 ii. < £100,000	iii. ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ iv. ~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services)
Legal Claims and Defence costs	i. >£50,000 ii. <£50,000 iii. <£25,000	i. Chief Executive ii. Executive Director of Nursing, Quality, Women and Family Health

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		~~and Midwifery~~ iii. Assistant Director Quality and Safety
Legal Advice Requests	~~Board Secretary~~Director of Corporate Governance / Board Secretary	Relevant Executive Director in absence of ~~Board Secretary~~Director of Corporate Governance / Board Secretary

Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
14B	The Chief Executive will approve the level of non-pay expenditure and the operational scheme of delegation and authorisation to budget holders and managers within the parameters set out in the health board's scheme of delegation.	14.1.1	Chief Executive	No further delegation *[~~Director of Finance~~Executive Director of Finance, Capital and Support Services to provide advice and support]*
14C	The Chief Executive will set out in the operational scheme of delegation and authorisation: a) The list of managers who are authorised to place requisitions for the supply of goods and services; and b) The maximum level of each requisition and the system for authorisation above that level	14.1.2	Chief Executive	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ ~~Head of Financial Services~~Assistant Director of Finance (Accounting

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
				and Services)
14D	The ~~Director of Finance~~Executive Director of Finance, Capital and Support Services is responsible for ensuring that the authorisation processes within any automated procurement systems is through the provision of electronic "signatures" authorised in accordance with the access and authority controls as set out in the operational scheme of delegation and authorisation.	14.1.3	~~Director of Finance~~Executive Director of Finance, Capital and Support Services	~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services)
14E	The Chief Executive shall set out procedures on the seeking of professional advice regarding the supply of goods and services.	14.1.4	Chief Executive	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~
14F	The budget manager in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the health board by asking the procurement to undertake quotation / tendering exercises on their behalf. In so doing, the health board's approved supply contract / catalogue shall be used. Where a required item is not included within the catalogue, advice	14.2.1	Budget Managers	All individuals authorised to requisition items

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
	must be sought from the health's procurement advisor. All orders for goods and services must be accompanied by an official order number, available from the Procurement Department. In no circumstances must a requisition number be used as an order number.			
14G	Advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in SOs and SFIs and regularly reviewed; Preparation of instructions and guidance for obtaining goods and services Ensure system of verification is in place Ensure system of certification of receipt of goods and services is in place	14.3.1	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ ~~Director of Finance~~Executive Director of Finance, Capital and Support	See Table 14 G(1) below Procurement ~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services)

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
			Services ~~and IT~~ ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services)
14H	Be responsible for ensuring compliance with the Public Sector Payment policy ensuring that a minimum of 95 percent of creditors are paid within 30 days of receipt of goods or a valid invoice	14.3.1	~~Director of Finance~~Executive Director of Finance, Capital	~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services)

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
	(whichever is later) unless other payment terms have been agreed.		and Support Services ~~and IT~~	
14I	Ensure prepayments are only permitted where either: ▪ The financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to Net Present Value (NPV) using the National Loans Fund (NLF) rate plus 2%); ▪ It is the industry norm e.g. courses and conferences; ▪ · There is specific Welsh Ministers' approval to do so e.g. voluntary services compact.	14.4.1	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	Executive Directors
14J	Ensuring robust procedures are in place for dealing with **exceptional** circumstances prepayments can be made subject to: a) The appropriate Executive Director must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the LHB if the supplier is at some time during the course of the prepayment agreement unable to meet their commitments;	14.4.2	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	Executive Directors

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
	b) The ~~Director of Finance~~Executive Director of Finance, Capital and Support Services will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the EU public procurement rules where the contract is above a stipulated financial threshold);			
14K	The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Chief Executive if problems are encountered.	14.4.2	Budget Holders	No further delegation
14L	Compliance with the requirements set out in SFI 14.6.1	14.6.1	Budget Holders	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~Executive to put arrangements to ensure compliance Executive Directors to ensure all budget holders within their Directorate

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
				are aware of the requirements
14M	**Petty cash** ▪ Purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ▪ Petty cash records are maintained in a form as determined by the ~~Director of Finance~~Executive Director of Finance, Capital and Support Services	14.6.1	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services) ~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services)
	Approve petty cash expenditure i. up to £20 per transaction ii. over £20 up to £100 per transaction	i. Budget Manager ii. Executive Director or ~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services)		

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
14N	The Chief Executive and ~~Director of Finance~~Executive Director of Finance, Capital and Support Services shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance issued by the Welsh Ministers. The technical audit of these contracts shall be the responsibility of the relevant Director.	14.6.2	Chief Executive ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ ~~Director of Planning and Performance~~Executive Director of Planning, Performance and Commissioning	No further delegation No further delegation

Table 14 G(1)

Value1	Minimum Competition2	Lead	Waivers, or exceptions to tender

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			rules
Up to £5,000	Best value to be shown	Budget owners	-
£5,000 to £24,999	3 quotations	Procurement Services	Head of Procurement or ~~Director of Finance~~Executive Director of Finance, Capital and Support Services or CEO
£25,000 to OJEU threshold for supplies and services3 **£25,000** to **£1m** for works	**4 tenders**	Procurement Services	Single Tender Action Authorised by CEO
Above OJEU threshold for supplies and services3 to **£1m**	**5 tenders**	Procurement Services	Single tender action prohibited
Above OJEU threshold for works4	**Procured via Designed for Life: Building for Wales**	Procurement Services	Single tender action prohibited
Over **£1m (other than D4L)**	**WG approval required**	Procurement Services	-

1 Total value excluding VAT.
2 Subject to existence of suitable suppliers
3 Threshold from January 2014 for Supply and Services is £111,676
4 Threshold from January 2014 for works is £4,322,012

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15. Capital investment, fixed asset registers and security of assets

Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
15A	(i) ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans (ii) management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost (iii) ensure that any capital investment above the Welsh Ministers' delegated limit is not undertaken without approval of the Welsh Ministers and that confirmation of capital resources has been received; (iv) ensure that an annual capital programme is adopted by the Board prior to the commencement of the financial year (v) ensure the availability of resources to finance all revenue consequences of the investment,	15.1.1	Chief Executive	(i) to (iv) Associate Director of ~~Environment~~Capital, Estates and Facilities (v) ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ (vi) Associate Director of ~~Environment~~Capital, Estates and Facilities

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	including capital charges (vi) ensure that any 3rd party use of NHS estate is properly controlled, reimbursed and reported			
15B	For every capital expenditure proposal the Chief Executive shall ensure: a) That a business case is produced in line with Welsh Ministers' guidance and where appropriate the 5-case Model; b) That the ~~Director of Finance~~Executive Director of Finance, Capital and Support Services has certified professionally to the costs and revenue consequences detailed in the business case and involved appropriate LHB personnel and external agencies in the process.	15.1.2	Chief Executive	~~Board Secretary~~Director of Corporate Governance / Board Secretary to undertake relevant checks
15C	For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management in accordance with the Welsh Ministers' guidance.	15.1.3	Chief Executive	Associate Director of ~~Environment~~Capital, Estates and Facilities and ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~Executive

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15D	The ~~Director of Finance~~Executive Director of Finance, Capital and Support Services shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.	15.1.4	~~Director of Finance~~Executive Director of Finance, Capital and Support Services	~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services)
15E	The Chief Executive shall issue to the manager responsible for any scheme: a) Specific authority to commit expenditure; b) Authority to proceed to tender; c) Approval to accept a successful tender.	15.1.6	Chief Executive *[with advice from ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~]*	No further delegation
15F	The Chief Executive will issue a scheme of delegation for capital investment management in accordance with the Welsh Ministers' guidance and the health board's SOs.	15.1.7	Chief Executive *[with advice from ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~]*	See below

Capital Schemes funded by Discretionary Allocation

~~Discretionary Capital Programme Approvals~~		~~Gross Expenditure on Whole Project~~		
~~Approval / Sign~~	~~Initial Annual~~	~~New Approvals~~	~~Scheme over~~	~~Schemes over~~

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~~Off by:~~	~~Discretionary Programme~~	~~Schemes under £500k~~	~~£500K to £1m~~	~~£1m*~~
~~Executive Committee~~		~~Agree project mandate and priority~~		
~~Executive Director~~	~~Sign Statement of Need (SON)~~	~~Sign Statement of Need (SON)~~	~~Sign Statement of Need (SON) and BJC~~	~~Sign BJC~~
~~Director of Finance~~	~~Review and agreement~~	~~Review and agreement~~	~~Review and agreement~~	~~Review and agreement~~
~~Innovative Environments Group~~	~~Recommend~~	~~Approve~~	~~Recommend~~	~~Recommend~~
~~Performance & Resources Committee~~	~~Approve~~	~~Note~~	~~Recommend~~	~~Recommend~~
~~Health Board~~	~~Ratify~~	~~Note quarterly~~	~~Approve~~	~~Approve submission to WG~~

Discretionary Capital Programme Approvals	
Scrutiny/ Approval / Sign Off by:	**Initial Annual Discretionary Programme**
Capital Control Group/ Medical Devices Committee	Review and recommend: initial annual discretionary programme pipeline
Associate Director of Capital, Estates and Facilities	Review and recommend
Executive Director of Finance, Capital and Support Services	N/a
Deputy CEO	Review and ~~agreement~~recommend
CEO	N/a

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~~Chair~~	~~N/a~~
Innovative Environments Group (IEG)	Recommend
Finance and Performance Committee	Approve
Health Board	Ratify

Gross Expenditure on Whole Project					
New Approvals Schemes under £25,000	**Schemes between £25,000-£10~~5~~0,000**	**Schemes between £~~5~~0100,000-£250, 000**	**Schemes between £250, 000-£500,000**	**Schemes between £500,000-£1,000,000**	**Schemes over £1,000,000 on a case by case basis**
Review and recommend: Project Request Form/ Outline Approval form	Review and recommend: Project Request Form/ Outline Approval form	Review and recommend: Project Request Form/ Outline Approval form	Review and recommend: Project Request Form/ Outline Approval form	Review and recommend: outline approval form/ Mini Business Case / BJC/ PBC dependent of complexity of proposal	Review and recommend: BJC/PBC/ 5 Case Business Model following WG requirements
Approve	Review and ~~agreement~~recommend	Review and ~~agreement~~recommend	Review and ~~agreement~~recommend	Review and ~~agreement~~recommend	Review and ~~agreement~~recommend
N/a	Approve	N/a	N/a	N/a	N/a
Note	~~Approve~~	Approve	Review and ~~agreement~~recom	Review and ~~agreement~~recomm	Review and ~~agreement~~recomm

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			mend	end	end
N/a	N/a	N/a	Approve	~~Approve~~N/a	N/a
~~N/a~~	~~N/a~~	~~N/a~~	~~N/a~~	~~Approve~~	~~N/a~~
Note	Note	Note	Note	Recommend	Recommend
Note	Note	Note	Note	Recommend	Recommend
Note quarterly	Note quarterly	Note quarterly	Note quarterly	~~Note quarterly~~Approve	Approve for submission to WG

**** Capital Schemes funded by Welsh Government***

Scheme under £1m	Scheme over £1m
Executive Team considers overall priorities and project mandates	
Scoping document submitted to WG followed by a scoping meeting with WG to jointly sign off	Scoping document submitted to WG followed by a scoping meeting with WG to jointly sign off
Business Justification Template signed off by Executive Director	Strategic Outline Case signed off by Innovative Environments ~~Improvement Board~~Group~~ ~~, Strategy & Planning Committee and Board
Innovative Environments Group Discussion and recommendation	Outline Business Case signed off by ~~Strategy & Planning~~Finance and Performance Committee and Board
Full Business Case signed off by ~~Strategy & Planning~~ Finance and Performance Committee and Board	Full Business Case signed off by ~~Strategy & Planning~~Finance and Performance Committee and Board
Submission to WG for approval	**Final approval required from WG at**

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	each stage of Business Case process

Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
15G	The ~~Director of Finance~~Executive Director of Finance, Capital and Support Services shall issue procedures governing the financial management, including variations to contract of capital investment projects and valuation for accounting purposes	15.1.8	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	See Table 15G(1) below
15H	Approval for any new capital financing arrangements with the private sector, including Private Financing Initiatives and third party Developments, without the consent of the Welsh Ministers.	15.2.1	Welsh Ministers	No further delegation

Table 15G(1)

Capital orders and payment authorisation

Delegated authority	Variations to Discretionary Schemes	Variations to Capital Schemes funded by WG (within Approved Sum)	Financial monitoring and reporting responsibility	Enter lease arrangement (all types) total value

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Up to £25k	Associate Director of Capital ~~&~~ Estates and Facilities (and reported to IEG)	Associate Director of Capital~~,~~ ~~&~~ Estates and Facilities	Associate Director of Capital~~,~~ ~~&~~ Estates and Facilities and ~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services)	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~
Up to £50k	Associate Director of Capital~~,~~ ~~&~~ Estates and Facilities (and reported at IEG)	Associate Director of Capital~~,~~ ~~&~~ Estates and Facilities	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	
Up to £100k	~~Chief Executive~~ Executive Director of Finance, Capital and Support services through IEG	~~CEO and Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	~~CEO and Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	
Up to £250k	Deputy Chief Executive	Deputy Chief Executive and Director of Finance, Capital and Support Services		
Up to £500k	Chief Executive	Chief Executive and Director of Finance, Capital and Support Services		
Over £5~~1~~00k	~~Performance & Resources Committee~~Finance and Performance Committee All changes over	Associate Director of Capital. ~~&~~ Estates and Facilities and CEO/ Deputy CEO All changes over £5~~1~~00k also need to be reported to IEG and ~~Performance & Resources Committee~~Finance and Performance Committee		

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	£5~~1~~00k also need to be reported to Board	

Any variations to Capital Schemes funded by WG that exceed the approved sum require further approval from WG

If further approval and funding is not provided by WG, the variations needs to be discussed at ~~ECMG~~ Executive Committee and Capital ~~Programme Board~~Control Group

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
15I	The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the ~~Director of Finance~~Executive Director of Finance, Capital and Support Services concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted periodically Each LHB shall maintain an asset register recording fixed assets. The minimum data set to be held within these registers shall be in accordance with the Welsh Ministers' guidance. Additions to the fixed asset register must be clearly identified to the delegated budget holder and be validated by reference to appropriate documentation	15.3.1 – 15.3.3	Chief Executive	~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services)
15J	The ~~Director of Finance~~Executive Director of Finance, Capital and Support Services shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.	15.3.5	~~Director of Finance~~Executive Director of Finance, Capital and Support	~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services)

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			Services ~~and IT~~	
15K	The overall control of fixed assets is the responsibility of the Chief Executive.	15.4.1	Chief Executive	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ to put control procedures in place
15L	All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the ~~Director of Finance~~Executive Director of Finance, Capital and Support Services.	15.4.3	Executive Directors	Officers of health board
15M	Approval of routine security practices in relation to NHS property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with agreed procedures.	15.4.4	Board All officers of health board	No further delegation

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16. Stores and receipt of goods

Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
16A	i) overall responsibility for the control of stores shall be delegated to a senior officer by the Chief Executive. (ii) The control of any Pharmaceutical stocks shall be the responsibility of a designated Pharmaceutical Manager (iii) the control of any fuel oil ~~and coal~~ of a designated estates manage.	16.2.1	Chief Executive	To be confirmed ~~Head of Pharmacy and R&D~~Chief Pharmacist ~~Head of Facilities~~ Associate Director of Capital, Estates and Facilities
16B	The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated manager/Pharmaceutical Manager. Wherever practicable, stocks should be marked as health service property.	16.2.2	Director of Primary and Community care and Mental Health	To be confirmed

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16C	Stock taking arrangements shall be agreed with the ~~Director of Finance~~Executive Director of Finance, Capital and Support Services and there shall be a physical check covering all items in store at least once a year Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the ~~Director of Finance~~Executive Director of Finance, Capital and Support Services	16.2.4 16.2.5	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services) ~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services)
16D	For goods supplied via NHS Wales Shared Services Partnership – Procurement Services (NWSSP-PS) or any other NHS purchasing and supplies agency central warehouses, the Chief Executive shall identify those authorised to requisition and accept goods from the store. The authorised person shall check receipt against the delivery note before forwarding this to the ~~Director of Finance~~Executive Director of Finance, Capital and Support Services or authorised officer who shall satisfy himself that the goods have been received before accepting the recharge.	16.3.1	Chief Executive To be confirmed	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~

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17. Disposals and condemnations, losses and special payments

Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
17A	**Disposals and condemnations** a. Prepare detailed procedures for the disposal of assets, including condemnations, and ensure that these are notified to managers. b. All unserviceable articles shall be condemned or otherwise disposed of by an officer authorised for that purpose by the ~~Director of Finance~~Executive Director of Finance, Capital and Support Services.	17.1	~~Director of Finance~~Executive Director of Finance, Capital and Support Services	a. ~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services) b. Following advice from appropriate heads of service (eg. Clinical engineering, ~~IM&T~~Digital, Estates etc.) items with original value obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively may be

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				condemned or otherwise disposed of in accordance with the delegations set out in Table 17A(1)

Table 17 A (1)

with current/estimated purchase price <£499	Budget Manager
with current purchase new price >£500	Relevant Executive Director
with current purchase new price > £5000	~~Director of Finance~~Executive Director of Finance, Capital and Support Services
Disposal of mechanical and engineering plant (subject to estimated income exceeding £1,000 per sale)	~~Director of Finance~~Executive Director of Finance, Capital and Support Services
Disposal of property or land	Board

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
17 B	**Losses and Special payments** ▪ Ensuring procedural instructions on the recording of and accounting for losses and special payments are in place; and that all losses and special payments cases are properly managed in accordance with the guidance set out in the Welsh Government's Manual for Accounts.	17.2.2	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services)
	▪ Ensure all financial aspects of losses and special payments cases are properly registered and maintained on the centralised Losses and Special Payments Register and that 'case write off' action is recorded on the system.	17.2.8	~~Director of Finance~~Executive Director of Finance, Capital and Support	~~Head of Financial Services~~Assistant Director of Finance (Accounting and

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	▪ The Audit, Risk and Assurance Committee shall approve the writing off of losses or the making of special payments within delegated limits determined by Welsh Ministers and as set out in Schedule 3 of the SOs. ▪ Ensure that all losses and special payments are reported to the Audit, Risk and Assurance Committee at every meeting	17.2.9 17.2.13	Services ~~and IT~~ Audit, Risk and Assurance Committee ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	Services) See Table 17B(1) Below ~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services) /~~Board Secretary~~Director of Corporate Governance / Board Secretary

Table 17B(1)

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Ratify fruitless payments (including abandoned capital schemes)	Audit, Risk and Assurance Committee
<£250k	Chief Executive on advice from the ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~Executive
>£250k	Welsh Government
Ratify payment for clinical negligence and personal injury claims where legal advice has been obtained and guidance applied (negotiated settlements)	Audit, Risk and Assurance Committee
<£1m (including plaintiffs' costs)	Executive Director of Nursing, Quality, Women and Family Health~~Midwifery~~
>£1m	Welsh Government
Other clinical negligence and personal injury claims where legal advice has not been obtained	Audit, Risk and Assurance Committee
<£25k	Assistant Director of Nursing
£25k-£50k	Executive Director of Nursing, Quality, Women and Family Health~~Midwifery~~
>£50k	Welsh Government

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Authority to write off losses and authorise special payments for bad debts and claims abandoned - private patients, overseas visitors and others.	
<£50k	Audit, Risk and Assurance Committee
>£50k	Welsh Government
Authority to write off damage to buildings, fittings, furniture and equipment, loss of equipment and property in stores and in use due to culpable causes (e.g. fraud, theft, arson) or other.	
<£50k	Audit, Risk and Assurance Committee
>£50k	Welsh Government
Authorise compensation payments made under legal obligation (excluding Clinical Negligence and Personal Injury)	Chief Executive
Authorise extra contractual payments to contractors.	
<£50k	~~Director of Finance~~Executive Director of Finance, Capital and Support Services
>£50k	Welsh Government

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Authorise ex-gratia payments to patients and staff for the loss of personal effects	
<£1k	Small Claims Panel
<£10k	Executive Director of Quality, Women and Family Health~~Nursing~~
<£50k	Chief Executive
>£50k	Welsh Government
Authority to write off Losses of cash due to theft, fraud, overpayment of salaries, wages, fees and allowances	
<£50k	Audit, Risk and Assurance Committee
>£50k	Welsh Government

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18. Information Management & Technology

Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
18A	The health board shall publish and maintain a Freedom of Information (FOI) publication scheme, or adopt a model publication scheme approved by the Information Commissioner.	18.1.2	Board	~~Board Secretary~~ Executive Director of Allied Health Professions Health Sciences and Digital
18B	The responsible Director for ~~IM&T~~Digital has responsibility for: ▪ the accuracy and security of the computerised data of the health board ▪ ensuring that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of	18.2.1 18.4.1	~~Director of Finance~~Executive Director of Allied Health Professions, Health Sciences and Digital ~~and IT~~ ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	No Delegation other than responsibilities for security of patient data is delegated to the Executive Medical Director in their role of Caldicott Guardian

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
	data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes. ▪ Where another health organisation or any other agency provides a computer service for financial applications, the responsible Director for ~~IM&T~~Digital shall periodically seek assurances that adequate controls are in operation. ▪ ensuring that the risks to the health board arising from the use of IT are effectively identified and considered and that appropriate action is taken to mitigate or control risk. This shall include the preparation and testing of an appropriate disaster recovery	18.4.2 18.5.1	~~Director of Finance~~Executive Director of Allied Health Professions, Health Sciences and Digital ~~and IT~~ ~~Director of Finance~~Executive	

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
	plan.		Director of Finance, Capital and Support Services ~~and IT~~	
18C	The ~~Director of Finance~~Executive Director of Finance, Capital and Support Services shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation.	18.3.1	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services)
18D	All purchases of hardware and software must be undertaken in line with agreed IT policies, Procedures and contractual arrangements.	Requirement in support of SFIs	All Officers	

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Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
18E	No purchase or installation may be made of IT software whether new or upgrades to existing systems other than via the IT department	Requirement in support of SFIs	All Officers	
18F	Purchases of routine desktop hardware should be procured via health board contracts. Purchasing of servers should always be via IT	Requirement in support of SFIs	All Officers	

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19. Patients' property

Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
19 A	Ensuring patients or their guardians have appropriate information before or at admission, including that the health board will not accept responsibility or liability for patients' property brought into Health Service premises, unless it is handed in for safe custody and a copy of an official patients' property record is obtained as a receipt	19.2.1	Chief Executive Officer	Assistant Director of Community & Assistant Director of Mental Health
19 B	Provide detailed written instructions on the collection, custody, investment, recording, safekeeping and disposal of patients' property	19.3.1	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~	~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services)

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20. Funds held on Trust

Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
20A	The Schedule of Matters reserved to the Board and the Scheme of delegation make clear where decisions regarding the exercise of discretion regarding the disposal and use of funds are to be taken and by whom	20.2.2	Board	See Table 20A(1) below

Table 20A(1) Access to Charitable Funds

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~~Executive Director of Finance, Capital and Support Services ~~and IT~~ (ii) ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~
All expenditure requests for Charitable funds	To be submitted to ~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services) - for initial review
Up to £10,000	Designated fund signatories subject to confirmation

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(non-contentious)*	from the ~~Head of Financial Services~~Assistant Director of Finance (Accounting and Services) that 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~~Assistant Director of Finance (Accounting and Services) during initial review.

Investment of Charitable Funds

Investments Authority	
Investment of funds i. Decision on nature and value of investment ii. Placing of investment	i. Charitable Funds Committee with guidance from appointed investment advisors and ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ ii. ~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~

****The term "investment" refers to stocks, shares, bonds, property, unit funds or other instruments derived to generate a rate of return and/or valuation gains, other than interest bearing bank accounts**

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21. Retention of Records

Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
A	The CEO shall be responsible for maintaining archives for all records required to be retained in accordance with Welsh Ministers guidance.	21.1.1	Chief Executive	Relevant Executive Director

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22. Commercial and Non-Commercial Research and Development (additional section to SFIs local requirements)

Ref	SFI requirement	SFI Ref.	Accountability for deliver and compliance with the SFI sits with	Related responsibilities delegated to
Commercial R&D				
22A	Approval and execution (by signature), on behalf of the health board, of the contract between the health board and commercial Sponsor for the health board's delivery of a clinical trial/investigation on behalf of the Sponsor.	Local	Executive Medical Director	No further delegation
22B	Approval and execution (by signature) of service level agreements between the health board and other NHS organisations and/or third parties for support services required for commercial trials	Local	Executive Medical Director	No further delegation

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22C	Allocation of Commercial R & D Income	Local	~~Director of Finance and IT at direction of~~ Executive Medical Director	No further delegation
22D	Responsibility for delivering R&D activity in line with funded budgets and maintaining audit trail of expenditure to demonstrate that it is expended on R&D	Local	Executive Medical Director	Health Board lead for trial
22E	Approval of expenditure to support Commercial R & D	Local	Executive Medical Director	In line with SFIs
Non-commercial Funded R&D				
22F	Approval of health board led R & D Grant applications	Local	~~Director of Finance and IT on advice of~~ Executive Medical Director	No further delegation
22G	Approval of R & D Grant applications led by other organisations where health board commitment is up to £50k	Local	Executive Medical Director	No further delegation
22H	Approval of R & D Grant applications led by other organisations where health board commitment is £50k-£100k	Local	Chief Executive	No further delegation
22I	Approval of R & D Grant	Local	Board	No further delegation

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	applications led by other organisations where health board commitment is over £100k			
22K	Acceptance of health board R & D Grants	Local	~~Director of Finance~~Executive Director of Finance, Capital and Support Services ~~and IT~~ on advice of Executive Medical Director	No further delegation

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.10

BOARD	**26 NOVEMBER 2025**
Subject:	**Individual Patient Funding Request Policy (IPFR)**
Approved and presented by:	Kate Wright, Executive Medical Director
Prepared by:	Consultant in Public Health/IPFR Chair Senior Commissioning Manager
Other Committees and meetings considered at:	Executive Committee 12 November 2025 – who supported the policy. Joint Commissioning Committee on 25 November 2025 (feedback will be provided to the PTHB Board verbally during the PTHB Board meeting on 26 November 2025).

PURPOSE:

The purpose of this report is to present the outcomes from the engagement process with key stakeholders to review the Individual Patient Funding Request (IPFR) Policy and to seek approval for local adoption.

RECOMMENDATION(S):

The Board is asked to:

- **APPROVE** the local adoption of all Wales IPFR Policy (subject to consideration by the Joint Commissioning Committee on 26 November 2025).

Approve/Take Assurance	Discuss	Note
Y	N	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The policy promotes equitable access to necessary treatments, ensuring patients receive timely interventions that prevent deterioration and support overall wellbeing. It streamlines the process, and the policy is coordinated across all seven health boards and NWJCC (with input from KC), promoting consistency in decision making. The policy includes provisions for clinical engagement, training etc, digital tools eg e-database and encourages
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	

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8. Transforming in Partnership	Y	innovation by allowing for exceptional funding that may involve novel treatments or pathways.

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EXECUTIVE SUMMARY:

The current version of the NHS Wales Policy, Making Decisions on Individual Patient Funding Requests (IPFR) has been in place since June 2017. It is an NHS Wales policy owned by each of the seven health boards who have statutory responsibilities in relation to IPFR decisions. The IPFR policy is operated throughout NHS Wales with each health board and NHS Wales Joint Commissioning Committee (NWJCC) having their own panel.

The IPFR process is supported by the IPFR Policy Implementation Group, whose role is to facilitate the implementation of the Policy, whilst providing and developing assurance systems and guidance to aid the decision-making process. The group membership comprises of a senior member from each health board and NWJCC, members of the All-Wales Therapeutics and Toxicology Centre (AWTTC) and Health Technology Wales (HTW) with responsibility for IPFR.

In December 2021, a judicial review was conducted for a case considered by the IPFR Panel of the former Welsh Health Specialised Services Committee. Their decision to refuse funding for treatment was quashed and subsequent legal advice indicated the IPFR policy was being interpreted in a way that was contrary to the original policy intention. Thus, in July 2022, the Welsh Government supported a 'de-minimis' review of the IPFR Policy and associated Terms of Reference for the IPFR Panels. There followed a prolonged period of engagement, consultation and development, involving all health boards and NWJCC.

An updated Policy was submitted and approved by Powys THB's Board at their meeting in January 2024. However, further changes were highlighted, and the Policy was not implemented by the health boards - although it was enacted by the NWJCC IPFR Panel, and two different versions of the Policy were in force simultaneously.

In July 2025, a final version of the Policy corrected errors relating to the 'Decision Making Factors' guide which was not aligned to the criteria within the body of the policy. The agreed Policy **(Appendix 1)** is required to be approved and adopted by all health boards (including NWJCC) prior to being implemented operationally across NHS Wales at an agreed date (proposed for 1st December 2025).

NEXT STEPS:

To approve the implementation of the updated NHS Wales IPFR Policy for operational use within Powys Teaching Health Board as part of the all Wales rollout.

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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	

- **Safe**: Policy ensures decisions are clinically justified and documented, reducing risk.
- **Timely**: compliance with urgency of requests is monitored
- **Effective/Efficient**: QA audits confirm adherence to process and decision-making guide.
- **Equitable**: All Wales approach
- **Person-Centred**: Patients can request reviews; decisions communicated clearly. Funding for individual patients.
- **Workforce & Leadership**: Governance structures and training support robust decision-making.
- **Culture**: Promotes transparency and accountability.
- **Information & Learning**: QA audits and review mechanisms drive continuous improvement.
- **Whole Systems:** Policy integrates with WHSSC commissioning and health board governance.

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				

- **Age & Disability**: Policy ensures decisions are based on clinical need, not demographic factors, promoting equality.
- **Gender, Sexual Orientation, Gender Reassignment**: No discriminatory criteria; all requests assessed equally.
- **Marriage / Civil Partnership**: No impact. Policy does not reference marital status.
- **Pregnancy/Maternity**: Supports equitable access for maternity-related treatments.
- **Race & Religion**: Policy applies consistently across Wales, reducing bias.
- **Welsh Language**: Communication offered in preferred language, supporting cultural inclusion.
- Socio-economic & Social Exclusion: All Wales approach.
- **Carers**: Timely decisions reduce burden on carers

Risk Assessment:

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	Level of risk identified				
	Very Low (0-4)	Low (4-8)	Moderate (9-15)	High (15-25)	
Clinical		x			• **Clinical**: Low risk due to strengthened governance and clinical oversight; mitigated by clear criteria and review mechanisms. • **Financial**: Moderate risk from potential cost pressures; mitigated by budget controls and escalation for high-cost cases. • **Corporate**: Low risk as governance and compliance processes are robust; mitigated by annual audits and policy reviews. • **Operational**: Low risk with improved timeliness; mitigated by panel scheduling and urgent case escalation. • **Reputational**: Moderate risk if decisions are perceived as inequitable; mitigated by transparent communication and appeals process.
Financial			x		
Corporate		x			
Operational		x			
Reputational			x		

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NHS WALES POLICY
MAKING DECISIONS ON INDIVIDUAL PATIENT FUNDING REQUESTS (IPFR)

Reference Number	Policy Reference (as per individual Health Board)	**Version Number**	FINAL July 2025
Linked Documents	Health Board Policies on Interventions Not Normally Undertaken (INNU)		

Classification of Document: Clinical Policy

Area for Circulation: Health Boards and Primary Care providers across Wales

NHS Wales Joint Commissioning Committee (JCC)
Public Health Wales (PHW)
Public Domain via Internet Sites

Policy Development: All Wales IPFR Policy Implementation Group
NHS Wales Joint Commissioning Committee

Consultation: Legal Advice from Welsh Health Legal & Risk Services
NHS Wales Medical Directors Stakeholder groups

Approved: TBC

Date of Publication: TBC

Date of Next Review July 2028

Lead Health Board Contact: Contact details as per individual Health Board

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1 INTRODUCTION

1.1 Background

In 2010, the Director General, Health and Social Services, Chief Executive, NHS Wales requested that Health Boards would work together with the Welsh Health Specialised Services Committee (WHSSC) and Public Health Wales (PHW) to develop an All-Wales policy and standard documentation for dealing with individual patient funding requests (IPFR) for treatment. This policy has been in place since September 2011.

1.1.1 In October 2013, The Minister for Health and Social Services announced a review of the IPFR process in Wales. An independent review group was established to explore how the current process could be strengthened.

1.1.2 In April 2014, the "Review of the IPFR process" report was published. The report concluded that the IPFR process in Wales is comprehensive and supports rational, evidence-based decision making for medicine and non-medicine technologies which are not routinely available in Wales. The review group also made a number of recommendations to strengthen the IPFR process.

1.1.3 In September 2016, following the 2014 review and implementation of its recommendations, the Cabinet Secretary for Health, Well-being, and Sport agreed the time was right for a new, independent review of the IPFR process. The panel would be independent of the Welsh Government and encompass a range of expertise and knowledge.

The "Independent Review of the Individual Patient Funding Requests Process in Wales" report was published in January 2017.

1.1.4 Following a Judicial Review in December 2021, the Welsh Government in July 2022 agreed that a specific and limited review would be undertaken to put beyond doubt how the policy should be interpreted. In 2024 the commissioning responsibilities of WHSSC were transferred to the NHS Wales Joint Commissioning Committee (JCC).

1.2 Purpose of this Policy

1.2.1 To ensure an open, transparent, fair, clearly understood and easily accessible process is followed, the NHS in Wales has introduced this Policy on decision making for IPFR's. It describes both the principles underpinning how decisions are made to approve or decline individual patient requests for funding and the process for making them.

1.2.2 Continuing advances in technology, changing populations, better information and increasing public and professional expectations all mean that NHS Health Boards have to agree their service priorities for the application of their financial and human resources. Agreeing these priorities is a complex activity based on sound research evidence where available, sometimes coupled with value judgments. It is therefore important to be open and clear about the availability of healthcare treatments on the NHS and how decisions on what should be funded by the NHS are made.

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1.2.3 A comprehensive range of NHS healthcare services are routinely provided

locally by primary care services and hospitals across Wales. In addition, the JCC, working on behalf of all the Health Boards in Wales, commissions a number of more specialist and highly specialist services at a national level. However, each year, requests are received for healthcare that fall outside this agreed range of services. We refer to these as Individual Patient Funding Requests (IPFR).

1.2.4 Each Health Board in Wales has a separate Policy called 'Interventions Not Normally Undertaken' (INNU) setting out a list of healthcare treatments that are not normally available on the NHS in Wales. This is because:

- There is currently insufficient evidence of clinical and/or cost effectiveness; and/or
- The intervention has not been reviewed for the indication under consideration by the National Institute for Health and Care Excellence (NICE) or the All-Wales Medicines Strategy Group (AWMSG); and/or One Wales Medicines process or Health Technology Wales.
- The intervention is considered to be of relatively low priority for NHS resources.

1.2.5 The INNU policy should be read together with this policy on making decisions

1.2.6 The challenge for all Health Boards and JCC is to strike the right balance between providing services that meet the needs of the majority of the population in the geographical area for which it is then given responsibility, whilst having in place arrangements that enable it to accommodate people's individual needs. Key to this is having in place a comprehensive range of policies and schedule of services that the Health Board and/or JCC has decided to fund to meet local need within the resource available. To manage this aspect of the Health Board and JCC's responsibilities, there will always need to be in place a robust process for considering requests for individual patient funding within the overall priority setting framework. Demand for NHS services is always likely to exceed the resources available and, as a result, making decisions on IPFR are some of the most difficult a Health Board or JCC will have to make.

1.2.7 In line with the requirements of the Equality Act 2010 and the Welsh Government guidance 'Inclusive Policy Making' issued in May 2010, a detailed equality impact assessment has been completed to assess the relationship between this policy and the duties of the Act.

1.3 Explaining Individual Patient Funding Requests (IPFR)

1.3.1 IPFRs are defined as requests to a Health Board or JCC to fund NHS healthcare for individual patients who fall outside the range of services and treatments that a Health Board or JCC has arranged to routinely provide, or commission. This can include a request for any type of healthcare including a specific service, treatment, medicine, device or piece of equipment.

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Such a request will normally be within one of the three following categories.

- a patient and NHS clinician have agreed together that they would like treatment that is either new, novel, developing or unproven and is not within the Health Board's routine schedule of services and treatments for example, a request to use a cancer drug that has yet to be approved by the Health Board for use in that particular condition).

- a patient and NHS clinician have agreed together that they would like treatment that is provided by the Health Board in certain clinical circumstances but is not eligible in accordance with the clinical policy criteria for that treatment (for example, a request for treatment for varicose veins for cosmetic reasons alone).

- a patient has a rare or specialist condition that falls within the service remit of the JCC but is not eligible in accordance with the clinical policy criteria for treatment (for example, a request for plastic surgery where the indication is personal preference rather than medical need).

1.3.2 IPFRs should not be confused with requests for packages of care for patients with complex continuing healthcare needs – these are covered by separate Continuing Healthcare arrangements. Further information can be obtained from the Health Board's Nursing Department.

1.3.3 IPFRs should also not be confused with treatments that have already been provided or administered outside of NHS funded care. Requests **will not** be considered for retrospective funding.

1.3.4 If the clinical circumstances for the specific individual patient have changed, an IPFR application form describing / explaining / justifying:

i. why the patient is likely to gain significant clinical benefit from the proposed intervention; and
ii. demonstrating that the value for money of the intervention for that particular patient is likely to be reasonable,

then a case may be submitted to the Health Board or JCC for consideration for further prospective funding. For example, if a patient funds a treatment themselves and their clinician believes they can demonstrate that the patient has gained significantly more clinical benefit from the intervention than would normally be expected for that treatment, an IPFR can be submitted for consideration.

1.3.5 The three categories of treatment described in 1.3.1 will only potentially be funded in specific clinical circumstances. It is important to note that the NHS in Wales does not operate a blanket ban for any element of NHS healthcare but equally the granting of funding in one case does not mean that funding will be provided for the same treatment for other patients. We will consider each IPFR on its individual merits and in accordance with the arrangements set out in this policy. We will determine if the patient should receive funding based on the significant clinical benefit expected from the treatment and whether the cost of the treatment is in balance with the expected clinical benefits.

1.3.6 In this policy, the words "significantly different to the general population of patients" means that the patient's condition does not have substantially the same characteristics as other members of that population. For a patient to be significantly different, their particular clinical presentation is unlikely to have been considered as being part of the population for which the policy was made.

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1.3.7 In practice, it is not always practical to determine the "benefit" of an intervention in numerical terms in the same way, for example as NICE or the AWMSG. In these situations, a description of the benefit should be used to

enable IPFR panels to compare the description of the incremental clinical benefit likely to be obtained.

In general, the clinician should compare the benefits of the intervention being requested with what he or she considers to be the next best alternative, which may in some cases be best supportive care.

1.3.8 Whether an intervention provides "value for money" is assessed conceptually in terms of the incremental cost per incremental quality-adjusted life year (QALY) of benefit. Whilst "reasonable" value for money is to be interpreted in the same way that "cost-effective" is used in the Health Technology Appraisal (HTA) process operated by NICE, AWMSG and HTW.

1.3.9 Recognising that it can never be possible to anticipate all unusual or unexpected circumstances, this policy aims to establish a clear guide to making decisions on IPFRs to determine whether the evidence that the patient is likely to gain a significant clinical benefit, and the value for money of the intervention for that particular patient is likely to be reasonable, has been presented.

Please refer to the decision-making factors in Appendix one. These are factors the panel may consider when looking at the significant clinical benefit expected by the treatment, and whether the cost of the treatment is in balance with the expected benefits.

2 THE LEGAL CONTEXT OF THIS POLICY

2.1 Health Boards exercise functions delegated to them by the Welsh Ministers under various statutes and in particular under the National Health Service (Wales) Act 2006 and under secondary legislation made under that Act.

2.2 In addition to specific statutory obligations, Health Boards are public bodies, which are required to comply with their legal obligations to act in accordance with the rights of individuals under the European Convention of Human Rights as defined in the Human Rights Act 1998 and under common law.

2.3 Health Boards must therefore be able to demonstrate that their decisions are within their powers and comply with their legal obligations. In terms of the exercise of their powers, they must show that they have considered all relevant issues in the decision-making process, giving them appropriate weight and that those decisions are rational, logical, lawful and proportionate.

Careful consideration needs to be given in relation to all decisions; particular care may need to be given in the following circumstances:

- when evidence is not clear or conclusive.
- when the issue is controversial and may not have the support of NICE, AWMSG or HTW.
- when life or death decisions are involved.
- when limiting access to specific services or treatments.
- when setting priorities.
- when other Health Boards or JCC may have used their discretion to make a different decision on a specific topic.

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2.4 It is lawful for JCC and Health Boards to adopt policies about which treatments will, and which will not, be routinely funded. It is also lawful for JCC and Health Boards to adopt this policy to define the circumstances in which a decision can be made to fund an intervention for a patient where the patients are lawfully

2.5 denied funding for the same intervention as a result of policies or as a result of an absence of a policy approving funding for that intervention.

2.6 Consistency in policy and approach, together with clarity about clinical criteria for treatment and a consistent approach to dealing with IPFR requests should reduce the need for patients to go through a review or appeal process at any level. This should be the desirable outcome as far as it is possible.

3 PRINICIPLES UNDERPINNING THIS POLICY

The principles underpinning this policy and the decision making of the Health Board are divided into five areas - the NHS Core Values, the Prudent Healthcare Principles, Evidence-based Considerations, Ethical Considerations and Economic Considerations.

3.1 NHS Core Values are set out by the Welsh Government as;

- Putting quality and safety above all else: providing high value evidence-based care for our patients at all times.
- Integrating improvement into everyday work and eliminating harm, variation and waste.
- Focusing on prevention, health improvement and inequality as key to sustainable development, wellness and wellbeing for future generations of the people of Wales.
- Working in true partnerships with partner organisations and with our staff
- Investing in our staff through training and development, enabling them to influence decisions and providing them with tools, systems, and environment to work safely and effectively.

3.2 Prudent Healthcare Principles

- Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production.
- Care for those with the greatest needs first, making the most effective use of all skills and resources.
- Do only what is needed, no more, no less; and do not harm.
- Reduce inappropriate variation using evidence-based practices consistently and transparently.

3.3 Evidence-Based Considerations

3.3.1 Evidence-based practice is about making decisions using quality information, where possible, and recognising areas where evidence is weak. It involves a systematic approach to searching for and critically appraising that evidence.

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3.3.2 The purpose of taking an evidence-based approach is to ensure that the best possible care is available to provide interventions that are sufficiently clinically effective to justify their cost and to reduce inappropriate variation using evidence-based practices consistently and transparently.

NICE issue Technology Appraisals and the All-Wales Medicines Strategy Group and Health Technology Wales issue guidance which Health Boards and JCC are required to follow.

3.3.3 Additionally, a central repository for evidence-based appraisals is available which provides support for clinicians making an application. This is located on the shared database. Users are able to upload and access the information

available which will continue to be developed over time as evidence /new reports are produced.

3.3.4 It is also important to acknowledge that in decision making there is not always an automatic "right" answer that can be scientifically reached. A "reasonable" answer or decision therefore has to be reached, though there may be a range of potentially reasonable decisions. This decision is a compromise based on a balance between different value judgements and scientific (evidence-based) input. Those vested with executive authority have to be able to justify, defend and corporately "live with" such decisions.

3.4 Ethical Considerations

3.4.1 Health Boards and JCC are faced with the ethical challenge of meeting the needs of individuals within the resources available and meeting their responsibility to ensure justice in the allocation of these resources ('distributive justice'). They are expected to respect each individual as a person in his or her own right.

3.4.2 Resources available for healthcare interventions are finite, so there is a limit to what Health Boards and JCC can routinely fund. That limitation is reasonable providing it is fair, and not arbitrary. It must be based on the evidence both about the effectiveness of those interventions and their cost. A cost-effective intervention is one that confers a great enough benefit to justify its cost. That means policies must be based on research, but research is carried out in populations of patients, rather than individual patients. That leaves open the possibility that what is true for patients in general is not true about a specific individual patient. Fairness therefore also requires that there must be a mechanism for recognising when an individual patient will benefit from a particular intervention more than the general population of patients would. Identifying such patients is the purpose of the IPFR process.

3.4.3 Welsh Government communications set out six ethical principles for NHS organisations and these underpin this policy. They are:

- treating populations and particular people with respect.
- minimising the harm that an illness or health condition could cause.
- fairness.
- working together.
- keeping things in proportion; and
- flexibility

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3.5 Economic Considerations

3.5.1 It is a matter for Health Boards and JCC to use its discretion to decide how it should best allocate its resources. Such resources are finite and difficult

balancing decisions have to be made. Health Boards and JCC must prioritise the services that can be provided whilst delivering high-quality, cost-effective services that actively avoid ineffective, harmful, or wasteful care that is of limited benefit. The opportunity cost associated with each decision has also to be acknowledged i.e., the alternative uses to which resources could be put.

4 MAKING DECISIONS ON IPFR

4.1 In line with the principles set out earlier in this document, Welsh Government communications set out the key factors for 'good decision making'. These are:

- openness and transparency.
- inclusiveness.
- accountability.
- reasonableness.
- effectiveness and efficiency.
- exercising duty of care.
- lawful decision making; and
- the right to challenge and appeal

This policy aims to ensure that the Health Board and JCC has a clear and open mechanism for making decisions that are fair, open, and transparent. It enables those responsible for decision making to demonstrate that they have followed due process, considered the above factors, and have been both rigorous and fair in arriving at their decisions. It also provides a clear process for challenge and appeal.

4.2 In accordance with Welsh Government communications, NICE definitions, and the criteria set out in this policy, Health Boards and JCC should make decisions on IPFRs based on; the evidence presented to demonstrate the expected significant clinical benefit, and the evidence presented outlining the patient's individual clinical circumstances. Decisions should be undertaken whilst taking into reasonable account the evidence base, and the economic and ethical factors below:

- **evidence-based considerations** – clinical and cost effectiveness; service and policy implications.
- **economic considerations** – opportunity cost; resources available; and
- **ethical considerations** – population and individual impact; values and principles; ethical issues.

Non-clinical factors (such as employment status) will not be considered when making decisions on IPFR.

This Policy does not cover healthcare travel costs. Information on patients' eligibility for healthcare travel costs to receive NHS treatment under the care of a consultant can be found on the Welsh Governments' healthcare costs website.

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4.3 The following criteria must be used by all Health Board and JCC IPFR Panels when making IPFR decisions. It is the responsibility of the referring clinician to ensure that sufficient information is placed before the panel to allow the panel to be able to determine whether the criteria are satisfied.

A patient will only be entitled to NHS funding for the requested intervention or drug if the panel conclude that the criteria under **either (a) or (b)** below are satisfied:
(a) If guidelines (e.g. from NICE or AWMSG) recommend NOT using the intervention/drug, or the clinical access criteria of an applicable policy are not met: I. The clinician must demonstrate that the patient's clinical circumstances are significantly different to other patients for whom the recommendation is not to use the intervention. II. The clinician can demonstrate that the patient is likely to gain significantly more clinical benefit from the intervention than would normally be expected from patients for whom the recommendation is not to use the intervention, and III. The IPFR panel must be satisfied that the value for money of the intervention for that particular patient is likely to be reasonable.
(b) If the intervention has NOT been appraised (e.g. in the case of medicines, by AWMSG or NICE), and there is no applicable policy in place: I. The clinician can demonstrate that the patient is likely to gain significant clinical benefit, and II. The IPFR panel must be satisfied that the value for money of the intervention for that particular patient is likely to be reasonable.

4.4 An IPFR panel is required to decide whether the application fulfils Part A or Part B and then consider the application against the relevant criteria. A panel may only approve applications which meet all of the applicable criteria above. It is however the responsibility of the requesting clinician to demonstrate the clinical case for the patient in respect of the criteria outlined.

4.5 Considerations under Part A

4.5.1 Where a recommendation has been made not to use an intervention, the panel is required to consider whether the patients' clinical circumstances are significantly different to other patients for whom the recommendation is made not to use the intervention'. That process will usually require a comparison between the patient for whom treatment is being requested, and other patients with the same medical condition who could have been offered the requested intervention if the relevant guidance and/or applicable policy allowed.

4.5.2 The panel next should consider whether there is a significant difference between the clinical circumstances of the patient for whom funding is being requested, and the comparator group, and whether the patient is likely to gain significantly more clinical benefit from the intervention than would normally be expected for patients for whom the recommendation has been made not to use the intervention. If, but only if, both of these criteria are

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met on the facts of an individual Part A case, the panel will then consider whether the intervention is deemed value for money as described at paragraph 4.7 below.

4.6 Considerations under Part B

4.6.1 In the absence of any appraisal or applicable policy, the panel need to consider whether the referring clinician has provided sufficient evidence to conclude that the patient is likely to gain significant clinical benefit from the intervention requested. If this criterion is met on the facts of an individual Part B case, the panel will then consider whether the intervention is deemed value for money as described below.

4.7 Value for money

4.7.1 The assessment as to whether the intervention provides "value for money" is a matter of judgement for the panel. The panel should reach a decision exercising its broad discretion to decide whether the value for money of an intervention for a particular patient is likely to be reasonable.

4.7.2 The panel should consider the likely overall costs to the NHS of the requested intervention compared with the next best alternative treatment that is routinely funded on the NHS. The panel should in a similar way consider the overall benefit (effectiveness) of the intervention compared with the next best alternative treatment that is routinely funded on the NHS. If the requested intervention is estimated to be more effective and less costly (than the alternative treatment) then it is likely to represent value for money. If the treatment is less effective and more expensive, then it is unlikely to be deemed value for money. If the treatment is more effective and more costly or less effective and less costly then the panel will need to make a judgement as to whether the treatment is likely to represent value for money. For any scenario, other factors may affect treatment choice, and these should be documented as part of the discussion.

4.7.3 Where presented as part of the evidence, an incremental cost effectiveness ratio ("ICER") and quality- adjusted life year (QALY) may be considered by the panel provided this is relevant to the individual case and there is appropriate expertise by the group to do so. When assessing this evidence, the panel should consider relevant thresholds in relation to NICE and AWMSG when considering if the intervention is a cost-effective option.

4.8 When making decisions, the panel are entitled to have regard to the factors set out at Appendix 1 to this policy, if the panel consider that addressing those issues may assist the panel in coming to decisions on the criteria set out at paragraph 4.3 above. The panel is not obliged to consider all the factors set out Appendix 1 to this policy and may consider that some of the factors are not relevant to the facts of an individual case or do not assist the panel in coming to its decision on those criteria.

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5 HOW TO MAKE A REQUEST FOR FUNDING UNDER THIS POLICY

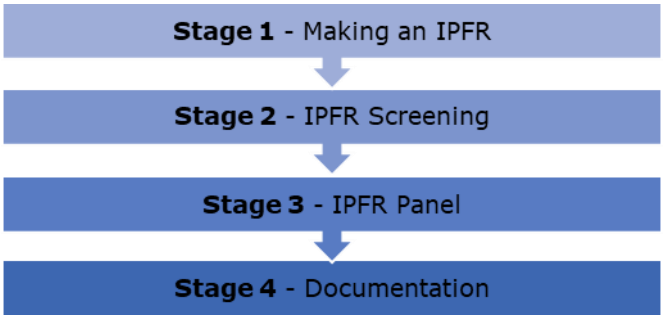
5.1 Information on how to make an IPFR

A patient leaflet is available explaining how an individual patient funding request (IPFR) can be made. These can be downloaded from the Health

Board, JCC or AWTTC website. Further information can be obtained from the IPFR Coordinator.

Copies of this policy and the IPFR application forms can also be obtained via the website, or by contacting the IPFR Coordinator.

5.2 Summary of the IPFR Process



5.3 Stage 1 Making an IPFR

The patient and their NHS clinician (agree together that a request should be made). The IPFR application form is completed by the clinician on the patient's behalf. This will ensure that adequate clinical information is provided to aid the decision-making process.

The requesting clinician must sign the application form to indicate that the patient is aware and agrees with the submission of the request. In doing so, the clinician is providing confirmation that the patient is fully informed of the treatment request and all its associated implications.

Ideally, applications for specialised and tertiary services should be completed by the patient's secondary care clinician, unless extenuating circumstances dictate otherwise. This is to ensure that all pertinent information is included in the form thereby avoiding the delay that will arise from the need to request further information before the application can be processed. All IPFR applications should demonstrate support from the relevant clinical lead, head of department or multi-disciplinary team (MDT). Where relevant, advice may also be sought from the internal clinical team.

It is necessary for clinicians to provide their contact details as there may be times when additional clinical information is required during a panel meeting to aid a decision.

The application form is sent to the IPFR Coordinator electronically or in hard copy so that the authorised consent of the clinician is recorded.

The IPFR application form must be completed in full to enable the IPFR Panel to reach a fully informed decision.

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Should the IPFR Coordinator receive an application form which has not been completed sufficiently enough to determine whether or not the request can be screened out or taken to the IPFR Panel, or if the incorrect form is completed, the form should be returned to the requesting clinician **within three working days**.

The requesting clinician is responsible for completing and re-submitting the application form **within ten working days**. Should this time elapse, a chaser letter will be sent providing a **further ten working days** to make a submission.

Where the information has still not been provided in the time set, the case shall be closed, and the requesting clinician notified accordingly.

5.4 Stage 2 Screening of the IPFR

The IPFR application will be considered by the IPFR Senior Officer to determine whether the application needs to be screened out because:

a) The request meets pre-agreed criteria for a service already commissioned/provided and can automatically be funded
b) an alternative and satisfactory clinical solution is found
c) The request represents a service development which needs to be passed to the relevant Division or Directorate for action.

The IPFR Senior Officer should then communicate the outcome of the screening stage to the requesting clinician using a standard letter, **within five working days** of the decision being made. This letter will also include reasons for the decision and information on any further courses of action required.

5.5 Stage 3 Considerations by the IPFR Panel

Requests that are not screened out will be considered at a meeting of the IPFR Panel. The IPFR Coordinator will ensure that the panel has all of the information needed to reach a decision and will ensure that each case is anonymised before each meeting.

Panels will convene at least once per month in order to ensure that applications are dealt with in a timely manner. The volume and urgency of applications may require panels to meet more frequently as and when required.

The panel will consider each IPFR on its own merits, using the criteria set out in paragraph 4.3 of the Policy. Where possible, they should set out their assessment of the likely incremental clinical benefit and their broad estimate of the likely incremental cost so that their judgements on value for money are clear and transparent. The IPFR Coordinator or Senior Officer will complete a record of the panel's discussion on each IPFR, including the decision and a detailed explanation for the reason for that decision.

A standard decision letter should be prepared to communicate the decision to the requesting clinician. Correspondence will also be sent to the patient to inform them that a decision has been made, and their clinician will contact them within 5 working days to discuss. If this has not happened, patients are encouraged to contact their clinician.

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These letters will be sent **within five working days** of the panel's decision and will also include information on how to request a review of the process where a decision has been made to decline the request.

5.6 Who will sit on the IPFR Panel?

The Health Board will appoint core members of the IPFR Panel which will comprise:

- Executive Public Health Director (or deputy – Public Health Consultant)
- Executive Medical Director (or deputy - Associate/Assistant Medical Director)
- Executive Director of Nursing (or deputy – Assistant Director of Nursing)
- Director of Therapies & Clinical Science (or deputy - Assistant Director of Therapies)
- Director of Pharmacy and / or Chief Pharmacist or deputy; and
- Two lay representatives.

The Chair of the Panel will be selected from the group of core members and must have a clinical background (with the exception of JCC – see Terms of Reference at Appendix 3).

Each organisation may also wish to appoint up to a further two Panel members at the discretion of the Chair of the Panel, for example a member of the Ethics Committee, Primary Care Director, or Director of Planning.

Please refer to the Terms of Reference at Appendix 2 and 3 for details of the Health Board and JCC IPFR Panel.

5.7 What about clinically urgent cases?

The IPFR Policy and process allows for clinically urgent cases, as deemed by the requesting clinician, to be considered outside of the normal screening and panel processes. In these circumstances, the Chair or Vice Chair of the IPFR panel is authorised to make a decision outside of a full meeting of the panel, within their delegated financial limits. Any such decisions will be made in line with the principles of this policy, considering the clinical urgency of the request outlined in the application form by the clinician. Those marked urgent will be considered within 24-48 hours (working days only) as per the application form.

5.8 Can patients and clinicians attend the IPFR Panel?

Patients are not permitted to attend IPFR Panels. The reasons are that it would make the process less fair because it would draw to the attention of panel members characteristics of the individual patient that should not influence their decision-making. The IPFR process is anonymous therefore allowing patients to attend would jeopardise this level of scrutiny. The IPFR Panel will normally reach its decision on the basis of all of the written evidence provided, including the IPFR application form and other documentary evidence which is provided in support. Patients and clinicians are able to supply any written statements they feel should be considered by the Panel**. Any information provided which relates to non-clinical factors will not be considered.** Local Llais teams are able to support patients in making such statements if required.

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The IPFR Panel may, at its discretion, request the attendance of any clinician to provide clarification on specific issues and/or request independent expert clinical advice for consideration by the panel at a future date. The Chair of the IPFR Panel, may also contact the referring clinician to get more clarification in respect of an individual referral.

The provision of appropriate evidence to the IPFR Panel will be entirely at the Chair of the IPFR Panels discretion.

5.9 Documentation

The IPFR Coordinator will maintain a confidential electronic record of all requests. A separate, confidential hard copy file may also be maintained. This information will be held securely in compliance with Data Protection requirements and with Caldicott Guidance.

The IPFR Administration Team retains a record of the IPFR application and subsequent decision and any outcome data that is provided by the clinician. Data will be retained to help inform future planning requirements by identifying patient cohorts both at a local and national level. Data will also be used for the production of an annual report on IPFR's every year as required by the Welsh Government. This will not include any identifiable data and will use aggregated data.

In addition, a central repository for clinical evidence will be available and will develop over time as and when new evidence reports are produced / become available.

Any information will be held in line with the NHS Information Governance Retention Policy

6 HOW TO REQUEST A REVIEW OF THE PROCESS

If an IPFR is declined by the panel, a patient and their NHS clinician have the right to request information about how the decision was reached. If they are unhappy with the decision the NHS clinician on behalf of the patient can either:

Resubmit an IPFR application, but only if there is either significant new clinical information or a significant change in clinical circumstances, or

If the patient and their NHS clinician feel the process has not been followed in accordance with the IPFR policy, a review hearing can be requested (see below).

The review process for an application for funding under the IPFR policy does not conflict with a patient's ability to make a complaint about the care that has been arranged in relation to a IPFR funding decision. This is best achieved through the Health Boards or JCC's Putting Things Right process which can be found at

https://www.gov.wales/nhs-wales-complaints-and-concerns-putting-things-right (see section 9).

6.1 The 'review period'

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There will be a period of **25 working days** from the date of the decision letter during which they may request a review by the review panel ('the review period").

The letter from the Health Board or JCC that accompanies the original

decision will state the deadline for any review request. In calculating the deadline, Saturdays, Sundays, and public holidays in Wales will not be counted.

6.2 Who can request a review?

A review can be requested either (a) by the original requesting clinician on the patient's behalf or (b) by the patient with the original requesting clinician's support. **The review request form must be completed by the clinician**. Both the patient and their clinician must keep each other informed of progress. This ensures the patient is kept informed at all times, that the clinician/patient relationship is maintained, and review requests are clinically supported. Patients are able to access advocacy support at any stage during this process.

6.3 What is the scope of a review?

It does not constitute a review of the merits of the original decision. It has the restricted role of hearing review requests that fall into one or more of three strictly limited grounds. A review request on any other ground will not be considered.

The 3 grounds are:

Ground One: *The Health Board or JCC has failed to act fairly and in accordance with the All Wales Policy on Making Decisions on Individual Patient Funding Requests (IPFR).*

Health Boards and JCC are committed to following a fair and equitable procedure throughout the process. A patient who believes they have not been treated fairly by the Health Board or JCC may request a review on this ground. This ground relates to the procedure followed and not directly to the decision and it should be noted that the decision with which the patient does not agree is not necessarily unfair.

Ground Two: *The Health Board or JCC has prepared a decision which is irrational in the light of the evidence submitted*

The review panel will not normally entertain a review request against the merits of the decision reached by the Health Board or JCC. However, a patient may request a review where the decision is considered to be irrational or so unreasonable that no reasonable Health Board or JCC could have reached that conclusion. A claim that a decision is irrational contends that those making the decision considered irrelevant factors, excluding relevant ones, or gave unreasonable weight to particular factors.

Ground Three: *The Health Board or JCC has not exercised its powers correctly.*

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Health Boards and JCC are public bodies which carry out its duties in accordance with the Statutory Instruments under which it was established. A patient may request a review on the grounds that the Health Board or JCC has acted outside its remit or has acted unlawfully in any other way.

6.4 How is a review request lodged?

A review request form should be completed and logged with the IPFR Coordinator of the Health Board or JCC within the review period. The review request form must include the following information:

- The aspect(s) of the decision under challenge and
- The detailed ground(s) of the review request

The review request form should be sent to the IPFR Coordinator so that the signatures of both the patient and their clinician are recorded. A scanned version sent electronically will also be acceptable as long as signatures are present.

If the patient signature cannot be obtained in a timely manner or at all, the requesting clinician can sign to indicate that the patient is aware and agrees with the submission of the request. In doing so, the clinician is providing confirmation that the patient is fully informed of the treatment request and all its associated implications.

6.5 Initial scrutiny by the IPFR Senior Officer

The review documents lodged will be scrutinised by the IPFR Senior Officer who will look to see that they contain the necessary information. If the review request does not contain the necessary information or if the review does not appear to the IPFR Senior officer to fall under any one or more grounds of review, they will contact the referrer (patient or their clinician) to request further information or clarification.

A review will only be referred to the review panel if, after giving the patient and their clinician an opportunity to elaborate or clarify the grounds of the review, the Chair of the review panel is satisfied that it falls under one or more of the grounds upon which the review panel can hear the review.

The Chair of the review panel may refuse to consider a review that does not include all of the above information.

6.6 What is the timescale for a review to be heard?

The review panel will endeavor to hear a review **within 25 working days** of the request being lodged with the Health Board. The date for hearing any review will be confirmed to the patient and their clinician in a letter.

This review process allows for clinically urgent cases, as deemed by the referring/supporting clinician, to be considered outside of the panel process by the Health Board's Chair together with a clinical member of the review panel. Any such decisions will be made in line with the principles of this policy.

6.7 Who will sit on the Review Panel?

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The Health Board will appoint members of the review panel. The panel will comprise (see Terms of Reference at Appendix 4 for full details);

- Health Board Independent Board Member – Lay (Chair of the Review Panel)
- Health Board Independent Board Member (with a clinical background)
- Health Board Executive Director, or deputy (with a clinical background)

- Representative from Llais
- Chair of the Local Medical Committee, or deputy
- JCC Representative at Director level (where applicable)

The Health Board will intend to inform the patient and their clinician of the membership of the review panel as soon as possible after a review request has been lodged. None of the members of the review panel will have had any prior involvement in the original submission.

In appointing the members of the review panel, the Health Board will endeavor to ensure that no member has any interest that may give rise to a real danger of bias. Once appointed, the review panel will act impartially and independently.

6.8 Can new data be submitted to the review panel?

No, because should new or additional data become available then the IPFR application should be considered again by the original panel in order to maintain a patient's right to review at a later stage.

6.9 Can patients attend review panel hearings?

At the discretion of the panel, patients and/or their unpaid representative may attend review panel hearings as observers but will not be able to participate. This is because the purpose of a review hearing is to consider the process that has been followed and not to hear new or different evidence.

If new or different evidence becomes available, the case will automatically be scheduled for reconsideration by the IPFR Panel. Patients and/or their unpaid representatives are able to make their written representations to this IPFR Panel in order for their views to be considered.

It is important for all parties to recognise that review panel hearings may have to discuss complex, difficult and sensitive information in detail and this may be distressing for some or all of those present. Patients and/or their unpaid representatives should be aware that they will be asked to retire at the end of the review panel discussion in order for the panel to make their decision.

6.10 The decision of the review panel hearing

The IPFR Senior Officer will complete a record of the review panel's discussion including the decision and a detailed explanation for the reason for the decision. They will also prepare a standard decision letter to communicate the decisions of the panel to the patient and referring/supporting clinician. The review panel can either;

- uphold the grounds of the review and ask the original IPFR Panel to reconsider the request; or
- not uphold the grounds of the review and allow the decision of the original IPFR Panel to stand.

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There is no right to further review unless new and relevant circumstances emerge. Should a patient be dissatisfied with the way in which the review panel carried out its functions, they are able to make a complaint to the Public Services Ombudsman for Wales.

6.11 After the review hearing

The Chair of the review panel will notify patients and their clinicians of the review panel's decision in writing. This letter should be sent **within five working days** of the panel and will also include information on how to make a complaint to the Public Services Ombudsman for Wales www.ombudsman-wales.org.uk.

6.12 How will JCC undertake a review?

As the JCC is a collaborative committee arrangement to support all Health Boards in Wales, it will not be able to constitute a review panel. JCC will therefore refer any requests it receives for a review of its decisions to the Health Board in which the patient resides. A JCC representative who was not involved in the original panel will become a member of the review panel on these occasions.

The Health Boards IPFR Senior Officer will be present at these review hearings to advise on proceedings as per their governance role. In the interests of transparency, and not to confuse the applicant, the JCC Senior IPFR Officer will be responsible for circulating the review documentation to review panel members, clerking the hearing, and preparing the standard decision letter to communicate the decision of the review panel to the patient and clinician.

7 QUALITY ASSURANCE

The IPFR Quality Assurance Advisory Group was established in 2017 to monitor and support all IPFR panels to promote quality in decision making and consistency across Wales. The Group meets quarterly to assess anonymised random sample IPFR reports in relation to their completeness, timeliness, and efficiency of communication in line with the NHS Wales IPFR policy process.

8 REVIEW OF THIS POLICY

8.1 This Policy should be reviewed every 3 years or as required to reflect changes in legislation or guidance. The review will be undertaken by the All-Wales IPFR Policy Implementation Group. Any changes made will be undertaken in line with the groups Terms of Reference (see appendix 5) and authorised by the responsible Health Board and JCC Committee. Any delay in conducting a review will not prevent JCC or a Health Board from being able to rely on this policy.

8.2 Any of the following circumstances will trigger an immediate review of the linked INNU Policy:

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- an exemption from a treatment policy criterion has been agreed.
- new scientific evidence of effectiveness is published for all patients or sub- groups.
- old scientific evidence has been re-analysed and published suggesting previous opinion on effectiveness is incorrect.
- evidence of increased cost effectiveness is produced.

- NHS treatment would be provided in all (or almost all) other parts of the UK.
- a National Service Framework recommends care.

9 MAKING A COMPLAINT

9.1 Making an IPFR does not conflict with a patient's ability to make a complaint through the Health Boards or JCC's Putting Things Right process, details of which can be found at https://www.gov.wales/nhs-wales-complaints-and-concerns-putting-things-right

9.2 If it is not possible to resolve a concern through local resolution the person raising the concern can refer the matter to the Public Services Ombudsman for

Wales (PSOW). Further information is available on the Ombudsman's website www.ombudsman-wales.org.uk.

Patients are able to access advocacy support at any stage during this process.

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APPENDIX 1: DECISION MAKING FACTORS

Panels may find it useful to consider these factors, but they are not required to look at every factor set out in the table. Furthermore, there may be factors in the table that are not relevant to the individual case. The factors in the table are optional and cannot change the meaning of the criteria under paragraph 4.3 of the Policy.

IPFR Panel Decision-Making Factors	**IPFR Panel Evidence for Consideration in Decision-Making**
PART 9A - SIGNIFICANTLY DIFFERENT AND SIGNIFICANT CLINICAL BENEFIT	
Is the clinical presentation of the patient's condition significantly different in characteristics to other members of that population for whom the recommendation is not use the intervention? Does this presentation mean that the patient will derive a greater clinical benefit from the treatment than other patients with the same condition at the same stage and for whom the recommendation is not to use the intervention?	Consider the evidence supplied in the application that describes the specific clinical circumstances of the IPFR: • What is the clinical presentation of this patient? • Is evidence supplied to explain why the clinical presentation of this patient is significantly different to that expected for this disease and this stage of the disease? This is in context of the population for whom the treatment is not recommended. • Is evidence supplied to explain why the clinical presentation means that the patient will gain a significantly greater clinical benefit from the treatment than another patient with the same disease at the same stage? This is in context of the population for whom the treatment is not recommended.
PART 9B - SIGNIFICANT CLINICAL BENEFIT	
Does the presentation of the patient's condition mean they are likely to gain significant clinical benefit from the intervention requested?	Consider the evidence submitted in the application that describes the specific clinical circumstances of the IPFR: • What is the clinical presentation of this patient? • Does the evidence provided explain why this patient is likely to gain a significant clinical benefit when compared to next best alternative for this patient, which may in some cases be best supportive care?
EVIDENCE BASED CONSIDERATIONS	
Does the treatment work? What is the evidence base for clinical and cost effectiveness?	Consider the evidence supplied in the application, and supplementary evidence (where applicable) supplied by professional advisors to the Panel: • What does NICE recommend or advise? • What does the AWMSG recommend or advise? • What does the Scottish Medicines Consortium recommend or advise? • What does Public Health Wales advise? • Is there advice available from the One Wales Medicines process or Health Technology Wales? • Is there peer reviewed clinical journal publications available? • What information does the locally produced evidence summary provide? • Is there evidence from clinical practice or local clinical consensus? • Has the rarity of the disease been considered in terms of the ability for there to be comprehensive evidence base available? • Does the decision indicate a need to consider policy or service change? If so, refer to service change processes.
ECONOMIC CONSIDERATIONS	
Is it a reasonable cost? What is the cost of the **treatment** and is the cost of the treatment likely to be reasonable? Is the cost of the treatment in balance with the expected clinical benefits?	Consider the evidence supplied in the application, and supplementary evidence (where applicable) supplied by professional advisors to the Panel: • What is the specific cost of the treatment for this patient? • What is the cost of this treatment when compared to the alternative treatment they will receive if the IPFR is declined? • Has the concept of proportionality been considered? (Striking a balance between the rights of the individual and the impact on the wider community), in line with Prudent Healthcare Principles. • Is the treatment reasonable value for money?

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ETHICAL CONSIDERATIONS	
How has the decision been reached? Is the decision a compromise based on a balance between the evidence-based input and a value judgement?	Having considered the evidence base and the cost of the treatment requested, are there any ethical considerations that have not been raised in the discussions? • Is the evidence base sufficient to support a decision? • Is the evidence and analysis of the cost sufficient to support a decision? • Will the decision be made on the basis of limited evidence and a value judgement? If so, have you considered the values and principles and the ethical framework set out in the policy? • Have non-clinical factors been excluded from the decision? • Has a reasonable answer been reached based on the evidence and a value judgement after considering the values and principles that underpin NHS care?

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APPENDIX 2

TERMS OF REFERENCE – INDIVIDUAL PATIENT FUNDING REQUEST PANEL (Health Board)

PURPOSE

The Health Boards IPFR Panel is constituted to act as a Committee of the Health Board and holds delegated Health Board authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board has agreed to routinely provide.

The IPFR Panel will normally reach its decision on the basis of all of the written evidence which is provided to it, including the request form itself and any other documentary evidence which is provided in support of the application.

The IPFR Panel may, at its discretion, request the attendance of any clinician to provide clarification on any issue or request independent expert clinical advice for consideration by the Panel at a further date. The provision of appropriate evidence to the Panel will be entirely at the Panel Chair's discretion.

SCHEME OF DELEGATION REPORTING	MEMBERSHIP AND ATTENDANCE
The IPFR Panel cannot make policy/commissioning decisions for the Health Board. Any policy proposals arising from the panels considerations and decision will ultimately be reported to the Health Board's Quality & Patient Safety Committee for ratification. Financial authorisation is as follows: - The Panel's authorisation limit will be set at the delegated financial limit as per the individual Health Board structure. - Any decisions resulting in a financial cost in excess of this must be reported to the Health Board Chief Executive for budget authorisation.	• Executive Public Health Director or deputy • Executive Medical Director or deputy • Executive Director of Therapies and Health Science or deputy • Director of Pharmacy and/or Chief Pharmacist or deputy • Executive Director of Nursing or deputy • Two Lay Representatives A further two panel members may be appointed at the discretion of the panel Chair, for example a member of the Ethics Committee, Primary Care Director, or Director of Planning. In Attendance: • IPFR Coordinator • Finance Advisor (if required) • Senior Pharmacist (if required)

PROCEDURAL ARRANGEMENTS

Quorum: Chair or Vice Chair plus 2 panel members with a clinical background.

Meetings: The IPFR Panel will normally be at least once per month, either virtually, face to face or a combination of both.

Urgent Cases: Provision will be made for occasions where decisions may need to be made urgently. In these circumstances, the Chair or Vice Chair

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of the IPFR Panel is authorised to make a decision outside of a full meeting of the Panel, within their delegated financial limits.

Recording: The IPFR Coordinator will document the meetings to ensure panel discussions and decisions are appropriately recorded.

Training: All Panel members will receive a local induction.

Panel members should have the opportunity to attend a separate annual refresher session to ensure all members maintain the appropriate skills and expertise to function effectively.

Panel Interest: At the start of the meeting members must declare any personal or prejudicial interests relating to the discussions of the panel.

Consensus: IPFR panel members will seek to achieve decisions by consensus where possible. If the panel is equally split the Chair of the Panel will make the final decision

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APPENDIX 3

TERMS OF REFERENCE – INDIVIDUAL PATIENT FUNDING REQUEST PANEL (JCC)

PURPOSE

The NHS Wales Joint Commissioning Committee's IPFR Panel is managed by NHS Wales Joint Commissioning Committee and holds delegated authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board has agreed to routinely provide.

The IPFR Panel will act at all times in accordance with the All-Wales IPFR Policy taking into account the appropriate funding policies agreed by JCC.

The IPFR Panel will normally reach its decision on the basis of all of the written evidence which is provided to it, including the request form itself and any other documentary evidence which is provided in support of the application.

The IPFR Panel may, at its discretion, request the attendance of any clinician to provide clarification on any issue or request independent expert clinical advice for consideration by the Panel at a further date. The provision of appropriate evidence to the Panel will be entirely at the Panel Chair's discretion.

SCHEME OF DELEGATION REPORTING	**MEMBERSHIP AND ATTENDANCE**
The IPFR Panel cannot make policy/commissioning decisions for the Health Boards. Any policy proposals arising from the Panel's considerations and decisions will be reported to the JCC for ratification. Financial authorisation is as follows: **Individual Patient Packages** The JCC scheme of delegation states that financial approval is required for individual NHS patient treatment charges outside of LTS's and SLA's concerning one off treatment costs exceeding £750,000. Therefore, any approved IPFR treatment exceeding £750,000 needs to be reported to the Joint Committee. **Lifetime costs** The JCC scheme of delegation states that financial approval is	• Independent Chair (from open recruitment) • 2 Lay representatives** • Health Board nominated clinician or clinician deputy. • 2 Vice Chairs (appointed from within the panel membership) • JCC Medical Director or nominated deputy. • JCC Director of Nursing or nominated deputy. A further two panel members from the NHS in Wales may be appointed at the discretion of the Chair of the Panel in conjunction with the JCC Medical and/or Director of Nursing, for example a member of an ethics committee. In attendance from JCC • IPFR Coordinator • Finance Advisor (if required) • Governance Advisor (if required) • Other JCC staff as and when required to clarify on policy/commissioning arrangements/evidence evaluation For particularly complex cases the IPFR Panel may invite other individuals with clinical, pharmacy or commissioning expertise and skills, unconnected with the requesting provider to support decision making.

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required for individual NHS patient treatment charges outside of LTS's and SLA's for lifetime costs exceeding £100,000,000. Therefore, any approved IPFR exceeding £1,000,000 needs to be reported to the Joint Committee. Any decisions resulting in a financial cost in excess of these limits must be reported to the Chief Commissioner for authorisation and the relevant Health Board for information and if over £1 million to the Joint Committee for approval or ratification (if a Chairs action was undertaken).	

** **Definition: Not registered as a healthcare professional, either lay (not currently healthcare worker) or lay plus (no healthcare experience ever) (Health Research Authority 2014) will be eligible.**

PROCEDURAL ARRANGEMENTS

Quorum: The Panel will be quorate with 4 of the 7 Health Boards representatives, 1 JCC Clinical Director or deputy and the Chair or Vice Chair.

Meetings: The IPFR panel will normally be held as a minimum once per month, either virtually, face to face or a combination of both.

Urgent Cases: Provision will be made for occasions where decisions may need to be made urgently.

Where possible, a virtual panel will be held to consider urgent cases. If this is not possible due to the urgency of the request, or availability of panel members, then the Chief Commissioner with either the Medical Director or Director of Nursing and Quality and the Chair of the JCC Panel (or a vice chair) are authorised to make a decision outside of a full meeting of the Panel, within their delegated financial limits, on behalf of the Panel.

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	Urgent cases will be reported at the next scheduled IPFR panel. An electronic National IPFR database of all cases will be maintained by AWTTC.
Recording:	The IPFR Coordinator will document the meetings to ensure panel discussions and decisions are appropriately recorded.
Training:	All Panel members will receive a local induction programme. Panel members should have the opportunity to attend a separate annual refresher session to ensure all members maintain the appropriate skills and expertise to function effectively.
Members Interest:	At the start of the meeting members must declare any personal or prejudicial interests relating to the discussions of the panel.
Consensus:	IPFR Panel members will seek to achieve decisions by consensus where possible. If the panel is equally split the Chair of the Panel will make the final decision.
Reporting:	The IPFR Chair shall: Report formally, regularly and on a timely basis to the Collaborative Commissioning Leadership Group (CCLG) on IPFR activities. Bring to the CCLG's attention any significant matters and ensure appropriate escalation arrangements are in place.
Review of the TOR:	The Terms of Reference of the JCC Panel will be reviewed in line with the All-Wales IPFR Policy.

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APPENDIX 4

TERMS OF REFERENCE – REVIEW PANEL

PURPOSE

The IPFR Review Panel are constituted to act as a Committee of the Health Board and holds delegated Health Board authority to review (in line with the review process outlined in this policy) the decision-making processes of the Individual Patient Funding Request (IPFR) Panel.

The Review Panel may uphold the decision of the IPFR Panel or, if it identifies an issue with the decision-making process, it will refer the issue back to the IPFR Panel for reconsideration.

The Review Panel will normally reach its decision on the basis of all of the written evidence which is provided to it and will not receive any new information.

SCHEME OF DELEGATION REPORTING	MEMBERSHIP AND ATTENDANCE
The Review Panel has delegated authority from the Board to undertake reviews, limited to the purpose set out above. In exceptional circumstances, the Review Panel may also wish to make a recommendation for action to the Board. The action can only be progressed following its ratification by the Board (or by its Chief Executive in urgent matters).	• Independent Board Member – Lay (Chair of the Review Panel) • Independent Board Member (usually with a clinical background) • Executive Director or deputy (with a clinical background) • Representative from Llais • Chairman, Local Medical Committee, or deputy • JCC representative at Director level (as required) In Attendance: • IPFR Senior Officer (governance advisor) • JCC IPFR Senior Officer (as required)

PROCEDURAL ARRANGEMENTS

Quorum: As a minimum, the Review Panel must comprise 3 members (one of whom must have a clinical background, one must be an Independent Board Member, and one must be a Health Board Officer).

Meetings: As required.

Urgent Cases: It is recognised that provision must be made for occasions where reviews need to be heard urgently and before a full panel can be constituted. In these circumstances, the Health Board's Chair can undertake the review together with a clinical member of the Review Panel. This ensures both proper accountability of decision making and clinical input.

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Recording: The IPFR Senior Officer will clerk the meetings to ensure a proper record of the review discussion and outcome is made.

See detail under section 6.12 on how JCC will undertake a review.

APPENDIX 5

NHS Wales Individual Patient Funding Request (IPFR) Policy Implementation Group

Terms of reference

1. Purpose of the Group

The purpose of the NHS Wales IPFR Policy Implementation Group (PIG) is to facilitate the commitment made by Health Boards and the Joint Commissioning Committee (JCC) to adhere to the NHS Wales IPFR Policy, providing and developing assurances systems and guidance to aid the decision making process. This includes areas relating to IPFR's, requests for routine treatment out of area, Interventions Not Normally Undertaken (INNU) and requests for treatment in other parts of the European Economic Area (EEA). The group will:

- Provide strategic leadership for the development and implementation of the IPFR policy and supporting documentation across all Health Boards and the JCC.
- Share good practice across all Health Board areas and promote continuous improvement.
- Review all policies that refer to IPFR to ensure that the policies are up to date, consistent and coherent.
- Provide a forum in which to share advice, support and assistance to ensure deliverance of a consistent process across Wales.
- Explore opportunities to ensure the IPFR process is widely understood by patients and clinicians, providing support on the process and application of IPFR's.
- Use best efforts to ensure the quality of data collection is in line with local and national reporting requirements.
- Monitor identified and emerging risks and advise on their prevention, mitigation and management.
- Work with and support the All Wales Therapeutics and Toxicology Centre on the development of the annual report in relation to IPFR's.
- Utilise the IPFR process to help inform key issues relating to possible future regional and / or national commissioning opportunities.
- Ensure active participation of key stakeholders when and where appropriate.

2. Membership of the Group

The IPFR network group will comprise of;

- A senior IPFR co-ordinator or nominated deputy from each Health Board and JCC.
- A senior member or nominated deputy from the AWTC

Other members may be included in the group as and when required.

3. Chair

The group will be chaired by an appointed member of the group.

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The Chair will provide direction on the implementation of all decisions made by the group in relation to the development of the All-Wales policy, related guidance and assurance mechanisms.

All activities carried out under the auspices of the IPFR Policy Implementation Group are to be undertaken with prior agreement from the group members.

4. Frequency of Meetings

The group will meet bi-monthly. However, due to the nature of the work, the group may be required to meet more frequently on occasions, with additional work being done between meetings via email whenever possible.

The Terms of Reference will be reviewed periodically and amended accordingly.

5. Quorum

The quorum will be made up of any 5 members of the IPFR Policy Implementation Group.

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BOARD

UNCONFIRMED

MINUTES OF THE MEETING HELD ON 24 SEPTEMBER 2025 AT 09:30

HELD VIA MICROSOFT TEAMS

MEMBERS		
Carl Cooper	CC	Chair
Hayley Thomas	HT	Chief Executive Officer
Mererid Bowley	MB	Executive Director of Public Health
Steve Elliot	SE	Independent Member (Finance)
Mick Giannasi	MG	Independent Member (General)
Pete Hopgood	PH	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive
Rhobert Lewis	RL	Independent Member (General)
Elaine Lorton	EL	Executive Director of Primary Care, Community and Mental Health
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Ian Thomas	IT	Independent Member (General)
Kirsty Williams	KWi	Independent Member Vice-Chair
Debra Wood-Lawson	DWL	Executive Director of People and Culture
Kate Wright	KW	Executive Medical Director
Simon Wright	SW	Independent Member (University)
IN ATTENDANCE		
Katie Blackburn	KB	Regional Director Llais
Stuart Bourne	SB	Consultant in Public Health
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
Hayley Hughes	HH	Corporate Business Manager (Minutes)
Chris Moss	CMo	Assistant Director of Performance and Commissioning
Samantha Ruthven-Hill	SRH	Assistant Director of Planning
Liz Patterson	LP	Head of Corporate Governance (meeting support)
APOLOGIES FOR ABSENCE:		
Ronnie Alexander	RA	Independent Member (General)
Nina Davies	ND	Associate Member (Director of Social Services, Powys County Council)
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning

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Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Cathie Poynton	CP	Independent Member (Trade Union)
Chris Walsh	CW	Independent Member (Local Authority)

1. PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB/25/69)

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

CC recognised that it was the last Board meeting for KWi, Vice Chair, who would be leaving the Health Board on the 30 September to take up a new role as Chair of Cardiff and Vale University Health Board and for CR who would be retiring on the 10 October.

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

1.2 DECLARATIONS OF INTEREST (PTHB/25/70)

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

1.3 BOARD ACTION LOG (PTHB/25/71)

The action log was presented, and it was noted that there were two open actions:

- The Integrated Quality and Performance Framework update would be provided at Item 4.3 on the agenda.
- The People Experience Framework item is overdue. CR advised that a detailed report would be presented to the Patient Experience, Quality and Safety Committee in October and onto Board in November. The Board agreed a date change to November 2025.

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

1.4 PATIENT EXPERIENCE STORY (PTHB/25/72)

CM introduced the patient experience story to the Board, and a video of the patient story was presented.

CC expressed gratitude to the patient for sharing their story, highlighting its thought-provoking and affirming nature and emphasised the value of the service and the expertise of the staff.

1.5 QUESTIONS TO THE BOARD FROM THE PUBLIC (PTHB/25/73)

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

CC acknowledged that the Annual General Meeting had taken place on the 15 September 2025, where a number of questions from the public were received and answered.

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1.6 UPDATES FROM: (PTHB/25/74)

REPORT FROM THE CHAIR

CC presented the report and invited questions. CC advised that the Public Services Ombudsman for Wales annual correspondence had contained some inaccuracies, which the Ombudsman will correct and reissue. The letter was withdrawn, and the corrected version would be reviewed at the Patient Experience, Quality and Safety Committee and return to Board in November 2025.

REPORT FROM THE VICE CHAIR

KWi presented a verbal update and highlighted the following key points:

- The Power of Discharge Committee had convened and continued to be an invaluable resource, ensuring compliance with mental health legislation.
- The Regional Partnership Board (RPB) and its associated boards have been engaged in several development sessions aimed at shaping the future work of the RPB.
- This meeting marked KWi's last as Vice Chair. KWi expressed heartfelt gratitude to all Board colleagues for their support, camaraderie and friendship. Special thanks were extended to every member of the Health Board staff for their unwavering dedication to providing the best possible service to the people of Powys.

REPORT FROM THE CHIEF EXECUTIVE

HT presented the report and invited any questions.

Given the recent changes and new proposals for stroke services, how will the absence of an all-Wales plan affect the strategic vision for Powys and other health boards?

KW acknowledged the complexity of stroke services and noted that potential service changes are being discussed. The health boards were actively engaged in reviewing these changes, working through the implications and safeguarding the treatment of residents; it is clear that a joined up plan is necessary. KW chairs the Mid Wales Advisory Group, which reviewed and commented on changes in the Mid Wales area. This work was commissioned, providing an opportunity for shared learning. KW believed that one of the recommendations would likely be to address the issue at a national level, not just regionally. This is a work in progress and something that would be promoted. HT added that the various pieces of work were regularly discussed, with a need to contain and review them at a national level. Further discussions would take place to address some of these issues, particularly relating to stroke.

Are the new third sector commissioning framework and the strategic commissioning framework aligned? Will service providers be involved in discussion during the third sector review to address their concerns and will the outcomes of the third sector commissioning work support the strategic frameworks?

HT acknowledged that reviews could cause concern, but the framework ensures a thorough approach involving conversations and input from relevant organisations. Work will continue through quarter three, reporting back to the Executive Committee and other appropriate committees. HT emphasised the complexity of aligning various frameworks at local, regional and national levels and the importance of prioritisation. The annual delivery plan will integrate these elements, with performance monitored through Board reporting and a clear change control process in place.

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Can you provide assurance that there is a mechanism in place to deliver actionable and measurable improvements from the Grant Thornton work in real time, rather than waiting for a formal report?
HT assured the Board that Grant Thornton has been appointed to support the externally escalated review of finance, planning and strategy, with a focus on financial sustainability, commissioning and continuing healthcare. Fieldwork is already underway, and findings will be shared in real time, rather than waiting for formal reports, to help the Board take timely and unified action to improve the in-year financial position.

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/25/75)

The following Chair's Assurance Reports were received:

Charitable Funds Committee
CC presented the item which provided an overview of matters considered by the Committee on 15 September 2025.

Finance and Performance Committee
HB (in the absence of the Chair of the Committee) presented the item which provided an overview of matters considered by the Committee on the 2 September 2025. Attention was drawn to the following matters:

- The Committee received the month four financial performance report and month three Integrated Quality and Performance report, giving the Board assurance that those earlier reports had been scrutinised by the Committee.

Planning, Partnerships and Population Health Committee
RL presented the item which provided an overview of matters considered by the Committee on the 14 August 2025. Attention was drawn to the following matters:

- The Committee were updated on the responsibilities of the Health Board regarding Additional Learning Needs and the need for compliance is expected to increase; the Committee will receive a further update in six months' time.

Patient Experience, Quality and Safety Committee
KWi presented the item which provided an overview of matters considered by the Committee on 31 July 2025. Attention was drawn to the following matters:

- Pleased to note that the Executive Committee had de-escalated the Children and Young People Neurodevelopmental service, following notable improvements and staff efforts. Parent groups have been introduced, providing valuable feedback and helping shape the service. Further updates on financial sustainability and qualitative date would be shared at the next Committee.
- Patient Experience: The Committee had raised concerns about capacity but were pleased to note that a dedicated resource is now in place to co-ordinate the organisation's various patient experience collection methods.

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Executive Committee

HT presented the item which provided an overview of matters considered by the Committee on the 23 July, 06 August, 15 August, 20 August and 03 September 2025. Attention was drawn to the following matters:

- Digital Infrastructure: The Committee discussed the need to replace the WCCIS system, with ongoing work feeding into the national programme led by Digital Health Care Wales.
- Radiology Equipment Upgrade: A replacement programme for radiology and PACS systems is progressing, supporting improved information sharing across Health Boards.
- Digital Maturity Assessment: A self-assessment of digital maturity had been completed and submitted as part of the national review across Wales.

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

1.8 REPORT OF THE REGIONAL DIRECTOR OF LLAIS (PTHB/25/76)

KB presented the report to the Board. The following key items were brought to the Board's attention:

- Hywel Dda University Health Board (HDUHB) Stroke Services Consultation: Noted significant public concern regarding proposed changes to stroke services, particularly in light of temporary changes in neighbouring Health Boards. Llais is advocating for a more coordinated approach for Powys patients and will be making representations to HDUHB, which they are happy to share with the Health Board.
- Engagement event held in Crickhowell regarding Nevill Hall Hospital was well attended. Feedback from the event has been submitted to Aneurin Bevan University Health Board as part of the consultation process.
- Additional Updates:
  - Dates for upcoming Llais Local events were included in the report.
  - Llais had attended all Better Together engagement and deliberative events, but not the Options Appraisal to maintain independence.
  - Recruitment underway for a Complaints Advocacy and Engagement role.
  - Recently informed of a review into Shrewsbury and Telford Hospital concerning maternity and other care issues, this will be followed up as more details emerge.
- On behalf of Llais Powys and Llais Wales, KB wished KWi and CR the very best for the future.
- Concern raised about an overreliance on digital communication, which is not unique to Powys and is being observed more broadly

KB was invited to make observations on the reports scheduled for Board, KB commented as follows:

- Whilst the Strategic Commissioning framework report references the duty of quality and candour, it is important to note that commissioned services are also subject to legislation related to the Citizens' Voice Body this includes aspects such as public representation and visits and should be noted within the Framework
- KB observed a possible correlation between performance statistics and breaches with the reduction in agency staff, suggesting this may warrant further exploration.

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Independent Members asked the following questions for assurance:
Given the inclusion of Social Care services under Llais' remit, do you meet jointly with Health and Social Care representatives to avoid addressing them separately and potentially resolve issues more efficiently?
KB assured that at Llais Local events, a report is compiled detailing specific issues and an action plan; a stakeholder meeting is then co-ordinated to facilitate discussion and follow-up.

CR noted that the report notes ongoing patient confusion regarding the complaints process, despite the presence of the Putting Things Right framework. CR advised that once the new Executive Director of Nursing commences in post a meeting will be held with the Head and Assistant Head of Quality, alongside Llais, to explore what patients find unclear about raising concerns. It was agreed that this would be captured as an action to provide assurance to the Board that steps are being taken collaboratively to improve communication and public understanding of the complaints process.
Action: Executive Director of Nursing, Quality, Women and Family Health.

Given the strong focus on Knighton and Presteigne, how is Llais planning to adopt a place-based approach to engagement and advocacy that ensures coverage across the whole county?
KB responded advising that Llais plans to deliver four Llais Local events, six public fora and three volunteering events annually, ensuring activity in each of Powys' 13 localities throughout the year. In addition, Llais will participate in all 13 Better Together engagement events, contributing to broader efforts to hear and engage with communities across the county.

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

2. CONSENT AGENDA BUSINESS

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

3. ITEMS FOR APPROVAL/RATIFICATION/DECISION

3.1 STRATEGIC COMMISSIONING FRAMEWORK (PTHB/25/77)

CMo presented the Board with an update on the proposed Strategic Commissioning Framework for the Health Board. The following key items were brought to the Board's attention:

- The framework outlined how Powys Teaching Health Board would commission delegated services to meet population health needs, aligned with NHS Wales quality principles.
- It aimed to shift from transactional contracting to strategic commissioning, focusing on outcomes, sustainability, and recovery.
- The framework excluded primary care, continuing healthcare, and out-of-area mental health placements but included third sector services.
- It proposed an annual commissioning plan and cycle covering strategic planning, service design, assurance, and evaluation.
- Expected outcomes were aligned with the Healthier Wales quadruple aim and NHS Wales performance measures.
- Governance arrangements were detailed, including oversight groups and internal programmes such as Better Together.

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- A delivery confidence assessment identified strengths in performance management and contracting, with improvement areas in population health assessment and evidence appraisal.
- Implementation was to be phased in line with the 2025–26 and 2026–27 annual plans, with commissioning intentions to be discussed further at a Board development session.

Independent Members asked the following questions for assurance:

Why is primary care not included in the strategic commissioning framework?
EL explained that primary care, complex care, and external mental health commissioning were excluded due to historically separate commissioning approaches and legislation that related to Continuing Healthcare (CHC) also influenced this exclusion. The importance of the observation was acknowledged and EL committed to exploring how these areas might be incorporated into the framework in future discussions with CMo.

Have other health boards or trusts had adopted a strategic commissioning framework (SCF), and if so, what substantial added value it had brought?
HT responded that while different organisations used varied terminology, many had adopted commissioning approaches. HT highlighted that Powys had previously benefited from commissioning assurance arrangements, which broadened the focus beyond finance and access targets to include governance, quality, and outcomes, and also noted that the framework drew on evidence from English counterparts to consolidate a consistent strategic direction.

How confident the Health Board was in accessing data, particularly from providers across the border, given known issues with data reliability?
CM stated that the Health Board had reasonable assurance regarding data access, although some issues had arisen in the past year. Most concerns had been addressed, except for one ongoing issue which related to referral data from primary care. This discrepancy was being actively resolved, and further details would be shared in the IQPR Month 4 report.

Can more detail be provided on how the framework would be implemented, particularly regarding improving financial sustainability, service prioritisation, and delivery milestones?
The need for more detail was acknowledged, and it was confirmed that this would be provided through the annual commissioning plans. These plans would outline targeted services, expected outcomes, and timelines. Commissioning intentions were being developed and would be presented at the October Board development. The query on programme budgeting was acknowledged, and it was confirmed that relevant areas would be explored through the commissioning intentions and annual plan.

Would the framework's implementation would address staff capacity and capability and not be purely process-driven?
CM confirmed that a competency, capability, and capacity assessment had been undertaken and while some areas were strong, others required improvement. Board were assured that these gaps would be addressed to ensure effective involvement of people and systems in implementing the framework.

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MB emphasised that prevention should be integrated throughout commissioning pathways, including primary and secondary care. Discussions with NJ were underway to embed prevention more effectively and confirmed that a public health consultant specialising in healthcare public health would join the commissioning framework group.

HT summarised that the framework outlined the processes that continue and formalises the overall approach. There is a strong emphasis on financial sustainability and the citizen voice, which could be more explicitly addressed upfront. While other health boards have commissioning models, the Powys approach needs to be broader. It was noted that there is a need for further assurance around implementation, particularly regarding primary care, CHC and mental health and that this will be provided through ongoing reporting.

CC advised that in approving the Strategic Commissioning Framework, the Board acknowledges it will undergo further amendment as a result of today's discussion and through the Chief Executive report, at a future meeting, the Board would receive assurance that those amendments had been made and incorporated. The Board will also be sighted on the implementation plan and the implementation actions that fall out of the framework.

The Board **APPROVED** the proposed Strategic Commissioning Framework for phased implementation during 2025/26.

3.2 PREVENTING THE PREVENTABLE: POPULATION HEALTH STRATEGIC FRAMEWORK FOR POWYS 2025-2035 (PTHB/25/78)

SB joined the meeting. MB presented the proposed Population Health Strategic Framework which set out the actions for improving health and wellbeing in the Powys population, also serving as the Director of Public Health Annual Report for 2025.

It was noted that the Population Health Strategic Framework adopts an evidence-based approach centred on understanding the health of the Powys population, examining key diseases, their causes and modifiable risk factors. It highlights health inequalities, noting that while Powys residents live longer than the Welsh average, many spend significant years in poor health, particularly in deprived areas. The framework outlines evidence-based interventions across the life course (Start Well, Live Well, Age Well) and incorporates a return-on-investment methodology to prioritise actions that offer measurable societal and economic benefits. It draws on research and modelling to support informed decision-making and resource allocation.

Independent Members asked the following questions for assurance:

How can the Health Board use the evidence base and return-on-investment insights from the report to prioritise actions and make informed investment decisions that support a shift to prevention, while managing immediate financial pressures and ensuring long-term sustainability?

MB advised that prioritisation would be discussed during the development of the next annual plan, with Board involvement. The need to shift towards prevention

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to address growing acute pressures was emphasised and it was noted that the framework provided strategic direction for population health improvement.
SB added that while some interventions had a time lag, others, such as programmes for older people, could yield returns within 18 months. It was important to balance scale, timing, and impact on inequalities when prioritising actions.

Given the 112 proposed actions in the report, how will the Health Board prioritise those with the greatest impact on resources, particularly in light of the return-on-investment methodology and the increased focus on prevention?
MB confirmed that prioritisation would be embedded in the annual planning process and that the framework would guide strategic decisions. Some actions were already underway, and further detail would be discussed at a Board development session.

How can the Health Board allocate resources to prevention programmes amid financial constraints, and how can the Board support population health literacy and counter misinformation, particularly around vaccines?
SB acknowledged the importance of health literacy and confirmed that it was included in the "Live Well" section of the report, specifically on page 35. He endorsed health literacy as a high-return area of action.
MB added that prevention should be embedded across commissioning pathways and highlighted the impact of early interventions, such as RSV vaccinations and childhood obesity programmes. The need for collective action and strategic focus was stressed.

How will the Health Board ensure that the proposed actions from the report are appropriately prioritised, embedded within the annual plan and co-ordinated with partner organisations, while also benchmarking Powys against comparable regions to better understand and address health inequalities?
MB agreed that collaboration with external partners was essential and confirmed that further actions would be considered for inclusion in the next annual plan. She acknowledged the value of comparative analysis and committed to exploring how Powys could be benchmarked against similar areas.

The Board **DISCUSSED** and **APPROVED** the Framework.

SB left the meeting.

3.3 DIRECTOR OF CORPORATE GOVERNANCE REPORT (PTHB/25/79)

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

- Board activity since the last meeting on the 30 July 2025.
- Board Committee Membership: initially agreed in July, this had been updated to reflect changes in chairing responsibilities. Due to KWi leaving, SW will now assume the chairing duties of the Patient Experience, Quality and Safety Committee.
- Healthcare Professionals Forum: a draft Terms of Reference for the Healthcare Professional Forum was included with the report. The Forum will provide clinical and professional advice to the Board and is expected to meet quarterly. It will operate alongside the Clinical Reference Group which had been established for the Better Together programme.

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- The petitions protocol annual update was appended.

Independent Members asked the following questions for assurance:

What is the anticipated timescale for establishing the Healthcare Professionals Forum and when will the Chair be agreed and recommended to the Cabinet Secretary for appointment?
HB advised that the appointment of the Chair would be confirmed as part of the formal establishment process, with a recommendation submitted to the Cabinet Secretary. The Forum is anticipated to be operational by the end of the calendar year.

An observation was raised regarding the Terms of Reference for the Healthcare Professionals Forum, noting a duplication between sections 1.2 and 1.4
HB acknowledged the point and confirmed that the duplication would be rectified.

The Board:

- **RECEIVED** the Director of Corporate Governance report.
- **NOTED** the changes to Board Committee membership for 2025/26.
- **APPROVED** the terms of reference for the Healthcare Professionals Forum (HPF), drawn from the model standing orders.
- **RECEIVED** and took **ASSURANCE** from the annual update on Petitions that PTHB is compliant with its own protocol.

3.4 MINUTES OF PREVIOUS MEETING HELD ON 30 JULY 2025 (PTHB/25/80)

The minutes of the meeting held on the 30 July 2025 were **AGREED** as an accurate record.

Matters Arising:

- Under item 3.2, SW queried the status of the Wye Valley Trust invoice. HT advised that there was no further update at this time and that the matter had been escalated.
- Under item 3.4, SW asked for progress on the data issues related to Shrewsbury and Telford Hospital NHS Trust. HT confirmed that the data issue had been fully resolved and that ongoing revalidation of the data would continue.

4. ITEMS FOR BOARD ASSURANCE

4.1 BETTER TOGETHER (PTHB/25/81)

DWL presented the Board with an update and recent activity on the Better Together programme.

Independent Members asked the following questions for assurance:

How are staff responding to the overall process, and can the Board gain insight into how this is working in practice?
DWL advised that the formation of the Better Together Portfolio Board took time, but momentum has built with multiple workstreams and daily meetings now in place. While the process presents challenges in balancing resources and priorities, there is growing consistency in understanding the importance of the work. Staff

Papers will be published 21/11/2025 09:30:43

feedback has shown varying levels of awareness, with some initial testing during site visits. Continued engagement and open conversations are helping to maintain momentum. KW noted that staff and primary care colleagues have shown strong enthusiasm and constructive participation in workshops and events, which has been encouraging.

As the Health Board moves into the next stage of consultation, what learning can be taken from other Health Boards that are further ahead, particularly regarding the volume of responses, timelines and ensuring due diligence in the assessment process?
DWL assured that the team was actively learning from other Health Boards and service change processes, drawing on direct experience and external clinical expertise to inform the design and delivery of local engagement. The volume of public responses received elsewhere, such as in HDUHB, is being closely monitored to understand potential implications for Powys. It was noted that these insights are helping shape local planning, timelines and communication strategies. The organisation remains well networked and committed to adapting its approach based on lessons learned from others, ensuring due diligence and responsiveness throughout the consultation process.

Given the range of polarised views and differing expectations expressed during engagement, what steps are being taken to reach consensus and manage expectations, recognising that not everyone will get what they want from the process?
DWL noted that a range of scenarios, from doing nothing to establishing a District General Hospital, were tested during the options appraisal process. These were explored with key clinicians and support teams on a non-financial basis and are now being assessed through financial and estates criteria. The process has revealed varying levels of understanding and support, which is typical in complex service change. A key focus is on maintaining transparent engagement and explaining how decisions evolve and ensuring space for dialogue so that individuals understand why certain preferred options may not be viable. KW noted that staff feedback has been actively sought following workshops and events, with positive engagement noted. This feedback is helping to refine methods and improve communication. It was noted that executive leads are continuing to evaluate community and mental health models and there is recognition that while many understand the need for change, uncertainty can cause anxiety. The Executive Team is committed to ongoing and honest engagement with communities and staff as options emerge, acknowledging the tension between moving at pace and bringing people along with the process.

The Board **RECEIVED** and took **ASSURANCE** from the Better Together Programme update.

4.2 FINANCIAL PERFORMANCE: 2025/26 - MONTH 05 (PTHB/25/82)

PH updated the Board on the financial performance report for month five and brought the following key items to the Board's attention:

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- Overall Position: Reported overspend of £15.7M against a planned deficit of £11.8M, resulting in an adverse variance of £3.9M.
- Forecast deficit remains at £28.3M.
- Key Cost Pressures:

- Commissioned activity: Increased costs due to NHS England tariff uplifts.
- Unplanned care: Previously assumed funding not confirmed; validation of price increases ongoing.
- Continuing Healthcare (CHC) and Complex Care: Ongoing overspend, particularly in mental health provider spend.
- Agency and Locum Spend: Still a concern but showing month-on-month improvement.

- Areas of Overspend: Healthcare services from other bodies; Commissioned services (private and voluntary sector) and Continuing Healthcare.
- Underspend present in some areas but insufficient to offset pressures.
- Mental Health and Learning Disabilities has been escalated as a focus area due to high agency, locum and private provider costs.
- Regular executive oversight in place to improve run rate and forecast.
- Savings Programme Target: £23.0M; £16.6M in green schemes (high confidence of delivery).
- Remaining gap: £6.4M, with £2.9M already impacting current position.
- Prescribing is on track to deliver £1.5M in savings through cost mitigation.
- CHC Position: Slight overspend of £323,000 as at month five.
- Joint Commissioning Committee: Pressure noted; risk of increasing overspend.
- Private Providers (Mental Health): Rising costs due to increased demand; mitigation actions underway.
- Capital Allocation: £6M fully planned and on track; no escalation required.
- Underlying Deficit: Assessed at £42M, factoring in non-recurrent actions and pressures.
- Continued emphasis on cost control, efficiency and value for money.
- All budget holders encouraged to reduce run rates and manage spend proactively.

Independent Members asked the following questions for assurance:

It had previously been assumed that government funding would offset the additional costs associated with NHS England commissioning. However, this assumption did not materialise. What is the likelihood of such funding being made available in the next financial year?
PH advised that NHS England applies an annual cost uplift factor to its tariffs. This year, an additional 13% increase was applied specifically for unplanned care. However, this uplift is not guaranteed annually and at this stage, PH cannot confirm whether similar increases or funding support will occur next year.

In relation to the Joint Commissioning Committee (JCC), is the Health Board confident that the JCC will be able to control the current overspend? If financial control is not achieved, are health boards obliged to cover any resulting deficit?
HT advised that after the release of today's Board papers, an additional JCC meeting had been held to address the concerning financial position of the committee. HT explained that all participating health boards acknowledged the need for further actions to recover the position, as failure to meet the JCC plan would result in health boards being obliged to cover the deficit. Due to the existing risk-sharing agreement, Powys and Betsi Cadwaladr University Health Boards are disproportionately affected by growth in NHS England activity. The JCC team is currently developing mitigation options, including reviewing planned investments

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and referral management arrangements, to help manage the financial pressures. While no specific actions have been agreed yet, work is actively underway to bring forward proposals for consideration by the health boards.

There is significant concern about the increasing operational deficit, which appears to have doubled in one month due to the inclusion of risks around English tariffs. Can further assurance be provided regarding the controls in place before placements are made with high-cost external providers, particularly in mental health and learning disabilities?
EL advised that placements with high-cost external providers in mental health are often made at the point of crisis, typically involving individuals who are severely unwell and sectioned under the Mental Health Act, requiring urgent intervention. While this limits the ability to apply additional governance at the point of placement, a weekly control panel has been introduced to review each case and plan for appropriate repatriation. EL advised that the service area is also developing additional assessment capacity within the Health Board to better understand patient needs and ensure appropriate care pathways.

Given the current risk of breaching the agreed financial plan of £28.3M, and the assurances provided to WG, what further actions are being developed to ensure the Health Board remains remain on track to deliver the plan?
PH stated that further actions are being actively developed in collaboration with executive colleagues, including enhanced oversight of high-cost areas such as mental health and learning disabilities. These include reviewing referral management processes, planned investments and identifying alternative care pathways to mitigate financial pressures. The organisation remains focused on closing the savings gap and maintaining delivery against the agreed financial plan.

It is halfway through the financial year with a £4M gap in current spending and £6.5M of savings still to be resolved. What can be done to address this gap and more importantly, when should the Health Board act? Last year, the Health Board faced a similar situation and responded too late. When is the right time to recognise that the gap may not be recoverable and that a different approach is needed?
PH advised on two key approaches being taken. First, the team are ensuring clarity around which elements of the financial plan are being delivered and which pressures were unforeseen. Some of the shortfall in savings was expected to be offset by operational underspends, but emerging pressures (such as NHS England tariff increases) had impacted that. PH advised that the costs are continuing to be validated. PH also noted that a significant portion of the variance relates to a £2M shortfall in savings from private provider placements, which is under active review and also referred to the work with Graham Thornton, in identifying further opportunities for savings. Any viable options would be implemented immediately.

HT stated that the Board would be advised of the financial position at month six, which would be critical in determining how much of the current gap can be addressed. If a gap remains, the Board will need to take urgent action at that point. It was noted that the external support from Grant Thornton is expected to assist in identifying and implementing solutions. The timeline aligns with the monthly return to WG, making month six a key decision point.

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The Board:

- **RECEIVED** the financial report and
- took **ASSURANCE** that the organisation has effective financial monitoring and reporting mechanisms in place.
- **CONSIDERED** and **DISCUSSED** the financial forecast for 2025/26 of £28.3m and underlying deficit of £42.1m.

4.3 INTEGRATED QUALITY AND PERFORMANCE REPORT 2025/26: MONTH 04 (PTHB/25/83)

CMo presented the month four report to the Board and brought the below key items to the Board's attention:

- Planned Care – Diagnostics (Measure 26): Breaches increased from 139 (June) to 144 (July), mainly due to echocardiogram delays. Mitigating actions include sourcing additional cardiac physiologist capacity.
- Referral to Treatment (RTT): Health Board remains compliant with 52-week new outpatient and 104-week treatment targets. Fragility in in-reach services were noted and would be addressed via the Strategic Commissioning Framework.
- Therapies (Measure 28): Breaches rose from 20 (June) to 37 (July), linked to staffing vacancies. Recruitment and agency support is underway; hand therapy flagged as a key challenge.
- Audiology (Measures 29 and 30): Minor breaches over 6- and 14-week targets due to capacity issues. Mitigating actions are in place.
- Index Colonoscopy (Measure 8): Performance remains escalated due to single consultant capacity. Mitigations detailed in the report.
- Commissioned Services – RTT: Shrewsbury and Telford: 331 patients over 52 weeks, 0 over 104 weeks. Robert Jones and Agnes Hunt: 824 over 52 weeks, 56 over 104 weeks (spinal and orthopaedic subspecialties).
- Cancer Performance (Measure 25): 62-day target remains challenging. NHS Wales improved from 57% (June) to 66% (July). Wye Valley Trust showed consistent improvement and exceeded the All England average.
- Data Reporting Issue: Shrewsbury and Telford Hospital breaches only reported over 104 days due to data source change. Full reporting to resume from month five.
- Urgent and Emergency Care (Measures 19–24): New ambulance response categories (purple/red) have been introduced. Powys performance under review for the red category. No commissioned services meet 4- or 12-hour targets; Welsh Emergency Departments outperform NHS England.
- The Wales framework to support quality and safety improvement will be included in Board reporting from October 2025.
- NHS Wales dashboard on enabling actions now live; to be integrated into future performance reports.
- A Commissioning Oversight and Assurance Group had been established, chaired by NJ to inform quarterly integrated quality reports.

Independent Members asked the following questions for assurance:

Is there a correlation between increasing breaches and decreased agency spend?

EL confirmed there is no direct correlation between agency changes and the performance breaches outlined in the report. Most agency adjustments have been supplemented through recruitment and bank staffing, with some relating to

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psychiatry medics and community service groups but not specifically linked to the reported breaches.

Can the Board continue to receive updates on amber ambulance response times, given they include serious conditions and may involve delays in reaching detailed care?
CMo confirmed that updates to the ambulance response framework were expected by the end of the year, including new categories to replace the current amber reporting mechanism. These changes would be reflected in future reports.

How is the Health Board ensuring adequate audiology service coverage across Powys, given reliance on a single clinician and the county's rural geography?
CM clarified that, as Powys does not have a District General Hospital, the Health Board provides only community services, with acute services commissioned externally. The audiology service is currently delivered by one post shared between two clinicians, allowing county-wide coverage and flexibility for leave. Due to the small scale and rural nature of Powys, the service is vulnerable to breaches. However, governance and supervision arrangements with Swansea Bay are strong, and future service expansion is being explored.

How can the Health Board reconcile reported compliance in mental health assessments for under-18s and adults with patient feedback from Llais indicating continued difficulties in accessing assessments?
What assurances can be provided regarding the decline in care and treatment plan performance, and what actions are being taken by Powys County Council to address capacity issues?
EL assured the Board that the reported mental health performance measures are aligned with the Llais report, particularly in relation to care and treatment plans, which are held by various professionals across organisations. It was noted that while the Health Board is required to report on these, the Local Authority is not, though collaborative working practices remain strong. The introduction of the 111 press 2 service has improved access by removing the need for GP referrals, with assessments now measured against defined targets. However, public awareness of the service remains limited, and further communication is needed to address the gap between perceived and actual access. Some performance issues are linked to internal systems, including the implementation of a single point of access, with significant improvements expected by late October to mid-November.

Will the Health Board be accountable for quality outcomes in commissioned services under the new National Quality Outcomes Framework, and would it be possible to differentiate between local and commissioned service performance??
CR stated that accountability and differentiation between local and commissioned services were still being determined. Discussions with NHS Wales Performance and Improvement colleagues were planned, and integration into existing frameworks was underway.

Why are the three healthcare-acquired infections (HCAI) not rated in reporting, and could this indicate an underlying issue?
CR responded that the HCAI measures were reported monthly to Welsh Government and were extremely low. Powys was not required to report them to the HARP team, and infection control data was typically reported by acute

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providers. Work was ongoing with Public Health Wales to understand infections from a population perspective.

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

4.4 PROGRESS AGAINST THE ANNUAL DELIVERY PLAN 2025/26 QUARTER 1 (PTHB/25/84)

SRH presented the report and brought the below key items to the Board's attention:

- The report covered the full scope of the annual plan, aligning with local health needs and national requirements, including ministerial priorities outlined in the NHS Wales planning framework.
- In-year updates reflect the Ministerial Advisory Group (MAG) report on performance and productivity, with the progress report redesigned to align with its recommendations.
- The report shows strong progress: 42% of actions are on track or completed, 11% are flagged as at risk and 1% are not yet started.
- Key achievements are highlighted in the cover report.
- Following today's discussion, the report would be submitted to WG as the formal Q1 progress update.

Independent Members asked the following questions for assurance:
On page 6, there is a reference to a recommendation for Welsh Government to carry out a rapid targeted investment review. Has this taken place, and is any investment expected for Powys as a result?
EL advised that at present, there is no clear indication that the review has been concluded or that any associated funding will be made available. No outputs from the review have been received and no investment has been secured to date.

It was noted that the MAG review included several recommendations, some with specific timelines and others as part of broader national work. The Health Board continues to track local progress against these recommendations. The term *rapid* was noted as a concern, and it was proposed that an update on the review be brought to a future meeting for further clarity and assurance.

The Board **CONSIDERED** the report ahead of submission to Welsh Government and took **ASSURANCE** that there is a process in place for monitoring progress against plan.

4.5 DUTY OF QUALITY ANNUAL REPORT 2024/25 (PTHB/25/85)

CR presented the Duty of Quality Annual Report 2024/25 to the Board.

Independent Members asked the following questions for assurance:
Given the consistently low percentage of patients reporting, they received assistance when needed, what actions can be taken to improve patient experience in this area?
CR advised that the current approach to gathering patient experience data involves disseminating Civica questions to service users, but there is a need to better understand where responses are coming from and whether specific service

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areas require closer attention. Work is underway to analyse feedback at the service level and while Welsh Government promotes a generalised questionnaire, there is flexibility to develop bespoke surveys if needed. The focus is on interpreting the data meaningfully and it is proposed that this will be done through the People's Experience Framework to ensure targeted improvements across services.

The Board took **ASSURANCE** from the Duty of Quality Annual Report which provides progress and areas for improvement for 2024-2025.

4.6 NURSE STAFFING LEVELS 2024/25 (PTHB/25/86)

CR presented the annual Nurse Staffing Levels 2024/25 update to the Board.

Independent Members asked the following questions for assurance:
How does the statutory duty to achieve financial balance relate to the statutory duty to deliver safe and effective care, particularly in light of rising agency costs; and how are tensions between these duties managed?
CR advised that the Executive Team regularly discusses the balance between statutory duties, particularly in relation to safe staffing levels and financial constraints. A risk-based approach has been adopted to reduce agency usage while maintaining professional nursing standards, as set in collaboration with the Director of Nursing. Assurance around the quality of care is monitored through indicators such as incidents, concerns and complaints. These discussions are ongoing at Executive Committee level to ensure legislative requirements are met. It was acknowledged that, given Powys' unique geography and service configuration, there is no simple solution and further cross-referencing of statutory duties would be beneficial to fully understand their implications.

The Board:

- Took **ASSURANCE** that the Health Board meets its statutory requirements under Section 25A of "The Act".
- Took **ASSURANCE** that arrangements are 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 COVID AND INFLUENZA VACCINATION PROGRAMME (PTHB/25/87)

MB presented the report to the Board and drew attention to the following key matters:

- Covid-19 Vaccination: this continues as a twice-yearly programme with the same eligible groups for autumn as in the spring. Vaccination in care homes began in September, with wider rollout starting from 01 October, prioritised by eligibility.
- Flu Vaccination: Delivered through a blended model involving GP practices, pharmacies and Health Board support where uptake is low.
- Two major changes include:
  - Welsh Government now purchase flu vaccines centrally, co-ordinated through Health Boards and MB reported that this transition had been smooth.
  - All providers must use a central system to record vaccinations, enabling targeted delivery and improved tracking.

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Independent Members asked the following questions for assurance:
Does the Health Board have consistent year-on-year data available to demonstrate whether vaccination programmes, particularly for influenza and Covid-19, are consistently reaching capacity, or if fluctuations in uptake are being observed?
MB advised that vaccination uptake data is routinely monitored and there has been a noticeable decline in both Covid-19 and influenza vaccine uptake since the pandemic, with some localised areas showing reduced engagement. This trend is not unique to Powys and reflects a broader national pattern. In response, a targeted piece of work was undertaken in the spring to survey individuals who actively declined the Covid-19 vaccine, aiming to understand their reasons and to inform strategies to address concerns and improve future uptake.

The Board:

- **NOTED** the National changes made to the flu and COVID-19 Immunisation programmes.
- **NOTED** the new vaccine supply arrangements of central distribution of vaccine for the Adult National Influenza Immunisation Programme 2025-2026.
- **NOTED** the blended delivery models and complex logistics to deploy the COVID-19 and influenza programmes, and that 'agile' deployment throughout the delivery phase to maximise uptake rates.
- Took **ASSURANCE** that the Health Board has in place an appropriate plan for the COVID-19 and Influenza Programme for 2025/26 and that delivery will be continually monitored and adapted to maximise uptake.

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 (Local Partnership Forum).
- **FOR ASSURANCE:** Assurance Report of the Board's Advisory Group.
- **FOR ASSURANCE:** Safeguarding Annual Report.
- **FOR INFORMATION:** South East Regional Committee – terms of reference.
- **FOR INFORMATION:** Board Assurance Dashboard and Strategic Risk Register Overview.
- **FOR INFORMATION:** Board Work Programme.
- **FOR INFORMATION:** Glossary.

6. OTHER MATTERS

5.1 ANY OTHER URGENT BUSINESS (PTHB/25/88)

CC expressed sincere appreciation to CR and KWi, acknowledging their significant contributions to public service in Powys. CC stated that their leadership had been instrumental in advancing the quality agenda, implementing the duty of quality and enhancing service delivery. Their collaborative leadership within the Patient Experience, Quality and Safety Committee has been exemplary. Both colleagues depart with the Health Board's genuine gratitude and best wishes.

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5.2 DATE OF NEXT MEETING (PTHB/25/89)

The next meeting is scheduled for Wednesday 26 November 2025.

Meeting closed at 14:07.

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 4.1

PTHB Board	**Date: 26 November 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 November 2025) – verbal update – who supported the recommend dation to the Board.

PURPOSE:

The purpose of this report is to propose amendments to Powys Teaching Health Board's Standards of Behaviour Framework Policy.

RECOMMENDATION(S):

The Board are asked to **APPROVE** the following amendment to the Standards of Behaviour Policy and for implementation across the organisation:

- in order to align Powys Teaching Health Board with other NHS bodies, subject to it not contravening their professional Codes of Conduct, staff may accept gifts up to the value of £25 from patients /service users and relatives as a mark of their appreciation for the care that has been provided. This must be declared using the Gifts and Hospitality, Sponsorship and Honoraria form, and must be submitted to the Corporate Governance Team for formal registration. This allowance excludes gifts of a nominal cash value.

Approve/Take Assurance	Discuss	Note
Y	N	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	X	The standards of behaviour framework underpins all 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	

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EXECUTIVE SUMMARY:

The Board approved its Standards of Behaviour Policy in March 2025 with a review scheduled for March 2028. 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.

Following part of a broader review, the Corporate Governance team has undertaken an assessment against other Organisations allowances of accepting Gifts and Hospitality. The table below provides a summary of all NHS Wales Health Boards gift value allowances and detail regarding declaration requirements:

Organisation	Gift Value acceptance	Detail
Cardiff and Vale University Health Board	Up to £25	**Gift value up to £25 can be accepted but need to be declared**. Any gift value over £25 must be declined or donated to a charitable cause which must be declared.
Swansea Bay University Health Board	Up to £25	**Gift value up to £25 can be accepted but need to be declared.** Any gift value over £25 must be declined or donated to a charitable cause which must be declared.
Hywel Dda University Health Board	Up to £25	Gift value up to £25 can be accepted and *do not* need to be declared. Gift value over £25 must be declined or donated to a charitable cause which must be declared.
Aneurin Bevan University Health Board	Up to £25	Gift value up to £25 can be accepted and *do not* need to be declared. Gift value over £25 must be declined or donated to a charitable cause which must be declared.
Betsi Cadwaladr University Health Board	Up to £25	**Gift value up to £25 can be accepted but need to be declared.** Any gift value over £25 must be declined or donated to a charitable cause which must be declared.
Cwm Taf Morgannwg University Health Board	Up to £25	Gift value up to £25 can be accepted and *do not* need to be declared. Gift value over £25 must be declined or donated to a charitable cause which must be declared

As a result of the review, and in order to align Powys Teaching Health Board with other NHS bodies, that the Standards of Behaviour Policy be updated to reinstate permission for employees to accept, subject to it not contravening their professional Codes of Conduct, gifts up to the value of £25 from patients /service users and relatives as a mark of their appreciation for the care that has been provided. This can include items such as chocolates, flowers, cards. This must be declared using the Gifts and Hospitality, Sponsorship and Honoraria form, and to be submitted to the Corporate Governance Team for formal registration.

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Where a gift is offered by patients or their relatives that is likely to be over £25 in value it should be politely declined. In some cases, the gift may have been delivered, and it may be difficult to return it, or it may be felt that the bearer may be offended by the refusal. Under such circumstances the gift can be accepted and donated for the benefit of a Charity e.g. used as a prize in a raffle. A Gifts, Hospitality, Sponsorship and Honoraria Form declaring that the gift has been received must be completed if the gift was accepted or declined.

Personal gifts of cash, vouchers or gift-cards from patients or their relatives are not acceptable. It may only be accepted as a donation to an appropriate Charitable Fund and recorded as such.

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 revised policy will be implemented with immediate effect.

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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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STANDARDS OF BEHAVIOUR POLICY
INCORPORATING DECLARATIONS OF INTEREST, GIFTS, HOSPITALITY AND SPONSORSHIP

Document Reference No:	PTHB / CGP 003	
Version No:	Issue 43	
Issue Date:	November 2025~~March 2025~~	
Review Date:	March 2028	
Author:	Director of Corporate Governance/Board Secretary	
Document Owner:	Director of Corporate Governance/Board Secretary	
Accountable Executive:	Director of Corporate Governance/Board Secretary	
Approved By:	Board	
Approval Date:	~~26 March 2025~~	
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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Version	Summary of Changes/Amendments	Issue Date
1	New Policy	2015
2	The Policy has been strengthened to ensure that processes are in place are aligned to best practice. • 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	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. • The Policy has been updated to ensure consistency across all NHS Wales.	2024
4	The Policy has been revised to align with other NHS Bodies and organisations. The policy reinstates employees and volunteers to accept gifts up to the value of £25 from patients/service users and relatives as a mark of their appreciation for the care that has been provided. This must be declared via the Gifts, Hospitality, Sponsorship and Honoria form. Where a gift if offered that is likely to be over £25 in value, it should politely be declined or donated for the benefit for a Charitable fund. A Gifts, Hospitality, Sponsorship and Honoraria Form must be completed if the gift was accepted or declined.	2025

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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
• 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** 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.
Age	x				
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
Have you identified any risks arising from the implementation of this policy / procedure / written control document? No
Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document? 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. 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.
Have you identified any training and / or resource implications as a result of implementing this? 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

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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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	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 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. 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.
2.2	**Objectives** 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. 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. 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.' A conflict of interest may be: • 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 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.
3	**Definitions** • **PTHB** – Powys Teaching Health Board

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- **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.

4 Responsibilities

4.1	**Chair** 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.
4.2	**Chief Executive** 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.
4.3	**Director of Corporate Governance/Board Secretary** 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. The Board Secretary will ensure that: • 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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	• 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**
4.4	**Executive and Assistant Directors** Executive and Assistant Directors must ensure that: • 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.
4.5	**Departmental/Line Managers** Departmental/Line Managers will: • 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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	Consultant Appraisals and as part of the Consultant Job Plan Reviews, as appropriate. • 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.

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- 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.

	• 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 powysdirectorate.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:

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- 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

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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	N.B. This Standards of Behaviour Policy excludes gifts between members of staff, for example birthday presents or leaving gifts.
7.2	**Gifts from service Users or their Relatives** Employees may accept, subject to it not contravening their professional Codes of Conduct, gifts up to the value of £25 from patients /service users and relatives as a mark of their appreciation for the care that has been provided. This can include items such as chocolates, flowers, cards. Such gifts must be declared. Personal gifts of cash, vouchers or gift-cards from patients or their relatives are not acceptable. Where a gift is offered by patients or their relatives that is likely to be over £25 in value it should be politely declined. In some cases, the gift may have been delivered, and it may be difficult to return it, or it may be felt that the bearer may be offended by the refusal. Under such circumstances the gift can be accepted, and the bearer advised that it will be utilised for the benefit of the Charitable Funds e.g., used as a prize in a raffle. A Gifts, Hospitality, Sponsorship and Honoraria Form declaring that the gift has been received or declined must be completed. ~~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.~~
7.3	**Gifts from Suppliers, Contractors and Commercial Organisations** 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). 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. 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.

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	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.
7.4	**Gifts from Dignitaries/Overseas Organisations** There may be occasions when visits are made by dignitaries or overseas organisations who consider it 'culturally custom and practice' to 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.
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.

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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.

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.

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 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

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	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; • 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. 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.
8.2	**Unacceptable Hospitality** Unacceptable hospitality includes the following examples as general guidance: • 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.

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	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. 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.

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.

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.

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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.

9.1	**Commercial Sponsorship for Attendance at Courses/Conferences** 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.
9.2	**Commercial Sponsorship to attend Demonstrations/Technical Evaluations** 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.
9.3	**Commercial Sponsorship – 'Linked Deals'** 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. 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. 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

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	between the aims of the sponsor and the aims of the organisation, particularly in relation to procurement and competition. The following should be considered when sponsored posts are offered: • 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. • 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 powysdirectorate.corporategovernance@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

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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: powysdirectorate.corporategovernance@wales.nhs.uk on behalf of the Board Secretary for recording on the register.

The following guiding principles should apply:

- 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 ;

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- 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 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.

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:

- 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.

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.

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.

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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.

	All sponsorship arrangements should be approved by the appropriate Director or Assistant Director.
9.5	**Honoraria/Miscellaneous Payments** An honorarium is an ex-gratia payment i.e. one which would not usually be expected to be provided. 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 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

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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 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

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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)

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

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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** 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

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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
- 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

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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

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.

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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:

- 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.

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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 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

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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.

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.

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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.

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

Patterson, Kim
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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.

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.

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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 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.

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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

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)

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- 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.

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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 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.

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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.

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:
powysdirectorate.corporategovernance@wales.nhs.uk

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Appendix C

Full Name:	Position/Title:	Department :
What has been donated- tick from the following options:		
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.

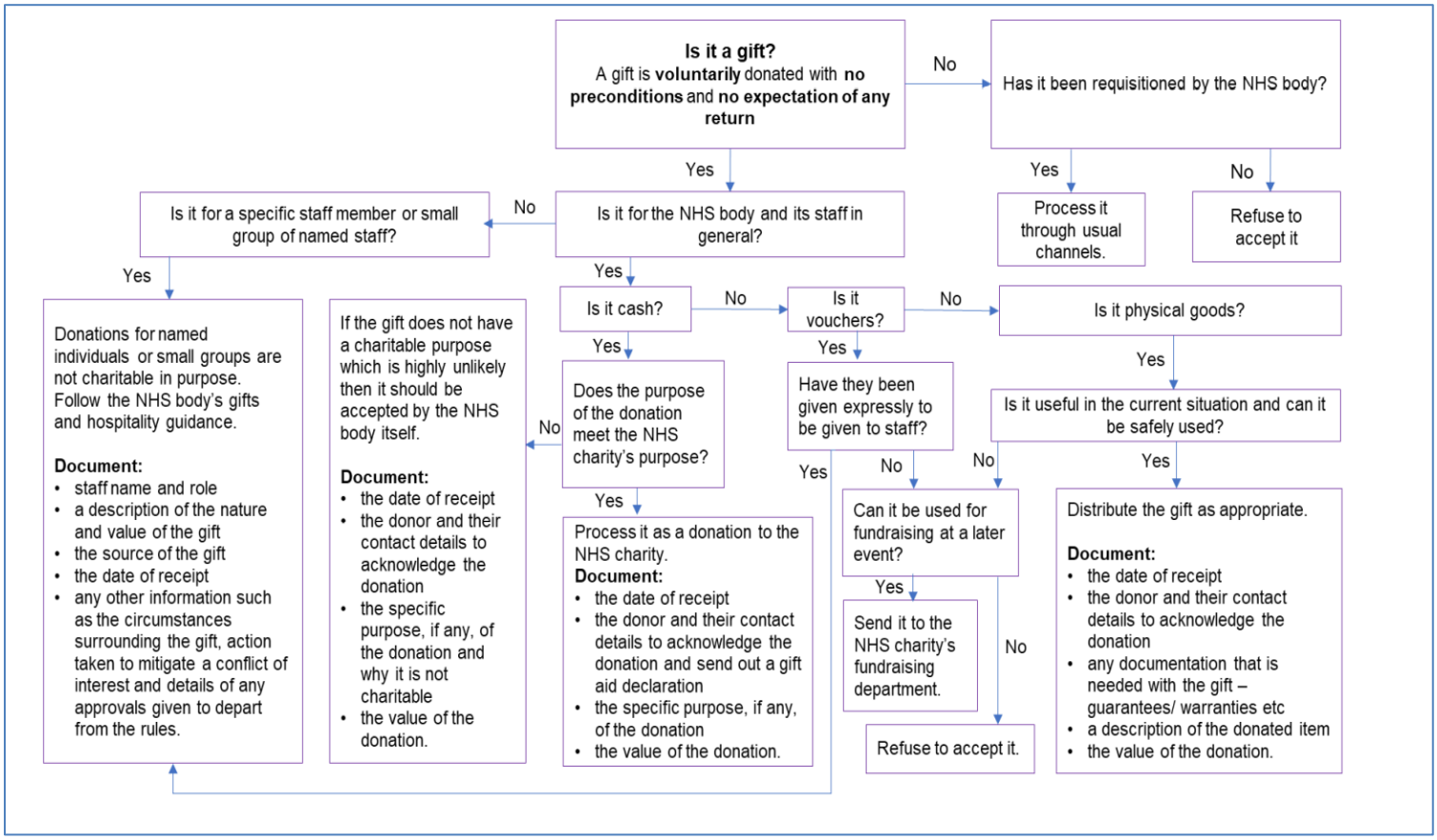
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Signature of Applicant: ……	Date:

Approved by (Director/Executive Director) Print Name:……. Signature:…… ……	Date
Please return the completed approved declaration form to powysdirectorate.corporategovernance@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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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 4.2

BOARD	**DATE** **26 NOVEMBER 2025**
Subject:	**SUMMARY OF JOINT COMMITTEE ACTIVITY**
Approved and presented by:	Hayley Thomas, Chief Executive
Prepared by:	Head of Corporate Governance
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant joint committees.

PURPOSE:

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Commissioning Committee (JCC).

It also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).

RECOMMENDATION(S):

It is recommended that the Board:

- **RECEIVE** and **NOTE** the updates contained in this report in respect of the matters discussed and agreed at recent joint committee meetings.
- Take **ASSURANCE** mechanisms are in place to report appropriately to the Board.

Approve/Take Assurance	Discuss	Note
Y	Y	Y

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	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	N	
8. Transforming in Partnership	N	

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EXECUTIVE SUMMARY:

This report provides an update of the recent activities of the Joint Commissioning Committee of the PTHB Board.

The report also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC) and the Regional Committees in both South East and South West Wales.

DETAILED BACKGROUND AND ASSESSMENT

Joint Commissioning Committee (JCC)

The Joint Commissioning Committee held a virtual meeting on 16 September 2025. The papers for this meeting are available at Meeting Dates and Papers - NHS Wales Joint Commissioning Committee

The highlight report from the meeting held on 16 September 2025 are attached at **Appendix A**.

Mid Wales Joint Committee for Health and Social Care (MWJC)

The Mid Wales Joint Committee for Health and Social Care held a virtual meeting on 13 October 2025. The papers for this meeting are available at Mid Wales Joint Committee 13th October 2025 - Mid Wales Joint Committee. The report from this meeting is attached at **Appendix B.** The next meeting will take place in April 2026.

The Mid Wales Joint Committee for Health and Social Care hosted a Rural Health and Care Conference on 11 and 12 November 2025 examining 'Innovation and Improvement – advances in the delivery of rural health, care and wellbeing services'.

South East Wales Regional Joint Commissioning Committee (SEWRJC)

The South East Wales Regional Joint Commissioning Committee held their inaugural meeting on 19 November 2025 where the following items were discussed:

- Election of Chair
- Confirmation of Terms of Reference
- Update on the current work programme
- Development of the future work programme
- Commissioning of Organisational Development partner

The Health Board is an Associate Member of the SEWRJC and further updates from these meetings will be provided to Board. The Executive Director of Planning, performance and Commissioning is the identified PTHB representative for the Committee.

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South West Regional Committee

The South West Regional Committee has been established for some time. PTHB will join this Committee as an Associate Member, the Chair of the Board is the identified PTHB representative for the Committee.

Further details regards the terms of reference and reporting to the PTHB Board are being discussed with the members of the Regional Committee.

NEXT STEPS:
Updates will continue to be brought to each scheduled meeting the Board.

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

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Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee

Dyddiad y Cyfarfod / Date of Meeting	16/09/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Matthew Edwards, Acting Assistant Committee Secretary, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Huw George, Chief Commissioner, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Huw George, Chief Commissioner, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Health Boards	November 2025	Noted

1. SITUATION/BACKGROUND

This report had been prepared to provide Health Board (HB) Chief Executive Officer Members of the Joint Committee with a summary of the key issues considered by the NHS Wales Joint Commissioning Committee (JC) at its public meeting on 16 September 2025.

Key highlights from the meeting are reported in Section 3.

Patterson Liz 25/11/2025 Unrestricted

2. PURPOSE

The Purpose and Role of the JC is set out in Paragraphs 2.18 and 2.20 of the NWJCC Standing Orders (SOs).

3. HIGHLIGHT REPORT

(Links to reports highlighted September 2025 - NHS Wales Joint Commissioning Committee).

Status	Update
Alert / Escalate	During the meeting, Members: • **Plastic Surgery Commissioning Project** – Members: ○ Noted the work undertaken to date on the first phase of the plastic surgery commissioning project to realign commissioning responsibilities for plastic surgery between NWJCC and HBs ○ Discussed the 3 options set out in the paper, namely Option 1 to transfer non-specialised plastics to Health Board commissioning, Option 2 to transfer all plastics to HB commissioning, and Option 3 to retain current arrangements ○ Noted the view and advice of the Collaborative Commissioning Leadership Group (CCLG) and differing advice of NWJCC officers ○ Support the continuity of current commissioning arrangements with a view to realign commissioning responsibility back to HBs through the IMTP, working collaboratively with HBs to identify improved pathway commissioning and to seek assurance from the provider HB that they are addressing the coding issues. • **Welsh Kidney Network (WKN) Governance Report** – ○ Members noted: • The independent review undertaken on the governance and reporting arrangements of the WKN • Engagement with the current Independent Chair of the WKN and the agreed actions to be taken in response to the review • Conversations regarding future chairing arrangements for the WKN. ○ Members resolved to: • Note the findings and recommendations within the Independent Review Report • Note the management response to the report and actions within to strengthen the governance and reporting arrangements for the WKN in the new NWJCC operating model.
Advise	• The **Chair's Report** noted the recent JC Strategy Session held on 19 August 2025 with a focus on the NWJCC Financial Plan, Cardiac Review (a NWJCC Strategic Priority) and NHS 111 Wales and the NHS Wales Chairs Peer Group meeting held on 26 August 2025.

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Status	Update
	• The **Chief Commissioner's Report** included an update on: ○ The progress made in relation to implementing the new organisational structure for the NWJCC (with a 32% vacancy rate [August 2025] with key appointments having been made to leadership roles, these would be commencing by 1 October 2025 ○ **NWJCC Foundation Plan 2025-26** – correspondence received from Welsh Government confirming the plan had been assessed as satisfactory and a set of accountability conditions has been agreed to support the Plan's implementation ○ **CCLG** – meeting held on 26 August 2025 with a focus on plastic surgery, cardiac, cystic fibrosis, specialised immunology and immunoglobulin therapy and the NWJCC IMTP (2026-29) ○ **Programmes of Work** – an update on a number of national programmes and the need to redirect NWJCC capacity to work on these. The programmes included National Commissioning Arrangements for Third Sector Organisations, Sexual Assault Referral Centres (SARC). • Reports from each of the Commissioning Directors: ○ **Director of Commissioning for Ambulance Services and 111** Members noted: • The Phase 2 of the New Ambulance Response Model in Wales, due for implementation by 31 December 2025 • The multi-faceted review process to ensure a comprehensive evaluation in relation to the Manchester Arena Inquiry • Challenges for the Non-Emergency Patient Transport Service and the cancellation of patient journeys to prioritise the use of resources • The establishment of the 111 Re-Roster Project Board to ensure effective roster practices and to improve access • The update on the Judicial Review in relation to the Emergency Medical Retrieval and Transfer Service • Discussions with NHS Performance and Improvement regarding the future options for hosting the neonatal clinical lead roles. ○ **Director of Commissioning for Specialised Services** Members noted: • The request for Cardiff and Vale University Health Board (CVUHB) to submit a revised business case by the end of

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Status	Update
	September 2025 for the expansion of Thrombectomy Service in South Wales • Following a formal provider designation process, correspondence sent to Betsi Cadwaladr University Health Board advising that the NWJCC intended to commission the Health Board as a designated Stereotactic Ablative Body Radiotherapy (SABR) provider for the population of North Wales • The Joint Accreditation Committee of the European BMT Society (JACIE) accreditation inspection was taking place week commencing 15 September 2025 • The Project Initiation Document (PID) for Cardiac Review Phase 2, to be delivered in collaboration with CVUHB, Swansea Bay University Health Board, and the Regional Specialised Services Provider Planning Partnership. The Review would be progressed, noting discussions at the JC's Strategy Session in August 2025 around the need for meaningful stakeholder engagement and wider consultation and ensuring robust and inclusive decision-making. ○ **Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups** Members noted: • The update provided on the Care Home Framework Agreement, the key risks and matters for escalation and discussions on the potential to extend the existing Framework as a contingency measure • The work being undertaken by SBUHB in relation to the Caswell Clinic and the review by the NWJCC team of the service delivered there to consider the best approach to commission a service which offers good quality and safety alongside value for money • The update provided against the separate agenda item on the work being undertaken by the NWJCC with Cwm Taf Morgannwg University Health Board and Public Health Wales colleagues in relation to Traumatic Stress Wales. • **Development of NWJCC IMTP 2026-29** – Members noted: ○ The update provided on the development of the IMTP to date and discussions at the CCLG meeting in August 2025 to ensure support for the approach and draft Commissioning Principles ○ The IMTP would define the NWJCC's role in supporting Health Boards on delivery for Better Health and Care ○ The IMTP as a Corporate Plan with agreed Commissioning Principles

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Status	Update
	○ The timelines as presented including a discussion on high level risks at October's CCLG and a draft IMTP being presented at the JC meeting in January 2026.
Assure	• **Governance & Risk Management**: ○ The **Risk Register** at 31 July 2025 was received and approved ○ The **Corporate Governance Report** including updates on the internal audit programme, new NWJCC Committee Secretary and the Independent Governance Review – Welsh Kidney Network was noted.
Inform	• The Committee received the **Month 5 Finance Report** and the **Operational Performance Report** • The Committee received the following assurance reports: ○ **Quality, Safety and Outcomes Sub-Committee** ○ **Planning, Performance and Finance Sub-Committee**.
Appendices	None.

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC **Link to JCC Strategic Objectives(s)**	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals** 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Enablers of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Domains of Quality**	Effective
	Efficient; Equitable; Person-centred; Timely; Safe

(Duty of Quality Statutory Guidance (gov.wales))	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☒	No: ☒
	Outcome for Equality (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~ Outcome for Welsh Language (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

5. RECOMMENDATIONS

The Health Board is asked to:

- **Note** the highlights outlined in Section 3 of this report.

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Cyd-bwyllgor Iechyd a Gofal y Canolbarth ar gyfer Iechyd a Gofal / **Mid Wales Joint Committee for Health and Care**	
***Cadeirydd Arweiniol* / Lead Chair**	Dyfed Edwards, Chair, Betsi Cadwaladr University Health Board
***Prif Weithredwr Arweiniol* / Lead Chief Executive**	Prof. Phil Kloer, Chief Executive, Hywel Dda University Health Board
Cyfarwyddwr y Rhaglen* / *Programme Director:	Keith Jones, Director of Operational Planning and Performance, Hywel Dda University Health Board
***Dyddiad y Cyfarfod Diwethaf* / Date of Last Meeting**	13th October 2025
***Cyfnod Adrodd* / Reporting Period:**	April to October 2025

***Penderfyniadau allweddol a Materion a ystyriwyd gan y Cyd-bwyllgor* / Key Decisions and Matters considered by the Joint Committee**

Mid Wales Priorities and Delivery Plan 2025/26

The Mid Wales Planning and Delivery Executive Group (MWPDEG) leads on the development and implementation of the Mid Wales Priorities and Delivery Plan. The Mid Wales Joint Committee (MWJC) received the latest update report from the MWPDEG on the Mid Wales Priorities and Delivery Plan 2025/26 for the period 1st April to September 2025. For 2025/26 the Mid Wales priorities are as follows:

Mid Wales priorities 2025/26	
Priority	**Strategic Objective**
Urology	Complete the review of prostate cancer Prostate-Specific Antigen (PSA) and Trial Without Catheter (TWOC) pathways and flows for patients residing in Mid Wales, identify any current gaps in provision and opportunities for the future provision of services across Mid Wales.
Ophthalmology	Increase capacity and access to ophthalmology services across the Mid Wales area through the development of a regional and a whole system pathway (primary, community and secondary care) approach supported by the establishment of operational and service links between Health Boards.
Cancer	Identify opportunities for increasing provision and improving access to cancer services across Mid Wales.
Community Dental Services	Identify what improvements can be made to general NHS dental services provision across Mid Wales.
Strategic service change programmes	Identify the impact on the Mid Wales population of pathway changes proposed via strategic service change programmes being progressed by individual organisations.
Cross Border workforce arrangements	Develop solutions to cross organisational border health and social care workforce arrangements across Mid Wales.
Colorectal	Establish a sustainable colorectal services pathway for Mid Wales, which ensures a Mid Wales focus on service delivery and creates opportunities for the provision of outreach services across the Care Hubs in Mid Wales.
Dermatology	Identify opportunities for increasing provision and improving access to Dermatology services across Mid Wales.

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The Joint Committee noted the summary overview of the progress and current status of the Mid Wales priorities and its workstreams (see below) and a plan on a page for each priority which detailed the actions undertaken to date and actions planned for October to December 2025.

MWJC Priorities – Progress / Status Overview					
Priority	**Workstreams**	**Blue (Completed)**	**Red (Late)**	**Amber (Off Track)**	**Green (On Track)**
Urology	2		1	1	
Ophthalmology	4				4
Cancer	2	1			1
Community Dental Services	2			2	
Strategic service change programmes	4				4
Cross Border Workforce arrangements	3	1			2
Colorectal	1			1	
Dermatology	1				1

For those workstreams whose status is currently Red (Late) and Amber (Off Track) the Joint Committee noted the summary exception report highlighting the issues which have impacted progress and the current actions being progressed to get the workstream status back on track.

Mid Wales Clinical Advisory Group (MWCAG)
The MWCAG has revised its terms of reference with the membership reduced to a core group and meetings focusing on a specific service area / pathway with relevant organisational representatives invited to attend in addition to the core group. This new approach will support the delivery of the Mid Wales Priorities and Delivery Plan with the MWCAG providing clinical support and advice either as identified by the group or as commissioned by the MWPDEG. This includes those organisational strategic service change programmes and proposals for service areas / pathways where there are potential implications for the Mid Wales population.

Stroke Services
In response to a request from MWPDEG to consider the proposed changes for stroke services across the region, the MWCAG established a Mid Wales Stroke Steering Group with its membership comprising relevant clinical and planning leads from across Mid Wales. The group's two main objectives are to:

i) Respond to the service changes across the region and highlight the risks and challenges for the Mid Wales population.
ii) Outline a robust stroke pathway for Mid Wales.

The MWCAG has asked the Mid Wales Stroke Steering Group to draft a summary appraising the work undertaken to date for sharing with MWCAG and the Hywel Dda University Health Board (HDdUHB) Clinical Service Plan (CSP) programme team. The MWCAG has also agreed that there is a need to for a mechanism to ensure the Mid Wales Stroke Steering group be kept

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informed of the public feedback received by HDdUHB from its CSP consultation on stroke services and the alternative ideas that these are generating.

Mid Wales Strategic Commissioning Group (MWStCG)
The MWStCG group has identified areas of work which would benefit a collaborative approach across Mid Wales, in addition to the Mid Wales priorities already agreed for the year. Dermatology and Colorectal services have now been incorporated within the Mid Wales Priorities and Delivery Plan.

The MWStCG was originally established for the three Mid Wales Health Boards (BCUHB, HDdUHB, PTHB) to fulfil their commissioning role collaboratively for the population of Mid Wales. The group is directly accountable to the three Health Boards, with reports on its work provided to the MWPDEG. Following consideration of its original terms of reference, members felt that the group was not fulfilling its core purpose and it was unclear as to whether the group is reflected within the governance structures of the respective Health Boards. A review of the role and purpose of the group and its current reporting arrangements is to be undertaken.

Mid Wales Social Care Group (MWSoCG)
A review of the role and purpose of the MWSoCG is currently being undertaken. The three Directors of Social Services are to meet jointly to consider the future of the group and how social care can be taken forward within the MWJC work programme. The Director of Social Services for Ceredigion County Council will provide feedback to the MWJC Programme Director on the outputs of the tripartite meeting for considering the next steps that need to be taken.

Mid Wales Strategic Intent
In 2018, the MWJC agreed the Mid Wales Strategic Intent for 2018 to 2021 which outlined the vision for health and care services provided to the population of Mid Wales and supported a joined up approach to the planning and delivery of health and care services across Mid Wales. Although the Strategic Intent covered the three year period up until 2021, the vision has continued to be relevant and appropriate for health and care services in Mid Wales.

The Mid Wales Health Boards are in the process of updating and refreshing their strategic plans and the opportunity will be taken to review the Mid Wales Strategic Intent in order to ensure that the strategic direction for Mid Wales continues to be aligned to and reflects the organisational strategies for health and care organisations for the region. The final revised Mid Wales Strategic Intent will be considered by the MWPDEG at its meeting on 30th March 2026 and subsequently by the MWJC at its Spring meeting in April 2026. The revised Mid Wales Strategic Intent, which will cover the 3 year period 2026/27 to 2029/2030, will support the future development of the MWJC programme of work.

MWJC Governance arrangements
The MWPDEG noted the proposed reviews of the role and purpose of the MWStCG and MWSoCG, and that a number of other elements also needed consideration. As such the scope of work has been expanded to a review of the MWJC governance arrangements. The review will include consideration of the following:

- A number of priorities and their workstreams have been carried forward from previous years. In order to strengthen organisational support for the priorities and its workstreams, a Senior Responsible Officer (SRO) for each priority/workstream should be identified and agreed by MWPDEG.
- Outputs from the review of the Mid Wales Strategic Intent.

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- Outputs of the reviews of the MWStCG and MWSoCG.
- Formal governance structure for the Joint Committee between HDdUHB and Swansea Bay University Health Board and this links and works with the MWJC governance structure.

The Mid Wales Programme Director will lead on the review with the final Mid Wales Governance arrangements to be presented to the MWJC meeting in April 2026.

Process for setting Mid Wales priorities
The process for setting the Mid Wales priorities has been revised and will now commence earlier in the financial year in November, rather than January as in previous years. This will allow more time for the MWPDEG and its sub-groups to fully consider what priorities are appropriate for the upcoming year and for Mid Wales organisations to include and report the proposed priorities within their own individual plans for internal consideration by committees and Board prior to submission to the Welsh Government. The process will also consider those areas, identified by Mid Wales organisations during their individual planning exercises, which may benefit a joint approach across Mid Wales.

Rural Health and Care Wales (RHCW)
The Joint Committee received the latest update on the RHCW work programme for 2025/26 and the RHCW Stakeholder Group. The annual RHCW conference, for which the theme this year is "Innovation and Improvement – advances in the delivery of rural health, care and wellbeing services," will be held on 11th and 12th November 2025 at the Royal Welsh Showground, Builth Wells.

Materion sydd angen eu cytuno new trafod ymhellach gan y Bwrdd / **Items to be referred to the Board for agreement or discussion**
The Board is asked to **NOTE** the work of the Mid Wales Joint Committee.

Dyddiad y Cyfarfod Nesaf / **Date of Next Meeting**	Time and date of next meeting to be confirmed for April 2026

Agenda, papers and minutes of the Mid Wales Joint Committee meeting are available on its website: English - https://mwjc.nhs.wales, Welsh - https://cbbc.gig.cymru

Acronyms / Glossary of Terms	
BCUHB	Betsi Cadwaladr University Health Board
CSP	Clinical Services Plan
HDdUHB	Hywel Dda University Health Board
MWCAG	Mid Wales Clinical Advisory Group
MWJC	Mid Wales Joint Committee
MWJSG	Mid Wales Joint Scrutiny Group
MWPDEG	Mid Wales Planning and Delivery Executive Group
MWSoCG	Mid Wales Social Care Group
MWStCG	Mid Wales Strategic Commissioning Group
PTHB	Powys Teaching Health Board
RHCW	Rural Health and Care Wales

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

Agenda item: 4.3

BOARD	**DATE OF MEETING: 26 NOVEMBER 2025**
Subject:	**SUMMARY OF PARTNERSHIP BOARD ACTIVITY**
Approved and presented by:	Hayley Thomas, Chief Executive
Prepared by:	Head of Corporate Governance
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant partnership board.

PURPOSE:

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings, including the following:

- NHS Wales Shared Services Partnership Committee (NWSSPC).
- Powys Public Services Board (PSB).
- Regional Partnership Board (RPB).
- Board:Cabinet Forum (BCF).

RECOMMENDATION(S):

It is recommended that the Board:

- **RECEIVE** and **NOTE** the updates contained in this report in respect of the matters discussed and agreed at recent partnership board meetings.
- Take **ASSURANCE** mechanisms are in place to report appropriately to the Board.

Approve/Take Assurance	Discuss	Note
Y	Y	Y

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	

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7. Put Digital First	Y	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

Powys Teaching Health Board is a member of the following partnership boards. This report provides an update in relation to the work of these Partnership Boards.

NHS Wales Shared Services Partnership Committee (NWSSPC): established under Velindre NHS Trust which is responsible for exercising shared services functions including the management and provision of Shared Services to the NHS in Wales.

The Shared Services Partnership Committee met on 30 September and 14 November 2025. The papers for this meeting are available at: Shared Services Partnership Committee (SSPC) - NHS Wales Shared Services Partnership. The assurance report from the 30 September 2025 meeting is attached at **Appendix 1.** The assurance report from the 14 November 2025 meeting will be brought to Board in January 2026.

The next meeting is scheduled for 21 January 2026.

The Powys Public Services Board (PSB): established by the Well-being of Future Generations (Wales) Act 2015. Its role is to improve the economic, social, environmental and cultural well-being of Powys through better joint working across all public services. This includes a yearly review of the Powys Wellbeing Plan to show progress. Papers for Public Service Board meetings are available at: Browse meetings - Public Service Board Cyngor Sir Powys County Council (moderngov.co.uk)

The PSB met on 25 September 2025 where the following items were discussed:

- Evidence and Insight
- Responding to the Climate Emergency
- Undertaking a whole system approach to healthy weight
- Draft PSB Annual Report 2024/25
- Review of PSB Terms of Reference

The next meeting is scheduled for 11 December 2025

The Powys Regional Partnership Board (RPB): established under the Social Services and Well-being (Wales) Act 2014, which came into force in April 2016. Its key role is to identify key areas of improvement for care and support services in Powys and to identify opportunity for integration between Social Care and Health.

The RPB met on 16 October 2025 and discussed the following matters:

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- RPB leadership arrangements
- Preventing the preventable – Population Health Strategic Framework for Powys 2025-35
- Emerging RPB Delivery and Resource Plan 2026/27
- Winter System Resilience Plan 2025/26
- RPB Executive Group Report

The next meeting of the RPB is scheduled for 16 December 2025.

The Vice Chair pf PTHB performed the role of Chair of the RPB, in the interim period, the Chair of the PTHB Board is not the Chair of the RPB, this is anticipated until May 2026.

Board to Cabinet Forum (BCF)

The next meeting of the Board to Cabinet Forum is scheduled for 03 December 2025.

NEXT STEPS:

Updates will continue to be brought to the Board and where necessary, specific decision-making matters will be scheduled.

IMPACT ASSESSMENT – NOT REQUIRED

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ASSURANCE REPORT
NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	**Shared Services Partnership Committee**
Chaired by	Professor Tracy Myhill OBE, NWSSP Chair
Lead Executive	Neil Frow OBE, Managing Director, NWSSP
Author and contact details	Roxann Davies, Corporate Services Manager and James Quance, Assistant Director of Corporate Services
Date of meeting	30 September 2025

Summary of key matters including achievements and progress considered by the Committee and any related decisions made

Chair's Report - The Chair updated the Committee on activities since the last meeting, which included:

- chairing two meetings of the Welsh Risk Pool Committee in July and September 2025, with both sessions involving substantive discussions on the financial implications of claims. These deliberations continue to inform the broader risk and assurance landscape across NHS Wales;
- conducting NF's appraisal in August 2025, in collaboration with Welsh Government; and
- participating in the September 2025 Chairs' Peer Group Meeting, noting key changes in membership and a substantive discussion was held regarding the staff survey, with particular concern raised over the low response rate. TM welcomed the proactive engagement from Chairs and encouraged reflection on future strategies to enhance staff participation and voice.

The Committee **NOTED** the Chair's Report.

Managing Director Update - The Managing Director presented his report, which included the following updates:

- **Welsh Risk Pool (WRP)** – A summary of key items from the WRP Committee was provided. At the September meeting a productive discussion was held on risk sharing and financial implications. Positive work is continuing in maternity, obstetrics and consent, with a focus on learning lessons across Wales.
- **Finance** - The financial position was reported with a continued surplus at month 5, although financial risks remain as set out in the finance report. Discussions with Welsh Government regarding Personal Protective Equipment are ongoing. A decision will be required with partners and Welsh Government on the use of any year-end surplus.
- **Pharmacy Developments** - Progress has been made on the Radiopharmacy Service, with panel construction expected to begin shortly and it is anticipated there will be significant physical progress made on-site during October 2025.
- The Outline Business Case for the South East Hub has been approved by Welsh Government, and NWSSP has received the approval and funding letter to release the fees for the next stage in terms of the Full Business Case (FBC). In recognising

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that timescales are tight, with the impact of the upcoming Senedd election, Welsh Government will confirm the final submission deadline for the FBC and organisations must work back from this date, to avoid delays. Discussions are being held in respect of the matters requested to be resolved prior to FBC submission, particularly around clinical trials. Discussions with Cardiff and Vale University Health Board and Velindre University NHS Trust are progressing regarding the model.

- Discussions have been positive in terms of taking forward the North Wales TrAMS programme and a more detailed meeting with the Betsi Cadwaladr University Health Board Chief Executive and the team will be arranged in due course. As regards the South West Hub, unfortunately the preferred site was recently purchased by a third party and therefore the teams are actively exploring alternative site options in West Wales.
- **All-Wales Vaccination Programme** - The programme has delivered approximately 800,000 doses, with nearly 1 million received. The programme is entering the final phase, focusing on redistribution to sites that were initially unable to accept full allocations due to storage limitations and responding to additional requests from sites requiring further supply. A small reserve of purchased vaccines remains available to meet any further demand. In addition, the 400,000 COVID vaccines are arriving at the Imperial Park 5 Newport site, with distribution to commence shortly. NF expressed his personal gratitude towards colleagues for their outstanding efforts in delivering this programme.
- **Senior Appointments** - Colin Powell, Director of Pharmacy Technical Services, will retire at the end of October 2025. Laura-Jayne Keating, the current Deputy Director, will be acting up in an interim role for six months, with a permanent appointment to follow.
- **Laundry Service** - Operations have seen capital investment and operational adjustments, which are expected to yield further savings.
- **Primary Care Workforce Intelligence System (PCWIS)** - The new PCWIS system has successfully launched across all four contractor groups. TM welcomed this development, noting its importance in addressing long-standing workforce risks.
- **Medical Examiner Service** - Winter surge planning has commenced and is informed by lessons learned, arising from last year. A number of sessions with colleagues and Welsh Government have been held as part of this workstream. A Schedule 5 Notice has been received from the Coroner in North Wales regarding a death, and correspondence is ongoing with both the Coroner and the UK Medical Examiner's Office as part of the response.
- **Accommodation** - NWSSP have been working in partnership with the Welsh Ambulance Service NHS Trust (WAST) in terms of consolidating the footprint and rationalising the estate. WAST will move into the top floor of the West Wales Regional Hub at Matrix House, in Swansea. Additionally, as part of the process, WAST will take up occupation of our Samlet Road site.
- **Personal Protective Equipment (PPE)** - Discussions continue regarding the Service Level Agreement (SLA) for PPE requirements. A finalised SLA will be brought to a future Committee for openness and transparency, to ensure the Committee has oversight of the arrangements.
- **Recognition** - The Committee noted that NWSSP was named runner-up in the Wales Team of the Year award at the HFMA Conference. The Committee congratulated the team for the achievement and acknowledged the excellent work of the Oracle teams in cloud development.

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The Committee **NOTED** and **DISCUSSED** the Managing Director's Report.

Items for Approval

Transforming Access to Medicines Service (TrAMS) Programme and Service Management Board Terms of Reference (ToR) - The Committee received and approved the revised ToR for the TrAMS Programme and Service Management Board, subject to minor amendments. The revisions reflect feedback from the July meeting and align with the implementation of the new Radiopharmacy Service. The Committee welcomed progress and acknowledged the programme's complexity. Members requested consideration be given as to broader representation beyond Pharmacy, clearer distinction between decision-makers and contributors, and mechanisms to assess governance effectiveness. The final ToR are to be circulated once updated. A six-month review will be undertaken to evaluate effectiveness and inform further refinement.

The Committee **APPROVED** the TrAMS Programme and Service Management Board ToR, subject to the matters outlined above.

Assignment of Lease for Samlet Road to Welsh Ambulance Services NHS Trust (WAST) - The Committee received the proposal to assign the lease for the Samlet Road premises from NWSSP (formally named as Velindre University NHS Trust, on the lease) to WAST. The proposal offers mutual benefit, including a financial saving for NWSSP. The assignment will proceed to the Velindre University NHS Trust Board in November 2025 for final approval and execution.

The Committee **APPROVED** the Assignment of the Lease for Samlet Road to WAST.

Wales Energy Group (WEG) and Wales Energy Operational Group (WEOG) Annual Review of Terms of Reference (ToR) - The Committee received the updated ToR in line with the requirement to review these annually, with minor updates noted. Members raised a strategic challenge regarding the proportionality of current governance arrangements, given the stabilisation of the energy market and it was agreed to review the frequency and structure of meetings, noting that while volatility persists, recent updates from Crown Commercial Services suggest a new form of stability. This will be considered at the next WEG meeting in November 2025.

The Committee **APPROVED** the WEG and WEOG Terms of Reference.

Low Vision Aid Supply and Recycling Service Commitment of Expenditure – The Committee received proposed operational and financial arrangements for the Low Vision Aid Supply and Recycling Service, delivered through NWSSP's Primary Care Services Division. The service operates under an all-Wales contractual framework, endorsed by Welsh Government and procured through standard processes.

The Committee **APPROVED** the proposed arrangements outlined for the Low Vision Aid Supply and Recycling Service Commitment of Expenditure.

Defence Engagement Fellowships – NHS Wales and Defence Medical Services - The Committee received a proposal outlining a new collaboration between NHS Wales and the Defence Medical Services to facilitate Defence Engagement Fellowships. The initiative builds on NWSSP's role as a GMC Sponsorship Organisation and aims to support the placement of foreign military medical professionals into NHS Wales training environments. The proposal centres on a primary, non-legally binding Memorandum of Understanding (MOU) between NWSSP and Defence Medical Services, enabling Defence Medical Services to approach NHS Wales organisations with fellowship opportunities. Participating Health Boards would then enter into secondary MOUs with the relevant foreign military, detailing

employment, funding, and operational arrangements. NWSSP's role is facilitative, providing technical and HR support, with clinical and employment responsibilities remaining with individual Health Boards. The Committee was supportive of the initiative, recognising its strategic value and alignment with international recruitment and workforce development goals.

The Committee **APPROVED** the proposal outlining a new collaboration between NHS Wales and the Defence Medical Services to facilitate Defence Engagement Fellowships.

Items for Noting and Discussion

Personal Protective Equipment (PPE) Preparedness Update - The Committee received a report on PPE Preparedness, outlining the current position regarding PPE stockpiling arrangements. An internal project team is in place to oversee this work and Welsh Government has indicated potential changes to the required stock profile, particularly in relation to hygiene products. Final confirmation is awaited. It is intended that the proposed Service Level Agreement for PPE stockpiling will be brought to the Committee in November 2025. NWSSP will seek to rotate PPE stock through business-as-usual supply chains to minimise the risk of write-downs or write-offs and ensure value for money.

The Committee **NOTED** the PPE Preparedness Update.

Draft Committee Development Day Agenda - The Committee received and noted a verbal update on the agenda for the Development Day on 10 October 2025 at Public Health Wales, Cardiff. The session will focus on strategic planning and cross-organisational engagement, including review of the NWSSP Strategy Map, Ministerial Advisory Group recommendations, and updates on TrAMS and ESR replacement. A placeholder is included for the NWSSP Governance and Accountability Review, subject to report availability. Members confirmed support for the event, recognising its value in shaping NWSSP's future direction and delivery priorities.

The Committee **NOTED** the update provided in relation to the Committee Development Day Agenda.

Finance, Performance, People, Programme and Governance Updates

Finance Report – The Committee noted the financial position as at month 5, confirming a year-to-date surplus of £2.597m, driven by vacancy levels and strategic re-investment. Pay award confirmation is pending, with an estimated cost impact of £3.927m. Capital spend stands at £1.135m against an £8.701m Capital Expenditure Limit, with discretionary funding now fully committed, whilst Public Sector Payment Policy performance remains strong.

People and Organisational Development Report – The Committee received the latest workforce update to 31 August 2025, which highlighted improving sickness absence trends, strong time-to-hire performance, and positive feedback from Welsh Government on equality standards. Key developments include the launch of the Speaking of Safety platform, staff survey communications and external recognition for NWSSP programmes.

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Performance Information Report – The Committee received the report detailing the Key Performance Indicators (KPIs) from May to August 2025. The report confirmed that all KPIs were met in August, with continued delivery against stretch targets and NWSSP having generated £53 million in professional influence benefits for the year to date as at

31 August 2025. A review of performance targets is underway as part of IMTP development. There were no areas of concern to be brought to the Committee's attention.

Outcome Measures Report – The Committee received the report focused on outcomes aligned to NWSSP's strategic objectives across services, people and value. NWSSP continues to demonstrate progress in evidencing impact and the overarching report detailed high levels of customer satisfaction, strong employee engagement, and positive impact across procurement, decarbonisation and foundational economy.

Integrated Medium-Term Plan (IMTP) Quarter 1 of 2025-26 Update Report –The Committee received the latest update in respect of progress made against NWSSP's IMTP. The overarching report confirmed that 85% of objectives are on track, with targeted actions in place for off-track items. Key areas of focus included the Medicines Unit, Speaking Up Safely, International Recruitment, the National Ophthalmic Contract for Wales and the Electronic Prescribing Service. There remains work ongoing to strengthen data quality in procurement, progress in equality and diversity, staff well-being, and continued development of digital and recruitment initiatives. NWSSP received a satisfactory rating from Welsh Government for its IMTP submission, with positive recognition from the Cabinet Secretary.

Transformation Management Office (TMO) Update Report – The Committee received an update on the work of the TMO. The overarching report summarised the breadth of transformation activity across NWSSP and national programmes, indicating a stable position with 18 projects, 2 programmes and 5 initiatives currently being tracked. Of which, 2 are red, 7 are amber and 16 are green-rated projects. Overall, the portfolio demonstrates consistent delivery momentum across a diverse range of transformation and service improvement programmes, with 92% of projects rated green or amber and several nearing completion.

NWSSP Corporate Risk Register – The Committee received the latest Risk Register update, which was reported as stable and continues to be scrutinised regularly at each Senior Leadership Group meeting. The latest position identifies 17 risks for action, comprising four red, twelve amber and one yellow-rated risk. In addition, four risks are recorded for monitoring, including one amber and three yellow. The overarching report also outlines four emerging risks currently under consideration.

The Committee **DISCUSSED** and **NOTED** the above Reports.

Options for the Appointment of the Shared Services Partnership Committee Chair

The Vice Chair chaired this item due to the interest declared by the Chair. The Committee reached consensus to **APPROVE** the offer of a 12-month extension to the current Chair's term.

Papers for Information

The following items were provided for information only and the Committee **NOTED** receipt of the reports:

- Integrated Medium-Term Plan 2025-28 Accountability Conditions
- SSPC Forward Plan 2025-26
- Finance Monitoring Returns (Months 4 and 5)
- Personal Protective Equipment (PPE) Reports (August and September 2025)
- NWSSP Audit Committee Assurance Reports (May and July 2025)
- Wales Infected Blood Support Scheme Annual Report 2024-25

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Part B - Private	
The Committee received one item for **NOTING** and **DICSUSSION**, in the Welsh Risk Pool Expenditure Update. In addition, the Committee received the Draft Welsh Energy Group Minutes of the meeting held on 21 August 2025 and the Welsh Risk Pool and Legal and Risk Services Annual Review 2024-25, for information.	
Any Other Business (AOB)	
No matters were raised under Any Other Business.	
Matters requiring Board/Committee level consideration and/or approval	
The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.	
Matters referred to other Committees	
No further matters were referred to other Committees.	
Date of next meeting	Friday 14 November 2025, 10.00am to 12.00pm

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Agenda item: 4.4

BOARD	DATE 26 NOVEMBER 2025
Subject:	**Summary of Activity of the Board's Local Partnership Forum**
Approved and presented by:	Debra Wood-Lawson, Executive Director of People and Culture
Prepared by:	Corporate Governance Senior Administrator
Other Committees and meetings considered at:	N/A

PURPOSE:

The purpose of this report is to provide the Board with an update on the work of the Board's Local Partnership Forum.

RECOMMENDATION(S):

It is recommended that the Board **RECEIVES** the update report appended to this report.

Approve/Take Assurance	Discuss	Note
Y	N	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	N	The LHB Local Partnership Forum (LPF) is the formal partnership mechanism where the Health Board's Managers and Trade Unions work together to improve health services for the citizens of Powys. It is the forum where key stakeholders will engage with each other to inform thinking around national and local priorities on health issues.
2. Provide Early Help and Support	N	
3. Tackle the Big Four	N	
4. Enable Joined up Care	N	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	N	
7. Put Digital First	N	
8. Transforming in Partnership	Y	

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EXECUTIVE SUMMARY:

Powys Teaching Health Board has a statutory duty to take account of representations made by persons who represent the interests of the communities it serves, its officers and healthcare professionals. To help discharge this duty, a Board may be supported by Advisory Groups to provide advice to the Board in the exercise of its functions.

PTHB's Advisory Groups include a Local Partnership Forum (LPF). The LPF's role is to provide a formal mechanism where PTHB, as employer, and trade unions/professional bodies representing PTHB employees work together to improve health services for the citizens served by PTHB - achieved through a regular and timely process of consultation, negotiation and communication.

The Local Partnership Forum last met on the 16 October 2025. The Chair's report from this meeting is attached at **Appendix A.**

IMPACT ASSESSMENT – NOT REQUIRED

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

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Reporting Committee:	**Local Partnership Forum**
Committee Chair	Debra Wood Lawson (on behalf of Hayley Thomas)
Date of last meeting:	06 October 2025
Paper prepared by:	Senior Administrator

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that at the meeting of LPF on 06 October 2025 the following matters were discussed:

- Social Partnership Duty Annual Report 2024-2025
- Terms of Reference
- Better Together Portfolio
- Financial Report – Month 05
- Director of People and Culture Summary Report
- Workforce Performance Report
- Achievements over the past year (Estates)
- Chief Executives Report from Board
- Flu Vaccination Update

A summary of key issues discussed on 06 October 2025 is provided below.

Social Partnership Duty Annual Report 2024-2025

The Forum noted that in line with the Social Partnership and Public Procurement Act, the National Workforce Partnership Forum will receive Social Partnership Duty Annual Reports from all Health Boards.

PTHB's submission, based on the Annual Plan and governance arrangements, provides an overview of partnership working through formal structures such as the Local Partnership Forum and informal engagement. Policy development has included trade union input.

Terms of Reference

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The Forum reviewed the Terms of Reference. It was confirmed that the 2024/25 version correctly rolled over from 2023/24, with no material changes other than the inclusion of responsibilities under the Social Partnership and Public Procurement Act.

It was proposed updating Section 1.9 to reflect the current quarterly meeting schedule rather than the previous bimonthly arrangement.

Better Together Portfolio

The Forum noted the Better Together programme remained a key priority, with engagement through the Local Partnership Forum and staff/public events. Supporting materials, including the Case for Change, had been developed, and updates continued via regular communications.

Programme timelines were under review following consultancy feedback, internal learning, and the upcoming election period. Validation work was progressing, with non-financial scoring, travel analysis, and estates planning largely complete; financial validation will inform Level 2 impact assessments.

Future consultation options, included phased or comprehensive approaches, were being considered. Clear communication was recognised as essential once a revised approach is agreed.

Further Executive Team and Board discussions were planned to discuss next steps and staff communication approach; any timeline changes will be communicated once confirmed.

Finance Report

The Forum received the Month 5 financial report which had been received at the September Board meeting.

Director of People and Culture Summary Report

The Forum received the report highlighting progress against the annual plan with a focus on transformation, sustainability, and reducing agency reliance.

- **Workforce:** Ongoing recruitment, including internationally educated nurses (next RMN cohort) and healthcare support

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workers. Significant increase in nursing placements; discussions for dental and medical student placements were underway.

- **Controls:** Vacancy freeze in effect, with exceptions for roles reducing agency use, supporting delivery, or externally funded. Executive approval required for all other posts. Expansion of Bank workforce remained a priority.
- **Staff Wellbeing:** Mindfulness, Acceptance and Compassion (ACT) team recruited for stress management and return-to-work support, funded for two years via charitable contributions. Occupational health services maintain national standards with two-week referral times.
- **Equality & Partnerships:** Annual equality report published. Funding secured for partnership programme with PAVO and Local Authority, focusing on workforce pipeline development and transformation skills.
- **National Context:** The Health Board was closely monitoring developments in the Band 2/3 dispute within Swansea Bay University Health Board and continued to engage with Welsh Government and NHS Employers regarding framework implementation. The Wales Partnership Forum meeting had been postponed allowing for further national-level discussions.
- **Training & Competence:** ESR course review underway nationally; local review completed to align training with core competencies. National work progressing on competence framework for non-registrant managers, led by HEIW.

Workforce Performance Report

The Forum received the report that reflected the position as of July. The key areas highlighted:

- The Health Board remained on track to meet savings targets, with a clear downward trend in agency usage since April, supporting confidence in achieving the 30% cost reduction
- Welsh Government requires sickness rates to remain below last year's benchmark of 5.31% (1% lower than the All-Wales average). PTHB recorded 5.3% in July and 5.34% in September. This will continue to be closely monitored.
- PADR compliance - compliance dropped to 80% in July, below the 85% target

Recruitment efforts continued to show positive impact, with substantive appointments expected to reduce reliance on bank staff over time. Reviews of ward establishments in mental health were underway to align

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staffing with patient acuity, following similar work in physical health. Despite the vacancy freeze, anticipated workforce cost reductions had not been achieved, with only limited efficiencies in areas such as travel and subsistence and very low uptake of the voluntary early release scheme.

External scrutiny had reinforced the need for robust workforce controls and clear communication through line management channels to maintain staff morale while balancing financial recovery with patient safety.

Chief Executive Officer's Report
This report which was presented at September Board was received for information.

Flu Vaccination Update

The Forum noted a potentially challenging season ahead due to severe respiratory virus trends observed in Australia and New Zealand. Staff vaccination uptake had been strongly encouraged, with dates widely publicised. Basic infection prevention measures, particularly hand hygiene, remained critical.

NEXT MEETING

The next meeting of LPF will be held on 19 January 2026

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Board 2025-26										
Theme	**Item Title**	**21/05/2025**	**25 June 2025 (Annual Accounts)**	**30/07/2025**	**24/09/2025**	**26/11/2025**	**16/12/2025 In Cttee**	**28/01/2026**	**25/03/2026**	**Rationale**
Governance	Minutes of previous meeting	✓		✓	✓	✓		✓	✓	
Governance	Declaration of Interests	✓	✓	✓	✓	✓	✓	✓	✓	
Listening and Learning	Patient Experience Story	✓		☒	✓	✓		✓	✓	
Listening and Learning	Staff Experience Story	✓		✓	☒	✓		✓	✓	
Governance	Update from Chair (inclu PSOW in Nov update)	✓		✓	✓	✓		✓	✓	
Governance	Update from Vice-Chair	✓		✓	✓			✓	✓	
Governance	Update from Chief Executive	✓		✓	✓	✓		✓	✓	
Governance	Assurance Reports of Board Committees	✓		✓	✓	✓		✓	✓	
Governance	Board Action Log	✓		✓		✓		✓	✓	
Risk	Strategic Risk Register	✓		✓	✓	✓			✓	
Governance	Risk and BAF Dashboard update				✓			✓		
Risk	Risk Appetite	✓		✓					✓	
Risk	Review of Risk Management arrangments								✓	
Governance	Assurance Reports of Board Partnership Arrangements	✓		✓	✓	✓		✓	✓	
Governance	Assurance Reports of Joint Committees	✓		✓	✓	✓		✓	✓	
Governance	Assurance Report of Local Partnership Forum	✓		✓	✓	✓		✓	✓	
Governance	Committee Terms of Reference	✓							✓	
Governance	Committee Work Plans	✓							✓	
Governance	Board Work Programme	✓		✓	✓	✓		✓	✓	
Governance	Standing Orders (as needed)									
Governance	Scheme of Delegation (as needed)									
Governance	Common Seal (as needed)									
Governance	Committee Membership Annual Review			✓						
Governance	Annual Assessment of Committee and Board Effectiveness	✓								
Governance	Committee Annual Reports	✓								
Governance	Speaking Up Safely and Raising Concerns Report	✓								
Governance	Board Assurance Framework	✓				✓				
Governance	BAF Dashboard	✓		✓		✓			✓	
Governance	Structured Assessment							✓		
Governance	Review of Consent Agenda Protocol	✓								
Governance	Organisational Escalation - Finance and Performance Monitoring (Planning Maturity Matrix to Nov)	✓		☒		✓			✓	
Planning	Integrated Plan Approach to development					✓				
Planning	Draft Integrated Plan							✓		
Planning	Integrated Plan 2026-2029								✓	
Planning & Finance	Annual Delivery Plan 2025/26 including budget allocation and framework	✓							✓	
Performance	Annual Delivery plan - by quarter	✓			✓	✓			✓	
Performance	Primary Care Summary Report				☒	☒		✓	✓	
Planning	Winter Planning/Resilience					✓				
	Winter vaccination programme				✓					
Partnerships	RPB Annual Report			✓						

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Partnerships	RPB Delivery (6 monthly update) Date TBC								✓	
Partnerships	PSB Wellbeing Plan (Future Generations Act). Next due 2027									Not needed until 2027
Partnerships	Partnership Governance Framework	✓				☒				No longer required to Board - responsibility sits with PPPH
Population Health	Annual Report of Director of Public Health	☒			✓					
Performance	Integrated Performance & Quality Report	✓		✓	✓	✓		✓	✓	
Finance	Annual Report and Financial Statements		☒	✓						
Finance	Financial Performance	✓		✓	✓	✓		✓	✓	
Finance	Charitable Funds Annual Accounts and Report							✓		
Finance	Approve contracts and financial delegations above the CEOs limit (as needed)									
Partnerships	Llais Regional Director Report	✓		✓	✓	✓		✓	✓	
Equality, Diversity & Inclusion	Equality, Diversity and Inclusion Annual Report 2024/25			✓						
Equality, Diversity & Inclusion	Strategic Equality Report									
Equality, Diversity & Inclusion	Welsh Language Annual Report	✓								
Compliance	Safeguarding Annual Report				✓					
Listening and Learning	People's Experience Framework				☒	☒			✓	
Compliance	Wellbeing of Future Generations Act Report			☒		✓				
Civil Contingencies	Major Incident and Emergency Response Plan (Taken In-Committee)			✓						
Civil Contingencies	NHS WALES EMERGENCY PLANNING, RESILIENCE & RESPONSE ANNUAL REPORT 2024/25 (taken In-Committee)			✓						
Planning	Corporate Business Continuity Plan (taken In-Committee)			✓						
Capital and Estates	Health and Safety Annual Report	✓								
Capital and Estates	Capital and Estates Strategy								✓	
Digital	Digital First Annual Plan				☒	☒		✓		
Transformation / Change	Temporary Service Changes	✓		✓						
Workforce	Nurse Staffing Levels				✓					
	Better Together Case for Change	✓		✓	✓	✓				
Governance	Annual summary of petitions received under Petitions Protocol				✓					
Governance	Standards of Behaviour Policy (Next due March 2027)									
	Duty of Quality Annual Report				✓					
Performance	Ministerial Advisory Group Productivity and performance assessment			✓						
Governance	Joint Commissioning Committee - Revised IPFR Policy			☒		✓				
Governance	Joint Commissioning Committee - Revised Scheme of Delegation (Financial Delegations)			✓						
	Strategic Commissioning Framework				✓					
	North Powys OBC					TBC	✓			

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	Standing Financial Instructions (Executive delegation limits)					✓				
IN-COMMITTEE	SRR (IC risks)	✓		✓		✓		✓	✓	
	Minutes of previous IC meeting	✓		✓	✓	✓		✓	✓	
	RaTS Committee Annual Report			✓						
	Emergency Preparedness, Resilience and Response Annual Report			✓						
Primary Care	Out of Hours Contract			✓	✓				✓	
	Central Procurement of Out Patients Insourcing		☒							
Primary Care	Rhayader GMS contract			✓						
Primary Care	Crickhowell GDS contract					✓				
Primary Care	GMS Procurement							✓		
	Annual Plan 2024/25		✓	✓						
Key										
Date to be confirmed										
Item to be confirmed										
Item deferred										
Item brought forward										
Due to Committee										
Find Exec Cttee date										
Added to draft agenda										

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Powys Teaching Health Board Glossary (Last updated Novembernovember 25)

Acronym	
ADoECP	Associate Director of Estates, Capital & Property
CEO	Chief Executive Officer
DCG	Director of Corporate Governance
DIT	Director of Improvement & Transformation
EMD	Executive Medical Director
ED PH	Executive Director of Public Health
ED P&C	Executive Director of People and Culture
ED PP&C	Executive Director of Planning, Performance and Commissioning
ED FCSS	Executive Director of Finance, Capital & Support Services
ED AHPHSD	Executive Director of Allied Health Professions, Health Sciences and Digital
ED NQW&FH	Executive Director of Nursing, Quality, Women and Family Health
EDPCCMH	Executive Director of Primary Care, Community & Mental Health
ABUHB	Aneurin Bevan University Health Board
AFC	Agenda for Change
AGW	The Auditor General for Wales
AHPs	Allied Health Professionals
ALN	Additional Learning Needs
AO	Accountable Officer
ARAC	Audit, Risk and Assurance Committee
ASM	Accelerated Sustainable Model
AR	Audit Recommendations
APB	Area Planning Board
BAF	Board Assurance Framework
BCUHB	Betsi Cadwaladr University Health Board
BMA	British Medical Association
CAAP	Clinical associate in applied psychology
CAMHS	Child and Adolescent Mental Health Services
CCN	Childrens Community Nursing
CEMT	Chief Executive Management Team
CHC	Continuing Health Care
CIW	Care Inspectorate for Wales
CLIP	Collaborative Learning in Practice

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CNO	Chief Nursing Officer
CPD	Continued Professional Development
CPR	Child Practice Review
CRR	Corporate Risk Register
CSP	Clinical Service Plan
CTMUHB	Cwm Taff Morgannwg University Health Board
CV	Curriculum Vitae
CVUHB	Cardiff and Vale University Health Board
CWMPAS	Mid and West Wales Regional Safeguarding Adults Board
CYSUR	Mid and West Wales Regional Safeguarding Children Board
CTC	Care Transfer Co-ordinator
CCOMG	Complex Care Operational Management Group
DATIX	Incident Management System
D&P	Delivery and Performance Committee
DCG	Delivery Co-ordination Group
DGH	District General Hospital
DHCW	Digital Health and Care Wales
DNA	Did not Attend
DNACPR	Do Not Attempt Cardio-Pulmonary Resuscitation
DPA	Data Protection Act
DToC	Delayed Transfer of Care
D2RA	Discharge to Recover and Assess
DST	Decision Support Tool
EASC	Emergency Ambulance Services Committee
EOG	Executive Oversight Group
EOY	End of Year
EMRTS	Emergency Medical Retrieval & Transfer Service
EPMA	Electronic Prescribing and Medicines Administration
ESR	Electronic Staff Record
EMI	Elderly Mentally Infirm
FBC	Full Business Case
FOI	Freedom of Information
FFT	Friends and Family Test
FTE	Full Time Equivalent
F&P	Finance and Performance Committee
GDS	General Dental Services
GIRFT	Getting It Right First Time
GMC	General Medical Council
GMS	General Medical Services
GP	General Practitioner

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GNCC	General Nursing Complex Care Team
H&S	Health and Safety
HCA	Health Care Assistant
HCS	Health and Care Standards
HCSW	Health Care Support Worker
HDUHB	Hywel Dda University Health Board
HEIW	Health Education and Improvement Wales
HIW	Healthcare Inspectorate Wales
HP	Health Protection
HPF	Healthcare Professionals Forum
ICF	Integrated Care Funding
IEN	Internationally Educated Nurse
IG	Information Governance
IM	Independent Members
IMTP	Integrated Medium Term Plan
IP&C	Infection Prevention and Control
IQPF	Integrated Quality Performance Framework
IQPG	Integrated Quality & Performance Group
IQPR	Integrated Quality Performance Report
IT	Information Technology
JAG	Joint Advisory Group (on Gastrointestinal Endoscopy)
JCC	Joint Commissioning Committee
JD	Job Description
JET	Joint Executive Team
JIPCA	Joint Inspection of Child Protection Arrangements
JLT	Joint Leadership Team (PTHB and PCC)
JR	Judicial Review
KPI	Key Performance Indicator
LoF	League of Friends
LA	Local Authority
LHB	Learning Health Board
LMC	Local Medical Committee
LPF	Local Partnership Forum
LRF	Local Resilience Forum
LTA	Long Term Agreement
MD	Ministerial Direction
MDTs	Multi-Disciplinary Teams
MEG	Medical E-Governance System
MEG	Main Expenditure Group

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MH	Mental Health
MHD	Mental Health & Learning Disability
MIU	Minor Injury Unit
MOU	Memorandum of Understanding
MOA	Memorandum of Agreement
MSK	Musculoskeletal
MV	Mass Vaccination
NHSE	National Health Service England
NHS	National Health Service
NHSWE	NHS Wales Executive
NICE	National Institute of Health and Clinical Excellence
NRI	Nationally Reportable Incidents
NWSSP	NHS Wales Shared Services Partnership
NNA	Nursing Needs Assessment
OBC	Outline Business Case
OCP	Organisational Change Process
OOC	Out of County
OOH	Out of Hours
OSCE	Objective Structured Clinical Examination
OT	Occupational Therapy
PA	Physician Associate
PADR	Personal Appraisal Development Review
PAVO	Powys Association of Voluntary Organisations
PCC	Powys County Council
PEQS	Patient Experience, Quality and Safety Committee
PHE	Public Health England
PHW	Public Health Wales
PMVA	Prevention and Management of Violence and Aggression
PPPH	Planning, Partnerships and Population Health Committee
PSB	Public Service Board
PSOW	Public Services Ombudsman for Wales
PTHB	Powys Teaching Health Board
PTR	Putting Things Right
P&C	People and Culture Committee
QA	Quality Assurance
RaTS	Remuneration and Terms of Service Committee
RCN	Royal College of Nursing
RIIC	Research, Innovation & Improvement Coordination
RIF	Regional Investment Fund
RISP	Radiology Information System Procurement

Pattern Recognition
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RJAH	Robert Jones and Agnes Hunt
RN	Registered Nurse
RPB	Regional Partnership Board
RTT	Referral to Treatment
RTS	Routemap To Sustainability
Q1 Q2 Q3 Q4	Quarter 1 (April, May, June), Quarter 2 (July, August, September), Quarter 3 (October, November, December), Quarter 4 (January, February, March)
QSEG	Quality, Safety and Experience Group
SAR	Subject Access Request
SAS	Specialty and Specialist
SBAR	Situation, Background, Assessment, Recommendation
SBUHB	Swansea Bay University Health Board
SDEC	Same Day Emergency Care
SLA	Service Level Agreement
SOC	Strategy Outline Case
SOP	Standard Operating Procedure
SaTH	Shrewsbury and Telford Hospital NHS Trust
SPB	Strategic Programme Board
SRO	Senior Responsible Owner
TaODEC	Tactical Organisation Development, Engagement and Communication
TI	Targeted Intervention
ToR	Terms of Reference
TRAC	Online Recruitment Management System
T&V	Transformation & Value
VERS	Voluntary Early Release Scheme
WAST	Welsh Ambulance Services NHS Trust
W&C	Workforce and Culture Committee
WCCIS	Welsh Community Care Information System
WG	Welsh Government
WHC	Welsh Health Circular
WHSSC	Welsh Health Specialised Service Committee
WNB	Was Not Brought
WOD	Workforce and Organisational Development
WPAS	Welsh Patient Administration System
WPOCT	Welsh Point of Care Test System
WTE	Whole Time Equivalent
WVT	Wye Valley Trust
YTD	Year to Date

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