

PTHB Board

Wed 28 January 2026, 09:30 - 14:30

Agenda

09:30 - 09:30 **1. PRELIMINARY MATTERS**

0 min

 Board_Agenda_28JAN25.pdf (3 pages)

1.1. Welcome and apologies for absence

Chair

1.2. Declarations of interest

All

 Board_1.2_Register of Interests 2025-26.pdf (3 pages)

1.3. Board Action Log

Chair

 Board_1.3_Action Log Jan26.pdf (1 pages)

1.4. Experience Story


1.4.1. Staff 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 January 2026.pdf (4 pages)

1.6.2. Chief Executive

Chief Executive


 Board_1.6b_CEO Board Report.pdf (9 pages)


1.7. Assurance Reports of Board Committees

 Board_1.7_Committee Chair Reports_Jan26.pdf (9 pages)


 Board_1.7a_AppA_ARAC AAI Chairs Report.pdf (2 pages)

 Board_1.7b_AppB_CFC AAI report Dec25 and Jan26.pdf (3 pages)

 Board_1.7c_EC Chair's Assurance Report JAN26.pdf (10 pages)

 Board_1.7d_AppD_F&P Chairs AAI Report Dec25.pdf (8 pages)

 Board_1.7e_AppE_AAI_P&C_Chairs Report 09Dec25.pdf (4 pages)

 Board_1.7f_AppF_AAI_PPPH_Chairs Report_Nov25.pdf (4 pages)

1.8 Report of the Regional Director of Liaisons

Regional Director of Liaisons

Patterson, Liz
27/01/2026 10:09:22

 Board_1.8_Llais RD report Jan26.pdf (4 pages)

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





0 min

09:30 - 09:30 3. ITEMS FOR APPROVAL/RATIFICATION/ASSURANCE

0 min

3.1. Charitable Funds Annual Report and Accounts 2025

Presentation Chief Executive

-  Board_3.1_Charity Annual Report and Accounts 2025.pdf (2 pages)
-  Board_3.1a_AppA - Powys THB Charity Annual Report and Accounts for the year ended 31Mar25 (1).pdf (49 pages)
-  Board_3.1b_AppB - Powys Charitable Funds 24-25 - Audit of Accounts Report - ISSUED 7-1-2026.pdf (22 pages)
-  Board_3.1c_AppC - Powys THB FHOT Annual Accounts 24-25 Letter of Representation.pdf (3 pages)

3.2. Annual Plan 2026/27 progress report

Executive Director of Planning, Performance and Commissioning

-  Board_3.2_Annual Plan_Board_January2026.pdf (16 pages)



3.3. Financial Performance 2025/26 Month 09

Executive Director of Finance, Capital and Support Services

-  Board_3.3_Financial Performance Report Mth 09.pdf (21 pages)



3.4. Integrated Quality and Performance Report 2025/26 Month 08

Executive Director of Planning, Performance and Commissioning

-  Board_3.4_IQPR_Month_8_Summary_Board.pdf (16 pages)
-  Board_3.4a_IQPR_25-26_Month_8_Board.pdf (45 pages)






3.5. Digital First Annual Plan

Executive Director Allied Health Professions, Health Science and Digital

-  Board_3.5_Digital Strategic Framework Annual Report Year 2 Cover paper Jan 2026.pdf (4 pages)
-  Board_3.5a_Digital_Strategic_Framework_Annual_Report_2025_2026 Final.pdf (24 pages)

3.6. Director of Corporate Governance Report

Director of Corporate Governance

-  Board_3.6_DCG report.pdf (4 pages)
-  Board_3.6a_Scheme of delegation to EDs Jan26.pdf (9 pages)
-  Board_3.6b_PODG_Terms of Reference_Feb25_Draft.pdf (5 pages)
-  Board_3.6c_LPF_Terms of Reference.pdf (10 pages)
-  Board_3.6d_WHC_045_2025 Amends to JCC SO's..pdf (4 pages)

3.7. Minutes of the previous meeting held on 26 November and 16 December 2025, for approval

Chair

-  Board_3.7a_Unconfirmed Board Minutes 26NOV2025.pdf (21 pages)
-  Board_3.7b_Board Minutes_16Dec25 - UNCONFIRMED.pdf (5 pages)

09:30 - 09:30 4. CONSENT AGENDA

0 min

4.1. Assurance Reports of the Board's Joint Committees

Patterson, Liz
27/01/2026 10:09:42

- Board_4.1_Joint Committee Reports_Jan26.pdf (2 pages)
- Board_4.1a_Appendix Ai_JC Highlight Report - 25 November 2025 Final.pdf (7 pages)
- Board_4.1b_Appendix Aii_NWJCC Highlight Report - 16 December 2025 v3.pdf (4 pages)
- Board_4.1c_AppB_FINAL DRAFT TORS JCCSBHDv.1 17.01.2025 Revised 040725 Minus VCs.pdf (8 pages)

4.2. Assurance Report of the Board's Partnership Arrangements

- Board_4.2_Summary of Partnership Board Activity Jan26.pdf (3 pages)
- Board_4.2a_App1_SSPC Assurance Report 14 November 2025.pdf (7 pages)

4.3. Assurance Report of the Board Local Partnership Forum

- Board_4.3_Assurance Report of Boards Advisory Group Jan26.pdf (2 pages)
- Board_4.3a_Chairs Report_LPF_2026_01_19.pdf (1 pages)

4.4. Board Assurance Framework and Strategic Risk Register

- Board_4.4a_Appendix A - Strategic Risk Register - November 2025.pdf (72 pages)
- Board_4.4b_Appendix B - Board Assurance Framework (BAF) Dashboard, November 2025.pdf (8 pages)

4.5. Board Work Programme

- Board_4.5_Board Work Programme Jan26.pdf (3 pages)

4.6. GLOSSARY

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

09:30 - 09:30 5. OTHER MATTERS

0 min

5.1. Any Other Urgent Business

Chair

5.2. Close

5.3. Date of the Next Meeting: 25 March 2026 Via Microsoft Teams

09:30 - 09:30 6. CONFIDENTIAL MATTERS

0 min

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

Chair

6.1. Welcome and apologies for absence

Chair

6.2. Declarations of interest

All

09:30 - 09:30 7. CONSENT AGENDA BUSINESS

0 min

09:30 - 09:30 8. FOR APPROVAL / ASSURANCE

0 min

Patterson
27/09/2025 10:09:45

8.1. Minutes from the In-Committee meetings held on 26 November and 16 December 2025 and Action Log

8.2. CEO update

09:30 - 09:30 9. In-Committee Consent Agenda
0 min

9.1. In-Committee Strategic Risk Register

09:30 - 09:30 10. OTHER MATTERS
0 min

10.1. Any other urgent business

10.2. Close

**POWYS TEACHING HEALTH BOARD
BOARD MEETING
WEDNESDAY 28 JANUARY 2026
09:30 – 14:30
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: <ul style="list-style-type: none"> Staff Experience Story 	Attached	Executive Director of People and Culture
	1.5	Questions to Board from the public:	Verbal	Director of Corporate Governance
09.50	1.6	Update from the: <ul style="list-style-type: none"> a) Chair b) Chief Executive 	Attached Attached	Chair Chief Executive
10.10	1.7	Assurance Reports of the Board's Committees	Attached	Committee Chairs Chief Executive
10.25	1.8	Report of Regional Director of Llais	Attached	Llais Regional Director

2: CONSENT AGENDA BUSINESS

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

3: ITEMS FOR APPROVAL/RATIFICATION/ASSURANCE

10.40	3.1	Charitable Funds Annual Report and Accounts 2025 Purpose: Approval	Attached	Executive Director of Finance, Capital and Support Services
10.55	BREAK 15 minutes			
11.10	3.2	Annual Plan 2026-27 progress report Purpose: Assurance	Attached	Executive Director of Planning, Performance and Commissioning
11.40	3.3	Financial Performance: 2025/26 - Month 09 Purpose: Assurance	Attached	Executive Director of Finance, Capital and Support Services
12.10	3.4	Integrated Quality and Performance Report 2025/26 month 08 Purpose: Assurance	Attached	Executive Director of Planning, Performance and Commissioning /All Directors
12.40	LUNCH – 30 minutes			

13.10	3.5	Digital First Annual Plan Purpose: Assurance	Attached	Executive Director Allied Health Professions, Health Science and Digital
13.30	3.6	Director of Corporate Governance Report: Purpose: Approval	Attached	Director of Corporate Governance
13.40	3.7	Minutes of Previous Meeting held on 26 November and 16 December 2025 Purpose: Approval	Attached	Chair

4: CONSENT AGENDA

	4.1	Assurance Report of the Board's Joint Committees Purpose: Assurance	Attached	Chief Executive
	4.2	Assurance Report of the Board's Partnership Arrangements Purpose: Assurance	Attached	Chief Executive
	4.3	Assurance Report of the Board's Local Partnership Forum Purpose: Assurance	Attached	Executive Director of People and Culture
	4.4	Board Assurance Framework and Strategic Risk Register Purpose: Information	Attached	Director of Corporate Governance
	4.5	Board Work Programme Purpose: Assurance	Attached	Director of Corporate Governance
	4.6	Glossary Purpose: Information	Attached	Director of Corporate Governance

5: OTHER MATTERS

	5.1	Any Other Urgent Business	Verbal	Chair
	5.2	Close		
	5.3	Date of the Next Meeting: <ul style="list-style-type: none"> • 25 March 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
14.00	6.1	Welcome and Apologies for Absence	Verbal	Chair

	6.2	Declarations of Interest	Verbal	All
7: CONSENT AGENDA BUSINESS				
The Chair will ask if there are any items from the In-Committee Consent Agenda (Item 9) that Board Members wish to bring forward to the main agenda.				
8: FOR APPROVAL/ASSURANCE				
14.05	8.1	Minutes of Previous In-Committee Meetings held on 26 November and 16 December 2025 and Action Log	Attached	Chair
14.10	8.2	CEO update <ul style="list-style-type: none"> • GMS sustainability 	Verbal	Chief Executive
9: IN-COMMITTEE CONSENT AGENDA				
	9.1	In-Committee Strategic Risk Register Purpose: Assurance	Attached	Director of Corporate Governance
10: OTHER MATTERS				
	10.1	Any other urgent business	Verbal	Chair
14.30	10.2	Close		

MESSAGE TO THE PUBLIC:

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

Patterson, Liz
27/01/2025 10:09:42

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 & Vale University Health Board (non Director).	Nil	
Vice Chair	Kirsty Williams	Non Financial personal interests	Loyalty Interests	Feb-25	Current	Co Director of Samaritans Powys	None	22/04/2025. Left the Health Board on 30 September 2025
		Non Financial personal interests	Loyalty Interests	Nov-22	Current	Director of ILEP Ltd a subsidiary of Cardiff University	None	
		Indirect Interests	Outside Employment	Feb-24	Ongoing	Commissioner for South Wales Fire and Rescue	Ministerial Appointment	
		Non Financial personal interests	Loyalty Interests	2024	Current	Vice Chair of Brecknock YFC Board of Management	NIL	
Independent Member (General)	Rhoert 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-Variou 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-Financial 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	

Executive Director of Public Health	Mererid Bowley	Non-Financial 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-Financial 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	Partner - 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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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
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OPEN ACTIONS - FOR REVIEW (28 January 2026)

27/11/2024	PTHB/24/131	DCG	Assurance Reports of Board's Committees	Peoples Experience Framework to be brought to future Board for discussion	<p>27.01.2025 update: This is on the agenda for February PEQS and March Board. Action not yet due to report to Board. 6.03.25 update - PEQS considered an update in February, release of the national framework awaited, update will be provided to the Board in May following PEQS in April. Date change requested.</p> <p>21.05.25 update - PEQS in April received an update including the recently released national framework. The PTHB framework will be considered by PEQS in July, date change requested to the September 2025 Board.</p> <p>24.09.2025 Update: Framework now received and internal work underway to develop the PTHB framework, due to be considered by PEQS in October and therefore Board in November - date change requested.</p> <p>26.11.2025 Update: Internal work remains underway to develop the framework, it is now due to be considered by PEQS in February and therefore Board in March - date change requested.</p> <p>28.01.26 update - update remains as above</p>	Mar-25	Mar-26	On track
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OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE (28 January 2026 - none)

ACTIONS RECOMMENDED FOR CLOSURE (28 January 2026 - none)

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27/01/2025 10:09:42



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Powys Teaching
Health Board

Agenda item: 1.6a

BOARD		DATE: 28 January 2026
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 November 2025.		
RECOMMENDATION(S):		
It is recommended that the Board RECEIVES this report.		
Approve/Take Assurance	Discuss	Note
N	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	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	

Patterson, Liz
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Chair's Report

CHAIR'S REPORT:

Board Membership

The Cabinet Secretary has appointed [Rhiannon Beaumont-Wood](#) as the new Vice Chair of our Board. Rhiannon has lived in Powys and has strong family ties to the county. She is a nurse by profession and has served in various roles in acute, primary care, community, safeguarding, prehospital care and public health settings. She spent ten years as the Executive Director for Quality, Nursing and Allied Health Professionals in Public Health Wales.

Following retirement from her executive role, she has held Non-Executive Director roles with Dorset Integrated Care Board, WAST and is the Registrant Council Member for Wales within the Nursing and Midwifery Council. She will begin her new role with us on 9 February.

We are at an important juncture in our transformation and financial recovery journey as we establish plans for the future of high quality, safe, timely and sustainable health services in Powys. Rhiannon's distinguished clinical career, together with her wider skills, experience and knowledge will further strengthen and enrich the governance of our organisation. I look forward to working with her as we continue to develop visible, compassionate and collaborative leadership within the Board and alongside all our colleagues and partners.

Public Accountability Meeting

The Cabinet Secretary 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 was required to provide an evidence pack setting out its performance against specified aspects of governance and operational delivery. This formed the basis of the Cabinet Secretary's scrutiny of the Board's effectiveness during the meetings. Our Public Accountability Meeting took place at 16:00 on 27 November. It was held in public via livestreaming, and a [recording of the meeting](#) is available to view on Welsh Government's website. Following the meeting, the CEO and I received a [letter from the Cabinet Secretary](#).

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 and strategic partners:

- In our December 2025 session we were joined by the Regional Director and other colleagues from Llais, the Citizen's Voice Body for Health and Social Care in Wales. It was useful to consider together how we can strengthen further the existing positive, constructive working relationship between our partner organisations.

- In our January 2026 session we welcomed colleagues from the Welsh Risk Pool. This is part of the NHS Shared Service Partnership Legal and Risk service. It provides the means by which all Trusts and Health Authorities in Wales are able to indemnify against risk. Importantly, the team works with NHS colleagues across Wales to promote and facilitate opportunities to learn and support the development and implementation of improvements to enhance patient safety and outcomes. It was good to learn that PTHB performs well as regards our responsibilities and expectations as participants within the Risk Pool.

The programme of Board Walkaround visits continues apace. 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. The feedback from the visits is shared with relevant executive directors and is summarised in regular reports to the Patient Experience, Quality and Safety Committee.

I'm grateful to colleagues for the warm welcome and useful conversations during the following visits:

- Older Adults Mental Health, Dementia Home Treatment & Memory Assessment Service - Bronllys
It was good to learn about the achievements and challenges experienced by these teams. It was particularly encouraging to sense the strength of mutual support that exists among colleagues.
- Cwm Taf University Health Board – Royal Glamorgan Hospital
The Executive Director of Planning, Performance and and I are continuing our visits to Welsh commissioned providers. We had a valuable visit to the Royal Glamorgan Hospital and held discussions with senior executives and the Board Chair. It was particularly useful to visit their new stroke unit and their newly improved Women's Health Hub. There was an encouraging, shared appetite to further develop our strategic and operational cooperation.
- Welshpool Hospital
I was very pleased to attend the informal opening of the new staff dining room in Welshpool Hospital. This has been made possible by the support of the hospital's League of Friends following the donation of a generous legacy. The furnishings were provided by our Health Charity. There will be a more formal opening later in the year.
- Joint Inter-agency Meeting Panel (JIMP)
It was useful to learn more about the scope & focus of JIMP's business. It is encouraging to glimpse the effective cooperation & person-focused care from partner organisations as we oversee the crucial work of our contracted residential care providers.
- District Nurses Forum
I am grateful for the insights that I gained from listening to the discussions between leaders and deputy leaders of our district nursing teams. I was struck by the way in which the forum worked together on

matters of shared importance and co-produced solutions to identified issues.

- **Neuro-diversity Parents' Co-production Group**
This was a welcome opportunity to listen to discussions with parents of children with Neurodiversity diagnoses as regards how we can continue to improve and strengthen our support alongside partners in the local authority and education.
- **Knighton League of Friends**
At the time of writing the Executive Director of Primary, Community & Mental Health and I have a visit to Knighton Hospital League of Friends scheduled for 27th January. I will provide an oral update during the Board 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.

- **Regional Integration Accountability Meeting**

I attended a meeting with the Minister for Children and Social Care to report on our initiatives regarding integrated working with Powys County Council, the Third Sector and other partners.

- **CEO NHS Wales & Director General of Health & Social Care**

It was good to participate in accompanying Jacqueline Totterdell, the new CEO of NHS Wales, on her recent visit to North Powys. We are grateful that Jacqueline has taken time, early in her new role, to find out more about our context here in Powys.

- **Regional Joint Committee West Wales**

I attended a meeting of the Regional Joint Committee for West Wales of which we are an associate member. It is important to be alert to the benefits of regional working for our population, notwithstanding the complexities of regional participation across all our boundaries.



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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
- Influenza, covid and Respiratory Syncytial Virus vaccination
- EMRTS update
- Storm Gorette
- Primary Care Updates
- Continuous engagement with our communities
- PTHB Temporary Service Change
- Engagement and service change
- PTHB Colleague Achievements

A number of other key matters are contained within the Board’s agenda for the 28 January 2026 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
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 16 December 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, the final draft report due to be received in the coming weeks. Executive colleagues are developing draft responses in readiness for whole Board consideration.

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 was replaced by the Cabinet Secretary chaired Public Accountability Meeting scheduled for the 27 November – details are 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.

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, and through the Vaccination Service in the month of December. Uptake data, as of 15/01/26, is set out in the table

below. For all eligible groups apart from 2-3year olds, uptake is lower that the Wales average.

Uptake of flu Vaccination as of 15 January 2026

Eligible Group	Uptake (%)	All Wales uptake (%)
Adults aged 65 +years	64.3	69.1
At-Risk aged 16 months to 64 years	38.4	38.6
Aged 2-3-year-olds	51.7	43.9
School aged children (Aged 4 -10	54.4	55.9
Age 11-15yrs	38.3	44.3

For Health Board staff, uptake as of 31 December 2025 is 43.1%, in line with the Wales average of 43.6% (National Influenza Immunisation Summary data (PHW, 15/01/26).

COVID-19 Vaccination Campaign

Delivery commenced on 01 October 2025, through the Health Board Vaccination Service, to eligible cohorts with uptake rates of 80.3% achieved for residents in care homes for older adults, higher than the Wales average of 75.8%. For the over 75 years, uptake at 61.2%, which is line with the Wales average.

The WG has issued a Welsh Health Circular for the Spring Covid-19 Vaccination Programme to commence from 13th April.

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 resident in Powys are:

- 67.2% for adults aged 75-79years vaccinated in the catch-up programme against target of 70% (compared to the Wales average of 64.5%)
- Over 60% of pregnant women taking up the offer of vaccination.

For residents registered with Powys GPs, uptake for 75-79yrs is over 70%.

JCVI has recommended to Government that the RSV vaccination programme in older adults should be expanded to include those over the age of 80 years. It

follows analysis that the introduction of RSV vaccination in 75-to-79-year-olds last September led to a significant reduction in hospital admissions among that age group.

EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS)

As reported to the Board in November 2025, the High Court denied an application to appeal the outcome of the judicial review in relation to EMRTS. The NHS Wales Joint Commissioning Committee is now progressing the implementation of the recommendations from the review.

An update was presented to the JCC on 25 November 2025, which we have also shared through our channels: [JCC News: Update on Enhanced Road-Based Care Service Planned for Remote Rural and Coastal Parts of Wales - Powys Teaching Health Board](#)

An update is being presented to the next meeting of the JCC on 27 January 2026 and indicates that "It is expected that further clarity on timelines associated with the reconfiguration of the EMRTS service will be available during February 2026" (jcc.nhs.wales/the-committee/committee-meeting-papers/january-2026/5-1-emrts-update-pdf/)

Powys County Council recently debated the closure of Welshpool and Caernarfon air ambulance bases and the Judicial Review's judgment recommendation for a network of Rapid Response Vehicles to be established in Mid Wales and Gwynedd to alleviate concerns and detrimental effects of the closure of both bases.

Councillors unanimously passed the following resolution: "RESOLVED to call on the Health Boards and Wales Air Ambulance to work together and with communities in ensuring that Recommendation 4 is fully implemented first before the closure of Welshpool and Caernarfon bases."

We have asked the JCC to ensure that Powys County Council is kept updated on progress on Recommendation 4 and also on Recommendation 2 (securing of an appropriately located operational base).

STORM GORETTI

Powys faced particular challenges from Storm Goretti earlier this month, with heavy snow falling overnight on Thursday 8 January leading to travel disruption and power outages.

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Our staff and their families and communities once again showed their creativity and resilience to keep vital services running, and we are tremendously grateful for their actions.

PRIMARY CARE SERVICES: LLANFYLLIN PHARMACY

Work is progressing to establish a new community pharmacy service in Llanfyllin following the retirement of the previous contractor. The health board's Pharmaceutical Applications Committee is due to meet in February following which a further update will be shared with the Board and stakeholders.

<https://pthb.nhs.wales/llanfyllin-pharmacy>

PRIMARY CARE SERVICES: LITTLE OWL DENTAL

We regret to report that Little Owl Dental Practice in Llandrindod Wells has ceased trading and all appointments have been cancelled. This action follows the suspension of the Dentist running the service by the General Dental Council. We fully recognise how disappointing this news will be for local patients.

The Health Board is working at pace to identify alternative arrangements for NHS dental services in the area but unfortunately there are no solutions that will offer immediate continuity of service.

<https://pthb.nhs.wales/llandrindod-dental>

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 is visiting each of the thirteen localities in Powys. As well as visiting local community groups, they have been holding a series of "Your Health Services" drop in events for residents to find out more about current developments in local health services. This includes our ongoing listening programme relating to our Temporary Service Changes (<https://pthb.nhs.wales/temporary-2025>) as well as gathering insights for our Better Together programme (<https://pthb.nhs.wales/bettertogether>) .

The full list of dates and venues is:

- 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 – 1pm to 4pm due to Storm Goretti
- Thursday 15 January at the Youth & Community Centre in Llanfyllin
- Wednesday 22 January at the Swan in Hay-on-Wye
- 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

TEMPORARY SERVICE CHANGE

During November and December 2024 the health board introduced a number of temporary changes to help us respond to significant challenges relating to quality, workforce and long term sustainability.

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 position in relation to the temporary changes was reviewed by the Temporary Change Programme Board and the Executive Committee. No new issues were 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.

The Board in November 2025 therefore endorsed a recommendation from the Executive Committee that the temporary changes would remain in place pending formal decisions through the Better Together programme.

That decision acknowledged that ongoing monitoring remained in place, and that a further assurance report would be presented to the Board no later than March 2026.

A wide ranging programme of review and assurance has therefore been put in place to gather views, insights and patient experience. This includes:

- Ongoing review of quality, safety, outcomes and patient experience.
- Targeted engagement by Llais, the Citizen Voice Body, to gather insights from patients and families.
- The series of 13 community drop-in events set out above, reaching all 13 localities in Powys.
- Outreach visits by the engagement team to community groups and events to listen and learn from the people of Powys.

A [discussion paper](#) has been published which explains why the temporary changes were proposed, summarises the engagement undertaken during Summer 2024 and what we heard, sets out the decisions made by the

Board in October 2024 and the implementation of the temporary changes, shares the work we have undertaken to review and evaluate the temporary changes, and seeks views by 15 February 2026.

- The discussion paper has been sent to a wide range of stakeholders including MSs, MPs, County Councillors, third sector organisations, and subscribers to the health board's e-newsletter. Printed copies are available from the community drop-in events and outreach visits, and on request from the health board.
- Regular news updates have been issued to encourage people to share their views (e.g. [Share your views on Temporary Service Changes - Powys Teaching Health Board](#))
- A dedicated information page is available directly from the PTHB website home page (<https://pthb.nhs.wales/temporary-2025>) and an engagement hub and online survey is available for people with digital access and/or who are not able to attend the in person events

Insights from this work will support the next assurance report due to be presented to Board in March 2026.

ENGAGEMENT AND SERVICE CHANGE: Hywel Dda University Health Board Clinical Services Plan

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 on 19 February 2026.

We will share further updates with the Board as this work progresses: [News from Hywel Dda University Health Board: Next Steps on their Clinical Services Plan - Powys Teaching Health Board](#)

URGENT SERVICE CHANGES: BETSI CADWALADR UNIVERSITY HEALTH BOARD PET-CT

Patients in North Powys access PET-CT services from a mobile scanning service based at Wrexham Maelor Hospital. This is a specialised service commissioned nationally by the NHS Wales Joint Commissioning Committee.

BCUHB has had to make temporary changes to its PET-CT mobile scanning service, which has been out for tender. The service will be unavailable for several weeks, as contractual, commissioning and licensing issues are finalised.

BCUHB has been working with the NHS Wales Joint Commissioning Committee and with other PET-CT providers to mitigate the impact of this temporary period until the new service is established.

BCUHB is also continuing their work to develop a business case for a permanent service as part of their wider review of nuclear medicine services. We will ensure the Board is updated on this work.

Information about the temporary changes is available from the BCUHB website: [Changes to PET-CT scanning service - Betsi Cadwaladr University Health Board](#)

PTHB COLLEAGUE ACHIEVEMENTS

I shared this information orally with the Board in November, but wanted to ensure all colleagues were aware of the success of Tanya Thomas, Team Leader for Child and Adolescent Mental Health Services, who won in the category of Mental Health Nurse at the RCN Wales Nurse of the Year Awards in November. Tanya's work in helping to set up and lead the Child and Adolescent Mental Health Services Crisis Hwb in Powys has seen significant improvements in the care of young people experiencing mental health crises.

She has shown excellent leadership skills, creating a shared vision to support young people to feel heard and to access appropriate services in a timely manner.

Tanya has been instrumental from the start, recruiting staff and working alongside estates to ensure the new Hwb would provide a setting that was as inviting as possible to offer assessments, support, and treatment to young people up to the age of 18.

The data so far speaks for itself, with a 25% reduction in hospital attendances for mental health concerns among Powys young people, and excellent feedback from young people and their families.

Tanya leads by example and is always on hand to offer support and advice. She continues to work with young people and never shies away from getting involved to support those who need help most.

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Tanya always has the patients' best interests at heart and will go above and beyond to ensure that not only their mental health needs are met, but that all aspects of their lives are being supported.

Everyone at PTHB is extremely proud of the work that Tanya and her colleagues carry out and this award is well deserved.

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Agenda item: 1.7

BOARD **28 JANUARY 2026**

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	

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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 13 January 2026 is attached at Appendix A.

Charitable Funds Committee

- The Committee Chair's report of the meetings held on 01 December 2025 and 15 January 2026 is attached at Appendix B.

Finance and Performance Committee:

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

People and Culture Committee:

- The Committee Chair's report of the meeting held on 09 December 2025 is attached at Appendix D.

Planning Partnership and Public Health Committee:

- The Committee Chair's report of the meeting held on 20 November 2025 is attached at Appendix E.

Executive Committee:

- The Committee Chair's report of the meetings held from 19 November 2025 to 15 January 2026 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 has not met since the last update to Board in Nov 2025. 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 has not met since the last update to Board in Nov 2025. Item remains escalated.
F&P	Organisational Status	Feb 2025	For Board awareness, no specific action requested	F&P 04 December 2025: The Board received a substantive update at its November 2025 meeting. The Committee will continue to consider at each meeting. 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
<p>PEQS 25 April 2023</p>	<p>Concerns regarding internal capacity constraints in respect of the use of Civica in relation to patient experience</p>	<p>PEQS 24 Oct 2023:</p> <ul style="list-style-type: none"> received an update within the Integrated Quality Report on Patient Experience – Civica (see PEQS Chair’s Report to Board) <p>PEQS 23 Jan 2024:</p> <ul style="list-style-type: none"> received an update within the Integrated Quality Report on Patient Experience – Civica. Noting the system continues to evolve and become established with feedback used to improve the system. Successes and opportunities were outlined along with ongoing priorities. <p>PEQS 16 April 2024:</p> <ul style="list-style-type: none"> received an update within the Integrated Quality Report – in relation to the Patient Experience Stories, recording equipment has been purchased but limited administrative support available to support the production of patient stories. <p>PEQS 30 July 2024:</p> <ul style="list-style-type: none"> A plan is in place to increase capacity and the Patient Experience Framework will be brought to PEQS in November 2024 when this escalation to Board will be reviewed. <p>PEQS 07 Nov 2024:</p> <ul style="list-style-type: none"> A presentation on the ‘Peoples Experience Framework’ was brought to Committee. The Draft People’s Experience Framework will be brought to PEQS in February 2025.

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		<p>PEQS 11 February 2025: This work is tied to the imminently expected publication of the Wales Patient Experience Framework.</p> <p>PEQS 30 April 2025:</p> <ul style="list-style-type: none"> received an update within the Integrated Quality Report on Patient Experience – Civica. <p>PEQS 31 July 2025:</p> <ul style="list-style-type: none"> The Patient Experience Framework is due to PEQS in October 2025 and Board in November 2025 <p>PEQS 23 October 2025:</p> <ul style="list-style-type: none"> 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.
<p>PEQS (transferred from Delivery and Performance Committee)</p> <p>22 October 2024</p>	<p>Neurodiversity Services</p>	<p>D&P 22 Oct 2024:</p> <ul style="list-style-type: none"> This service has been placed into local escalation by the Executive Committee. D&P have transferred oversight of this service to PEQS to enable a focus on quality as well as performance. <p>PEQS 07 Nov 2024:</p> <ul style="list-style-type: none"> PEQS received this item noting the recent local escalation recognising the change of status and opportunity to focus on improvements to the service. An update will be received at the February 2025 meeting. <p>PEQS 11 February 2025:</p>

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		<ul style="list-style-type: none"> Received the action plan and a progress report – took assurance that the IQPF escalation mechanism is providing robust oversight <p>PEQS 30 April 2025:</p> <ul style="list-style-type: none"> Progress had been made although challenges remained. (see PEQS Chair’s Report to Board). <p>PEQS 31 July 2025:</p> <ul style="list-style-type: none"> 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. <p>PEQS 23 October 2025:</p> <ul style="list-style-type: none"> 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.
D&P February 2025	Organisational Status	<p>D&P 06 March 2025:</p> <ul style="list-style-type: none"> Monitoring report received and assurance taken that PTHB continues to report as required in relation to its organisational escalation status <p>D&P 01 May 2025:</p>

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		<ul style="list-style-type: none"> • 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. <p>F&P 26 June 2025:</p> <ul style="list-style-type: none"> • The Committee RECEIVED the Organisational Status Level 4 Monitoring report and will continue to do so. Board reporting will also continue as scheduled. <p>PEQS 31 July 2025:</p> <ul style="list-style-type: none"> • 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. <p>F&P 02 September 2025:</p> <ul style="list-style-type: none"> • Update provided in the F&P Chairs report and the CEO report. Further written update to be included in update to November Board. <p>F&P 21 October 2025:</p> <ul style="list-style-type: none"> • 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.
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De-escalated Items:

<p>PEQS 4 July 2023</p> <p>PEQS 30 April 2025 de-escalated</p>	<p>Infection Prevention and Control (Reported to Board IC July 2023)</p>	<p>PEQS 24 Oct 2023:</p> <ul style="list-style-type: none"> received an update within the Integrated Quality Report on progress on the Infection Prevention and Control Improvement Plan which will be repeated on an agreed timeframe, and agreed the Board level statement on Infection Prevention and Control (see PEQS Chair’s Report to Board) <p>PEQS 23 Jan 2024:</p> <ul style="list-style-type: none"> received an update within the Integrated Quality Report on progress on the Infection Prevention and Control Improvement Plan which outlined that 60% of activities were complete, 19% were making good progress, 2% were behind schedule and 19% were on track. The priorities for Quarter 4 were outlined to Committee <p>PEQS 16 April 2024: Action plan is nearing completion and all actions are on track</p> <p>PEQS 30 July 2024:</p> <ul style="list-style-type: none"> Progress has been made (see PEQS Chair’s Report to Board) but this matter remains escalated to Board. <p>PEQS 07 Nov 2024:</p> <ul style="list-style-type: none"> Progress has been made (see PEQS Chair’s Report to Board). <p>PEQS 11 February 2025:</p> <ul style="list-style-type: none"> Majority of actions completed or completion is imminent. Expect to receive a report recommending de-escalation to April meeting of PEQS
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		<p>PEQS 30 April 2025:</p> <ul style="list-style-type: none"> 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.
<p>W&C March 2025</p> <p>P&C June 2025 De-escalated</p>	<p>Availability of Regional Investment Funding</p>	<p>W&C 13 Mar 2025:</p> <ul style="list-style-type: none"> 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>P&C 03 June 2025:</p> <ul style="list-style-type: none"> Committee continues to monitor, RIF decisions now confirmed.
<p>ARAC July 2025</p> <p>Board 24 September 2025 De-escalated</p>	<p>Annual Accounts 2024/25 - the Health Board has failed to meet its statutory deadline for signoff of annual accounts.</p>	<p>ARAC 8 July 2025:</p> <ul style="list-style-type: none"> 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:	13 January 2026
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 13 January 2026.

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: [13 January 2026 - Powys Teaching Health Board](#))

Meeting: 13 January 2025

Alert / Escalate	The Committee wished to ALERT the Board to ongoing compatibility issues within the NHS Wales App. Specifically, the lack of cross border functionality with NHS England, with no clear timescale for resolution. The Committee was keen to ensure that the Powys population is not at a disadvantage. It was agreed that further exploration of the issue would be undertaken to identify if it was specific to Powys patients or relevant across NHS Wales. This will be tracked as an action by the Committee.
Advise	Nothing to advise.
Assure	The Board is asked to NOTE that the following matters were discussed at the meeting held on 13 January 2026. A full report will be available at the Board meeting in March 2026. <ul style="list-style-type: none"> • Internal Audit Progress Report 2025/2026 • Internal Audit Reports: <ul style="list-style-type: none"> a) Digital Systems Uptake (<i>Limited Assurance</i>)

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	<ul style="list-style-type: none"> b) Continuing Healthcare (<i>Reasonable Assurance</i>) c) Mental Health & Learning Difficulties Triage & Assessment process (<i>Reasonable Assurance</i>) d) Core Financials (<i>Reasonable Assurance</i>) e) Decontamination (<i>Reasonable Assurance</i>) <ul style="list-style-type: none"> • Internal Audit Trend Report • External Audit Progress Report • Counter Fraud Update and Reports • Assurance of Risk Management arrangements • Post Payment Verification Year End Report 2024/2025 • Digital First Annual Plan • Single Tender Waivers (including extensions to contracts) <p>The Board is asked to NOTE that the following matters were discussed at the In-Committee meeting:</p> <ul style="list-style-type: none"> • Committee Risk Register and Strategic Risk deep dive (<i>SRR011 - Failure of Digital & Electrical Infrastructure</i>)
Inform	<p>The following items were RECIEVED as part of the consent agenda:</p> <ul style="list-style-type: none"> • Internal Audit Reports: <ul style="list-style-type: none"> a) Primary Care Clusters Project Management Final Report (<i>Substantial Assurance</i>) b) Staff Development Programme Final Report (<i>Substantial Assurance</i>) • Information Governance and Records Management Report • Committee Work Programme (for Information).
Appendices	None
NEXT MEETING 10 March 2026	

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:	Charitable Funds Committee
Committee Chair	Carl Cooper
Date of last meetings:	01 December 2025 and 15 January 2026
Paper prepared by:	Liz Patterson
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
1. SITUATION/BACKGROUND	
<p>This report had been prepared to provide Board Members with a summary of the key issues considered by the Charitable Funds Committee (CFC) at its meeting on 01 December 2025.</p> <p>Key highlights from the meeting are reported in Section 3.</p>	
2. PURPOSE	
<p>The Purpose and Role of the Charitable Funds Committee is set out in Schedule 4 (pages 66-76) of Standing Orders.</p>	
3. HIGHLIGHT REPORTS	
<p>Link to agenda: 01 December 2025 - Powys Teaching Health Board</p>	

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Alert / Escalate	There are no matters to alert or escalate
Advise	There are no matters to advise
Assure	<p>There were no applications for support from the General Fund</p> <p>Projects approved under delegated authority: Committee received a list relating to expenditure approved under delegated authority</p> <p>Financial Report as at 31 July 2025 Committee were advised the Charitable Fund balance was valued at £4.3m at 31 July 2025 with expenditure of £378k and income of £245k between the period of April to July 2025.</p> <p>Charity Manager update:</p> <ul style="list-style-type: none"> • 01 December 2025 was the first day of the Festive Fundraiser – to purchase presents for all patients in Powys hospitals on Christmas Day • The Chairty was supporting the PTHB Wellbeing Roadshows • A Skydiver fundraiser for the Charity’s 30th Birthday is planned for 26 July 2026 with other local events planned • Engagement with League of Friends groups continues across the county <p>Charity Dashboard Committee welcomed the inclusion of the Charity dashboard and suggested further areas the dashboard could be developed</p> <p>Communications An update on communications was received with a request to retain traditional forms of communication in addition to the focus on social media, and to include the impact of communication activity in addition to a description of the activity</p> <p>Reserves Policy The Reserves Policy was reviewed and agreed in line with the requirement for a biennial review. Members noted</p>

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	current reserves were far in excess of requirements and the Charity Strategy which was in development would aim to increase expenditure to a more appropriate level
Inform	Charity Strategy 2026-2029 The Task and Finish Group for the Charity Strategy 2026-2029 had met and welcomed feedback from the Committee. The draft Strategy would be shared with Trustees at a session of Board Development, and the Charity Strategy would be brought to Committee in March 2026 for approval.
Appendices	N/A

Link to agenda: [15 January 2026 - Powys Teaching Health Board](#)

Charitable Funds Annual Report and Accounts for year ending 31 March 2025

The Committee received the Charitable Funds Annual Report and Accounts which was presented by the Executive Director of Finance, IT and Support Services. Audit Wales presented the Audit Plan and ISA260 that, on approval from Board as Trustees of the Charitable Fund, the Auditor General intends to sign the accounts with an unqualified opinion.

Charitable Funds Committee recommend that the Board, as Trustees of the Charitable Fund approve the Charitable Fund Annual Accounts and Report 2024-25.

NEXT MEETING: 16 March 2026

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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Health Board

Reporting Committee:	Executive Committee
Committee Chair	Hayley Thomas, Chief Executive
Date of last meeting:	14 January 2026
Paper prepared by:	Director of Corporate Governance and Corporate Business Manager
KEY DECISIONS AND MATTERS CONSIDERED BY THE COMMITTEE	
<p>The Executive Committee is chaired by the Chief Executive with all members of the Executive team acting as members of the Committee. The Committee meets within In-Committee sessions due to the practical nature of the day-to-day management and operations of the organisation.</p> <p>I am pleased to provide the Board with a summary of the matters considered by the Executive Committee when it met on the 19 November, 03 December, 10 December, 17 December 2025, 07 January and 14 January 2026. Meetings following these dates will be reported to the Board in March 2026.</p>	

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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	Better Together Portfolio Update	Assurance	The Committee NOTED the update and SUPPORTED the resource capacity.	Board	19.11.25
	Financial Performance Report (Month 07)	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	19.11.25
	Integrated Quality and Performance Report (Month 06)	Assurance	The Committee DISCUSSED the content of this report; and took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.	Board; Finance and Performance Committee	19.11.25
	Update on Climate Response - Decarbonisation and Adaptation	Assurance	The Committee NOTED the changes to Decarbonisation targets from Welsh Government and NOTED the extant plan and update on Climate Adaptation. The Committee also APPROVED response model proposed for leadership, management, tracking and reporting of climate response on behalf of PTHB, returning for Board update on Climate Resilience, Decarbonisation and Climate Adaptation Plans, once developed.	Finance and Performance Committee	19.11.25

	Discretionary Capital Pipeline Programme Update 2025/26	Assurance	The Committee RECEIVED the update report and took ASSURANCE an appropriate monitoring mechanism is in place for the Capital programme for 2025-26 and NOTED the risks and opportunities identified within the paper.	Finance and Performance Committee	19.11.25
	Out of Hours (OOH) General Medical Services Mid-Year Performance 2025/26	Assurance	The Committee RECEIVED the report and took ASSURANCE that the OOH Commissioning Assurance Framework monitoring process is providing an appropriate framework to support OOH contract management. The Committee NOTED plans to progress procurement of continued GMS OOH service provision from 01 July 2026 onwards.	Finance and Performance Committee	19.11.25
	Community Pharmacy Annual Report	Assurance	The Committee RECEIVED the Community Pharmacy Performance Report taking ASSURANCE on progress to date, NOTING areas of concern and plans for the next 12 months.	Finance and Performance Committee	19.11.25
	Internal Audit Report - Digital Systems Uptake	Assurance	The Committee RECEIVED an update that focused on the recent internal audit, which provided limited assurance on digital systems, prompting the development of an action plan.	Audit, Risk and Assurance Committee	19.11.25
	Strategic Risk Register, Board Assurance framework Dashboard	Assurance	The Committee REVIEWED the November 2025 Strategic Risk Register update, ensuring that it is a complete and a true reflection of the health board's current high-level risks. The Committee also REVIEWED the November 2025 BAF Dashboard update, ensuring that it is a complete and a true assessment of the health board's confidence in its strategic controls and assurance. The Committee took ASSURANCE on the controls and assurances to manage strategic risks and there are actions to address any identified gaps.	Board	19.11.25

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Patterson, LIZ 27/01/2026 10:09:41	North Powys Wellbeing Programme	Recommendation	The Committee RECOMMENDED the Strategic Outline Case/Outline Business Case for the North Powys Wellbeing Programme.	Board	03.12.25
	Integrated Quality and Performance Report - Month 07	Assurance	The Committee DISCUSSED the content of the month 07 report and took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.		03.12.25
	Workforce Performance Report	Assurance	The Committee RECEIVED the performance report and NOTED the update.	People and Culture Committee	03.12.25
	Public Sector Prompt Payment Performance	Assurance	The Committee NOTED the review and actions proposed.	Finance and Performance Committee	03.12.25
	Director of People and Culture Report	Assurance	The Committee RECEIVED the Director's report and NOTED the update.	People and Culture Committee	03.12.25
	Theme One: Staff Health and Wellbeing	Assurance	The Committee RECEIVED and NOTED the update.	People and Culture Committee	03.12.25
	Theme Three: Workforce Sustainability and Transformation	Assurance	The Committee RECEIVED and NOTED the update.	People and Culture Committee	03.12.25
	Nationally Reportable Incident (NRI) Update	Assurance	The Committee RECEIVED an update on this and were INFORMED by the contents of the report.		10.12.25
	Integrated Quality and	Assurance	The Committee NOTED and DISCUSSED the contents of the review and APPROVED the recommendations for the		10.12.25

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	Performance Framework - six-month review		continued implementation of the framework. It was agreed to have a revised proposal incorporating the feedback discussed in the meeting.		
	Integrated Quality and Performance Framework - 2025/26 Reporting Challenges	Assurance	The Committee NOTED and DISCUSSED the report and NOTED that a further update would be provided to the Committee in January on progress against the Data Improvement Delivery Plan.		10.12.25
	Cross Border Closure and Evaluation Report	Assurance	The Committee NOTED and took ASSURANCE what has been implemented though the cross-border project and what is outstanding.		10.12.25
	PTHB Commissioned Third Sector Services Review Framework	Assurance / Approval	The Committee DISCUSSED the Review Report and SUPPORTED the recommendations.		10.12.25
	Finance Performance Report - Month 08	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. As discussed at the Public Accountability Meeting, the Health Board is considering whether to revise this forecast.		10.12.25
	Better Together	Assurance	The Committee RECEIVED an update on the Better Together Programme.		07.01.26

	Portfolio Update				
	Quarter 2 Information Governance Performance Report	CONSENT - Assurance	The Committee received for ASSURANCE.	Audit, Risk and Assurance Committee	07.01.26
	PTHB - Audit Risk and Assurance Committee Update	CONSENT - Assurance	The Committee received for ASSURANCE.	Audit, Risk and Assurance Committee	07.01.26
	Integrated Quality and Performance Report - Month 08	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.	Board	14.01.26
	Regional Partnership Board - Annual Delivery Plan	Assurance	The Committee took ASSURANCE that the approach and process in developing the robust RPB Delivery and Resource Plan aligns with the jointly agreed health and social care priorities; the Committee NOTED the key delivery and resource commitments of the plan in 2026/27, including the focus on exit planning.	Board	14.01.26
Inform	Organisational Risk Register	Review	The Committee REVIEWED and identified any gaps in the draft Organisational Risk Register.	Board	19.11.25
	Vacancy Freeze Management	Approval	The Committee REVIEWED and APPROVED applications submitted for advertising.		03.12.25
	Role Based Essential Training on ESR	Approval	The Committee fully supported and APPROVED the implementation of the recommendation to include all identified role essential onto ESR.		03.12.25

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Adferiad (Recovery) Funding Progress Report and Guidance	CONSENT - Information	The Committee RECEIVED the progress report and guidance for INFORMATION.		03.12.25
Single Tender Waiver	Approval	The Committee APPROVED the funding and Single Tender Waiver approach to commission the delivery the Strategic Assessment of Planned Care and development of a business case for referral optimisation in Q4.		10.12.25
Vacancy Freeze Management	Approval	The Committee REVIEWED and APPROVED applications submitted for advertising.		10.12.25
Winter Escalation / Mandatory Mask Wearing Plan	Approval	The Committee APPROVED the mask wearing escalation plan as we head into winter 2025, in light of current modelling from Public Health Wales and the anticipated rise in acute respiratory infections, particularly seasonal influenza.		10.12.25
A Healthier Wales Primary Care Model for Wales National Primary Care Board Closedown Report	CONSENT - Information	The Committee RECEIVED and NOTED for information.		10.12.25
Finance Capacity Business Case	CONSENT - APPROVAL	The Committee RECEIVED and APPROVED.		10.12.25
Better Together: Resourcing Requirements	Approval	The Committee APPROVED the resource requirements identified to mobilise and deliver the agreed timeline and scope		17.12.25

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	North Powys Primary Care Proposal	Approval	The Committee APPROVED the supplementary paper to be submitted to the Welsh Government IRCF panel with the North Powys Wellbeing Programme Strategic Outline Case (SOC)/Outline Business Case (OBC).		17.12.25
	Planned Care Insourcing	Approval	The Committee NOTED the contents of the report; AGREED the recommendation that the Health Board cancel the current insourcing tender process and APPROVED further 'file note' extension to the end of March 2026.		17.12.25
	Vacancy Freeze Management	Approval	The Committee REVIEWED and APPROVED applications submitted for advertising.		17.12.25
	Final Audit Report - Decontamination: Reasonable Outcome	CONSENT - Information	The Committee RECEIVED and NOTED for information.	Audit, Risk and Assurance Committee	17.12.25
	Progress Against Enabling Actions Update Q3 2025/26	Approval	The Committee REVIEWED the progress made against Enabling Actions in Quarter 3, and agreed to amend the RAG ratings and approved ahead of submission to Welsh Government.		07.01.26
	Vacancy Freeze Management	Approval	The Committee REVIEWED and APPROVED applications submitted for advertising.		07.01.26
	PTHB Corporate Parenting Promises	Approval	The Committee APPROVED the Corporate Parenting Promises to share with Welsh Government. The Committee also requested for further information to come back to the Committee for discussion once the Task and Finish Group had completed its review and mapping exercise.	Patient Experience, Quality and Safety Committee	
	Integrated Quality and Performance	Approval	Committee NOTED and DISCUSSED the contents of the paper.		14.01.26

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	Framework Directorate Performance Review Proposal		The Executive Committee APPROVED the recommendations for Directorate Performance Review structure and frequency.		
	Mental Health Pharmacy Workforce Investment	Approval	The Committee APPROVED the business case to proceed as a reallocation of existing resources.		14.01.26
	Vacancy Freeze Management	Approval	The Committee REVIEWED and APPROVED applications submitted for advertising.		14.01.26
	EPMA Business Resource	Approval	The Committee APPROVED extension of posts short-term to safeguard EPMA delivery.		14.01.26
	Mental Health Dialectical Behaviour Therapy Business Case	Approval	The Committee APPROVED the IBG case recommendation to implement option two - setting up a comprehensive DBT service with additional CEN capacity for outreach working.		14.01.26
	Business Continuity Management Policy	Approval	The Committee APPROVED the Policy.		14.01.26

ITEMS TO BE ESCALATED TO THE BOARD

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

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

Key:

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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
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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:	04 December 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 04 December 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: [04 December 2025 - Powys Teaching Health Board](#))

Alert / Escalate	<p>ORGANISATIONAL STATUS (NHS WALES ESCALATION FRAMEWORK) LEVEL 4 MONITORING REPORT</p> <p>An update was provided against the organisational status, where it was confirmed that a substantive update was provided at the last Board meeting in November; work continued within agreed board structures.</p> <ul style="list-style-type: none"> • The Planning Maturity Matrix had been reviewed by the Executive Committee, Planning, Partnerships and Population Health Committee and the Board and submitted to Welsh Government last week. • Ongoing collaboration with Grant Thornton and partners; draft documents under review and the final report expected soon. • Welsh Government Tripartite meetings: Held in November, potential announcements regarding escalation levels for NHS organisations.
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	<ul style="list-style-type: none"> No change in escalation level for Powys; noted intervention team announced for Betsi Cadwaladr Health Board approximately two weeks ago. <p>The Committee RECEIVED the Organisational Status Level 4 Monitoring report and took ASSURANCE that appropriate mechanisms were in place to monitor and report to the Board.</p>
Advise	There are no matters to advise.
Assure	<p>FINANCE PERFORMANCE REPORT MONTH 07</p> <p>The Month 07 Finance Report was previously discussed in detail at the last Board meeting in November; The following key points were highlighted for the committee:</p> <ul style="list-style-type: none"> Current Position: £2.9m overspent against the deficit plan of £28.3m. Savings: Shortfall against savings target, partially offset by operational underspend. Pressures: Additional costs due to NHS England tariff increase and unfunded National Insurance contributions. Joint Commissioning Committee: Forecast overspend contributed to overall position. Year-End Forecast: On track to deliver against deficit plan, assuming mitigation measures. Shortfall against savings estimated at £4.8m, offset by operational underspend. Additional pressures total £6m; £1m covered, leaving £5m gap to mitigate. <p>The following key points were also raised:</p> <ul style="list-style-type: none"> Shrewsbury and Telford Hospitals NHS Trust (SaTH) continued to have issues with reporting activity data. Quarter 1: Block contract agreed; invoices exchanged and paid. Quarter 2: Block contract agreed in principle; dispute of approx. £600k remains (PTHB seeks reduction for commissioning intentions not followed; hospital argues treatment delivered). Block contract continues for remainder of the year to inform position. Activity reporting would be resolved by January, enabling clearer financial position and resolution with the SaTH finance team. <p>Discussion was held around the current forecast and confirmed that block arrangements provided greater certainty in financial planning. Engagement was ongoing with all health boards affected by the current position, and the risk pool treatment remained unclear. This was</p>

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confirmed to be included as a risk due to lack of clarity on future treatment.

It was confirmed that a meeting was held with external auditors as part of a post-audit review to discuss areas of strength and improvement. The Committee were informed that the Wye Valley matter had grown by £8.1m, bringing the total to £13.1m. It was confirmed that external auditors were being kept updated to ensure they can take a view on professional accounting judgment for year-end reporting. Auditors expressed concern at the scale of the issue and indicated it may prompt more active engagement with WVT and their external auditors.

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

INTEGRATED QUALITY AND PERFORMANCE REPORT MONTH 06

The report was previously discussed in detail at the last Board meeting in November; The following key points were highlighted for the Committee:

- Systems and standard operating procedures were in place to assure data quality.
- RAG rating were utilised for metrics; only one metric rated as poor, currently in escalation with ongoing work to resolve.
- Concern was raised due to a cluster of errors; teams were asked to conduct a systematic review of all metrics.
- The review would be led by the Deputy Director of Performance, working across both teams to determine whether systems need overhaul and ensure no further issues arise. The review would be completed by the end of January with immediate escalation should significant concerns arise. A full report was due to the Executive Committee at the end of January, and to this Committee at its next meeting in February 2026.

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.

PUBLIC SECTOR PROMT PAYMENT PERFORMANCE

The Committee received an update which focused on key areas where the target was not currently being met,

specifically agency invoices, local authority invoices, orthodontic provider invoices, continuing healthcare (CHC) and private provider invoices.

Actions were in place, being monitored and escalated as required. CHC and private provider invoices remained the most significant area of concern. Additional administrative support had recently been approved to improve timely processing of invoices, addressing issues highlighted at the previous year-end.

The committee was advised that, given the stage of the financial year, achieving the 90% payment policy target by year-end was unlikely. However, efforts would continue to get as close to the target as possible, acknowledging that this administrative target had not been met in previous years.

Concern was raised regarding 67 invoices that had been missed in a batch and further assurance was required that this would not recur. It was confirmed that the missed batch was identified through internal review and checks within the finance team, demonstrating that existing controls were effective. Learning from this issue would be taken forward to prevent recurrence. Further updates on aged debt and implications of not meeting the target would be provided as part of ongoing monitoring and reporting.

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.

OUT OF HOURS (OOH)

It was noted that confirmation had been received regarding the Swansea Bay University Health Board (SBUHB) SLA for 2024/25, which was signed off in April 2025, confirmed that this year's contract would be signed within the next couple of days. The following key assurance elements were highlighted:

- Shropdoc continued to provide out-of-hours services with a rota fill rate consistently above 96%. Despite losing the Shropshire contract in October, Powys services remain unaffected.
- Dispute outcomes for Q1 and Q2 were consistent with previous trends, with most cases resolved by Shropdoc and minimal referrals to emergency or secondary care.

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- Challenges persist in meeting home visit time standards due to rurality, but delays were reviewed for patient impact.
- The current Shropdoc contract runs until June 2026, with a direct award agreed until September 2027. A review of future out-of-hours models will begin in January, ahead of procurement for a new contract from October 2027.
- SBUHB SLA for Ystradgynlais remains stable, and future provision will form part of the wider model review.

The Committee RECEIVED the report and TOOK ASSURANCE that the OOH Commissioning Assurance Framework monitoring process was providing an appropriate framework to support OOH contract management and NOTED plans to progress procurement of continued General Medical Services (GMS) OOH service provision from 01 July 2026 onwards.

COMMUNITY PHARMACY ANNUAL REPORT

The Committee were provided with an overview of the Report and several key themes were highlighted.

The Committee queried the value of continuing the 56-day prescribing approach following mixed results, with prescription levels reverting despite implementation. A review highlighted dispensing practices and GP engagement as key factors, while Welsh Government focused on other barriers. Progress was noted in some areas, though challenges remained.

The Committee RECEIVED the Community Pharmacy Performance Report, took ASSURANCE on progress to date, NOTING areas of concern and plans for the next 12 months.

ENDOSCOPY UPDATE TO INCLUDE JAG ACCREDITATION

A verbal update was provided on the Joint Advisory Group on Gastrointestinal Endoscopy (JAG) Accreditation. The review originally planned for November had been delayed following preparatory discussions with the JAG team in October. A request for additional time for the newly implemented clinical specialty model to stabilise was confirmed. Accreditation was now scheduled for early 2026, with the formal review expected in quarter one of 2026/27. It was noted that progress continued as planned.

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It was confirmed that no changes had been made to the criteria. The previous visit was positive overall, with the only issue being the delay in establishing new clinical leadership. This delay led to JAG postponing accreditation to allow time for the leadership model to be fully embedded, with a follow-up planned in the new year.

The Committee RECEIVED the JAG Accreditation Update.

HEALTH AND SAFETY 6 MONTHLY REPORT

The Committee received an overview of Health and Safety and confirmed a new fire safety reporting process had been introduced.

The report highlighted significant capital investment from Welsh Government through former Environmental Financial Advisory Board (EFAB) and current Targeted Estates Fund (TEF), enabling compartmentation and fire door works across multiple sites. The annual assurance report noted issues around T-points, which were being addressed. Overall, there was a clear upward trajectory in fire safety improvements across the Powys estate.

The Committee RECEIVED the report and took ASSURANCE that appropriate monitoring and reporting mechanisms were in place through the Fire Safety Group.

CAPITAL PROGRAMME DELIVERY AND DE-CARBONISATION PROGRAMME

The Committee received a high-level overview of the Capital Programme Delivery and Decarbonisation Programme.

Discussion was held around the need for a clear organisational approach to track KPIs and deliver climate adaptation targets. The Committee suggested that interim KPI updates should be shared by email with the Chair's agreement rather than waiting for the annual cycle.

The Committee RECEIVED the changes to Decarbonisation targets from Welsh Government and the extant plan and update on Climate Adaptation. NOTED the Executive Committee approved the response model proposed for leadership, management, tracking and reporting of climate response on behalf of PTHB, returning for Board/Committee update on Climate Resilience, Decarbonisation and Climate Adaptation Plans, once developed.

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CAPITAL PIPELINE OVERVIEW

The Committee received an overview of the assurance on monitoring the capital programme. Delivery was on track, with spend weighted towards year-end. The capital team remained proactive in securing national slippage, which was reflected in the plan and may increase further this year.

The Committee RECEIVED the report and took ASSURANCE that an appropriate monitoring mechanism was in place for the Capital programme for 2025-26.

COMMITTEE RISK REGISTER

SG Introduced the report and confirmed that the data presented was based on updates from executive leads in October, with the full register reported to the Board in November.

The Finance team had undertaken a review of the risk score and felt it was appropriate to retain it as a significant risk given the current financial position, break-even challenges, and Welsh Government expectations. The scoring was considered valid, though acknowledged as somewhat subjective. It was suggested that the framing of the financial risk, be revisited during the next comprehensive risk review to better reflect the broader context.

A discussion was held about whether the decarbonisation risk on the register should be revisited and reframed. The suggestion was to consider the risk of failing to achieve future KPIs related to energy savings and decarbonisation, noting that this will depend on the KPIs set. It was agreed that this would be reviewed over the coming months.

The Estate risk currently had the lowest risk appetite. It was agreed that the categorisation would be reviewed, however the risk score was unlikely to change, but the appetite would be reassessed.

The Committee RECEIVED the strategic risks within the Committee's remit and took ASSURANCE that risks were being managed in line with Risk Management Framework.

Inform

The following documents were received for information:

- Committee work programme
- Mid Wales Joint Committee Highlight report.

NEXT MEETING: 26 February 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

Patterson, Liz
27/01/2026 10:09:42

Reporting Committee:	People and Culture Committee
Committee Chair	Jennifer Owen-Adams
Date of last meetings:	09 December 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 09 December 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	No items to alert/escalate.
Advise	No items to advise.
Assure	<p>Director of People and Culture Report</p> <p>The Committee were given an update on staff retention efforts, including a pilot of 'stay conversations', the introduction of 'leave us' toolkits, and succession planning, though funding for a supporting post was set to end at the close of the financial year. They were briefed on the reverse mentoring programme, which had completed a rapid evaluation and was preparing for wider rollout, as well as the staff survey, which achieved a 34.2% response rate surpassing previous results.</p>

Fitzerson, Liz
27/02/2025 10:39:42

Progress was also reported on Welsh language commitments, such as the signing of the Hate Crime Charter and a bilingual telephony service. Workforce development continued through externally funded initiatives like the Academy, Careers, Education Enterprise scheme, and transformation support, while clinical education benefitted from increased student placements and collaboration. An internal audit gave substantial assurance on management and leadership. National updates covered local implementation of Band 2 and 3 frameworks, information on pay ballots without industrial action, and ongoing work to interpret protected professional development time linked to pay awards. The Committee received assurance that flexible working data is collected via the ESR system, with monitoring and plans for improved reporting and support for managers to balance organisational and staff needs.

The Committee took ASSURANCE against the delivery of these priorities with the paper also providing an update on any workforce areas identified nationally. The Committee RECEIVED the 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 against delivery of those priorities.

Workforce Performance Report

The Committee were updated on several key workforce issues, including the feasibility of analysing the link between local vaccination rates and challenges in improving clinical staff uptake, and the organisation's commitment to a balanced age mix for long-term sustainability. Efforts to retain older staff and maintain an even age distribution were emphasised, alongside strategies to preserve key skills through recruitment and retention planning. Updates included ongoing work to address higher absence rates and fluctuating vacancies in estates, with additional support being provided and future improvements anticipated. The forecasted increase in agency usage was explained as a cautious, finance-driven modelling outcome, rather than a reflection of current or expected performance trends.

The Committee RECEIVED the information provided in the update and took ASSURANCE the organisation collects, analyses and monitors relevant People and Culture data

Theme 1 – Staff Health and Wellbeing

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27/10/2025 10:09 AM

The Committee were updated with and overview and update on a range of staff well-being initiatives, including the expansion of well-being roadshows, practical support such as mindfulness and menopause sessions, and increased resources for managing stress and burnout. Updates also covered the implementation of best practice guides, development of mentoring and training programmes, and enhanced support for staff with caring responsibilities. Improvements in monitoring sickness absence, occupational health system efficiencies, and practical adjustments for staff, including longer support sessions and tailored interventions, were reported. It was noted that there was a higher staff survey participation, attributed to diverse engagement strategies and a charitable incentive, although the impact of this incentive on authenticity of feedback was questioned. It was clarified that no direct financial incentives from Health Board funds were used, with the charity donation framed as a supplementary rather than primary motivator for survey participation.

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.

Workforce Race Equality Standard – Analysis of local PTHB Workforce Data

The Committee received an update on the analysis of the June 2024 Workforce Race Equality Standard (WRES) findings. This update focused on the ongoing issues of underrepresentation of ethnic minority staff at board and senior levels, as well as their likelihood of being appointed after shortlisting. The Committee was informed of the progress made in improving ethnicity data recording, the impact of international recruitment, and actions taken to promote leadership and mentoring opportunities. The Committee were briefed on future plans to introduce staff interviews, enhance data collection, and expand recruitment to more diverse areas to address fairness and improve workforce diversity.

The Committee RECEIVED the findings of the attached analysis and took ASSURANCE they will be incorporated into the Equality Team’s 2025-26 work plan. The Committee NOTED the analysis and sharing of findings have been shared with the Welsh Government Equality Team.

Theme 3 – Workforce Sustainability and Transformation

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	<p>The Committee received updates focused on workforce transformation, sustainability, and skills development. Key points included successful international recruitment, increased use of bank staff, tighter vacancy controls, and the adoption of new workforce models to enhance career pathways and standardise roles. Initiatives such as development programmes and digital tracking are contributing to a sustainable workforce pipeline. Additionally, organisational development efforts, change management training, expanded student placement opportunities, and restorative clinical supervision were highlighted as measures to support staff engagement, well-being, and future workforce capacity.</p> <p>The Committee REVEIWED the information provided in the update and took ASSURANCE of delivery against the plan.</p> <p>Committee Risk Register</p> <p>The update highlighted that there remains one significant risk under the Committee’s remit: the strategic risk relating to the inability to recruit and retain an appropriate workforce. Recent discussions and agenda items had already covered much of this topic, illustrating how risk management is embedded within Committee proceedings.</p> <p>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.</p>
Inform	No items to inform.
NEXT MEETING: 05 March 2026 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 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



Reporting Committee:	Planning, Partnerships and Population Health Committee
Committee Chair	Rhobert Lewis
Date of last meetings:	20 November 2025
Paper prepared by:	Corporate Governance Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

1. SITUATION/BACKGROUND

This report had been prepared to provide Board Members with a summary of the key issues considered by the Planning, Partnerships and Population Health Committee meeting on 20 November 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the Planning, Partnerships and Population Health Committee is set out in Schedule 4 (pages 56 – 65) of [Standing Orders](#).

3. HIGHLIGHT REPORT

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

Alert / Escalate	No items to alert/escalate.
Advise	No items to advise.
Assure	<p>STRATEGIC CHANGE REPORT/SERVICE CHANGE ENGAGEMENT REPORT</p> <p>The Committee received updates on the strategic change programmes for Powys healthcare, including the completion of the clinical services plan consultation, ongoing work on Stroke Rehabilitation at Neville Hall, Llantrisant Health Park business cases, and the start of the Southeast Wales Joint Committee. Additional updates covered Tywyn Hospital involvement, a rural healthcare review, and the conclusion of the Emergency Medical Retrieval and Transfer (EMERTS) judicial review, enabling that programme to proceed.</p>

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The Committee noted that current capacity is sufficient for ongoing changes due to team expertise and collaboration but warned that extra workload could strain resources. Stakeholder engagement, especially with the Mid-Wales Joint Committee, is vital. Discussions continue on rural healthcare, government influence, and service planning, with timelines still to be defined. Future planning with the Welsh government will require clarity on performance expectations and funding to address service backlogs.

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

CHILDHOOD IMMUNISATION REPORT

The Committee were updated on childhood vaccination uptake in Powys for 2024–2025, including outcomes from the Teenage Immunisation Catch-Up Campaign. Attention was given to vaccination rates among children under five, challenges related to home and hybrid schooling, and actions such as tailored approaches for home-educated children and half-term catch-up clinics. The importance of collaborating with local education authorities and maintaining accurate child health records was also emphasised, alongside ongoing efforts to cleanse and update vaccination data.

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.

VAPING DEEP DIVE/TOBACCO CONTROL ACTION PLAN (ANNUALLY AT THE REQUEST OF COMMITTEE)

The Committee were updated on the reported progress in tobacco control, noting Powys adult smoking rates have dropped to 7%. School-based prevention programs have expanded, with ongoing efforts to achieve a smoke-free Powys by 2030. It was noted the 'Help Me Quit' team now supports over 5% of smokers annually, and collaboration with pharmacies and midwifery services has increased. All Powys schools are now participating in the 'Just Be' programme, following changes in eligibility as local smoking rates declined. The Committee also highlighted new initiatives to address

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vaping in schools, including accessible guidance, a phased communications campaign co-produced with young people, professional training, and creative workshops rolled out across all high schools.

The Committee NOTED the contents of this briefing and took ASSURANCE about the progress in delivery of actions towards achieving the Health Board's smoking cessation targets and the ambition of a smoke-free Powys and Wales by 2030, as well as proactive and innovative work to tackle the rise in vaping activity in young people.

PUBLIC SERVICE BOARD ANNUAL REPORT

The Committee were provided with an update on the PSB's annual report (April 2024–March 2025), which focused on three main objectives:

- Tackling the climate emergency
- Promoting healthy weight
- Understanding what matters to Powys residents.

The Public Service Board's (PSB's) collaborative, multi-agency approach was highlighted, along with the importance of integrating supportive well-being policies within each organisation. Progress was noted in reducing childhood obesity, though over 20% of five-year-olds remain overweight or obese. The local authority is updating a well-being databank to inform future needs. Coordination with the Regional Partnership Board (RPB) continues, and the PSB annual report has been approved.

The Committee RECEIVED the Public Service Board (PSB) Annual Report and took ASSURANCE that the Health Board is contributing effectively to the PSB plans and requirements in delivering the agreed PSB Well-being Delivery Plan.

COMMITTEE RISK REGISTER

The purpose of the Committee Risk Register is to draw together relevant risks for the Committee from the newly developed Strategic Risk Register (SRR), to provide a summary of the significant risks to delivery of the health board's strategic objectives.

The Committee were given a summary of the November 2025 iteration of the Committee Risk register, reflecting Executive updates from October 2025. It was noted it had been reviewed by the Executive Committee and was scheduled for consideration by the Board 26 November 2025. Comprehensive updates were provided, with two notable

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	<p>changes in risk scoring highlighted. The score for transformation risk had increased, attributed to heightened likelihood resulting from realised risks within the Better Together programme. Conversely, the score for critical incident risk had decreased, as the likelihood had been reduced due to a robust set of controls providing substantial assurance.</p> <p>The Committee RECEIVED the Corporate Risks within the Committee's remit and DISCUSSED any relevant issues. It took ASSURANCE that risks are being managed in line with the Risk Management Framework.</p>
Inform	No items to inform.

NEXT MEETING: 03 February 2026 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 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

Patterson, Liz
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Region:	Powys
Report:	Regional Directors Report
Period Covered:	14 November 2025 – 19 January 2026
Author:	Katie Blackburn
Status:	For Information
Date:	28th January 2026

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 (2 nd – 13 th)
September		March	Welshpool Public Forum (24 th)
			Machynllyth Social Care Forum (9 th)
			Health and Social Care event (31 st)

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Llais Local – Llanfyllin

Date	Time	Location	Event
Mon 2 nd February	TBC	Llanfyllin High School	School Visit
Tuesday 3 rd February	11.30am-1pm	Cross Keys Cafe	Cross Keys Cafe Llais Local
Wednesday 4 th February	10am-12pm	Y Dolydd 2pm – 4pm Llanfyllin	Arts Connection Llais Local
Thursday 5 th February	10am-12pm	Llyn Teg Care Home 2pm-4pm Llanrhaedr ym Mochnant	Llyn Teg Visit
5 th February	12pm-4pm	Llanfyllin Library	
Friday 6 th February	11.30 -1pm	Llanfyllin Library	Seated Exercises Classes
Tuesday 10 th February	11.30am-1pm	Cross Keys Cafe 2pm-4pm Four Crosses	Cross Keys Cafe Llais Local
10 th February	5.30pm-7.30pm	Llanfyllin Leisure Centre	Judo Club
Wednesday 11 th February	10am-2pm	Llanfyllin Public Institute	Llais Coffee Morning
13 th February	11am-1pm	Llanfyllin Enterprise Park	Men's Shed
TBC	TBC	Llanfyllin Charity Shop	Food Bank
TBC	TBC	Cross Keys Cafe	Cosy Book Club

Priority Groups

Date	Time	Location	Group Reached
12 th January	10am-11.45am	Newtown Food Surplus	Deprivation
13 th January	9am-2pm	Newtown Library	Digitally Excluded
TBC	TBC	NTCP Brecon College	Young People
TBC	TBC	Ghurkas	Ethnicity

Advocacy:

Total no. new cases opened	7
Total no. cases closed	16
Total no. open advocacy cases	108

Top complaint theme during period:

1. Mental Health Services

2026-2027 Priorities

1. Access that works for everyone
2. Dignity and respect, every time
3. Clear and honest communication
4. Joined-up care that feels seamless
5. Timely care, and support while waiting
6. Care should recognise and respond to the whole person.
7. Care and support that enables independence
8. Inclusive, accessible and fair services for all

National Updates:

<https://www.llaiswales.org/sites/default/files/2025-12/The%20people%E2%80%99s%20priorities%20-%20Senedd%202026%20manifesto.pdf>

<https://www.llaiswales.org/sites/default/files/2025-12/PS%20-%20Spotlight%20on%20rural%20health%20and%20social%20care%20in%20Wales.pdf>

<https://www.llaiswales.org/sites/default/files/2026-01/The%20Peoples%20principles.pdf>

<https://www.llaiswales.org/sites/default/files/2026-01/We%20Want%20Report.pdf>

Katie Blackburn

Regional Director – Llais Powys

19 January 2026

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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 3.1

Board Meeting		28 January 2026
Subject:	CHARITY ANNUAL REPORT AND ACCOUNTS 25	
Approved and presented by:	Pete Hopgood, Executive Director of Finance, Capital and Support Services Helen Bushell, Director of	
Prepared by:	Annual report – Head of Charity Annual Accounts & cover paper - Assistant Director of Finance (Accounting and Services)	
Other Committees and meetings considered at:	Charitable Funds Committee (15 Jan 2026) who recommend the report, annual report and accounts to the Board for approval.	
PURPOSE:		
To receive the Charity Annual Report and Accounts for the year ended 31 March 2025		
RECOMMENDATION(S):		
The Board is asked to: <ul style="list-style-type: none"> • APPROVE the Charitable Funds Annual Report and Accounts for the period to 31 March 2025, which are recommended by the Charitable Funds Committee to Board for approval as Corporate Trustee. 		
Approve/Take Assurance	Discuss	Note
Y	N	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	

EXECUTIVE SUMMARY:

The Powys Teaching Health Board (PTHB) as Corporate Trustee must provide to the Charity Commission an Annual Report and Accounts for the year ended 31 March 2025 for the Powys Teaching Local Health Board Charitable Fund that has been subject to Statutory Audit by External Audit and approved by the PTHB Board. The deadline for this submission is 31 January 2026.

DETAILED BACKGROUND AND ASSESSMENT:

The Charitable Funds Annual Report and Accounts have been compiled and are attached at **Appendix A** for the Board's consideration. They were considered by the Charitable Funds Committee on 16 January 2026. It is a recommendation of that committee that the Board approve the Annual Reports and Accounts as Corporate Trustee.

Highlight figures contained within the draft accounts are as follows

- Expenditure of £0.448m has exceeded income of £0.251m in year.
- There has been a small loss on investments of £0.025m in year.
- The fund values at 31st March 2025 are £4.179m Unrestricted funds and £0.003m Endowment funds

The Audit Wales 2024-25 ISA 260 report is attached at **Appendix B** for information.

The Board Chair and Chief Executive must sign the Annual Report and Accounts, prior to the signing of the Auditor General for Wales scheduled for 29 January 2026.

As part of the signing process a Letter of Representation must be provided to the auditors at the time of signing. This has been drafted and is attached at **Appendix C**.

Once all parties have signed, the submission to the Charity Commission will be undertaken prior to the 31 January 2026.

NEXT STEPS:

- The Annual Report and Accounts will be signed by the Auditor General for Wales prior to submission the Charity Commission deadline of 31 January 2026.

IMPACT ASSESSMENT – NOT REQUIRED



Elusen Iechyd Powys
Powys Health Charity



Charitable Funds

Annual Report and Accounts for the Year
Ended 31 March 2025

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Charity Registration Number - 1057902

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Trustee Arrangements

Powys Teaching Local Health Board Charitable Fund (the Charity) is registered with the Charity Commission; Powys Teaching Local Health Board (Powys THB) is designated as Corporate Trustee.

The members of Powys THB who served during the financial year to 31st March 2025 were as follows:

Powys Teaching Local Health Board Board Members 2024/25	
Chair	Carl Cooper
Vice Chair	Kirsty Williams
Chief Executive	Hayley Thomas
Independent Members (IM)	
Finance	Steve Elliot (From 17/04/2024)
Local Authority	Chris Walsh
Third Sector	Jennifer Owen Adams
University	Simon Wright
ICT	Ian Phillips (To 22/08/2024)
Trade Union	Cathie Poynton
Capital & Estates	Mick Giannasi
General	Rhobert Lewis
General	Ronnie Alexander
General	Ian Thomas (From 06/01/2025)
Executive Directors	
Interim Deputy Chief Executive, Executive Director of Finance, Information and IT Services, and Interim Executive Director of Primary Care	Pete Hopgood (To 16/05/2024)
Deputy Chief Executive, Executive Director of Finance, Capital and Support Services and Interim Executive Director of Primary Care	Pete Hopgood (From 17/05/2024 to 29/09/2024)

Deputy Chief Executive and Executive Director of Finance, Capital and Support Services	Pete Hopgood (From 30/09/2024)
Executive Director of Public Health	Mererid Bowley
Executive Director of Workforce and OD	Debra Wood-Lawson
Interim Executive Director of Operations, Community Care and Mental Health	David Farnsworth (To 02/06/2024) ¹
Interim Executive Director of Operations, Community Care and Mental Health	Joy Garfitt (From 01/04/2024 to 30/09/2024) ²
Executive Director of Primary, Community Care and Mental Health	Elaine Lorton (From 30/09/2024)
Executive Director of Planning, Performance and Commissioning	Nicola Johnson (From 07/10/2024)
Executive Director of Therapies and Health Sciences	Claire Madsen (To 30/04/2024)
Executive Director of Allied Health Professions, Health Science and Digital	Claire Madsen (From 01/05/2024)
Interim Executive Director of Planning, Performance and Commissioning	Stephen Powell (To 06/10/2024) ³
Executive Director of Nursing and Midwifery	Claire Roche (To 30/04/2024)
Executive Director of Nursing, Quality, Women and Family Health	Claire Roche (From 01/05/2024)
Executive Director of Workforce and OD	Debra Wood-Lawson (To 30/04/2024)
Executive Director of People and Culture	Debra Wood-Lawson (From 01/05/2024)
Executive Medical Director	Kate Wright
Director of Corporate Governance / Board Secretary	Helen Bushell

¹ There was a period of handover between DF and JG between 06/05/2024 and 02/06/2024

² JG was away on planned absence from 01/04/2024 to 05/05/2024 with the Portfolio covered on an interim basis by DF. JG was also absent from 08/07/2024 to 30/09/2024, during which time the Portfolio was covered by other Executive colleagues.

³ SP remained with the Health Board from 07/10/2024 - 20/10/2024 for a handover period to the newly appointed NJ.

In order to assist the Corporate Trustee to fulfil its statutory duties under this registration, a Charitable Fund's Committee has been established with delegated powers to manage the Charity.

Current Charitable Funds Committee Membership

Carl Cooper - Chair

Rhobert Lewis - Independent Member

Cathie Poynton - Independent Member

Pete Hopgood - Deputy Chief Executive and Executive Director of Finance, Capital and Support Services

Claire Madsen - Executive Director of Allied Health Professions, Health Science and Digital

Registered Office

The registered office of the Charity is Bronllys Hospital, Bronllys, Brecon, Powys, LD3 0LY.

Registration Number

The Charity is registered with the Charity Commission - Registered Number 1057902.

Bankers

Barclays Bank
57 Frogmore Street
Abergavenny
Gwent
NP7 5AT

Internal Auditors

NHS Wales Shared
Services Partnership
Audit & Assurance Services
4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

Investment Advisors

Brewin Dolphin Ltd
12 Smithfield Street
London
EC1A 9BD

External Auditors

Auditor General for Wales
Audit Wales
1 Capital Quarter, Tyndall Street
Cardiff, CF10 4BZ

Foreword

The Charity was formally created on 28th May 2004 by a 'Deed of Arrangement' which replaced the Powys Health Care NHS Trust Charitable Fund, which had been in existence since 26th July 1996.

These accounts have been prepared in line with Financial Reporting Standard 102 (FRS 102).

The Charity's annual report and accounts for the year ending 31st March 2025 have been prepared by the Corporate Trustee in accordance with Part VI of the Charities Act 2011 and the Charities (Accounts and Reports) Regulations 2005 (Statement of Recommended Practice (SORP) 2015). The Charity's report and accounts include all the separately established charitable funds for which the Local Health Board is responsible.

Administrative Details

The Charity has an umbrella registration with the Charity Commission under which funds are registered together under a single 'main' registration number. There are a total of 74 individual funds maintained within the accounting records as at the 31 March 2025, and the notes to the accounts distinguish the types of funds and disclose separately all material funds.

Charitable monies donated to the Charity are accepted, held and administered as funds and property held on trust for purposes relating to the health service in accordance with the National Health Service Act 1977 and the National Health Service and Community Care Act 1990.

Trustee

Powys THB is the Corporate Trustee of the Charitable Fund governed by the law applicable to Local Health Boards, principally the Trustee Act 2000 and also the law applicable to Charities, which is governed by the Charities Act 2011.

The chair and independent members of the Board are appointed by the Welsh Government and the executive directors are appointed by the Board.

The Corporate Trustee devolves responsibility for the on-going management of the charity to the Charitable Funds Committee which administers the fund on behalf

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of the Corporate Trustee. Details of the Corporate Trustee and its Charitable Funds Committee are disclosed on pages 2 to 4.

Principal Charitable Fund Advisor to the Board

Under a scheme of delegated authority approved by the Corporate Trustee, the Executive Director of Finance of Powys THB has responsibility for the management of the Charity, and the Head of Financial Services is the principal officer overseeing the day-to-day financial management and accounting for the charitable fund and its specific charitable accounts during the year.

Professional Advisors

The principal professional advisors to the Corporate Trustee are detailed on page 4.

Structure Governance and Management

The Charity's unrestricted fund was established using the model declaration of trust. All funds held on trust as at the date of registration were either part of this unrestricted fund or registered as separate restricted funds under the main Charity. Subsequent donations and gifts received by the Charity that are attributable to the original funds are added to those fund balances within the existing Charity. Where funds have been received which have unique specific restrictions set by the donor, new unrestricted (designated) funds have been established.

The current structure of the individual funds reflects the fact that the majority of income and expenditure is focused where patients receive services. Operational managers exercise control over the funds donated to their management area. The charitable funds available for spending are allocated to service areas within Powys THB's management structure. There are, for example, specific allocations made for individual wards and for specific service areas such as Palliative Care and Brecon Cardiac Services.

Members of the Powys THB and its Charitable Funds Committee are not individual Trustees under Charity Law but act as agents on behalf of the Corporate Trustee. Appropriate training and induction is received on initial appointment followed by periodic development sessions to further develop the understanding of their roles and responsibilities. Informal training and awareness is provided through routine consideration of charitable fund matters at meetings of the LHB Board and directly to individuals where additional matters are identified.

Acting for the Corporate Trustee, the Charitable Funds Committee is responsible for the overall management of the Charitable Funds. The Committee is required to:

- control, manage and monitor the use of the fund's resources for the public benefit having regard to guidance issued by the Charity Commission,
- provide support, guidance and encouragement for all its income raising activities whilst managing and monitoring the receipt of all income,
- ensure that 'best practice' is followed in the conduct of all its affairs fulfilling all of its legal responsibilities,
- ensure that the approved Investment Policy incorporated within the Charitable Funds Policy approved by the Teaching Local Health Board as Corporate Trustee is adhered to and that performance is regularly reviewed whilst being aware of ethical considerations,
- keep the Corporate Trustee fully informed on the activity, performance and risks of the Charity.

Powys THB is the main beneficiary of the Charity and is a related party by virtue of being the Charity's Corporate Trustee. By working in partnership with Powys THB, the charitable funds are used to best effect and so when deciding upon the most beneficial way to use charitable funds, the Corporate Trustee has regard to its main activities, objectives, strategies and plans. The Corporate Trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objectives of each fund that has been designated to respect the specific wishes of each donor.

The accounting records and the day-to-day administration of the fund is dealt with by the Finance Department located at Bronllys Hospital, Brecon, Powys, LD3 0LY.

Foundational objectives of the Charitable Fund

The Charity was established with NHS wide objectives for its main fund which were outlined as follows:

"The Trustee shall hold the Trust fund upon trust to apply the income, and at their discretion, so far as may be permissible, the capital, for any charitable purpose or purposes relating to the National Health Service, wholly or mainly for the services provided by Powys Teaching Local Health Board (hereinafter referred to as "the objects")"

This means that the fund can be used for the benefit of patients and staff who receive or help deliver the services provided by Powys THB in accordance with the Deed of Trust.

The Charity is funded by donations and/or legacies received from patients, relatives and friends, the general public and other external organisations. The Corporate Trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objects of each fund. The trustee respects the wishes of our donors to benefit patient care and advance good health and welfare of patients and staff and ensuring that all expenditure fulfils public benefit criteria. The practice of the Charity is to provide support to the Powys THB and Powys community through the following means: -

Patients' Expenditure: by purchase of equipment, and the provision of services and facilities not normally provided by or additional to the normal NHS provision.

Staff Expenditure: by supporting staff to provide more effective services to patients, through (for example) additional education and training opportunities; and facilitating and promoting research.

Medical Equipment: by purchase of equipment in addition to that normally provided by the NHS.

When there are changes in the delivery of a service, or when for some other reason it becomes impractical to maintain a separate fund, the Corporate Trustee has ultimate discretion, in accordance with Section 96 of the NHS Act 1977, to apply the charitable funds. Its objective, however, is to continue to respect the donor's wishes.

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A message from our Chair

This year has marked a period of significant change and progress for Powys Health Charity. We were delighted to welcome a new Interim Manager, whose leadership has enabled the charity to continue growing from strength to strength. Our commitment to providing the best opportunities for Powys Teaching Health Board (PTHB) staff and the wider Powys community has remained at the heart of our work.



We continued to deliver our small grant scheme, this year titled the Bach grant scheme, supporting the health and wellbeing of patients, staff, and the broader community. In addition, we successfully launched a new annual campaign, the Festive Fundraiser, which aimed to ensure that every in-patient, care home resident, mother-to-be, and newborn received a thoughtful gift on Christmas Day.

Our partnerships with the League of Friends have also flourished, with the introduction of quarterly meetings to strengthen our shared mission of supporting PTHB. These collaborations have been invaluable in enhancing the support we provide across our communities.

To better reflect the diversity and vibrancy of Powys, the charity has been dedicated to developing its own image library. Our team visited all Powys sites, capturing authentic moments that showcase both our local communities and the dedication of our hardworking staff. This initiative ensures that our visual resources truly represent the people and places at the heart of our work.

We extend our heartfelt thanks to all our wonderful supporters, staff members, partners, and NHS colleagues who have contributed to the charity's continued growth over the past year. With your ongoing support, we remain committed to investing in people, projects, and partnerships that improve the health and wellbeing of our patients, staff, and the wider population.

Dr Carl Cooper,

Chair of Powys Teaching Local Health Board and

PTHB Charitable Funds Committee

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Our mission

As the dedicated NHS charity for Powys, we have a responsibility to support the staff and patients of the Powys THB and the wider community. We also have an opportunity to develop new partnerships between the public health and the voluntary health sectors. Our Charity can be a catalyst for partnership projects and programmes that help reduce the number of people who get ill and need statutory health intervention and help improve the health and wellness of those with long-term health conditions.

The NHS workforce provides the foundation for health care in Powys. By supporting and providing for a better working environment and better outcomes for NHS staff, our Charity will help ensure better outcomes for NHS patients and their families.

Where possible, Powys Health Charity will look to learn from the most influential and impactful third sector organisations from across the UK, particularly those in the field of healthcare and medical support and leading grant-giving charities. More locally, the Charity will also look to work with other health board charities in Wales on relevant issues and to coordinate campaigns and communications for the widest possible impact.

The support network that has been created and maintained by NHS Charities Together across the last three years has allowed for greater collaboration between NHS charities. Maintaining a strong relationship and open dialogue, particularly with Welsh NHS and third sector colleagues, will ensure Powys Health Charity is as knowledgeable, responsive and effective as possible within its field.

Our values

Powys Health Charity aims to support the health and wellbeing of staff, patients and communities across Powys. Wherever possible, Powys Health Charity will strive to support the health and wellbeing of the people of Powys whilst adhering to the following values:

Accessible

- Ensure that wherever possible the Charity's investment in local health care brings benefit to the community, the wider NHS and beyond.

Collaborative

Look to support health improvement projects and cultivate partnerships which enable people to live healthy lives.

Inclusive

- Embrace equality and diversity by ensuring the Charity is of, by, and for, the people of Powys.

Innovative

- Play a key role in the development of greatly improved health care for Powys.

Sustainable

- Utilise the Charity’s existing and future assets to strengthen its strategic priorities and deliver positive long-term impacts for Powys.

Developing new strategic priorities and key deliverables

The following priorities and objectives have been established to outline a clear and consistent identity for our Charity. They will help to build our profile and increase the impact of our work through greater engagement with our communities and more strategic investment. They have been developed to help ensure Powys Health Charity remains relevant and sustainable for the next three years and beyond.

The priorities for this strategy have been identified through consultation with the Charity’s stakeholders, which includes PTHB staff and Board members, third sector partners, patients and their families, as well as members of the community. They reflect our stakeholders’ expectations of what Powys’ Health Board Charity can deliver and are linked to the strategic objectives of Powys Teaching Health Board’s Integrated Medium-Term Plan (IMTP) 2022-2025.

Demonstrating Responsible Leadership	
What our Stakeholders said:	What we will deliver:
<p><i>Ensure the Health Board’s Charitable Funds are managed responsibly to deliver sustained health and wellbeing improvements for many years to come in Powys.</i></p>	<ul style="list-style-type: none"> - A commitment to swift and responsive decision making whilst maintaining high standards of good governance. - An increase in the scale of Charity operations which ensures long-term sustainability and viability. - New grant funding programmes to respond to emerging health and wellbeing priorities in a timely manner.



	<ul style="list-style-type: none"> - Additional guidance which allows PTHB staff and independent members to navigate and work alongside the Charity with ease. - Annual reviews of existing governance and bidding arrangements, audit for vulnerabilities and implementation of operational efficiencies. - A clear long-term investment strategy which adopts a responsible and balanced approach to risk and ethical imperative. - A clear long-term fundraising strategy to diversify income streams and maintain financial sustainability. - A robust programme of evaluation for all Charity projects and activity to measure the impact, influence and effectiveness of Charitable Funds within Powys.
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Linked PTHB IMTP Objectives:

25. Implement key governance improvement priorities embedding risk management, effective policies, procedures and guidance; audit and effectiveness; Board effectiveness and systems of accountability.

Upholding Our Civic Mission

What our Stakeholders said:	What we will deliver:
<p><i>There is a vital civic leadership role that the Health Board and the Charity has within the community, which needs to be a key priority.</i></p>	<ul style="list-style-type: none"> - Better outcomes for communities struggling with socio economic deprivation in Powys (lack of access to services, a lack of adequate digital infrastructure or geographic disparity). - Increased accessibility and more equitable opportunities for foundational economy training, support, and careers in Powys. - A commitment to embed proactive environment and sustainability initiatives in all Charity activity. - Collaboration with existing PTHB services to ensure they are sustainable.

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Linked PTHB IMTP Objectives:

- 1. Take action to reduce health inequalities and improve population health.
- 17. Enhance the health board’s role in partnership and citizenship, maximising opportunities for volunteering and healthcare careers.
- 20. Implement ambitious commitments to carbon reduction, biodiversity enhancement and environmental wellbeing

Enhancing NHS Services

What our Stakeholders said:

The Charity can provide transformational opportunities for learning, training and initiatives that can greatly improve the working environment for staff and enhance patient experience.

What we will deliver:

- An enhanced patient experience, particularly for those undergoing long stays in community hospitals.
- More digitally enabled NHS services through the provision of additional kit and equipment.
- New pilot schemes which encourage innovation in healthcare.
- An additional programme of support for NHS staff wellbeing.
- Bursary schemes across multiple Health Board service areas for Powys community members which provide beneficiaries the opportunity to learn as they work.
- A commitment to equitable support and investment for all services and service areas.
- A dedicated digital resource hub to help NHS staff and patients to find project funding in Powys.

Linked PTHB IMTP Objectives:

- 4. Improve access to high quality sustainable primary care.
- 6. Improve access to high quality, equitable prevention and early intervention services for children, young people, and their families.
- 12. Support improved access to and outcomes from specialised services.
- 16. Enhance access to high quality education and training across all disciplines, specifically focusing on 'grow our own'/apprenticeships.

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18. Implement clinical digital systems that directly enable improved care, including cross border clinical records sharing, clinical service priorities (nursing, eye care, prescribing), and telecare.
21. Implement capital, estate and facilities improvements that enhance services to patients/public and wellbeing/experience of staff.
24. Implement value-based healthcare, to deliver improved outcomes and experience, effective deployment and management of resources.

Establishing a Culture of Collaboration

What our Stakeholders said:

Through strong partnerships with other local organisations and projects, the Charity can help ensure greater joined up planning across health services. The Charity is also uniquely poised to support cross sector collaborations between the public and voluntary sectors.

What we will deliver:

- A strong and successful brand for Powys Health Charity which is of, by, and for our stakeholders (staff, service users, volunteers, Powys residents and third sector partners).
- Smarter and more effective use of combined resources through new collaborations with public and voluntary sector partners in the community.
- Greater fundraising presence in the community with more resources and opportunities for those who want to raise funds for their local NHS services.
- An established development pathway for the Charity, which includes a new volunteering network for those who want a more active role in shaping the Charity's future.
- Engaging campaigns to widen Powys Health Charity's reach to new audiences by sharing and celebrating the impact of charitable funds projects.
- Improved project coordination across service areas and hospitals by building upon existing regional partnerships with stakeholders such as Powys' Leagues of Friends.
- An innovative approach to health and wellbeing engagement by leveraging the expertise of the STEAM (science, technology,

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	engineering, arts, mathematics) sector to engage staff and patients.
<p><u>Linked PTHB IMTP Objectives:</u></p> <p>15. Deliver improvements to staff wellbeing and engagement, working closely with Trade Unions in Social Partnership on key joint priorities.</p> <p>23. Develop and implement key actions to enhance integrated/partnership system working in Wales and England.</p>	

Delivery and monitoring

Delivery of these objectives is overseen and monitored by the Charitable Funds Committee on behalf of the Corporate Trustee as a key programme of work.

Our year in review

Changes to Charity Personnel

During the reporting period, the charity welcomed Martin O’Brien as Interim Charity Manager. Martin’s appointment brought fresh vision and new opportunities for the organisation, helping to shape the charity’s strategic direction.

As the demands and scope of the Interim Charity Manager role evolved, it became necessary for the Charity Administrative Support Officer position to adapt accordingly, taking on additional responsibilities to better support the Charity’s objectives.

Furthermore, the introduction of a Charity Support Manager role enabled the team to place greater emphasis on strategic planning and the development of fundraising campaigns. This change allowed the charity to increase its focus on raising awareness and creating new opportunities for growth and community engagement.

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Fundraising

In December 2024, the charity team launched its inaugural annual campaign, the Festive Fundraiser. This heartwarming initiative was designed to spread festive cheer to patients, residents, and expectant mothers across Powys Teaching Health Board hospitals and care homes. The campaign's aim was to ensure that everyone received a thoughtful Christmas gift on Christmas Day, helping to make the festive season brighter for all.



Building on this success, the team developed the concept for a second annual fundraiser, May's Miles, in early 2025. The objective of this campaign was to promote wellbeing by encouraging participants to take on enjoyable challenges, whether walking, cycling, dancing, or any activity they preferred and to track the distance they covered. This initiative fostered a sense of community spirit while supporting the charity's mission.

Charity-Funded Projects

Over the past year, the Charity Team made significant strides in strengthening the governance and transparency of all funded initiatives. Monitoring processes were centralised and enhanced, enabling more robust reporting to the Charitable

Funds Committee. These improvements ensured that the wider committee remained informed and had full oversight of charitable expenditure.

Enhancing Dementia-Friendly Environments - Charitable funds were used to improve the Bronllys Hospital site, making it more dementia-friendly. This initiative served as a catalyst for a wider rollout of dementia-friendly signage across all Powys sites in late 2025. The improvements aligned with the All-Wales Dementia Care Pathway of Standards, particularly Standard 11, which supports the implementation of the Dementia Friendly Hospital Charter for Wales. Updates included a dementia-friendly paint scheme for wards, outpatient areas, and day rooms, significantly enhancing the patient experience.



Virtual Reality in Palliative Care -where the Specialist Palliative Care Team sought continued charitable support to provide Virtual Reality (VR) experiences for palliative and end-of-life patients. Over the past year, one Dr VR headset was in use, funded by our Arts in Health colleagues. Evidence increasingly supports the use of VR in healthcare, showing positive impacts on pain, anxiety, and overall patient wellbeing. As the headsets are leased annually, the team is now seeking sustained funding to continue offering this innovative therapeutic tool.

Supporting Mental Health Recovery -where to assist individuals supported by the Crisis Team, Community Mental Health Teams (CMHTs), and the Acute Mental Illness (AMI) Ward, the Charity funded the production of brightly coloured A4 fridge planners with wipe-clean surfaces and marker pens. These planners helped clients manage appointments, medication reminders, and offered practical tips from staff to support their recovery journey.

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Pre-bereavement support for teenagers – Charitable funds were allocated to deliver specific Training for Powys Teaching Health Board staff to support teenagers affected by an adult receiving palliative care. The training encompasses communication skills specific to communicating with teenagers, as well as understanding the pre bereavement support that could be offered – it is widely acknowledged that the better the pre bereavement support offered the lesser the risk of the bereaved person developing complex grief reactions

Therapeutic Art Group in Machynlleth – Funding was secured to provide a therapeutic art group for the Machynlleth community, offering 45 sessions over the course of a year. The group supported 6–7 individuals with complex mental health needs who may not benefit from mainstream talking therapies. All participants were known to mental health services and received tailored therapeutic input through creative expression.

Improving Patient Comfort – where the Charity funded the purchase of 20 new patient chairs, including both reclining and high-back models for bedside and day room use. As many patients spend extended periods seated, these chairs significantly improved comfort and contributed to a more dignified and supportive care environment.

Development of Welfare Facilities for Community Groups – A new project was approved to convert a section of P Block at Bronllys Hospital into a dedicated welfare facility for visiting community groups. The building, previously unused, received approval from the Property Accommodation Group for repurposing. The facility will include a toilet, a small kitchen area, a rest room, and a separate space for storing PPE and outerwear.

Providing a shared welfare space is essential, especially as multiple community groups are expected to be active on-site. It would not be practical or cost-effective for each group to bring or procure their own amenities. This facility will offer a comfortable and functional space for breaks, particularly during adverse weather conditions, supporting the wellbeing of all who use it.

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Smaller Projects Supported – In addition to larger initiatives, the Charity supported several smaller but impactful projects:

- £68 was provided for the *Ollie the Octopus Activity Book*, developed by child psychologist and author Dr. Karen Treisman. The book offers worksheets to help children, and their caregivers explore themes of loss, grief, and bereavement in a supportive and accessible way.
- £50 was allocated for dementia-friendly knitting supplies for Clywedog Ward, helping patients engage in meaningful and calming activities.
- £80 funded a Metastatic Spinal Cord Compression Study Day, aimed at educating healthcare professionals on the management of this complex condition. The event covered disease overview, symptom recognition, red flags, radiological investigations, treatment options, and bladder/bowel management, including specific considerations for myeloma patients

Partnerships

League of Friends – Throughout the year, the charity team worked closely with all League of Friends groups within Powys to ensure that hospitals and communities



benefited from the combined support of both Powys Health Charity and the League of Friends.

To strengthen these partnerships, quarterly group meetings were established, providing a valuable forum for sharing information, discussing challenges, and developing collaborative solutions.

Regrettably, after nearly 50 years of dedicated service, the Newtown League of Friends closed during the reporting period. The charity worked in partnership with the Chair of the Newtown League of Friends to ensure that all remaining funds were transferred to Powys Health Charity. Importantly, these funds have been ringfenced to support Newtown Hospital and its community, ensuring that the legacy of the Newtown League of Friends continues to make a positive impact.

Collaboration with NHS Charities

Powys Health Charity has met regularly with the other NHS Charities across Wales. The informative sessions shared like minded experiences, new ideas and concepts and more importantly a greater harmony for the collective support for the health and wellbeing of people of Wales. This new coalition of Welsh NHS Charities is supported by NHS Charities Together, helping this National group identify a single purpose whilst retaining their own individual identity.

Income & expenditure

Income

Voluntary income consists of donations and legacies from patients and their relatives and friends. Total income of £250,964 received during 2024/25 included £52,135 which related to six legacies.

Donations in 2024/25 include an amount of £21,780 received from various Leagues of Friends associated with Powys Hospitals (2024: £31,091).

The generosity of all those who made a donation or left a legacy is greatly appreciated. An analysis of total income is given below.

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	2024/25	2023/24
	£	£
Interest and Dividends	143,342	157,495
Donations	55,487	81,755
Legacies	52,135	17,148
Grants	0	30,000
	<u>250,964</u>	<u>286,398</u>

Expenditure

Expenditure on charitable activities and Support Costs in 2024/25 was £432,003 (2024: £369,278). An analysis of expenditure (excluding Fundraising costs) is shown below:

	2024/25	2023/24
	£	£
Staff Education, Welfare and Amenities	34,921	42,380
Patient Education, Welfare and Amenities	128,545	105,616
Medical Equipment	42,300	72,448
Building and Refurbishment	75,411	18,428
Support Costs	150,826	130,406
	<u>432,003</u>	<u>369,278</u>

Gain/Loss on Investment Assets

An amount of £2.804M was invested via Brewin Dolphin Ltd in February 2020 and at the 31st March 2025 was valued at £3.522M (2024:£ 3.551M) the unrealised loss on Investment totalled £0.025M. Unrealised gains and losses are calculated as the difference between the market value of the investment at the year end and opening carrying value. Since the investments have not physically been sold, this change in valuation remains an unrealised gain/loss until a sale transaction realises the value and it becomes a realised gain/loss.

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Elements of funds held

Expenditure was undertaken from the Charity's unrestricted and restricted income funds; these funds comprise two elements:

- **The General Purposes Fund**, which is constituted of funds received by the Charity with no particular preference expressed by donors. Applications can be made to this fund from any service area within Powys THB. Expenditure from this fund is targeted on projects in areas that do not have available Designated Funds to pay for them.
- **Designated Funds**, which usually contain donations where a particular part of a Hospital or Health Board activity was nominated by the donor at the time their donation was made. Whilst their nomination is non-binding on the Trustee, the designated funds reflect these nominations and are overseen by Service Managers who can make recommendations on how to spend the money within their designated area. Service Managers' recommendations are duly considered and these funds can be spent at any time with the prior approval of the Charitable Funds Committee or Executive Directors/Assistant Directors.

Reserves policy

The Charity's reserves policy has the objective of ensuring that the Charity has sufficient funds available to maintain liquidity, cover unforeseen risks and provide for future opportunities.

The Charity relies heavily on income from donations, fundraising and legacies. These are unpredictable sources that can vary year to year. Therefore, the Charity needs sufficient reserves to be able to continue its activities in the event of fluctuations in its income.

The Charity has a target level of reserves of £0.823M. This is based on the following calculation, with average figures taken from the last three years of audited accounts:

- One year's administration cost (support costs, fundraising costs and investment management costs).
- 20% of the value of investments held.
- 25% of the grant funded activity expenditure.

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The target level of reserves will be reassessed on a bi-annual basis.

The Trustee will review the actual reserves held against the target at least annually, to ensure that sufficient funds are held within the Charity, whilst also continuing to utilise funds within a reasonable period of receipt.

A review of funds, performance & investments

The net assets of the Charitable Funds as at 31st March 2025 were £4,182,411 (2024: £4,404,436). Overall net assets decreased by £222,025.

The charity continues to rely on donations and legacies and investment income as the main sources of income. Total incoming resources decreased by £35,434 compared with the previous financial year. Legacy income increased by £34,987

Expenditure of £447,533 has increased compared with the previous year (2024: £386,673). The total charitable expenditure on direct charitable activity, including support costs was £432,003 across a range of programmes.

Purchase of new medical equipment

The total spend on providing new equipment for Powys THB of £42,300 (2024: £72,448) represents a vital and valuable contribution to enhancing the provision of clinical care ranging from purchases of items of audiology equipment through to an hydraulic patient chair.

Provision of Staff Education, Welfare and Amenities

Of the total Staff Education, Welfare and Amenities expenditure in year of £34,921 (2024: £42,380), the Charity contributed £13,451 (2024: £10,380) towards the provision of education and training for Powys THB staff undertaking further professional education and training.

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Provision of Patient Education, Welfare and Amenities

A significant amount of expenditure £128,545 (2024: £105,616) has been charged under this heading in the year from small initiatives such as increased patient activities at day hospitals to the funding of recliner chairs for the ward day rooms.

Performance management

The Charity Manager and Charity Administrative Support Officer have been employed to deliver a new strategy for the Charity and to support the development of new projects, partnerships and proposals to help the Charity to best fulfil its charitable aims and objectives. The Charity team help the Trustee to monitor general progress and performance of charitable funds and their utilisation. The performance of the Charity team is regularly reviewed by both the Charitable Funds Committee and the Corporate Trustee in order to ensure to the Charity continues to achieve and deliver support to its full potential.

All general purpose funding proposals and significant proposals (above £10,000 in value) are reviewed and approved by the Charitable Funds Committee with prior support from the PTHB Executive Committee. Local and designated fund requests that fall below the above threshold require support from Executive Directors/Assistant Directors for the delegated service managers who manage those funds.

Investments

The Corporate Trustee has considered potential risks to which the Charity is exposed. There are no major risks that have been identified other than those associated with the normal fluctuations in the value of investments. The Trustee believes these risks are appropriately managed. Independent investment advisors (Brewin Dolphin Limited) have been appointed, and investments are held in a diversified fund of investments.

The Corporate Trustee invests the funds of the Charity with Brewin Dolphin Ltd via a Portfolio arrangement. At the year-end 19%, 69%, 5% and 5% were invested in Fixed Income, Equities, Alternatives and Other Investments respectively with the remaining 2% held as cash assets.

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The Corporate Trustee continues to consider its exposure to the fluctuations in the value of its equity-based investment, and receives a quarterly investments performance report at each Charitable Funds Committee meeting.

In line with the ethos of promoting patient wellbeing, the Corporate Trustee attempts to ensure that all investments are ethically and environmentally sound and are not opposed to the core purpose of the Charity. This ethical mandate is interpreted by our Investment Managers and informs the makeup of our portfolio. These ethical considerations are regularly monitored on a quarterly basis.

The strategy of the Corporate Trustee is that funds are spent within a timely manner after receipt. The Charity has further developed this strategy to target funds that remained dormant for a period of over 12 months to ensure that the funds that have been built up over many years are being targeted and distributed equitably where possible.

This work is currently implemented through the Charity team, who support the Corporate Trustee's aims, as well as supporting service managers, senior operational teams and directorate managers in developing strategic proposals to utilise funds throughout the year.

Looking ahead to next year

We are planning to launch our new website next year, which will enhance our ability to build networks, strengthen public relations, and increase visibility for the charity. This will serve as a valuable platform to share our work and connect with a wider audience.

In the coming year, we will also take active steps to strengthen our brand, ensuring that all communications are consistent, clear, and reflective of our values. This will support greater recognition and trust across all areas of our work.

Building on the success of this year's Festive Fundraisers, we are developing new annual campaigns to engage our community throughout the year. One such initiative is *May's Miles*, a fun and inclusive challenge designed to encourage wellbeing. Participants will set personal goals, track their progress throughout May, and come together to celebrate how far we can go together.

We will also begin preparing for the renewal of our charity strategy. This process will involve engagement with stakeholders to reflect on our achievements and explore future priorities, ensuring the strategy continues to meet the needs of the communities we serve.

The Charity will also continue work with partners, donors, staff and other stakeholders to add benefit to the population of Powys receiving health care services. As such, income and expenditure plans will be the subject of continual review to ensure that future needs are prioritised accordingly. All future priorities for PTHB Charity should reflect its stakeholders' expectations of what it can deliver and complement the strategic aims of Powys Teaching Health Board.

Finally, we will review our communications approach to ensure that it becomes more story-led. Rather than simply sharing what we do, we aim to highlight the real impact of our work through the voices and experiences of people across Powys.

Thank you for all your support

On behalf of the patients, staff and community members who have benefited from the grants, donations and legacies, the Corporate Trustee and Powys Health Charity would like to thank all organisations, patients, relatives, friends and staff who have made charitable donations or contributions during the year. We have been overwhelmed by the generosity of our communities this year and for that we cannot thank them enough.

If you want to learn more about Powys Health Charity and how you can support, please visit the Charity's website: www.powyshealthcharity.wales or contact the Charity at PTHB.Charity@wales.nhs.uk.

Dr Carl Cooper

Chair

**Powys Teaching
Local Health Board**

Mrs H Thomas

Chief Executive

**Powys Teaching
Local Health Board**

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Statement of Trustee responsibilities in respect of the Trustee's Report and the financial statements

Under charity law, the Trustee is responsible for preparing the Trustee Report and the financial statements for each financial year which show a true and fair view of the state of affairs of the charity and of the excess of income over expenditure for that period.

In preparing these financial statements, generally accepted accounting practice entails that the Trustee:

- selects suitable accounting policies and then applies them consistently;
- makes judgements and estimates that are reasonable and prudent;
- states whether the recommendations of the Statement of Recommended Practice FRS 102 have been followed, subject to any material departures disclosed and explained in the financial statements;
- states whether the financial statements comply with the trust deed, subject to any material departures disclosed and explained in the financial statements;
- prepares the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue its activities.

The Trustee is required to act in accordance with the trust deed and the rules of the charity, within the framework of trust law. The Trustee is responsible for keeping proper accounting records, sufficient to disclose at any time, with reasonable accuracy, the financial position of the charity at that time, and to enable the Trustee to ensure that, where any statements of accounts are prepared by them under section 42(1) of the Charities Act 2011, those statements of accounts comply with the requirements of regulations under that provision. The Trustee has a general responsibility for taking such steps as are reasonably open to it to safeguard the assets of the charity and to prevent and detect fraud and other irregularities.

The Trustee is responsible for the maintenance and integrity of the financial and other information included on the Powys Teaching Local Health Board website. Legislation in the UK governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

The Trustee confirms that it has met the responsibilities set out above and complied with the requirements for preparing the accounts. The financial statements set out on pages 33



to 47 attached have been compiled from and are in accordance with the financial records maintained by the Trustee.

By Order of the Trustee

Signed:(Chair) Date:.....

Signed:(Chief Executive) Date:.....

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The independent auditor's report of the Auditor General for Wales to the trustee of Powys Teaching Local Health Board Charitable Fund

Opinion on financial statements

I have audited the financial statements of Powys Teaching Local Health Board Charitable Fund for the year ended 31 March 2025 under the Charities Act 2011. The financial statements comprise the Statement of Financial Activities, Balance Sheet, Statement of Cash Flow and related notes, including the material accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of the charity as at 31 March 2025 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Charities Act 2011.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of financial statements and regularity of public sector bodies in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report.

My staff and I are independent of the charity in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the trustee with respect to going concern are described in the relevant sections of this report.

Other Information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The trustee is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Matters on which I report by exception

I have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require me to report to you if, in my opinion:

- I have not received all of the information and explanations I require for my audit;
- sufficient accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements are not in agreement with the accounting records and returns;
or
- the information given in the financial statements is inconsistent in any material respect with the trustees' report.

Responsibilities of the trustee[s] for the financial statements

As explained more fully in the statement of trustee responsibilities set out on pages 27 to 28 the trustee is responsible for:

- maintaining sufficient accounting records;
- the preparation of the financial statements in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- internal controls as the trustees determine is necessary to enable the preparation of financial statements to be free from material misstatement, whether due to fraud or

error;

- assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees anticipate that the services provided by the charity will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

I have been appointed as auditor under section 150 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the Charity's head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Powys Teaching Local Health Board Charitable Fund's policies and procedures concerned with:
 - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
 - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in the following areas: revenue recognition, expenditure recognition and posting of unusual journals and;
- Obtaining an understanding of Powys Teaching Local Health Board Charitable Fund's framework of authority as well as other legal and regulatory frameworks that the Powys Teaching Local Health Board Charitable Fund operates in, focusing on those laws and regulations that had a direct effect on the financial statements or

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that had a fundamental effect on the operations of Powys Teaching Local Health Board Charitable Fund

- Obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business;

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Powys Teaching Local Health Board Charitable Fund’s controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor’s responsibilities for the audit of the financial statements is located on the Financial Reporting Council’s website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor’s report.

Other auditor’s responsibilities

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Adrian Crompton

Auditor General for Wales

29th January 2026

1 Capital Quarter

Tyndall Street

Cardiff

CF10 4BZ

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Powys Teaching Local Health Board Charity Statement of Financial Activities for the year ended 31 March 2025

	Note	Unrestricted funds £000	Restricted Income funds £000	Endowment funds £000	Total Funds 2024/25 £000
Incoming resources from generated funds:					
Donations and legacies	3	108	0	0	108
Investments	5	143	0	0	143
Total incoming resources		251	0	0	251
Expenditure on:					
Raising Funds	6	16	0	0	16
Charitable activities	7	432	0	0	432
Total expenditure		448	0	0	448
Net gains / (losses) on investments	13	(25)	0	0	(25)
Net income / (expenditure)		(222)	0	0	(222)
Transfer between funds	18	0	0	0	0
Net movement in funds		(222)	0	0	(222)
Reconciliation of Funds					
Total Funds brought forward	19	4,401	0	3	4,404
Total Funds carried forward		4,179	0	3	4,182

Powys Teaching Local Health Board Charity Statement of Financial Activities for the year ended 31 March 2024

	Note	Unrestricted funds £000	Restricted Income funds £000	Endowment funds £000	Total Funds 2023/24 £000
Incoming resources from generated funds:					
Donations and legacies	3	129	0	0	129
Investments	5	157	0	0	157
Total incoming resources		286	0	0	286
Expenditure on:					
Raising Funds	6	17	0	0	17
Charitable activities	7	369	0	0	369
Total expenditure		386	0	0	386
Net gains / (losses) on investments	13	246	0	0	246
Net income / (expenditure)		146	0	0	146
Transfer between funds	18	0	0	0	0
Net movement in funds		146	0	0	146
Reconciliation of Funds					
Total Funds brought forward	19	4,255	0	3	4,258
Total Funds carried forward		4,401	0	3	4,404

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Powys Teaching Local Health Board Charity Balance Sheet as at 31 March 2025

	Note	Unrestricted funds £000	Restricted Income funds £000	Endowment funds £000	Total 31 March 2025 £000	Total 31 March 2024 £000
Fixed assets:						
Investments	13	3,763	0	3	3,766	3,795
Total fixed assets		3,763	0	3	3,766	3,795
Current assets:						
Debtors	14	3	0	0	3	4
Cash and cash equivalents	15	695	0	0	695	795
Total current assets		698	0	0	698	799
Liabilities:						
Creditors: Amounts falling due within one year	16	282	0	0	282	175
Net current assets / (liabilities)		416	0	0	416	624
Total assets less current liabilities		4,179	0	3	4,182	4,419
Creditors: Amounts falling due after more than one year	16	0	0	0	0	15
Total net assets / (liabilities)		4,179	0	3	4,182	4,404
The funds of the charity:						
Endowment Funds	19			3	3	3
Restricted income funds	19		0		0	0
Unrestricted income funds	19	4,179			4,179	4,401
Total funds		4,179	0	3	4,182	4,404

The notes on pages 36 to 47 form part of these accounts

Signed :

Name :(Chair of Trustees)

Date :

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Powys Teaching Local Health Board Charity Statement of Cash Flows for the year ending 31 March 2025

		Unrestricted funds	Restricted Income funds	Endowment funds	Total Funds 2024-25	Total Funds 2023-24
	Note				£000	£000
Cash flows from operating activities:						
Net cash provided by (used in) operating activities	17	(247)	0	0	(247)	(301)
Cash flows from investing activities:						
Dividend, interest and rents from investments	5	143	0	0	143	157
Proceeds from the sale of investments	13	804	0	0	804	709
Purchase of investments	13	(794)	0	0	(794)	(779)
Movement of Cash held as part of investment portfolio	13	(6)	0	0	(6)	86
Net cash provided by (used in) investing activities		147	0	0	147	173
Change in cash and cash equivalents in the reporting period		(100)	0	0	(100)	(128)
Cash and cash equivalents at the beginning of the reporting period	15	795	0	0	795	923
Cash and cash equivalents at the end of the reporting period	15	695	0	0	695	795

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Note on the accounts

1 Accounting Policies

(a) Basis of preparation

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at fair value.

The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

The accounts (financial statements) have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

The Trustees consider that there are no material uncertainties about the Charity's ability to continue as a going concern. There are no material uncertainties affecting the current year's accounts.

In future years, the key risks to the Charity are a fall in income from donations or investment income but the trustees have arrangements in place to mitigate those risks (see the risk management and reserves sections of the annual report for more information).

The Charity meet the definition of public benefit entity under FRS 102.

(b) Funds structure

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified either as:

- A restricted fund or
- An endowment fund.

Restricted funds are those where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose. The Charity's restricted funds tend to result from donations or legacies for specified purposes.

Endowment funds arise when the donor has expressly provided that the gift is to be invested and only the income of the fund may be spent. These funds are sub analysed between those where the Trustees have the discretion to spend the capital (expendable endowment) and those where there is no discretion to expend the capital (permanent endowment).

Those funds which are neither endowment nor restricted income funds, are unrestricted income funds which are sub analysed between designated (earmarked) funds where the Trustees have set aside amounts to be used for specific purposes or which reflect the non-binding wishes of donors and unrestricted funds which are at the Trustees' discretion, including the general fund which represents the charity's reserves. The major funds held in each of these categories are disclosed in note 19.

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(c) Incoming resources

Income consists of donations, legacies, income from charitable activities and investment income.

Donations are accounted for when received by the charity. All other income is recognised once the charity has entitlement to the resources, it is probable (more likely than not) that the resources will be received and the monetary value of incoming resources can be measured with sufficient reliability.

Where there are terms or conditions attached to incoming resources, particularly grants, then these terms or conditions must be met before the income is recognised as the entitlement condition will not be satisfied until that point. Where terms or conditions have not been met or uncertainty exists as to whether they can be met then the relevant income is not recognised in the year but deferred and shown on the balance sheet as deferred income.

(d) Incoming resources from legacies

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is probable.

Receipt is probable when:

- Confirmation has been received from the representatives of the estate(s) that probate has been granted
- The executors have established that there are sufficient assets in the estate to pay the legacy and
- All conditions attached to the legacy have been fulfilled or are within the charity's control.

If there is uncertainty as to the amount of the legacy and it cannot be reliably estimated then the legacy is shown as a contingent asset until all of the conditions for income recognition are met.

(e) Incoming resources from endowment funds

The income received from the investment of endowment funds is attributed to unrestricted funds to be spent on charitable purposes. Any gains or losses arising from the valuation of investment of the endowment capital amount are attributed to the endowment fund

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(f) Resources expended and irrecoverable VAT

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to each category of expense shown in the Statement of Financial Activities. Expenditure is recognised when the following criteria are met:

- There is a present legal or constructive obligation resulting from a past event
- It is more likely than not that a transfer of benefits (usually a cash payment) will be required in settlement
- The amount of the obligation can be measured or estimated reliably.

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

(g) Recognition of expenditure and associated liabilities as a result of grants

Grants payable are payments made to linked, related party or third party NHS bodies and non NHS bodies, in furtherance of the charitable objectives of the funds held on trust, primarily relief of those who are sick.

Grant payments are recognised as expenditure when the conditions for their payment have been met or where there is a constructive obligation to make a payment.

A constructive obligation arises when:

- We have communicated our intention to award a grant to a recipient who then has a reasonable expectation that they will receive a grant
- We have made a public announcement about a commitment which is specific enough for the recipient to have a reasonable expectation that they will receive a grant
- There is an established pattern of practice which indicates to the recipient that we will honour our commitment.

The Trustees have control over the amount and timing of grant payments and consequently where approval has been given by the trustees and any of the above criteria have been met then a liability is recognised. Grants are not usually awarded with conditions attached. However, when they are then those conditions have to be met before the liability is recognised.

Where an intention has not been communicated, then no expenditure is recognised but an appropriate designation is made in the appropriate fund. If a grant has been offered but there is uncertainty as to whether it will be accepted or whether conditions will be met then no liability is recognised.

(h) Allocation of support costs

Support costs are those costs which do not relate directly to a single activity. These include staff costs, costs of administration, internal and external audit costs. Support costs have been apportioned between charitable activities on an appropriate basis. The analysis of support costs and the bases of apportionment applied are shown in note 10.

(i) Fundraising costs

There has been £16K fundraising costs incurred by the Charity during 2024/25 (2023/24 £17K). This relates to investment management costs.

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(j) Charitable activities

Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objects of the charity. These costs, where not wholly attributable, are apportioned between the categories of charitable expenditure in addition to the direct costs. The total costs of each category of charitable expenditure include an apportionment of support costs as shown in note 7.

(k) Debtors

Debtors are amounts owed to the charity. They are measured on the basis of their recoverable amount.

(l) Fixed Asset Investments

Investments are a form of basic financial instrument. Fixed Asset investments are initially recognised at their transaction value and are subsequently measured at their fair value (market value) at the balance sheet date. The Statement of Financial Activities includes the net gains and losses arising on revaluation and disposal throughout the year. Quoted stocks and shares are included in the Balance Sheet at the current mid price market value quoted by the investment analyst, excluding dividend. The SORP recommends that the bid price market price be used in valuing stocks and shares, although the difference between the bid and mid market price is not material. Other investments are included at the trustees' best estimate of market value.

The main form of financial risk faced by the charity is that of volatility in equity markets and investment markets due to the wider economic conditions, the attitude of investors to investment risk and changes in sentiment concerning equities and within particular sectors or sub sectors. Further information on the charity's investments can be found in note 13.

(m) Cash and cash equivalents

Cash at bank and in hand is held to meet the day to day running costs of the charity as they fall due. Cash equivalents are short term, highly liquid investments, usually in no notice interest bearing savings accounts.

(n) Creditors

Creditors are amounts owed by the charity. They are measured at the amount that the charity expects to have to pay to settle the debt.

Amounts which are owed in more than a year are shown as long term creditors.

(o) Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening carrying value. Unrealised gains and losses are calculated as the difference between the market value at the year end and opening carrying value.

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2. Related party transactions

During the year none of the trustees or members of the key management staff or parties related to them has undertaken any material transactions with the Powys Teaching Local Health Board Charitable Funds other than those disclosed below.

Board Members (and other senior staff) take decisions both on Charity and Exchequer matters but endeavour to keep the interests of each discrete and do not seek to benefit personally from such decisions. Declarations of personal interest have been made in both capacities and are available to be inspected by the public.

The Charitable Trust Fund has made payments to Powys Teaching Health Board of £0.285M (2024: £0.209M). As at 31 March 2025 the total owed to the Health Board was £0.227M (2024: £0.153M), and owed by the Health Board was £0.000M (2024:£0.000M).

The Charity's Board members have related party interests in the the following:

<u>Name</u>	<u>Details</u>	<u>Related Party Interests</u>
Jennifer Owen Adams	PTHB Independent Board Member	Powys Association of Voluntary Organisations Co-opted Trustee of Powys Association of Voluntary Organisations

The Total value of transactions with related parties during 2024/25 are as follows:

Related Party	Payment to related party £	Amounts received from related party £	Amounts owed to related party £	Amounts due from related party £
Powys Association of Voluntary Organisations	27,233	0	0	0

3. Income from donations and legacies

	Unrestricted funds £000	Restricted Income funds £000	Endowment funds £000	Total 2024-25 £000	Total 2023-24 £000
Donations	56	0	0	56	82
Legacies	52	0	0	52	17
Grants	0	0	0	0	30
	108	0	0	108	129

4. Role of volunteers

Like all charities, the THB Charity is reliant on a team of volunteers for our smooth running. Our volunteers perform the following role:

- Fund advisors – there are about 13 THB staff who manage how the charity's designated funds should be spent. These funds are designated (or earmarked) by the trustees to be spent for a particular purpose or in a particular ward or department. Each fund advisor has delegated powers to spend the designated funds that they manage in accordance with the trustees wishes subject to the approval of their Executive Director/Assistant Director or the Charitable Funds Committee. The trustees determine through its Strategy the key aims that expenditure should be utilised for. Fund advisors who spend more than £10,000 are required to seek approval from the Charitable Funds Committee setting out what they intend to spend the money on and the difference it will make to the patients and staff of the THB services.

In accordance with the SORP, due to the absence of any reliable measurement basis, the contribution of these volunteers is not recognised in the accounts.

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5. Gross investment income

	Unrestricted funds £000	Restricted Income funds £000	Total 2024-25 £000	Total 2023-24 £000
Fixed asset equity and similar investments	126	0	126	126
Short term investments, deposits and cash on deposit	17	0	17	31
	143	0	143	157

6. Analysis of expenditure on raising funds

	Unrestricted funds £000	Restricted Income funds £000	Total 2024-25 £000	Total 2023-24 £000
Investment management	16	0	16	17
	16	0	16	17

7. Analysis of charitable activity

	Grant funded activity £000	Support costs £000	Total 2024-25 £000	Total 2023-24 £000
Purchase of new equipment	42	23	65	113
Building and refurbishment	75	41	116	28
Staff education and welfare	35	18	53	65
Patient education and welfare	129	69	198	163
	281	151	432	369

Support costs are apportioned based on %age of Grant funded activity

8. Analysis of grants

The charity does not make grants to individuals. All grants are made to the Health Board to provide for the care of NHS patients in furtherance of our charitable aims. The total cost of making grants, including support costs, is disclosed on the face of the Statement of Financial Activities and the actual funds spent on each category of charitable activity, is disclosed in note 7.

The trustees operate a scheme of delegation for the majority of the charitable funds, under which fund advisors manage the day to day disbursements on their projects in accordance with the directions set out by the trustees in charity standing orders and financial instructions. Funds managed under the scheme of delegation represent ongoing activities and it is not possible to segment these activities into discrete individual grant awards.

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9. Movements in funding commitments

	Current liabilities £000	Restricted Non-current liabilities £000	Total 31 March 2025 £000	Total 31 March 2024 £000
Opening balance at 1 April (see note 16)	190		190	243
Movement in liabilities	(63)		(63)	(53)
Closing balance at 31 March (see note 16)	127	0	127	190

As described in notes 7 and 8, the charity awards a number of grants in the year. Many grants are awarded and paid out in the same financial year. However, some grants which are awarded for example funding a specific post can span financial years. For such grants whilst the award may be for more than one year, it is only the annual amount that is paid out in year and recorded as expenditure within charitable activities.

The charity at present does not issue formal grant letters to recipients and therefore the expectation of the recipient in recognition of this grant as defined by the SORP is not met with certainty.

10. Allocation of support costs

Support and overhead costs are allocated between fundraising activities and charitable activities. Governance costs are those support costs which relate to the strategic and day to day management of a charity.

	Raising funds £000	Charitable activities £000	Total 2024-25 £000	Total 2023-24 £000	Basis
Governance					
External audit	0	21	21	16	Charged to Central Fund
Finance and administration	0	0	0	0	Charged to Central Fund
Other professional fees					
Total governance	0	21	21	16	
Finance and administration	0	130	130	114	Charged to Central Fund
	0	151	151	130	
	Unrestricted funds £000	Restricted Income funds £000	Endowment funds £000	Total Funds 2024-25 £000	Total Funds 2023-24 £000
Charitable activities	151	0	0	151	130
	151	0	0	151	130

11. Staff Costs, Trustees' remuneration, benefits and expenses

The charity does not make any payments for remuneration nor to reimburse expenses to the charity trustees for their work undertaken as trustee.

The charity has no employees. Staff services are provided to the charity from Powys Teaching Local Health Board, the corporate Trustee of the Charity, which has received reimbursement from the Charity of £0.172M 2023/24: £0.185M).

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12. Auditors remuneration

The External auditors remuneration of £18,512 (2023-24: £18,203) related solely to the Audit of the Statutory Annual Report and Accounts. During the year, an additional accrual of £2,203 was actioned in the 24/25 accounts in relation to the 2023/24 Audit fee based on the latest estimate of the invoice value.

This increased the 2023/24 audit fee from £16,000 to £18,203.

Due to the Charity exceeding the threshold requirements during 2023/24 and 2022/23 a full audit of the Annual Report and Accounts was required. Some previous years has seen an Independent Examination being undertaken as the thresholds had not been exceeded.

The Internal auditors remuneration of £0 (2023-24: £0) related to an Internal Audit review to provide the Charity with assurance that operational procedures are compliant with the Health Board's Charitable Funds Policy and Guidance, along with its underlying Standing Financial Instructions, and wider NHS Charities guidance. An Internal Audit review was undertaken during October 2022 which provided a rating of Reasonable Assurance which indicates:

"The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved"

During the year 2020/21 the Local Counter Fraud Service undertook a risk assessment of controls for charitable funds. NHS Protect has issued a Risk Assessment tool to guide Local Counter Fraud functions to undertake a Risk Assessment of the Counter Fraud arrangements in place at their own organisation.

The Assessment of Charitable funds indicated a low risk rating of 1x4 with the only recommendation being to 'maintain the robust controls that are in place and consult with Counter fraud prior to any amendments being initiated'.

13. Fixed asset investments

Movement in fixed assets investments

	Total 2024-25	Total 2023-24
	£000	£000
Market value brought forward	3,795	3,565
Add: additions to investments at cost	794	779
Add: additions to investments at cost (Non Cash)	0	0
Less disposals at carrying value	(804)	(709)
Add net gain / (loss) on revaluation	(25)	246
Movement of Cash held as part of investment portfolio	6	(86)
Market value as at 31st March	3,766	3,795

Fixed Asset by Type

	Total 2024-25	Total 2023-24
	£000	£000
Investment Properties	244	244
UK Bonds	404	312
Overseas Bonds	267	330
UK Equities	603	622
Global Equities	1,779	1,833
Emerging Market Equities	31	45
Absolute Return	72	62
Property	107	86
Other Investments	209	217
Cash	50	44
	3,766	3,795

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All investments are carried at their fair value.

The Charitable Trustee has considered potential risks to which the Charity is exposed. There are no major risks that have been identified other than those associated with the normal fluctuations in the value of investments. The Trustee believes these risks are appropriately managed. Independent investment advisors (Brewin Dolphin Ltd) have been appointed, and investments are held in a diversified fund of investments, including 19% in fixed interest mainly government stock

The Corporate Trustee invests the funds of the Charity with Brewin Dolphin Ltd via a Portfolio arrangement. At the year-end 69% (2023/24: 70%), 19% (2023/24: 18%), 5% (2023/24: 4%), and 5% (2023/24: 4%), were invested in Equities, Fixed Income, Alternatives and Other Investments respectively with the remaining 2% (2023/24: 4%), held as cash assets.

The Corporate Trustee continues to consider its exposure to the fluctuations in the value of its equity based investment, and receives a quarterly investments performance report at each Charitable Funds Committee meeting.

Investment property brought forward includes assets left to the charity as part of two legacies are contained within this note. For the Estate M R Morgan Properties Fund, the Charity owns a 1/3 share of these properties and receives a 1/3 share of income and expenditure regarding these properties. For the Estate M Brand Legacy Property Fund the charity owns a 1/4 share of this property and receives a 1/4 share of income and expenditure regarding this property.

The valuation of investment properties, consisting of freehold ground and property rents is based on a professional assessment of fair value by an independent valuer. Subsequent movements on valuations at 31st March will be recognised as a gain or loss within the Statement of Financial Activities for the corresponding year.

During the year an unrealised loss of £25K was recognised in the accounts.

In line with the ethos of promoting patient wellbeing, the Corporate Trustee attempts to ensure that all investments are ethically and environmentally sound, and are not opposed to the "purpose" of the charity. The performance of the investments are regularly monitored and reported on a quarterly basis by our investment managers. |

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14. Analysis of current debtors

Debtors under 1 year	Total 31 March 2025	Total 31 March 2024
	£000	£000
Prepayment	0	0
Other debtors	3	4
	<u>3</u>	<u>4</u>

15. Analysis of cash and cash equivalents

	Total 31 March 2025	Total 31 March 2024
	£000	£000
Cash in hand	695	795
	<u>695</u>	<u>795</u>

No cash or cash equivalents or current asset investments were held in non-cash investments or outside of the UK.

16. Analysis of liabilities

	Total 31 March 2025	Total 31 March 2024
	£000	£000
Creditors under 1 year		
Trade creditors	<u>282</u>	<u>175</u>
	282	175
Creditors over 1 year		
Trade creditors	<u>0</u>	<u>15</u>
	0	15
Total creditors	<u>282</u>	<u>190</u>

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17. Reconciliation of net income / expenditure to net cash flow from operating activities

	Total 2024-25	Total 2023-24
	£000	£000
Net income / (expenditure) (per Statement of Financial Activities)	(222)	146
Adjustment for:		
(Gains) / losses on investments	25	(246)
Dividends, interest and rents from investments	(143)	(157)
(Increase) / decrease in debtors	1	9
Increase / (decrease) in creditors	92	(53)
Non cash donation of property in operating activities	0	0
Net cash provided by (used in) operating activities	(247)	(301)

18. Transfer between funds

There have been no transfer between funds within the year.

19. Analysis of funds

a. Analysis of endowment fund movements

	Balance 1 April 2024 £000	Income £000	Expenditure £000	Transfers £000	Gains and losses £000	Balance 31 March 2025
Endowment Funds	3	0	0	0	0	3
	<u>3</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>3</u>

There is a small capital in perpetuity donation which specifies that the capital amount is to be invested and any income from this is to be utilised by the Charity. The original donation amount cannot be discharged and must remain as an investment. The income received from this endowment is added to unrestricted funds to be spent on charitable purposes. Any gains or losses arising from the valuation of investment of the endowment capital amount are attributed to the endowment fund.

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b. Analysis of restricted fund movements

	Balance 1 April 2024 £000	Income £000	Expenditure £000	Transfers £000	Gains and losses £000	Balance 31 March 2025 £000
Restricted Funds	0	0	0	0	0	0
	0	0	0	0	0	0

There are no funds classed as restricted held by the charity.

c. Analysis of unrestricted and material designated fund movements

	Balance 1 April 2024 £000	Income £000	Expenditure £000	Transfers £000	Gains and losses £000	Balance 31 March 2025 £000
8010 Ystradgynlais General Purposes	40	5	(2)	0	0	43
8102 Ystradgynlais Geriatric Ward Fund	63	0	0	0	0	63
8011 Welshpool General Purposes	538	42	0	0	0	580
8330 North Powys District Nursing Fund	76	5	(1)	0	0	80
8012 Machynlleth General Purposes	77	4	0	0	0	81
8014 Newtown General Purposes	17	29	(19)	0	0	27
8003 Llandrindod General Purposes	51	0	(5)	0	0	46
8067 Llandrindod Hazels Legacy	277	0	0	0	0	277
8227 Haygarth District Nurses	19	7	0	0	0	26
8005 Knighton General Purposes	71	0	(2)	0	0	69
8016 Powys General Purposes	1,140	143	(350)	0	(25)	908
8040 Palliative Care	51	3	(8)	0	0	46
8321 Mid & South Powys Community and Palliative Care Fund	996	0	0	0	0	996
8323 Mental Health General Purposes	354	0	(1)	0	0	353
8324 Covid General Purposes	53	0	0	0	0	53
8140 Bronllys AMI Legacy	99	0	(31)	0	0	68
8001 Brecon General Purposes	31	0	(11)	0	0	20
8325 Estate M R Morgan Properties Fund	63	0	0	0	0	63
8326 Estate M J Brand Property Fund	181	0	0	0	0	181
8327 NHS Charities Together Development Grant Fund	30	0	0	0	0	30
Other Unrestricted Funds	174	12	(17)	0	0	169
	4,401	250	(447)	0	(25)	4,179

The objects of the unrestricted funds are as follows:

The unrestricted Funds usually contain donations where a particular part of a Hospital or Health Board activity was nominated by the donor at the time their donation was made. Whilst their nomination is non-binding on the Trustee, the designated funds reflect these nominations and are overseen by Service managers who can make recommendations on how to spend the money within their designated area. Service Managers' recommendations are duly considered and these funds can be spent at any time with the prior approval of the Charitable Funds Committee or Executive Directors/Assistant Directors.

Estate M R Morgan Properties Fund is a fund that holds the valuation of investment properties at the balance sheet date. This fund includes the recognition of investment property assets left to the charity as part of a legacy estate. The Charity owns a 1/3 share of these properties and receives a 1/3 share of income and expenditure regarding these properties. All gains and losses relating to the valuation of these properties are charged to this fund. All rental income and investment management expenditure in relation to these properties is allocated to the unrestricted General Purpose funds so that it can be used for the furtherance of general charitable purposes.

Estate M J Brand Property Fund is a fund that holds the valuation of an investment property at the balance sheet date. This fund includes the recognition of investment property asset left to the charity as part of a legacy estate. The Charity owns a 1/4 share in this property and receives a 1/4 share of income and expenditure regarding this property. All gains and losses relating to the valuation of this property are charged to this fund. All rental income and investment management expenditure in relation to this property is allocated to Bronllys AMI Legacy and Llandrindod Hazels legacy so that it can be used for the furtherance of general charitable purposes.

The material funds specified in the above note will vary from year to year dependent on the opening or closing year end balance.

The charity consider that an opening or closing fund balance of £25,000 or greater are material for disclosure in these accounts.

Patterson
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Audit of Accounts Report – Powys Teaching Local Health Board Charitable Funds

Audit year: 2024-25

Date issued: January 2026



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For further information, or if you require any of our publications in an alternative format and/or language, please contact us by telephone on 029 2032 0500, or email info@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Patterson, Liz
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Introduction



Adrian Crompton

Auditor General for
Wales

I am pleased to share my Audit of Accounts Report. The Report summarises the main findings from my audit of your 2024-25 annual report and accounts. My team have already discussed these findings with the Finance Team.

My team have substantially completed the audit work as set out in my Audit Plan dated September 2025.

Since my Audit Plan, I have updated materiality to reflect the 2024-25 accounts. I have not identified any new audit risks. My response to previously identified risks is set out in **Appendix 1**.

I am required to provide an opinion on whether the accounts have been properly prepared and give a true and fair view, in all material aspects. My proposed audit opinion and basis for it is outlined on page 17.

It is the responsibility of the those charged with governance, i.e. Powys Health Board to address any matters raised in my report and provide me with a Letter of Representation.

I would like to extend my gratitude to the officers and staff of the Health Board for their co-operation throughout the audit process which has been invaluable in completing this audit effectively.

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Your audit at a glance



We intend to issue an **unqualified opinion** on the accounts

See [Appendix 4](#)



There are no **other significant matters** to report

See [Audit findings](#)



There are no **uncorrected misstatements** in the accounts

See [Audit findings](#)



We have raised no **recommendations** as a result of our work

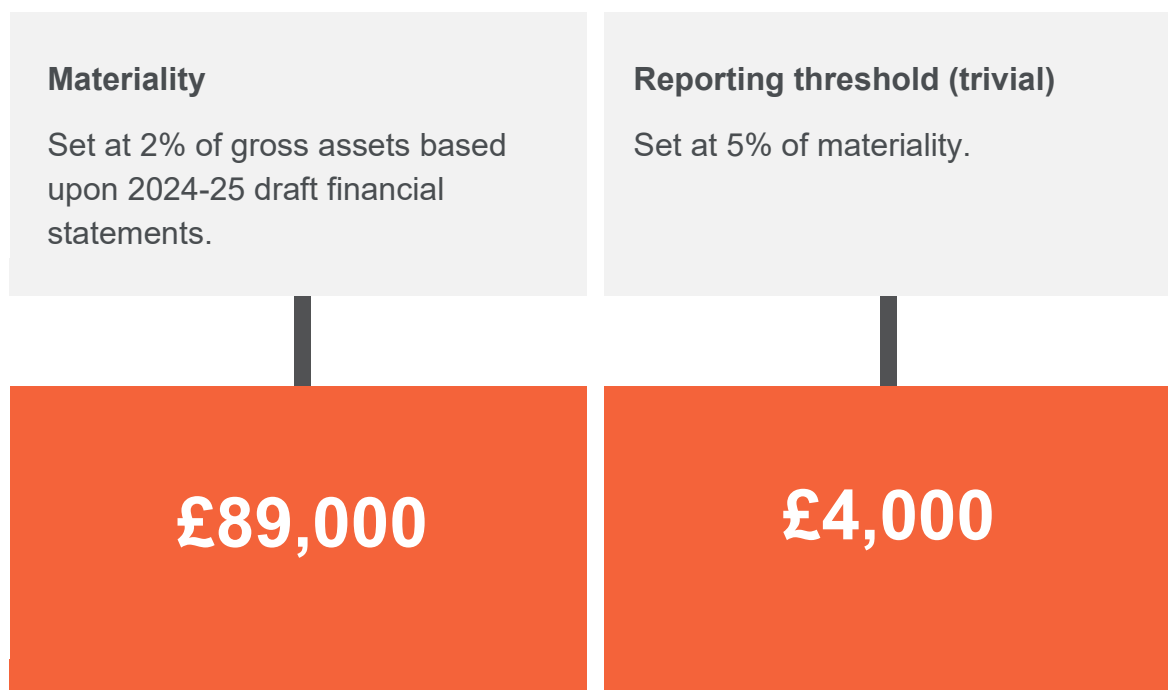


We are aiming to certify your accounts on 29th January 2026, which is ahead of the Charity Commission deadline of 31st January 2026.

Patterson.Liz
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Materiality

I use professional judgement to set a materiality threshold to identify and correct misstatements that could affect users' decisions, considering both financial errors and disclosure requirements according to the applicable accounting framework and laws. My team updates materiality throughout the audit and I include in this report matters that exceed my reporting threshold, as set out below:



There are some areas of the accounts that may be of more importance to the user of the accounts. In reviewing the accounts the Related Party Disclosures have been identified as an area of importance and a lower materiality of £1,000 was set.

Patterson.Liz
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Audit Findings

Misstatements

A misstatement arises where information in the accounts is not in accordance with accounting standards.

Uncorrected misstatements

There are no uncorrected misstatements identified in the accounts.

Corrected misstatements

During our audit, we identified misstatements that have been corrected by management.

These are set out in **Appendix 2**.

Other significant issues

International Standard on Auditing 260 requires us to communicate with those charged with governance. We must tell you significant findings from the audit and other matters if they are significant to your oversight of the Charity's financial reporting process. We have not identified any significant issues that we need to report to you.

Patterson.Liz
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Proposed audit opinion

Audit opinion

We intend to issue an unqualified audit opinion on this year's accounts once you have provided us with a Letter of Representation (see below).

Our proposed audit report is set out in **Appendix 3**.

Letter of representation

A Letter of Representation is a formal letter in which you confirm to us the accuracy and completeness of information provided to us during the audit. Some of this information is required by auditing standards; other information may relate specifically to your audit.

The letter we are requesting you to sign is included in **Appendix 4**, the contents of which are in line with our standard request for representations.

Recommendations

There have not been any recommendations made during the audit.

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Audit team and ethical compliance

The main members of my team who carried out the audit work, together with their contact details, are summarised in **Exhibit 1**.

Exhibit 1: my local audit team

Audit Director Gareth Lucey
Gareth.Lucey@audit.wales

Audit Manager Mike Jones
Mike.Jones@auditwales

Audit Lead Gill Howells
Gill.Howells@audit.wales

Compliance with ethical standards

We confirm that:

- we have complied with the ethical standards we are required to follow in carrying out our work;
- we have remained independent of yourselves;
- our objectivity has not been comprised; and
- we have no relationships that could undermine our independence or objectivity.

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Appendix 1 – Audit risks and outcomes

My Audit Plan set out the risks of material misstatement for the audit.

Exhibit 2 lists these audit risks and sets out how they were addressed as part of the audit. No additional audit risks have been identified since that need to be brought to your attention.

Exhibit 2: audit risks reported previously, work done and outcome

Audit risk	Work done	Outcome
<p>Risk of management override</p> <p>The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk.</p>	<p>The audit team:</p> <ul style="list-style-type: none">• tested the appropriateness of journal entries and other adjustments made in preparing the financial statements;• reviewed accounting estimates for bias; and• evaluated the rationale for any significant transactions outside the normal course of business.	<p>My audit work did not identify any instances of management override of controls</p>

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Appendix 2 – Summary of corrections made

During our audit, we identified the following misstatements that have been corrected by management, but which we consider should be drawn to your attention.

Value of correction	Accounts area	Explanation
£15,000	Note 17 – Movement in Creditors	Our audit identified that the movement disclosed in Note 17 related to the Trade Creditors under 1 year only and not the total movement in Creditors. Correction of the movement in Creditors from £107k to £92k.
£7,000	Note 2 – Related Parties	Our audit identified that the Totals Owed and Payments to Powys Health Board were misstated and did not reconcile to the analysis of the supporting working papers. The total owed to Powys Health Board corrected to £227k from £220k.
£21,000	Note 2 – Related Parties	Our audit identified that the Totals Owed and Payments to Powys Health Board were misstated and did not reconcile to the analysis of the supporting working papers. Payments to Powys Health Board of £263k corrected to £284k.
£155,000	Note 9 – Funding Commitments	Our audit identified that the figures included in the working paper for Note 9 included all liabilities and not just the funding commitments for the Charity. The figure was amended from a Closing Balance of £282k to £127k which resulted in a change in the Movement in Liabilities from £92k to -£63k

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£18,000	Note 13 Fixed Asset Investments	<p>Our audit identified that the Cash figure disclosed in the Fixed Asset by Type table did not reconcile to the figures in the Brewin Dolphin Report. This impacted upon the Other Investments value in the table and the update of the movement of cash calculation.</p> <p>The Cash value included within the Fixed Asset by Type table was corrected to £50k from £68k and the Other Investments value was corrected to £209k from £191k.</p> <p>Correction of the movement of cash as part of the investment portfolio to £6k from £24k.</p>
£8,000	<p>Note 13 Fixed Asset Investments</p> <p>Note 17 Reconciliation of Net Income</p> <p>Expenditure to Net Cash Flow from Operating Activities</p>	<p>Our audit identified the incorrect classification of a Pending Dividend of £8k from the Brewin Dolphin Fund.</p> <p>The amendment was the removal of the line Additions to Investment at Cost (Non Cash) in Note 13 and the linked line in Note 17 Non-Cash Donation of Property in Operating Activities.</p> <p>The resulted in a change to the Net Cash provided by Operating Activities figure from -£239k to -£247k.</p>
As recorded above	Statement of Cashflow	<p>Due to discrepancies identified above the change required on the Cashflow statement are as follows</p> <ul style="list-style-type: none"> • Net Cash provided by (used in) operating activities amended from -£239k to -£247k • Purchase of Investments amended from -£784k to -£794k • Movement of Cash held as part of Investment Portfolio from -£24k to -£6k • Net Cash provided by (used in) investing activities from £139k to £147k.

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Appendix 3 – Proposed audit report

The independent auditor’s report of the Auditor General for Wales to the trustee of Powys Teaching Local Health Board Charitable Fund.

Opinion on financial statements

I have audited the financial statements of Powys Teaching Local Health Board Charitable Fund for the year ended 31 March 2025 under the Charities Act 2011.

The financial statements comprise the Statement of Financial Activities, Balance Sheet, Statement of Cash Flow and related notes, including the material accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of the charity as at 31 March 2025 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Charities Act 2011.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 ‘Audit of financial statements and regularity of public sector bodies in the United Kingdom’. My responsibilities under those standards are further described in the auditor’s responsibilities for the audit of the financial statements section of my report.

My staff and I are independent of the charity in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council’s Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the trustee with respect to going concern are described in the relevant sections of this report.

Other Information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The trustee is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Matters on which I report by exception

I have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require me to report to you if, in my opinion:

- I have not received all of the information and explanations I require for my audit;
- sufficient accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements are not in agreement with the accounting records and returns; or
- the information given in the financial statements is inconsistent in any material respect with the trustees' report.

Responsibilities of the trustee for the financial statements

As explained more fully in the statement of trustee responsibilities set out on page [xx] , the trustee is responsible for:

- maintaining sufficient accounting records;
- the preparation of the financial statements in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;

- internal controls as the trustees determine is necessary to enable the preparation of financial statements to be free from material misstatement, whether due to fraud or error;
- assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees anticipate that the services provided by the charity will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

I have been appointed as auditor under section 150 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the Charity's head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Powys Teaching Local Health Board Charitable Fund's policies and procedures concerned with:
 - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
 - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud.
- Obtaining an understanding of Powys Teaching Local Health Board Charitable Fund's framework of authority as well as other legal and regulatory frameworks that the Powys Teaching Local Health Board Charitable Fund operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Powys Teaching Local Health Board Charitable Fund
- Obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business;

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Powys Teaching Local Health Board Charitable Fund's controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other auditor's responsibilities

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Adrian Crompton
Auditor General for Wales
[Date TBC]

1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

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Appendix 4 – Letter of representation

[Audited body’s letterhead]

Auditor General for Wales
Audit Wales
1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

[Date]

Representations regarding the 2024-25 financial statements

This letter is provided in connection with your audit of the financial statements of Powys Teaching Health Board Charitable Fund for the year ended 31 March 2025 for the purpose of expressing an opinion on their truth and fairness and their proper preparation.

We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

We have fulfilled our responsibilities for:

- the preparation of the financial statements in accordance with legislative requirements and Charities Act 2011; in particular the financial statements give a true and fair view in accordance therewith;
- the design, implementation, maintenance, and review of internal control to prevent and detect fraud and error.

Information Provided

We have provided you with:

- full access to:

Patterson, Liz
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- all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
 - additional information that you have requested from us for the purpose of the audit; and
 - unrestricted access to staff from whom you determined it necessary to obtain audit evidence;
- the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud;
 - our knowledge of fraud or suspected fraud that we are aware of and that affects Powys Teaching Health Board Charitable Fund and involves:
 - management;
 - employees who have significant roles in internal control; or
 - others where the fraud could have a material effect on the financial statements;
 - our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others;
 - our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements;
 - the identity of all related parties and all the related party relationships and transactions of which we are aware.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

The methods, the data and the significant assumptions used in making accounting estimates, and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions. The effects of uncorrected misstatements identified during the audit are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

Representations by the Board

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by Powys Teaching Health Board on 28th January 2026.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:

Signed by:

Hayley Thomas
Chief Executive
Powys Teaching Local Health Board

Carl Cooper
Board Chair
Powys Teaching Local Health Board

Date:

Date:

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Audit quality

Our commitment to audit quality in Audit Wales is absolute. We believe that audit quality is about getting things right first time.

We use a three lines of assurance model to demonstrate how we achieve this. We have established an Audit Quality Committee to co-ordinate and oversee those arrangements. We subject our work to independent scrutiny by the Institute of Chartered Accountants in England and Wales and our Chair of the Board, acts as a link to our Board on audit quality. For more information see our [Audit Quality Report 2024](#).



Our People

- Selection of right team
- Use of specialists
- Supervisions and review



Arrangements for achieving audit quality

Selection of right team

- Audit platform
- Ethics
- Guidance
- Culture
- Learning and development
- Leadership
- Technical support



Independent assurance

- EQRs
- Themed reviews
- Cold reviews
- Root cause analysis
- Peer review
- Audit Quality Committee
- External monitoring

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Our newsletter which provides you with regular updates on our public service audit work, good practice, and events.

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Audit Wales

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E-mail: info@audit.wales

Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.

Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.



Carl Cooper, Cadeirydd / Chair
Ffon / Phone: 01874 712502
E-bost / Email: carl.cooper@wales.nhs.uk

Hayley Thomas, Prif Weithredwr/ Chief Executive
Ffon / Phone: 01874 712725
E-bost / Email: hayley.thomas@wales.nhs.uk



Auditor General for Wales
Wales Audit Office
1 Capital Quarter
Cardiff
CF10 4BZ

28th January 2026

Representations regarding the 2024-25 financial statements

This letter is provided in connection with your audit of the financial statements of Powys Teaching Health Board Charitable Fund for the year ended 31 March 2025 for the purpose of expressing an opinion on their truth and fairness and their proper preparation.

We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations Responsibilities

We have fulfilled our responsibilities for:

- the preparation of the financial statements in accordance with legislative requirements and Charities Act 2011; in particular the financial statements give a true and fair view in accordance therewith;
- the design, implementation, maintenance, and review of internal control to prevent and detect fraud and error.

Information Provided

We have provided you with:

- full access to:
 - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
 - additional information that you have requested from us for the purpose of the audit; and
 - unrestricted access to staff from whom you determined it necessary to obtain audit evidence;

Pencadlys
Tŷ Glasbury, Ysbyty Bronllys,
Aberhonddu, Powys LD3 0LY
Ffôn: 01874 712730



Headquarters
Glasbury House, Bronllys Hospital
Brecon, Powys LD3 0LY
Tel: 01874 712730

Rydym yn croesawu gohebiaeth Gymraeg
Bwrdd Iechyd Addysgu Powys yw enw gweithred Bwrdd Iechyd Lleol
Addysgu Powys



We welcome correspondence in Welsh
Powys Teaching Health Board is the operational name of
Powys Teaching Local Health Board

- the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- our knowledge of fraud or suspected fraud that we are aware of and that affects Powys Teaching Health Board Charitable Fund and involves:
 - management;
 - employees who have significant roles in internal control; or
 - others where the fraud could have a material effect on the financial statements;
- our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others;
- our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements;
- the identity of all related parties and all the related party relationships and transactions of which we are aware.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

The methods, the data and the significant assumptions used in making accounting estimates, and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions. The effects of uncorrected misstatements identified during the audit are immaterial, both individually and in the aggregate, to the financial statements taken as a whole

Representations by the Board

We acknowledge that the representations made by management, above, have been discussed with us.

Patterson
27/01/2020 10:09:42

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by Powys Teaching Health Board on 28th January 2026.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:

Signed by:

Chief Executive Officer
Date: 28th January 2026

Chair of the Health Board
Date: 28th January 2026

Patterson, Liz
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Bwrdd Iechyd
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Powys Teaching
Health Board

Agenda item: 3.2

Board		28 January 2026
Subject:	Development of Integrated Annual Plan 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:	The approach and process for the development of a plan for 2026 -2027 have been considered at Board in October and November 2025 and Planning, Partnerships and Public Health Committee in November 2025. This has also been a key feature of Board Development sessions throughout the period October 2025 to January 2026. Checkpoints have also been held regularly at Informal Executives including an Executive Team Timeout session in early January.	
PURPOSE:		
This report provides a brief recap of progress to date and an update on key strategic considerations. These are		
<ul style="list-style-type: none"> i) the extension of the Regional Partnership Board Health and Care Strategy and the Annual Delivery Plan 2026/27 ii) appraisal of the NHS Wales Planning Framework and Financial Allocation (noting that some items relating to technical planning including the Performance Framework have not yet been received), including an early assessment of the financial plan and the work on the development of the Routemap to Balance iii) support for the submission of an Accountable Officer Letter setting out likely status of the plan iv) an update on Better Together and v) a summary of further work to be completed prior to submission of the final plan. 		

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The final plan will be submitted to PTHB Board for the 25 March 2026 meeting and subsequently to Welsh Government, for the deadline of the end of March 2026.

RECOMMENDATION(S):

The Board is asked to:

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

NOTE	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	

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EXECUTIVE SUMMARY:

This report provides:

- 1) A brief recap of progress to date
- 2) An update on key strategic considerations including:
 - i) The extension of the Regional Partnership Board (RPB) Health and Care Strategy 'A Healthy Caring Powys' - the Board is asked to approve the extension (as each key partner is being asked to do, in support of the agreement made at the RPB itself) and agreement of the RPB Delivery Plan for 2026/27
 - ii) Appraisal of the NHS Wales Planning Framework and Financial Allocation (noting that some items relating to the Technical planning including the Performance Framework remain outstanding), including an early assessment of the financial plan and the work on the development of the Routemap to Balance
 - iii) Support for the submission of an Accountable Officer Letter setting out the status of the plan
 - iv) An update on Better Together and the further work required to support consultation
 - v) A summary of further work to be completed prior to submission of the final plan – to be submitted to PTHB Board on 25 March 2026 and subsequently to Welsh Government, for the deadline of the end of 31 March 2026.

BACKGROUND:

1) Recap on Progress to Date

The Board received a comprehensive report at its meeting in November, covering the approach and process for development of the PTHB Plan 2026 – 2027. This included:

The Strategic Framework, notably:

- The continued importance of the Health and Care Strategy for Powys and the Wellbeing Objectives, which are key to the organisation's response to the Well-being of Future Generations (Wales) Act 2015
- Alignment with partnership strategy and planning cycles including the Regional Partnership Board, and other regional planning fora
- An updated approach to Population Health and prevention
- Working assumptions regarding the NHS Wales Requirements & Cabinet Secretary Priorities as the framework not released at that point
- The organisation's escalation status and associated requirements

The key aims for the 2026/27 Plan in this context, to:

- Strike a balance, to respond to the needs of the Powys population whilst striving for a plan that can be accepted by Welsh Government

Prioritisation for the 2026/2027 Plan, including:

- Draft Strategic Priorities as set out in the Draft Plan on a Page (which remains as issued in November, attached at Appendix 1)

Assurance on the Planning Process, particularly:

- Actions being taken to ensure appropriate internal and external engagement, including intensive support across Directorates and intelligence from continuous engagement and Llais
- The management of complex interdependencies through commissioning arrangements, peer networks and planning mechanisms (these include NHS Wales Performance and Improvement and Joint Commissioning Committee, Shared Services Partnership, DHCW, HEIW, WAST, Velindre Cancer Centre and Health Boards) and touchpoints with Welsh Government.
- A clear planning process with iterative rounds of triangulation and prioritisation, which are now underway – and a governance timeline to ensure engagement, oversight and scrutiny.
- This is a process that has been developed over several years with a focus on strong board, organisation and partner engagement. This builds on considerable learning, improvement and feedback, including positive assurance in relation to the planning process received as part of the IMTP internal audit.

The November Board paper also set out the aim to provide a Draft Plan to the Board in January 2026, and considerable work has been done on a Working Draft Strategic Plan and associated Delivery Plan, following the structure and format of the previous years. These are being shared internally and there are key strategic considerations to be finalised through the mechanisms noted in the following sections of the paper. The key components have been shared at Board Development Sessions as well as through Board and Committee papers.

2) Update on Key Strategic Considerations

i) Extension of the Regional Partnership Board (RPB) Health and Care Strategy and approval of the RPB Delivery Plan

The Board is asked to ratify the extension of the Regional Partnership Board (RPB) Health and Care Strategy 'A Healthy Caring Powys', currently due to end in 2027, to March 2029. This will provide the Health Board's formal support of the agreement made at the RPB in December 2025.

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.

The Board is also asked to note that the RPB Annual Delivery Plan 2026 – 27 was agreed at the RPB meeting on 1 December 2025. The Delivery Plan has been considered by the Executive Committee for relevant alignment and will also be considered by the Planning, Partnerships and Population Health Committee on the 3 February 2026.

ii) Appraisal of the NHS Wales Planning Framework and Financial Allocation

The NHS Wales Planning Framework 2026 – 2029 was published on 19 December 2025, with the Financial Allocation. A summary of the key points i.e. Ministerial Priorities, Enabling Actions and Supporting Governance is provided at Appendix 2.

Further Technical Guidance was received on 21 January which includes further detailed requirements across all areas of Health Board activity.

The Minimum Data Set (MDS) and Ministerial Templates were also received on 21st January.

Some items remain outstanding which are the Performance Framework, and the Total Productivity Model (which is a new element this year, with an associated requirement for Health Boards to provide baselines and trajectories/ quantifications of impact).

A thorough appraisal has commenced, including consideration at Board Development on 15 January 2026. This included:

- An initial financial assessment including the underlying deficit (£44.7m), inflationary pressures (£5.2m), demand and service growth assumptions (£16.7m) and savings programme implications.
- Consideration of the Draft Report from the external review carried out by Grant Thornton and Partners, relating to financial planning and transformation, commissioning and contracting and Continuing Healthcare
- Initial working assumptions in relation to Performance (in the absence of the full NHS Wales Performance Framework), including an outline of Performance Choices; and associated initial appraisal of Commissioning Choices and Intentions. This includes commissioning activity levels through the Health Board's Long term Agreements (LTAS) as required to deliver NHS Wales waiting times across both NHS England and NHS Wales. It is noted that confirmation of agreement in principle of NHS Wales LTAS is due to be confirmed by an AO letter on 27th February.
- Re-consideration of all options and choices to improve productivity and business efficiency across short and long term planning thresholds, including the impact of transformation through 'Better Together' and the Population Health Strategic Framework.

An early assessment of the financial plan has been undertaken. It will be updated for points of clarification regarding the Allocation Letter and discussions across NHS Wales' peer groups.

The financial position continues to be extremely challenging and based on the early assessment of the savings required to mitigate forecast growth and inflation (after funding as allocated), and to reduce the underlying deficit the Health Board will not be able to meet its statutory duty to submit a 3 year plan which balances year-on-year (an Integrated Medium Term Plan).

Prior to the inclusion of any Health Board enhanced savings, schemes identified by Grant Thornton and Partners, performance considerations, and a further assessment of the Health Board's LTA settlements for 2026/27.

The further work to develop and integrate and agree the service, workforce, financial and digital plans is described in section iv.

Following this appraisal, a set of Strategic Intentions has been developed to further define the key areas of focus for the organisation and the plan:

The aim of the plan, is to strike a carefully considered balance, to respond to the needs of the Powys population, maintaining quality and performance, whilst addressing financial and other risks, with a firm line of sight to longer term sustainability.

Key Strategic Intentions:

- To maintain and improve **Quality** and the delivery of safe, timely, effective, efficient, equitable and person-centred care.
 - To deliver exceptional **efficiency and productivity**, including an ambitious level of savings, which will require difficult choices, in order to mitigate immediate financial pressures
 - To set out a clear **Routemap to Sustainability** (which is necessary to achieve full de-escalation and return to Integrated Medium-Term Plans), responding to the Grant Thornton report
 - As part of the above, to ensure a clear vision and long term strategy, through the transformational work of **Better Together** which will deliver the equivalent of a Clinical Services Plan fit for the rural heartland of Wales
 - To build the capacity and capability of the organisation to become an **exemplar provider and commissioner**, leading the way on rural healthcare across **unscheduled and planned care**, with a shift to prevention and 'Community by Design'
- To strengthen **strategic and tactical commissioning** to maximise the power of the Powys pound, building on the first year of the Strategic Commissioning Framework
 - To build greater **system resilience**, working with partners in the Powys region and other systems in both England and Wales, responding to neighbouring strategic changes and regional plans, to fully consider the needs of the rural population of Wales
 - To make an impact by **reducing demand** in commissioned providers, to help unlock broader changes in the medium to longer term, for example:
 - Optimising the use of resources through **Enabling Actions** including workforce, digital and the environment, to release productivity gains and capacity, improving access to high value care, and supporting transformation
 - Minimising or eradicating the suboptimal use of resource such as reducing Emergency Medical Admissions and Lengths of Stays; eradicating Out of County community beds including those for end of life care, to support high quality, local pathways of care within Powys
 - In the longer term, **preventing the preventable**, addressing health inequalities and improving key outcomes for the population of Powys

This is set in the context of the Board's Risk Appetite, to carefully consider the scale of the financial challenge and the high-level options and choices available, in parallel with the transformational work being taken forward under the 'Better Together' programme.

These components jointly contribute to the work being done to set out an overarching Routemap to Balance and sustainability over the next 5 years which is being undertaken concurrently with the development of the Annual Plan.

iii) Approval of submission of an Accountable Officer Letter

In the context of the above factors, as considered in detail at Board Development Session on 15 January 2026, the Board are being asked to support the need to submit an Accountable Officer Letter, which is required by Welsh Government by 13 February, if it is not possible for the Health Board to meet its statutory duty to submit a 3 year plan which balances year-on-year (an Integrated Medium Term Plan). This will mean that the organisation will instead submit an Integrated Annual Plan for 2026/27.

Further consideration will be given in the Board Development Sessions in February and March as to the status of the Plan in the context of the Health Board's Escalation Status and the level of improvement required to meet the criteria to submit an 'acceptable plan.'

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iv) Update on Better Together

An update on the Better Together programme was also considered at the Board Development session in January noting the following key points:

Phase 1 (adult physical & mental health community services)

- In final stages of options appraisal ahead of draft recommendations to Executive Committee.
- Elements of future model of care which can be brought forwards into the plan for 2026/27 are being worked through, particularly in relation to the community model and shift in utilisation of commissioned urgent and emergency care and out of county bed use.

Phase 2 (Planned Care; Women, Children & Families)

- GIRFT (Getting It Right First Time) Strategic Assessment, including Demand and Capacity modelling, underway for scheduled care, due to conclude at the end of March 2026.
- The above includes completion of a business case for referral management at scale, which is a key activity in the Plan for 2026/27.
- Stakeholder workshops being held on 6th and 24th February.
- Women, Children & Families scope being finalised, some elements of will form part of GIRFT work noted above. The Case for Change (technical chapter) and baseline data for Demand and Capacity modelling work is being progressed. Programme board to be established following approval of scope.

Consultation Timeline

The phase 1 Pre-Consultation Business Case is due to be considered in Spring/Summer 2026 with consultation anticipated to start no earlier than quarter two of 2026 pending Board consideration and approval following the Senedd election period. This will include formal consultation on the Temporary Service Changes approved in October 2024.

v) Summary of further work (Integrated Annual Plan)

The second round of prioritisation and triangulation will take place during February and early March and will take into account the further appraisal against the NHS Wales Performance Framework. This will support:

- Further financial assessment to finalise the assumptions relating to the underlying deficit, inflationary pressures, demand and service growth assumptions and finalise the savings programme and further choices required

- Consideration of the Final Report on the external review carried out by Grant Thornton and Partners (once received), to fully align the plan with the PTHB management response and actions
- Further Performance and Commissioning Assessment including finalising assumptions in relation to Performance (on receipt of the full NHS Wales Performance Framework), and further consideration of the Performance and Commissioning Choices / Intentions
- Appraisal of the further 'Technical Guidance' received on 21st January to identify the specific requirements within that.
- Finalising assumptions on productivity including baselines and quantification of actions in the plan (required as part of the response to the Total Productivity Model, once received)
- Finalising the assumptions and associated quantification of the impact of transformation actions in the plan through 'Better Together' as part of the Routemap to Balance
- Similarly, finalising the assumptions and choices relating to the implementation of the Population Health Strategic Framework across short and longer term planning thresholds
- Completion of the Strategic Plan document reflecting the above
- Completion of the Delivery Plan, with the key resulting actions, associated deliverables, milestones and timescales
- Completion of the supporting technical products i.e. Minimum Data Set (MDS), Ministerial Templates and Total Productivity Model (when these products are received from Welsh Government)

A checklist has been produced which summarises the further work required, mapped to Ministerial Priorities and PTHB Strategic Priorities. It also captures at a high level, the alignment with the 'Routemap' work, de-escalation criteria and Grant Thornton report – provided at Appendix 3.

Notwithstanding the complexity and scale of the challenge, and the intensive further work required across the organisation, the overall Planning process is on track to deliver the end products which together constitute the Plan submission (subject to receiving the final products from Welsh Government which remain outstanding). This is building on the Substantial Assurance that the Health Board has in its planning process as evidenced in the audit report of September 2024.

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NEXT STEPS:

February

- A further round of triangulation and prioritisation will take place in February 2026, including Planning, Partnership and Population Health Committee on 03 February, Executive Touchpoints on 04 and 11 February and Board Development on 12 February
- An Accountable Officer Letter is required to be submitted to Welsh Government by 13 February
- There will be an opportunity for detailed final consideration of the financial and performance positions and trajectories at Finance and Performance Committee on 26 February 2026
- An Accountable Officer letter to be sent confirming agreement in principle on NHS Wales LTAs by 27 February 2026

March

- A further Board Development session is planned for 12 March (there is also an opportunity to make use of time already planned with Independent Members earlier in March and similarly in relation to Executive Touchpoints to test assumptions and developing work prior to this session)
- The Final Integrated Annual Plan is scheduled to be submitted to PTHB Board for its meeting on 25 March and then to Welsh Government at the end of March 2026. This comprises several 'end products':
 - Strategic Plan and associated Delivery Plan
 - Technical Templates i.e.
 - Minimum Data Set (MDS)
 - Ministerial Templates
 - Total Productivity Model – new and not yet received
 - Covering letter from Accountable Officer

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

Appendix 1: Draft Plan on a Page



Plan on a page 2026/2027

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

A whole system approach to wellbeing & prevention

- Whole System Prevention approach including Population Health Strategic Framework
- Health protection response including Vaccination and Screening
- Women, children and family health including Maternity

A responsive community based model of care

- Enhanced Primary and Community Care including Phase 2 Better Together
- Planned Care and Diagnostics including Phase 2 Better Together; Referral Optimisation
- Complex and Continuing Healthcare

Effective care across the Big Four

- Major Conditions
 - Cancer
 - Cardiovascular including Stroke and Diabetes
 - Respiratory
- Mental Health including Phase 2 Better Together

Sustainable and resilient health care

- Improve System Resilience including Phase 2 Better Together and Six Goals / Pathways of Care/ Building Community Capacity
- Commissioning for Value including Strategic Commissioning Framework

Wellbeing Objectives

Strategic Priorities

Enablers



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Appendix 2: Summary of NHS Wales Planning Framework 2026 - 2029

Cabinet Secretary for Health and Social Care 3 Year Priorities

Minimum Delivery Expectations (for Year 1 2026 – 2027) in bullet points

Timely Access to Care

Strengthen communication with patients on waiting lists; think differently about delivery of care in future by utilising opportunities of integrated health boards and maximising primary and community care (see Community by Design); improve patient flow rapidly to make MAG recommendation on handovers standard practice

- No ambulance handover waits >45 minutes
- No Major / Minor Emergency Care time spent >12 hours
- No patients waiting >104 weeks referral to treatment
- Target of zero patients waiting >8 weeks for diagnostic
- 75% Suspected Cancer Pathway and reduction in backlog of >62 days by end Mar 27

Population Health and Prevention

Improve long term health, wellbeing and life expectancy and reduce inequalities – commissioning and providing care based on population need/ population health management approaches supported by national population segmentation and risk stratification; focus on prevention including quitting smoking, healthier lives and reducing obesity; especially children; managing chronic conditions such as diabetes; drive uptake in vaccination, including childhood immunisations, catch up programmes and inequity. Work with partners to support Wales as Marmot nation approach.

- Increase child healthy weights by year on year decrease of overweight / obesity, focus on most disadvantaged
- Reduce inequity in uptake in most and least deprived areas in preventing ill health, especially in vaccination, screening, diabetes prevention and care
- At least 90% of those identified via Audit Plus Frailty Tool (or replacement) to receive pro-active care in line with agreed care plans
- Increase in % with diabetes 12 yrs + receiving all eight NICE care processes

Community By Design

Integrated services in the community, from hospital by default to community by design; supporting long term conditions / frailty; co-design service models with GP practices, other key partners and stakeholders and communities; increase proportion of spend on primary and community services over 2026 – 2029. Work closely with social care system to ensure person centred, compassionate, flexible care. Collective effort to avoid unnecessary hospital admission and timely discharge. Align to RPB Plans.

- 12 month reduction in both no. delayed in hospital and total days (DPoC Dashboard)
- Increase community & specialist palliative care nursing weekend capacity <2024/25
- National expectations to be set by Community by Design Transformation Board

Mental Health Access

Seamless services, person centred and needs led; ‘Transforming our system to open access mental health support’ guidance sets expectations; to improve quality, safety, experience and outcomes; to deliver sustainable services through collaboration, alignment with Mental Health and Wellbeing Strategy 2025 – 35.

- Implement and evaluate Open Access by March 2027
- Improve safety in Secondary Care (MH Safety Matrix and PROM ReQuol) Mar 27
- Improve physical health of those with long term Mental Health problems – mortality reviews and improvement plans by March 2027

Women’s Health

Do more to address health inequalities; access including taboo, stigma, lack of understanding; build on hub model to provide care and support as locally as possible with better outcomes.

- Further expansion of Women’s Health Hub model by March 2027 (aligned to NHS Wales Women’s Health Plan)
- Improve quality of maternity services by reducing peri-natal mortality rates

Quality and Safety (new this year)

Addressing harm, waste and unwarranted variation; Duty of Quality and Healthcare Standards; expectations in Quality Statements as a minimum including for cancer, circulatory diseases, diabetes and Palliative / End of Life Care; identify and plan to address fragile services (National Clinical Framework); routine use and consideration of variation and improvement actions as part of quality assurance and governance, based on Quality and Outcomes Framework and National Clinical Audit and Outcome Review Programme.

- Downward trend in 12 month rolling average crude mortality while maintaining flat 7 day readmission rate
- Days of safe care delivered since last never event (SPC T-chart)
- 40% Target proportion of complaints via early resolution by March 2027
- At least 95% of inpatient and day cases fully coded within one month of discharge and 90% of coding errors corrected within 35 days of identification – focus on specificity and comorbidity capture demonstrated by increase in depth index by 10% year on year

“We must... build on the progress made this year, to deliver the recommendations of the Ministerial Advisory Group on Performance and Productivity and the priorities in *Improving Performance Together...* do more to address waste, harm, and variation, in addition to increasing productivity and efficiency.... (and) submit plans that achieve financial balance”.

Appendix 2 (Continued)

Enabling Actions

Mandated on 'Adopt or Justify' basis to drive improvements and reduce variation; improve efficiency and/or outcomes without driving cost; including activity which must be deprioritised and stopped where there is evidence of waste, harm or variation (low or no clinical value or effectiveness). Updated to reflect progress in 25/26.

New Actions for 2026/27

Strategic Priority	Enabling Action
Productivity	Health boards to ensure utilisation of the total factor productivity model, and set out the actions and quantified productivity impact that will increase total productivity in 2026/27 from the baseline position.
Mental Health	Health boards to implement actions to deliver a material reduction in the number of out of area placements in 2026/27, and associated costs.

Actions to be rolled over to 2026/27 using the existing definition

Strategic Priority	Enabling Action
Timely Access to Care	Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists, with an initial focus on - Cataract 90% of lists to have 7 Cataracts per list by end of Q2, Arthroplasty 90% of lists to have 4 Primary Joints per day and 90% of time achieve at least 6 HVLC General Surgery procedures on an all-day list made up of hernias/gallbladders by end of Q2
Building Community Capacity	Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions.
Maximising Value for Money	Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value. Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the programme areas. Estate - ensure strengthened actions are taken to improve estate utilisation including the appropriate repurposing & disposal of under-utilised estate. CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care.
Improving Value, Optimising Outcomes, & Minimising Variation	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health
Workforce Productivity	Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2026 and aligned to service demand and capacity plans. Continue to deliver a further and sustained reduction in agency expenditure, with a target 30% reduction in 2026/27 from 2025/26 outturn and ensuring no off-contract expenditure. Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular Organisations who have achieved a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to maintain that position. Organisations yet to deliver that position to deliver zero by 30th September 2026. Ensure a reduction in sickness absence in 2026/27 in comparison to 2025/26, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels.

Actions to be rolled over to 2026/27 with re-defined action definition

Strategic Priority	Newly defined action for 26/27
Timely Access to Care	Ensuring the full implementation of the National Optimal Pathway (NOPs) in Cancer
	Theatre session utilisation is improved to achieve GIRFT standard of 85% - late starts (>15 mins), early finishes (>60 minutes) and overall utilisation are reported as key KPIs to underpin the 85% standard
	Consistent clerical and clinical validation should be in place using the national SOP - any patient waiting greater than 26 weeks should be validated. Volumes of non-admitted closed pathways will be monitored as proxy supported by National Programme team visits
	Each Health Board should see a referral return rate of 20+% and/or a reduced referral rate per 100,000 population by December 2026 - utilising Health Pathways optimally.
	Through effective streaming of patients on arrival at the front door allied to a focus on safe, efficient and early discharges, deliver all ambulance patient handovers within a maximum of 45 minutes, aiming for achievement of >90% in 15 minutes by the end of 2026/2027.
	Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme Optimal Hospital Flow Framework with a focus on 7-day working with leaner acute hospital processes and more efficient discharge transport services to facilitate earlier discharges and increasing weekend discharges.
	Deliver medical same day emergency care (SDEC) and acute frailty services at the front door of hospitals in line with all principles set out in national SDEC policy and strategy documents, and the six goals for urgent and emergency care programme Front Door Acute Frailty Service (AFS) Framework for Acute Hospitals.
	Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme community-based falls response framework and, in support, implement a focus on prevention and early intervention in line with the policy statement on population health management.
	Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme single point of access (SPOA) framework to ensure people with urgent care needs receive timely and appropriate support, minimising unnecessary escalation to emergency ambulance conveyance or hospital admission.
	Prioritise tailored interventions for frail and older adults, scaling up "call before convey" as a business-as-usual model and referrals to community nursing services enabling urgent response. Strengthen integration with key system partners, including WAST and Local Authorities, to deliver coordinated and effective care across the urgent care pathway.
Population Health & Prevention	Ensure progress of the focused Diabetes High Value High Impact pathway
Improving Value, Optimising Outcomes, & Minimising Variation	Eradicate unsupported systems and devices and ensure a clear cyber response plan for the organisation.

Actions not rolled forward to be considered complete/BAU: CIN F/Up Criteria application to waiting lists; protect 90% planned care; O/P DNA/CNA monitoring and overbooking if over 5%; CIN guidelines inc. SOS and PIFU; Day surgery rates; 50 Day challenge (now OHFF); new cataract direct listing; INNU and Arthroplasty (removed as proposing performance management via optimisation framework); straight to test (now part of NOPs Cancer)

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Appendix 2 (Continued)

Supporting Governance & Other Key Points

- **Cabinet Secretary priorities** must be central with resources clearly identified and committed – but this does not exclude wider range of services – framework notes ‘greater flexibility’ and encourages ‘open dialogue’ about choices and balance between range of services to be provided / commissioned and available resources
- **Quality, safety, reduction of health inequalities** – approaches must be set out approaches in narrative plans, Duty of Quality and Candour, 12 Health and Care Standards will be used to assess plans
- **Financial Framework, Planning & Management** – “achieve expectations within existing resources”, emphasis on efficiency and transformation, “£20m retained for waiting time s for residual challenges on directive basis only after productivity exhausted; decision to invest in GMS services and increase in discretionary capital allocations, **plans to be free of discretionary investment**, with clarity and visibility for significant savings
- **Total Productivity Model** will be provided... clear quantified plans to deliver (**not yet received**)
- Other **legislation and cross government policy** also reiterated i.e. Anti Racism Wales Plans to address employment and service delivery as part of wider approach to equality inclusion and diversity; WBFGA; A Healthier Wales; SPPP Act, Health Services (Provider Selection Regime) Regulations; Decarbonisation, Welsh Language, Value based health care
- Boards must understand and set out **risks** to delivery and have mitigations identified; reflect **escalation** status and de-escalation criteria, support from NHS P&I as appropriate
- **Alignment** with Cluster, Pan Cluster, RPB and PSB plans – firm and tangible commitments to **regional** delivery
- **System Leadership** and transparency – social partnership to engage and empower; compassionate leadership, wellbeing, clinical leadership, accountability, innovation and learning

“We must continue to balance.. long-term outcomes.. with the here and now issues that face our communities, our patients, our workforce and our health and social care system”

Technical Points

- IMTPs to follow familiar formula – Firm, indicative, outline detail in Years 1,2 and 3
- Year 1 – firm delivery commitments and clarity on milestones, actions and projections
- Submissions to include:
 - Narrative plan – what has been delivered, progressed or unable to be delivered
 - Ministerial Templates – Cabinet Secretary Priorities (Year 1)
 - MDS –aligned to new Performance Framework
 - Append Enabling Actions / Include TPM and Progress against MAG and IPT
- Short video to be developed which can be shared on websites/ social media

Key Dates

- Accountable Officer Letter by **13 February** if unable to produce balanced IMTP – may lead to further actions / potentially escalation
- Confirmation required by **27 February** on ability to agree NHSW LTAs 2026/27
- Submission of Final Plans by **31 March 2026**
- Decisions on plan approvals will come after the Senedd elections – existing accountability conditions and escalation status remain extant

Not yet received from WG: MDS, New Performance Framework; Ministerial Templates, Technical Guidance; Total Productivity Model

Appendix 3 Checklist against key requirements

Further Planning - Checklist against Key Requirements			
	Key Requirements	Alignment to PTHB Strategic Priority Better Together	Alignment to 'Routemap' and De Escalation Criteria/ Grant Thornton review (<i>& associated performance assessment & choices as set out in this presentation</i>)
Ministerial Priority	Timely Access to Care	<ul style="list-style-type: none"> Strategic Priority 5 Planned Care and Diagnostics Strategic Priority 7 Major Conditions Strategic Priority 9 System Resilience Strategic Priority 10 Commissioning for Value Strategic Priority 6 Complex and Continuing Healthcare Better Together Phase 2 	<ul style="list-style-type: none"> These are key components for Better Together Phase 2 / Routemap and the production of a 'Clinical Services Strategy / Plan' (De)escalation criteria) Immediate (Year 1) actions in 2026–2027 Plan being finalised, to incorporate key areas from Grant Thornton review: <ul style="list-style-type: none"> Reducing activity / growth / demand in commissioned UEC Referral optimisation and repatriation of planned care Contracting and Performance Management Complex and Continuing Healthcare review
	Population Health and Prevention	<ul style="list-style-type: none"> Strategic Priority 1 Whole System Approach to Prevention Strategic Priority 2 Health Protection inc. Vaccination & Screening Strategic Priority 3 Women, Children & Family Health Better Together Phase 2 	<ul style="list-style-type: none"> Immediate (Year 1) actions in 2026–2027 Plan being finalised: <ul style="list-style-type: none"> Population Health assessment / choices—further detail at February BDS Women, Children and Family Health also in Better Together Phase 2
	Community by Design	<ul style="list-style-type: none"> Strategic Priority 4 Enhanced Primary and Community Care Strategic Priority 7 Major Conditions Strategic Priority 9 System Resilience Better Together Phase 2 	<ul style="list-style-type: none"> Immediate (Year 1) actions in 2026–2027 Plan being finalised: <ul style="list-style-type: none"> The 'community model' element of Better Together Phase 2 is key to PTHB ambitions for 'Community by Design' and being an exemplar for rural healthcare (provider and commissioner)
	Mental Health Access	<ul style="list-style-type: none"> Strategic Priority 8 Mental Health Better Together Phase 2 	<ul style="list-style-type: none"> Mental Health is a key component of Better Together Phase 2 Immediate actions in 2026–2027 Plan being finalised, to incorporate Grant Thornton review focus on reducing MH Out of Area Placements
	Women's Health	<ul style="list-style-type: none"> Strategic Priority 3 Women, Children and Family Health Better Together Phase 2 	<ul style="list-style-type: none"> Women, Children and Family Health is a key component of Better Together Phase 2- immediate actions in 2026–2027 Plan being finalised
	Quality and Safety (new)	<ul style="list-style-type: none"> Cross cutting (will be included in Enabling Plans) 	<ul style="list-style-type: none"> (Assumed that) new requirements will be included in Technical templates (MDS) <ul style="list-style-type: none"> Integrated Impact Assessment process also in place for Better Together (and will be cross checked against technical templates once received)

Patterson, Liz
27/01/2026 10:09:42

Patterson, Liz
27/01/2026 10:09:47

Powys THB Finance Department Financial Performance Report Board

**Period 09 (December 2025)
FY 2025/26**

**Date Meeting: 28 January 2026
Item 3.3**

Patterson, Liz
27/01/2026 10:09:42



Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 09 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 – 21 January 2026

PURPOSE:
This paper provides an update on the December 2025 (Month 09) Financial Position, including progress with savings delivery.

RECOMMENDATION:
<p>The Board is asked to:</p> <ul style="list-style-type: none"> • RECEIVE the financial report and take assurance that the organisation has effective financial monitoring and reporting mechanisms in place. • NOTE that an Accountable Officer letter was sent to Welsh Government on 29 December formally amending the financial forecast by £5m to £33.3m • CONSIDER and APPROVE the revised financial forecast for 2025/26 of £33.3m and the revised underlying deficit of £44.7m.

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
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2/21 ✓	✓	158/447
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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	-2,683	↑
Reported Year To Date financial position – (deficit)/surplus	-21,236	-24,991	↑
Year end – (deficit)/surplus	-28,312	-33,312	↑

Capital		
	Value £'000	Trend
Capital Resource Limit	8,322	↑
Reported Year to Date expenditure	2,617	↑
Reported year end – (deficit)/surplus – Forecast	8,322	↑

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.

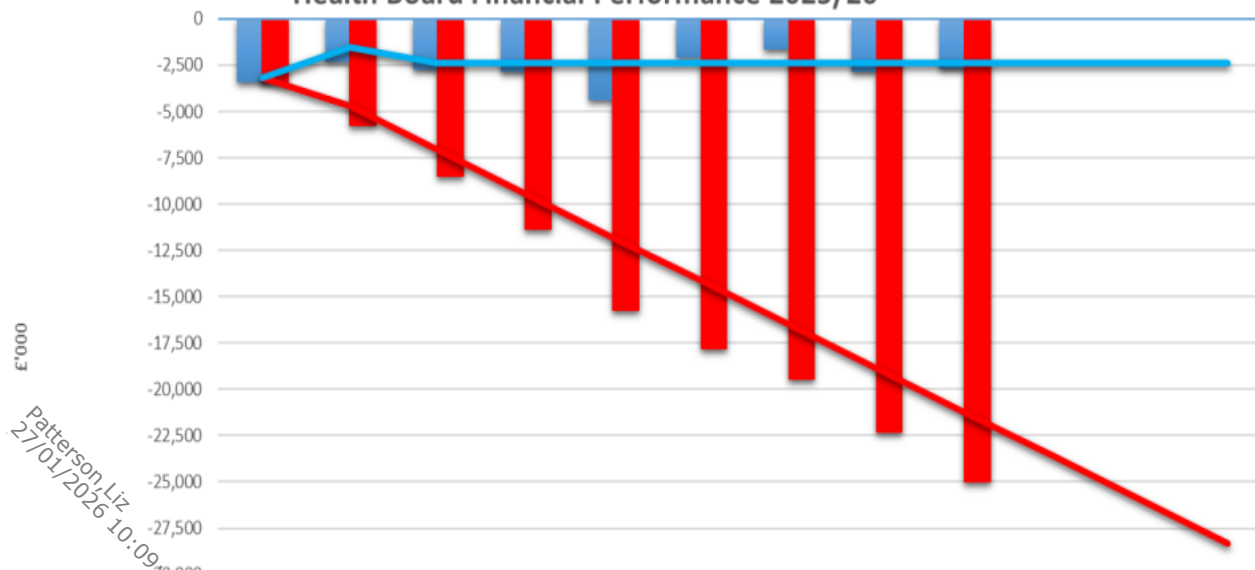
The Accounting Officer letter in May confirmed actions to reduce expenditure in 2025/26 with a quantified value of £10.1m to revise the Health Board's forecast to a £28.3m deficit.

In month 9, the forecast has deteriorated by £5.000m to £33.312m as per the Accountable Officer letter in December.

At month 9, there is a £24.991m overspend. Compared to a planned deficit of £21.236m, (which is 9/12ths of the planned £28.316m deficit), this equates to the Health Board having an overspend of £3.755m.

The capital resource limit for 2025/26 is £8.322m, the forecast outturn is £8.322m; with a YTD spend of £2.617m.

Health Board Financial Performance 2025/26



	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	-2,850	-2,683			
YTD Actual Cumulative Position	-3,426	-5,732	-8,494	-11,336	-15,731	-17,795	-19,458	-22,308	-24,991			
Cumulative Plan	-3,201	-4,719	-7,078	-9,437	-11,797	-14,157	-16,517	-18,876	-21,236	-23,595	-25,955	-28,312
Plan Monthly	-3,201	-1,518	-2,359	-2,359	-2,359	-2,360	-2,360	-2,358	-2,360	-2,359	-2,359	-2,357

Year to Date overspend of £3.8m compared to Plan

The YTD overspend is predominantly due to unforeseen cost pressures.

- NHS England unplanned care tariff increase - £2.8m
- JCC delivery - £0.7m
- Employers NI contribution - £0.8m

The balance of (£0.5m) underspend is an operational variance connected with savings and private providers overspend off-set by underspends elsewhere.

Overall Summary of Variances £'000s

	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(338,499)	(338,499)	0
02 - Capital Donations	(97)	(97)	0
03 - Other Income	(6,280)	(7,708)	(1,428)
Total Income	(344,877)	(346,305)	(1,428)
05 - Primary Care - (excluding Drugs)	38,338	37,512	(826)
06 - Primary care - Drugs & Appliances	26,501	26,199	(302)
07 - Provided services -Pay	92,367	92,909	542
08 - Provided Services - Non Pay	17,721	16,367	(1,354)
09 - Secondary care - Drugs	1,046	1,047	2
10 - Healthcare Services - Other NHS Bodies	142,097	147,473	5,376
12 - Continuing Care and FNC	30,475	30,254	(222)
13 - Other Private & Voluntary Sector	4,775	6,743	1,968
14 - Joint Financing & Other	7,683	7,681	(2)
15 - DEL Depreciation etc	4,473	4,473	0
16 - AME Depreciation etc	637	637	0
18 - Profit/Loss Disposal of Assets	0	0	0
Total Costs	366,112	371,295	5,183
Reported Position	21,236	24,991	3,755

At Month 09, there is a £24.991m overspend against the forecast deficit of £21.236m giving the Health Board an overspend of £3.755m compared to Plan. The most significant areas to highlight are:

- Commissioning of Healthcare Services from other NHS Bodies is £5.376m overspent at M9. 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 £1.968m. This is due to an increased number of acute mental health and LD placements with private providers.
- Agency expenditure of £0.320m in the month, compared to M09 2024/25 it is £0.128m lower.
- CHC is underspent by £0.222m YTD. There are 395 packages of care, a net increase of 40 since Month 12 2024/25.
- There are underspends in primary care within dental and general medical services and in provider services – non-pay, due to accounting gains.

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	(6,280)	(7,708)	(£1,428)
07 - Provided services -Pay	2,397	2,149	(248)	2,124	92,367	92,909	£542
08 - Provided Services - Non Pay	0	0	0	0	17,721	16,367	(£1,354)
Grand Total	2,397	2,149	(248)	2,124	£103,809	£101,569	(£2,240)
Directorate View							
Assistant Director Community Services	1,018	925	(93)	918	37,000	35,258	(£1,742)
Assistant Director MH/LD	541	425	(116)	421	18,559	23,714	£5,155
Assistant Director Women and Children	159	159	(0)	160	5,720	5,946	£226
Estates and Support Services	207	216	9	206	12,521	12,682	£161
Corporate and other Services	473	425	(48)	420	30,008	23,968	(£6,039)
Grand Total	2,397	2,149	(248)	2,124	£103,809	£101,569	(£2,240)

Note: The above table only relates to the directly provided services for the directorates shown. These directorates are also accountable for other areas, such as CHC, Commissioning, Private Providers and Voluntary Sector, which is not included in the above.

Risks

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

Explanation of Performance

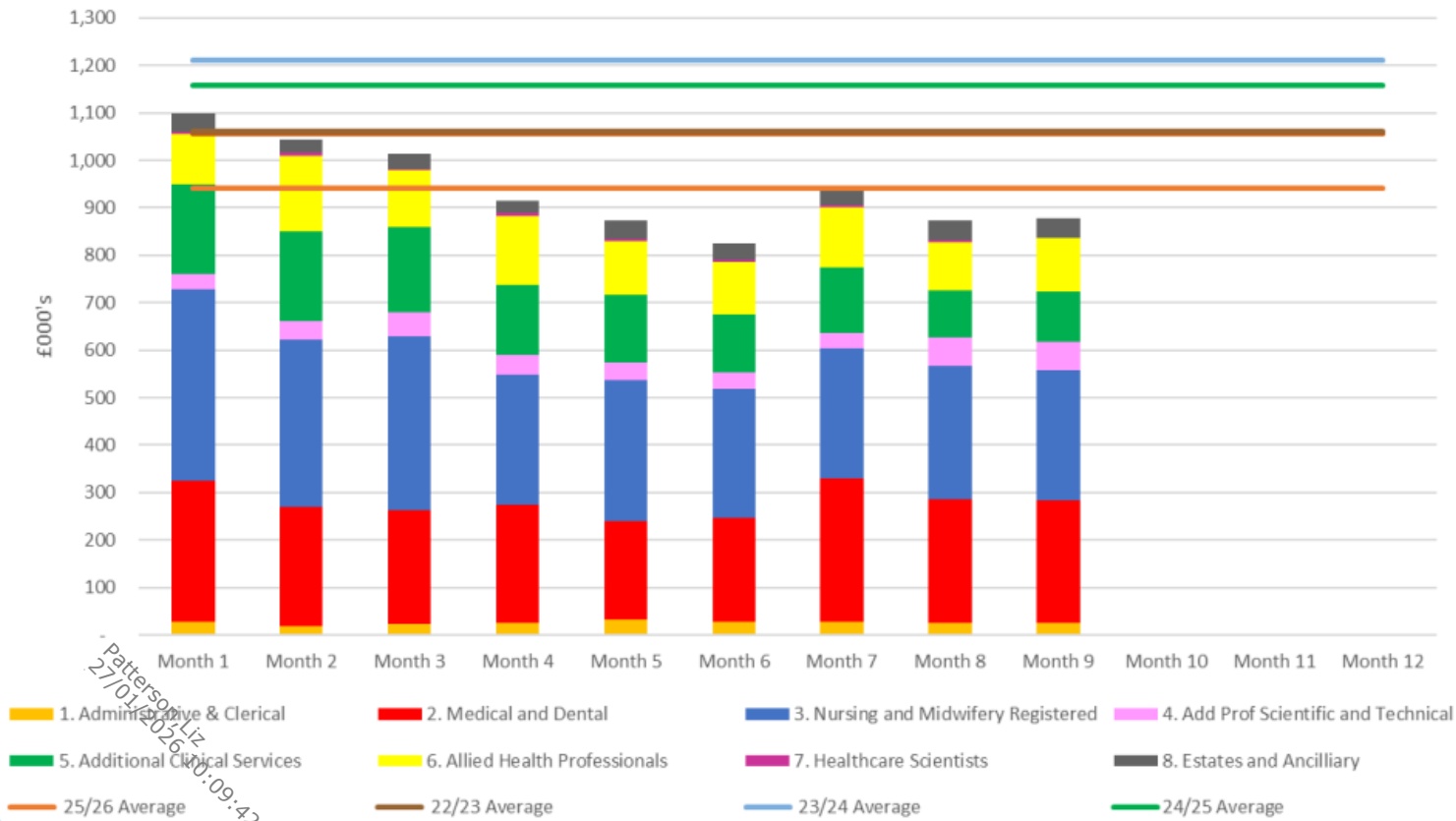
- The Month 9 position is showing an underspend of £2.240m over these categories.
- The service with the largest overspend is Mental Health & Learning Disability. This is due to agency and locum expenditure and the underachievement of savings.
- Community Services is underspent due to management of vacancies and slippage against non-recurrent funding received.
- Vacancies are running at 21% (116 WTE) for MH&LD Services and 9% (93 WTE) for Community Services.
- Corporate and other Services 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.

Health Board Agency and Locum Spend

We are focused on this because:

Tackling our high agency spend levels (volume and price) is key to successfully mitigating financial risk and achieving the financial plan. Agency spend is far too high and is adversely impacting upon our use of resources (and wider outcomes).

Total Actual Variable (Locum + Bank + Agency) Pay 2025/26 vs Previous Years



Performance and Actions

- The chart opposite demonstrates in December variable pay was in line with the previous month. It is £238k less than in month 9 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 5.6% of total forecasted pay in Month 8, 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.

What the charts tells us: Agency usage is at an unsustainable level and poses a significant risk to the achievement of the financial plan.

Commissioning and Contracting

We are focused on this because:

Commissioning of secondary and tertiary healthcare services is circa 40% of all expenditure and has been growing steadily. It is a core component of the Health Board's Strategy facilitated through the transformation programme.

Status Update

Welsh LTAs for 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. There are meetings with Executive Directors from these 3 providers to resolve these matters in January.

NHS Commissioning Variance to Date 2025/26

Commissioning	Budget to Date £000	Actual to Date £000	Variance to Date £000
Welsh Providers	37,958	36,883	(1,075)
English Providers	56,489	61,735	5,246
JCC	43,230	44,589	1,359
Other NHS Providers	3,721	3,681	(39)
Mental Health (LTAs Only)	699	584	(115)
Total	142,097	147,473	5,376

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.

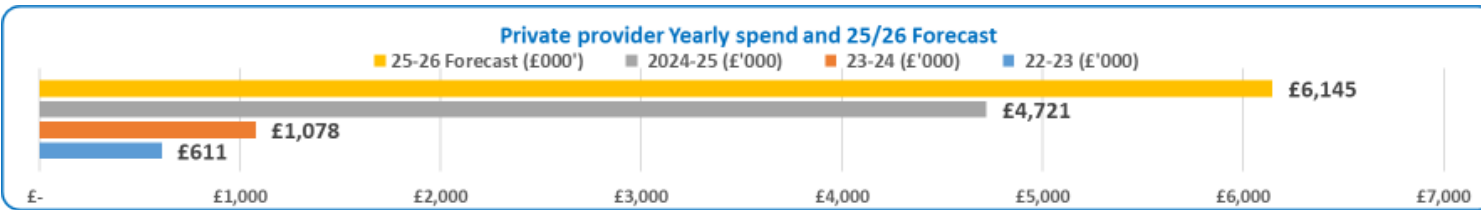
Performance

- *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 £2.8m of 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 £2.7m of the YTD variance.
 - Due to coding difficulties and delays in receiving activity information 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 £0.8m
 - 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

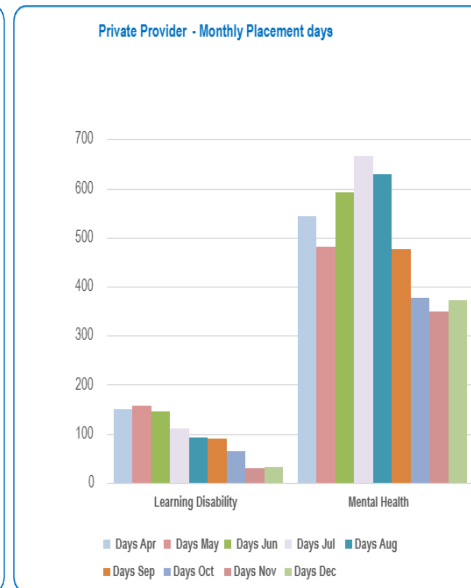
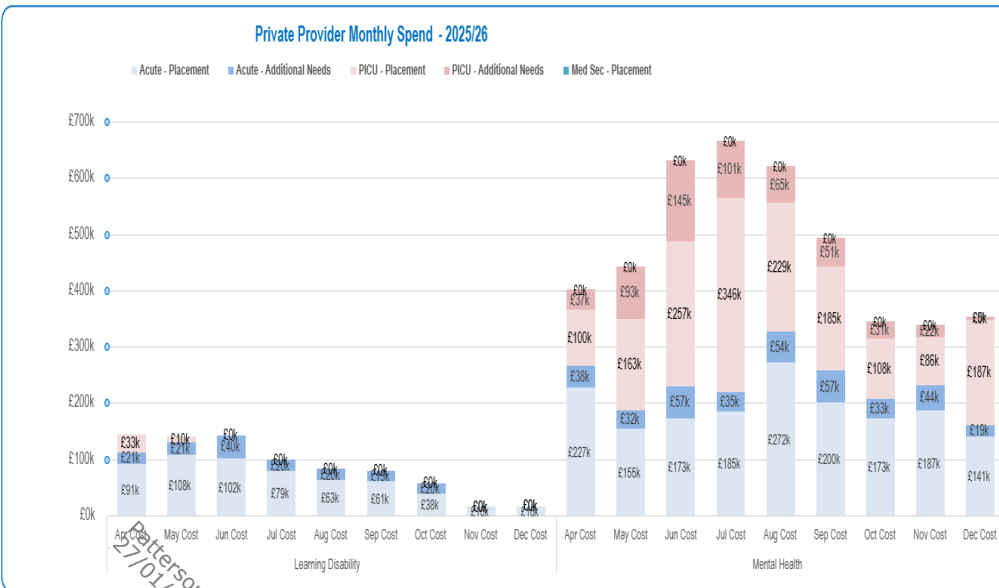
We are focused on this because:

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 M9, it is forecast that without successful mitigating action the costs will increase to £6.1m (£5.3m MH and £0.8m LD). This is a deterioration of £183k from M08. The number of open packages is 11 at the end of December, a reduction of 1 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.

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 a pressure on the Health Board.

- The table opposite includes both health and adult social care (ASC) related delayed discharges. It distinguishes between Powys community hospitals and the two English health systems (Shropshire and Herefordshire).
- The District General Hospital (DGH) delays includes information from our neighbouring hospitals around the perimeter of Powys.
- The table shows that of delayed discharges to date:
 - 5,795 days within Powys community hospitals related to Health processes, 11,131 days to Social Care and 1,905 days to joint processes. Associated costs to date of £2.6m, £5.1m and £0.9m, respectively.
 - 6,227 days within district general hospitals (DGHs) and English community hospitals related to Health processes; 4,817 days to Social Care and 831 to joint processes. Associated costs to date of £1.7m, £1.4m and £0.2m, respectively.

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			
	YTD	Forecast	Forecast	YTD	Forecast	Forecast	YTD	Forecast	Forecast	
Gross Cost of Delays	Days	£m	£m	Days	£m	£m	Days	£m	£m	
PTHB Provider Delays	2,069	£0.9	£1.3				5,032	£2.3	£3.1	
PTHB Provider Assessment Delays	3,726	£1.7	£2.3	1,905	£0.9	£1.2	6,099	£2.8	£3.7	
Subtotal PTHB Provider	5,795	£2.6	£3.5	1,905	£0.9	£1.2	11,131	£5.1	£6.8	
Shropshire Community Bed Delays	219	£0.1	£0.1				117	£0.0	£0.1	
WWT Community Bed Delays	391	£0.2	£0.2				427	£0.2	£0.3	
DGH Bed Delays - England	4,084	£1.4	£1.9	543	£0.2	£0.2	3,419	£1.2	£1.6	
DGH Bed Delays - Wales	1,533	£0.0	£0.0	288	£0.0	£0.0	854	£0.0	£0.0	
Subtotal English & Welsh Providers	6,227	£1.7	£2.2	831	£0.2	£0.2	4,817	£1.4	£1.9	
Total Opportunity Cost (at full cost)	12,022	£4.3	£5.7	2,736	£1.1	£1.4	15,948	£6.5	£8.6	
							Total All	30,706	£11.8	£15.8

Performance and action:

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

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 has continued in FY25-26 and the savings related to SGLT-2 inhibitors are expected to continue this trend through M8-12 FY25-26.

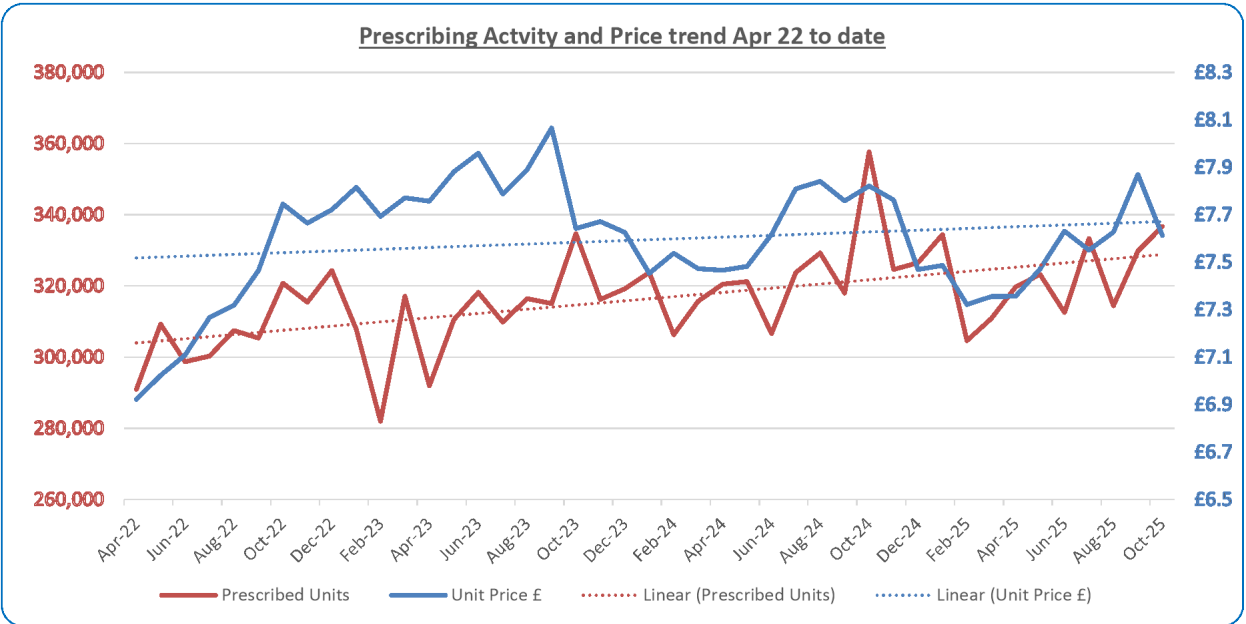
Status Update

Forecasting an underspend against a budget of £29.0m (incl £1.5m saving target).

Prescribing costs are reported 2 months in arrears.

YTD costs, M1-7, are **-1.6%** lower than FY24-25.

- Unit price decrease year on year of **-0.2%**
- 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 impact of reduced costs for SGLT-2 inhibitors come into the position.
- Prescribing activity year on year decrease of **-0.3%**



Prescribing cost increases	FY21-22	FY22-23	FY23-24	FY24-25	F'cast
	£k	£k	£k	£k	£k
Prescribing Budget	23,182	24,694	28,959	31,161	28,962
Prescribing Annual costs/f'cast	25,610	27,469	29,195	29,488	28,762
Yr on Yr % increase/decrease	-1.3%	7.3%	6.3%	1.0%	-2.5%
Yr on Yr increase £ Total	-344	1,859	1,727	292	-726
Yr on Yr increase £ Growth	475	655	747	1,069	-96
Yr on Yr increase £ Inflation	-819	1,204	980	-776	-630

Medicines Management savings performance and actions

- Schemes forecasting £2.4m 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.

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.

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	£5,564	£621	£1,242	28.8%
Mental Health	£10,611	£13,949	£16,201	£19,714	£22,590	£22,433	(£158)	£2,719	13.8%
Mid Locality	£1,635	£1,882	£2,123	£2,301	£2,658	£2,540	(£118)	£240	10.4%
North Locality	£2,098	£2,646	£3,475	£3,927	£4,548	£3,835	(£713)	(£92)	(2.3%)
South Locality	£1,853	£1,904	£1,955	£1,670	£1,937	£2,197	£260	£528	31.6%
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	£37,352	(£18)	£4,549	13.9%
Number of active clients	285	295	327	355	379	395		40	11.3%
D2RA		£696	£201	£7	£9	£0	(£9)	(£7)	(100.0%)
FNC	£1,960	£2,131	£2,279	£2,782	£3,254	£2,984	(£270)	£201	7.2%
Total	£21,750	£26,744	£30,777	£35,592	£40,633	£40,336	(£297)	£4,744	13.3%

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 9, there is an underspend of £0.222m on the budget of £27.089m against Continuing Care and FNC.

The number of CHC packages has increased by 40 to 395, since the 2024/25 outturn.

The table shows that a £0.018m CHC underspend is currently forecast based upon the number of packages at the current time.

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

Targeted Area	(£ '000s)									
	In-year 2025/26							Recurrent for future years		
	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	44	3,664	0	3,664	264	1	3,400	3,453	53
Medicine Management	1,500	6	2,378	0	2,378	878	0	1,500	2,378	878
MV and HP Programmes	1,000	1	757	0	757	-243	0	0	0	0
2% Recurrent	1,000	32	1,529	0	1,529	529	109	1,000	1,244	244
1% Non-recurrent	500	19	1,837	0	1,837	1,337	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	6,700	0	6,700	-400	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	847	0	847	-653	657	0	847	847
RTGH	500	2	500	0	500	0	0	0	0	0
Total	23,080	129	19,842	0	19,842	-3,238	2,845	9,320	10,253	933

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

Performance and Actions

- As shown in the table, green schemes with £19.842m savings are currently forecast, against the £23.080m target, giving a gap of £3.238m to be closed.
- The recurrent impact of saving schemes is £10.253m, compared to the £9.320m recurrent target. Currently an overachievement of £0.933m. This improves the Health Board's underlying deficit.

Note: RAG rating is per WG's guidance in WHC (2023) 012: [Welsh Health Circular 2023 012 \(English\).pdf](#)

Risks and Opportunities

We are focused on this because:

The revised £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
Joint Commissioning Committee Performance	(147)	Medium
Commissioning - Emergency activity NHS England	(2,000)	Medium
Commissioning - Elective savings NHS England - contracts not yet signed	(1,300)	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
Mitigating Operational underspends do not continue	(1,300)	Medium
Total	(18,247)	
Opportunity	£ '000	Likelihood
Red Saving Schemes	1,500	Medium
Total	1,500	

Risks

- There is a potential risk of circa £3.700m 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.
- There is a risk if mitigating operational underspends do not continue of £1.300m.

Risks Removed

Risk associated with non delivery of mitigations to offset estimated unforeseen cost pressures as they are now included in the adjusted forecast.

Risk associated with increased contribution to the Welsh Risk Pool as advised by NWSSP as WG has confirmed that it will fund this NR in 2025/26.

Risk associated with implementation of the Band2/3 HCSW Framework as WH has confirmed it will fund the costs in 2025/26.

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Summary & Key Messages

1. At month 9, PTHB is reporting a £24.991m deficit. This comprises the evenly profiled forecast deficit £21.236m, with an overspend of £3.755m.
 - The overspend is due to unforeseen cost pressures amounting to £4.3m 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 has deteriorated by £5.000m to £33.312m as per the Accountable Officer letter in December.
3. The Health Board's planned underlying deficit has been reviewed and adjusted from £42.070m to £44.671m.
4. Other financial matters:
 - The Health Board has a £8.322m capital allocation, which it plans to spend fully.
 - Due to the £33.3m 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 invoices. By number, the Q3 performance is 92.5%, a 1% improvement from Q2. 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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Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 14th January 2026.

MMR Narrative



MMR M09
Narrative

MMR Tables



MMR M09 Tables

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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st December 2025
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	2.066	2.066	1.061
Decarbonisation Programme	0.643	0.643	0.272
TEF - Fire	0.415	0.415	0.198
TEF - Infrastructure	1.290	1.290	0.055
TEF - Decarbonisation	0.100	0.100	0.005
TEF - Mental Health	0.080	0.080	0.017
TEF - Infection Prevention Control	0.230	0.230	0.074
Mental Health Quality and Safety Schemes	0.435	0.435	0.007
DPIF - Medicines and Prescribing and Medicines Administration (ePMA)	0.127	0.127	0.000
DPIF - Digital Maternity Cymru	0.100	0.100	0.000
IRCF - North Powys Integrated Health and Wellbeing Hub - Fees	0.971	0.971	0.722
DPIF - RISP	0.077	0.077	0.000
End of Year Digital Funding 2025-26	0.678	0.678	0.000
End of Year Funding 2025-26	0.473	0.473	0.049
DR Detector	0.050	0.050	0.000
DPIF - Connecting Care	0.319	0.319	0.157
Llandrindod Integrated Health, Care & Wellbeing Hub	0.070	0.070	0.000
End of Year Equipment Funding - December 2025	0.198	0.198	0.000
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	8.322	8.322	2.617

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	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	2,491	3,659	6,237	563	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	36,747	38,794	43,098	3,158
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	401	(73)	(150)	(150)
WG Revenue Funding - Other (e.g. invoices)	1,909	50	5	47	3	18	901	3	1,054	4	308	1,017
WG Capital Funding - Cash Limit - LHB & SHA only	0	500	0	500	0	1,664	0	0	500	1,000	2,249	2,598
Income from other Welsh NHS Organisations	771	499	737	586	798	510	941	621	717	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	657	1,271	671	703	1,108
Total Receipts	43,693	44,171	40,550	42,107	43,973	45,934	45,525	41,507	40,690	41,283	47,025	9,169
Payments												
Primary Care Services : General Medical Services	3,039	2,719	3,179	3,006	2,720	3,089	3,220	2,872	2,789	3,300	4,500	2,900
Primary Care Services : Pharmacy Services	548	1,186	0	460	357	329	767	0	1,047	450	450	0
Primary Care Services : Prescribed Drugs & Appliances	1,356	2,736	0	1,466	1,693	1,693	3,043	0	3,184	1,450	1,450	0
Primary Care Services : General Dental Services	407	420	365	491	507	441	441	456	452	450	450	450
Non Cash Limited Payments	134	145	155	141	144	135	135	180	201	150	150	150
Salaries and Wages	9,669	9,855	9,879	9,866	10,442	10,844	10,394	10,314	10,458	10,400	10,400	10,400
Non Pay Expenditure	23,062	27,068	25,356	26,697	26,564	28,912	26,019	24,875	27,822	22,975	28,000	27,042
Capital Payment	5,433	380	600	310	308	260	338	232	411	2,171	1,625	2,039
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	44,357	38,929	46,364	41,346	47,025	42,981
NET CASH FLOW IN MONTH	45	(338)	1,016	(330)	1,238	231	1,168	2,578	(5,674)	(63)	0	(33,812)
Balance c/f	674	336	1,352	1,022	2,260	2,491	3,659	6,237	563	500	500	(33,312)

Due to the £33.3m forecast financial deficit, the THB will require Strategic Cash later in the financial year to meet its obligations to suppliers.

	Opening Balance Beginning of Apr-25 £'000	Closing Balance End of Dec-25 £'000	Forecast Closing Balance End of Mar-26 £'000
Non-Current Assets			
Property, plant and equipment	110,704	113,656	117,966
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	114,006	118,316
Current Assets			
Inventories	197	198	198
Trade and other receivables	10,991	9,376	9,376
Other financial assets	0	0	0
Cash and cash equivalents	629	563	(33,312)
Non-current assets classified as held for sale	0	0	0
Current Assets sub total	11,817	10,137	(23,738)
TOTAL ASSETS	122,871	124,143	94,578
Current Liabilities			
Trade and other payables	50,135	46,680	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	50,054	45,207
NET ASSETS LESS CURRENT LIABILITIES	68,933	74,089	49,371
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	72,566	47,848
FINANCED BY:			
Taxpayers' Equity			
General Fund	16,781	21,935	(7,093)
Revaluation Reserve	50,629	50,631	54,941
PDC (Trust only)	0	0	0
Retained earnings (Trust Only)	0	0	0
Other reserve	0	0	0
Total Taxpayers' Equity	67,410	72,566	47,848

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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.

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

The Health Board's underlying position has been reviewed and adjusted from £42.070m to £44.671m. The adjustments are as follows:

- deterioration of £5.000m in line with the forecast
- an improvement of £0.900m FYE of savings above recurrent target
- assessment that actions taken this year will result in £1.000m lower recurrent expenditure with Private providers; and
- recurrent impact of constraint in non pay expenditure – £0.500m.

In Month 09, the forecast has deteriorated by £5.000m to £33.312m as per the Accountable Officer letter in December, which was based on Month 8.

Financial Plan	YTD (£m)	Forecast (£m)	Mitigated Forecast (£m)	Comment
Financial Plan profile	18.9	28.3	28.3	
Operational variance	(0.4)	0.0	(0.7)	Continue control mechanisms
Unforeseen cost pressures (reported as risks)				
o NHS England unplanned care tariff increase	2.5	3.8	3.8	Fixed estimate
o Joint Commissioning Committee delivery	0.6	0.8	0.8	Assume latest JCC forecast is maintained
o Employers NI contribution shortfall	0.7	1.1	1.1	Fixed figure
o Band 2/3 Framework		2.1	0.0	Confirmation of full WG funding for 2025/26
o Welsh Risk Pool		0.9	0.0	Confirmation of WG funding for 2025/26
Further risk: Activity in English Trusts		0.0	0.0	Seeking to mitigate by block contract with SaTH and robust estimation of WVT activity costs. Remains an area of opportunity and risk.
o SaTH reporting activity				
o WVT coding of its activity				
Financial Performance	22.3	37.0	33.3	Manage any other risks, use findings from external review (GT) to assist with this
Variance	3.4	8.7	5.0	

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Health Board

Agenda item: 3.4

Board	28 January 2026	
Subject:	Powys Teaching Health Board Integrated Quality & Performance Summary Report – Month 8 (November) 2025/26.	
Presented by:	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 - 14 January 2026	
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 month 8 (November 2025).		
RECOMMENDATION(S):		
The Board is asked to: <ul style="list-style-type: none"> 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	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

SUMMARY:

This exception report provides the Board with the latest information to provide oversight and assurance of the Health Board's performance and delivery. The attached IQPR provides the more detailed position up until the end of month 8 (November).

Summary for Month 8

PTHB Provider Services

Planned care:

- Diagnostic waits – November performance has improved significantly with 21 total breaches reported comprising of 13 Echocardiograms, 6 Heart Rhythm tests, and 2 Non-Obstetric Ultrasound (NOUS) pathways. Echocardiography and NOUS services continue to achieve and exceed their planned recovery trajectories. It should be noted that risks in relation to in-reach fragility and scale of service remain across all specialties and the winter period with the risks of sickness and inclement weather cancellations are key challenges to maintaining the positive improvement trajectory to year-end.

Table 1 – Diagnostic pathways - source PTHB Digital

ServiceHeading	SubHeading	Total	TotalOver8Weeks	PercentOver8Wks
Cardiology	Echo Cardiogram	52	13	25%
Cardiology	Heart Rhythm Recording	23	6	26%
Diagnostic Endoscopy	Colonoscopy	5	0	0%
Diagnostic Endoscopy	Cystoscopy	3	0	0%
Diagnostic Endoscopy	Flexible Sigmoidoscopy	3	0	0%
Diagnostic Endoscopy	Gastroscopy	14	0	0%
Radiology – Consultant Referral	Non-Obstetric Ultrasound	46	0	0%
Radiology – GP Referral	Non-Obstetric Ultrasound	580	2	0%

- 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 in November.

Continued challenge remains with in-reach capacity and the number of patients waiting over 52 weeks continues to increase with 56 reported in November. This particularly includes the provision of Ophthalmology from Wye Valley NHS Trust and 33 Ophthalmology pathways make up this cohort. It should also be noted that capacity focus continues to be prioritised on meeting the 52-week new outpatient target (stage 1).

Table 2 – Powys provider RTT position by stage and week band.

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Powys Provider - November 2025 - Number of RTT pathways by weeks wait band - Source DHCW

Reported stage of pathway	Week wait band				Grand Total
	0 to 25 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	
1: New outpatient appointment	2905	363	147		3415
2: Diagnostic or AHP test, intervention or result	104	37	39	13	193
3: Followup appointment or decision following previous event	3369	29	35	3	3436
4: Admitted diagnostic or therapeutic intervention/treatment	304	122	162	40	628
Grand Total	6682	551	383	56	7672

- Ophthalmology pathways have seen performance fall slightly to 65.9% in November for those patients that attended within their clinical target date or beyond 25% of their target date. This measure is particularly impacted by the in-reach fragility of Wye Valley NHS Trust into mid Powys but has several ongoing developments including extension of capacity via Multi-Disciplinary teams.
- Therapies pathway breaches have reduced in November to 27 (40 in Oct-25). Thirteen breaches are in Dietetics which continues to report vacancies and unplanned leave challenges (in a very small workforce), and 14 breaches were reported in adult Occupational Therapy. The breaches in Occupational Therapy are in Hand Therapy, and the service has a single clinician pan Powys with resultant fragility. Dietetics is projected to recover by February 2026 following increased staffing capacity, with an additional hand therapist (currently being recruited) planned to increase capacity from January 2026.

Table 3 – Therapies – Source PTHB Digital

ServiceHeading	SubHeading	Total	TotalOver14Weeks	PercentOver14Wks
Dietetics	Adults	248	13	5%
Dietetics	Paediatrics	58	0	0%
Occupational Therapy	Adults	77	14	18%
Occupational Therapy	Learning Disabilities	6	0	0%
Occupational Therapy	Paediatrics	14	0	0%
Physiotherapy	Adults	2086	0	0%
Physiotherapy	Paediatrics	98	0	0%
Podiatry	Routine	552	0	0%
Podiatry	Urgent	9	0	0%
Speech Language	Adults	53	0	0%
Speech Language	Paediatrics	86	0	0%

- The Audiology measure for adults has not been achieved and number of breaches have continued to increase for the last 5 months. The HB is now reporting 65 pathways over target in November (54 Oct-25). Two Paediatric breaches were reported against their respective 6-week target for the same month. 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 the service. The Paediatric service remains fragile and has a specific single clinician pan Powys challenge e.g., 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 (SSP) assessment appointment remains escalated to level 3 with October performance reported as 5.3% against the 95% target (All Wales position 10.5% in September).

From waiting times information provided through Bowel Screening Wales colleagues (position as at end of November 2025), PTHB waiting times are 1 week for SSP assessment, 7 weeks and 3 days for the waiting time colonoscopy with holding list, with total of 8 weeks and 3 days waiting time (9 weeks and 3 days all Wales average).

PTHB is heavily reliant on commissioned in-reach provision from CTMUHB and private insourcing. There is national shortage of endoscopists (particularly colorectal) and national increase in urgent suspected cancer referrals with resultant diagnostic demand increase. CTMUHB are currently experiencing workforce challenges within their core services which adversely impacts on in-reach service capacity.

The Head of Performance, with PTHB planned care colleagues, is undertaking a 'deep dive' to be completed in quarter 4 2025/26 to review the change in demand and to understand delays in the pathway.

- Provider cancer pathways reported 44 new pathways in November and reported 70.9% of 31 downgraded pathways closed within the 28-day NICE guidance of best practice target in the same month.

Mental Health

- Under-18s: Compliance in November remains excellent with 100% reported for assessments, interventions improved to 91.2%, and under 18 care and treatment plans (CTP) reporting 90.7%.
- For Adults: Compliance for the same month is good with assessments achieving 91.3%, interventions reporting 84.1%, and adult psychological therapies reporting 82.8%. Of the adult mental health metrics only Adult Care and Treatment Plan (CTP) compliance does not meet the 90% target with 79.4% compliance reported. 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):

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- Performance against the nationally reported measure (26 week wait to assessment) was 23.1% in November, slightly improved from October (20%). Performance as predicted against the < 26-week cohort will remain poor in the short term as due to the best practice change on referral acceptance the numerator of pathways is unfavourable against the total number of pathways reported. However key improvements and modernisation of the service including referral and waiting list management, improved process and scheduling has placed the service on a positive improvement trajectory which has resulted in de-escalation to level 2a following the ongoing Integrated Quality & Performance Framework Executive led Escalation Oversight Group process.
- The service reported one active pathway waiting over 104 weeks at the end of November.

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 7 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 260 breaches in October to 185 in November. 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 show improvement for this snapshot and the measure continues to report special cause improvement.
- Waits over 104 weeks for November reduced from 52 to 40 for Powys residents. BCUHB has 20 patients waiting over 104 weeks, ABUHB has 10, Cardiff & Vale reports 8, and CTMUHB has 2 pathways breaching the 104 targets.

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Table 4 – Welsh RTT Performance for Powys responsible pathways

Welsh Providers	Nov-25 % of Powys residents < 26 weeks for treatment	No. long waits by cohort, with latest SPC variance						Total pathways Waiting	Stage 1 pathways over 52 weeks	
		All pathways waiting over 36 weeks.		All pathways waiting over 52 weeks.		All pathways waiting over 104 weeks.				
Aneurin Bevan University Health Board	64.4%	623		323		10		2515	70	
Betsi Cadwaladr University Local Health Board	54.7%	232		134		20		688	46	
Cardiff & Vale University Health Board	56.4%	126		89		8		365	20	
Cwm Taf Morgannwg University Health Board	53.9%	262		140		2		842	49	
Hywel Dda University Health Board	57.5%	442		259		0		1427	0	
Swansea Bay University Health Board	62.7%	484		251		0		1884	0	
Total	60.3%	2169		1196		40		7721	185	

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.
- Following the implementation of PTHB commissioning intentions waiting times in Wye Valley Trust (WVT) are starting to lengthen. The provider does report a very slight improvement on <26-week compliance but the over 52-week cohort has continued to increase with treatment being delayed in line with Welsh RTT targets. As an example, August reported 161 pathways over 52 weeks, this increased in September to 179 pathways, which has further increased to 210 pathways with a single pathway now over 104 weeks. Prior to waiting time changes WVT consistently reported improving performance for Powys residents.
- The Shrewsbury & Telford Hospital NHS Trust (SATH), which has not yet agreed to follow the PTHB commissioning intentions, reports an improved position with special cause improvement across all key wait bands. It should be noted at the end of October pathways over 52 weeks have fallen to 194 (211 Sep-25).
- 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.

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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 significant slippage on their original end of year target of breaches (63 pathways waiting over 104 weeks at year end). In November the Trust reported an increasing number of breaches over 104 weeks from 110 to 128. The breaches comprise of treatment waits for spinal, arthroplasty, knee and sports injuries and foot and ankle care. Very long waits now exceed 300 weeks for complex spinal surgery. The issue has been escalated to the provider and a recovery plan has been requested against the targets agreed in the LTA. PTHB is also working with the provider with the support of NHS Wales Performance and Improvement to clinically validate the spinal waiting list.

- As of 25th of November the health board has received 50 enquiries regarding the Commissioning Intentions in NHSE, with no related Serious Reportable Incidents.

Table 5 – English RTT Performance for Powys responsible pathways

English Providers	Oct-25	No. long waits by cohort, with latest SPC variance						Total pathways Waiting
	% of Powys residents < 26 weeks for treatment	All pathways waiting over 36 weeks.		All pathways waiting over 52 weeks.		All pathways waiting over 104 weeks.		
English Other	73.5%	24		5		0		185
The Robert Jones and Agnes Hunt Orthopaedic Hospital	47.3%	1634		996		128		4149
The Shrewsbury and Telford Hospital NHS Trust	70.7%	658		194		0		4196
Wye Valley NHS Trust	67.7%	687		211		1		3728
Total	61.9%	3003		1406		129		12258

Cancer Pathways:

Welsh Providers -

- At the end of November, the provisional position reported a total of 251 pathways were closed for Powys residents across all Welsh providers including PTHB. Of these 209 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). The remaining 42 pathways were closed with the commencement of definitive treatment. Seventeen patients breached the 62 days target with the longest wait reported as 187 days in Hywel Dda UHB for an upper gastrointestinal pathway.
- The number of pathways going straight to test has fallen below the 12-month average (65%) reporting 64%.
- Performance against the SCP for Powys residents in Wales has seen very little overall change although improving from October with 60% compliance in November.

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English Providers

- Shrewsbury and Telford Hospitals NHS Trust (SATH) reported 69.2% compliance against the 62 days urgent suspected cancer pathway in October. Cancer performance has continued to steadily improve and is significantly better than the October 2024 position that reported 38.2% compliance. Of the 39 pathways, 12 started treatment over 62 days and of those 6 were over 104 days.
- SATH has been de-escalated to Tier 2 for Diagnostics & Cancer with improved waiting times and compliance.
- 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 November performance ranked 7th in Wales with compliance of 11 minutes and 50 seconds. This is significantly higher than All Wales performance which reported 7 minutes and 4 seconds.
- The median emergency response time for the red target for Powys patients was the 5th worst reported performance in November of all health boards with a median time of 9 minutes and 55 seconds. This is significantly higher than All Wales performance which reported 8 minutes and 52 seconds. Only Aneurin Bevan UHB achieved the target in November of all Welsh Health Boards (7mins 58 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 59 minutes on average to assessment by a senior clinical decision maker in November.
- No commissioned service met the required national 4 or 12hr targets in November 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 8 measures by escalation level.

There are a total of 50 reportable measures currently in the 2025/26 financial year. The retirement of Welsh Ambulance Service NHS Trust (WAST) 8-minute response times to RED calls has now been replaced with the 2 new median emergency ambulance response time to purple (arrest category calls) and median emergency ambulance response times to red (emergency category calls). Although they are not allocated framework numbers they are now included in both quadruple aims compliance and escalation compliance.

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

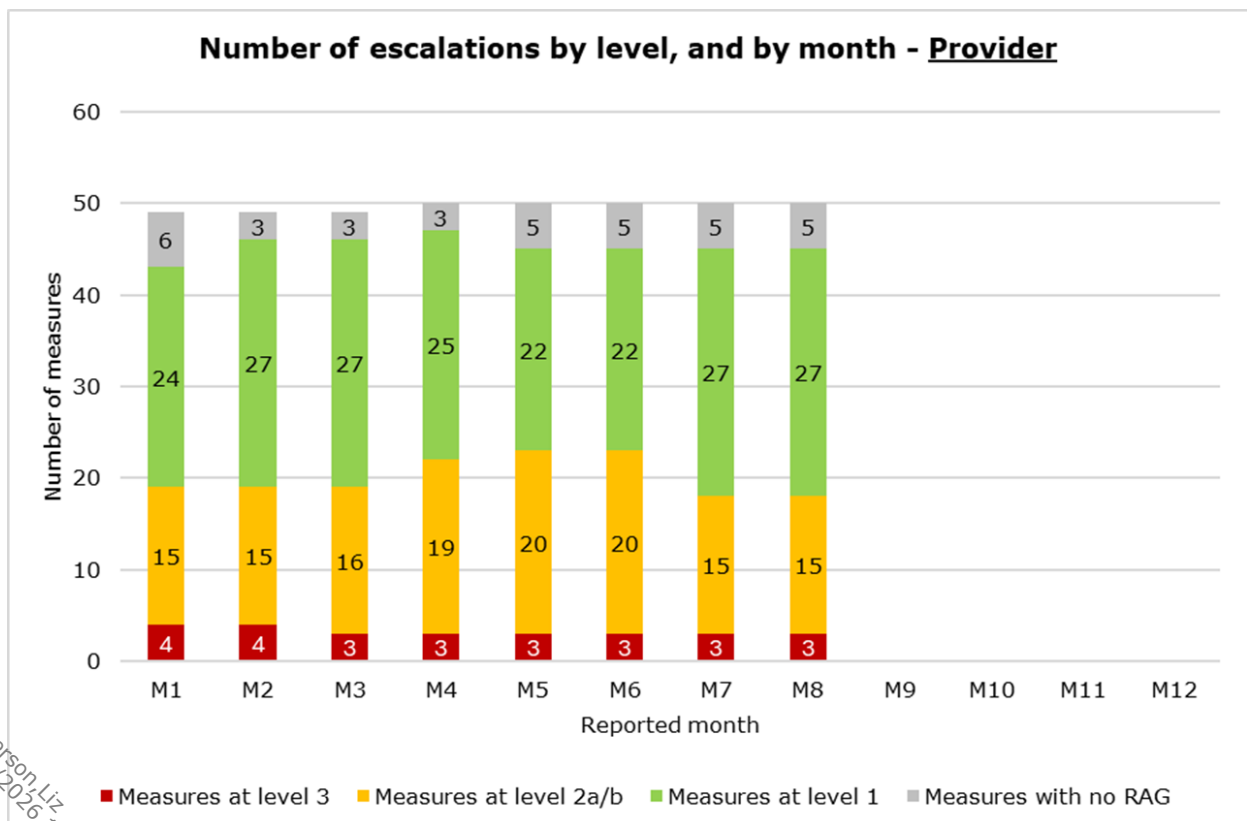
- Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment.
- Number of patients waiting more than 8 weeks for a specified diagnostic.
- Number of patients waiting for a follow-up (FUP) outpatient appointment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

A further 15 measures are rated at level 2a, and 27 are achieving level 1 compliance e.g., no issues reported.

Five 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.



Enabling Actions

The Welsh Government has set out a number of enabling actions to support Health Boards to 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.

Q3 update

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.	3 - Amber 2 - Light Green 1 - PTHB not have ED or Acute services
Operational effectiveness – planned care (10 actions)	Improving timely access to care, reducing unwarranted variation in clinical productivity.	2 - Red 2 - Green 4 - Light green 2 - Not currently applicable to PTHB
Workforce productivity (5 actions)	Maximise workforce productivity and efficiency, strengthening value and effective deployment of the workforce.	1 - Red 1 - Amber 2 - Green 1 - Light 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.
<p>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</p>		

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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.

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 – PTHB will consistently appear as an outlier in crude mortality comparisons with Welsh acute providers due to differences in service model and methodology. Powys provides only community inpatient care and day-case procedures, resulting in a small denominator. In addition, the provider has a relatively high proportion of patients on end-of-life care pathways, increasing the numerator. Together, these factors produce a higher crude mortality rate compared with All-Wales and acute providers. Small activity volumes also create greater statistical volatility, particularly when data are not presented using a rolling 12-month period.
- RAMI – linked to the above and requires further validation.
- Agency spend – The national agency spend figures from the Beacons dashboard will not match the figures used in the IQPR measures slide/scorecards. For the IQPR the data is sourced directly from the PTHB Finance team giving a more concise value. PTHB and Welsh Government (WG) use a different interpretation of total pay, WG's calculation uses the Net Pay position with excludes the Hosted Services (HCRW) and the pay in PTHB's Primary Care Services.

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.

Quality Standard	Measure	Latest period	Latest figure	Previous figure	Last 12 months	Outlier	
Safe	Antibacterial items per 1,000 STAR-PUs	Sep-25	213.80				
Safe	Crude mortality rate (%)	Oct-25	7.31% ▲ 10.0%	6.64%			
Safe	Never Events reported to NHS P&I	Dec-25	0	0			
Safe	Percentage of discharges on D2RA Pathway 0	Nov-25	2.00%	0.00%			
Safe	Percentage of discharges on D2RA Pathway 1	Nov-25	41.00% ■ 0.0%	41.00%			
Safe	Percentage of discharges on D2RA Pathway 2	Nov-25	7.00% ▼ -58.8%	17.00%			
Safe	Percentage of discharges on D2RA Pathway 3	Nov-25	37.00% ▲ 68.2%	22.00%			
Safe	Percentage of discharges with no D2RA Pathway Allocated	Nov-25	14.00% ▼ -26.3%	19.00%			
Safe	RAMI (Risk adjusted mortality index) 2023	Oct-25	177.45 ▲ 66.0%	106.91			
Safe	Safeguarding Adults - Lv1 training	Sep-25	91.97% ▲ 0.0%	91.95%			
Safe	Violence and Aggression (Wales)	Sep-25	94.07% ▼ -0.4%	94.47%			
Timely	Ophthalmology R1 appointments attended within target date* (%)	Nov-25	65.93% ▼ -3.0%	67.99%			
Timely	Patients starting first definitive cancer treatment* (%)	Oct-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	Sep-25	5.34% ▲ 2.6%	5.20%			

NEXT STEPS:

- As per month 7 IQPR - 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

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Appendix One: NHS Performance Measures Scorecard (Month 8 – November 2025)

Quadruple aim 1

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management																						
Executive Lead	Themes	No.	Abbreviated Measure Name	2025/26 target	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	SPC Icon	Data Quality	Latest Ranking	All Wales	Level	
Executive Director of Public Health	Prevention	1	% Attempted to quit smoking	5% annual target	3.96%	5.45%			2.37%							N/A	●	2nd	1.58%	Level 1		
Executive Director of Public Health	Prevention	2	% of Adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	40% annual target	14.7%	14.8%			11.05%							N/A	●	7th	23.3%	Level 1		
Executive Director of Primary Care, Community and Mental Health	Prevention	3	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)	4 quarter improvement trend	90.6%	78.5%			81.7%			91.3%				N/A	●	3rd	87.9%	Level 1		
Executive Director of Public Health	Prevention	4	% of children up to date with scheduled vaccinations by age 5	95%	91.6%	89.6%			91.4%			87.6%				N/A	●	5th	88.0%	Level 2a		
Executive Director of Public Health	Prevention	5	% of children receiving the HPV vaccination by the age of 15	90%	76.5%	77.3%			77.9%			78.9%				N/A	●	3rd	74.9%	Level 2a		
	Prevention	6	Flu Vaccines - 65+	75%	66.9%	68.6%	69.2%	69.2%								44.9%	58.7%	N/A	●	7th	63.1%	Level 2a
	Prevention	7	% uptake of COVID-19 vaccination for those eligible (Spring and Autumn booster)	75%	48.6%	50.9%	50.6%		10.6%	41.9%	55.7%					19.7%	48.7%	N/A	●	4th	49.1%	Level 2a
Executive Director of Primary Care, Community and Mental Health	Prevention	8	% of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment	90%	10.0%	10.8%	8.3%	0.0%	0.0%	0.0%	10.3%	0.0%	6.3%	4.3%	5.3%		⊖	●	5th*	10.5%	Level 3	
Executive Director of Nursing, Quality, Womens and Family Health	Prevention	9	% of well babies completing the hearing screening programme within 4 weeks	90%	78.2%	90.4%	89.8%	92.3%	91.5%	85.7%	83.1%	91.2%	93.0%	98.9%			⊖	●	5th	98.8%	Level 1	
	Prevention	10	% of eligible newborn babies who have a conclusive bloodspot screening result by day 17	95%	97.5%	98.8%	97.6%	98.4%	97.6%	95.9%	100.0%	97.5%	97.2%	93.0%	97.8%	97.4%		⊖	●	2nd*	96.5%	Level 1

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Quadruple aim 2

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement																						
Executive Lead	Themes	No.	Abbreviated Measure Name	2025/26 target	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	SPC Icon	Data Quality	Ranking	All Wales	Level	
Executive Director of Primary Care, Community and Mental Health	Services Delivered Close to Home	11	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	100%	100% (2024/25)													1st	96.8%	Level 1		
	Services Delivered Close to Home	12	% of patients (aged 12+) with diabetes who received all 8 NICE recommended care processes	Improvement compared to the same month in the previous year	48.5%	48.7%	50.0%	50.5%	50.5%	49.8%	50.1%	50.5%	50.8%	50.8%	50.6%	50.3%			1st	44.7%	Level 1	
	Services Delivered Close to Home	13	% of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2025 and	54.5%	61.7%	67.2%	75.0%	3.9%	10.0%	15.3%	25.0%	30.8%	37.3%	44.9%		N/A		5th	44.9%	Level 1	
Executive Medical Director	Services Delivered Close to Home	14	No of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Increase compared to the same month in the previous year	632	604	462	511	563	507	528	582	557	558					7th	15,198	Level 1	
Executive Director of Primary Care, Community and Mental Health	Services Delivered Close to Home	15	Assessments <28 days <18	80%	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			1st*	96.0%	Level 1	
	Services Delivered Close to Home	16	Interventions <28 days <18	80%	92.9%	86.7%	91.2%	91.7%	85.7%	83.3%	93.8%	88.9%	82.8%	90.0%	88.0%	91.2%			2nd*	73.6%	Level 1	
	Services Delivered Close to Home	17	Assessments <28 days 18+	80%	78.7%	58.0%	85.5%	98.0%	98.0%	92.9%	100.0%	83.6%	70.1%	82.4%	92.4%	91.3%			5th*	92.5%	Level 1	
	Services Delivered Close to Home	18	Interventions <28 days 18+	80%	95.6%	79.0%	96.2%	93.7%	87.5%	87.5%	100.0%	93.2%	96.1%	89.6%	92.7%	84.1%			5th*	91.5%	Level 1	
Executive Director of Planning, Performance and Commissioning	Access Hospital Services Quickly	19	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	45.2%	47.9%	50.3%	47.0%	40.6%	46.0%	44.8%								7th	50.7%	Level 2a	
		TBC	Median target for Purple Arrest: Cardiac or respiratory arrest	6-8 minutes median response time									00:07:22	00:09:07	00:14:15	00:10:23	00:11:50	N/A		7th	00:07:29	Level 2a
			Median emergency ambulance response time to red: emergency category calls	6-8 minutes median response time									00:11:26	00:11:31	11:28:00	00:09:47	00:10:19	N/A		6th	00:08:49	Level 2a
	Access Hospital Services Quickly	20	Median emergency response time to amber calls	12 month reduction trend	01:21:06	01:13:20	01:14:30	01:17:33	01:25:11	01:14:57	01:18:06	00:58:03	01:06:59	01:08:25	01:20:50				1st	01:30:29	Level 2a	
Executive Director of Planning, Performance and Commissioning	Access Hospital Services Quickly	21	Median time from arrival at an emergency department to triage by a clinician	15 minutes or less	4	4	4	4	4	4	5	7	6	6	6	6	N/A		PTHB is not nationally benchmarked against this measure		Level 1	
	Access Hospital Services Quickly	22	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	60 minutes or less	4	5	5	4	4	5	6	7	7	6	7	7	N/A				Level 1	
Executive Director of Primary Care, Community and Mental Health	Access Hospital Services Quickly	23	% of patients who spend less than 4 hours in all major & minor emergency care facilities from arrival until admission, transfer or discharge	Improvement compared to the same month in the previous year, towards the national target of 95%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%			1st*	66.0%	Level 1	
	Access Hospital Services Quickly	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	Reduction compared to the same month in the previous year, towards the national target of zero	0	0	0	0	0	0	0	0	0	0	0	0			1st*	10,499	Level 1	

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Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement																					
Executive Lead	Themes	No.	Abbreviated Measure Name	2025/26 target	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	SPC Icon	Data Quality	Ranking	All Wales	Level
Executive Director of Primary Care, Community and Mental Health	Access Hospital Services Quickly	26	Number of diagnostic breaches 8+ weeks	0	84	70	79	79	81	99	139	144	123	132	60	21			1st*	44,415	Level 3
	Access Hospital Services Quickly	27	% of children <18 waiting 14 weeks or less for a specified AHP	100%	99.6%	100.0%	100.0%	100.0%	100.0%	99.7%	100.0%	99.7%	99.6%	99.7%	100.0%	100.0%			1st*	83.0%	Level 1
	Access Hospital Services Quickly	28	Number of therapy breaches 14+ weeks (all ages)	0	1	3	2	0	6	85	20	37	56	47	40	27			3rd*	4,553	Level 2a
	Access Hospital Services Quickly	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)	Month on Month Reduction	New Measure 2025/26				7	3	3	9	18	37	54	65	N/A		2nd	N/A	Level 2a
	Access Hospital Services Quickly	30	Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)	Month on Month Reduction	New Measure 2025/26				14	6	4	2	1	3	0	2	N/A		1st	N/A	Level 1
	Access Hospital Services Quickly	31	Number of patients waiting >52 weeks for a new outpatient appointment	0	0	0	0	0	0	0	4	0	0	0	0	0			1st*	71,709	Level 1
	Access Hospital Services Quickly	32	Number of patient follow-up outpatient appointment delayed by over 100%	Reduction compared to the same month in the previous year	1192	1134	1203	1318	1436	1487	1410	1353	1287	1221	1106				1st	264,056	Level 3
	Access Hospital Services Quickly	33	RTT patients waiting more than 104 weeks	0	0	0	0	0	0	0	0	0	0	0	0	0			1st*	8,703	Level 1
Executive Director of Nursing, Quality, Womens and Family Health	Access Hospital Services Quickly	34	Children/Young People neurodevelopmental waits	80%	27.3%	24.4%	25.9%	29.9%	29.3%	24.1%	22.5%	25.2%	21.8%	19.5%	20.1%	23.1%			5th	21.0%	Level 2a
Executive Director of Primary Care, Community and Mental Health	Access Hospital Services Quickly	35	Adult psychological therapy waiting < 26 weeks	80%	63.1%	66.4%	68.2%	71.3%	69.8%	76.7%	82.4%	86.3%	87.8%	88.6%	88.4%	82.8%			1st*	53.6%	Level 1

Quadruple aim 3

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable																					
Executive Lead	Themes	No.	Abbreviated Measure Name	2025/26 target	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	SPC Icon	Data Quality	Ranking	All Wales	Level
Executive Director of People and Culture	Motivated and Sustainable Workforce	36	(R12) Sickness Absence	12 month reduction trend	5.22%	5.27%	5.29%	5.31%	5.35%	5.34%	5.40%	5.41%	5.45%	5.47%	5.43%	5.44%			6th (Sep-25)	6.27%	Level 2a
	Motivated and Sustainable Workforce	37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Rolling 12 month reduction against a baseline of 2024/25	8.76%	8.18%	8.99%	9.65%	8.93%	9.74%	8.61%	8.85%	8.27%	8.36%					9th	5.68%	Level 1
Executive Director of Primary Care, Community and Mental Health	Motivated and Sustainable Workforce	38	Agency spend as a percentage of the total pay bill	12 month reduction trend	8.3%	7.6%	9.9%	4.1%	7.0%	7.6%	7.2%	6.6%	4.9%	5.1%	6.1%	5.3%			12th (Sep-25)	2.2%	Level 1
Executive Director of People and Culture	Training and Development	39	Performance Appraisals (PADR)	85%	82.3%	81.7%	82.4%	82.0%	81.2%	80.7%	80.1%	79.3%	79.3%	81.0%	80.2%	79.6%			7th (Sep-25)	77.5%	Level 2a

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Quadruple aim 4

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes																						
Executive Lead	Themes	No.	Abbreviated Measure Name	2025/26 target	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	SPC Icon	Data Quality	Ranking	All Wales	Level	
Executive Director of Allied Health Professions, Health Sciences and Digital	Effective Services	40	% of episodes clinically coded within one month post discharge end date	Maintain 95% target or demonstrate an improvement trend over 12 months	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.3%					2nd	86.6%	Level 1	
	Effective Services	41	% of all classifications' coding errors corrected by the next monthly reporting submission	90%	100.0%	100.0%	100.0%	100.0%	80.0%	100.0%	100.0%	75.0%	100.0%	100.0%					1st	61.4%	Level 1	
Executive Director of Primary Care, Community and Mental Health	Efficient Services	42	No of Pathways of Care delayed discharges	12 month reduction trend	66	70	56	53	53	50	57	51	66	77	71	62			2nd	1,455	Level 2a	
	People Centred Care	43	% residents with CTP <18	90%	94.8%	96.3%	95.7%	97.4%	92.4%	93.9%	97.9%	95.0%	93.6%	96.8%	95.0%	90.7%			5th*	95.7%	Level 1	
	People Centred Care	44	% residents with CTP 18+	90%	81.7%	82.1%	82.5%	81.9%	88.4%	86.7%	83.9%	81.8%	81.9%	80.8%	81.7%	79.4%			6th*	81.5%	Level 2a	
Executive Director of Nursing, Quality, Women and Family Health	People Centred Care	45	Number of service user feedback experience responses completed and recorded on CIVICA	Month on Month Improvement	221	469	376	444	438	499	398	475	491	589	621				9th	30,537	Level 1	
Executive Director of Nursing, Quality, Women and Family Health	Safe Services	46	HCAI - Klebsiella sp and Aeruginosa cumulative number	Health Board Specific Target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			PTHB is not nationally benchmarked for infection rates			
	Safe Services	47	HCAI - E.coli, S.aureus bacteraemia's (MRSA and MSSA) - Cumulative rate of confirmed cases per 100,000	Health Board Specific Target	1.98	8.79	3.26	2.98	9.05	4.45	2.98	2.23	2.77	2.48	2.27	2.22						
	Safe Services	48	HCAI - cumulative rate of C.Difficile cases per 100,000 population	Health Board Specific Target	19.83	19.60	17.96	15.68	9.05	8.90	14.92	17.80	14.20	19.29	22.00	21.14						
Executive Director of Primary Care, Community and Mental Health	Safe Services	50	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)	12 month improvement trend towards national target of 95%	75.1%	69.1%	73.6%	68.2%	72.8%	68.8%	71.2%	68.8%	74.6%	61.3%	68.0%	65.9%			2nd*	58.1%	Level 2a	
Executive Director of Nursing, Quality, Women and Family Health	Safe Services	53	No of patient safety incidents that remain open 90 days or more	12 month reduction trend	14	14	12	12	11	10	10	10	8	7	7	6			6th*	55	Level 1	

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Powys Teaching Health Board

Integrated Quality & Performance Report

Month 8 (November) - 2025/26
Updated on 22/01/2026

PTHB Board
28 January 2026
Item 3.4a

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Background of the IQPR

What is the Integrated Quality & Performance Report (IQPR)

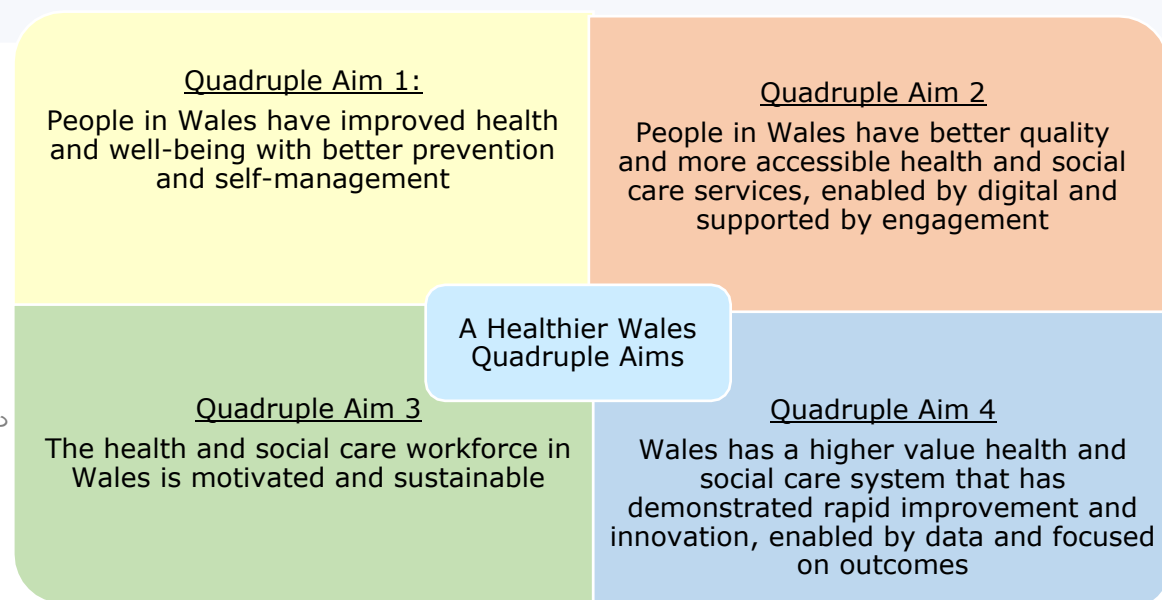
This report is a key part of the health boards Integrated Quality and Performance Framework (IQPF) designed to drive improvement in health board performance and health outcomes for those patients that Powys is responsible for.

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 the 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 8

Planned care

- Diagnostic waits – November performance has improved significantly with 21 total breaches reported comprising of 13 Echo Cardiogram, 6 Heart Rhythm, and 2 Non-Obstetric Ultrasound (NOUS) pathways. Echo Cardiogram, and NOUS continue to achieve and exceed their planned recovery trajectories. It should be noted that risks in relation to in-reach fragility and scale of service remain across all specialties, the winter period with sickness and inclement weather cancellation potential are key challenges to maintaining the positive improvement trajectory to year end.
- 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 in November. Continued challenge remains with in-reach capacity, the number of long waiting patients over 52 weeks continues to increase with 56 reported in November. Provision shortfalls from Wye Valley NHS Trust for Ophthalmology continue to be reported and 33 Ophthalmology pathways make up this cohort. It should also be noted that capacity focus continues to be prioritised on meeting the 52-week new outpatient target (stage 1). Ophthalmology pathways have seen performance fall slightly to 65.9% in November for those patients that attended within their clinical target date or beyond 25% of their target date. This measure is particularly impacted by the in-reach fragility of Wye Valley NHS Trust into mid Powys but has several ongoing developments including extension of capacity via Multi-Disciplinary teams.
- Therapies pathway breaches have reduced in November to 27 (40 in Oct-25). Thirteen breaches are in Dietetics which continues to report vacancy and unplanned leave challenges (in a very small workforce), and 14 breaches were reported in adult Occupational Therapy. The breaches in Occupational Therapy are in Hand Therapy, and the service has a single clinician pan Powys with resultant fragility. Dietetics is projected to recover by February 2026 following increased staffing capacity, and a second-hand therapist (currently being recruited) is planned to increase capacity from January 2026.
- The Audiology measure target for adults has not been achieved (month on month reduction). Breaches have continued to increase for the last 5 months reporting 65 pathways over target in November (54 Oct-25). Two Paediatric breaches were reported against their respective 6-week target for the same month. 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 remains fragile and has a specific single clinician pan Powys challenge e.g., 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 including PTHB deep dive. October performance is reported as 5.3% against the 95% target. Waiting list information provided by Bowel Screening Wales for PTHB at the end of November reported an 8 week and 3-day total waiting time (9 weeks and 3 days All Wales average).
- Provider cancer pathways reported 44 new pathways in November and reported 70.9% of 31 downgraded pathways closed within the 28-day NICE guidance of best practice target in the same month.

Mental Health:

- Under-18s: Compliance in November remains excellent with 100% reported for assessments, interventions improved to 91.2%, and under 18 care and treatment plans (CTP) reporting 90.7%.
- For Adults: Compliance for the same month is good with assessments achieving 91.3%, interventions reporting 84.1%, and adult psychological therapies reporting 82.8%. Of the adult mental health metrics only Adult Care and Treatment Plan (CTP) compliance does not meet the 90% target with 79.4% compliance reported. 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) was 23.1% in November, slightly improved from October (20%). Performance as predicted against the < 26-week cohort will be poor as with the referral acceptance change the numerator of pathways is unfavourable against the total number of pathways reported. However key improvements and modernisation of service including referral and waiting list management, improved process and scheduling has placed the service on a positive improvement trajectory which has resulted in de-escalation to level 2a following the ongoing Integrated Quality & Performance Framework Executive led Escalation Oversight Group process.
- The service reported one active pathway waiting over 104 weeks at the end of November.

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 7 minutes for senior clinician assessment.

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Commissioned services

Planned care (RTT) Wales:

- The number of patients waiting over 52 weeks for a new outpatient appointment has reduced from 260 breaches in October to 185 in November. 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 show improvement for this snapshot and the measure continues to report special cause improvement.
- Waits over 104 weeks for November reduced from 52 to 40 for Powys residents. BCUHB has 20 patients waiting over 104 weeks, ABUHB has 10, Cardiff & Vale reports 8, and CTMUHB has 2 pathways breaching the 104 targets.

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) following commissioning intention instructions by Powys Teaching Health Board is starting to see performance fall against the RTT planned care targets. The provider does report a very slight improvement on <26-week compliance but the over 52-week cohort has continued to increase with treatment being delayed in line with Welsh RTT targets. As an example, August reported 161 pathways over 52 weeks, this increased in September to 179 pathways, which has further increased to 210 pathways with a single pathway now over 104 weeks. Prior to waiting time changes WVT consistently reported improving performance for Powys residents.
- The Shrewsbury & Telford Hospital NHS Trust (SATH) who have not agreed to follow the PTHB Commissioning intentions to Welsh targets reports an improved position with special cause improvement across all key wait bands. It should be noted at the end of October pathways over 52 weeks have fallen to 194 (211 Sep-25).
- 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 significant slippage on their original end of year target of breaches (63 pathways waiting over 104 weeks at year end). November reported breaches over 104 weeks increasing further again from 110 to 128. The breaches comprise of treatment waits for spinal, arthroplasty, knee and sports injuries and foot and ankle care. Very long waits now exceed 300 weeks for complex spinal.
- As at 25th November the health board has received 50 enquiries regarding the Commissioning Intentions in NHSE, with no related Serious Reportable Incidents.

Cancer Pathways:

Welsh Providers -

- At the end of November, the provisional position reported a total of 251 pathways were closed for Powys residents across all Welsh providers including PTHB. Of these 209 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). The remaining 42 pathways were closed with the commencement of definitive treatment. 17 patients breached the 62 days target with the longest wait reported as 187 days in Hywel Dda UHB for an upper gastrointestinal pathway.
- The number of pathways going straight to test has fallen below the 12-month average (65%) reporting 64%.
- Performance against the SCP for Powys residents in Wales has seen very little overall change although improving from October with 60% compliance in November.
- 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.

English Providers -

- Shrewsbury and Telford NHS Trust (SATH) reported 69.2% compliance against the 62 days urgent suspected cancer pathway in October. Cancer performance has continued to steadily improve and is significantly better than the October 2024 position that reported 38.2% compliance. Of the 39 pathways 12 started treatment over 62 days and of those 6 were over 104 days.
- SATH has been de-escalated to Tier 2 for Diagnostics & Cancer with improved waiting times and compliance.

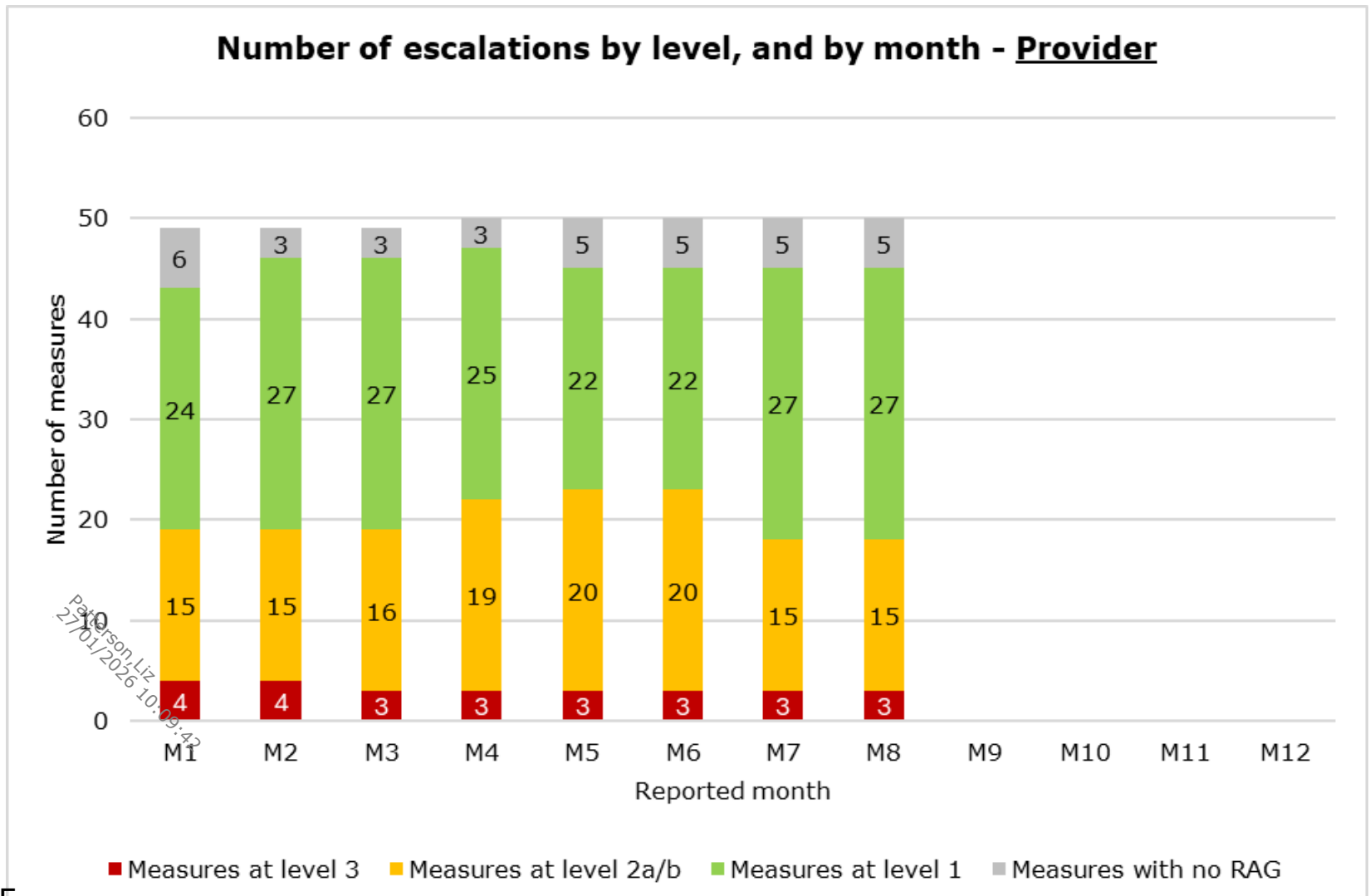
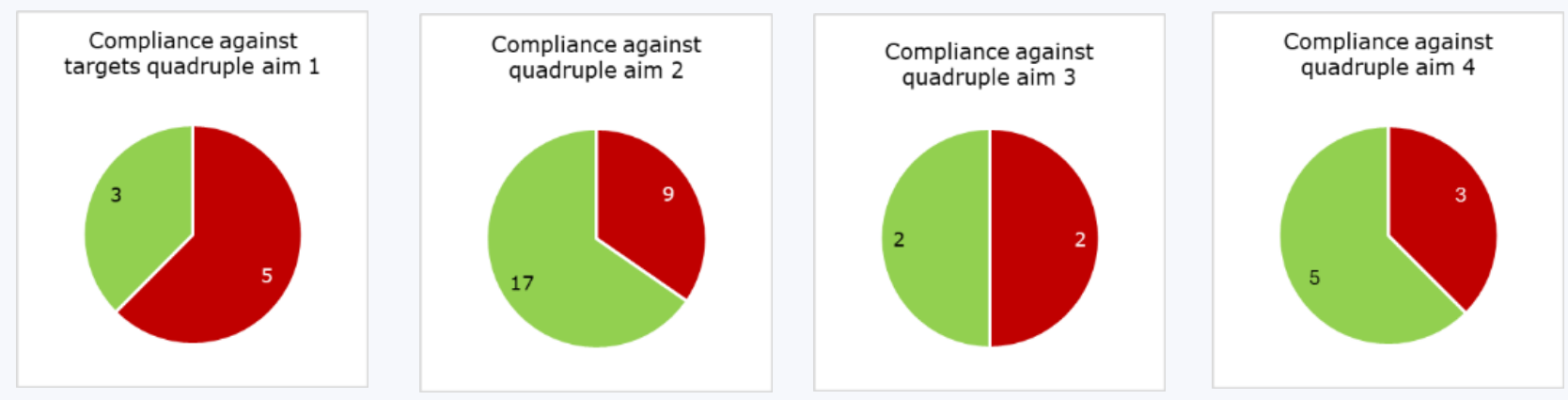
Commissioned Emergency Care:

- The median target for Purple Arrest (Cardiac or respiratory arrest) was not achieved for Powys patients. In November performance ranked 7th in Wales with compliance of 11 minutes and 50 seconds. This is significantly higher than All Wales performance which reported 7 minutes and 4 seconds.
- The median emergency response time for the red target for Powys patients was the 5th worst reported performance in November of all health boards with a median time of 9 minutes and 55 seconds. This is significantly higher than All Wales performance which reported 8 minutes and 52 seconds. Only Aneurin Bevan UHB achieved the target in November of all Welsh Health Boards (7mins 58 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 59 minutes on average to assessment by a senior clinical decision maker in November.
- No commissioned service met the required national 4 or 12hr targets in November 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.

Visual summary of performance at month 8 (November 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 8 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).

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								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.	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. Head of Performance with service is currently undertaking a deep dive including report to be completed Q4 on the BSW pathway in PTHB. This is looking to review demand change, understand delays between positive FIT test result and Specialist Screening Practitioner, and subsequent waiting times to colonoscopy.
	Period	Oct-25	Target	90%	Actual	5.3%	SPC icon				
26	Number of patients waiting more than 8 weeks for a specified diagnostic								This measure remains escalated due to ongoing service pressure and non-compliance against Welsh Government key performance indicator target.	<ul style="list-style-type: none"> 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 fragility of service due to limited scale. 	<ul style="list-style-type: none"> 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). 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.
	Period	Nov-25	Target	0	Actual	21	SPC icon				
32	Number of patients waiting for a follow-up (FUP) outpatient appointment who are delayed by over 100%								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.	<ul style="list-style-type: none"> 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. Underperformance across in reach SLAs with associated impact on capacity. 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 speciality status review. 	<ul style="list-style-type: none"> PTHB standardised service operating procedure for validation, and submission remains under development. New Power BI report initial version released September 2025, this report will now have a further consultation window with services. 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 speciality leadership.
	Period	Oct-25	Target	< same month pre. year	Actual	1106	SPC icon				


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
4	Percentage of children who are up to date with the scheduled vaccinations by age 5								Measure not meeting target	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Enhanced COVER surveillance continues which includes: <ul style="list-style-type: none"> Data cleansing. Enhanced monitoring of practice queues lists. Enhanced monitoring of key childhood vaccinations (6 in 1 and MMR). Primary Care Standard Operating Procedure developed to ensure timely return of Childhood Immunisation clinic lists from Primary Care to Child Health Department.
	Period	Q2 2025/26	Target	95%	Actual	87.6%	SPC icon	N/A			
5	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15								Measure not meeting target	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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.
	Period	Q2 2025/26	Target	90%	Actual	78.9%	SPC icon	N/A			
6	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over								Measure not meeting target	<ul style="list-style-type: none"> 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 Welsh Immunisation System as the primary vaccination recording system for flu has presented some challenges for GPs and Pharmacies. Data Quality issues identified with WIS where patients are being recorded as Powys resident patients but are currently living in England with no accurate address update on the system. 	<ul style="list-style-type: none"> Flu Vaccination Programme for over 65s started on 1st of 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
	Period	Nov-25	Target	75%	Actual	58.7%	SPC icon	N/A			
7	Percentage uptake of the COVID-19 vaccination for those eligible								Measure not meeting target.	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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 9 clinic locations across PTHB.
	Period	Nov-25	Target	75%	Actual	48.7%	SPC icon	N/A			

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
NA	Median target for purple arrest: Cardiac or respiratory arrest								Measure not meeting target	<ul style="list-style-type: none"> WAST continue to experience challenges with large number of ED attendances and conveyances, large number of lost hours per month and handover delays. 	<ul style="list-style-type: none"> 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 continues to be active member of the Ambulance Services and 111 Collaborative Commissioning Integration Group, represented by the Deputy Director of Performance and Commissioning.
	Period	Nov-25	Target	6-8 minutes median response time	Actual	00:11:50	SPC icon	N/A			
NA	Median emergency ambulance response times to red (emergency category calls)								Measure not meeting target		
	Period	Nov-25	Target	6-8 minutes median response time	Actual	00:10:19	SPC icon	N/A			
28	Number of therapy breaches 14+ weeks (all ages)								Measure not meeting target.	<ul style="list-style-type: none"> Dietetics – vacancies and unplanned leave. Occupational Therapy (OT) Hand Therapy – Clinician is a single point of failure (1 clinician service). 	<ul style="list-style-type: none"> Dietetics – recovery by February 26. OT Hand Therapy – Second service therapist going through recruitment, delayed recovery on track for January 2026.
	Period	Nov-25	Target	0	Actual	27	SPC icon				
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)								Measure not meeting target.	<ul style="list-style-type: none"> Vacancies – 75hrs Band 4 & 5 roles, maternity leave, admin and Professional Head of Service. 	<ul style="list-style-type: none"> All clinical posts advertised. Admin post started 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.
	Period	Nov-25	Target	Month on Month reduction	Actual	65	SPC icon	N/A			




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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)								Measure not meeting target.	<ul style="list-style-type: none"> Single practitioner delivering the service in South Powys places risk on service delivery against target with annual leave or potential sickness impacting the service. 	<ul style="list-style-type: none"> Reviewing demand and any efficiencies where appropriate. Recruitment and temporary staffing continues to be pursued as needed across all audiology services.
	Period	Nov-25	Target	Month on Month reduction	Actual	2	SPC icon	N/A			
34	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment								Measure is not meeting target.	<ul style="list-style-type: none"> 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) (2022-26) plus Welsh Government Neurodivergence monies (2022-26), all of which is supporting temporary staff to address the RTA and waiting list backlog. However, these funding streams do 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 place is a priority during Q4, current plan is to maintain <104 week wait. This was not achieved for month 8 due to staff sickness and there was 1 child who therefore waiting >104 weeks. However, an appointment was re-scheduled for this child within 8 weeks. A further improved position is anticipated in month 9. 	<ul style="list-style-type: none"> 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 Multi Disciplinary Team (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. Year 2 commissioned jointly with education and new families identified. Business efficiencies being addressed within the administrative processes. Further work to enhance digital capabilities required with digital services expertise. Use of system generated letters in operation as well as automated text messaging (WPAS) - implemented July 2025. Core templates of documentation developed and in use (WCCIS).
	Period	Nov-25	Target	80%	Actual	23.1%	SPC icon				
36	Percentage of sickness absence rate of staff								Measure is not meeting target.	<ul style="list-style-type: none"> Rolling sickness absence seen 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: <ul style="list-style-type: none"> Additional Clinical Services – 6.78% Nursing & Midwifery – 6.49% Estates & Ancillary – 6.02% 	<ul style="list-style-type: none"> The People and Culture Business Partners team (P&C BP) are monitoring absence 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. 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) 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.
	Period	Nov-25	Target	80%	Actual	5.44%	SPC icon				
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)								Measure is not meeting target.	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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.
	Period	Nov-25	Target	85%	Actual	79.6%	SPC icon				

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								Measure not meeting target.	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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.
	Period	Nov-25	Target	12 month reduction trend	Actual	62	SPC icon				
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								Measure not meeting target.	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Focussed work is being undertaken striving for improvement for next reporting period as follows. <ul style="list-style-type: none"> 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) intervention and support has shifted to Brecon Team - will significantly increase overall position once interventions complete. 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. Expected improvement in early 2026 with aim to be compliant by March 2026.
	Period	Nov-25	Target	90%	Actual	79.4%	SPC icon				
50	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)								Measure not meeting target.	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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 successful recruitment will be undertaken Q4 25/26. 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. Converting treatment lists to OP to increase capacity to manage overdue eyecare follow ups. Additional insourcing capacity from HBSUK planned as part of National Commissioning Programme to be undertaken Q4 2025/26.
	Period	Nov-25	Target	12 month improvement trend towards national target of 95%	Actual	65.9%	SPC icon				











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
3	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)	Q2 2025/26	4 Quarter improvement trend	91.3%	N/A
9	Percentage of well babies completing the hearing screening programme within 4 weeks	Sep-25	90%	98.9%	
10	Percentage of eligible newborn babies who have a conclusive bloodspot screening result by day 17	Nov-25	95%	97.4%	
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	Nov-25	Improvement compared to the same month in the previous year	50.3%	
13	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Oct-25	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2025 and 100% by 31 March 2026	44.9%	N/A
14	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Sep-25	Increase compared to the same month in the previous year	558	
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 <u>under 18 years</u>	Nov-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 <u>under 18 years</u>	Nov-25	80%	91.2%	
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 <u>18 and over</u>	Nov-25	80%	91.3%	
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 <u>18 and over</u>	Nov-25	80%	84.1%	
20	Median emergency response time to amber calls	Oct-25	12-month reduction trend	01:20:50	
21	Median time from arrival at an emergency department to triage by a clinician	Nov-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	Nov-25	60 minute or less	7	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	Nov-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	Nov-25	Reduction compared to the same month in the previous year, towards the national target of zero	0	
12/45	Percentage of children <18 waiting 14 weeks or less for a specified AHP	Nov-25	100%	100%	 205/447

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
31	Number of patients waiting >52 weeks for a new outpatient appointment	Nov-25	0	0	
33	Number of patients waiting more than 104 weeks for referral to treatment	Nov-25	0	0	
35	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Nov-25	80%	82.8%	
37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Sep-25	Rolling 12 month reduction against a baseline of 2024/25	8.36%	
38	Agency spend as a percentage of the total pay bill	Nov-25	12-month reduction	5.3%	
40	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Sep-25	Maintain the 95% target or demonstrate a 12-month improvement trend	99.3%	
41	Percentage of all classifications' coding errors corrected by the next monthly reporting submission	Sep-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	Nov-25	90%	90.7%	
45	Number of patient experience surveys completed and recorded on CIVICA	Oct-25	Month on month improvement	621	
53	Number of patient safety incidents that remain open 90 days or more	Sep-25	12-month reduction trend	6	

Non-RAG rated measures

These measures will include those that can't be assessed in year e.g. cumulative smoking, have no national target for PTHB e.g. infection rates or those that are new with insufficient data points for trend targets.

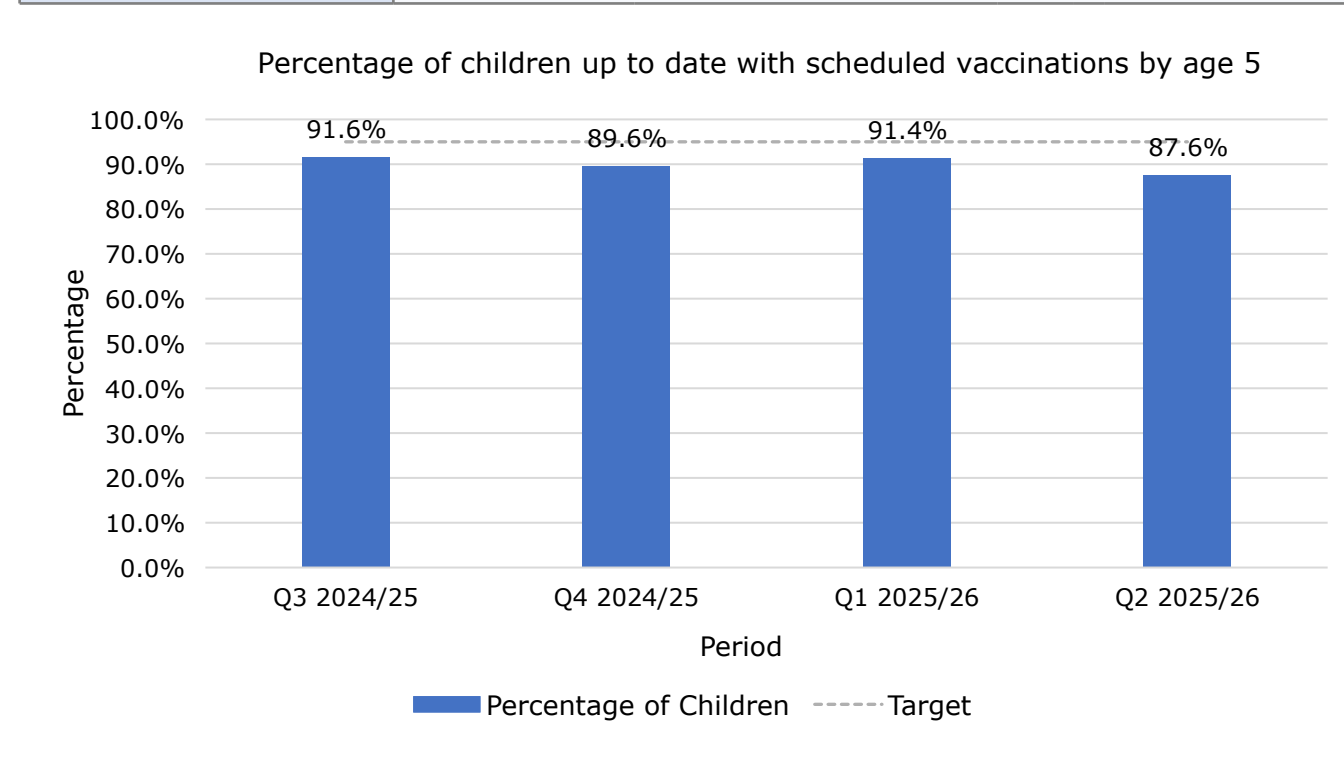
1	Percentage of adult smokers who make a quit attempt via smoking cessation services	Q1 2025/26	5% cumulative annual target	2.37%	N/A
2	Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	Q1 2025/26	40% Annual Target	11.05%	N/A
46,47,48	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Pseudomonas aeruginosa	Nov-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)	Nov-25		2.22	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C.Difficile	Nov-25		21.14	

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
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Latest available	Q2 2025/26	Status of measure	Level 2a
Reported performance	87.6%	Benchmark position (Wales)	5 th (88.0%)
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		

Challenges
<ul style="list-style-type: none"> 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. 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/V. MMR to be replaced by MMRV in the routine childhood immunisation programme from 1st January 2026. The digital infrastructure for these changes is not in place and therefore will rely on manual changes to the schedule from primary care which may impact on timely recording of vaccination on systems.



Actions & Mitigations
<ul style="list-style-type: none"> Enhanced COVER surveillance continues which includes: <ul style="list-style-type: none"> 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 – awaiting version to be updated to reflect childhood changes from 1st January 2026 VPDP have provided Q&A sessions for Primary Care since the changes on 01/07/25. Webinar provided by VPDP on 04/12/25 on impending changes to the childhood immunisation schedule from 1st January 2026 Additional educational support provided by Immunisation Coordinator to Primary Care via the P&CCA – Lunch n Learn session on the "Introduction of Varicella vaccination and other changes to the routine immunisation schedule" held on 18/12/25

What the data tells us
<ul style="list-style-type: none"> Reported uptake performance for Powys in Q2 (87.6%) remains below target (95%)

*Patterson, Liz
21/01/2025 10:09:42*

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
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Latest available	Q2 2025/26	Status of measure	Level 2a
Reported performance	78.9%	Benchmark position (Wales)	3 rd (74.9%)
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		

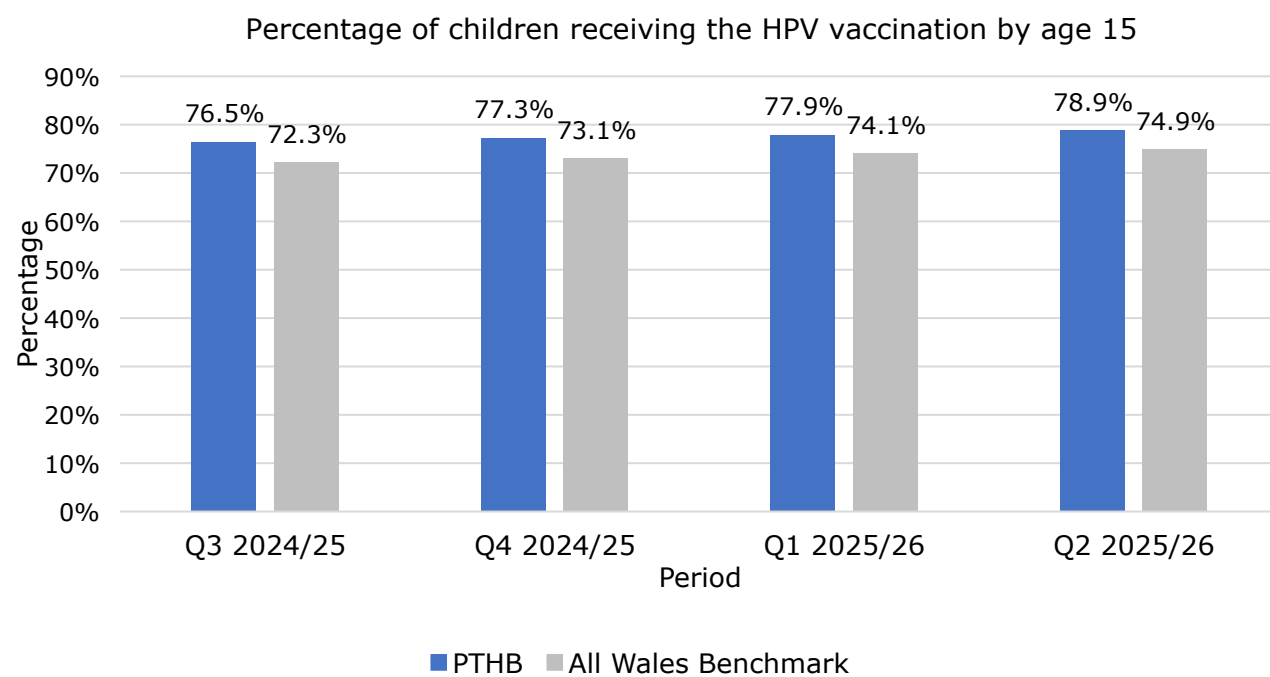
Challenges

- 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

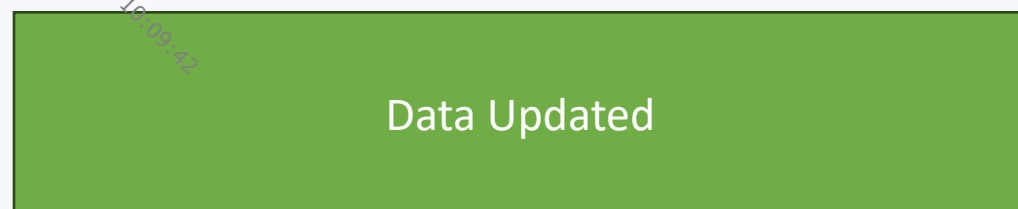
- Vaccination promotion in schools in an appropriate way and through the curriculum where possible. A new HPV toolkit has been released and is being promoted in schools.
- Review implementation of the NICE guidelines (NG218) Vaccine uptake in the general population particularly recommendations 1.3.24 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)

2025/26 programme has ended and will recommence in Q1 next year.



What the data tells us

- Reported uptake improved slightly in Q2 2025/26 reporting 78.9% compared to 77.9% in Q1 2025/26



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

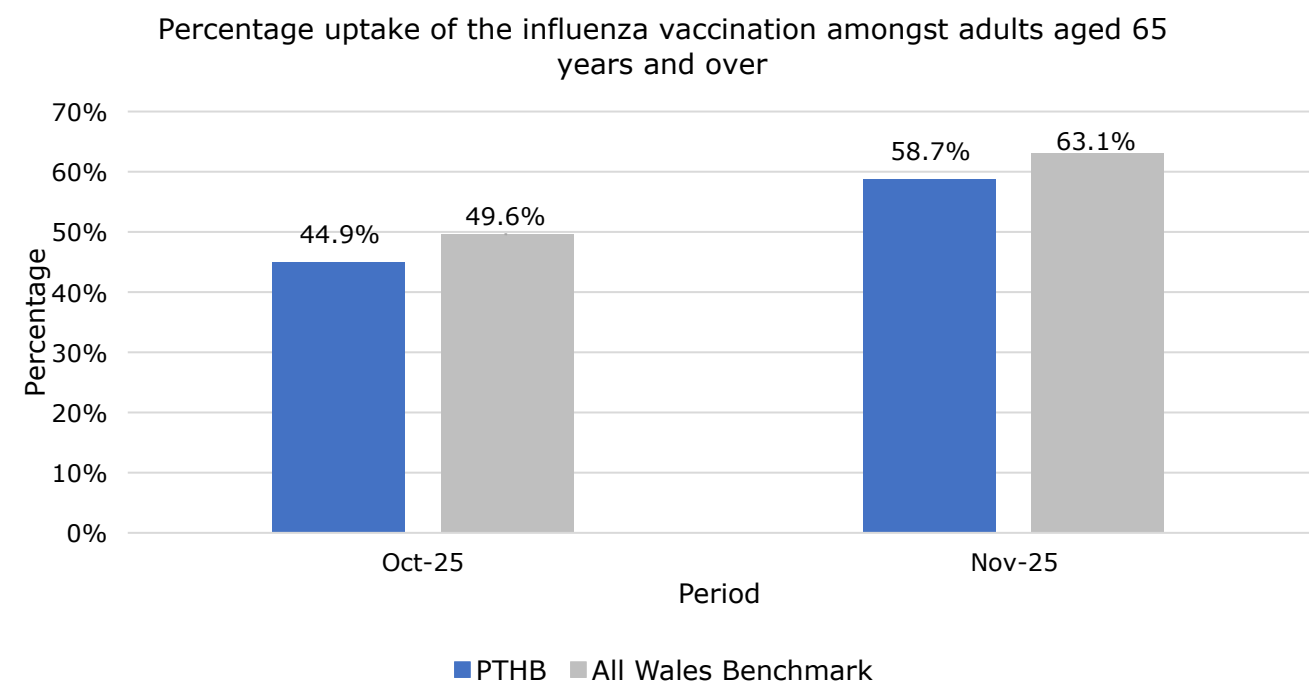
Executive lead	Executive Director of Public Health	Officer lead	Head of Service: Public Health Programmes & Services
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Latest available	Nov-25	Status of measure	Level 2a
Reported performance	58.7%	Benchmark position (Wales)	7 th (63.1%)
Target	75%		
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		

Challenges
<ul style="list-style-type: none"> 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 Welsh Immunisation System (WIS) as the primary vaccination recording system for flu has presented some challenges for GPs and Pharmacies. Data Quality issues identified with WIS where patients are being recorded as Powys resident patients but are currently living in England with no accurate address update on the system. Uptake is reported on resident population rather than registered population, therefore there is a cohort of patients who reside in Powys but are not registered with a Welsh GP where vaccination data will be unavailable

Actions & Mitigations

- Flu Vaccination Programme for over 65s started on 1st of 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.
- Data Quality issues raised with Vaccination Programme Wales and DHCW- these are currently being looked into



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

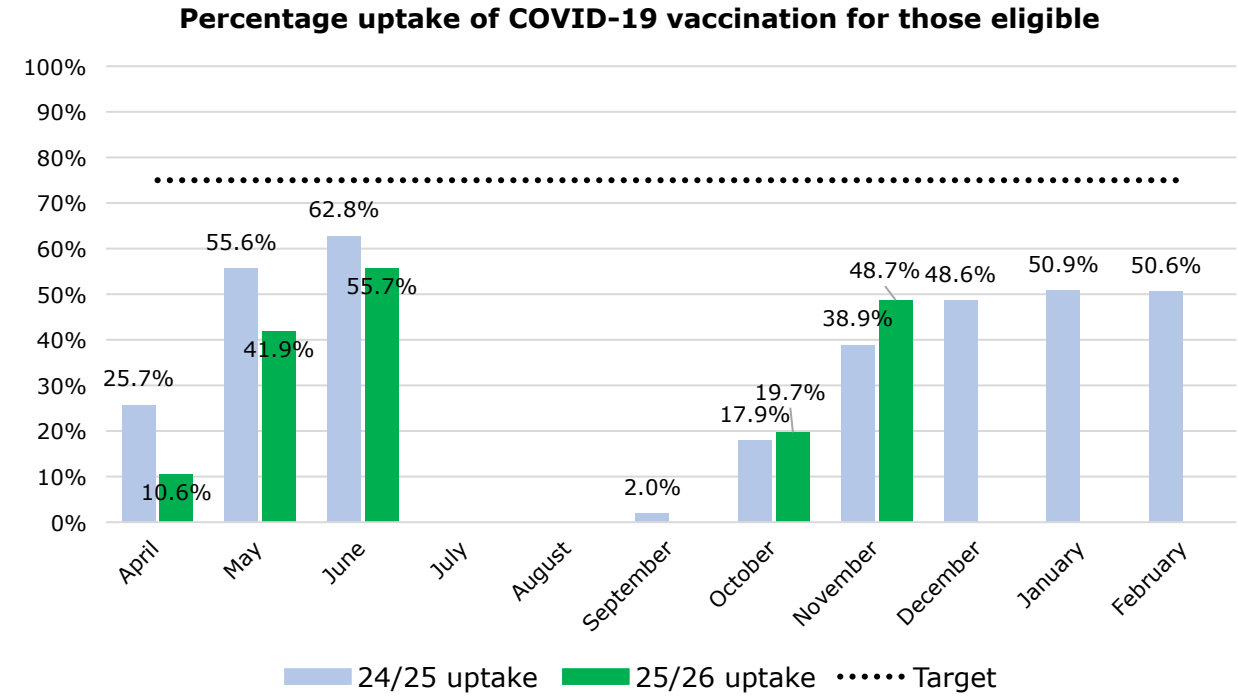
Access & Activity NHS Performance Measure – 7

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
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Latest available	Nov-25	Status of measure	Level 2a
Reported performance	48.7%	Benchmark position (Wales)	4 th (49.1%)
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		

Challenges
<ul style="list-style-type: none"> 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. Data Quality issues identified with WIS where patients are being recorded as Powys resident patients but are currently living in England with no accurate address update on the system.



Actions & Mitigations
<ul style="list-style-type: none"> 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 9 clinic locations across PTHB.

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)
- Person: Liz
2025/10/01/2025 10:09:42*

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
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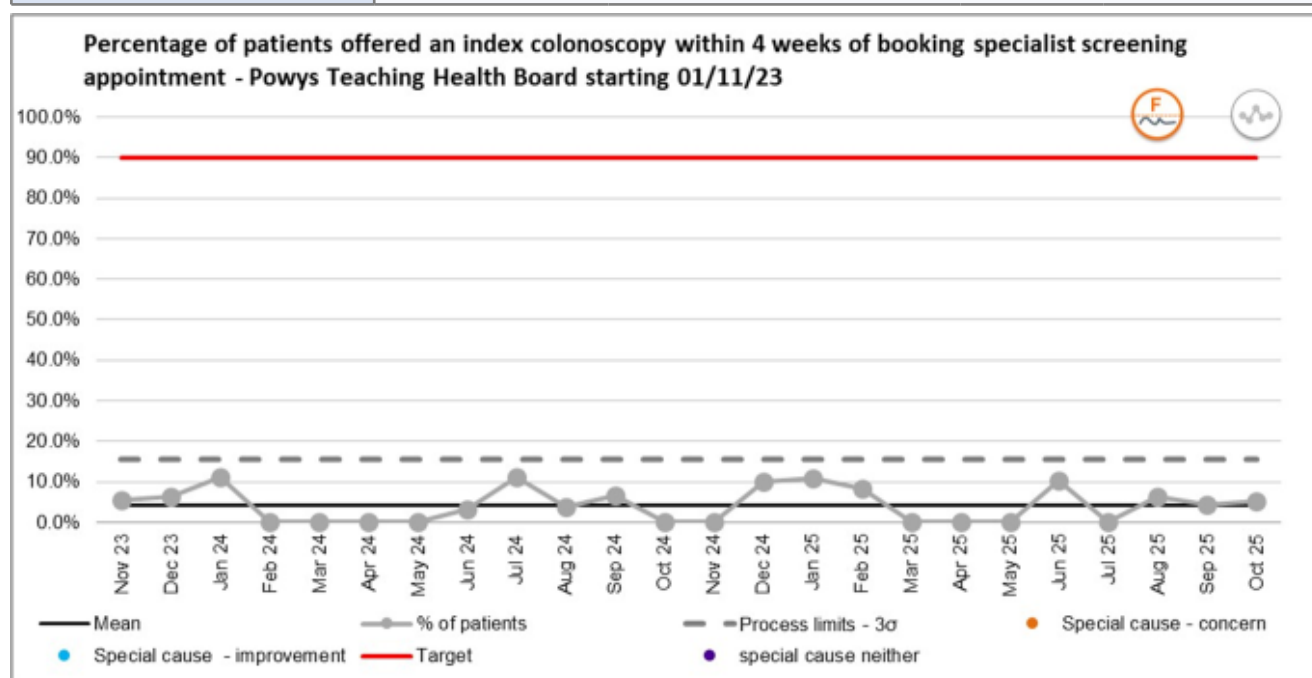
Latest available	Oct-25	Status of measure	Level 3
Reported performance	5.3%	Benchmark position (Wales)	5 th (10.5%)
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PHW compliance report		
Recover by?	Timescale requested from Public Health Wales		

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 2025 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.
- 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.
- Head of Performance with service is currently undertaking a deep dive including report to be completed Q4 on the BSW pathway in PTHB. This is looking to review demand change, understand delays between positive FIT test result and Specialist Screening Practitioner, and subsequent waiting times to colonoscopy.
- PTHB/BSW next meeting 25/2/2026.



What the data tells us

- Powys performance against this measure is challenged reporting 5.3% in October 2025, All Wales performance is also challenged against this measure reporting 10.5% compliance for the September.
- At the end of November (28/11/25) Bowel Screening Wales reported PTHB waiting times at:
 - 1 week for SP assessment.
 - 7 weeks and 3 days for the waiting time colonoscopy with holding list.
 - 8 weeks 3 days total waiting time.
- 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.

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

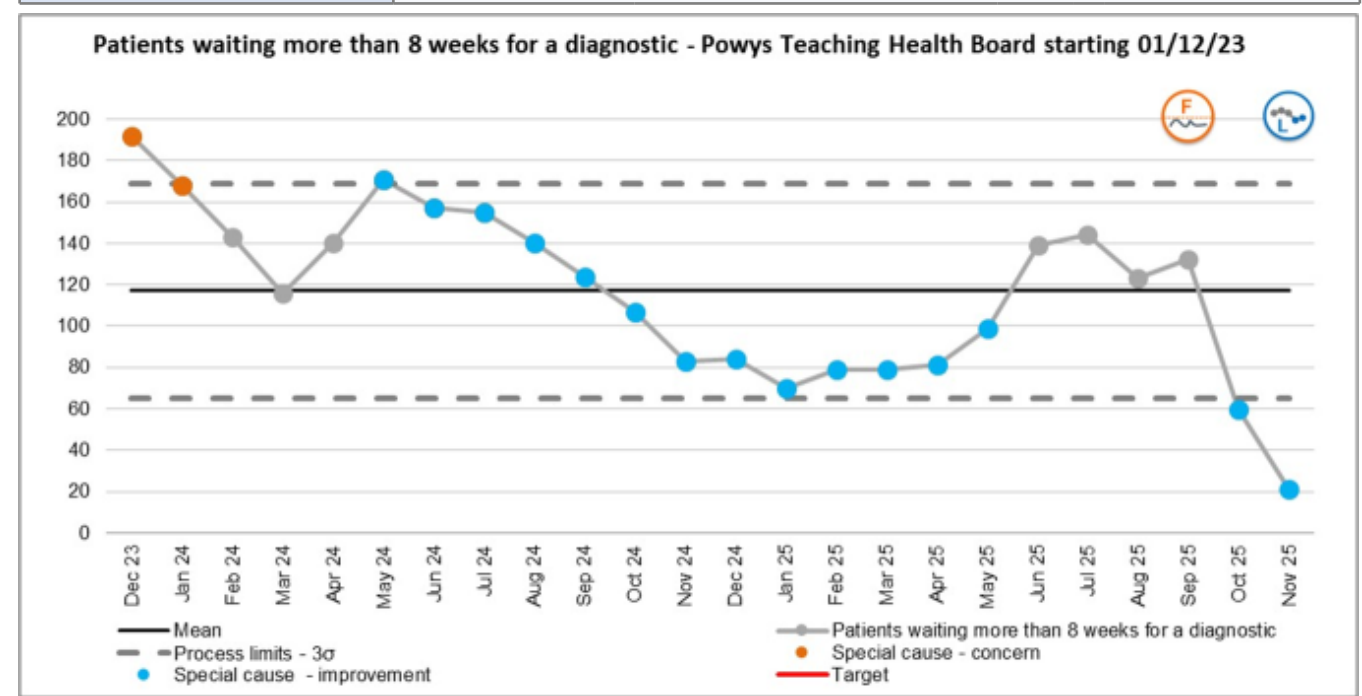
Officer lead

Assistant Director of Community Service Group

Latest available	Nov-25	Status of measure	Level 3
Reported performance	21	Benchmark position (Wales)	1 st (44,415)*
Target	Zero		
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?	TBC		

Diagnostic's performance by sub service

Service	Sub service	Total pathways waiting	Number of pathway breaches	Percentage breaching target
Cardiology	Echo Cardiogram	52	13	25%
Cardiology	Heart Rhythm Recording	23	6	26%
Diagnostic Endoscopy	Colonoscopy	5	0	0%
Diagnostic Endoscopy	Cystoscopy	3	0	0%
Diagnostic Endoscopy	Flexible Sigmoidoscopy	3	0	0%
Diagnostic Endoscopy	Gastroscopy	14	0	0%
Radiology – Consultant Referral	Non-Obstetric Ultrasound	46	0	0%
Radiology – GP Referral	Non-Obstetric Ultrasound	580	2	0%



What the data tells us

This measure includes various diagnostic provisions, echo cardiograms, endoscopy, and non-obstetric ultrasound.

- The health board has reported 21 breaches in November 2025, 19 breaches are for Cardiology, and 2 breaches are within non-obstetric ultrasound. This is a significant improvement shifting performance below the 24-month average and beyond the SPC lower control limit.
- This measure remains **escalated** due to ongoing service pressure and non-compliance against Welsh Government key performance indicator target but will be reviewed during Q4 for de-escalation if recovery trajectories continue to be achieved.
- With Echo Cardiogram breaches reduced to 13 the service remains ahead of its recovery trajectory for zero breaches by March 2026.

Key data quality challenges/changes

- 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).
- 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.

Detailed narrative of challenges, actions and mitigations by sub service on the next slide

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
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Cardiology - Challenges	No. of breaches	19	Diagnostic Endoscopy - Challenges	No. of breaches	0	Non-Obstetric Ultrasound - Challenges	No. of breaches	2
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- 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.

- 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.
- CTMUHB currently triage all Endoscopy referrals.
- 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.

- 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.

Patterson, Liz
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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 Measure – 28

Frequency - Monthly

Planned Care & Cancer - Number of patients (all ages) waiting more than 14 weeks for a specified therapy

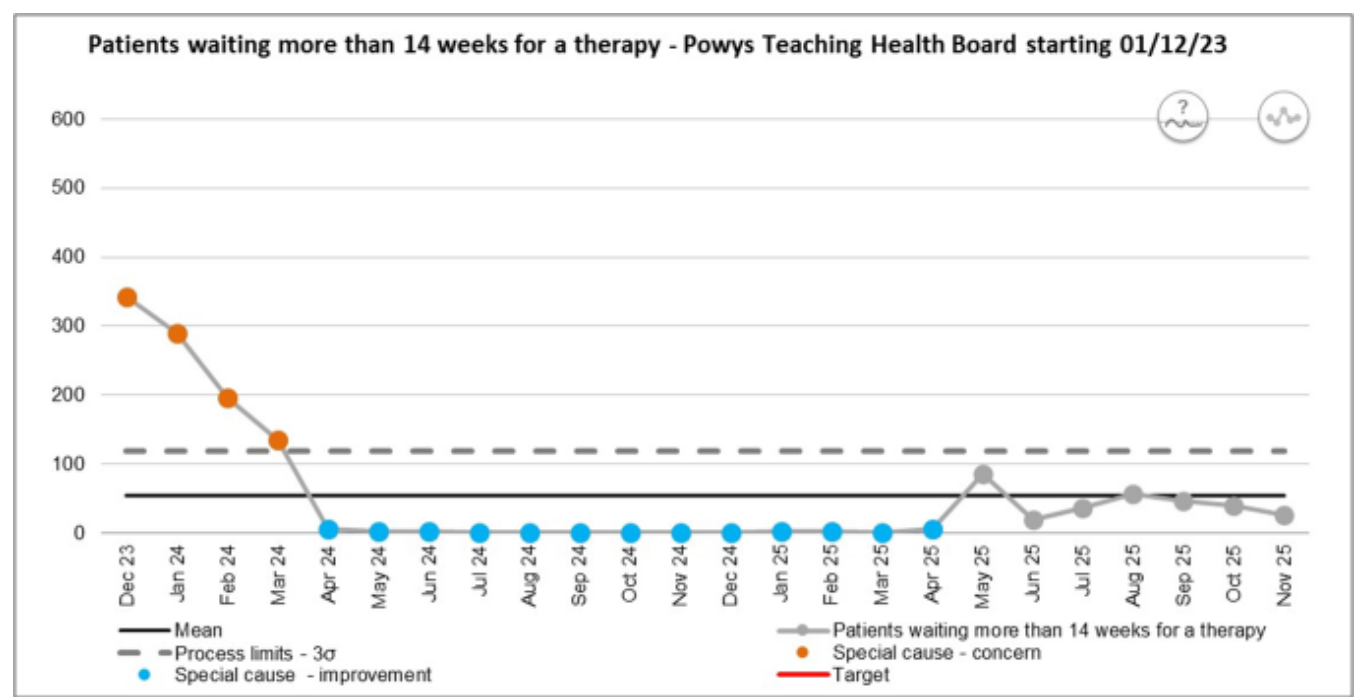
Executive lead Executive Director of Primary Care, Community and Mental Health

Officer lead

Assistant Director of Community Service Group

Latest available	Nov-25	Status of measure	Level 2a
Reported performance	27	Benchmark position (Wales)	3 rd (4,553)*
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?			

Therapy performance by sub service				
Service	Sub service	Total pathways waiting	Number of pathway breaches	Percentage breaching target
Dietetics	Adults	248	13	5%
Dietetics	Paediatrics	58	0	0%
Occupational Therapy	Adults	77	14	18%
Occupational Therapy	Learning Disabilities	6	0	0%
Occupational Therapy	Paediatrics	14	0	0%
Physiotherapy	Adults	2086	0	0%
Physiotherapy	Paediatrics	98	0	0%
Podiatry	Routine	552	0	0%
Podiatry	Urgent	9	0	0%
Speech Language	Adults	53	0	0%
Speech Language	Paediatrics	86	0	0%



Challenges

- Dietetics – vacancies and unplanned leave.
- Occupational Therapy (OT) Hand Therapy – Clinician is a single point of failure (1 clinician service).

Actions & Mitigations

- Dietetics – recovery by February 26.
- OT Hand Therapy – Second service therapist going through recruitment, delayed recovery on track for January 2026.

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)
- November 2025-27 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.

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 – 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

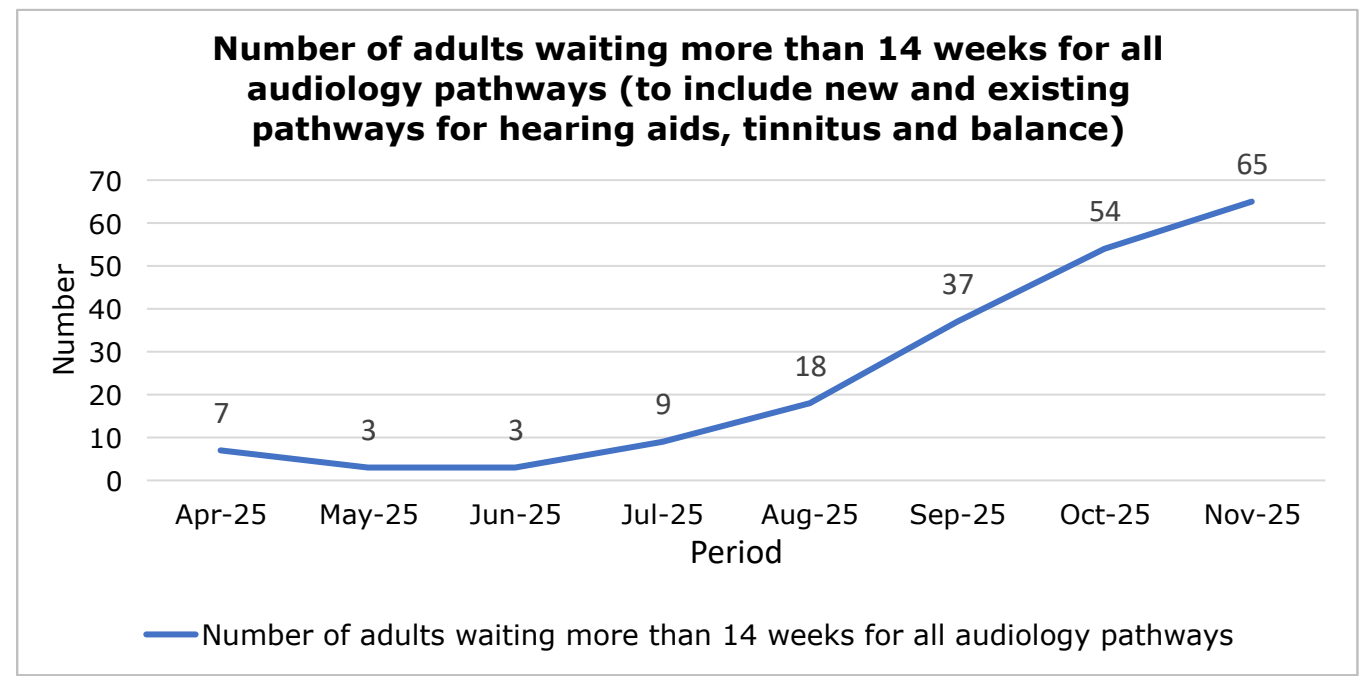
Latest available	Nov-25	Status of measure	Level 2a
Reported performance	65	Benchmark position (Wales)	N/A
Target	Month on Month Reduction		
SPC assurance rating	N/A		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			

Challenges

- Vacancies – 75hrs Band 4 & 5 roles, maternity leave, admin and Professional Head of Service.

Actions & Mitigations

- All clinical posts advertised.
- Admin post started 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.
- Expected improved performance from December 2025, working through backlog with recovery expected by April 2026.



What the data tells us

- The measure is non-compliant in November against the month-on-month reduction target with 65 adults waiting in November compared to 54 in October 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.

	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

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 – 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

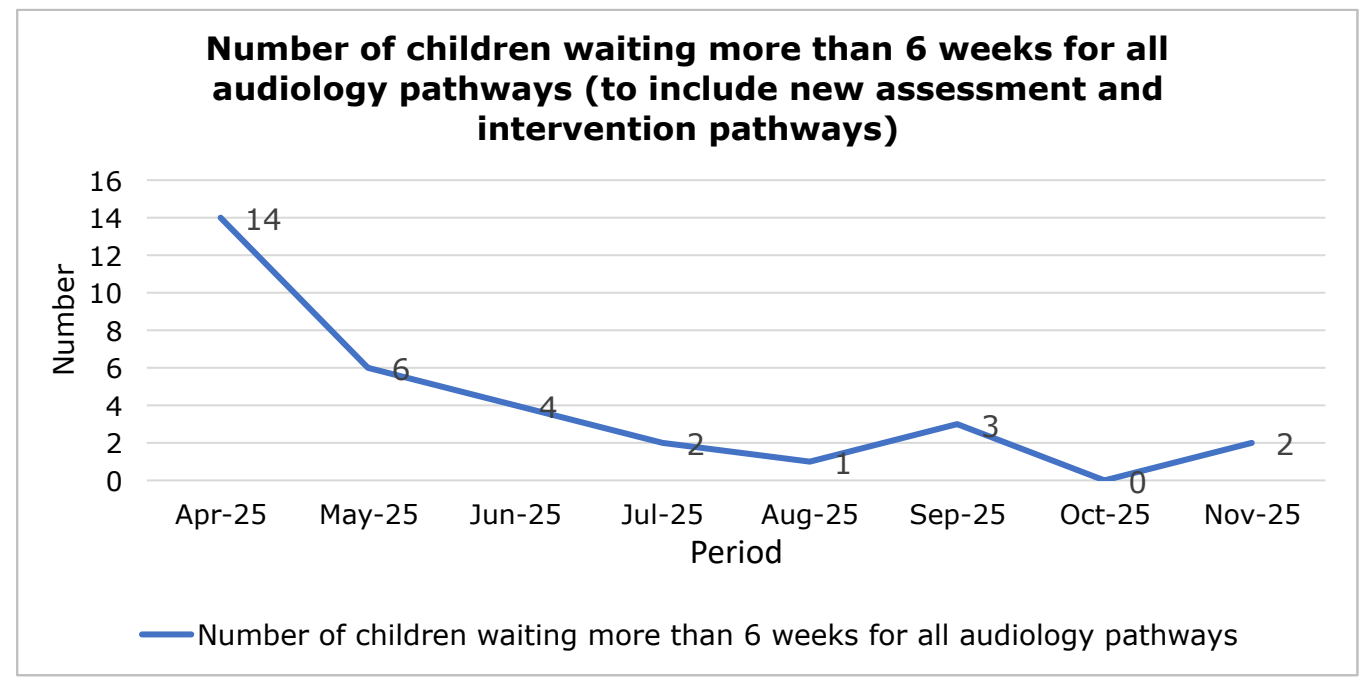
Officer lead

Assistant Director of Community Service Group

Latest available	Nov-25	Status of measure	Level 2a
Reported performance	2	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?			

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.

What the data tells us

- The measure is non-compliant in November against the month-on-month reduction target with 2 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.

	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

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 – 32

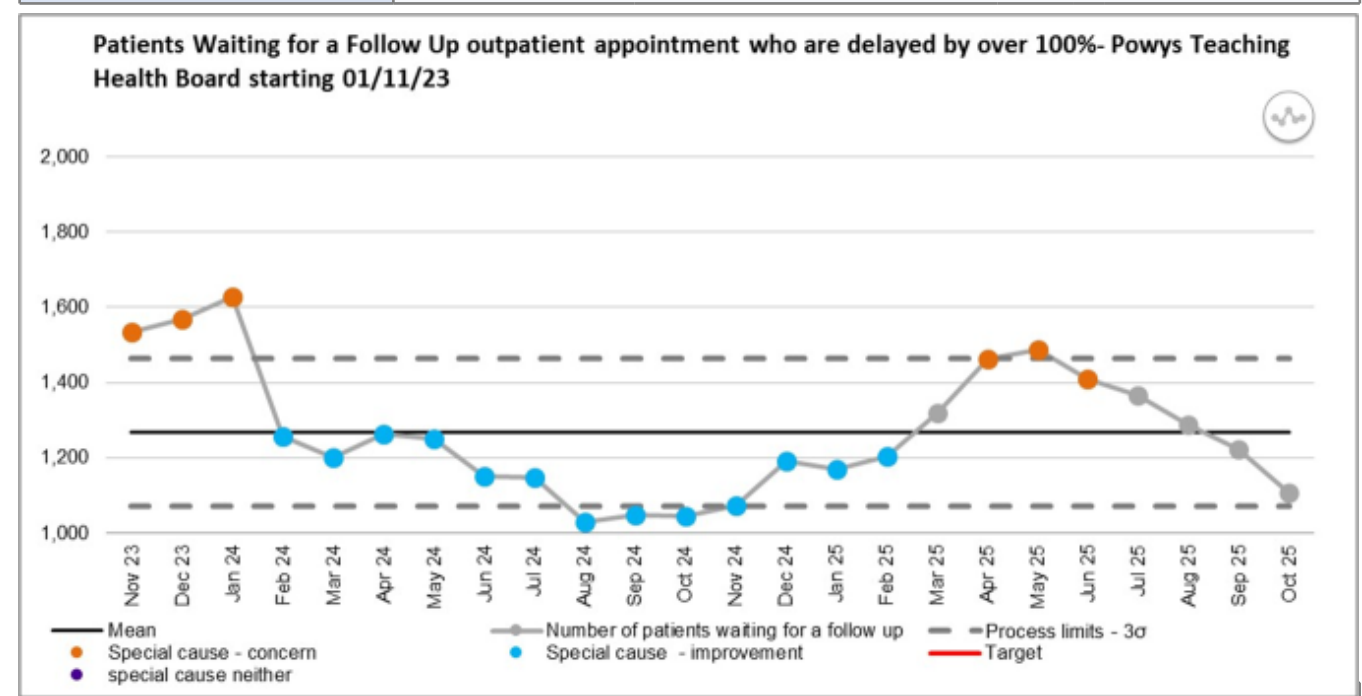
Frequency - Monthly

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
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Latest available	Oct-25	Status of measure	Level 3
Reported performance	1106	Benchmark position (Wales)	1st (264,056)
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 Engineering and Analytics		
Recover by?	TBC		

Challenges
<ul style="list-style-type: none"> 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. Underperformance across in reach SLAs with associated impact on capacity. 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.



What the data tells us

- In October 1106 FUP's were reported as overdue by 100% or over this is more than the equivalent period in October 2024 (1046).
- FUP pathways recording and reporting was escalated in Q4 2021/22 following service identified significant accuracy challenge in the reporting of pathway time banding.

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.

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 – 34

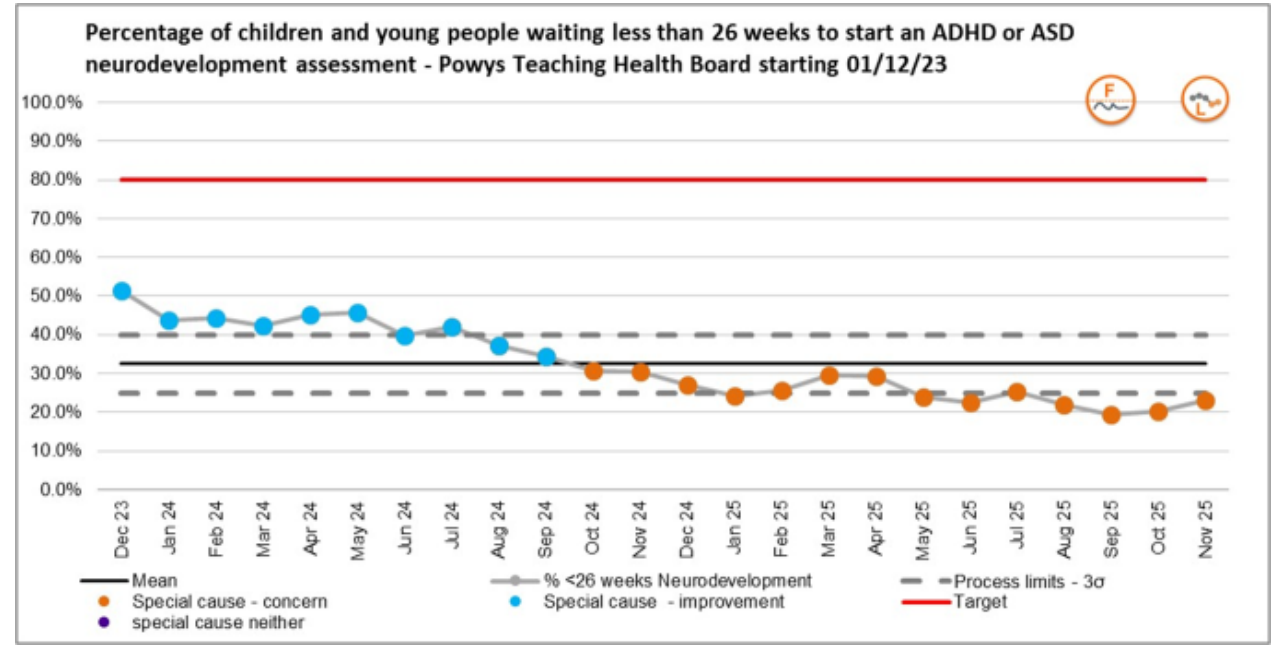
Frequency - Monthly

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	Nov-25	Status of measure	Level 2a
Reported performance	23.1%	Benchmark position (Wales)	5 th (21.0%)*
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 898 pathways reported in November's snapshot 23.1% wait less than 26 weeks for their first assessment.

Challenges

- Since April 2022, the Neurodevelopmental (ND) service has been reliant on non-recurrent funding through the Regional Partnership Board (RPB) Revenue Integration Fund (RIF) (2022–2026), alongside Welsh Government Neurodivergence funding (2022–2026). These funding streams have enabled the recruitment of temporary staff to address the rising referral trajectory and the associated waiting list backlog. However, the funding does not fully meet the total staffing costs of the service, and confirmation and formal allocation of the funding into the base budget remains outstanding.
- Referral demand continues to be sustained at a significant level. While local systems and processes have been strengthened to improve the management and triage of referrals, ongoing pressure on the service remains. In response, there is a continued focus on whole-system management of population need, including the development of a proposal for a Powys-wide single point of access. This approach has been agreed as a *Start Well* priority for consideration within the 2026/2027 funding cycle.
- Establishing a sustainable and resilient staffing model remains a key priority, particularly during Quarter 4. The current operational objective is to maintain waiting times below 104 weeks. This target was not achieved in month 8 due to staff sickness, resulting in one child exceeding the 104-week threshold. However, this appointment was subsequently rescheduled within eight weeks. An improved performance position is anticipated in month 9 as staffing capacity stabilises

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 Multi Disciplinary Team (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. Year 2 commissioned jointly with education and new families identified.
- Business efficiencies being addressed within the administrative processes. Further work to enhance digital capabilities required with digital services expertise.
- Use of system generated letters in operation as well as automated text messaging (WPAS) - implemented July 2025.
- Core templates of documentation developed and in use (WCCIS).
- New referral form in progress and due to be published for use from December 2025.
- 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.
- 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.
- Some temporary funding pots will cease in March 2026, and a Business Case has been developed to support the exit points of temporary funding for the required Neurodevelopmental Team

Percentage of sickness absence rate of staff

Executive lead	Executive Director of People and Culture	Officer lead	Deputy Director of People and Culture
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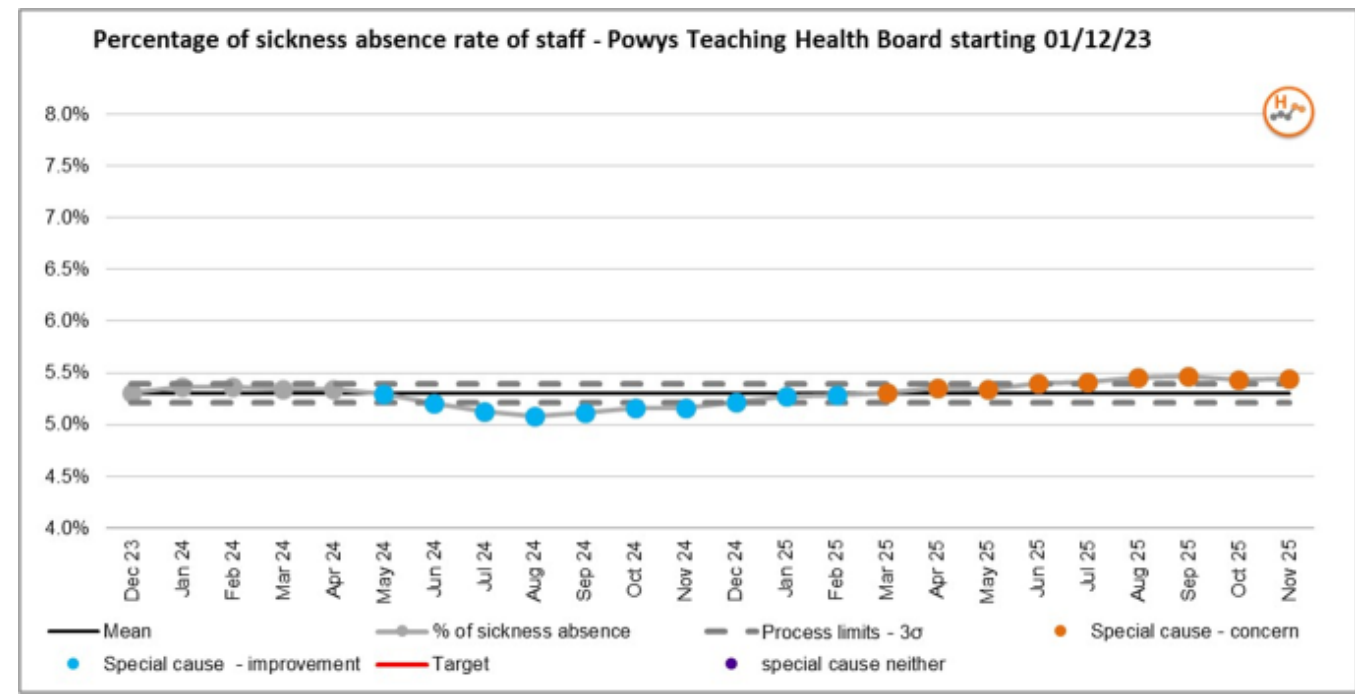
Latest available	Nov-25	Status of measure	Level 2a
Reported performance	5.44%	Benchmark position (Wales)	6 th (6.27%) (Sep-25)
Target	12-month reduction trend		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB People and Cultures		
Recover by?			

Challenges

- Rolling sickness absence seen 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.
- 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)
- 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.



What the data tells us

- The rolling 12-month sickness absence rate is reported as 5.44% for November 2025
- The organisation benchmarks 6th and the All-Wales performance position is 6.27% for September 2025.
- Special Cause concern.

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
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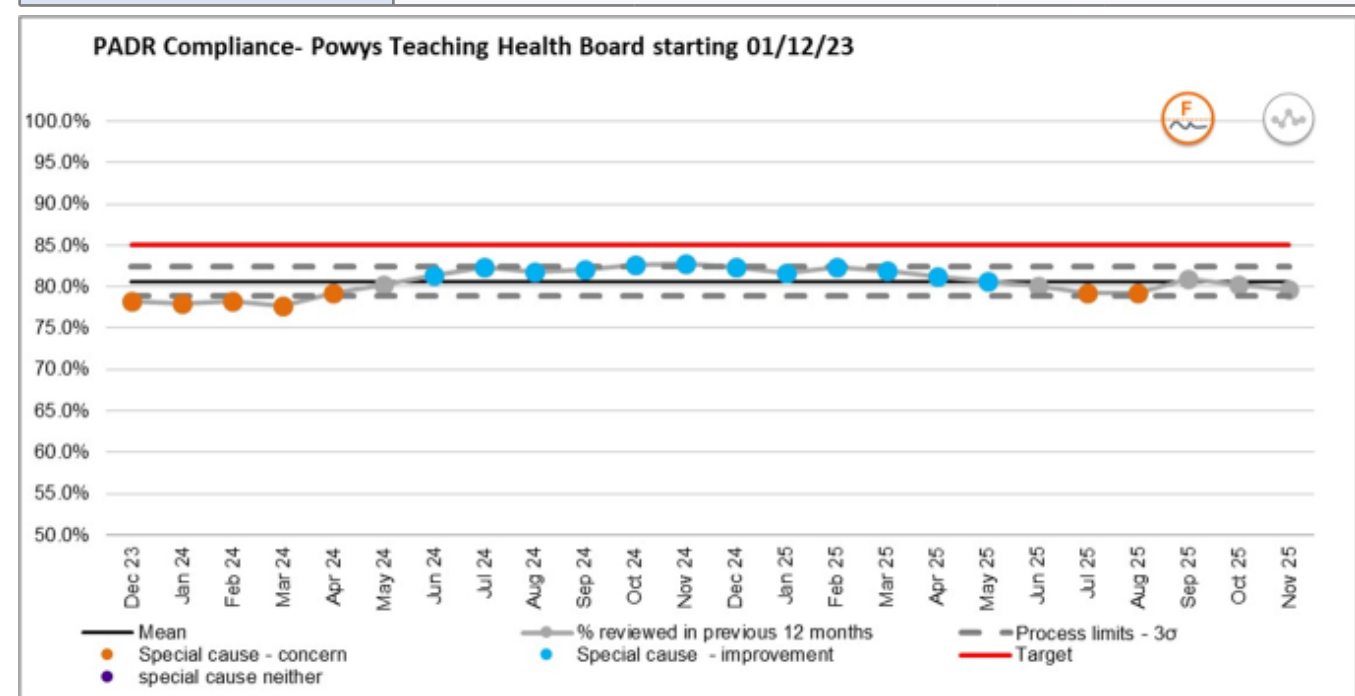
Latest available	Nov-25	Status of measure	Level 2a
Reported performance	79.6%	Benchmark position (Wales)	7th (77.5%) (Sep-25)
Target	85%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB People and Cultures		
Recover by?			

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.



What the data tells us

- PTHB PADR compliance is reported at 79.6% for November 2025.
- The last benchmark available for Wales in September showed PTHB benchmarking 7th out of 13 organisations.

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
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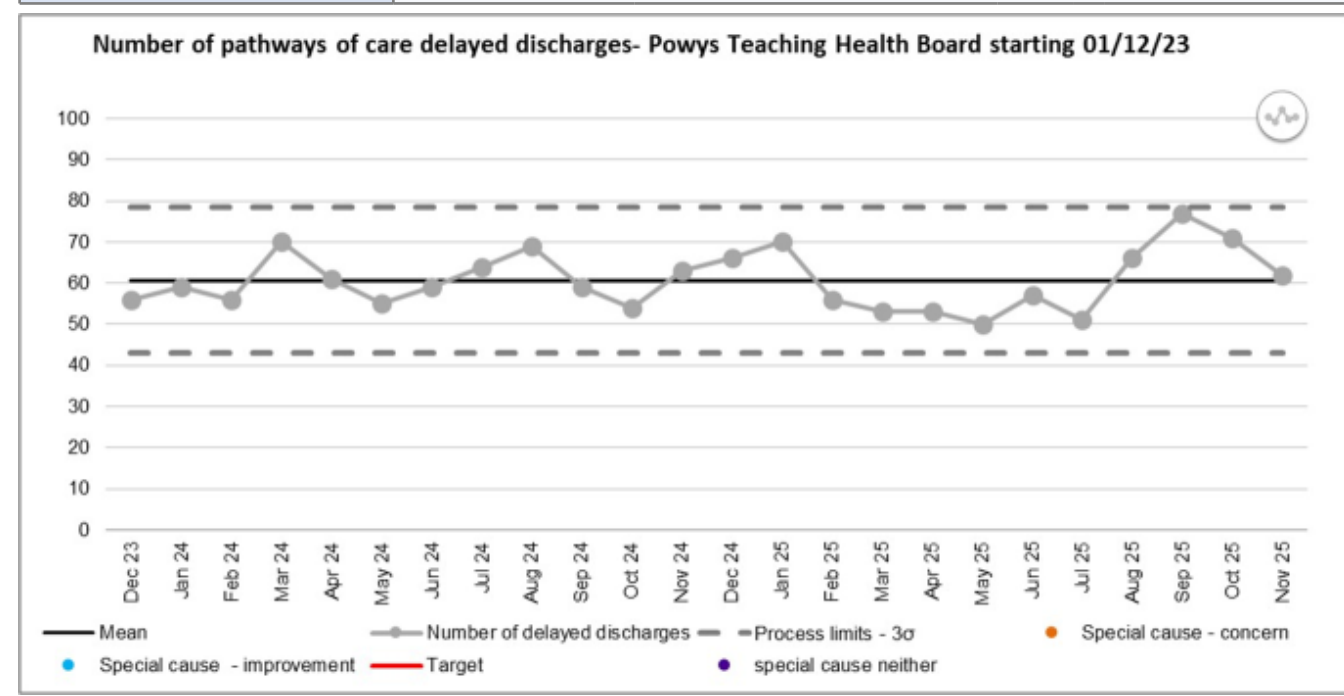
Latest available	Nov-25	Status of measure	Level 2a
Reported performance	62	Benchmark position (Wales)	2 nd (1,455)
Target	12-month reduction trend		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			

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.



What the data tells us

- PTHB is non-compliant at the end of November with 62 delayed discharges.
- Pathways of Care delayed discharges (POCD) continues to report common cause variation.

Liz
27/01/2025 10:09:42

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

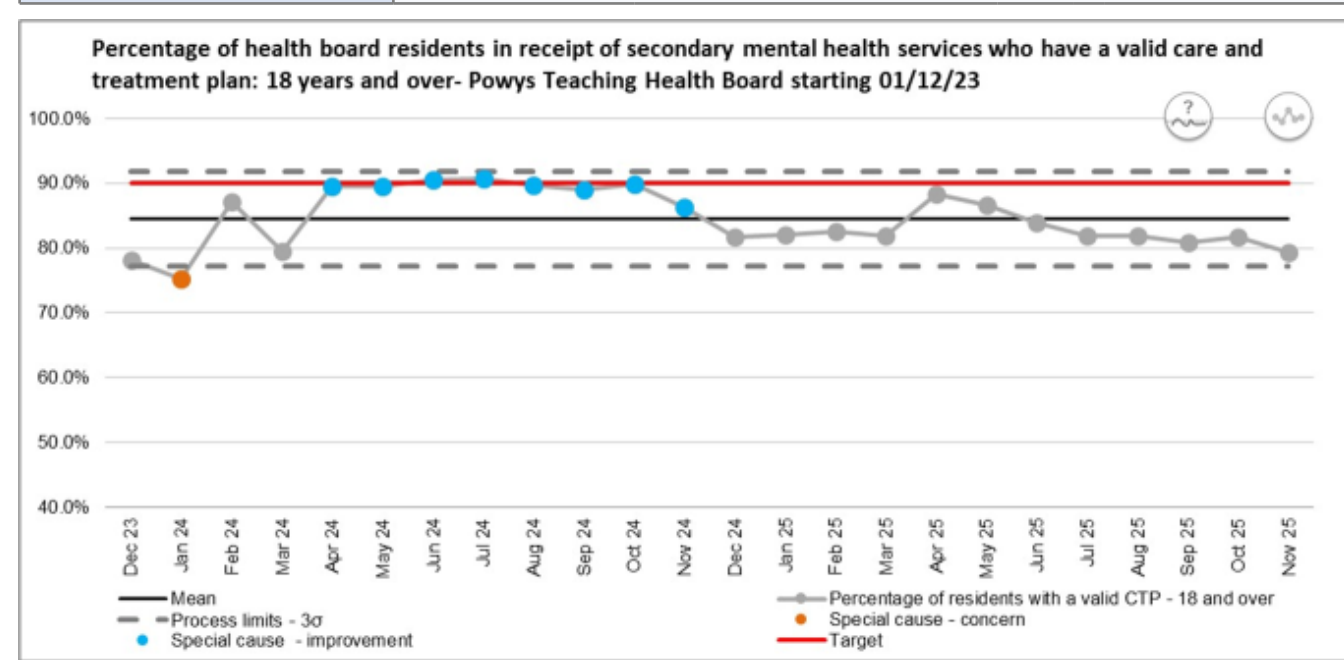
Frequency - Monthly

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
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Latest available	Nov-25	Status of measure	Level 2a
Reported performance	79.4%	Benchmark position (Wales)	6 th (81.5%)*
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		

Challenges
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> 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 and there has been some success in removal of long-standing agency arrangements in some teams. 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. 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. PTHB MH&LD Division is now a 'demonstrator project' for this roll out, furthering open access approach and considering stepped care / OAAT (one at a time). As part of the proposed positive outcomes, it is anticipated that people using services will have increased recovery opportunities and confidence that they do not need to remain with MH Services for significant amounts of time but will be able to easily step in and out of services as and when needed. This in turn will increase staff capacity to review and comply with CTP target. 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. <ul style="list-style-type: none"> 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) intervention and support has shifted to Brecon Team - will significantly increase overall position once interventions complete. 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. Expected improvement in early 2026 with aim to be compliant by March 2026.

What the data tells us

- Adult and older CTP compliance has measured at 79.4% and reports common cause variation.
- PTHB benchmarked 6th against an All-Wales position of 81.5% in October.
- Data challenge around retrospective updates in CTP performance.

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
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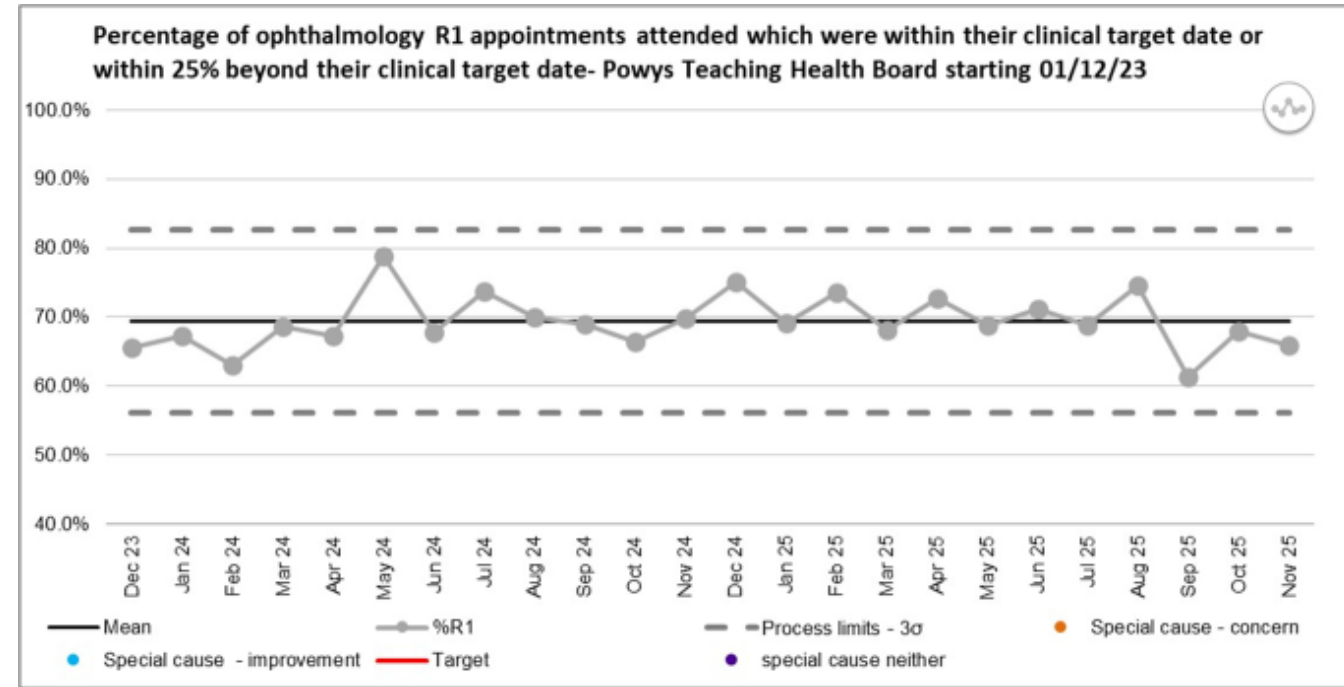
Latest available	Nov-25	Status of measure	Level 2a
Reported performance	65.9%	Benchmark position (Wales)	2 nd (58.1%)*
Target	12-month improvement trend towards national target of 95%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	Plan to be developed 2024/25		

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 successful recruitment will be undertaken Q4 25/26.
- 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.
- Converting treatment lists to OP to increase capacity to manage overdue eyecare follow ups.
- Additional insourcing capacity from HBSUK planned as part of National Commissioning Programme to be undertaken Q4 2025/26.



What the data tells us

- The health boards performance for the measure in November is 65.9% attending within clinical target date (or within 25% beyond). PTHB has continued to benchmark positively against the All-Wales benchmark (58.1%) and ranks 2nd in October 2025.

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	Nov-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 44 new pathways in November 2025 with 30 via primary care referral.
- The health board has reported a positive compliance of 70.9% for downgrades within 28 days of the 31 closed pathways in November.
- PTHB does not achieve the straight to diagnostic test 12-month improvement trend in November with 18.8% 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.

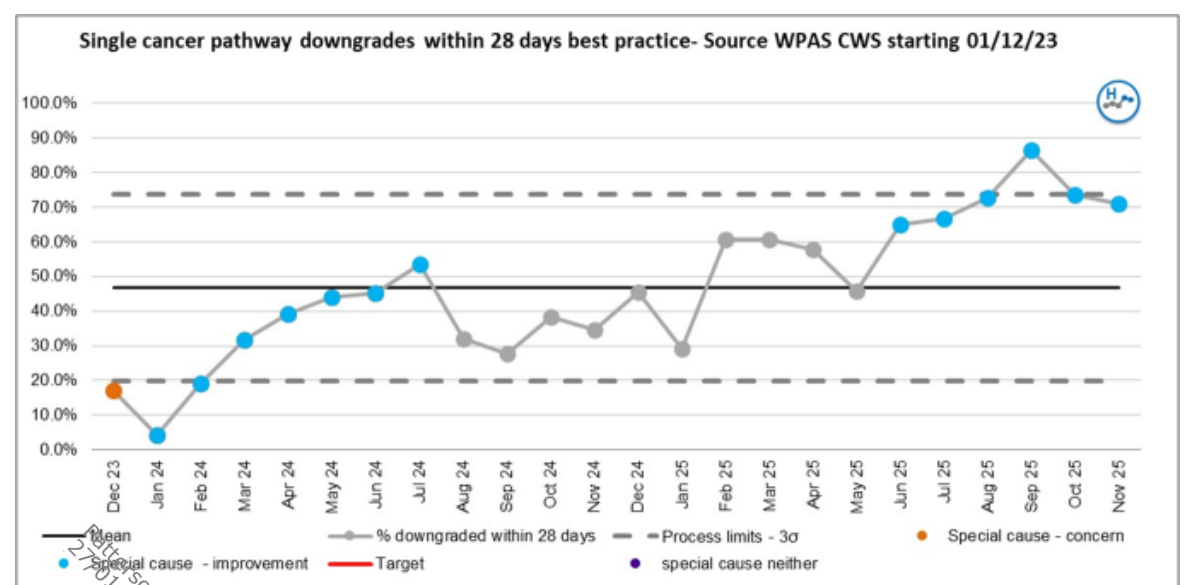
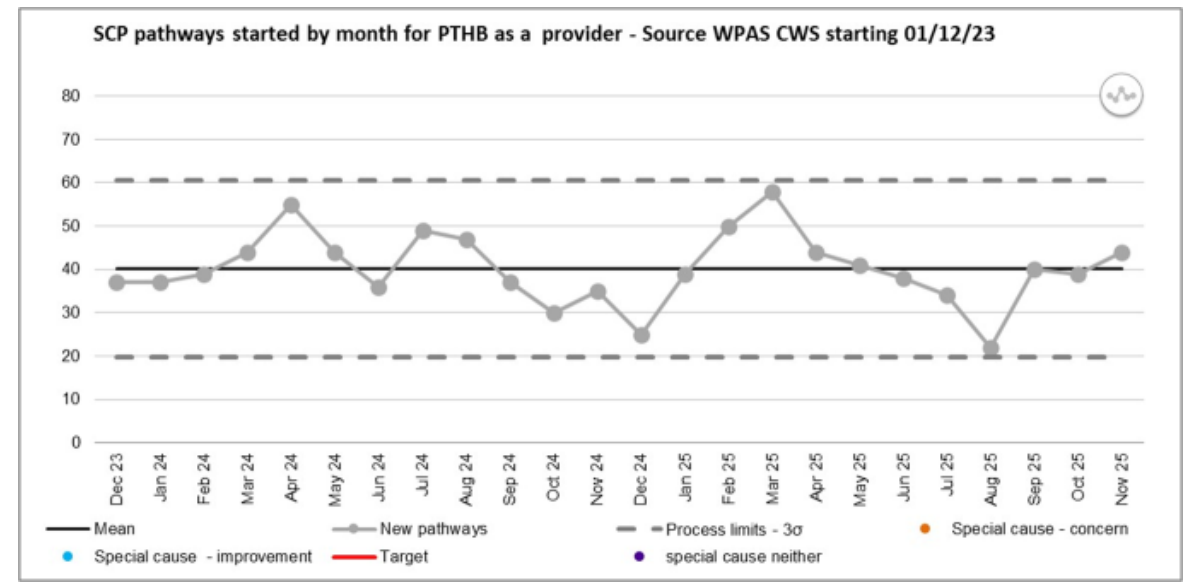
Challenges

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.
- Funding secured from National Planned Care Programme for dermatoscope for Llandrindod GP practice.



Source National SCP dataset	Target	2024-12	2025-01	2025-02	2025-03	2025-04	2025-05	2025-06	2025-07	2025-08	2025-09	2025-10	2025-11
% of patients who are sent straight to test	12 month improvement trend	33.3%	45.5%	58.3%	73.3%	60.0%	40.0%	33.3%	66.7%	33.3%	33.3%	33.3%	18.8%

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	Sep-25	213.80				
Safe *	Crude mortality rate (%)	Oct-25	7.31%	6.64%		▲ 10.0%	
Safe	Never Events reported to NHS P&I	Dec-25	0	0			
Safe	Percentage of discharges on D2RA Pathway 0	Nov-25	2.00%	0.00%			
Safe	Percentage of discharges on D2RA Pathway 1	Nov-25	41.00%	41.00%		■ 0.0%	
Safe	Percentage of discharges on D2RA Pathway 2	Nov-25	7.00%	17.00%		▼ -58.8%	
Safe	Percentage of discharges on D2RA Pathway 3	Nov-25	37.00%	22.00%		▲ 68.2%	
Safe	Percentage of discharges with no D2RA Pathway Allocated	Nov-25	14.00%	19.00%		▼ -26.3%	
Safe	RAMI (Risk adjusted mortality index) 2023	Oct-25	177.45	106.91		▲ 66.0%	
Safe	Safeguarding Adults - Lv1 training	Sep-25	91.97%	91.95%		▲ 0.0%	
Safe	Violence and Aggression (Wales)	Sep-25	94.07%	94.47%		▼ -0.4%	
Timely	Ophthalmology R1 appointments attended within target date* (%)	Nov-25	65.93%	67.99%		▼ -3.0%	
Timely	Patients starting first definitive cancer treatment* (%)	Oct-25	Not applicable to PTHB provider.				
Effective	Diabetes patients completing all eight care processes* (%)	Oct-25	49.60%	50.81%		▼ -2.4%	
Efficient **	Agency spend for all staff groups as % of total pay bill	Sep-25	5.34%	5.20%		▲ 2.6%	

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.

* **Crude Mortality** – PTHB will consistently appear as an outlier in crude mortality comparisons with Welsh acute providers due to differences in service model and methodology. Powys provides only community inpatient care and day-case procedures, resulting in a small denominator. In addition, the provider has a relatively high proportion of patients on end-of-life care pathways, increasing the numerator. Together, these factors produce a higher crude mortality rate compared with All-Wales and acute providers. Small activity volumes also create greater statistical volatility, particularly when data are not presented using a rolling 12-month period.

** **Agency Spend** - Please note that the national agency spend figures from the Beacons dashboard will not match the figures used in the IQPR measures slide/scorecards. For the IQPR the data is source directly from the PTHB Finance team giving a more concise value. PTHB and Welsh Government (WG) use a different interpretation of total pay, WG's calculation uses the Net Pay position with excludes the Hosted Services (HCRW) and the pay in PTHB's Primary Care Services.

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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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
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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
Nov-25	00:07:04	00:06:39	00:07:29	00:05:55	00:07:04	00:07:55	00:11:50	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
Nov-25	00:08:52	00:07:58	00:10:31	00:08:18	00:08:58	00:09:55	00:10:19	00:08:19

Challenges

- WAST continue to experience challenges with large number of ED attendances and conveyances, large number of lost hours per month and handover delays.
- Ambulance handover times exceeding 45 minutes for incidents in Powys particularly a challenge in Royal Shrewsbury Hospital and Hereford County Hospital.

Actions & Mitigations

- Continued engagement with commissioned services via CQPRM meetings and sharing resident view findings with key services.
- PTHB continues to be active member of the Ambulance Services and 111 Collaborative Commissioning Integration Group, represented by the Deputy Director of Performance and Commissioning.
- Actions taken to reduce ambulance conveyance to ED:
 - PTHB Level 2 falls response and Single Point of Access .

What the data tells us

Welsh Ambulance Services University NHS 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 patient 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 missed target.
- Powys does not achieve the median target for Purple Arrest (Cardiac or respiratory arrest), in November performance was a significant outlier and worst in Wales at 11 minutes 50 seconds (All Wales performance was 7 minutes 4 seconds).
- Powys median emergency response time to red reported performance in November with a median time of 10 minutes and 19 seconds significantly higher than All Wales performance which reported 8 minutes and 52 seconds.

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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	Nov-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	PTHB Data Engineering and Analytics		

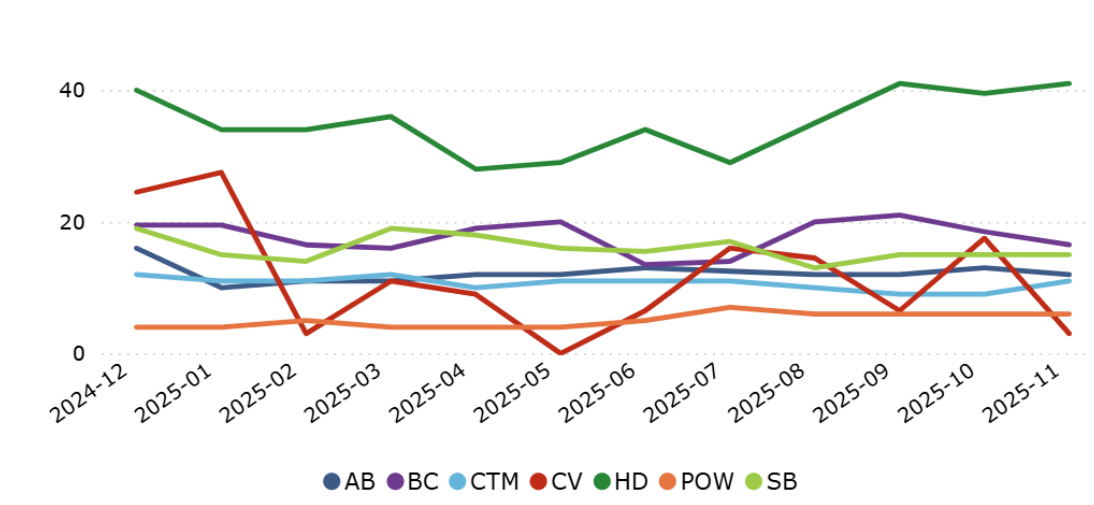
What the data tells us

- 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 59 minutes. The average has increased slightly from October but not significantly.
- 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.

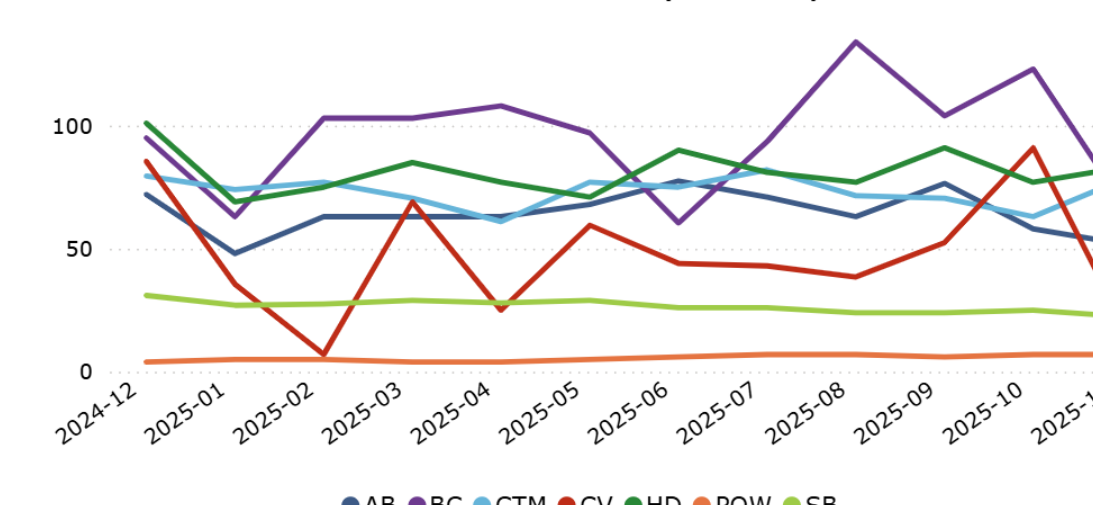
Actions & Mitigations

- 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.

Oct-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	13	16	58	136
BCUHB	19	20	123	137
CTMUHB	9	11	63	69
C&VUHB	18	5	91	82
HDUHB	40	31	77	78
SBUHB	15	20	25	20

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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	Nov-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	PTHB Data Engineering and Analytics		

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

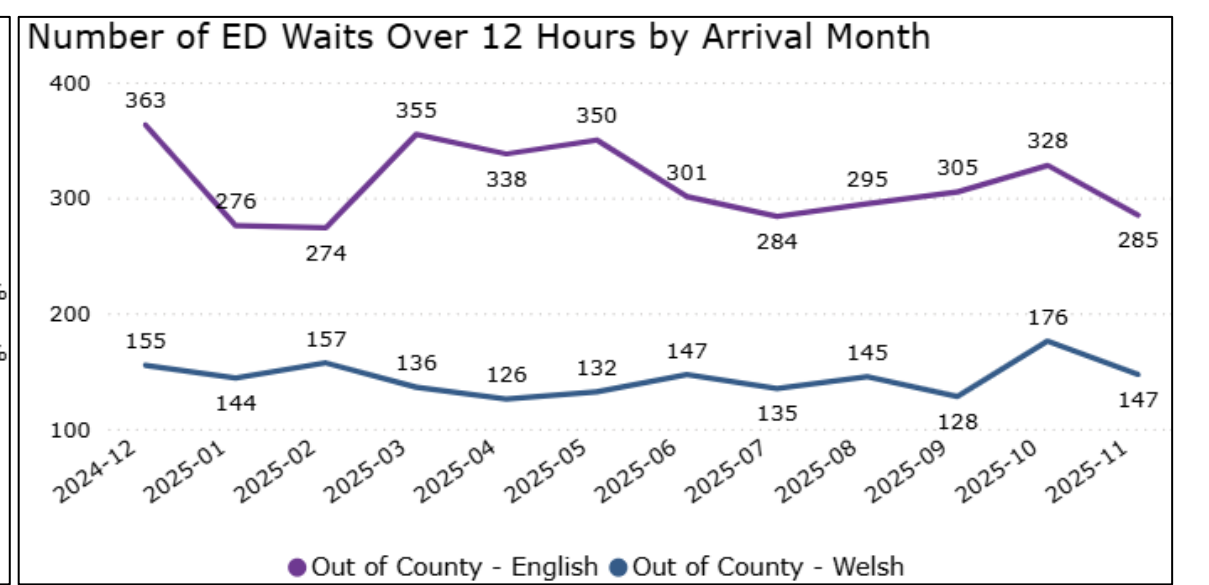
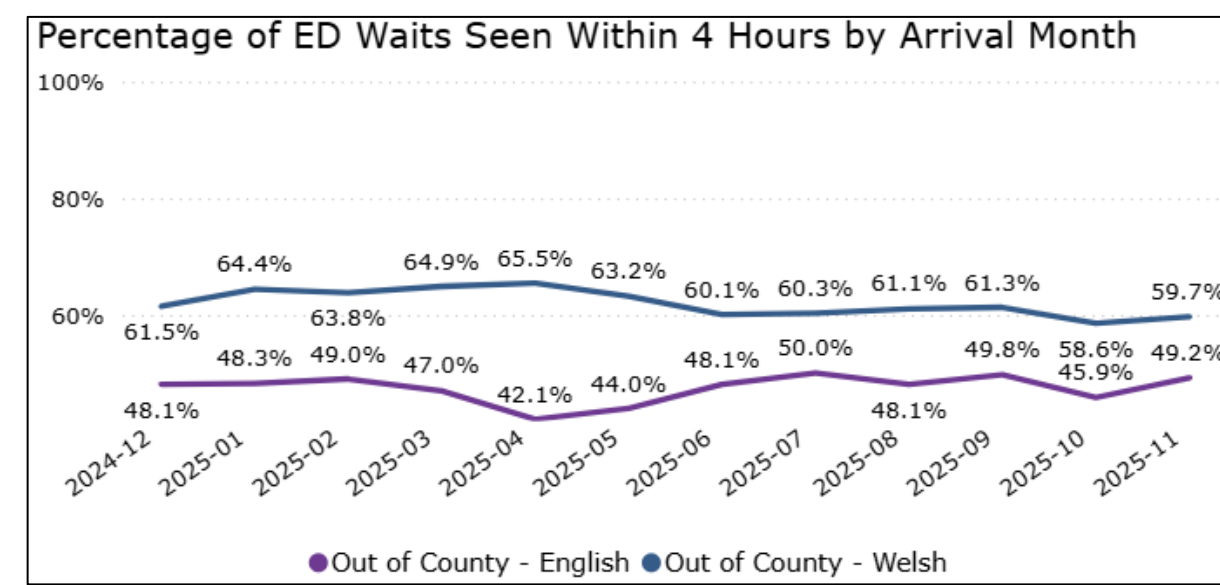
- Powys residents have seen slightly higher compliance in November improving to 59.7% from 58.6% in October for those waiting under 4 hrs in Welsh units.
- Patients waiting over 12 hrs decreases slightly to 147 in November from 176 in October.

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. 49.2% were reported in November as waiting less than 4hrs in their units.
- In November provisional data shows 285 Powys responsible patients waiting over 12 hrs in emergency units before admission, transfer, or discharge. The month 7 IQPR was confirmed to not include SATH data, and the volume of long waits is within expected values.

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.

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	Nov-25	Status of measure	Level 2a
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		

Single cancer pathway performance – Powys residents – Last 12 months – Source DHCW
Target improvement trend to 80% - (Target prior to April 2025 75%).

HealthBoard	2024-12	2025-01	2025-02	2025-03	2025-04	2025-05	2025-06	2025-07	2025-08	2025-09	2025-10	2025-11
Aneurin Bevan UHB												
Pathways With Treatment	16	15	15	16	9	16	14	23	14	15	16	16
Treated Within 62 Days	9	11	9	11	5	10	7	18	10	9	6	12
Breaching 62 Day Target	7	4	6	5	4	6	7	5	4	6	10	4
% Treated Within Target	56%	73%	60%	69%	56%	63%	50%	78%	71%	60%	38%	75%
Betsi Cadwaladr UHB												
Pathways With Treatment	2		1		3	2		3	1	4	2	
Treated Within 62 Days	2				2	1		1				
Breaching 62 Day Target			1		1	1		2	1	4	2	
% Treated Within Target	100%		0%		67%	50%		33%	0%	0%	0%	
Cardiff And Vale UHB												
Pathways With Treatment	1	1						1			1	1
Treated Within 62 Days		1						1			1	
Breaching 62 Day Target	1											1
% Treated Within Target	0%	100%						100%			100%	0%
Cwm Taf Morgannwg UHB												
Pathways With Treatment	9	4	3	5	3	2	5	7	3	8	2	6
Treated Within 62 Days	4	1	1	1			4	2	1	5	2	3
Breaching 62 Day Target	5	3	2	4	3	2	1	5	2	3	3	3
% Treated Within Target	44%	25%	33%	20%	0%	0%	80%	29%	33%	63%	100%	50%
Hywel Dda UHB												
Pathways With Treatment	7	9	6	6	10	9	11	8	7	7	8	14
Treated Within 62 Days	2	6	4	3	5	3	6	5	3	2	4	7
Breaching 62 Day Target	5	3	2	3	5	6	5	3	4	5	4	7
% Treated Within Target	29%	67%	67%	50%	50%	33%	55%	63%	43%	29%	50%	50%
Swansea Bay UHB												
Pathways With Treatment	11	11	5	7	7	6	5	5	1	13	6	5
Treated Within 62 Days	8	6	1	5	1	4	3	4		9	2	3
Breaching 62 Day Target	3	5	4	2	6	2	2	1	1	4	4	2
% Treated Within Target	73%	55%	20%	71%	14%	67%	60%	80%	0%	69%	33%	60%
Pathways With Treatment	46	40	30	34	32	35	35	47	26	47	35	42
Treated Within 62 Days	25	25	15	20	13	18	20	31	14	25	15	25
Breaching 62 Day Target	21	15	15	14	19	17	15	16	12	22	20	17
% Treated Within Target	54%	63%	50%	59%	41%	51%	57%	66%	54%	53%	43%	60%

What the data tells us

- At the end of November, the provisional position reported a total of 251 pathways were closed for Powys residents across all Welsh providers including PTHB. Of these 209 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). The remaining 42 pathways were closed with the commencement of definitive treatment. 17 patients breached the 62 days target with the longest wait reported as 187 days in Hywel Dda UHB for an upper gastrointestinal pathway.
- Performance against the SCP for Powys residents in Wales has seen very little overall change although improving from October with 60% compliance in November.
- The number of pathways going straight to test has fallen below the 12-month average (65%) reporting 64%.

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 November include Urological (5), Breast (3), Upper GI (3), Lower GI (3), Lung (2), and Skin (1) (excluding Basal Cell Carcinoma).
- Information on Powys residents in Welsh commissioned services is currently only reviewed retrospectively once the pathway is closed, Q2 review complete and Q3 review will start from February 2026.
- 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.

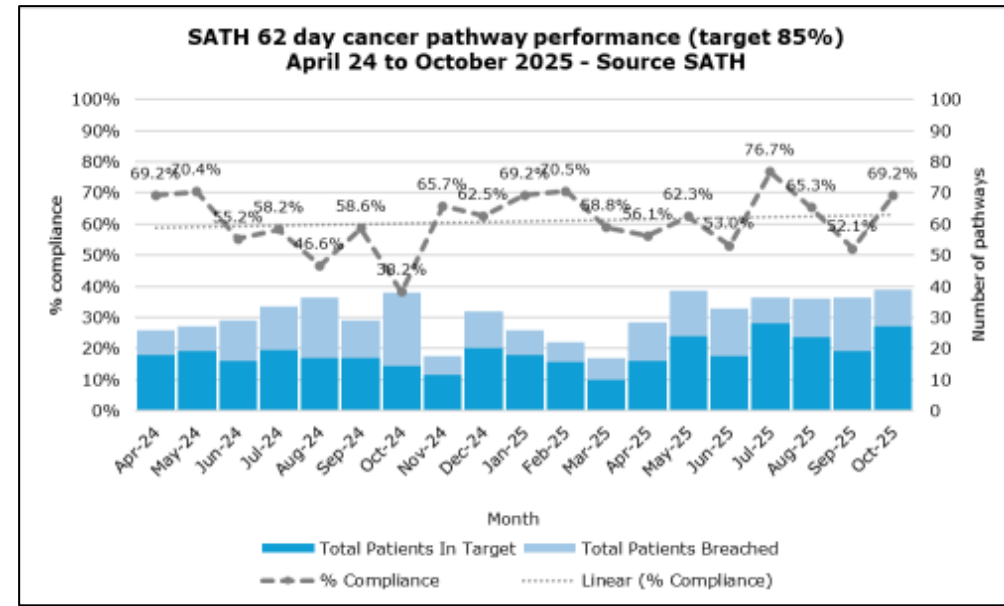
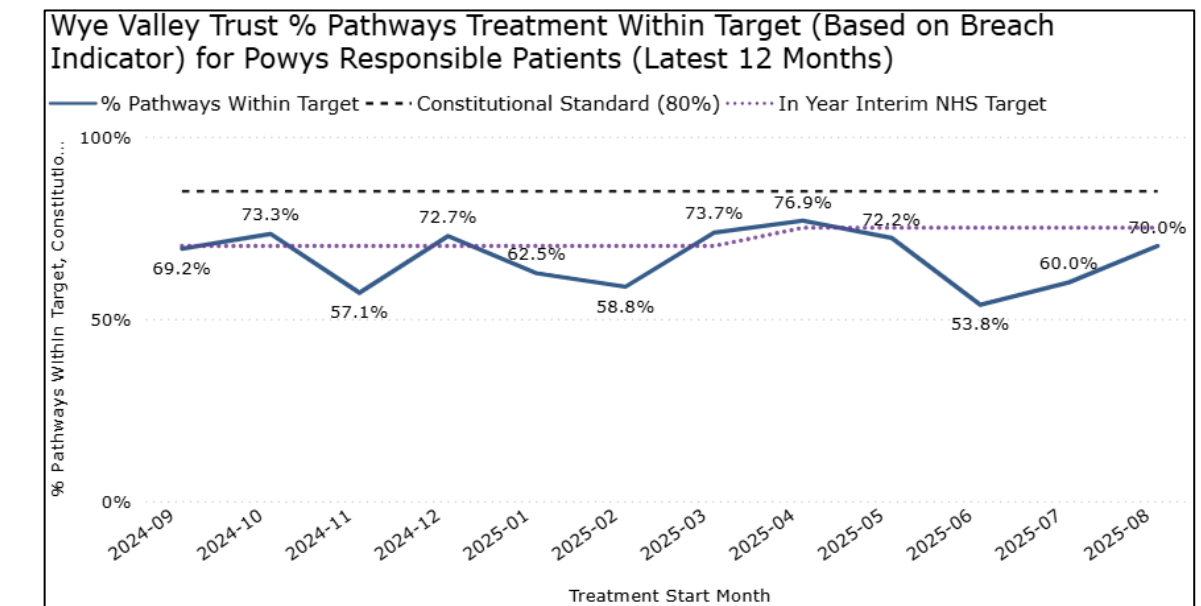
Planned Care & Cancer – Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

Executive lead	Executive Director of Planning, Performance and Commissioning	Officer lead	Deputy Director of Performance and Commissioning
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Latest available	Aug-25 WVT Oct-25 SATH	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 Definitely 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)

Oct-25	SATH	WVT	All English Providers	Target
28-day FDS	80.3%	84.6%	76.1%	75%
31-day DTT	96.2%	93.7%	92.5%	96%
62-day USC	71.4%	75.8%	68.8%	85%

[Statistics > Cancer Waiting Times \(england.nhs.uk\)](https://www.england.nhs.uk/statistics/cancer-waiting-times/)

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.

- Shrewsbury and Telford NHS Trust (SATH) reported 69.2% compliance against the 62 days urgent suspected cancer pathway in October. Cancer performance has continued to steadily improve and is significantly better than the October 2024 position that reported 38.2% compliance. Of the 39 pathways 12 started treatment over 62 days and of those 6 were over 104 days.
- SATH overall compliance for all pathways (including non-Powys responsible) reported 80.3% against 28-day FDS, 96.2% for 31-day DTT, and 71.4% for 62-day USC (table 1).
- Powys resident performance in Wye Valley NHS Trust (WVT) is only available up until August 2025. WVT continue to provide quarterly updates, and the latest information will be available for Q3 in February 2026.
- 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.
- WVT overall compliance for all pathways in October (including non-Powys responsible) reported 84.6% against 28-day FDS, 93.7% for 31-day DTT, and 75.8% for 62-day USC (table 1).

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
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Latest available	Nov-25	Status of measure	Level 3
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DCHW		

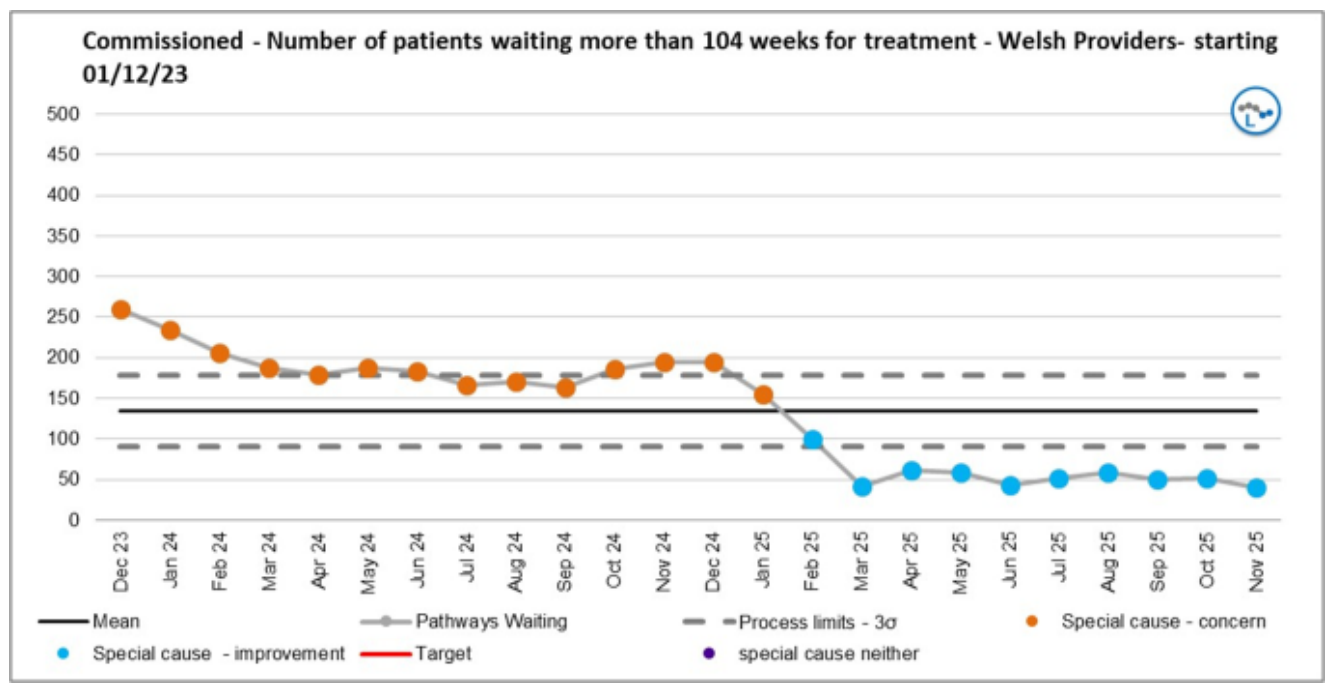
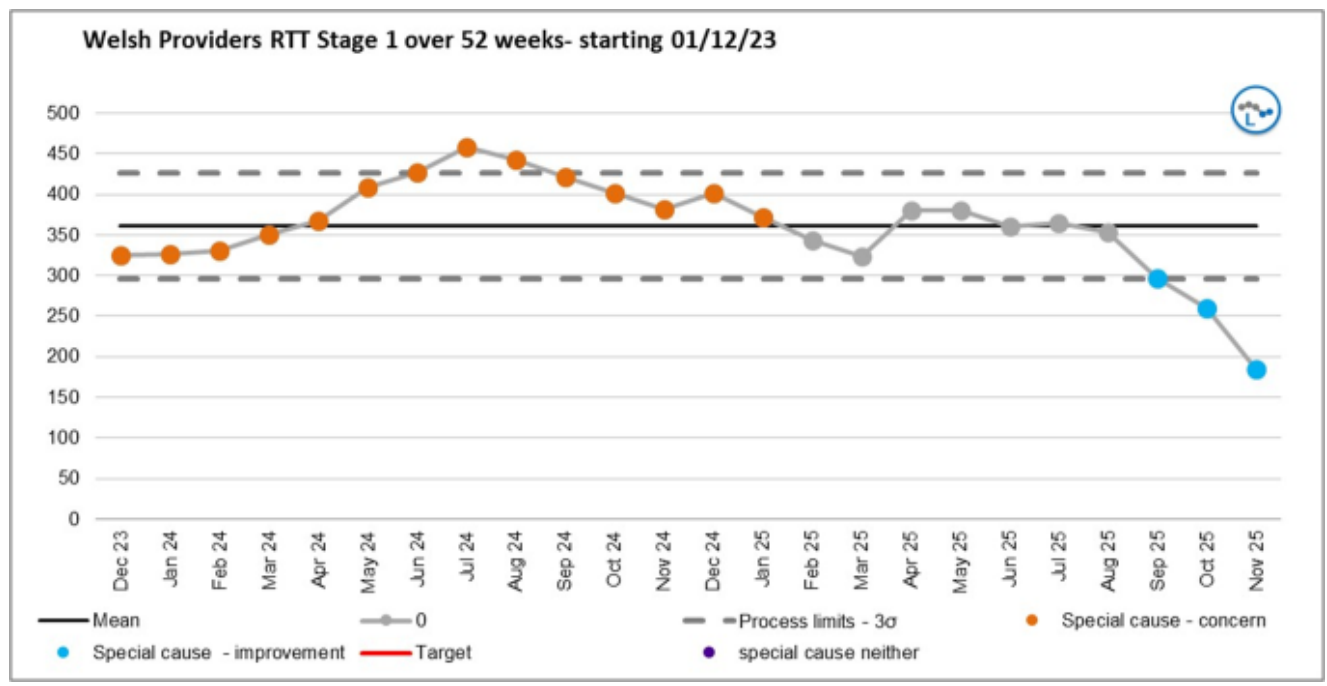
What the data tells us

Measure 31. Number of patients waiting over 52 weeks for a stage 1 (new outpatient) appointment.

- The number of patients waiting over 52 weeks for a new outpatient appointment has reduced from 260 breaches in October to 185 in November. 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 show improvement for this snapshot, and the measure continues to report special cause improvement.

Measure 33. Number of patients waiting more than 104 weeks for referral to treatment

- Waits over 104 weeks for November reduced from 52 to 40 for Powys residents. BCUHB has 20 patients waiting over 104 weeks, ABUHB has 10, Cardiff & Vale reports 8, and CTMUHB has 2 pathways breaching the 104 targets.



Welsh Providers	Nov-25 % of Powys residents < 26 weeks for treatment	No. long waits by cohort, with latest SPC variance						Total pathways Waiting	Stage 1 pathways over 52 weeks	
		All pathways waiting over 36 weeks.		All pathways waiting over 52 weeks.		All pathways waiting over 104 weeks.			Count	SPC
Aneurin Bevan University Health Board	64.4%	623	Ⓛ	323	Ⓛ	10	Ⓛ	2515	70	Ⓛ
Betsi Cadwaladr University Local Health Board	54.7%	232	Ⓛ	134	Ⓛ	20	Ⓛ	688	46	Ⓛ
Cardiff & Vale University Health Board	56.4%	126	Ⓛ	89	Ⓛ	8	Ⓛ	365	20	Ⓛ
Cwm Taf Morgannwg University Health Board	53.9%	262	H	140	Ⓛ	2	Ⓛ	842	49	Ⓛ
Hywel Dda University Health Board	57.5%	442	Ⓛ	259	Ⓛ	0	Ⓛ	1427	0	Ⓛ
Swansea Bay University Health Board	62.7%	484	Ⓛ	251	Ⓛ	0	Ⓛ	1884	0	Ⓛ
Total	60.3%	2169	Ⓛ	1196	Ⓛ	40	Ⓛ	7721	185	Ⓛ

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

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
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Latest available	Oct-25	Status of measure	Level 3
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DCHW		

[Challenges and actions narrative link \(slide 46\)](#)

What the data tells us

- 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) following commissioning intention instructions by Powys Teaching Health Board is starting to see performance fall against the RTT planned care targets. The provider does report a very slight improvement on <26-week compliance but the over 52-week cohort has continued to increase with treatment being delayed in line with Welsh RTT targets. As an example, August reported 161 pathways over 52 weeks, this increased in September to 179 pathways, which has further increased to 210 pathways with a single pathway now over 104 weeks. Prior to waiting time changes WVT consistently reported improving performance for Powys residents.
- The Shrewsbury & Telford Hospital NHS Trust (SATH) who have not agreed to follow the PTHB Commissioning intentions to Welsh targets reports an improved position with special cause improvement across all key wait bands. It should be noted at the end of October pathways over 52 weeks have fallen to 194 (211 Sep-25).
- 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 significant slippage on their original end of year target of breaches (63 pathways waiting over 104 weeks at year end). November reported breaches over 104 weeks increasing further again from 110 to 128. The breaches comprise of treatment waits for spinal, arthroplasty, knee and sports injuries and foot and ankle care. Very long waits now exceed 300 weeks for complex spinal.

	Oct-25	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
English Providers	% of Powys residents < 26 weeks for treatment							
English Other	73.5%	24		5		0		185
The Robert Jones and Agnes Hunt Orthopaedic Hospital	47.3%	1634		996		128		4149
The Shrewsbury and Telford Hospital NHS Trust	70.7%	658		194		0		4196
Wye Valley NHS Trust	67.7%	687		211		1		3728
Total	61.9%	3003		1406		129		12258

Planned Care & Cancer – Commissioned Referral to treatment (RTT) Challenges and Actions

Commissioned RTT for Welsh providers challenges and actions

Commissioned RTT for English 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.

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).
- 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 have reported to PTHB concerns on the impact for their pathways as a result of PTHB Commissioning Intentions for 25/26.

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.

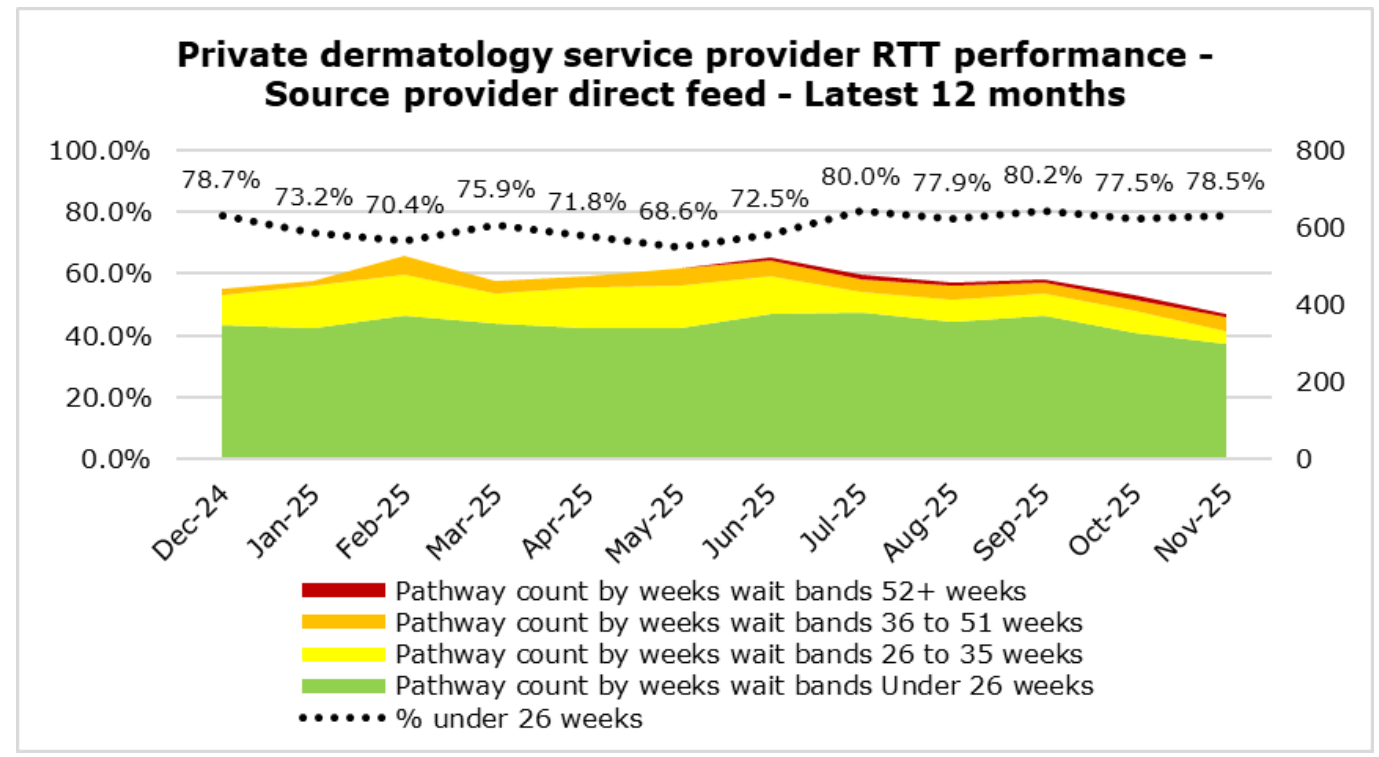
Actions and Mitigations

- 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 – still present, options being considered regarding future block arrangements.
- 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.

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	PTHB Data Engineering and Analytics		



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	
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
Oct-25	77.5%	328	55	29	11	423
Nov-25	78.5%	296	35	37	9	377

What the data tells us

- Under 26-week performance is 78.5% in November 2025, this is a slight improving on October 2025 position (77.5%). Patients waiting over 36 weeks has increased steadily to 46 over the last two months, over 52 week waits also decrease to 9 in November, but this remains above the 12-month average of 5 per month.

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27/01/2025 10:09:42

Challenges

- Limited number of patients continue to wait over 52 weeks.

Actions & Mitigations

- Improvements to data flow with the provider has resulted in waiting list data which is reportable via PTHB Cloud Service.

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)	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance. Sustained deterioration on 1 or more domain. <p>This can include:</p> <ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<p>Options include:</p> <ul style="list-style-type: none"> 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)	<p>Specially for finance:</p> <ul style="list-style-type: none"> 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	<p>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).</p> <p>Agreed action plan established:</p> <ul style="list-style-type: none"> Monitored through financial reporting arrangements. Review period established if plan failing.
Level 3 (Escalation)	<ul style="list-style-type: none"> 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. <p>This can include:</p> <ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<p>Actions could include:</p> <ul style="list-style-type: none"> 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. <p>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.</p> <p>A level 3 escalation may return to any previous lower level of escalation dependant on the remaining challenge and required monitoring.</p>

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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.



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Addysgu Powys
Powys Teaching
Health Board

Agenda item: 3.5

Board		28 January 2026	
Subject:	Powys Teaching Health Board (PTHB) Digital Strategic Framework Annual Report Year 2 2025/26		
Approved and presented by:	Claire Madsen Executive Director of AHP, Health Science and Digital,		
Prepared by:	Chief Digital Data Officer Chief Technical Officer Head of Digital Programmes Chief Nurse Informatics Officer		
Other Committees and meetings considered at:	This report has been considered at Executive Committee on the 29 October 2025 and the Audit, Risk & Assurance Committee on the 13 January 2026 – who endorse the report to the Board.		
PURPOSE:			
The report marks Year two of three of the Digital Strategic Framework (2023–2027), highlighting a commitment to a “Digital First” approach for Powys. The focus is on delivering measurable benefits for patients, staff, and partners through digital innovation, aiming for safe, effective, and person-centred care.			
RECOMMENDATION(S):			
The Board is asked to:			
<ul style="list-style-type: none"> • Take ASSURANCE that robust arrangements are in place to ensure ongoing delivery of the Digital Strategic Framework, with significant progress made to align with Ministerial digital priorities. • RECOGNISE that alongside these assurances and achievements, significant challenges remain; while digital solutions should enable faster discharge and more accurate transfer notes, delays with the Cross Border programme, competing national and local priorities, workforce pressures, and capacity constraints are slowing adoption across the organisation. 			
Approve/Take Assurance	Discuss	Note	
Y	Y	N	

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	N
2. Provide Early Help and Support	Y
3. Tackle the Big Four	N
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:

Context

We are proud to present the Powys Teaching Health Board's second Digital Strategic Framework Annual Monitoring Report (2025-2026). This report reflects on the past year and looks forward as we continue to deliver the Digital Strategic Framework, 2023 – 2027, approved July 2023.

Key Achievements (2024/25) Framework Integration: Embedded the Digital Strategic Framework across core programmes.

- **Infrastructure Upgrades:** Delivered significant digital infrastructure improvements.
- **Transformation:** Advanced clinically led, digitally enabled transformation.
- **Alignment:** Ensured alignment with Welsh Government Digital Priorities, the Health Board's IMTP, and Ministerial expectations.

Year 2/3 Highlights

- **Citizen-Centred Care:** Progressing integrated care records, digital maternity, NHS Wales App adoption, and digital communications.
- **Leadership & Partnerships:** Strengthened clinical digital leadership, expanded training, and improved operational support.
- **Infrastructure & Cyber Security:** Upgraded telephony, enhanced data centres, expanded Wi-Fi, eliminated legacy systems, and improved cyber security.
- **Efficiency & Effectiveness:** Automated inventory, improved care review processes, and enhanced reporting and prioritisation.
- **Big Data & AI:** Developed key applications, improved data quality, piloted AI initiatives, and expanded dashboard and analytics capabilities.

Performance & Impact

- Uplifted services to electronic referral prioritisation.
- Migrated hundreds of scripts and dashboards to the cloud.

- Closed thousands of referrals, corrected data errors, and exceeded clinical coding targets.
- Maintained high customer satisfaction and efficient service desk operations.

Staff Experience & Impact Stories

- Staff testimonials highlight supportive teamwork, professional growth, and a positive workplace culture.
- Training initiatives have empowered staff and improved digital confidence.
- Continuous feedback is used to enhance digital services and support.

Risks & Challenges

- Ongoing cyber threats and workforce capacity constraints.
- Cultural resistance to digital change and delays in cross-border projects.
- Challenges in digital inclusion, system interoperability, and sustaining financial investment.
- Capacity and capability to deliver at pace and scale
- Competing national and local priorities

Looking Ahead (Year 3 and Beyond)

- Scale digital tools and expand automation/AI pilots to reduce admin time for clinical and operational services.
- Strengthen patient-facing services and improve data integration to reduce paper records by digitalising processes and freeing up more time to care.
- Continue providing safe quality equipment and systems for connected care, maternity services and prescribing services.
- Prepare for the next Digital Strategic Framework (2027–2030) and further integrate health and social care solutions.

BACKGROUND AND ANNUAL PROGRESS REPORT

We are embarking on an ambitious and exciting journey over the next two years, as detailed in our Digital Strategic Framework. This vision is not only bold but also rooted in our commitment to excellence and innovation in the digital sphere. Our aim is to continue delivering on our five strategic themes while aligning our digital priorities with the Health Board's Integrated Medium-Term Plan, Route map to Sustainability, and the national Digital Health and Care Strategy, A Healthier Wales.

The Health and Care Strategy for Powys, Strategic Objective "**Digital First**" details three key aims:

Digital Care - Telehealth/Care; Improve access to information about health and wellbeing and use digital technologies.

Digital Access – National ICT Programme; Implement systems to improve digital access to support care co-ordination, referral and diagnostics.

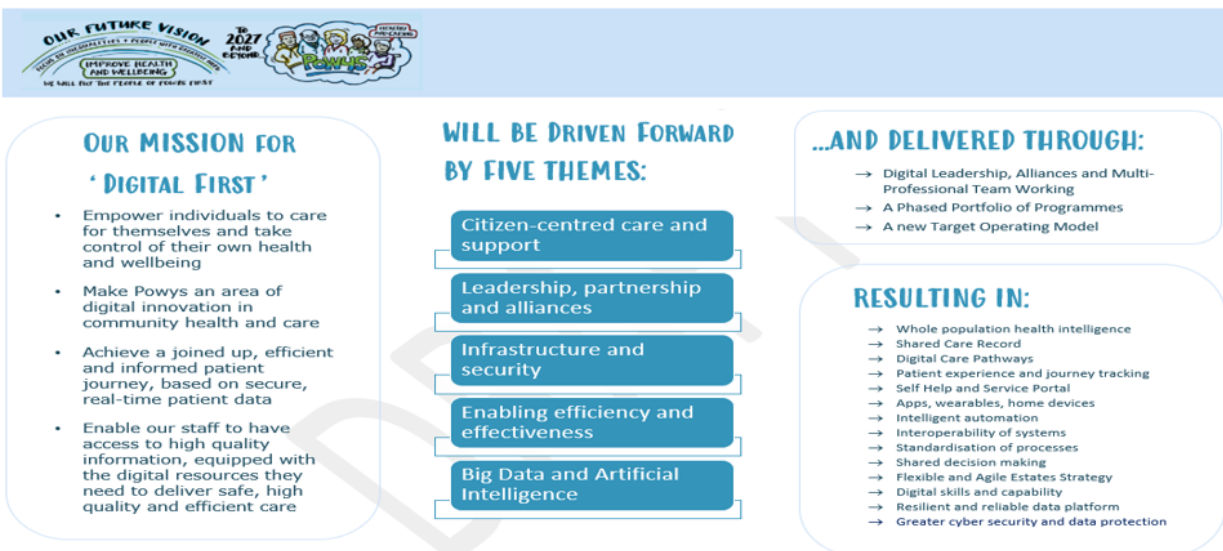
Digital Infrastructure & Intelligence – Including information storage, hosting, security, and recovery, back up and archiving, connectivity, and professional/user skill development of digital transformation.

Our framework is built around **five core strategic themes**, each of which is critical to our vision and success. These themes guide our actions and initiatives, ensuring that we remain focused on our goals and deliver tangible outcomes.

- Theme 1 - Citizen Centred Care and Support**
- Theme 2 – Leadership, Partnership and Alliances**
- Theme 3 – Infrastructure and Security**
- Theme 4 – Enabling efficiency and effectiveness**
- Theme 5 – Big Data and Artificial Intelligence**

The Digital Strategic Framework (2023 – 2027) Plan on a Page

Digital Strategic Framework 2023 – 2027 on a page



16

NEXT STEPS:

Continue with the planned programme of work aligned to the delivery of the Digital Strategic Framework 2023-2027 supported by relevant reporting to the Board and its Committees.

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

Digital Strategic Framework Annual Report 2025/2026



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Foreword

“Our focus has sharpened on delivering real, measurable benefits for patients, staff, and partners”

The past year has marked a pivotal phase in our journey towards a “Digital First” Powys. As we enter Year 3 of our Digital Strategic Framework (2023–2027), our focus has sharpened on delivering real, measurable benefits for patients, staff, and partners.

The achievements set out in this report are a testament to the commitment and collaboration across our digital, clinical, and operational teams. We remain steadfast in our ambition: to harness digital innovation as a driver for safe, effective, and person-centred care—now and for the future.

Claire Madsen,
Executive Director of Therapies, Health Science and Digital



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Executive Summary

2024/25 has been a year of consolidation and acceleration. We have:

- Embedded the Digital Strategic Framework across core programmes
- Delivered key significant digital infrastructure upgrades
- Advanced our clinically led, digitally enabled transformation.

Our work is directly aligned to the five key themes of the Framework, ensuring every step supports our mission for a healthier, more connected Powys.

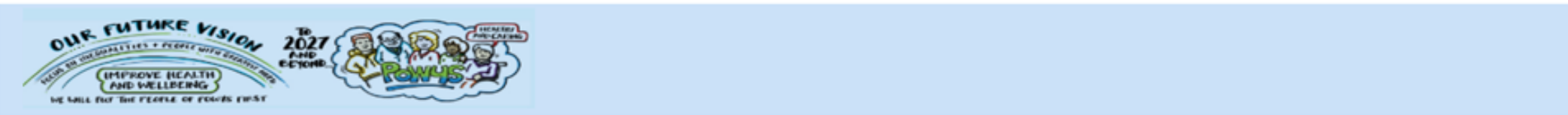
Furthermore, this report provides assurance that delivery is aligned with the Welsh Government's Digital Priorities for Health and Care, the Health Board's IMTP, and the Digital Strategic Framework. All core milestones have been progressed in line with Ministerial expectations and internal performance plans.

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Digital Strategic Framework Themes

- Citizen-centred care and support
- Leadership, partnership and alliances
- Infrastructure & Security
- Enabling efficiency and effectiveness
- Big Data & Artificial Intelligence

Themes & Principles



OUR MISSION FOR 'DIGITAL FIRST'

- Empower individuals to care for themselves and take control of their own health and wellbeing
- Make Powys an area of digital innovation in community health and care
- Achieve a joined up, efficient and informed patient journey, based on secure, real-time patient data
- Enable our staff to have access to high quality information, equipped with the digital resources they need to deliver safe, high quality and efficient care

WILL BE DRIVEN FORWARD BY FIVE THEMES:

- Citizen-centred care and support
- Leadership, partnership and alliances
- Infrastructure and security
- Enabling efficiency and effectiveness
- Big Data and Artificial Intelligence

...AND DELIVERED THROUGH:

- Digital Leadership, Alliances and Multi-Professional Team Working
- A Phased Portfolio of Programmes
- A new Target Operating Model






RESULTING IN:

- Whole population health intelligence
- Shared Care Record
- Digital Care Pathways
- Patient experience and journey tracking
- Self Help and Service Portal
- Apps, wearables, home devices
- Intelligent automation
- Interoperability of systems
- Standardisation of processes
- Shared decision making
- Flexible and Agile Estates Strategy
- Digital skills and capability
- Resilient and reliable data platform
- Greater cyber security and data protection

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Year 2 Highlights

Managed Print Solution Deployed	Eliminated Fax Machines	 ePMA Solution Procured	 Digital Maternity System Procured
Board Approval to Replace WCCIS Platform	Implementation of Scan 4 Safety Stock Management System	RISP Platform Deployment	 12 Digital Apps Developed
New Digital Telephony Service	New Guest Wi-Fi Service	Almost 150,000 data quality issues addressed	33 New Dashboards
Nearly 350 items of Infrastructure Deployed	567 Digital Devices Procured	187 Software Licences Procured	56 Security Assessments
 35 Security Incidents Investigated	189 Vulnerabilities Patched	 92% - Average Customer Satisfaction	10,257 - Phone Calls Answered

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Digital Strategic Framework 2023 - 2027

Five Themes

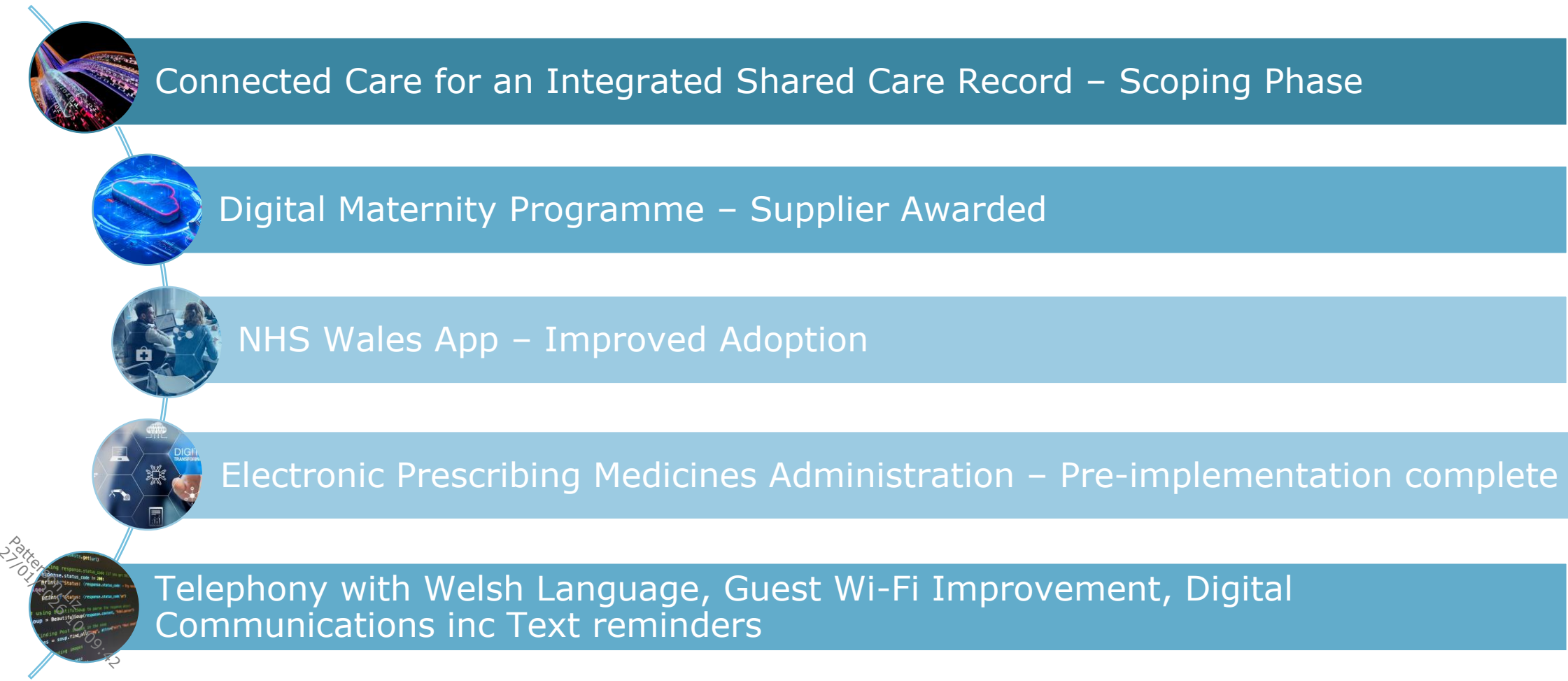


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Citizen Centred Care Achievements



Leadership, Partnership and Alliances Achievements



Clinically Led, Digitally Enabled Leadership strengthened with the establishment of a joined up Clinical Digital Board



Development SharePoint articles, help guides, and sites for operational service management.



Clinical Informatics team expanded to include Clinical Digital Trainers and conducted training awareness and Digital Skills confidence workshops.



Service led large Transformation programmes recognising Digital First as a Strategic Enabler



Target Operating Model extended for all Digital and Data functions, with increased availability for the IT Service Desk Hours and access to support when and where needed.

Infrastructure & Cyber Security Achievements



Connectivity

- **New Digital Telephony Service upgrade** across all sites, to a modern, Teams-integrated digital platform
- **Data centre enhancements** and security improvements
- **96 New Wireless Access Points** installed, extending Wi-Fi beyond hospital wards



Security


- **Legacy operating systems** entirely eliminated
- **Cloud migration** of 387 data scripts and 409 dashboards
- **Cyber security training** and phishing campaigns delivered; improved audit score
- **Removal of legacy infrastructure** and unsupported systems



Modernisation

- **Secure Guest Wi-Fi** implemented across all health board sites
- **Infrastructure Redesign and Refresh** replaced aging network hardware; all procured equipment deployed for improved reliability and performance
- **Highly available hosting platforms** increase reliability and service availability

Enabling Efficiency & Effectiveness Achievements

-  Scan4Safety to automate inventory management, minimise waste and streamline ordering and receipting processes, better financial forecasting and stock control.
-  Support Planned Care review with ongoing process mapping and stakeholder engagement to ensure changes are sustainable and aligned to broader transformational goals.
-  Single point of Access for digital services to support and provide a transparent demand and capacity model of reporting and prioritisation.
-  Supported the Better Together Programme with timely data and analysis.
-  Internal Audit has identified key improvements for business change gaps and how we are tracking benefits realisation to ensure measurable improvements.

Big Data & AI Achievements



Data Quality Improved with 30% reduction in reported errors



AI Policy and Guidance reviewed and Pilot AI initiatives scoped



Actioned 198 access requests, 152 data extract requests, and completed 137 information requests. They also resolved 87 technical issues and 56 reference data issues, ensuring data integrity and reliability



33 new dashboards, providing valuable insights and improving decision-making processes.



In-House Application Development Capabilities are improving efficiency across the health board with an addition 12 New Apps built

Key Applications Developed

IG Asset Register PTHB

DigiFLO

Complex Care Nursing PTHB

MFA Falls

Safeguarding Management System

WNCR Community Training

Corporate Nursing & Midwifery Management Maternity Management System PTHB

IG Asset Register


Performance Benchmarking Model



387 scripts migrated to cloud



14,202 – Tickets Created



Closed 3733 referrals on Deceased patients



Palliative Nurses moved to bespoke solution in WCP



152 Development Requests



409 Dashboards migrated to the cloud



3853 – Incidents



Created 37 unique data quality checks



Colposcopy moved to bespoke solution in WCP



7 Incidents



33 New Dashboards



10,349 – Service Requests



Assigned 32k missing GPs



Clinic and Discharge letters from Wye Valley Trusts into WCP



24 New Automations Flows



198 Access requests actioned



12,149 – On Time Resolution



Corrected 53k incorrect GPs



Standardised Recording of Inpatient data as part of co-location workstream



15,788 Automation Events



168 Report amendments and updates



5.39 hrs – Average Resolution Time



Exceeded the Clinical Coding completeness target



13 UAT Cycles complete for major software releases



22 Maintained Applications



152 Data extract requests



93% - Average Customer Satisfaction



Reduced number of VASS errors by 49,0666



11 Services uplifted to electronic referral prioritisation



12 Applications Created 24/25



137 Freedom of Information Requests



10,257 - Phone Calls Received



Reviewed WPAS Location Table



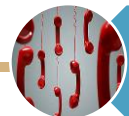
11 Services uplifted to electronic referral prioritisation



12 Applications Created 24/25



87 Incidents Resolved



28% - Average Abandoned Rate



Corrected 8.5k missing or incorrect data items April - August

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Digital Strategic Framework Impact Stories



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Staff Testimonials



Supportive Teamwork

"It has felt like the people in Health ICT either understand or take the time to understand the issues and processes and then come with actual solutions and changes, this would not have been my previous experience."



Professional Growth Opportunities

Maternity: Staff survey led to targeted training → faster adoption.

Radiology/PACS: 'We simply wouldn't have been able to go live without ICT's support.'



Positive Workplace Culture

The IT support to Planned Care has noticeably improved in the last 12 months particularly in terms of switchboard/telephony infrastructure upgrades and the general increase in response time/positive outcomes for the operational service delivery



Supportive Teamwork

"Since starting my role at the Health Board in July 2024 and becoming part of the RISP project the support from ICT has been invaluable to Radiology."



Professional Growth Opportunities

District Nursing: ICT understood frontline issues and co-designed solutions.

Therapies Hub: Good support at operational level to develop changes/access to the system.



Positive Workplace Culture

Outside of the RISP project any other contact I have had with ICT services has been met with a level of helpfulness that I just haven't experienced before. They are a great team and should be proud of themselves.

Impact Stories

Using feedback to constantly improve our working practices, services and support we aim to ensure that our clinical teams are able to utilise digital to support their day-to-day work and feel supported throughout.



Leadership in Training

Emma our CNIO facilitated Digital Skills training that empowered nursing staff to confidently use new systems, devices & workflows.

Boosting Confidence

The training initiative significantly increased staff confidence in navigating digital tools and systems.

Fostering Continuous Learning

Emma's approach promoted a culture of ongoing learning and support within the team.

Positive Organisational Impact

Investing in targeted staff development created positive ripple effects across multiple departments.

"In my role as Professional Nurse Advocate for the District Nursing teams, my conversations with staff highlighted the need for additional ICT support.

The issues ranged from connectivity, moving to electronic record keeping and hardware issues.

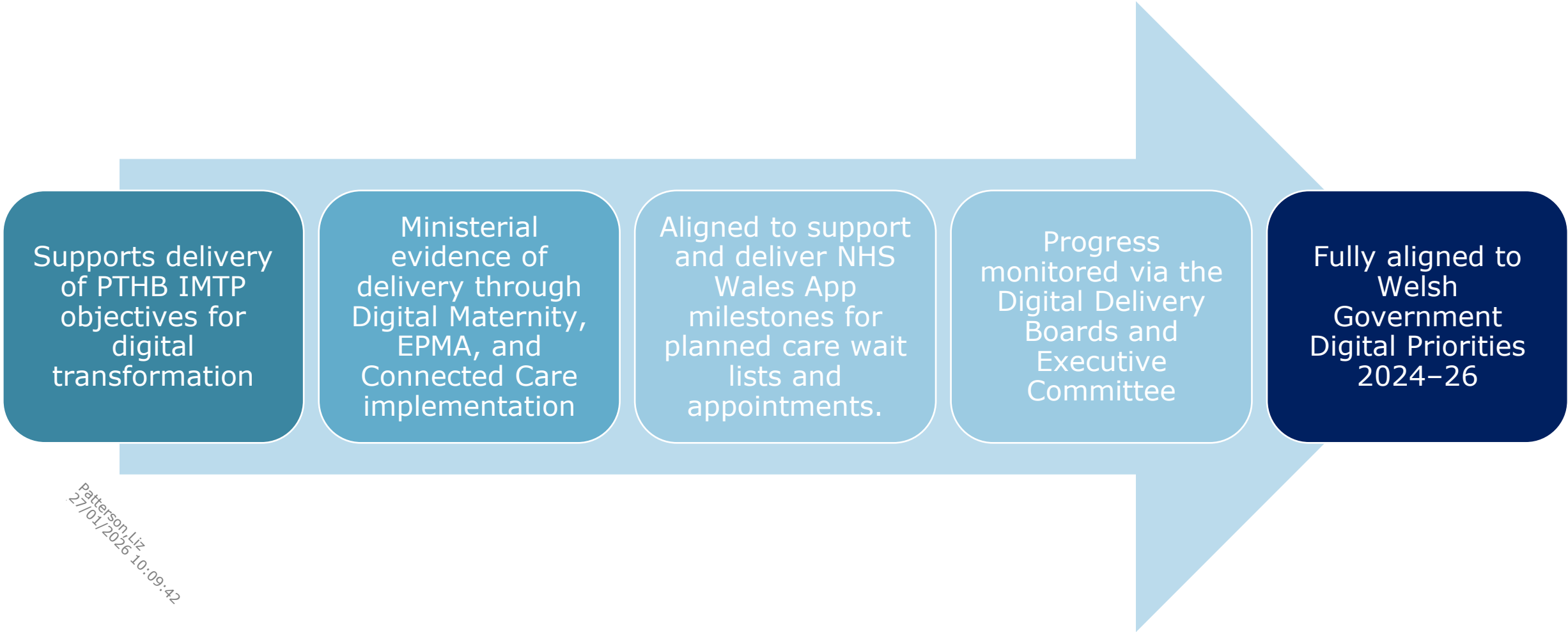
The ICT day brought together the nurses on the frontline, experiencing the problems, with the experts in each field that were able to help.

The day was a great success with staff reporting that long standing difficulties had been rectified and the staff from ICT found it incredibly helpful to understand the difficulties that staff were facing.

We hope to be able to hold similar days at regular intervals in the future."

Testimony – Staff Nurse

Ministerial Alignment & Local Assurance



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Risks and Challenges



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Risks

⚠️ Ongoing Cyber Threats may lead to loss of sensitive information or disruption to critical services, impacting patient care and organisational trust.

⚠️ National and Local driven dependencies for large Digital Transformation Programmes

⚠️ Limited workforce capacity and ongoing recruitment challenges may hinder timely delivery of Digital Transformation objectives.

⚠️ Cultural resistance to digital ways of working may slow the adoption and impact of digital transformation initiatives.

⚠️ Delays impacting the Cross Border project have limited the achievement of intended outcomes and impact to service delivery.

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Challenges

⚠️ Digital Inclusion & Literacy areas of limited skills among staff and patients may reduce equitable access to digital services and hinder adoption of new technologies.

⚠️ System interoperability causes fragmented systems which may impede seamless data sharing and integrated care delivery.

⚠️ Sustaining Financial Investment constraints may restrict growth in digital infrastructure and innovation, impacting long-term transformation goals.

⚠️ Change fatigue and low engagement may reduce staff willingness to adopt and sustain digital initiatives.

⚠️ National and Local Alignment through digital priorities may complicate collaboration and delay progress on shared objectives.

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Looking Ahead



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Looking ahead to Year 3

Year 3 priorities continue to directly support the Welsh Government Ministerial Digital Priorities, expanding citizen access via the NHS Wales App, embedding Connected Care, Maternity and Electronic Prescribing solutions across Health and Social care. Additionally:

-  Scale digital tools to release time to care
-  Expand Automation & AI pilots
-  Strengthen patient-facing services (portal, NHS Wales app links)
-  Continue improving Standardisation, data quality & integration across borders
-  Deliver smarter, more efficient ways of working despite financial pressures

Further Ahead

- Data Intelligence
- Data Standards
- Clinical Application efficiencies
- Review the Digital Strategic Framework
- Complete EPMA implementation
- Rollout of Connected Care Programme
- Benefits Realisation fully Embedded



2025



- Guest Wi-Fi Implementation
- Senior Leadership Team restructure
- Internal Audit for Digital solutions
- Digital Maternity Solution procurement
- Connected Care Mental Health a
- Community Care System scope and approval
- EPMA pre-implementation complete

2026



- Patient Portal
- Telehealth, AI & Robotics
- Commence a follow-on Digital Strategy 2027-2030 engagement process.

2027



2028



- Fully integrated and seamless Health and Social Care Solutions












- Draft and Approval of the PTHB second Digital Strategic Framework 2027-2030
- Hardware Refresh
- Optimum digital Maturity for organisation effectiveness in delivering patient care

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Programme Timeline

Despite national and financial pressures, the Digital Programme remains primarily on track to deliver against core commitments within the WG Digital Priorities and PTHB IMTP.

KEY	Complete
	On Target
	At Risk
	Delayed

Project	Ministerial / HB Priority	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27		
Cross Border (Digital Pathways)		Clinic & Discharge Letters viewable in WCP from WWT		Pathology results available from WWT	Closure & Eval report																		
Electronic Prescribing (ePMA)		Config & formulary	Dev Testing	UAT & Develop Training Materials				Early Adoption		Ward by Ward Go Live Inpatients			Phase 1 complete	Phase 2									
Digital Maternity Cymru (DMC)		Regional Governance		DPIA, Infrastructure, Configuration, Integration, Migration				Training	Go live	Benefits Realisation													
Connecting Care (WCCIS replacement)		Business Case Approval		Draft ITT	Publish Tender	Tender Eval	Contract Award		Configure, Build, Data Migration, Training						UAT			Go live					
Patient Comms		Business Case & user Requirements		IBG Approval	Exec Committee	Tender	Contract Award		Implementation								Benefits Realisation						
Digital Dictation		On Hold																					
Scan 4 Safety Inventory Management		Project Board	Inventory Stock Management System across 10 Hospital sites (identify service leads, champions, configure change, hardware setup, training)								Benefits Realisation				Decision if further efficiencies required								
Virtual Consultations		Increase adoption by 10%			Contract Extension		BAU																
Welsh Emergency Care Data Set (WECDS)		Develop / Agree Implementation Plan		MIU Comms	Config & Migration		UAT Preparation		End User Training (MIU)	Go live	Decommission WPAS ED Module												
NHS App		Onboarding info for outpatient clinics		Planned Care Go Live (referral to waiting list)	Planning workshop	Priority Patient Pathway extension																	
Online Clinic Room Booking (outpatients)			Discovery work with outpatients			Develop Business Case																	

Our Digital Team



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Agenda item: 3.6

BOARD	28 January 2026
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:	<p>Changes to PTHB Standing Orders have been considered as follows:</p> <ul style="list-style-type: none"> Executive scheme of delegation – CEO reviewed Power of Discharge group – recommended to the Board by the PEQS Committee on the 31 July 2025 Local Partnership Forum terms of reference – recommended to the Board by the LPF on the 19 January 2026
PURPOSE:	
<p>The paper provides a series of updates to the Board linked to:</p> <ul style="list-style-type: none"> Board activity since the last meeting held on the 26 November 2025 including items considered In-Committee Chair’s Actions taken on behalf of the Board Standing Order updates Petitions Protocol update. 	
RECOMMENDATION(S):	
<p>The BOARD is asked to:</p> <ul style="list-style-type: none"> RECEIVE the Director of Corporate Governance report RATIFY the single Chair’s Action taken since the last meeting of the Board held on the 26 November 2025; APPROVE changes to the PTHB Standing Orders as follows: <ul style="list-style-type: none"> Schedule 1 (Scheme of Delegation) - Executive Scheme of Delegation Schedule 4 (Board Committee arrangements) - Power of Discharge Group terms of reference Schedule 5 (Advisory Groups) - Local Partnership Forum terms of reference Section 6.1 (Joint Commissioning Committee) - Revisions to the Standing Orders for the NHS Wales Joint Commissioning Committee (issued via Welsh Health Circular) 	

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- **NOTE** the update provided in relation to the Health Boards Petitions protocol.

Approve/Take Assurance	Discuss	Note
Y	N	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	N	
4. Enable Joined up Care	N	
5. Develop Workforce Futures	N	
6. Promote Innovative Environments	N	
7. Put Digital First	N	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

Board Activity since the last in routine meeting public meeting held on the 26 November 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.

In November, the Boards In-Committee agenda included:

- Chief Executives briefing
- Procurement: General Dental Services contract (Crickhowell)
- In-Committee Strategic Risk Register

Additional In-Public Board meetings

The Board held one additional In-Public meeting (16 December 2025) since the last scheduled meeting in November 2025 to consider the North Powys Programme Outline Business Case.

Board Development Sessions

The Board holds informal Board Development sessions on a monthly basis. The focus of Board Development sessions centre around four key themes:

1. Developing the (Board) team

2. Developing the Organisation
3. Engaging with the Organisation
4. Engaging with Strategic Partners

The Board held Board Development sessions on the 16 December 2025 and 15 January 2026.

Chair's Action

One Chair's Actions have been undertaken since the last meeting of the Board on the 26 November 2025. The Action was supported by the Chair, the Chief Executive, Director of Corporate Governance, lead Executive Directors and at least 2 other Independent Members.

The Chair's Action was approved in line with the requirements of the Health Boards Standing Orders namely:

- Approval of a letter requesting strategic cash support from Welsh Government.

Changes to the PTHB Standing Orders

Schedule 1 - Executive Scheme of Delegation

The Executive Scheme of Delegation forms part of the Boards overall Scheme of Delegation and was last updated in May 2024 following changes made to the Executive team portfolios.

The Chief Executive, with the Executive team has reviewed the Scheme of Delegation to ensure it remains current. The changes are outlined in red text for ease. Changes are largely minor in nature and do not reflect any significant professional role changes, they are largely administrative to ensure clarity and reflect changes in legal and other requirements.

The revised Executive Scheme of Delegation is attached as paper **3.6a**.

Schedule 4 - Power of Discharge (POD) Group terms of reference

The Power of Discharge Group is a sub group of the Patient Experience, Quality and Safety Committee (PEQS). The terms of reference for the POD group have updated and considered by PEQS who recommend them to the Board for approval. The revised terms of reference are attached as paper **3.6b**.

Schedule 5 - Local Partnership Forum (LPF) terms of reference

The Local Partnership Forum terms of reference have been reviewed, considered by the LPF who recommend them to the Board for approval. The terms of

reference were not updated in 2025 alongside the other Board Committees so this update is timely.

The revised terms of reference are attached as paper **3.6c**.

Section 6.1 - Revisions to the Standing Orders for the NHS Wales Joint Commissioning Committee (issued via Welsh Health Circular)

Following the issue of Welsh Health Circular (WHC) WHC (2025) 045, the revised Standing orders are contained within the Welsh Health Circular attached as paper **3.6d**. The amendments are summarised on the final page, and in summary refer to notifying the public and others of committee meetings. The changes are in line with the Health Boards model standing orders.

Petitions Protocol Update primary care services: Llanfyllin Group Practice

A Senedd Petition has been launched requesting the Senedd to review the funding of primary care in Montgomeryshire/Powys with specific reference to Llanrhaedr-ym-Mochnant (Llanfyllin Group Practice).

As at 16 January 2025 the petition had reached 992 signatures and therefore reached the threshold for discussion by the Petitions Committee: Reinstate Welsh Government funding to ensure Llanrhaedr-ym-Mochnant surgery stays open. - Petitions

We will keep the Board updated in line with our Petitions Protocol.

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

3.6a - 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 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 (January 2026 revisions)

Executive Director of Primary Care, Community and 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 Executive Medical Director)
- Primary Care contractor performance management, including accreditation of enhanced services (with support from Executive Medical Director)
- Removal of violent patients from GMS Services
- Pain Management Services / Powys Living Well service.
- Stroke and Neurological Services
- Responsible Officer - Cottage View (discharged through Assistant Director – Community Services Group)
- Strategic partnership and stakeholder management in relation to portfolio including all professional groups, Powys County Council, Welsh Government and other NHS bodies.

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
- Cancer
- Antimicrobial Stewardship
- Medical Students
- Executive lead for Organ Donation
- Clinical Audit
- Resuscitation
- Mortality Reviews

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- 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.
- Strategic responsibility to Board for Clinical Informatics
- **Strategic partnership and stakeholder management in relation to portfolio including all professional groups, Powys County Council, Welsh Government and other NHS bodies.**

Executive Director of Nursing, Quality, Women and Family Health

- 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 and the associated Board level reporting
- Infection Prevention and Control
- Decontamination
- Implementation and compliance with Patient Safety Alerts
- Executive lead for children and young people services
- Safeguarding Adults and Children **including Prevent**
- (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, 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

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- 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
- Responsible for PSOW actions and liaison with PSOW office.
- Lead Executive for relationship with HIW
- **Strategic partnership and stakeholder management in relation to portfolio including all professional groups, Powys County Council, Welsh Government and other NHS bodies.**

Executive Director of Finance, Capital and Support Services and Deputy CEO

- 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 **£250k**
- Strategic oversight Capital and Estates
- Facilities and Support Services
- Logistics
- Fire Safety
- **Health and Safety (estate and support service related)**

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- Foundational Economy
- Agile working
- The Health Service Procurement (Wales) Act 2024 and The Health Services (Provider Selection Regime) (Wales) Regulations 2025
- Strategic partnership and stakeholder management in relation to portfolio including all professional groups, Powys County Council, Welsh Government and other NHS bodies including NHS Wales Performance and Improvement.
- Deputy Chief Executive – deputising as appropriate for the CEO as agreed

Executive Director of Commissioning, Performance & Planning

- Commissioning development, monitoring and performance monitoring across the organisation
- Performance management across the organisation, including the development and implementation of the Integrated Quality and 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, Communication and Corporate Governance).
- 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 **and monitoring** of the organisation's Integrated Medium Term Plan/Integrated Plan
- Organisational oversight of Regional Committees (lead for South East) and support to the PTHB Chair for the South West Committee

Patterson, Liz
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- Executive lead for the Strategy Well-being of Future Generations Act (ED planning, Performance and Commissioning is the lead relating to the planning cycle)
- Strategic partnership and stakeholder management in relation to portfolio including all professional groups, Powys County Council, Welsh Government and other NHS bodies.

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
- 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 (ED Planning, Performance and Commissioning is the lead relating to the planning cycle)
- Strategic lead for co-ordination of RPB/PSB
- Health Impact Assessment (Wales) Regulations 2025.
- Carers
- Strategic partnership and stakeholder management in relation to portfolio including all professional groups, Powys County Council, Welsh Government and other NHS bodies including Public Health Wales.

Executive Director of Allied Health Professions Health Sciences and Digital

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- 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
- Senior Information Risk Owner (SIRO)
- Strategic partnership and stakeholder management in relation to portfolio including all professional groups, Powys County Council, Welsh Government and other NHS bodies including Digital Health and Care Wales.

Executive Director of People, Culture and Transformation

- 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
- 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

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- Hosting arrangements – Health and Care Research Wales (with support from Director of Corporate Governance)
- Wellbeing Guardian
- Speaking Up Safely Exec Lead
- Library Services
- Working Carers
- Co-ordination of medical student placements
- Health and Safety (workforce related areas)
- Organisational transformation including Better Together programme and executive leadership of the Transformation and Improvement department
- North Powys Wellbeing Programme
- Strategic partnership and stakeholder management in relation to portfolio including all professional groups, Powys County Council, Welsh Government and other NHS bodies including NHS Employers and HEIW.

Director of Corporate Governance/ Board Secretary

- Professional advice to the Chair, CEO and Board on all matters relating to corporate governance
- Risk Management Framework
- 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
- Corporate Policies Framework and Management
- Internal and External Audit Liaison
- Public inquiries, including COVID-19
- Board level lead for the Health Board's Charity
- Information Governance and GDPR
- 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
- Oversight and resourcing of corporate engagement (Board level lead for Strategic Engagement sits with Execuyitve Director of Planning)
- Strategic partnership and stakeholder management in relation to portfolio including all professional groups, Powys County Council, Welsh Government and other NHS bodies.

This scheme only relates to matters delegated by the Board to the Chief Executive and their Executive Directors and Director of Corporate Governance, 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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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

MENTAL HEALTH ACT HOSPITAL MANAGERS POWER OF DISCHARGE GROUP

Terms of Reference & Operating Arrangements

**REVISED DRAFT FOR PATIENT EXPERIENCE,
QUALITY AND SAFETY COMMITTEE**

July 2025

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27/01/2025 10:09:44

1. INTRODUCTION

- 1.1 Powys Teaching Health Board (PTHB) is required under the Mental Health Act (MHA) Code of Practice (para 37.8) to develop a scheme of delegation for the duties identified by the MHA legislation. PTHB has taken a decision to delegate the power of discharge under the MHA to the 'Power of Discharge Group'.
- 1.2 The Power of Discharge Group (PODG) is a Sub-Group of the PTHB Patient Experience, Quality & Safety Committee which is directly accountable to the PTHB Board. The Chair of the PODG must be a member of the Patient Experience, Quality & Safety Committee and will for assurance purposes make regular reports to the Patient Experience, Quality & Safety Committee on the work of the PODG.
- 1.3 The PODG will comprise MHA Hospital Managers who have been independently appointed. The MHA Hospital Managers sit as panels of three or more in order to exercise their power of discharge as detailed in the MHA Code of Practice. The decisions made by the panels are binding and therefore are not required to be ratified by the Patient Experience, Quality & Safety Committee or by the Health Board. However, the procedures and behaviours adopted by the panel are subject to scrutiny and as such the MHA Hospital Managers are accountable to the Board via the Patient Experience, Quality & Safety Committee.
- 1.4 In undertaking these responsibilities, the Health Board is committed to organisational learning and continuous improvement in the effective application of the Mental Health Act.

2. REQUIREMENTS OF THE MHA

- 2.1 The primary purpose of the 1983 Act is to ensure that compulsory measures can be taken, where necessary and justified, to ensure that people who suffer from a mental disorder get the care and treatment they need. Because these provisions place people under compulsion (for example to receive treatment) the 1983 Act also contains a number of safeguards. These include, for example, a right to apply for discharge to the MHA Hospital Managers. MHA Hospital Managers have a central role in operating the provisions of the Act and as detailed above the Health Board has made the decision to delegate this responsibility to the PODG, and assurance will be provided to the Board through monitoring by the Patient Experience, Quality & Safety Committee.

3. PURPOSE

3.1 The purpose of the PODG is to:

- Consider all relevant issues for MHA Hospital Managers to undertake their role in accordance with PTHB and legislative requirements.
- Receive activity monitoring reports on the use of the Mental Health Act.
- Ensure that discharge panels are acting in a fair and reasonable manner and exercised lawfully.
- Consider updates regarding recommendations made during panel hearings.
- Discuss and agree training for MHA Hospital Managers.
- Receive professional advice to support the discharge of the MHA Hospital Manager Role.
- Provide a forum for consideration of any matter impacting on the decision making for discharge of patients detained under the Mental Health Act.
- Receive development/discussion sessions to improve overall knowledge of services.

3.2 The PODG will, in respect of its provision of advice to the Patient Experience, Quality & Safety Committee, comment specifically upon:

- Processes in place to support discharge panels.
- Advise on issues arising from discharge panels and appeals of an unusual or contentious nature.
- Discuss any impact of legislative changes on role of MHA Hospital Managers.
- Highlight any impact of service changes on the ability to undertake the MHA Hospital Manager role effectively.

3.3 To achieve this, the Patient Experience, Quality & Safety Committee shall provide assurance to the Board that:

- MHA Hospital Managers are effectively equipped and trained to undertake their role.
- PTHB provides appropriate support to ensure the Discharge Panels operate effectively.
- PTHB is aware of the impact of any legislative or service changes impacting on the Discharge panel's considerations and recommendations

4. MEMBERSHIP

4.1 The membership of the PODG is as follows: -

Chair

Independent Member (who must be a member of the Patient Experience, Quality & Safety Committee)

Members	All of the Mental Health Act Managers appointed by PTHB
By invitation	The Committee Chair may invite: any other PTHB officials and/or any others from within or outside the organisation

The invitees may be asked to attend all or part of a meeting to assist it with its discussions on any particular matter.

4.2 Secretariat

The secretariat for the PODG will be via the Mental Health Act Administration Team.

4.3 Member Appointments

The membership of the Committee shall be determined by the Patient Experience, Quality & Safety Committee, based on the recommendation of the PODG Chair and the membership of the PODG will be reviewed annually.

5. SUPPORT

5.1 The PODG will receive support from the Mental Health Act Administration Department.

6. MEETINGS

6.1 Quorum

A Quorum of a third of the whole number, including the Independent Member of the Health Board as Chair of the PODG.

6.2 Frequency of Meetings

Meetings shall be held no less than four times a year or more frequently if deemed necessary by the chair of the PODG.

6.3 Other meeting arrangements

Meetings will be held via digital means (Microsoft Teams) as standard. Should the Group wish to meet in person, this will be confirmed in advance by the Chair and organised by the Mental Health Act Administration Department.

7. RELATIONSHIP AND ACCOUNTABILITIES

7.1 The PODG is directly accountable to the Health Board for its performance in exercising the functions set out in these terms of reference. The accountability is achieved by the appointment of a PODG chair who must be included in the membership of the Patient Experience, Quality & Safety Committee. Accountability will also be achieved by the submission of six-monthly Mental Health Compliance reports to the Patient Experience, Quality & Safety Committee acting on behalf of the Board. The Patient Experience, Quality & Safety Committee will also provide assurance reports to the Board, which will include information relating to its monitoring role of the PODG.

8. REPORTING AND ASSURANCE ARRANGEMENTS

- 8.1 The PODG Chair shall:
- report formally, regularly and on a timely basis to the Patient Experience, Quality & Safety Committee on the PODG's activities. This includes verbal updates on activity and written reports throughout the year;
 - bring to the Patient Experience, Quality & Safety Committee's Chair specific attention any significant matters needing their consideration.
 - ensure appropriate escalation arrangements are in place to alert the PTHB Chair, Vice Chair, Chief Executive (Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the PTHB.

9. REVIEW

9.1 The PODG terms of reference shall be reviewed annually by the Patient Experience, Quality & Safety Committee.

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Schedule 5.3

Local Partnership Forum Advisory Group Terms of Reference and Operating Arrangements

1.1 Role and Purpose

- 1.1.1 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.
- 1.1.2 The teaching Health Board (THB) will involve staff side organisations in the key discussions at the THB Board, LPF and Service Area or Departmental level.
- 1.1.3 The LPF will provide the formal mechanism for consultation, negotiation and communication between the Unions and management. The TUC principles of partnership will apply. These principles are attached at **Appendix 2**.
- 1.1.4 The purpose of the LPF will be to:
- Establish a regular and formal dialogue between the Health Board's Executive and the Trade Unions on matters relating to strategies pursued by the THB.
 - Provide opportunities for Trade Unions input into organisation service development plans at an early stage.
 - Consider the implications on staff of service reviews and identify and seek to agree new ways of working.
 - Consider the implications for staff of NHS reorganisation at a national or local level and to work in partnership to achieve implementation.
 - Appraise the Trade Unions of the financial performance of the organisation on a regular basis.
 - Appraise the Trade Unions of THB clinical activity and its implications.

- Provide opportunities for Trade Unions input to quality issues, including clinical governance, particularly where such issues have implications for staff.
- Communicate to Trade Unions the key decisions taken by the Board and senior management.
- Consider national developments in NHS Wales Workforce and Organisational Strategy and the implications for the Board.
- Negotiate on matters subject to local determination.
- Ensure Trade Union representatives are afforded time to meet in order to discuss ways forward to encompass partnership working between staff side and management. Reference should be made to the A4C Facilities Agreement.
- Provide regular opportunities to strengthen social partnership and consider the Social Partnership Annual Report, in accordance with the Social Partnership and Public Procurement (Wales) Act 2023.

1.1.5 In addition the LPF can establish LPF sub groups to establish ongoing dialogue, communication and consultation on service and operational management issues specific to Localities/Service areas. Where these sub groups are developed they must report to the LHB LPF.

1.2 General Principles

1.2.1 The THB and LPF accepts that partnerships help the workforce and management work through challenges and to grow and strengthen their organisations. Relationships are built on trust and confidence and demonstrate a real commitment to work together.

1.2.2 The principles of true partnership working between Trade Unions and Management are as follows:

- Trade Unions and management show joint commitment to the success of the organisation with a positive and constructive approach
- They recognise the legitimacy of other partners and their interests and treat all parties with trust and mutual respect
- They demonstrate commitment to employment security for workers and flexible ways of working
- They share success – rewards must be felt to be fair
- They practice open and transparent communication – sharing information widely with openness, honesty and transparency
- They must bring effective representation of the views and interests of the workforce

- They must demonstrate a commitment to work with and learn from each other

All members must:

- Be prepared to engage with and contribute fully to the LPF's activities and in a manner that upholds the standards of good governance set for the NHS in Wales;
- Comply with their terms and conditions of appointment;
- Equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and
- Promote the work of the LPF within the professional discipline they represent.

1.2.3 A Code of Conduct is attached as **Appendix 3**.

1.3 Membership

1.3.1 All members of the LPF are full and equal members and share responsibility for the decisions of the LPF. The THB shall agree the overall size and composition of the LPF in consultation with those Trade Unions it recognises. The Trade Union member of the THB Board will be expected to attend the LPF in an ex-officio capacity. As a minimum, the membership of the LPF shall comprise:

Management Representatives

1.3.2 Management will be represented by the Executive Directors (or, by exception, a Deputy Director):

- Chief Executive
- Executive Director of People and Culture
- Executive Director of Finance, Capital & Support Services
- Executive Medical Director
- Executive Director of Nursing, Quality, Women and Family Health
- Executive Director of Public Health
- Executive Director of Primary Care, Community & Mental Health
- Executive Director of Allied Health Professions, –Health Science and Digital
- Executive Director of Commissioning, Performance and Planning

1.3.3 Members of the People and Culture team and other staff may also be invited to attend meetings dependent upon the agenda.

Staff Representatives

- 1.3.4 The Board recognises those Trade Unions listed in **Appendix 4** for the representation of members on individual issues, and for consultation in respect of their members who are employed by the organisation.
- 1.3.5 It will be the prerogative of the staff side to decide on the formula to achieve the maximum number of representatives. This can be reviewed locally as required.
- 1.3.6 Staff representatives must be employed by the organisation and accredited by their respective organisations. If a representative ceases to be employed by the Board or ceases to be a member of a nominating organisation then they will automatically cease to be a member of the LPF. Full time officers of the Trade Unions may attend meetings subject to prior notification and agreement.
- 1.3.7 Members of the LPF who are unable to attend a meeting may send a deputy (who shall have full membership and voting rights), providing such deputies are eligible for appointment to the LPF.

1.4 Quorum

- 1.4.1 Every effort will be made by all parties to maintain a stable membership. There should be a minimum of four Directors (or, in exceptional circumstances and with prior agreement from the Joint Chairs, three Directors and one Deputy Director) and four staff representatives to form a quorum.
- 1.4.2 If the meeting is not quorate no decisions can be made but information may be exchanged. Where joint chairs agree extraordinary meeting may be scheduled within 7 calendar days' notice.
- 1.4.3 Consistent attendance and commitment to participate in discussions is essential. Where a member of the LPF does not attend on 3 occasions, the Joint Secretaries will contact the member concerned to discuss their availability to serve as a member of LPF and bring the response to the next meeting for further consideration.

1.5 Officers

- 1.5.1 The Staff Organisation Chair, Vice Chair and Secretary will be elected by the Staff Side annually. Best practice requires these three officers to come from different staff organisations where possible.
- 1.5.2 The names of Staff Side Officers and Staff Representatives will be confirmed at the first meeting of LPF in each financial reporting year.

1.6 Chairs

1.6.1 The Management and Staff Organisation Chair will chair the LPF. This will be done on a rotational basis. In the absence of the Chair(s) the Vice Chair(s) will act as Chair. The Chairs shall work in partnership with each other and, as appropriate, with the Chairs of the Board's other advisory groups. Supported by the Board Secretary, Chairs shall ensure that key and appropriate issues are discussed by the LPF in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions

1.7 Joint Secretaries

1.7.1 Each side of the LPF should appoint/elect its own Joint Secretary. The Management and Staff Side Secretary will be responsible for the preparation of the agendas and minutes of the meetings held, and for obtaining the agreement of the Management and Staff Side Chairs.

1.7.2 The Executive Director of ~~Workforce and OD~~People and Culture (or the nominated representative) will act as Management Side Secretary and will be responsible for the maintenance of the constitution of the membership, the circulation of agenda and minutes and notification of meetings.

1.8 Sub Committees

1.8.1 The Workforce Policy Review Group (WPRG) is a standing committee of LPF. The term of reference and membership of WPRG will be confirmed at the first meeting of LPF in each financial reporting year.

1.8.2 When considered appropriate, LPF can appoint further sub-committees to hold detailed discussion on a particular issue (or issues). The term of reference (purpose and membership) of such sub-committee must be approved by LPF. Nominated representatives from sub committees will communicate and report regularly to the LPF.

1.9 Management of Meetings

1.9.1 Meetings will be held at least four times per year but this may be changed to reflect the need of either staff side or management. Meetings are not held in public, though agendas and summary reports are routinely published.

- 1.9.2 The business of the meeting shall be restricted to matters pertaining to LPF issues and should include local operational issues. Board wide strategic issues and issues that have LHB/Trust wide implications shall be referred to the Welsh Partnership Forum via the LHB Board.
- 1.9.3 The minutes shall normally be distributed 10 days after the meeting and no later than 7 days prior to meeting. Items for the agenda and supporting papers should be notified to the Management Secretary as early as possible, and in the event at least two weeks in advance of the meeting.
- 1.9.4 The LPF has the capacity to co-opt others onto the LPF or its sub groups as deemed necessary by agreement.

POWYS TEACHING HEALTH BOARD

LOCAL PARTNERSHIP FORUM

ADDENDUM TO TERM OF REFERENCE

The following amendments have been made to the original LPF Term of Reference (September 2010)

March 2012

Paragraph 3 - Quorum: There should be a minimum of four Directors and four staff representatives to form a quorum.

Paragraph 4 - Officers: The Staff Side Chair, Vice Chair and Secretary will be elected by the Staff Side annually. Best practice requires these three officers to come from different staff organisations where possible.

July 2019

Paragraph 3 - Management Representatives: All Executive Directors are members of LPF. Directors have the right, with the agreement of the Joint Chairs, to send a Deputy Director (or equivalent).

Paragraph 3 - Quorum:

1. There should be a minimum of four Directors (or, in exceptional circumstances and with prior agreement from the Joint Chairs, three Directors and a Deputy Director or equivalent) and four staff representatives to form a quorum.
2. Where a member of LPF does not attend on three occasions, the Joint Secretaries will contact the member concerned to discuss their availability to serve as a member of LPF and bring the response to the next meeting for further consideration.

Paragraph 4 - Officers: The names of Staff Side Officers and Staff Representatives will be confirmed at the first meeting of LPF in each financial reporting year.

Paragraph 5 - Sub-Committees

1. The term of reference and membership of WRPG will be confirmed at the first meeting of LPF in each financial reporting year.
2. When considered appropriate, LPF can appoint further sub-committees to hold detailed discussion on a particular issue (or issues). The term of reference (purpose and membership) of such sub-committee must be approved by LPF.

Six Principles of Partnership Working

- a shared commitment to the success of the organisation
- a focus on the quality of working life
- recognition of the legitimate roles of the employer and the trade union
- a commitment by the employer to employment security
- openness on both sides and a willingness by the employer to share information and discuss the future plans for the organisation
- adding value – a shared understanding that the partnership is delivering measurable improvements for the employer, the union and employees

Code of Conduct

A code of conduct for meetings sets ground rules for all participants:

- Respect the meeting start time and arrive punctually
- Attend the meeting well-prepared, willing to contribute and with a positive attitude
- Listen actively. Allow others to explain or clarify when necessary
- Observe the requirement that only one person speaks at a time
- Avoid 'put downs' of views or points made by colleagues
- Respect a colleague's point of view
- Avoid using negative behaviours e.g. sarcasm, point-scoring, personalisation
- Try not to react negatively to criticism or take as a personal slight
- Put forward criticism in a positive way
- Be mindful that decisions have to be made and it is not possible to accommodate all individual views
- No 'side-meetings' to take place
- Respect the Chair
- Failure to adhere to the Code of Conduct may result in the suspension or removal of the member.

**List of the Recognised Trade Unions/Professional Bodies referred to as
'Staff Organisations' within these Standing Orders**

- UNISON
- The Royal College of Nursing (RCN)
- The Royal College of Midwives (RCM)
- Unite
- GMB
- The Union of Shop, Allied and Distributive Workers (USDAW)
- The Chartered Society of Physiotherapy (CSP)
- The Community and District Nursing Association (CDNA)
- The Society of Radiographers (SoR)
- The Federation of Clinical Scientists (FCS)
- The British Association of Occupational Therapists (BAOT)
- The Union of Construction Allied Trades and Technicians (UCATT)
- The British Orthoptic Society (BOS)
- The Society of Chiropodists and Podiatrists (SoCP)
- The British Dietetic Association (BDA).

Notes

1. Staff Organisations are entitled to send representation to meetings of LPF. The Joint Secretaries will make contact with Staff Organisations before the start of each financial reporting year to communicate this entitlement and encourage participation.
2. The above Staff Organisations are named in the NHW Wales Agenda for Change framework for 2019/20. This list may be subject to change at any time, subject to formal approval by PTHB's Local Partnership Forum.

Patterson, Liz
27/01/2025 10:09:42



WELSH HEALTH CIRCULAR

Status: Compliance

Category: Governance

Title: Revisions to the Standing Orders for the NHS Wales Joint Commissioning Committee.

Date of Expiry / Review: Not applicable

Action by:

Chair & Committee Secretary and Deputy Director of Corporate Services of the NHS Wales Joint Commissioning Committee (JCC)

For information to:

Chairs & Chief Executives of Local Health Boards
Directors of Corporate Governance/ Board Secretaries

Required by: In accordance with Committee timetable.

Sender:

Llinos Henry, NHS Governance, HSCEY

Welsh Government Contacts:

llinos.henry001@gov.wales

Patterson, Liz
27/01/2025 10:09:42

Introduction and Background:

NHS bodies in Wales must agree Standing Orders (SOs). This, together with a set of Standing Financial Instructions (SFIs) and a scheme of decisions reserved to the Board; a scheme of delegations to officers and others; and a range of other framework documents set out the arrangements within which the Board, its Committees, Advisory Groups and NHS staff make decisions and carry out their activities. The Standing Orders should be based upon the model determined by the Welsh Government.

The NHS Wales Joint Commissioning Committee (JCC) is a joint committee of each Health Board in Wales, established under the NHS Wales Joint Commissioning Committee (Wales) Directions 2024.

The previous Cabinet Secretary agreed the new Model Standing Orders and Reservation and Delegation of Powers for the NHS Wales Joint Commissioning Committee prior to its establishment on 1 April 2024.

In January 2025, the Cabinet Secretary agreed to the amendments to the Model Standing Orders (SOs), Reservation and Delegation of Powers for Local Health Boards, NHS Trusts and Special Health Authorities following amendments to Regulations for NHS bodies. It is proposed that the JCC is to adopt same approach in committee proceedings to ensure consistency across NHS boards.

The JCC's Standing Orders are based upon the model determined by the Welsh Government.

The Welsh Government has made amendments to the following document:

- Standing Orders - NHS Wales Joint Commissioning Committee (JCC)

The latest version of the standing orders for the JCC have been published and can be accessed here:

[JCC Model SOs](#)

A summary of the amendments can be found in the enclosures.

Enclosures:

Letter to Chairs of Local Health Boards and letter to Chair of the NHS Wales Joint Commissioning Committee.

Patterson, Liz
27/01/2025 10:09:42

Jeremy Miles AS/MS
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA/JMHSC/2472/25

Chair of the NHS Wales Joint Commissioning Committee (JCC)

Copy:
Chairs of Local Health Boards
Chief Executives of Local Health Boards
Committee Secretary and Deputy Director of Corporate Services of the JCC

14 October 2025

Dear Chair,

As you are aware, in January, the Local Health Boards, NHS Trusts and Special Health Authorities (Constitution, Membership and Procedures) (Miscellaneous Amendments) (Wales) Regulations 2024 came into force.

These regulations resulted in revisions to the Model Standing Orders and Reservation and Delegation of Powers for Local Health Boards, NHS Trusts and Special Health Authorities using the Welsh Ministers power of direction in accordance with Section 12(3), Section 19(1) and Section 23(1) of the National Health Service (Wales) Act 2006.

It has been agreed that the NHS Wales Joint Commissioning Committee (JCC) are to adopt same approach in committee proceedings (where appropriate) to ensure consistency across NHS boards.

The proposed amendment to the Standing Orders (SOs) of the JCC relate to the timing of publication of public papers for committee meetings (see Doc 1).

These amendments supersede those issued on 18 March 2024 and as confirmed in Welsh Health Circular WHC2024/019. A new WHC will be published to confirm this.

The JCC is required to incorporate and adopt this latest review into your committee's Standing Orders. The NHS Wales Joint Commissioning Standing Orders form part of Schedule 4 of the Local Health Board Model Standing Orders.

Yours sincerely,

Jeremy Miles AS/MS
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400
Gohebiaeth_Jeremy.Miles@llyw.cymru
Correspondence_Jeremy.Miles@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and responding in Welsh will not lead to a delay in responding.

Patterson.Li
27/01/2025 11:09:42

Amendments to the Standing Orders of the NHS Wales Joint Commissioning Committee

Section 7 – Committee Meetings: Notifying the public and others

Amend the highlighted text within the following paragraph, from:

7.12 Except for meetings called in accordance with SOs, at least 10 calendar days before each meeting of the Joint Committee, a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh) as follows:

- Each LHBs website shall link to the JCC website, where the papers supporting the public part of the agenda will be available; as well as
- Through other methods of communication as set out in the Joint Committee's communication strategy.

When providing notification of the forthcoming meeting, each LHB shall set out when and how the agenda and the papers supporting the public part of the agenda may be accessed, in what language and in what format, e.g., as Braille, large print, etc.

To:

7.12 Except for meetings called in accordance with SOs, at least 10 calendar days before each meeting of the Joint Committee, a public notice of the time and place of the meeting shall be displayed bilingually (in English and Welsh):

- On the JCC's website;
- Each LHBs website shall link to the JCC website; as well as
- Through other methods of communication as set out in the JCC's communication strategy.

When providing notification of the forthcoming meeting, the committee shall set out when and how the agenda and the papers supporting the public part of the agenda may be accessed, in what language and in what format, e.g., as Braille, large print, etc. The agenda and papers will be made available to the public at least 5 clear days before each meeting of the Committee.

END

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Addysgu Powys
Powys Teaching
Health Board

BOARD

UNCONFIRMED

MINUTES OF THE MEETING HELD ON 26 NOVEMBER 2025 AT 09:30

HELD VIA MICROSOFT TEAMS

MEMBERS		
Ronnie Alexander	RA	Independent Member (General)
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)
Paul Hooton	PHo	Executive Director of Nursing, Quality, Women and Family Health
Pete Hoppood	PH	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Rhobert Lewis	RL	Independent Member (General)
Elaine Lorton	EL	Executive Director of Primary Care, Community and Mental Health
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Jennifer Owen Adams	JOA	Independent Member (Third Sector) - afternoon only
Cathie Poynton	CP	Independent Member (Trade Union)
Ian Thomas	IT	Independent Member (General)
Chris Walsh	CW	Independent Member (Local Authority)
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)
Liz Patterson	LP	Head of Corporate Governance (meeting support)
APOLOGIES FOR ABSENCE		
Nina Davies	ND	Associate Member (Director of Social Services, Powys County Council)
Jennifer Owen Adams	JOA	Independent Member (Third Sector) – morning only

1. PRELIMINARY MATTERS
1.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB/25/96)
The Chair (CC) welcomed everyone to the meeting. Apologies for absence were received as recorded above.
CC explained that this was a meeting held in public rather than a public meeting and as such, only Board Members, Health Board officers and those playing a formal role in the meeting would be participating.
1.2 DECLARATIONS OF INTEREST (PTHB/25/97)
No interests were declared in addition to those already declared within the published register.
1.3 BOARD ACTION LOG (PTHB/25/98)
HB presented the action log and confirmed that there were two actions, both recommended for closure.
The Board REVIEWED and ACCEPTED the action log.
The Board AGREED both actions as completed and closed.
1.4 PATIENT EXPERIENCE STORY (PTHB/25/99)
PHo introduced a video sharing a patient's personal experience of perinatal grief. PHo expressed gratitude to the member of staff for sharing her story and noted the positive impact of Powys services.
EL thanked the team for their commitment to supporting women and families and highlighted the work of the small, dedicated perinatal team, which provides: <ul style="list-style-type: none"> • Professional advice line for practitioners, • Joint assessment and triage, • Specialist perinatal assessments and ongoing support and • Pre-conception advice for women with mental health concerns.
CC emphasised the importance of these stories in shaping the Board's perspective and future decisions.
1.5 QUESTIONS TO THE BOARD FROM THE PUBLIC (PTHB/25/100)
CC advised that no questions from the public had been received.
1.6 UPDATES FROM: (PTHB/25/101)
REPORT FROM THE CHAIR
CC presented the report and invited any questions.
<i>In relation to the Ombudsman Letter, it is noted that Powys had performed the worst among Health Boards regarding compliance performance. What plans are in place to improve this position, noting that the Ombudsman's team would be keen to support improvement where possible.</i>
PHo confirmed that the Health Board was on an improvement journey and that most outstanding concerns were minor, with no harm caused and delays were often due to process issues such as not closing cases correctly. PHo advised that significant progress had been made in recent weeks, with a large volume of cases closed and plans to complete the remainder by year-end.

SW advised that the backlog of incident closures had received significant attention at the recent Patient Experience, Quality and Safety Committee and assurance had been provided that these matters were being addressed, with an interim report expected shortly.

Is the Health Board providing a proactive response to the Ombudsman?

CC confirmed that a written response had already been sent in the format requested by the Ombudsman and that the matter had also received detailed consideration at the Patient Experience, Safety and Quality Committee.

EL highlighted the recent ministerial summit led by the Cabinet Secretary, which launched the Community by Design initiative. EL noted that this presented a significant opportunity for Powys, given its focus on primary and community services; and emphasised the strong position of Powys to lead and develop this work for local communities. CC welcomed the comments, reaffirming the Board's commitment and enthusiasm for implementing the community by default principle.

REPORT FROM THE CHIEF EXECUTIVE

HT presented the report and provided an update on the Joint Commissioning Committee (JCC) meeting that had taken place yesterday:

- The urgent work on Recommendation four will resume, with an update report due to the JCC meeting in January. The full plan, including recommendations, to be approved by end of March.
- Alignment is required between the JCC IMTP, other health boards' plans and planning assumptions for the March Board meeting.
- HT has asked for a clear implementation timetable in the January update report and provided assurance that Powys will rejoin the working group for Recommendation four.

HT invited questions.

How is the Health Board supporting internationally recruited nurses, particularly with accommodation and settling in?

It was acknowledged that accommodation is a challenge in Powys, however, work is underway to find sustainable solutions, including options linked to the North Powys hub and partnerships for housing development. It was noted that dedicated pastoral care is in place: support with community integration, banking, GP registration and networking amongst overseas staff. DWL advised that recruitment has grown from two nurses (two years ago) to over 30, with zero turnover, reflecting strong support systems. Future areas of focus include recruiting overseas nurses for mental health services and overseas doctors.

What is the current position on RSV vaccination and flu vaccination for the public and staff?

MB advised that the uptake for flu vaccination is improving with some GP practices exceeding 65%. Vaccination centres are also offering flu vaccines to increase accessibility. There is a good uptake in Powys in relation to RSV vaccination, with 68% of adults over 75 and strong coverage for pregnant women. Staff flu vaccination was currently 37%, which is lower than desired but among the highest in Wales. Efforts include open-access clinics, weekend sessions and walk-ins.

Cultural barriers and well-being fatigue was noted with work ongoing locally and nationally to improve uptake.

Are flu and COVID vaccines being co-administered for efficiency?

MB confirmed that as from next week, vaccination centres would offer both flu and COVID vaccines together. Historically, residents prefer separate vaccinations so flexibility will remain.

What progress has been made on antimicrobial resistance work?

It was acknowledged that Powys was previously an outlier for antimicrobial prescribing, however, the appointment of an antimicrobial pharmacist has driven rapid improvement with the use of dashboards and collaborative feedback and is now in line with Welsh averages for key prescribing indicators. It was noted that work is expanding into related initiatives.

What is the status and future of the 'Express Yourself' Arts and Health initiative?

This is jointly funded by the Arts Council and charitable funds and there are plans to secure external funding for continuation and integration of learning into core services. There is an aim to link with third-sector partners for sustainability.

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

1.7 ASSURANCE REPORTS OF THE BOARD'S COMMITTEES (PTHB/25/102)

The following Chair's Assurance Reports were received:

Audit Risk and Assurance Committee

SE presented the item which provided an overview of matters considered by the Committee on 07 October 2025. Attention was drawn to the following matters:

- The internal audit programme had been delayed; with only one report received so far. The Committee will monitor and is expecting more reports in future meetings.
- A report on lessons learnt from the delay in signing the financial accounts was received with assurance taken.
- An updated report on financial controls across the organisation was received with assurance taken.
- A report on the progress of the Digital Strategic Framework was received with assurance taken.

Finance and Performance Committee

RA presented the item which provided an overview of matters considered by the Committee on the 21 October 2025. Attention was drawn to the following matters:

- Escalation status and financial matters were a key area of focus
- An in-depth review of cancer performance and diagnostic pathways had been received

Planning, Partnerships and Population Health Committee

RL presented the item which provided an overview of matters considered by the Committee on the 20 November 2025.

Patient Experience, Quality and Safety Committee

SW presented the item which provided an overview of matters considered by the Committee on the 23 October 2025. Attention was drawn to the following matters:

- Neurodevelopmental Services: Assurance was received that validated tools are used for standardised assessments, with multidisciplinary review ensuring no single practitioner makes diagnostic decisions.
- Incident Backlog: Significant progress reported on closing historic and 2025 cases, with learning embedded. An interim report expected next week.
- Maternity Services: Assurance taken on the assessment against Swansea Bay University Health Board report; noting the need for a further review of commissioned services, which is scheduled for a future meeting.

People and Culture Committee

HB presented the item on behalf of the Chair which provided an overview of matters considered by the Committee on the 29 September 2025. Attention was drawn to the following matters:

- The Committee had reviewed the evolving workforce performance report and noted the significant reduction in agency usage.
- The Director of People and Culture report had highlighted success in strengthening healthcare support worker workforce and the wider permanent workforce.
- The Committee reviewed a deep dive focused on staff retention and staff experience.
- Consideration had been given to incidents relating to violence and aggression and related actions.

Executive Committee

HT presented the item which provided an overview of matters considered by the Committee on the 17 September, 26 September, 01 October, 15 October, 22 October and 29 October 2025 and invited any questions.

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/25/103)

KB presented the report to the Board. The following key items were brought to the Board's attention:

- Local Engagement Events had been held in all 13 localities, demonstrating benefits of working at a local level; detailed insights to be shared at the Board Development Day in December to inform priorities.
- Stakeholder group meetings continue quarterly with the Health Board, Local Authority and PAVO.
- Advocacy Cases are currently high but noted that a positive meeting with EL and team had been held to strengthen the already good communication.
- Observations noted following the recent JCC meeting; and clarification sought on whether the delay in implementing Recommendation four will affect base closure timeline, given public commitments. Llais has requested assurance for comprehensive, inclusive and transparent engagement with communities, particularly Powys and North Wales.

Independent Members asked the following questions for assurance:

Is the Health Board continuing to act on public feedback and ensuring it shapes Better Together and wider structural solutions?

It was confirmed that feedback from Llais continues to be represented and discussed regularly. Issues raised are often systemic and not unique to Powys but do remain a priority. It was acknowledged that a Board Development Session is planned to use this evidence to shape priorities for next year and inform Better Together discussions. It was also noted that strong engagement mechanisms exist, including fortnightly meetings with Llais and participation in planning and transformation work.

How is GP access being monitored and addressed?

It was confirmed that the Health Board uses contract assurance processes and qualitative feedback to monitor GP access. There are around 75,000–85,000 appointments per month that occur in general practice, making it the most used service, and issues vary by practice. The engagement with Llais provides valuable insight into patient experience alongside contractual data.

How will public feedback influence planning and Better Together?

Evidence from Llais will feed into the Integrated Plan and Better Together programme and the timing of discussions will ensure alignment with planning cycles and priority setting for the coming year.

What is the Health Board's approach to continuous engagement with communities?

It was acknowledged that ongoing engagement is central to planning and transformation work and that insights from Llais are integrated into Better Together arrangements to co-produce solutions with communities. The aim is to address long-standing systemic issues through collaborative approaches.

Have there been any surprising issues raised in recent public feedback?

KB outlined some examples such as staff training gaps in social care, linked to changes in social workers and local patterns such as residents travelling to Wrexham and Meirionnydd more frequently than expected. It was noted that these insights highlight the value of locality-based engagement for identifying unique behaviours and needs; and further detail will be explored in the Board Development Session.

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

KB provided some key observations for other Board agenda items:

- Patient Behaviour: increasing reports of individuals driving themselves to hospital rather than using emergency transport; while amber call data appears positive, this trend warrants monitoring and further analysis.
- Emergency Care Data: Current data is primarily based on Minor Injury Units; will make a representation to the Executive Director to clarify this and ensure accurate interpretation and to understand how Powys patients are transferred and treated outside of Powys, and review complaints against other health boards.
- Impact of Board decision on Waiting Times: data provided relates to August 2025 with clarification required on the impact of the Board's decision to

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change waiting times since implementation and assess how this change has been communicated and its effect on individuals, GPs and other services.

- Temporary Service Changes: change was expected to last approximately two years, causing anxiety within affected communities. KB has committed to visiting co-location and rehabilitation units to gather community feedback and identify any unintended consequences. There was a need for a communication plan for the communities and a renewed Integrated Impact Assessment.

2. CONSENT AGENDA BUSINESS

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

3. ITEMS FOR APPROVAL/RATIFICATION/ASSURANCE

3.1 ORGANISATIONAL ESCALATION (MID-YEAR UPDATE) (PTHB/25/104)

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

- Ongoing engagement and reporting to WG continues as required. First Public Accountability Meeting scheduled for 27 November, providing a public forum to review progress and actions against de-escalation requirements.
- HT had met with the new NHS Chief Executive, Jacqueline Totterdale; committed to working collaboratively with NHS Wales and WG colleagues on system improvements and planning for the new year.
- Grant Thornton has been appointed to stress-test the Health Board's plan and ensure all improvement opportunities are considered. The review will be focusing on four key areas:
 - Commissioning and contracting expertise
 - Continuing Health Care (CHC) clinical and operational expertise
 - External planning and transformation capacity
 - Audit expertise
- The draft report is expected imminently, and findings will be integrated in the Plan.
- Board Priorities: A focus on developing an Integrated Plan, clearly articulating the route map to sustainability; ensuring financial recovery aligns with patient safety, quality care and critical service delivery; actions tied to de-escalation criteria will be embedded based on the independent report and Board to reflect on Clinical Services Plan as part of integrated planning.
- Strong emphasis on Planned Care and referral management in response to increasing pressures.
- Commitment to submit a balanced and credible three-year Medium-Term Plan or an acceptable annual plan in line with the current planning framework.
- Clear position required to demonstrate substantial financial improvement.

The Board **RECEIVED** the report and took **ASSURANCE** that appropriate mechanisms are in place to monitor and report to the Board (and its Committees) against the Level 4 de-escalation criteria.

PLANNING MATURITY MATRIX

NJ presented the item to the Board and attention was drawn to:

- Powys is at Level Four escalation for planning and strategy. WG requires a refresh and revision of the Planning Maturity Matrix with full submission to WG by 28 November 2025.
- Key changes to the maturity matrix: expanded from six elements to 24; criteria is now much more comprehensive and defined; partial compliance is no longer acceptable - all criteria must be met for a score.
- Impact on scoring: some scores have decreased compared to previous versions, mainly due to stricter criteria and areas affected include clinical services plan development and an approvable IMTP.
- The detailed matrix has been reviewed by the Executive Committee and PPPH Committee.
- Learning and reflections will be incorporated into the integrated planning process and a reflection session has been requested with WG planning leads post-submission to share learning and experience.

Independent Members asked the following questions for assurance:

Has the Health Board made progress since the last review, even though scores appear lower due to changes in the maturity matrix?

NJ confirmed that there is evidence of improvement over the past year:

- Better Together programme has advanced planning products from discovery phase to development.
- Work underway on Clinical Services Plan (phase one: community mental health services) and service delivery plans.
- Progress on developing an IMTP and aligning financial improvement through the route map.

It was noted that the lower scores reflect the stricter criteria and methodology changes and not a lack of progress. The formal approval and implementation of plans are still required before higher scores can be achieved.

Why do some areas, such as operational planning, score very low despite good practice?

It was noted that scoring is based on strict criteria and defaults to the lowest theme score. It was also noted that operational planning in Powys differs from larger acute health boards, making some criteria harder to meet. That despite low scores, there is strong evidence of good practice, such as performance indicators in the Integrated Quality and Performance report show positive results. The challenge lies in how criteria are measured rather than actual delivery quality.

How can the organisation reflect progress when the maturity matrix suggests regression?

The matrix is one tool focused on statutory requirements and progress should be triangulated with other assurance sources such as the Audit Wales structured assessment and internal audits, which confirm strengthened planning and performance framework. It was proposed to include a narrative in the Annual Plan to show progress beyond the matrix scores for Board and public confidence.

What are the main priorities for improvement going forward?

To secure formal approval and implementation of both the Clinical Services Plan and an approvable IMTP. In parallel, it will continue to drive financial improvement through the established route map, while maintaining a strong focus on operational planning and efficiency measures. These actions must be delivered in

alignment with the revised and more stringent scoring methodology, ensuring compliance with statutory requirements and demonstrating sustained progress.

The Board:

- **NOTED** 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
- **NOTED** the key findings and in particular the areas of action to improve the maturity of strategy and planning in the organisation
- **APPROVED** 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).

3.2 INTEGRATED PLAN 2026/27 APPROACH TO DEVELOPMENT (PTHB/25/105)

NJ presented the approach to the development of the Integrated Plan 2026/27 to the Board, and the following key items were brought to the Board's attention:

- The Plan will consolidate improvement actions against de-escalation criteria and respond to the well-being objectives in the joint strategy.
- Draft strategic priorities were recently tested in Board Development sessions and will form the framework for the plan.
- Components include service planning, Better Together Phase One and actions that do not require consultation.
- Quality remains a core principle throughout the plan.
- Awaiting NHS Wales planning and performance frameworks; demand and capacity planning will be critical post-Christmas.
- High-level financial assessment has been completed with a detailed prioritisation and savings planning scheduled for January and February.
- The Plan will incorporate recommendations from the forthcoming Grant Thornton consultancy report.
- The strategic commissioning framework actions and commissioning intentions that has already been shared with providers will be included.
- Short-term recovery actions and medium-term sustainability road map will feature prominently.
- Longer-term focus on population health improvement and reducing inequalities, aligned with the approved Population Health Strategic Framework.
- Insights from population health analysis by Llais will inform the plan; with the Board development session scheduled for December.

Independent Members asked the following questions for assurance:

What lessons have been learned from the past two years' planning experience, and how are these reflected in the current process? What would happen if the plan were rejected due to financial concerns and how is the approach different this time to avoid iterative delays with WG?

NJ stated that learning from previous years has led to earlier actions, including the publishing of commissioning intentions sooner, engaging providers earlier on impact and conducting a high-level financial assessment at the outset. Savings scenarios are being developed to support prioritisation and triangulation after Christmas. The process aims to reduce late changes and iterative feedback loops, while maintaining realism about areas requiring further planning beyond March.

How does the plan demonstrate impact from actions taken and is there sufficient organisational capacity to deliver within the short timeframe?

NJ noted that impact measurement will focus on population health outcomes using robust indicators. Despite capacity pressures, earlier, jointly owned planning is in place, with alignment to WG priorities and clear identification of areas needing post-March work.

HT stressed the importance of aligning planning assumptions across NHS Wales and cross-border providers, supported by early engagement with Finance and Planning Directors. WG will expect clear, consistent assumptions, particularly regarding JCC activity. HT acknowledged the challenges of planning alongside other organisations due to commissioning dependencies but expressed confidence that, despite capacity pressures and complexity, the team will deliver a board-approved plan on time.

The Board:

- Took **ASSURANCE** that the Plan Approach and Process has been subject to engagement and scrutiny via Executive Team, Committee and Board Development mechanisms
- **NOTED** the recap provided on the Context and Strategic Framework and the key aims of the 2026/ 2027 Plan in that context
- **NOTED** the Draft Strategic Priorities and Plan on a Page (discussed in detail via the Board Development and Committee processes)
- Took **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).

3.3 BETTER TOGETHER (PTHB/25/106)

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

- Timeline for Phase One extended to allow greater validation and address external assurance feedback. Extension does not indicate loss of momentum, and the programme remains a priority.
- Phase One consultation likely to take place in September-November 2026.
- Mobilisation of Phase Two (Planned Care) is now prioritised, moving closer to a developed Clinical Services Plan.
- Balancing resources for short and medium-term actions to support financial improvement and recovery.
- Temporary Service Changes: no new issues identified to revert to previous model or move to permanent arrangements. Proposal is to align temporary changes with revised Phase One timeline. The communication plan is drafted and ready for implementation.
- Further update to the Board will be in March 2026.

Independent Members asked the following questions for assurance:

How will communications planning ensure stakeholders are informed throughout the transformational process, and does the organisation have the resources required to deliver the revised milestones on the updated timeline?

DWL confirmed that a dedicated communications workstream is in place, with plans covering events, content and messaging for internal and external audiences.

Communications activity will increase as consultation nears. A draft plan is ready to implement pending Board approval. Resourcing is reviewed regularly, with transformation capacity flexed to support financial recovery while maintaining progress on Better Together. Phase Two mobilisation is underway, and national teams or external experts will be used where additional skills are needed. Lessons from Phase One are informing faster future delivery.

The Board seeks assurance on how the organisation is monitoring and assessing the travel impacts arising from temporary service changes, particularly in light of Powys's rural geography.

The Board requires confirmation of the approach being taken to evaluate the reach and effectiveness of engagement activities, ensuring that all relevant stakeholder voices, especially those of staff, are captured as the programme transitions from conceptual options to more defined proposals

DWL advised of the regular Chief Executive briefings which have featured Better Together updates in recent months; the weekly intranet updates provide ongoing information. With RPB funding, a shared transformation resource supports partners and line managers to communicate, address concerns and land messages directly with teams. It was noted that engagement is iterative; as options are firmed up, activity will be expanded to ensure deeper reach and participation. The resource plans will continue to be built and adjusted with external expertise to be used where it adds value.

How is the organisation monitoring and assessing travel impacts resulting from temporary service changes, especially given Powys's rural geography? How is the effectiveness and reach of engagement activities being evaluated to ensure stakeholder voices, particularly staff, are captured as the programme moves from early options to more defined proposals?

DWL reported that regular Chief Executive briefings and weekly intranet updates provide ongoing information about Better Together. With RPB funding, a shared transformation resource supports partners and managers to communicate directly with teams and address concerns. Engagement is iterative and will expand as options become more detailed to ensure wider reach and participation. Resource plans will continue to adapt, including the use of external expertise where beneficial.

KW reported that the July evaluation showed only minimal changes in travel times, better than anticipated, with reduced out-of-county delays shortening overall journeys. Ongoing monitoring continues, and a full travel analysis is being developed for Phase Two. KW emphasised clear storytelling to help stakeholders understand that proposals aim to enhance care quality, supported by regular check-ins. Staff engagement remains strong, demonstrated by consistently high attendance at events.

Does the organisation have sufficient resources to manage programme risks, and what approach is being taken to ensure public readiness for forthcoming changes and to embed co-production in the new service model?

DWL explained that resources are managed dynamically, with transformation capacity flexed to support financial recovery while sustaining progress on Better Together. External experts and national teams will be used to strengthen capacity where needed. Engagement has already introduced emerging options, and

extending the timeline allows more thoughtful consideration and meaningful feedback. A structured engagement and communications programme will prepare the public and clarify local implications of proposals. KW noted strong and constructive staff engagement, demonstrated by consistently high participation, and expressed appreciation for contributors' commitment.

The Board:

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

3.4 FINANCIAL PERFORMANCE 2025/26 - MONTH 07 (PTHB/25/107)

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

- Month 07 position: £19.458m overspend versus a planned deficit of £16.517m, creating an adverse variance of £2.9m.
- Full-year deficit plan remains £28.3m; the current position broadly on track but with additional pressures.
- Savings shortfall: £4.8m (full year impact), partially offset by operational underspend of £5.8m.
- Unplanned cost pressures include increased NHS England tariffs, JCC overspend and shortfall in employer NI funding.
- Key cost drivers: commissioning, CHC, variable pay, private providers (mental health and learning disabilities).
- Agency usage improved; private provider costs driven by increased acuity and placement needs.
- CHC placements, with mental health and learning disabilities showing year-on-year growth.
- Savings target: £23.1m; £18.2m green schemes identified leaving £4.8m gap.
- Capital allocation: £6.534m, on track to spend as planned.
- Additional pressures of £2.9m year to date, forecast £5m full year, not fully mitigated.

Independent Members asked the following questions for assurance:

How significant is the savings delivery this year compared to previous years?

PH acknowledged it is substantially higher than previous years, representing 6.3% of total funding. This progress reflects the considerable effort and focus across the whole organisation and continued attention is required.

The organisation was £2.9m adrift at month seven. What is the forecast risk to the deficit plan and what actions are being taken to address it?

PH advised that the forecast risk to the £28.3m deficit plan was estimated at approximately £6m, primarily driven by an additional tariff increase of around £4m, pressures from the JCC of approximately £1m and a shortfall in employer NI contributions of around £1m. An operational underspend was anticipated to offset the savings shortfall of about £1m, reducing the residual risk to approximately £5m. Mitigating actions were outlined included maintaining a

strong focus on reducing variable pay, managing costs associated with mental health providers and continuing negotiations within the commissioning space.

Is the capital programme on track given it was slightly off profile at month seven?
PH confirmed that despite being off profile mid-year, the Health Board expects to remain within its capital resource limit (£6.534m) and does not anticipate significant slippage. Any additional national capital slippage will be maximised for benefit.

What was meant by tariff inflation and are there any levers available to control it?
It was noted that tariff inflation refers to annual cost uplifts applied to commissioning frameworks. Normally, these are funded through allocations. This year's increase for unscheduled care was a one-off decision by NHS England, adding extra costs. While activity is monitored and negotiated where possible, such decisions are largely outside of the Health Board's control, leaving the organisation exposed to future changes.

Have improvements in reducing Community Hospital delays been reflected in financial indicators and will these improvements show within the financial year?
PH advised that improvements have been made in delayed transfers of care and costs have reduced compared to previous years; noting that further detail will be added to future reports for clarity. EL advised that significant progress has been achieved, including a 40% reduction in costs for NHS England Community Hospital beds through repatriation and enhanced community-based services. Local Authority assessment delays have also decreased, and work continues to improve care pathways.

Given that agency and locum spend is 5.5% of total forecasted pay compared to the Wales average of 1.8%, is there still active focus on reducing this cost?
PH advised that this remained a key area of focus and further actions are being taken to reduce reliance on agency staff. EL noted that despite a slight uptick in month seven due to temporary medical cover in Brecon, progress continues, including mental health wards operating without agency staff for the first time. Recruitment efforts in mental health remain proactive, with overseas doctors onboarded and further recruitment rounds underway. While complete elimination of agency spend is unrealistic, reductions are expected in the coming months. DWL advised that additional overseas nurses and healthcare support workers are joining soon and that targeted recruitment is being extended to high-cost areas to further reduce agency spend.

What actions are being taken to address the £1m pressure from the Joint Commissioning Committee?
HT assured that additional mitigating actions were agreed at the recent JCC meeting to reduce this pressure across health boards, particularly for Powys and Betsi Cadwaladr University Health Boards. Recommendations will be developed and implemented alongside local actions.

The Board:

RECEIVED the financial report and take 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 the underlying deficit of £42.1m.

3.5 INTEGRATED QUALITY AND PERFORMANCE REPORT 2026/26 MONTH 06 (PTHB/25/108)

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

- As a Provider, good performance was maintained on 104-week and 52-week planned care targets.
- Diagnostics remain a concern: echocardiogram improving, non-obstetric ultrasound still challenging; recovery plan in place to meet eight-week target by end of March.
- MSK referral optimisation service launched on 24 September; progress monitored quarterly.
- Therapies waiting times fragile due to small service size; recovery planned by December.
- All mental health measures for children and young people met; improvements in adult psychological therapies noted.
- No patients expected to wait over 104 weeks by end of October despite summer referral spike; ahead of Cabinet Secretary's expectation to eradicate three-year waits.
- Minor Injuries Units performing well.
- Commissioned services: Swansea Bay University Health Board and Hywel Dda University Health Board meeting planned care targets; variability persists across other NHS Wales providers.
- Long waits at Robert Jones and Agnes Hunt projected at ~60 patients by March; written to NHS Performance and Improvement for backlog support; clinical validation ongoing but unlikely to affect longest waiters.
- NHS England data shows early signs of lengthening waits following commissioning changes from July; monitored monthly for quality and access impacts.
- 50 concerns received about commissioning changes (up from 46); majority general, few individual; handled compassionately and within normal processes; no serious incidents reported.
- No significant impact detected in therapies referrals or GP feedback following commissioning changes.
- Continued variability in cancer, urgent and emergency care for Powys residents; concerns raised about ambulance waiting times and purple category performance through JCC mechanisms.
- Guidance on patients self-transporting under review; Welsh Ambulance Services Trust prioritises highest-need cases.

EL highlighted that prolonged waiting times for secondary care have a significant impact on General Medical Services (GMS). Patients facing one or two-year waits often return repeatedly to their GP for ongoing support and medication, which places additional pressure on GP practices and their capacity to manage demand effectively.

JOA joined the meeting

Independent Members asked the following questions for assurance:

Does Wye Valley Trust remain the best-performing provider following the commissioning restrictions, and does this mean that comparative waiting-time

league tables are no longer feasible? Will Wye Valley Trust's performance align with Welsh waiting-time targets over time?

NJ explained that the Board's March decision was to commission to Welsh waiting-time standards to ensure equity for all Powys residents. As a result, waiting times are expected to equalise across providers at Welsh target levels, so league-table comparisons are neither intended nor appropriate. Performance will instead be reported objectively against Welsh waiting-time standards across all providers. Modelling with providers has considered the activity Powys must commission to meet the Welsh 52- and 104-week ministerial targets. The current difference between Welsh and English waiting times is around nine months, and waits are expected to converge over the next year.

Is there evidence that in-reach fragility has been affected by the health board's changed commissioning intentions with English providers who also deliver in-reach services?

NJ advised that in-reach fragility was not new; there were anecdotal indications of some difficulties following the change. A further deep-dive review is scheduled for quarter four to provide quantitative evidence on any material impact, with findings to be reported to the Finance and Performance Committee.

What assurances have been received from the JCC regarding engagement with the Welsh Ambulance Services Trust (WAST) to improve ambulance waiting and response times for Powys residents?

HT advised that the new performance framework was being measured and evaluated, with a report due. While the JCC meeting the previous day did not discuss Powys specifically, an update for the Planning, Performance and Finance Sub-Committee would be brought forward on Powys-specific progress. Additional discussions had taken place with WAST and the JCC, and Powys-specific data would continue to be drilled into through internal performance reports.

To what extent did data-quality issues, particularly from English provider reporting on quality and safety metrics, compromise the reliability of the Board's performance assessments and is there a systematic approach to address these risks? Were there any current concerns about the accuracy of the reported position? Additionally, how should ambulance response performance be interpreted for Powys given relatively small numbers?

NJ noted that data-quality issues had been transparently reported, and root-cause analysis was underway with joint teams, with findings to be presented to the Executive Committee. A systematic data-quality assurance process is in place, which has helped identify these issues. At the time, reporting integrity was considered adequate; however, a further deep dive will be conducted, and any material concerns would be escalated via the Finance and Performance Committee to the Board. KW advised regarding ambulance performance, given Powys' small volumes, absolute response times should be considered alongside patient outcomes and greater emphasis on tracking outcomes was recommended.

What impact did the shortfall in local authority capacity have on performance against adult mental health care and treatment plans and what actions are being taken to address this issue?

EL stated that the issue related specifically to Mental Health Measure Part 2, where care and treatment plans are led by different professionals depending on

individual need. While the Health Board is accountable for the overall response, some plans are led by social workers. Capacity constraints or staff absences within the local authority have impacted performance. Close communication continues with the local authority to monitor each case without a care and treatment plan, and work is underway to obtain data showing the proportion of plans held by each professional group to better assess the scale of the impact.

Colonoscopy performance was reporting at 6.3% against a 95% target, which is a significant gap. What level of confidence is there that performance will improve, and how quickly?

NJ stated that colonoscopy performance remains a cause for concern and is discussed frequently at the Finance and Performance Committee. Further information is awaited from Public Health Wales and the screening service to provide assurance and trajectory. At the time of reporting, no clear level of assurance or timeline for improvement could be given.

The Board:

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

3.6 ANNUAL DELIVERY PLAN 2025/26 QUARTER 2 (PTHB/25/109)

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

- Includes recommendations from the Improving Performance Together letter and Ministerial Advisory Group actions.
- Good overall progress against plan, including actions linked to performance improvement.
- Achievements for the first half of the year detailed from page 13; RAG-rated actions reviewed by the Executive Committee and the PPPH Committee.
- Risks and mitigation actions outlined on pages 14–15; some risks outside Health Board control due to reliance on national bodies.

Independent Members asked the following questions for assurance:

For actions currently rated green in the quarterly report, is there any risk they could slip back to amber, or is their status considered stable?

NJ advised that in addition to the RAG rating, each action is assigned a delivery confidence score, which provides assurance on its stability. Actions rated green generally have high delivery confidence, and experience shows they rarely revert to amber. This methodology is used to monitor and maintain progress and a detailed review of delivery confidence for all green actions could be undertaken if required.

The report notes that the critical action on complex CHC is behind schedule due to external expertise being commissioned. What expertise is being sought and what is the timeline?

EL advised that the external expertise relates to Grant Thornton, who have been engaged to undertake a review of complex care and continuing healthcare. The report is expected shortly and will inform next steps.

The report shows 18% slippage this autumn compared to 12% last year. Does this indicate increasing pressure on capacity and resources, or is it due to other factors?

It was noted that the higher percentage reflects greater granularity in this year's plan, as actions were broken down into more detail compared to last year. Some delays relate to actions outside of the Health Board's direct control, such as those involving the JCC or national digital schemes. Delivery confidence and capacity is regularly reviewed through quarterly reports and due diligence processes. While pressures exist, no overarching theme beyond these factors has emerged.

How is the Health Board addressing concerns about setting unrealistic ambitions and delays in plans?

EL responded that delays were largely due to a challenging year with multiple priorities and late external inputs. Some schemes marked red have since been resolved and turned green and the focus now is on identifying barriers, progressing actions and escalating where necessary.

The Board:

- **CONSIDERED** the report ahead of submission to Welsh Government,
- Took **ASSURANCE** that there is a process in place for monitoring progress against the annual delivery plan.

3.7 STRATEGIC RISK AND BOARD ASSURANCE FRAMEWORK (PTHB/25/110)

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

- The report covers three components: Strategic Risk Register, Operational Risk Register and Board Assurance Framework.
- Strategic Risk Register: 12 risks approved earlier in the year; two score changes proposed:
 - Transformation risk increased from 12 to 16,
 - Major Incident Planning decreased from 16 to 12.
- Operational Risk Register: First time presented to the Board; 11 risks identified to provide visibility of emerging issues beneath strategic level.
- Board Assurance Framework: Offers an overview of strategic risks, correlates risk appetite, controls and assurance. Nine risks within appetite, one at target, two out of appetite (financial balance and estate).
- Board to consider tolerance of out-of-appetite risks and adequacy of controls over the next quarter.
- Next update due in January; minor inaccuracies identified will be corrected in the next iteration.

Independent Members asked the following questions for assurance:

How will the Board address the two risks currently outside the agreed appetite (financial balance and estate) and what actions are planned to mitigate them?

HB explained that for the financial risk, regular reporting through the Audit, Risk and Assurance Committee and the forthcoming Grant Thornton review will help identify any additional controls needed. The developing route map to financial balance will also become a key control later in the year. For the estate risk, although substantial controls already exist, further review is required to determine whether additional actions are needed and whether the current risk appetite

remains appropriate. The Finance and Performance Committee will consider this as part of its risk-register review, with outcomes reported back to the Board.

Should the Strategic Commissioning Framework and its implementation be referenced as a control within the risk registers, and if so, where should it sit?

HB noted that the Strategic Commissioning Framework may need to be recognised as a control across multiple risks, such as finance and commissioned services, rather than being confined to one area. HB advised that this will be reviewed with the relevant leads and ensure appropriate inclusion within the risk landscape.

The Board:

- **REVIEWED** 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
- **REVIEWED** 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
- Took **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.
- Took **ASSURANCE** on the controls and assurances to manage strategic risks and there are actions to address any identified gaps
- **APPROVED** the updates proposed by Executive Leads including:
 - o the increase in scoring for SRR 002 (Transformation)
 - o the decrease in scoring for SRR 010 (Major/Critical Incident).

3.8 WINTER PLANNING / RESILIENCE (PTHB/25/111)

NJ presented the report to the Board, developed collaboratively with teams across the Health Board and wider partners through the Regional Partnership Board (RPB). The plan meets WG requirements outlined in guidance issued since the summer and was submitted on 31 October as a partnership plan. It was noted that it had been signed off by the RPB Executive, with confirmation from partners, and will be formally noted by the RPB Board in December. The paper is provided to the Board for information.

Independent Members asked the following questions for assurance:

Can you provide an example of how partnership working has strengthened the Winter Resilience Plan and clarify how reporting to WG will work given the collaborative nature of the plan?

It was noted that the Plan had been developed collaboratively, ensuring a whole-system approach. Examples of effective partnership working included:

- A year-round supplementary service with every GP practice, supported by community teams, local authority and third sector partners to proactively prevent admissions for high-risk patients.
- A Flow Hub established in April to co-ordinate patient flow across hospital and community settings, with daily reviews and weekly oversight alongside local authority partners.

Integrated enablement and reablement services jointly operated by the health board and local authority to support timely discharge and prevent unnecessary admissions.

In terms of reporting, accountability for delivery remains with individual organisations, but monitoring will occur through existing mechanisms such as

Integrated Quality and Performance Delivery and Joint Executive Team meetings with WG. Additionally, a new RPB accountability group is being established to strengthen oversight of partnership arrangements and winter planning and is expected to feature within that structure. MB highlighted the strong focus on prevention in care homes as part of the winter plan, that vaccination remains a key priority with joint work between health and local authority teams achieving over 75% covid vaccination coverage. In addition, health protection teams and infection control champions work across care homes to manage outbreaks swiftly, protecting residents and supporting patient flow from hospitals to care settings.

How will the Health Board measure the impact of WGs Pathways of Care Transformation Grant?

It was advised that at present WG has not set specific metrics for local authorities and the measures in the report are trend-based. However, work is underway to strengthen the joint dashboard with the local authority to provide clearer, quantifiable data on changes, enabling the Health Board to track impact more accurately.

How resilient is the Health Board system if demand changes unexpectedly?

EL advised that whilst the winter plan provides a forward look, there are responsive mechanisms such as the Flow Hub to manage real-time changes in demand. Rosters are signed off 12-weeks in advance, escalation procedures are well-established, and resilience is regularly tested to ensure the system can withstand unexpected pressures.

Does the transformation grant apply to Powys residents in English hospitals and how is this managed?

EL advised that the grant benefits all Powys residents regardless of whether they are in Welsh or English hospitals. It was noted that the Health Board works closely with Local Authority colleagues to manage assessments, repatriate patients where appropriate and ensure effective use of the fund through agreed processes.

HT highlighted the £30m investment in social care to support winter pressures and noted that national discussions are underway on measuring its impact. This includes the upcoming 'Winter Sprint Fortnight', aimed at improving system flow and ambulance handovers before Christmas, with all partners working collectively to manage demand and ensure readiness for the festive period.

The Board:

- Took **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.
- Took **ASSURANCE** that the plan has been submitted to Welsh Government to meet their deadline of 31 October.
- **NOTED** 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.

3.9 DIRECTOR OF CORPORATE GOVERNANCE REPORT (PTHB/25/112)

HB presented an update highlighting Board activity since the last meeting, including the agenda from the in-committee session. HB noted three Chair's Actions relating to general dental services, extension of the national Silver Cloud

contract and a Better Together decision. Additionally, the common seal was applied once for an electric sub-station at Brecon Hospital.

The Board:

- **RECEIVED** the Director of Corporate Governance report.
- **RATIFIED** the three Chair's Action taken since the last meeting of the Board held on the 24 September 2025.
- **RATIFIED** the application of the Common Seal applied on one occasion since 26 March 2025 and received **ASSURANCE** that the action was taken in accordance with Section 9 of the Standing Orders.

MODEL STANDING ORDERS - RESERVATION AND DELEGATION OF POWERS

HB presented to the Board the model standing orders from the foundation of governance for NHS Wales, with standing financial instructions as a key component. Following national guidance updates earlier in the year, some local changes were proposed to increase executive authorisation levels:

- Chief Executive to £500k.
- Director of Finance to £250k.
- Executive Directors to £100k.
- No change for Assistant Directors or other staff.
- Administrative updates, such as job titles, have also been made.
- HB confirmed that any approvals above £500k would require sign-off by both the Chair and Chief Executive, or the full Board depending on the nature of the decision and agreed to ensure this is clearly reflected in the documentation.

The Board:

- **APPROVED** 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.
- **NOTED** that the Chief Executive will complete a review of the Executive portfolio scheme of delegation in readiness for the January Board.

3.10 JOINT COMMISSIONING COMMITTEE REVISED INDIVIDUAL PATIENT FUNDING REQUEST POLICY (PTHB/25/113)

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

- The IPFR policy has both national and local dimensions, with KW as the responsible Executive Director.
 - The policy, previously approved by the Board, has undergone clarification, resulting in a renewed national policy agreed by the JCC and partner Health Boards across NHS Wales.
 - The JCC approved the policy at its meeting yesterday.
- The policy now required formal approval by the Board, as well as by the other six health boards in their upcoming meetings.

Independent Members asked the following questions for assurance:

How will the Health Board ensure quality assurance in implementing the national IPFR policy, share learning and provide appropriate reporting to the Board?

KW advised that quality assurance is maintained through close collaboration between the local and national teams, with quarterly reports received from the national team covering both national processes and local commentary. KW noted that a selection of local cases are quality assured and feedback is considered by a local panel, with any significant issues escalated to the Executive Director. Learning is embedded through the process and will explore incorporating reporting to the Patient Experience, Quality and Safety Committee to provide clear oversight of cases considered within Powys. HT agreed with the point made and noted the need to strengthen links between national JCC reporting and Powys committees to ensure visibility and understanding of local patient experience. HT will work with HB to review and improve reporting arrangements.

The Board **APPROVED** the local adoption of all Wales IPFR Policy (subject to consideration by the Joint Commissioning Committee on 25 November 2025).

3.11 MINUTES OF PREVIOUS MEETING HELD ON 24 SEPTEMBER 2025 (PTHB/25/114)

The minutes of the meeting held on the 24 September 2025 were **AGREED** as an accurate record.

No matters arising were raised.

4. CONSENT AGENDA (PTHB/25/115)

The below reports were taken under the Consent Agenda and recommendations supported:

- **FOR APPROVAL:** Standards of Behaviour Policy.
- **FOR ASSURANCE:** Assurance Report of the Board's Joint Committees.
- **FOR ASSURANCE:** Assurance Report of the Board's Partnership Arrangements.
- **FOR ASSURANCE:** Assurance Report of the Board's Local Partnership Forum.
- **FOR ASSURANCE:** Board Work Programme.
- **FOR INFORMATION:** Glossary.

5. OTHER MATTERS

5.1 ANY OTHER URGENT BUSINESS (PTHB/25/116)

None raised.

5.2 DATE OF NEXT MEETING (PTHB/25/117)

The next meeting is scheduled for Wednesday 28 January 2026.

Meeting closed at 14.50.

Patterson, Liz
27/01/2025 10:09:42

POWYS TEACHING HEALTH BOARD

UNCONFIRMED

**COMMITTEE MINUTES OF THE MEETING
HELD ON TUESDAY 16 DECEMBER 2025 AT 09.30 VIA TEAMS**

Present		
Carl Cooper	CC	Chair
Hayley Thomas	HT	Chief Executive Officer
Ronnie Alexander	RA	Independent Member (General)
Mererid Bowley	MB	Executive Director of Public Health
Nina Davies	ND	Associate Member (Director of Social Services Powys County Council)
Steve Elliot	SE	Independent Member (Finance)
Mick Giannasi	MG	Independent Member (General)
Paul Hooton	PHo	Executive Director of Nursing, Quality, Women and Family Health
Pete Hopgood	PH	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive
Rhobert Lewis	RL	Independent Member (General)
Elaine Lorton	EL	Executive Director of Planning, Performance and Commissioning
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Cathie Poynton	CP	Independent Member (Trade Union)
Ian Thomas	IT	Independent Member (General)
Debra Wood-Lawson	DWL	Executive Director of People and Culture
Kate Wright	KW	Executive Medical Director
Simon Wright	SW	Independent Member (University)
In Attendance		
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
Lucie Cornish	LC	Director of Improvement and Transformation
Adrian Osborne	AO	Deputy Director of Communication, Engagement and Corporate Governance
Liz Patterson	LP	Head of Corporate Governance (meeting support)

Wayne Tannahill	WT	Associate Director of Capital, Estates and Property
Apologies for absence		
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Chris Walsh	CW	Independent Member (Local Authority)

CONFIDENTIAL MATTERS

The following motion was passed:

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

1. PRELIMINARY MATTERES – IN-COMMITTEE BOARD

1.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB IC/25/125)

The Chair welcomed everyone to the meeting. Apologies for absence were noted as above.

The Chair confirmed that ND did not normally attend In-Committee meetings, she was attending in her capacity as the Joint Senior Responsible Officer, whilst also recognising she was an Associate Director of the Board.

1.2 DECLARATIONS OF INTEREST (PTHB IC/25/126)

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

2. ITEMS FOR DISCUSSION

2.1 NORTH POWYS WELLBEING PROGRAMME (ECONOMIC, COMMERCIAL AND FINANCIAL CASE) (PTHB IC/25/127)

Rationale for item being held in private: Commercially sensitive

3. OTHER MATTERS

3.1 ANY OTHER URGENT BUSINESS

There was no other business.

3.2 CLOSE AND MOVE TO IN PUBLIC BOARD

The meeting closed at 10.05 and moved to In Public Board.

4. PRELIMINARY MATTERES PUBLIC BOARD

4.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB IC/25/128)

The Chair welcomed everyone to the meeting. Apologies for absence were noted as above.

4.2 DECLARATIONS OF INTEREST (PTHB IC/25/129)

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

4.3 QUESTIONS TO THE BOARD FROM THE PUBLIC

There were no questions from the public.

5. ITEMS FOR APPROVAL

5.1 NORTH POWYS WELLBEING PROGRAMME (PTHB IC/25/130)

LC introduced the North Powys Wellbeing Programme Strategic Outline Case / Outline Business Case (SOC OBC) explaining that it had been necessary to consider the economic, commercial and financial cases of the SOC OBC in private session due to commercial sensitivity.

A previous Programme Business Case (PBC) had been endorsed by Welsh Government in 2022, however, Welsh Government now require this programme to be managed in a phased approach. Phase 1 relates to the Health, Care and Wellbeing Hub and the development of the SOC OBC has been supported by the Integration and Rebalancing Capital Fund. The site was agreed in 2019 and on approval by Board and Cabinet (also meeting on 16 December 2025) the case will be submitted to Welsh Government.

CC invited the Regional Director of Llais to comment.

KB noted that Llais had a remit limited to health and social care, while the project extended far beyond this.

Although extensive engagement had taken place, Llais had heard that the public had often struggled to understand the technical terminology used in documents such as the SOC and business case and clear and less technical communication would be welcomed, along with a clear timeline for the project's phases.

Llais would need to review the detailed proposals if the project were approved and confirmed that ongoing contact with the project team would continue.

Independent Members asked the following questions for assurance:

Could the team confirm that the intention was to provide primary care services at the site (beyond dental services), and when would plans be sufficiently developed for the public to understand the scope and detail of this provision?

LC confirmed that primary care remained firmly within the scope of services to be delivered from the hub. Work was already underway to explore the delivery options, drawing on the emerging national "community by design" model. Active discussions were taking place with partners and stakeholders and a dedicated project workstream would be established to determine the preferred delivery approach.

EL advised that the building was being designed to support future integrated primary and community care. The detailed description of service models would be developed further as part of the Full Business Case.

How would the community benefits and social value outcomes described in the plan be measured once the project was delivered?

LC noted a benefits realisation plan had been included within the SOC and OBC documentation, set at a level of detail appropriate for that stage of development. Further detail, including specific metrics, would be developed during the FBC stage. These metrics would then be used to measure the community benefits achieved by the project.

How would engagement with the third sector continue through the project governance arrangements, and how would this be balanced with the risk register, given the complexity of multi-stakeholder involvement?

LC advised that a strong service redesign workstream was already in place and was expected to be strengthened during the FBC stage. The team planned to develop a comprehensive engagement plan that would continue to involve third sector partners, building on the existing engagement structures already established. Third sector representatives were included on the programme board, which also oversaw the risk register. An internal audit review of governance arrangements was underway, and any recommendations to strengthen governance or risk management, particularly in relation to multi-stakeholder involvement, would be implemented.

Assurance was sought that the facility would be maximally utilised from the outset, with sufficient flexibility built in to ensure services could adapt to meet the needs of local communities.

LC explained that the project team intended to ensure optimal use of the hub through two key mechanisms. First, the service redesign workstream, jointly led by Health Board and Council representatives, was already driving integrated planning and would continue to shape how services were organised to support future needs. Second, the hub would incorporate room-booking technology to ensure fair, efficient and coordinated use of shared spaces by all partners. Together, these arrangements would promote full utilisation of the building while enabling flexibility and collaboration as services evolved.

Given public concerns regarding parking and safe access, and recognising that proposed solutions depend heavily on public parking and land acquisition, could assurance be provided that these issues were being actively addressed and that alternatives existed if negotiations or planning constraints did not progress as expected?

WT advised that the team had explored the parking issue in detail. Although on-site parking would be limited, extensive work had been carried out with Powys County Council and Highways colleagues to assess the wider parking network,

particularly Back Lane Car Park, which had been shown to have sufficient capacity. Additional spaces would also become available through the relocation of staff from nearby facilities, releasing around 25 parking spaces for hub use. Further opportunities to enhance parking provision would be considered in Phase Two of the wider campus development. Accessibility planning extended beyond car parking to include pedestrian routes, cycling access and other sustainable travel options.

HT emphasised the importance of effective engagement and communication with the public throughout this long-standing programme, noting that the development had been underway for several years. The campus would progress in stages, with the integrated hub forming the first phase, and it was important to note that the project was not confirmed until the FBC was approved by Welsh Government.

Feedback about the complexity of terminology was noted along with the need to present information in a more accessible way while also managing expectations until funding was fully secured. Three key areas requiring clear communication were noted: the specific offer to be delivered in Phase One, how this fitted within the wider campus vision, and issues raised about site design. The positive feedback received and concerns, particularly relating to development impacts on the park and local surroundings was recognised.

The importance of strengthening engagement as the project moved into the next stage, especially given the Welsh Government's decision timetable was noted alongside the vital role of communication and engagement planning in ensuring the success of the programme.

The Board:

- **ENDORSED** the Strategic Outline Case/Outline Business Case (SOC/OBC) for the North Powys Wellbeing Programme Phase 1 and;
- **APPROVED** submission to Welsh Government. Subsequent approval by Welsh Government would secure the next stage of funding, allowing the programme to progress to development of the Full Business Case (FBC).

6. OTHER MATTERS

6.1 ANY OTHER URGENT BUSINESS

There was no other business.

6.2 CLOSE

The next meeting of Board is on 28 January 2026.

The meeting closed at 11.05



GIG
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NHS
WALES

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Addysgu Powys
Powys Teaching
Health Board

Agenda item: 4.1

BOARD		28 JANUARY 2026
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:		
<ul style="list-style-type: none"> • 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	

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 25 November, 16 December 2025 and 27 January 2026. The papers for these meetings are available at [Meeting Dates and Papers - NHS Wales Joint Commissioning Committee](#)

The highlight report from the meetings held on 25 November and 16 December 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 have not met since the last meeting of Board. The papers MWJC are available at: [Joint Committee Meetings - Mid Wales Joint Committee](#). The next meeting will take place in April 2026.

South East Wales Regional Joint Commissioning Committee (SEWRJC)

The Health Board is an Associate Member of the South East Wales Regional Joint Commissioning Committee. The Executive Director of Planning, Performance and Commissioning is the identified PTHB representative for the Committee.

The SEWRJC has not met since the last meeting of Board. Papers for meetings of the SEWRJC are available at: [South-East Wales Regional Joint Committee - Aneurin Bevan University Health Board](#)

South West Regional Joint Committee (SWRJC)

The South West Regional Committee has been established for some time. PTHB has joined this Committee as an Associate Member, the Chair of the Board is the identified PTHB representative for the Committee.

The terms of reference for the Committee are attached as **Appendix B**.

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.

Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee

Dyddiad y Cyfarfod / Date of Meeting	25/11/2025
Statws Cyhoeddi / Publication Status	Open/Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Helen Tyler, Head of Governance and Risk, 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
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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 25 November 2025.

Key highlights from the meeting are reported in Section 3.

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 [November 2025 - NHS Wales Joint Commissioning Committee](#)).

Status	Update
Alert / Escalate	<ul style="list-style-type: none"> The financial position remains a key risk. Conversations as to affordability of the current financial position continue. It was noted that the NWJCC had mitigated its financial risk from circa £20m to circa £7.7m, a detailed proposal outlining the approach to additional risk mitigation and savings will be presented at an Extraordinary JC meeting on 16 December 2025.
Advise	<ul style="list-style-type: none"> Emergency Medical Retrieval and Transfer Services (EMRTS) Update Members received an update regarding the decision to pause work pending the outcome of the Judicial Review. Following conclusion of the legal proceedings, the JC will move forward with implementing Recommendations 1, 2, 3 and 6. Members agreed to revisit Recommendation 4 to ensure alignment with recent operational and financial changes and this work will be incorporated into the Integrated Medium-Term Plan (IMTP) process for 2026-29. A separate update will be presented at a future JC meeting to include a detailed timeline and implementation plan. Ongoing engagement and communication to maintain transparency and public trust was recognised and fully supported. Sexual Assault Referral Centres (SARC) Commissioning Proposals The JC confirmed the transfer of responsibility for commissioning services for survivors of sexual assault from the NHS Performance and Improvement Unit to the JC. Members discussed the partnership approach to commissioning and agreed that further work was required on the financial model due to the complex funding flows that underpin the service. Care Home Framework The JC received an update on proposals for the renewal of the Care Home Framework with four options shared for the future commissioning arrangements. The NWJCC Collaborative Commissioning Leadership Group (CCLG) had previously indicated its support for Option 4 and the JC were asked to support this proposal. The JC were unable to approve this preferred option and requested clarification on previous resources as well as additional detail concerning the

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Status	Update
	<p>cost benefit analysis of Option 4. It was agreed that a further detailed update would be considered at the Extraordinary JC meeting on 16 December 2025.</p> <ul style="list-style-type: none"> • Immunoglobulin Optimisation The JC approved the financial support required to establish the immunoglobulin optimisation team with an expectation that such financial support would result in significant financial savings across all HBs. • Neonatal Services Update Members noted the briefing paper and a summary of the work undertaken to date as part of the Phase 1 rebasing of Neonatal Services. Members approved the undertaking of the Neonatal Commissioning Reset Review for South Wales. The importance of engaging stakeholders and aligning with the upcoming recommendations from the Chief Nursing Officer's review were highlighted. • Corporate Governance Report Minor amendments to the NWJCC Standing Orders relating to the timescales for publication of meeting papers and the All Wales IPFR Policy were approved.
Assure	<ul style="list-style-type: none"> • Development of NWJCC Integrated Medium Term Plan 2026-29 Members received a presentation on the approach to develop the NWJCC IMTP (2026-29). Members discussed the challenges and the need to focus on efficiency, prioritisation and financial constraints. It was noted that ongoing engagement with HB colleagues would continue in advance of a draft plan being issued in the new year. An IMTP workshop with HB Executive Colleagues is also scheduled in December 2025. • Governance & Risk Management: <ul style="list-style-type: none"> ○ The Risk Register at 31 October 2025 was received. A discussion was held around the approach to develop and strengthen the commissioner held risks and alignment with provider risks. Work has begun to make actions and controls clearer. Risks will be reviewed by the Sub-Committees before they are brought to the JC for consideration. ○ The Corporate Governance Report including updates on the internal audit programme and forward plan of business were noted.

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Status	Update
<p>Inform</p>	<ul style="list-style-type: none"> • The Chair's Report summarised the JC Strategy Session held on 21 October 2025, which covered topics including the NWJCC Financial Outlook, the NWJCC IMTP, and the Clinical Escalation Process. The update also included changes to the meeting schedule and organisational changes, noting that the recruitment process for a new Chief Commissioner will begin soon and is expected to complete by March 2026. • The Chief Commissioner's Report included an update on: <ul style="list-style-type: none"> ○ The progress made in relation to implementing the new organisational structure for the NWJCC (with an improved 15.83% vacancy rate as of October 2025). The Director of Finance and Value was reappointed as the Deputy Chief Commissioner. The position of Director of Corporate Planning and Strategy has been filled on a substantive basis. The second phase of prioritised recruitment has commenced which includes recruitment of a substantive Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups. ○ Programmes of Work – an update on national programmes (Hospices, SARC, Direct Payments, Positron Emission Tomography and the Voluntary Sector) and the approach to this work was provided. • Reports from each of the Commissioning Directors: <ul style="list-style-type: none"> ○ Director of Commissioning for Ambulance Services and 111 Members noted: <ul style="list-style-type: none"> • An update on performance framework updates including the publication of new clinical indicators such as pain score changes. • Updates on Phase 2 of the New Ambulance Response Model in Wales scheduled to launch on 2 December 2025. • The multi-faceted review process underway to ensure a comprehensive evaluation in relation to the Manchester Arena Inquiry. • That a strategic review of the welsh ambulance service's productivity had begun in response to a growing, aging population and rising medical complexity. • Challenges for the Non-Emergency Patient Transport Service including the cancellation of patient journeys. The need to prioritise the use of resources was acknowledged. • An update on collaborative work to improve the response for mental health patients in crisis and recognising the

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Status	Update
	<p>needs of those that are detained under the provisions of the Mental Health Act.</p> <ul style="list-style-type: none"> ○ <u>Director of Commissioning for Specialised Services</u> Members noted: <ul style="list-style-type: none"> • The NWJCC recently met with clinicians and stakeholders on the development of a service specification for a Functional Neurosurgical Service for Movement Disorders (including Deep Brain Stimulation). The presentation included outcomes from the temporary pathway. The service specification will soon be shared for stakeholder consultation and used to designate providers, with completion expected by March 2026. • That a Joint Accreditation Committee of the European BMT Society (JACIE) accreditation inspection took place on 19 September 2025. The report is awaited. If certification is not maintained, CAR-T services would be suspended due to pharmaceutical supply restrictions, and bone marrow transplant services may require alternative commissioning arrangements. • The Cochlear Implant and Bone Conduction Hearing Implant service at Cardiff and Vale University Health Board (CVUHB) was escalated to Level 3 in October 2025 due to staffing challenges impacting on delivery capacity. • CVUHB's hereditary anaemias service had seen patient numbers double in five years, managed by just one consultant. This poses a risk. The commissioning team will propose increasing capacity in the next IMTP. ○ <u>Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups</u> Members noted: <ul style="list-style-type: none"> • New admissions to the Caswell Clinic had been suspended. An action plan has been submitted by the provider HB, and weekly meetings are being held to facilitate and monitor the implementation of this plan. Ty Llewellyn in North Wales will be considered initially for any new male medium secure referrals, whilst the independent sector will be used for female referrals. • St Andrew's Hospital remains a service of concern, and all admissions continue to be managed via the Care Quality Commission. • The JC received an update on <u>High-Cost Medicines</u> and it was highlighted that the incremental cost effectiveness ratio (ICER) currently used by the National Institute of Clinical Excellence (NICE) will increase and this will increase the cost

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Status	Update
	<p>of any new high-cost drugs for NHS Wales. The risk this poses to the NWJCC is under review.</p> <ul style="list-style-type: none"> The JC received the Month 7 Finance Report and the Operational Performance Report. The challenging financial position was noted, and options to further reduce financial risk will be presented and discussed at the Extraordinary JC meeting on 16 December 2025. The Committee received the following assurance reports: <ul style="list-style-type: none"> Quality, Safety and Outcomes Sub-Committee Planning, Performance and Finance Sub-Committee Hosted Audit, Risk and Assurance Committee. The Committee received the following reports for information: <ul style="list-style-type: none"> Individual Patient Funding Request Panel Report Welsh Kidney Network.
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 (Ilyw.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 (Ilyw.cymru)) /	Effective
	Efficient; Equitable; Person-centred;

Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Timely; Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
	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 <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	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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Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee

Dyddiad y Cyfarfod / Date of Meeting	16/12/2025
Statws Cyhoeddi / Publication Status	Open/Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Maxine Evans, Assurance and Risk Officer, 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
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Health Boards	December 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 extraordinary public meeting on 16 December 2025.

Key highlights from the meeting are reported in Section 3.

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 [December 2025 - NHS Wales Joint Commissioning Committee](#)).

Status	Update
Alert / Escalate	<ul style="list-style-type: none"> <li data-bbox="395 398 1428 745"> <p>• Care Home Framework Members received a paper providing additional information on the benefits, both financial and non-financial, of investment into the NWJCC Care Home Framework. It was noted that several iterations of the paper had been discussed at previous JC and Collaborative Commissioning Leadership Group (CCLG) meetings. Members noted the deadline for the Framework, due to expire in March 2026 and that a resolution was required.</p> <p>There was support for Option 4 as a sustainable, once for Wales solution on behalf of all Health Boards, maximising economies of scale and reducing duplication. Members approved the release of funding to support delivery of Option 4 as a spend to save opportunity noting the risks associated with not approving the recommendation.</p> <p>It was agreed that assurance would need to be provided regarding the improvement in outcomes, the ambition to generate savings and contain costs to be delivered. As a result, it was further agreed that the NWJCC will monitor savings to ensure that the benefits derived exceed the funding to be provided, working with the NHS Wales Finance Working Group with oversight provided by the CCLG. Regular updates will then be reported to the JC.</p> <li data-bbox="395 1406 1428 2018"> <p>• 2025/26 Specialised Commissioning Financial Recovery - Managing Activity Members received a paper providing further financial detail, detail of risks and a plan of action for the three areas of opportunity to support an improvement in this year's financial position, that had been agreed at the JC meeting on 25 November 2025. The areas included:</p> <ul style="list-style-type: none"> ○ Reducing elective activity through the management of activity for English provider contracts during Quarter 4. ○ To find mitigating Savings through: <ul style="list-style-type: none"> • Early cessation of the Salford Obesity Surgery Contract • Understanding Local Health Boards pass through costs, identifying any efficiency opportunities. <p>A Quality Impact Assessment of undertaking the actions was included and would continue to be refined subject to approval.</p>

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Status	Update
	It was noted that the above actions to improve the end of year deficit position could be taken forward immediately if a decision was taken at today's meeting, recognising however that the greater financial benefit would be realised in 2026-27. Welsh Government is sighted on the financial position of the JC and the expectation is on improvement wherever possible. Members approved moving forward with the proposed workplan with progress reports to be shared at future JC meetings.
Advise	<ul style="list-style-type: none"> There were no matters to be raised.
Assure	<ul style="list-style-type: none"> There were no matters for assurance.
Inform	<ul style="list-style-type: none"> There were no matters for information.
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 (Duty of Quality Statutory Guidance (gov.wales))	Effective
	Efficient; Equitable; Person-centred; Timely; Safe
	No - Not Applicable

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	
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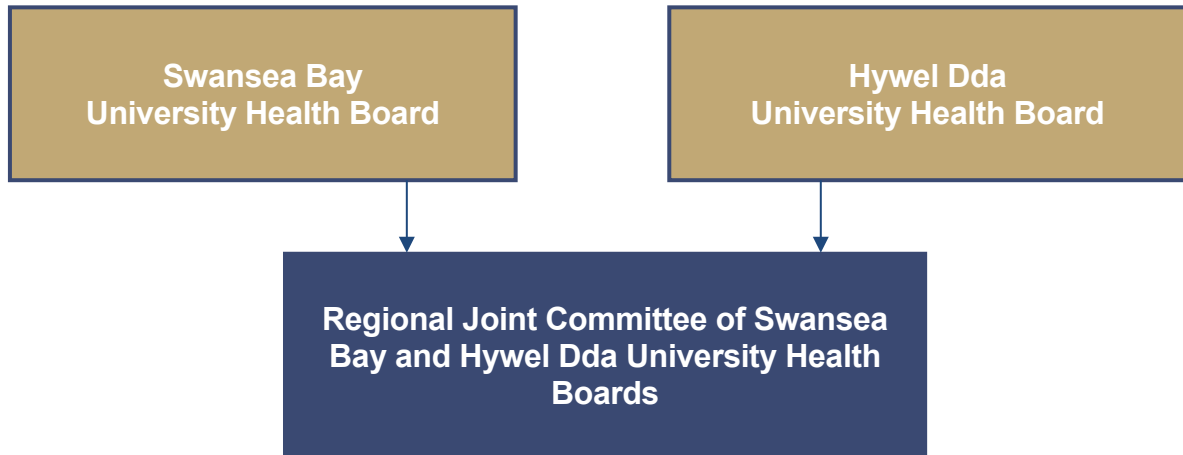
Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
	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 <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	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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**REGIONAL JOINT COMMITTEE OF
SWANSEA BAY AND HYWEL DDA UNIVERSITY HEALTH BOARDS**

TERMS OF REFERENCE

Version	Issued To	Date	Comments
V1.0	Inaugural meeting of the Regional Joint Committee of Swansea Bay and Hywel Dda University Health Boards	15/01/2025	For comment
V.1	The Boards of Swansea Bay and Hywel Dda University Health Boards	30/01/2025	Approved
V.2	The Boards of Swansea Bay and Hywel Dda University Health Boards	29/05/2025	For approval
V.3	Regional Joint Committee of Swansea Bay and Hywel Dda University Health Boards	18/08/2025	For comment

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REGIONAL JOINT COMMITTEE OF SWANSEA BAY AND HYWEL DDA UNIVERSITY HEALTH BOARDS

1. Constitution

- 1.1 The Regional Joint Committee (RJC) has been established as a Joint Committee of Swansea Bay and Hywel Dda University Health Boards and constituted from 15 January 2025.

2. Purpose

- 2.1 The RJC has been established to:
- 2.1.1 Provide joint leadership for the regional planning, commissioning, and delivery of services for Swansea Bay University Health Board and Hywel Dda University Health Board taking into account the service challenges, financial challenges and population health needs of both organisations and the work previously undertaken through ARCH.
 - 2.1.2 Establish a regional approach to the development of clinical services planning, aligned to regional population health needs assessments, to develop and deliver sustainable services in terms of achieving quality and outcome measures, workforce and financial sustainability.
 - 2.1.3 Prioritise the in-year 2024/2025 efficiencies and identifying priorities for the 2025-2028 IMTPs for both organisations, where a regional approach will deliver benefit in the short term.
 - 2.1.4 Explore how the benefits of a regional health economy are harnessed to best serve a population of over 800,000.
 - 2.1.4.1 In the short term focus on intensifying baseline work, supporting the in-year financial position of both Boards, impacting also on cost effectiveness, and waiting list management.
 - 2.1.4.2 In the medium term expand on the short-term gains in the 2025-28 IMTP process, developing the West Wales Regional Health Economy concept, using a 'discovery' approach through use of a broader data set and benchmarking against other UK/International models and becoming a designated WHO Sub regional health network.
 - 2.1.4.3 Within the next three years have an integrated approach to services across the Regional Health Economy, with an embedded population health and needs assessment that centres on health improvement and health inequities reduction. Both Boards, organisations, populations, and partners would be signed up to a Regional Health Economy long term strategy.

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3. Objectives

The following objectives are within the scope of the RJC:

3.1 Regional Health Economy

- 3.1.1 Develop a plan aligned to Health Board plans to ensure the benefits of a regional health economy for a population of over 800,000 are realised.
- 3.1.2 Bring together in one place all the projects, which will deliver significant in-year progress and pace in delivery in the health and care system for the region.
- 3.1.3 Drive forward a range of projects that have been identified by partner organisations as priorities for joint working at pace to deliver Ministerial Priorities as part of a suite of integrated programmes that deliver against the strategic aims and objectives agreed by the RJC and ratified by both sovereign Boards.
- 3.1.4 Maximise the use of digital technology and data to transform the delivery services and improve patient experience.
- 3.1.5 Consider and prioritise the regional projects included within the RJC programme of work, approving Business Cases, pre-Sovereign Bodies ratification, and identifying and agreeing any further projects to be included in the RJC programme.
- 3.1.6 Manage high-level interdependencies and risks associated with all the RJC projects and consider in the context of the wider more strategic regional population health plan ensuring consistency, compatibility, and co-ordination between programmes of work.
- 3.1.7 Seek assurance projects deliver against their outcomes and timescales, and deliver against the quality measures and programme benefits, as identified in their PIDs and or Business Cases.
- 3.1.8 Seek assurance that the all the RJC projects are aligned with respective University Health Board strategic priorities, clinical service plans, the strategic direction of Welsh Government and other partners (University Health Boards, Mid and West Wales health and social care committee), remaining cognisant of, and responding to the changing requirements within the wider environment of the Health Service in Wales.
- 3.1.9 Provide a vehicle to progress work programmes within the remit of the RJC without unnecessary recourse elsewhere to ensure pace.
- 3.1.10 Seek assurance integrated impact assessments are undertaken of all planned service change and embedded in the ways of working.
- 3.1.11 Implement and evaluate the agreed governance framework.

3.2 Clinical Services

3.2.1 Review baseline activity, based on both clinical services plans, focusing on cost efficiencies, quality, and service fragility. Commencing with regional optimisation in terms of orthopaedics, ophthalmology, stroke services, urology, and upper GI services.

3.3 Corporate Functions

3.3.1 Review baseline activity, based on both corporate services plans enabling collaboration and achieve improved service efficiencies and value.

3.4 Regional Capital Programme

3.4.1 Develop and oversee a joint approach to prioritisation of capital programmes which underpin the regional health economy approach.

3.5 Research, Innovation and Excellence

3.5.1 Drive research, innovation, excellence, and training opportunities across the regional health economy through working with all Universities within the region and consider partnership with other Universities, outside of the region, where there is benefit to our population. Develop a joint research development and innovation strategic plan and bring together joint capability and capacity to deliver the plan.

3.5.2 Oversee the required preparatory work enabling the regional health economy to become a designated WHO sub regional health network so that the RJC can benefit from the shared learning opportunities afforded by participation in the network

4. Engagement

4.1 The RJC will take a 'people first' approach – putting patients, our communities and our Health Boards' colleagues at the centre of our work.

4.2 The RJC will, in respect of the joint projects, initiatives or developments, consider the patient, public and stakeholder engagement requirements, and provide assurance and advice to the respective Health Boards on engagement and communication activities.

4.3 Promote patient and public engagement in the review and redesign of NHS services ensuring that the RJC can evidence where patient experience has influenced change.

4.4 The RJC will ensure team colleagues are fully engaged, and our clinical service redesign work is clinically led, with a multi-disciplinary approach, based on co-production and organisational development principles.

4.5 Promote understanding of the aims, objectives, and deliverables of the RJC programme.

4.6 Ensure continued engagement with Llais in both partner organisations.

4.7 Develop a communications plan ensuring stakeholder updates are provided after each RJC meeting.

5. Governance

5.1 The RJC will operate in accordance with the design principles (agreed set of rules defining purpose through intention and behaviour) which have been agreed by both Boards in November 2024. The benefits of using design principles are as follows:

- They will embed our values in our behaviours and actions;
- They will provide a compass point when conflict or disagreement occurs;
- They will ensure we are consistent in what we say and do; and
- They are universally understood and accepted.

The design principles agreed by both Boards are:

Mindset	Trusting each other to do the right thing and to act with courage and conviction.
Process	Driven by data and evidence and embracing opportunities to re-imagine, redesign and innovate Sustainability of the architecture
Outcome	Building sustainable and future proofed services that have the greatest impact and are in the best interests of all communities and patients

5.2 Ensure an effective governance framework is in place to govern the work of the RJC, which facilitates and enables the ambitions and design principles set out by the RJC.

5.2 Pro-actively manage the appropriate risks identified within the RJC programme, being accountable to the respective University Health Boards.

5.3 Develop a work programme that underpins the work of the RJC.

6. Membership

6.1 To ensure the RJC undertakes its role effectively, its members are asked to:

6.1.1 Attend quarterly meetings.

6.1.2 Adopt an open and constructively challenging approach within meetings.

6.1.3 Promptly follow up on actions and commitments; and

6.1.4 Participate in electronic and virtual channels established to allow a continuous flow of information between committee members.

6.2 Membership of the RJC shall comprise:

Member	Organisation
Chair (RJC Joint Chair)	Swansea Bay University Health Board
Chair (RJC Joint Chair)	Hywel Dda University Health Board
Independent Member (Finance)	Swansea Bay University Health Board
Independent Member (Quality)	Hywel Dda University Health Board
Independent Member (Governance)	Swansea Bay University Health Board
Independent Member (Planning/Digital)	Hywel Dda University Health Board
Independent Member (Digital)	Swansea Bay University Health Board
Independent Member (Community)	Hywel Dda University Health Board
In Attendance	
Vice Chair	Swansea Bay University Health Board
Vice Chair	Hywel Dda University Health Board

Chief Executive Officer	Swansea Bay University Health Board
Chief Executive Officer	Hywel Dda University Health Board
Chief Operating Officer	Swansea Bay University Health Board
Chief Operating Officer	Hywel Dda University Health Board
Executive Director of Strategy and Planning	Swansea Bay University Health Board
Executive Director of Strategy and Planning	Hywel Dda University Health Board
Executive Director of Finance	Swansea Bay University Health Board
Executive Director of Finance	Hywel Dda University Health Board
Executive Director of Workforce and OD	Swansea Bay University Health Board
Executive Director of Workforce and OD	Hywel Dda University Health Board
Executive Medical Director	Swansea Bay University Health Board
Executive Medical Director	Hywel Dda University Health Board
Governance Advice	
Director of Corporate Governance	Swansea Bay University Health Board or Hywel Dda University Health Board
Associate Member	
Chair	Powys THB
Observer Members	
Director of Operations	Welsh Government's Health, Social Care, and Early Years Executive Directors Team
Director of Planning	Welsh Government's Health, Social Care, and Early Years Executive Directors Team
Invitation to attend to discuss work programme areas requiring wider collaboration (as and when required)	
As and when required	

- 6.3 The RJC will be jointly chaired by the Chairs from Swansea Bay and Hywel Dda University Health Boards.
- 6.4 Membership of the RJC will be reviewed on an annual basis.
- 6.5 The RJC will be supported by a dedicated Programme Manager who will be a joint appointment across the two organisations.

7. Quorum and Attendance

- 7.1 A quorum shall consist of a Chair or Independent Member from both partner organisations plus a third of the in-attendance membership.
- 7.2 The membership of the RJC shall be determined by each partner organisation, considering the balance of skills and expertise necessary to deliver the Joint Committee's remit, and subject to any specific requirements or directions made by Welsh Government.
- 7.3 Any senior officer of the UHBs or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.
- 7.4 The RJC may also co-opt additional independent external "experts" from outside the organisation to contribute to specialised areas of discussion.

- 7.5 Should any member be unavailable to attend, they may nominate a deputy to attend in their place, subject to the agreement of both Co-Chairs.
- 7.6 The RJC may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

8. Agenda and Papers

- 8.1 The Committee Secretary is to hold an agenda setting meeting with the Chair at least six weeks before the meeting date.
- 8.2 The agenda will be based around the RJC's work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from members.
- 8.3 All papers must be approved by the Lead/ relevant Director.
- 8.4 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting.
- 8.5 A draft Table of Actions will be issued within two days of the meeting. The minutes and action log will be circulated to members within seven days to check the accuracy, prior to sending to Members (including the RJC Chair) to review within the next seven days.
- 8.6 Members must forward amendments to the Committee Secretary within the next seven days. The Committee Secretary will then forward the final version to the RJC Chair for approval.

9. In Committee

- 9.1 The RJC can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

10. Frequency of Meetings

- 10.1 The RJC will meet quarterly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the RJC.
- 10.2 The Chair of the RJC, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the RJC and procedures of such meetings.

11. Accountability, Responsibility and Authority

- 11.1 Although, as set out within these terms of reference, each University Health Board has delegated authority to the RJC for the exercise of certain functions, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens, through the effective governance of the organisation. It is expected that following a statement on 19 March 2024 by the then Cabinet Secretary, a Ministerial Direction will be issued, once received this may require further changes to the governance arrangements.
- 11.2 The RJC is directly accountable to the respective University Health Board's for its performance in exercising the functions set out in these terms of reference.

- 11.3 The requirements for the conduct of business as set out in each University Health Board's Standing Orders are equally applicable to the operation of the RJC.
- 11.4 The RJC will operate in accordance with the principles approved by both sovereign bodies.

12. Reporting

- 12.1 The RJC may establish sub-committees, groups or task and finish groups to carry out on its behalf specific aspects of RJC business. The RJC will receive an update following each group's meetings detailing the business undertaken on its behalf.
- 12.2 The RJC will report through the RJC updates to respective Boards, and for HDdUHB align to the work programme of Committee responsible for planning.
- 12.3 Regular joint updates will be provided to respective Llais organisations which will be based upon the committee's work programme and meetings.
- 12.4 The Directors of Corporate Governance, on behalf of the RJC, shall oversee a process of regular and rigorous self-assessment and evaluation of the RJC's performance and operation, including that of any sub-committees established.

13. Secretarial Support

- 13.1 The Committee Secretary shall be jointly determined by Swansea Bay and Hywel Dda University Health Boards.

14. Review Date

- 14.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the RJC for approval by the respective University Health Boards.

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Agenda item: 4.2

BOARD	DATE OF MEETING: 28 JANUARY 2026
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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:

Wellbeing Objective	Y/N
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	

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 are due to meet on 22 January 2026. The papers for this meeting are available at: [Shared Services Partnership Committee \(SSPC\) - NHS Wales Shared Services Partnership](#). The assurance report from the 14 November 2025 meeting is attached at **Appendix 1**. The assurance report from the 22 January 2026 meeting will be brought to Board in March 2026.

The next meeting is scheduled for 19 March 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 \(modern.gov.co.uk\)](#)

The PSB met on 11 December 2025 where the following items were discussed:

- Welsh Government Funding for PSBs
- Review of Future Generations Report 2025 Recommendations
- Evidence and Insight
- Responding to the Climate Emergency
- Undertaking a Whole System Approach to health Weight
- Healthy Travel Charter

The next meeting is scheduled for 19 March 2026.

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 18 December 2025 and discussed the following matters:

- RPB Delivery and Resource Plan 2026-27
- Health and Care Strategy extension
- North Powys Wellbeing Programme update
- Winter System Resilience Plan 2025/26

The next meeting of the RPB is scheduled for 26 March 2026.

Board to Cabinet Forum (BCF)

The BCF has not met since the last meeting of Board. The next meeting of BCF is scheduled for 10 March 2026.

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



**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	14 November 2025
Summary of key matters including achievements and progress considered by the Committee and any related decisions made	
<p>Chair’s Report - The Chair updated the Committee on activities since the last meeting, in addition to routine duties, approvals, and providing support to NWSSP, which included:</p> <ul style="list-style-type: none"> • Autumn Development Day - Attended and contributed to the Autumn Committee Development Day and expressed appreciation to those who attended the worthwhile event. • Chairs’ Meeting - Participated in the October Chairs’ meeting, which included an introduction and discussion with the new Director General Health Social Care and Early Years, Jacqueline Totterdale. • Engagement with NHS Leadership - Met with the new Chair of Velindre University NHS Trust, Sara Mosley, on multiple occasions for introductory discussions. • NHS Confederation Event - Attended the NHS Confederation Dinner, engaging with colleagues and stakeholders. • NWSSP Audit Committee - Attended the NWSSP Audit Committee meeting held on 7 November 2025. <p>The Committee NOTED the Chair’s Report.</p>	
<p>Managing Director Update - The Managing Director presented his report, which included the following updates:</p> <ul style="list-style-type: none"> • Chair Tenure - NF was pleased to report that TM has agreed to continue as Chair of the Committee for a further twelve months. The Welsh Government Governance and Accountability Review outcome is still awaited, and current arrangements remain in place under the Director General’s direction. • Welsh Risk Pool – Discussions are ongoing with Welsh Government and Chief Executive Officers (CEOs) regarding financial pressures and high-value cases, with a course of action agreed for further engagement. A presentation was delivered to CEOs by AR and Mark Harris (Director of Legal & Risk Services and Welsh Risk Pool). Excluding the Welsh Risk Pool, NWSSP is forecasting a positive financial position and expects to achieve break-even, with potential financial distribution back to organisations. • Transforming Access to Medicines Programme (TrAMS) - The IP5 Radiopharmacy build is nearing completion of construction phase, with production 	

anticipated from April 2026. The South East Hub Full Business Case (FBC) is in development following agreement on scope, with detailed design work underway. Alternative sites are being considered for West Wales, and discussions with Betsi Cadwaladr University Health Board (BCUHB) on the North Wales Hub have been positive, with additional project management support planned. NF also praised the successful Medicines and Healthcare products Regulatory Agency (MHRA) inspection at IP5 for Pharmacy services.

- **Vaccination Programmes** - Vaccination programmes continue successfully, with nearly one million influenza vaccines delivered and 400,000 COVID doses distributed. NF commended the teams for their ongoing efforts.
- **Other Matters** - The overarching report highlighted progress made in Laundry Services, Primary Care and Medical Examiner Services, as well as Personal Protective Equipment, Accommodation and Decarbonisation. Senior Leadership events and Awards and Recognition were summarised, with NF confirming that he attended the More Than Just Words event, promoting Welsh language initiatives. Further, NF congratulated the NWSSP Payroll Services Team on winning the Shared Services Forum UK Future Vision Award for Team of the Year. NF was also pleased to confirm retention of NWSSP's organisational accreditation to the Cabinet Office's Customer Service Excellence standard, for a third consecutive year.

The Committee **NOTED** and **DISCUSSED** the Managing Director's Report.

Presentation

2026-2029 Integrated Medium-Term Plan (IMTP) Progress Update - The Committee received an update on the development of the NWSSP IMTP for 2026–2029.

As a statutory requirement, the IMTP will be produced in line with Welsh Government guidance and financial allocations, which are expected by the end of November 2025. The plan remains iterative and shaped by Cabinet Secretary current priorities, including waiting lists, patient flow, women's health, prevention, community services and digital transformation. NWSSP's role is to support Health Boards in delivering their plans and ensure alignment through divisional objectives.

The planning process builds on previous work and reflects Welsh Government priorities. Divisional plans have been submitted and are undergoing scrutiny for financial viability and resource capacity. The aim is to present a draft IMTP to the Committee in January 2026, with final delivery by March 2026. A refreshed Digital Strategy is also being developed by the new Chief Digital Officer.

A successful Committee Development Day in October 2025 informed the direction of travel, and ongoing quarterly reviews with organisations are reinforcing alignment and identifying local priorities. Staff engagement remains central, with divisional plans developed from the bottom up and input sought from the Local Partnership Forum, the Equality, Diversity & Inclusion Group and Peer Networks. Five emerging themes have been identified, insofar as digital transformation and innovation, workforce development and culture, operational efficiency, sustainability and decarbonisation, and partnership engagement. The Committee was advised that timelines are on track and that the team is working to deliver a robust plan by March 2026.

The Committee **NOTED** the update and endorsed the approach to IMTP development, recognising the strong engagement process and alignment with National priorities.

Items for Approval

NWSSP Strategy Map Refresh for 2026-2029 - The Committee received the Strategy Map for approval and were informed that it was reviewed following the Committee Development Day to ensure alignment with current and future organisational priorities. Feedback from Committee Members and staff informed refinements to strategic objectives and outcomes. The mission statement, "*Delivering Value, Innovation and Excellence through Partnership,*" was confirmed as fit for purpose. Strategic objectives have been updated reflect emerging priorities, including a new objective, Our Partners, focussing on partnership and co-production across NHS Wales. Updated outcome definitions will strengthen performance reporting and provide a clear framework for NWSSP's contribution to NHS Wales priorities, underpinning the next IMTP cycle.

The Committee **APPROVED** the NWSSP Strategy Map Refresh for 2026-2029.

Extension to the Service Level Agreement (SLA) for the Services supporting the National Influenza Immunisation Programme – The Committee received an update that the current flu vaccination programme is 97% complete, equating to 885,000 vaccines delivered to approximately 1,800 sites across Wales. Welsh Government has requested NWSSP to run the same programme for 2026–27. The Committee received a proposal to extend to the existing SLA to enable this, noting that a purchase order would need to be signed by Velindre University NHS Trust within the next few weeks to secure manufacturing slots. The supply contract has already been extended for 12 months within the existing contract terms.

The Committee **APPROVED** the extension to the SLA for the services supporting the National Influenza Immunisation Programme and the procurement of next seasons vaccine. Further, the Committee **NOTED** Velindre's position to note the item.

Revised Stockholding Requirements for Personal Protective Equipment (PPE) and Hygiene Consumable Products – The Committee received the revised stockholding requirements, for approval. The proposed extension formalises Welsh Government's direction, via the Cabinet Secretary, for NWSSP to maintain a national stockpile of PPE and hygiene consumables. NWSSP is sourcing PPE nationally and internationally and has commenced deliveries to achieve the mandated stock levels. These levels are based on demand during the peak of the second COVID wave, with a minimum of 12 weeks' stock in hand for each product. Certain items, such as aprons, gloves, and Type IIR masks, are now considered business as usual and that NWSSP will rotate stock to minimise expiry-related write-offs.

The Committee **APPROVED** the Revised Stockholding Requirements for Personal Protective Equipment (PPE) and Hygiene Consumable Products, as set out in the Change Control Notice.

Fleet Modernisation and Optimisation Programme Business Case (PBC) – The Committee received the PBC for approval, which enables progression to the next stage of governance, which involves noting by the Velindre Trust Board. The PBC sets out a 10-year fleet replacement strategy split into two five-year programmes. NWSSP currently operates 306 vehicles, of which 198 are owned and 108 leased; 40 vehicles are fully electric, while 266 are diesel or petrol. The fleet covers approximately 4 million miles annually across NHS Wales services. The first five-year phase proposes replacing 124 vehicles, with the strategy considering cost, carbon reduction, air quality improvements, and noise reduction. An optimisation review will run in parallel to assess fleet mix, routing, load capacity, and specialist requirements such as cold-chain capability for vaccination

programmes. Annual business justification cases will follow to procure vehicles in line with the approved programme.

The Committee **APPROVED** the Fleet Modernisation and Optimisation Programme Business Case.

Service Level Agreement (SLA) for the Provision of Commercial Medicines Contracting relating to Specialised Medicines – The Committee received the SLA for approval, which was designed to formalise the collaborative arrangements between the Medicines Value Unit (MVU) and the NHS Wales Joint Commissioning Committee (NWJCC) for specialised medicines contracting, for a two-year term. The SLA introduces a structured governance framework to clarify roles, responsibilities, timelines and deliverables.

The Committee **APPROVED** the SLA for the Provision of Commercial Medicines Contracting relating to Specialised Medicines.

Local Partnership Forum and Sub-Groups Terms of Reference – The Committee received the updated Terms of Reference for the Local Partnership Forum and its sub-groups, for approval. The refresh includes strengthened provisions around speaking up safely and a restructured approach to recruitment and retention, with the former sub-group now renamed as the Attraction and Retention Sub-group. A dedicated sub-group for policy review has also been introduced to ensure systematic oversight of workforce policies. The revisions received positive feedback and endorsement from the Local Partnership Forum.

The Committee **APPROVED** the Local Partnership Forum and Sub-Groups Terms of Reference.

Locum Hub Wales Contract Briefing Report – The Committee received the Locum Hub Wales contract, for approval. The proposal is to extend the contract for two years on a 1+1 basis, allowing time for a full review of the scheme's scope before considering any recommissioning. There is no funding risk, as the programme is fully funded by Welsh Government with direct allocation to NWSSP. Due to the cumulative value of the extension, Velindre Trust Board approval will be required under the Scheme of Delegation.

The Committee **APPROVED** the contract extension for GP Locum Hub Wales, on a 1+1 basis.

Items for Noting and Discussion

Future NHS Workforce Solution - Electronic Staff Record (ESR) Transformation Programme – The Committee received an update on the new NHS Workforce Solution, noting that the programme has moved from planning to mobilisation, at a significant pace.

The award of the £1.2 billion contract to Infosys to deliver the replacement for the ESR system and outlined key activities underway, including identification of early adopters and design workshops. Governance arrangements will involve NWSSP working with NHS Business Services Authority (NHSBSA) and Infosys to ensure a consistent approach, with reporting through this Committee, the NHSBSA Transformation Board, and Welsh Government. A programme management structure and overarching steering group will be established, supported by task-and-finish groups focused on readiness and business change. Funding discussions with Welsh Government are ongoing to address increased costs under the new contract. ESR audits will commence in January 2026, with formal action plans for organisations to ensure foundational readiness. Additional work includes

developing an executive briefing pack for Boards to support local communications. NWSSP will work with Welsh Government to confirm IMTP planning assumptions on costings and fundings arrangements to NHS organisations. Regular updates will be provided to the Committee and through peer-groups.

The Committee **NOTED** the update provided in relation to the Future NHS Workforce Solution – ESR Transformation Programme.

NWSSP Duty of Quality (DoQ) Update – The Committee was informed that NWSSP has successfully achieved re-accreditation for Customer Service Excellence for the third consecutive year across the organisation. The ‘always on’ reporting mechanism continues and staff engagement remains a key feature, to ensure updates are accessible and meaningful. The Committee receives DoQ updates on a six-monthly basis, with an Annual Report submitted for approval and subsequently published as a separate chapter in the Velindre Trust’s Duty of Quality update.

The Committee **NOTED** the NWSSP Duty of Quality Update.

Finance, Performance, People, Programme and Governance Updates

Finance Report – The Committee noted the financial position as at 30 September 2025, confirming a year-to-date surplus of £3.1m, driven by vacancies and underspend in health protection allocation. The forecast remains for a breakeven position by year-end, supported by continued review of expenditure and identification of savings opportunities. Capital expenditure to date stands at £1.9m against an annual limit of £9.4m, with successful funding secured for the next phase of work on the South East Wales TrAMS Full Business Case and further bids submitted for digital and estates schemes. Payment performance and new KPIs remain strong, with improvements noted in invoice processing. The Welsh Risk Pool forecast has risen sharply, creating significant financial pressure across NHS Wales and posing ongoing volatility that will impact next year’s planning cycle.

People and Organisational Development Report – The Committee received the latest workforce update to 31 October 2025, which highlighted stable sickness absence trends, turnover has reduced, and compliance for mandatory training and PADRs is among the highest in NHS Wales. Progress continues on recruitment, retention, wellbeing, and diversity initiatives, including the launch of the Equality Diversity and Inclusion dashboard and promotion of the Work in Confidence platform. Preparations are underway for the NHS Wales staff survey and recognition awards. NWSSP also achieved national recognition at the ENEI Awards, receiving Highly Commended for Wellbeing and Belonging at Work.

Performance Information Report – The Committee received the report detailing the Key Performance Indicators (KPIs) from June to September 2025. The report confirmed that the majority of KPIs were met in September, with continued delivery against stretch targets and NWSSP having generated £58 million in professional influence benefits as at 30 September 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, with 44% of procurement spend retained within Wales.

Integrated Medium-Term Plan (IMTP) Quarter 2 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. Performance remains stable, with 104 actions on track and six completed. Areas of challenge are being supported or deferred, where necessary.

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 six red, 11 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 six emerging risks currently under consideration. Internal Audit has recently provided reasonable assurance on risk management processes.

NWSSP Management Letter 2024-25 – The Committee received the Management Letter for 2024-25, which was prepared by Audit Wales and considered by the NWSSP Audit Committee on 7 November 2025. Positive assurance was provided to NHS external audit teams on the activities of NWSSP for accounts opinion purpose with no recommendations made, for the third consecutive year. Appreciation was expressed to the Finance team and all divisions for their contribution in achieving this outcome. Committee Members acknowledged the significance of this outcome and welcomed the assurance provided.

Nationally Hosted NHS IT Systems Report 2024-25 – The Committee received the report prepared by Audit Wales, which was considered by the NWSSP Audit Committee on 7 November 2025. The report is positive and highlights the complexity of digital systems across NHS Wales and the need for continuous annual improvements. It notes close collaboration with Digital Health and Care Wales (DHCW) and a systems-based approach, emphasising the importance of maintaining robust controls, given ongoing cyber security risks. Audit actions will be addressed and monitored through the NWSSP Audit Committee and NWSSP Senior Leadership Group. Committee Members welcomed the assurance provided, noting it gives confidence to both the Committee and the NWSSP Audit Committee. Progress on IT key controls was commended, particularly given the backdrop of cyber threats.

The Committee **DISCUSSED** and **NOTED** the above Reports.

Part B - Private

The Committee received the NHS Wales Energy Sourcing Decision for 2026/27 and **APPROVED** the Welsh Energy Group’s proposal in respect of the All Wales electricity source to remain with Zero Carbon for Business.

In addition, the Committee received the Draft Welsh Energy Group Minutes of the meeting held on 3 November 2025, for information.

Matters requiring Board/Committee level consideration and/or approval

The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

Date of next meeting

Tuesday 22 January 2026, 10.00am to 12.00pm

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27/01/2026 10:09:42



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Agenda item: 4.3

BOARD	28 JANUARY 2026
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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	<p>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.</p>
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 19 January 2026. A list of the items discussed is attached at **Appendix A**. A full Chair's Report will be presented to Board in March 2026.

IMPACT ASSESSMENT – NOT REQUIRED

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

Reporting Committee:	Local Partnership Forum (LPF)
Committee Chair	Cathie Poynton (Independent Member - Trade Unions)
Date of last meeting:	19 January 2026
Paper prepared by:	Corporate Governance Officer
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
<p>The Board is asked to NOTE that the following matters are scheduled to be discussed at the meeting held on 19 January 2026 (the Forum had not met at the time of the release of this paper). A full report will be available at the Board meeting on 25 March 2026)</p> <ul style="list-style-type: none"> • Annual Plan 2026/27 • Collective Agreement on Registrant CPD hours • Staff Survey • Better Together update including Temporary Service Changes • Financial Report – Month 08 • Director of Workforce and OD Summary Report and Workforce Analysis Report (P&C) • Workforce Performance Report • Chief Executives Report from November 2025 Board 	
NEXT MEETING	
The next meeting of LPF will be held on 14 April 2026	

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Strategic Risk Register

This report is a summary report from data provided to the November 2025 Board, it is provided for Board information and ease of reference in relation to the Board agenda.

The next planned update to the Board is scheduled for March 2026.

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

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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
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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	<table border="1"> <caption>Risk Score Trajectory</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 24</td> <td>8</td> <td>16</td> </tr> <tr> <td>Nov 24</td> <td>8</td> <td>16</td> </tr> <tr> <td>Jan 25</td> <td>8</td> <td>20</td> </tr> <tr> <td>July 25</td> <td>8</td> <td>20</td> </tr> <tr> <td>Nov 25</td> <td>8</td> <td>20</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July 24	8	16	Nov 24	8	16	Jan 25	8	20	July 25	8	20	Nov 25	8	20	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:
Month	Target Score	Risk Score																		
July 24	8	16																		
Nov 24	8	16																		
Jan 25	8	20																		
July 25	8	20																		
Nov 25	8	20																		

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
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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
Executive Lead: Exe		Boards Risk Appetite: Eager
Latest review date: July 2025 Added to register: July 2025		Assuring Committee: Planning, Partnerships and Population Health
Link to Strategic Priorities and	Risk cause/source: <ul style="list-style-type: none"> • 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 	

Wellbeing
Objectives: Cross-cutting risk relevant to all SPs and WBOs

- 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.

Unable to realise wider benefits of transformation in a timely manner

Reputational damage

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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.	<ul style="list-style-type: none"> 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 Temporary Service Change Programme 	Reasonable	Executive Committee
2.2	Better Together Portfolio Board established as a Sub-Group of the Executive Committee	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Regular reporting to Board Committees and onwards 	Substantial	Multiple Board Committees

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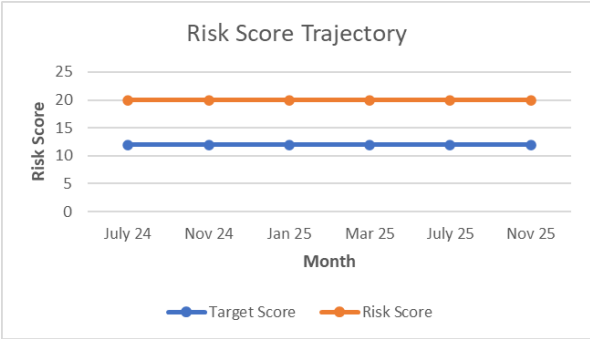
		assurance provided to Board		
2.4	Better Together Stage Phase 2 engagement programme has been developed and commenced including staff roadshows and workshops as well as several public events across Powys.	<ul style="list-style-type: none"> Review and report on outcomes arising from engagement 	Reasonable	Better Together Portfolio Board
2.5	Monthly informal Planning update meetings with WG including Better Together update	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 future phases and resourcing plan to strengthen delivery confidence	DI&T	NEW	End Nov 2025	On track
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 evaluation. 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
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				

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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																						
Latest review date: October 2025 Added to register: July 2024 Link to Strategic Priorities and Wellbeing Objectives: SP 11 and WBO 8	 <table border="1"> <caption>Risk Score Trajectory</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 24</td> <td>12</td> <td>20</td> </tr> <tr> <td>Nov 24</td> <td>12</td> <td>20</td> </tr> <tr> <td>Jan 25</td> <td>12</td> <td>20</td> </tr> <tr> <td>Mar 25</td> <td>12</td> <td>20</td> </tr> <tr> <td>July 25</td> <td>12</td> <td>20</td> </tr> <tr> <td>Nov 25</td> <td>12</td> <td>20</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July 24	12	20	Nov 24	12	20	Jan 25	12	20	Mar 25	12	20	July 25	12	20	Nov 25	12	20	Cause of risk and rationale for current score: <ul style="list-style-type: none"> • 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
Month	Target Score	Risk Score																					
July 24	12	20																					
Nov 24	12	20																					
Jan 25	12	20																					
Mar 25	12	20																					
July 25	12	20																					
Nov 25	12	20																					

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		<p>long waiters. 78 > 104 weeks reported in July. Very long waits exceed 200 weeks, especially for complex spinal.</p> <ul style="list-style-type: none"> 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. <p>Risk materialising could result in:</p> <ul style="list-style-type: none"> Poorer outcomes and experience for the citizens of Powys Difficulty in balancing performance and financial plan 		
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	<p>Referral data into services from commissioning data sets and supplementary reports received from commissioned providers.</p> <p>Low assurance currently due to robustness of referral data. Exploring alternative data sources (e.g. activity) whilst working through improved data set for GP referrals.</p>	Limited	Executive Director

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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 Finance and Performance Committee and Board as well as future planning	Various data sources including operational & performance data. Qualitative information from QMS, PROMS & PREMS reporting, concerns, NRIs, clinical audit, regulatory inspections	Limited	Executive Director

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
<u>Planned Care</u> <ul style="list-style-type: none"> Continue regular meetings with commissioned service providers. Secure performance improvement trajectories from providers. 	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	April 2025 and ongoing	On track Delayed (Procurement)

<ul style="list-style-type: none"> ▪ 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. 		<p>NHS Wales to understand expected performance 2025/26 and to be reviewed and discussed through CQPRMs.</p> <p>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.</p> <p>Established Commissioning Oversight and Assurance Group (COAG), chaired by Exec DPPC, to provide a forum for internal oversight and escalation of performance monitoring of commissioned non-specialist services.</p>		
<ul style="list-style-type: none"> ▪ Cancer 	MD (supported by DPPC)	Added to this version of the risk register. Actions to be agreed.	TBA	TBC

- Commented [NJ1]:** Can we put anything in about revived cancer Working Group?
- Commented [NJ2R1]:** Also COAG will cover all specialities

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		<p>Cancer Working Group chaired by Medical Director.</p> <p>CQPRMs and COAG cover all specialties with commissioned providers.</p> <p>Cancer Deep Dive to be presented to F&P Committee October 2025.</p>		
<p><u>Urgent and Emergency Care</u></p> <ul style="list-style-type: none"> ▪ CQPRMS cover all specialties with commissioned providers including UEC. ▪ 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 Commissioning Committee 	DPPC (supported by DPCCMH)	<p>CQPRMS and COAG cover all specialties including urgent and emergency care.</p> <p>Historically had regular meetings (ICAP and Q&S) with Health Boards and WAST to cover performance, patient experience, incidents and resultant investigations, clinical indicators. Several recent ICAP meetings have been cancelled.</p> <p>Regular attendance at CCLG and sub- committee structure.</p> <p>New governance structure being developed by the JCC</p>	April 2025 and ongoing	On track

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<ul style="list-style-type: none"> Secure performance improvement trajectories and improvement plans from providers. 		<p>with establishment of Ambulance Services and 111 Collaborative Commissioning Integration Group. Terms of Reference awaited.</p> <p>Standing agenda item in CQPRMs to review improvement plans, patient experience, and patient harm.</p>		
<p><u>All indicators</u> There are some performance indicators that continue to fail the operational standard e.g. Single Cancer Pathway, 4 Hour ED waits. The Health Board will develop a suite of indicator sub-sets to determine if any improvement is being made towards achievement of the overall target.</p>	DPPC	<p>Integrated Quality and Performance Framework (IQPF) has been reviewed and refreshed for 2025/26. As part of the IQPF, the Integrated Quality and Performance Report will continue to provide information across the NHS Wales Performance Framework measures including Cancer and 4 hour ED waits.</p>	April 2025 and ongoing	On track

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):

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- 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.

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.
- **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.

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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)

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.

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SRR 004	There is a risk that the Health Board is unable to respond to the demand for provided services																						
Current Risk Score: <div style="text-align: center; font-size: 24pt; font-weight: bold;">16</div>	Risk rating detail: (likelihood x impact) Current: L4 x I4 = 16 Inherent: L4 x I4 = 16 Target: L3 x I4 = 12	Risk Category: Performance and Service Sustainability 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:	<div style="text-align: center;"> <table border="1" style="margin: 0 auto; font-size: 8pt;"> <caption>Risk Score Trajectory Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>July 24</td><td>12</td><td>16</td></tr> <tr><td>Nov 24</td><td>12</td><td>16</td></tr> <tr><td>Jan 25</td><td>12</td><td>16</td></tr> <tr><td>Mar 25</td><td>12</td><td>16</td></tr> <tr><td>July 25</td><td>12</td><td>16</td></tr> <tr><td>Nov 25</td><td>12</td><td>16</td></tr> </tbody> </table> </div>	Month	Target Score	Risk Score	July 24	12	16	Nov 24	12	16	Jan 25	12	16	Mar 25	12	16	July 25	12	16	Nov 25	12	16	Cause of risk: <ul style="list-style-type: none"> • Increase in demand, inequality of access, complexity of patient needs, or failure to respond to demand pressures. Risk materialising would result in: <ul style="list-style-type: none"> • 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.
Month	Target Score	Risk Score																					
July 24	12	16																					
Nov 24	12	16																					
Jan 25	12	16																					
Mar 25	12	16																					
July 25	12	16																					
Nov 25	12	16																					

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Several SPs and WBO 4 and 8				
Controls (What has been implemented to manage the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance 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	<ul style="list-style-type: none"> 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	Various workforce and financial reports recording agency usage at ward and service level	Reasonable	Finance & Performance

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

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
<u>Planned Care</u> <ul style="list-style-type: none"> 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 	Executive Director PCCMH	Performance Trajectories being routinely monitored and managed.	September 2026	On track

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<p>providers in NHS Wales to be treated in Powys. Work being progressed to issue a tender for insourced provision in 2025/26.</p> <p>Ongoing scrutiny and oversight through CQPR meetings with escalation through Integrated Performance Report.</p>				
<p><u>General Service Sustainability & Future Models of Care</u></p> <p>The health board is currently reviewing models of care as part of its five-year plan but also in response the staffing and financial challenges.</p> <ul style="list-style-type: none"> 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
<p>There are some performance indicators that continue to fail the operational standard e.g. Neuro-developmental target. The Health Board will develop a suite of indicator sub-sets to determine if any improvement is being made towards achievement of the overall target.</p>	Executive Director PCCMH	A number of sub-indicator performance targets have been identified. These have been built into the IQPR and actions in train to further reduce risk	December 2025	On track
<p>Operationalise and expand integrated system coordination mechanisms—including the Integrated Flow Hub, daily</p>	Executive Director PCCMH	Flow Hub: model scoped, and roles identified; launch planned for December 2025.	March 2026	On Track

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<p>discharge huddles, Trusted Assessment processes, and DigiFLO rollout—to mitigate delays, improve patient flow, and support timely discharge across the system.</p>		<p>PoCD: Daily tracking and escalation in place; overall delays reduced, recognising seasonal variation. Daily 'huddle' to review patients in place. DigiFlo: Implemented on community hospital wards, expansion into MH has been progressed. Trusted Assessment: Pilot completed in collaboration with PCC with early findings indicating positive impact.</p>		
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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

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~~Elements of the service are currently in internal performance and scrutiny escalation~~

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.

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SRR 005	There is a risk that Primary Care is unable to respond to demand																						
Current Risk Score: 16	Risk rating detail: (likelihood x impact) Current: L4 x I4 = 16 Inherent: L4 x I4 = 16 Target: L3 x I4 = 12	Risk Category: Performance and Service Sustainability Boards Risk Appetite: Open																					
Executive Lead: Executive Director of Primary Care, Community and Mental Health	Assuring Committee: Planning, Partnerships and Population Health Committee																						
Latest review date: July October 2025 Added to register: July 2024 Link to Strategic Priorities and Wellbeing Objectives:	<p style="text-align: center;">Risk Score Trajectory</p> <table border="1"> <caption>Risk Score Trajectory Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 24</td> <td>8</td> <td>16</td> </tr> <tr> <td>Nov 24</td> <td>8</td> <td>16</td> </tr> <tr> <td>Jan 25</td> <td>8</td> <td>16</td> </tr> <tr> <td>Mar 25</td> <td>8</td> <td>20</td> </tr> <tr> <td>July 25</td> <td>8</td> <td>16</td> </tr> <tr> <td>Nov 25</td> <td>8</td> <td>16</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July 24	8	16	Nov 24	8	16	Jan 25	8	16	Mar 25	8	20	July 25	8	16	Nov 25	8	16	Drivers/causes of risk: <ul style="list-style-type: none"> Increase in demand, inequality of access, complexity of patient needs, or failure to respond to demand pressures Risk materialising would result in: <ul style="list-style-type: none"> Related workforce challenges may lead to services becoming unsustainable
Month	Target Score	Risk Score																					
July 24	8	16																					
Nov 24	8	16																					
Jan 25	8	16																					
Mar 25	8	20																					
July 25	8	16																					
Nov 25	8	16																					

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SP 4 and WBO 8				
Controls (What has been implemented to manage the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
5.1	<p>Monitoring and liaison with GP practices to offer support including weekly review of the escalation tool, reviewing the sustainability matrix, and considering sustainability funding applications. Regular discussions with Cluster Lead and LMC regarding ongoing demands and additional actions to manage peaks.</p> <p>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.</p> <p>Sustainability Assessment Panels being held following practice application submission. Targets discussions and action plans and support packages in place with specific practices.</p> <p>Implementing a local sustainability framework to consider supporting practices who do not meet the National Sustainability Assessment Framework criteria.</p>	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> Contract Assurance Framework Annual Return 	Reasonable	Executive Committee /

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	<p>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</p> <p>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</p> <p>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.</p>	<ul style="list-style-type: none"> • Supplementary Service Audits • Prescribing Data • Practice Declarations • GP Clinical Governance Self-Assessment Tool • Information Governance Toolkit 		Finance & Performance
5.3	<p>Implementation and maturity of Accelerated Cluster Development Programme and associated cluster projects of local pathways will support practice sustainability.</p> <p>26/27 Cluster IMTP plans currently being progressed, for presentation to agreed by RPB Executive Group by end of Q3 – 09/01/25</p>	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 05/06/26 (including extensions). PTHB Board have approved Direct Award to continue with current specification from 01/07/26 to 30/09/27.	<ul style="list-style-type: none"> • Weekly Rota (triage & base cover) • Monthly achievement against OOH Performance Standards 	Limited Reasonable	Executive Committee / Finance & Performance

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	<p>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.</p> <p>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.</p> <p>Quarterly Performance Reviews continue to monitor out of hours services.</p>	<ul style="list-style-type: none"> Quarterly Performance Review Commissioning Assurance Framework 		
5.5	<p>Allocating patients from the Dental Access Portal is in place. DAP is fluid with regular 'on and offs'</p> <p>Patient urgent access demand has sufficient capacity in the system to address patient need and this is monitored very closely on a weekly basis. Urgent access pathways in place in all contract reform practices, further supported by the Community Dental Service pathway when needed.</p> <p>Mobile Dental provision, salaried PTHB service working well. Pathways in place to support patients following completion of</p>	<ul style="list-style-type: none"> 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 Gwynyfed 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 30 th 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 3,500710 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	 <table border="1"> <caption>Risk Score Trajectory</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July-24</td> <td>8</td> <td>16</td> </tr> <tr> <td>Nov-24</td> <td>8</td> <td>16</td> </tr> <tr> <td>Jan-25</td> <td>8</td> <td>16</td> </tr> <tr> <td>Feb 25</td> <td>8</td> <td>16</td> </tr> <tr> <td>Mar 25</td> <td>8</td> <td>16</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July-24	8	16	Nov-24	8	16	Jan-25	8	16	Feb 25	8	16	Mar 25	8	16	Drivers/causes of risk: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Higher agency costs associate with variable pay spend • Inability to sustain high quality services and patient safety
Month	Target Score	Risk Score																		
July-24	8	16																		
Nov-24	8	16																		
Jan-25	8	16																		
Feb 25	8	16																		
Mar 25	8	16																		

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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
<p>Workforce Planning: Roll out the organisationally agreed workforce planning model by delivering training which supports services to develop their resource plans.</p>	tbc	<p>Ongoing support available to service leads in the development of workforce plans. HEIW funded role currently advertised – Workforce Planning Manager, to operationally support service areas in the development of workforce plans.</p>	November 2025	On track
<p>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.</p>	tbc	<p>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</p>	31/09/2025	On Track

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		monitoring and escalation process in place.		
<p>Increase bank supply: Targeted Recruitment Open days taking place at all Hospitals and will continue throughout the year.</p> <p>Rolling adverts and targeted Bank adverts for Registered Nurses and HCSW posts.</p>	tbc	<p>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.</p> <p>Within the FY 25/26, we have held 2 open days, in Welshpool and Bronllys with limited success.</p> <p>Rolling adverts out each week and shortlisting against applicants each Friday, alternating between RNs, HCSWs and both General and Mental Health fields. These</p>	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 undergoing 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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		<p>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.</p>		
<p>Agency Operationalising Meetings <u>Regular meeting, chaired by Exec Director to scrutinise use of, and mitigate against, the use of Agency staff</u></p>	<p>Executive Director Primary Care, and Executive Director People and Culture</p>	<p>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</p>	<p>30 October 2025</p>	<p>Complete</p>

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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																																																																																																																			
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Month	Target Score	Risk Score																																																																																																																		
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Nov 25	8	16																																																																																																																		

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<p>SP 9 and WBOs 1 and 4</p>		<ul style="list-style-type: none"> • 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. <p>Capital: (Risk Driver: National Funding Constraints, Affordability, Prioritisation Pressures)</p> <ul style="list-style-type: none"> • 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. <p>Environment & Sustainability: (Risk Driver: Policy Ambition vs. Resource Gap)</p> <ul style="list-style-type: none"> • The NHS Wales Decarbonisation Strategic Delivery Plan (2021) sets out ambitious targets to reduce
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		<p>carbon emissions. However, delivery capacity is limited due to limited funding/resource allocation.</p> <ul style="list-style-type: none"> 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. <p>Risk materialising would result in:</p> <ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Annual Plan 	Substantial	Board
7.8	Address (on an ongoing basis) maintenance and compliance issues	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Contracts let via NWSSP-Procurement and contain Key Performance Indicator regime 	Reasonable	Estates Compliance Group
CAPITAL				
7.11	Capital Procedures for project activity	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Notes from meetings Designated Director role 	Substantial	Innovative Environments Group
7.14	Audit reviews by NWSSP Audit and Assurance	<ul style="list-style-type: none"> Audit reports and Action Plans 	Reasonable	Audit and Assurance Group
7.15	Close liaison with Welsh Government, Capital Function	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Notes and papers from meetings 	Reasonable	Finance & Performance Committee
7.17	Capital Programme developed and approved	<ul style="list-style-type: none"> Paper to Executive level meeting 	Substantial	Delivery & Performance / Board
7.18	Detailed Strategic, Outline and Full Business Cases defining risk	<ul style="list-style-type: none"> BJC, SOC, OBC, FBC documents / governance 	Substantial	Executive Committee / Board
7.19	Capital and Estates set as a specific Organisational Priority	<ul style="list-style-type: none"> Annual Plan 	Substantial	Board
7.20	Capital projects developed for consideration for Welsh Government slippage in order to take advantage of any available funding	<ul style="list-style-type: none"> 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	 <p>Risk Score Trajectory</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 25</td> <td>6</td> <td>16</td> </tr> <tr> <td>Nov 25</td> <td>6</td> <td>16</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July 25	6	16	Nov 25	6	16	Cause of risk and rational for current score: <ul style="list-style-type: none"> • 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.
Month	Target Score	Risk Score									
July 25	6	16									
Nov 25	6	16									

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		<p>Risk materialising would result in:</p> <ul style="list-style-type: none"> • 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 <i>Annual Plan 2025/26</i> contains a number of prevention focused activities under the strategic priority 'Focus on Wellbeing'.	PTHB Annual Plan internal performance reporting procedures.	Reasonable	Board/ Committee/Executive Committee/Group
8.2	The Powys Public Services Board <i>Wellbeing Plan</i> has the objective that 'People in Powys live happy, healthy, and safe lives' with the associated delivery step 'Taking a whole systems approach to healthy weight'.	Powys Public Services Board internal and external reporting requirements.		
8.3	The Powys Regional Partnership Board <i>Area Plan 2023-28</i> includes 'Priority 1.3 Population health improvement, including health inequalities'.	Powys Regional Partnership Board internal and external reporting requirements.		


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8.4	PTHB is required to report against vaccination uptake and smoking cessation targets contained in the <i>NHS Wales Performance Framework 2025-26</i> .	NHS Wales Planning Framework reporting procedures.		
Mitigating Actions (What more will we do?)				
Action	Lead	Action update	Deadline	Action on Target
The <i>Better Together</i> consultation on adult physical and mental health community services in Powys contains the ambition that 'Together we want to create a future that helps people to stay healthy'.	Director of Improvement and Transformation	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: <ul style="list-style-type: none"> Demand is greater than available resource Risk materialising would result in: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> • 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	<p>There is no clear timeline for when a national system will be agreed.</p> <p>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.</p> <p>Health Boards will need to plan financially for future costs.</p> <p>There is a national business case in pace. Team has engaged in several product demonstrations.</p>	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: 34 x 4 = 12 16 Inherent: 4 x 4 = 16 Target: 24 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	<table border="1"> <caption>Risk Score Trajectory</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 25</td> <td>12</td> <td>16</td> </tr> <tr> <td>Nov 25</td> <td>6</td> <td>12</td> </tr> </tbody> </table>		Month	Target Score	Risk Score	July 25	12	16	Nov 25	6	12	Cause of risk and rational for current score: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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) 	
Month	Target Score	Risk Score											
July 25	12	16											
Nov 25	6	12											
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.	<ul style="list-style-type: none"> Plan approved by Executive Committee Civil Contingency 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.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> Framework approved by Executive Committee 	Substantial	Executive Committee
10.4	PTHB Adverse Weather Arrangements is in place and is updated on an annual basis.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> Protocols in place 	Substantial	Executive Director
10.6	PTHB Civil Contingencies Training Plan in place and updated on an annual basis.	<ul style="list-style-type: none"> Plan approved by Executive Committee 	Substantial	Executive Committee
10.7	Corporate level Business Continuity arrangements subject to internal audit 2023/24.	<ul style="list-style-type: none"> Audit Report – substantial assurance (Dec 2023) 	Substantial	Audit Committee
10.8	Operational level Business Continuity arrangements subject to internal audit 2024/2025.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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): <ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> Debriefs from internal responses to incidents 	Substantial	Executive Committee
10.13	Internal repository in place for all internal Response Plans	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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		31 st March 2026	On Track
Complete cycle of work to ensure that PTHB internal response plans remain up to date.	Civil Contingencies Manager		31 st 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		31 st March 2026	On Track

Continue to engage in, and actively promote preparedness activities (including planning, training, exercising) taking place with multi-agency partners, including NHS Wales Emergency Preparedness, Resilience and Response networks and Dyfed Powys Local Resilience Forum	Civil Contingencies Manager		31 st 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		31 st 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 <i>Risk scored based on health board wide failure.</i>	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									
<p>Latest review date: July 2025</p> <p>Added to register: July 2025</p> <p>Link to Strategic Priorities and Wellbeing Objectives: Cross-cutting risk relevant to all SPs and WBOs</p>	 <table border="1"> <caption>Risk Score Trajectory</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 25</td> <td>8</td> <td>15</td> </tr> <tr> <td>Nov 25</td> <td>8</td> <td>15</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July 25	8	15	Nov 25	8	15	<p>Cause of risk and rationale for current score:</p> <ul style="list-style-type: none"> 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. <p>Risk materialising would result in:</p> <ul style="list-style-type: none"> 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
Month	Target Score	Risk Score									
July 25	8	15									
Nov 25	8	15									

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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

This report is a summary report from data provided to the November 2025 Board, it is provided for Board information and ease of reference in relation to the Board agenda.

The next planned update to the Board is scheduled for March 2026.

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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



Risk outside Board appetite

Board Assurance Framework Dashboard

Strategic Risk	Inherent Score	Current Score	Target Score	Within Appetite	Adequacy of Controls <i>Are we doing enough to manage the risk?</i>	Effectiveness of Controls <i>Is what we're doing having the desired impact?</i>	Associated Assurance <i>Based on what evidence?</i>
SRR 001: Financial Balance <i>EDoFC&E</i>	20	20	8	Cautious 	Multiple Controls	Some control weaknesses	Assurance largely reasonable
SRR 002: Transformation <i>EDP&C</i>	16	16	8	Eager <i>In appetite</i>	Multiple Controls	Some control weaknesses	Assurance largely reasonable
SRR 003: Commissioning <i>EDPP&C</i>	20	20	12	Open <i>In appetite</i>	Multiple Controls	Some control weaknesses	Assurance largely reasonable/limited
SRR 004: Provided Services <i>EDPCCMH</i>	16	16	12	Open <i>In appetite</i>	Multiple Controls	Some control weaknesses	Assurance largely reasonable
SRR 005: Primary Care <i>EDPCCMH</i>	16	16	12	Open <i>In appetite</i>	Multiple Controls	Some control weaknesses	Assurance largely reasonable
SRR 006: Workforce <i>EDP&C</i>	16	16	8	Cautious <i>In appetite</i>	Multiple Controls	Some control weaknesses	Assurance largely substantial

Strategic Risk	Inherent Score	Current Score	Target Score	Within Appetite	Adequacy of Controls <i>Are there enough controls in place?</i>	Effectiveness of Controls <i>Are those controls working as intended?</i>	Associated Assurance <i>How do we know/evidence?</i>
SRR 007: Estate <i>EDoFC&E</i>	16	16	8	Minimal 	Multiple Controls	Some control weaknesses	Assurance largely substantial/ reasonable
SRR 008: Prevention <i>EDPH</i>	20	16	6	Eager <i>In appetite</i>	Some controls	Controls largely effective	Assurance largely reasonable
SRR 009: Continuing Health Care <i>EDPCCMH</i>	16	16	9	Open <i>In appetite</i>	Some controls	Some control weaknesses	Assurance largely reasonable
SRR 010: Emergency Preparedness/Incident Response <i>EDPH</i>	16	12	6	Averse	Multiple Controls	Controls largely effective	Assurance largely substantial
SRR 011: Digital <i>EDAHPHS&D</i>	20	15	12	Open <i>In appetite</i>	Multiple Controls	Controls largely effective	Assurance largely reasonable
SRR 012: Public Confidence <i>DCG</i>	20	15	8	Open <i>In appetite</i>	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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Performance and Sustainability of Services, Regulation and Compliance and Safety
SRR 003 – Commissioning	Performance and Service Sustainability	Open	<ul style="list-style-type: none"> Quality, Safety, Partnerships, Performance and Sustainability of Services, Reputation and Public Confidence.
SRR 004 – Provider	Performance and Service Sustainability	Open	<ul style="list-style-type: none"> Quality, Safety, Workforce, Performance and Sustainability of Services.
SRR 005 – Primary care	Performance and Service Sustainability	Open	<ul style="list-style-type: none"> Quality, Safety, Partnerships, Performance and Sustainability of Services, Reputation and Public Confidence.
SRR 006 - Workforce	Workforce	Cautious	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> • Safety, Regulation and Compliance, Reputation and Public Confidence and Financial Investment.
SRR 008 – Prevention	Innovation and Strategic Change	Eager	<ul style="list-style-type: none"> • Quality, Workforce and Reputation and Public Confidence.
SRR 009 – CHC	Performance and Service Sustainability	Open	<ul style="list-style-type: none"> • Financial Governance, Financial Sustainability, Partnerships, Quality, Reputation and Public Confidence and Regulation and Compliance.
SRR 010 – Emergency preparedness	Safety	Averse	<ul style="list-style-type: none"> • Reputation and Public Confidence, and Regulation and Compliance
SRR 011 – Digital	Performance and Service Sustainability	Open	<ul style="list-style-type: none"> • Quality, Safety, Regulation and Compliance and Reputation and Public Confidence.
SRR 012 – Public Confidence	Reputation and Public Confidence	Open	<ul style="list-style-type: none"> • Innovation and Strategic Change

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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 arrangements									
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)	✓		✗		✓			✓	
Governance	Welsh Government Public Accountability Meeting documentation							✓		
Planning	Integrated Plan Approach to development					✓				
Planning	Draft Integrated Plan							✓		
Planning	Annual Plan 2026-2027								✓	
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					✓				
Partnerships	Winter vaccination programme				✓					
Partnerships	RPB Annual Report			✓						
Partnerships	RPB Delivery (6 monthly update)								✓	
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				✓					
Workforce	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	✓			
	Standing Financial Instructions (Executive delegation limits)					✓				
IN-COMMITTEE	SRR (IC risks)	✓		✓		✓		✓	✓	
	Minutes of previous IC meeting	✓		✓	✓	✓		✓	✓	
	CEO update							✓	✓	
	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			✓	✓					
	General Practice Sustainability								☒	
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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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Powys Teaching Health Board Glossary (Last updated December/Januar 26)

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

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
MAC	Mindfulness, Acceptance and Compassion Team
MD	Ministerial Direction
MDTs	Multi-Disciplinary Teams
MEG	Medical E-Governance System

MEG	Main Expenditure Group
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

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RISP	Radiology Information System Procurement
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
TUPE	Transfer of Undertakings Protection of Employment
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
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent

WVT	Wye Valley Trust
YTD	Year to Date

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