Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.5

BOARD	**29 JULY 2026**
Subject:	**Annual Welsh Language Standards Monitoring Report 2025/26**
Approved and presented by:	Debra Wood-Lawson, Executive Director of People, Culture & Transformation
Prepared by:	Service Lead for Welsh Language and Equality Head of People: Business Partnering and EDI
Other Committees and meetings considered at:	Executive Committee 27 May 2026 – who endorsed the reporting to the Committee. People and Culture Committee 11 June 2026 - who recommended approval of the report to the Board.

PURPOSE:

The purpose of this paper is to seek Committee approval of the Annual Welsh Language Standards Monitoring Report 2025–26 prior to public publication.

RECOMMENDATION(S):

The Board is asked to:

- **APPROVE** the Annual Welsh Language Standards Monitoring Report 2025–26.
- Take **ASSURANCE** from the progress made against the Plan.

Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y/N	The Equality Annual Report demonstrates broad alignment with the Health Board's wellbeing objectives, particularly in relation to reducing inequalities, improving access and strengthening workforce inclusion
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	
6. Promote Innovative Environments	Y/N	
7. Put Digital First	Y/N	
8. Transforming in Partnership	Y/N	

EXECUTIVE SUMMARY:

In line with the requirements of the Welsh Language Standards, all health boards must produce an annual report demonstrating how the organisation has complied with applicable standards during the reporting year. This report also aligns with the Welsh Government's *More Than Just Words* framework and the Health Board's Strategy for Welsh in Healthcare 2024–2029, supporting the delivery of bilingual services and the principle of the Active Offer.

This report outlines the steps taken by Powys Teaching Health Board (PTHB) to implement the Welsh Language Standards and summarises progress made during 2025–26 across a number of key areas:

- A major milestone has been the upgrade of telephony infrastructure, enabling callers to receive a Welsh language greeting and select their preferred language when contacting the organisation. Further infrastructure development is required to enable the effective routing of these calls. This work is underway via IT services with completion expected in the coming months.

- There has been continued growth in Welsh language learning. For the third consecutive year, participation in Welsh language training has reached a record level, reflecting increasing confidence and cultural change across the workforce. Alongside this, the ongoing delivery of Welsh in Healthcare for Managers training continues to embed understanding of the Standards and the Active Offer within leadership practice.

- Further improvements have been made to translation provision. A total of 637,259 words were translated during 2025–26, representing a **6.7% increase** on the previous year. The introduction of AI enhanced translation tools, alongside collaboration across NHS Wales, has increased capacity, improved turnaround times, and enabled the translation of a wider range of materials beyond the requirements of the Standards.

- Internal communications and engagement activity have continued, including the development of a dedicated intranet area for Welsh language learning, improving access to training and resources for staff.

Overall, the Health Board continues to support compliance with the Standards. Systems and processes are in place to ensure that the majority of standards are met in most circumstances, and PTHB performs particularly well in centrally managed areas such as communications, digital platforms and recruitment processes.

The report also identifies areas requiring continued focus. These include improving completion rates for Welsh language awareness training, which have decreased to **82.2% (a reduction of 12.5% from the previous year)**, largely reflecting renewal timeframes. In addition, the uptake of the Welsh language

vacancy assessment process remains low at **7.1% of roles assessed (47 out of 661 vacancies)** and requires further improvement to ensure roles are consistently assessed for their linguistic requirements.

While the number of staff with higher-level Welsh language skills continues to increase, the overall proportion of staff reporting Welsh language ability has remained relatively stable, reflecting growth in the workforce and changing workforce composition.

NEXT STEPS:

Subject to approval, the report will:

- Provide ongoing oversight and assurance in relation to the delivery of the Strategic Equality Plan, workforce equality measures and identified areas for continued improvement.
- Be finalised and prepared for public publication in line with statutory requirements.

Welsh Language Standards Annual Monitoring Report 2025-2026

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Foreword

I am pleased to present Powys Teaching Health Board's Welsh Language Standards Annual Report for 2025–26, which highlights a further year of steady progress in embedding the Welsh language across our organisation and services.

This year has seen particularly significant advances in our infrastructure and capacity to provide services in Welsh. The upgrade of our telephony systems marks a major step forward, enabling callers to be greeted in Welsh and to select their preferred language when contacting the Health Board.

This forms an important part of our response to recommendations from the Welsh Language Commissioner and demonstrates our commitment to ensuring that Welsh speakers can engage with our services confidently and routinely.

We have also continued to build momentum in staff engagement with Welsh language learning. For the third consecutive year, participation in Welsh language training has reached a record level, reflecting a sustained cultural shift and growing confidence across our workforce.

This progress, alongside improvements in translation capacity and the availability of Welsh across our digital platforms, strengthens our ability to deliver person-centred care that respects language choice.

I would like to thank colleagues across the organisation for their continued commitment to promoting and using Welsh in the workplace. Together, we are creating an environment where the Welsh language is a natural and valued part of everyday service delivery, and I look forward to building on this progress in the year ahead.

Hayley Thomas
Chief Executive Officer

Message from the Executive Director of People, Culture & Transformation:

We are pleased to present the Welsh Language Standards Annual Report for 2025–26, which outlines how Powys Teaching Health Board continues to strengthen compliance with the Standards while supporting the wider ambitions of *More Than Just Words* and our Strategy for Welsh in Healthcare.

A key theme this year has been increasing both the visibility and everyday use of Welsh across the organisation. Internal communications campaigns, face-to-face engagement, and the expansion of Welsh content on our intranet have all helped reinforce the message that Welsh is a living, working language

within PTHB, rather than simply a compliance requirement. Alongside this, the launch of a dedicated intranet area for Welsh learning opportunities has made it easier for staff to access training and support.

We have also made significant progress in our translation provision. The introduction of AI-enhanced translation tools, alongside collaboration across NHS Wales, has increased capacity, improved resilience, and enabled the translation of a broader range of materials beyond those required by the Standards. This has supported greater consistency and improved access to Welsh language content across internal policies, staff communications and digital platforms.

Whilst we celebrate these achievements, the report also highlights areas where continued focus is required, including improving completion rates for Welsh language awareness training and increasing the consistent use of the Welsh language vacancy assessment process. These priorities will remain central to our work in 2026–27.

Overall, this report reflects a maturing approach to Welsh language planning at PTHB, combining compliance, workforce development and cultural change. I would like to thank colleagues across the organisation who have contributed to this progress and who continue to champion the Welsh language in their teams and services.

Debra Wood-Lawson
Executive Director for People, Culture & Transformation
Executive Lead for Welsh Language and Equality

Executive Summary

This report outlines the steps taken by Powys Teaching Health Board (PTHB) to implement the Welsh Language Standards. It provides details of the progress made during 2025–2026, including developments across a number of key areas.

- A major milestone has been the upgrade of telephony infrastructure, enabling callers to receive a Welsh language greeting and select their preferred language when contacting the organisation.

- There has been continued growth in Welsh language learning. For the third consecutive year participation in Welsh language training has reached a record level, reflecting increasing confidence and cultural change across the workforce.

- Alongside this, the ongoing delivery of Welsh in Healthcare for Managers training continues to embed understanding of the Standards and the Active Offer within leadership practice.

- Further improvements have been made to translation provision. The introduction of AI-enhanced translation tools and collaboration across NHS Wales has increased capacity, improved turnaround times, and enabled the translation of a wider range of material, including internal communications and intranet content beyond the requirements of the Standards.

- Internal communications and engagement activity have continued. The development of a dedicated intranet area for Welsh learning has further improved access to training and resources for staff.

Overall, the Health Board continues to work to ensure compliance with the Standards. Systems are in place to ensure the majority of standards are met in most circumstances, and PTHB performs particularly well in centrally managed areas such as communications, digital platforms, and recruitment processes.

The report also identifies areas requiring continued focus. These include improving completion rates for Welsh language awareness training, following a decline linked to renewal cycles, and increasing the uptake of the Welsh language vacancy assessment process to ensure roles are consistently assessed for their linguistic requirements.

Further detail on these developments, alongside a comprehensive account of compliance against each of the Standards, is provided in Part 2 of this report.

Background

PTHB along with other Health Boards and Trusts in Wales must comply with a set of Standards as outlined in The Welsh Language Standards (No. 7) Regulations 2018.

Although it is the Welsh Ministers who specify the standards, it is for the Commissioner to determine which standards apply to a specific body. In November 2018, the Commissioner issued a compliance notice to PTHB which outlined the standards with which it must comply and the date by when it must be compliant. A copy of PTHB's compliance notice can be found here.

Included in these Standards is the requirement for PTHB to monitor the implementation of the Standards and produce an Annual Report (this document) which provides details of how the health board has complied with the Standards.

All staff must take responsibility for implementing the Standards across PTHB. Service Leads will monitor compliance within their own service areas and will report progress to the Service Improvement Manager for Welsh Language who will provide advice and support around the implementation of the Standards accordingly. At the end of each financial year, the Service Improvement Manager for Welsh Language will draft an annual report which will be presented to the Executive Lead for Welsh Language and approved by the Executive Committee and the Board before being published on the health board's website.

The *More than Just Words* framework for the Welsh Language in Health and Social Care sits alongside the Standards and outlines how the health and social care sectors in Wales will improve their ability to provide their services in Welsh, organised around the principle of the Active Offer – the idea that it is service providers' responsibility to offer service users the opportunity to use Welsh without being asked.

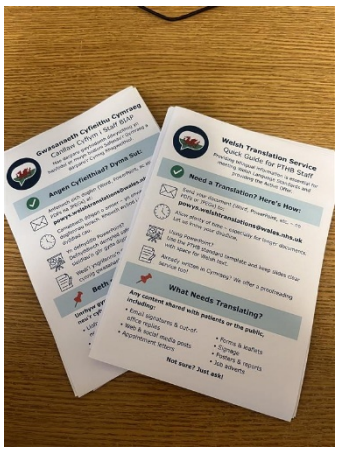
Part 1: 2025-26 in Review

Overview

2025-26 was the second year since the introduction of our new Strategy for Welsh in Healthcare and whilst we have continued to direct efforts at increasing the level of Welsh language skills within our workforce, we have also worked to increase awareness and develop our internal use of Welsh.

Internal Communications

The Health Board continues to run internal communications campaigns to promote understanding of the Standards and the More than Just Words framework as well as promoting opportunities for training around Welsh, like the specialist sessions put on for the Neurodiversity workforce, Neurodiversity and encouraging staff to take part in events like Dydd Miwsig Cymru the Welsh Language Commissioner's the #DefnyddiaDyGymraeg campaign to promote the use of Welsh internally.



Members of the Welsh team have also been present at face-to-face sessions across the health board to promote the work of the team.

Promotion of Welsh Learning Opportunities

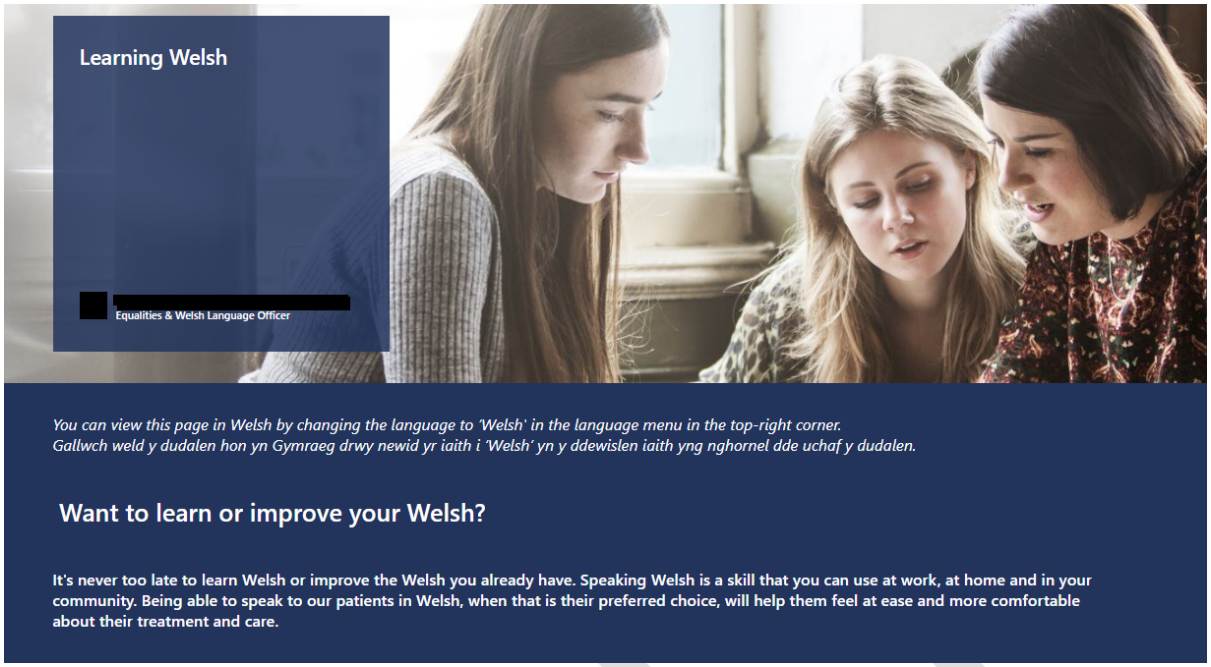
We have worked hard during this year to encourage our staff to undertake language awareness and compliance training and Welsh learning opportunities, and have again broken our previous records on the number of staff participating in various learning opportunities. The following numbers undertook training this year (with increase on the previous year, itself a record year, noted):

- 8 individuals from the health board took part in the *Codi Hyder* Confidence Raising scheme.
- 36 individuals took part in the *Cwrs Croeso* introductory learning scheme with Dysgu Cymraeg.
- 14 attended the new "Cwrs Blasu" course for Welsh beginners.
- 6 completed online self-directed courses with Dysgu Cymraeg.
- 1 attended a 2 day summer course organised by Aberystwyth University.
- 3 other individuals took part in Dysgu Cymraeg schemes with the health board's support.

This total of 68 attending Welsh language training is, for the third consecutive year, a record for the Health Board, representing a sustained increase in the number of our staff undertaking Welsh training. In addition to the above:

- 26 attended Welsh language for managers or Welsh language in healthcare training (see below).

As part of these efforts, a new area of the PTHB intranet has been developed to summarise and promote learning opportunities.

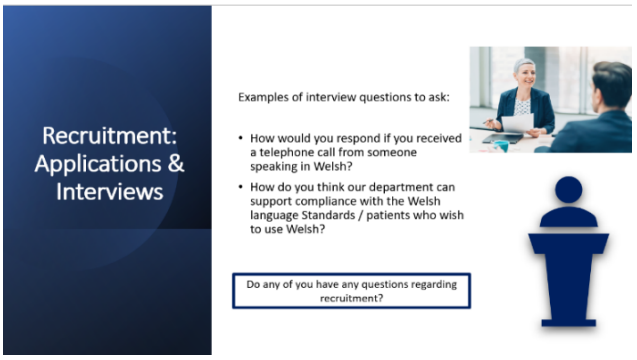


Welsh in Healthcare for Managers Training

This training module was introduced during 2023-24 as a part of the Powys Teaching Health Board Managers' Training Program and continues to be a cornerstone of our compliance efforts, as well as a target in our Strategy for Welsh in Healthcare. A total of 26 staff with leadership responsibility attended four sessions over the course of 2025-26, with a further 39 booked to attend courses in the first weeks of 2026-27.

The course covers such subjects as:

- The moral and cultural reasons why providing services in Welsh is a necessary part of good clinical practice, touching on subjects such as Cultural Anxiety, as well as outlining the legislative and strategic requirements.
- How to appropriately consider the Welsh language in recruitment.
- How to access translation and interpretation services and why you need them.



The Welsh in Healthcare for managers training module is a cornerstone of our strategy for compliance with the Standards and *More than Just Words*, helping to ensure the standards become 'business as usual' across the health board.

Telephony Infrastructure Upgrades

During 2025-26 PTHB's telephone infrastructure has been upgraded to enable incoming callers to be directed to different locations according to their language preferences. This allows, for example, incoming Welsh calls from any part of the health board to be directed to locations with Welsh speaking staff, enabling the existing staff body to deal with incoming calls in the language of callers' choice. These developments were part of the wider response to the notification of an investigation by the Commissioner (Ref: CS1124) on 28th March 2023. Further system upgrades are required to enable the effective routing of Welsh language calls. Engagement with external suppliers has been ongoing to support this work, with implementation of these upgrades anticipated in the early part of 2026–27.

Welsh Language Awareness Training

The Welsh Language Awareness ESR module has been a mandatory online training session for all staff; as of the end of 2025-26 it had been completed by **82.2%** of staff, a decrease of 12.5% from the previous year. This significant drop had not been expected, but is likely a temporary consequence of natural churn in the renewal process rather than anything else (staff must renew the training every three years, and the training was introduced about three years ago). The completion figure was 96% as recently as September 2025, indicating that the decrease is associated with renewal timing rather than a sustained decline in engagement.

Welsh Translation Service

A total of 637,259 words were translated internally during 2025-26, an increase of 6.7% on 2024-25. Maintaining an internal translation service has realised considerable benefits in terms of turnaround times and consistency; further increases in productivity began to be realised towards the end of 2025-26 due to the introduction of a new AI-enhanced system and cooperative arrangement (see below).

Translation Upgrade & NHS Wales Collaboration

Since 2021 PTHB has made use of Translation Memory software (Memsource/Phrase) to increase the capacity of the translation unit. In November 2025 we joined a multi-organisational collaboration in NHS Wales to share a live Translation Memory across multiple organisations. As a part of this partnership (with organisations including NWSSP, Public Health Wales and others), this has

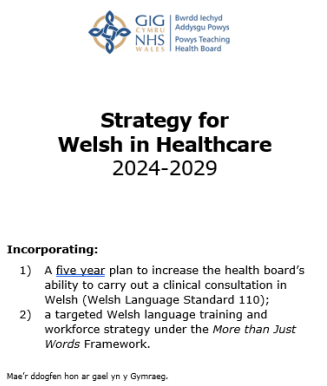
also led to a substantial upgrade to the system in use within PTHB, which now has AI-driven machine translation integrated into the system. Text processed by the translation unit is now typically pre-translated by AI and the Translation Memory and then verified / quality-checked by a professional human translator.

This has led to a substantial increase in capacity and now the health board has begun to translate material not previously available in Welsh, some of which is not mandated by the standards; including parts of the Intranet and internal communications. More information is covered in the relevant sections of Part 2.

As part of the new collaboration, NHS colleagues in other teams will cover PTHB translation requirements on occasions when PTHB translators are unavailable. The expectation is that in the future the Health Board will no longer routinely make use of freelance Welsh translators outside the NHS.

Strategy for Welsh in Healthcare

Published in 2023-24, our Strategy for Welsh in Healthcare 2024-2029 incorporates the requirement to develop a Five-Year Plan to increase our ability to provide Clinical Consultations in Welsh in accordance with Welsh Language Standard 110 as well as the Workforce Strategy required by *More than Just Words*, and provide overall direction and targets for the development of our bilingual workforce. The document is available on the PTHB website and sets out how we plan to develop our Welsh language capacity as an organisation over the five year period.


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

Strategy for Welsh in Healthcare
2024-2029

Incorporating:

1) A five year plan to increase the health board's ability to carry out a clinical consultation in Welsh (Welsh Language Standard 110);
2) a targeted Welsh language training and workforce strategy under the *More than Just Words* Framework.

Mae'r ddogfen hon ar gael yn y Gymraeg.

1

Welsh Language Skill Levels at PTHB

As of 31st March 2026, the 2,644 staff at PTHB staff indicated that their ability to speak Welsh was as follows:

Welsh Language Skills by Year (Proportion and Numbers)

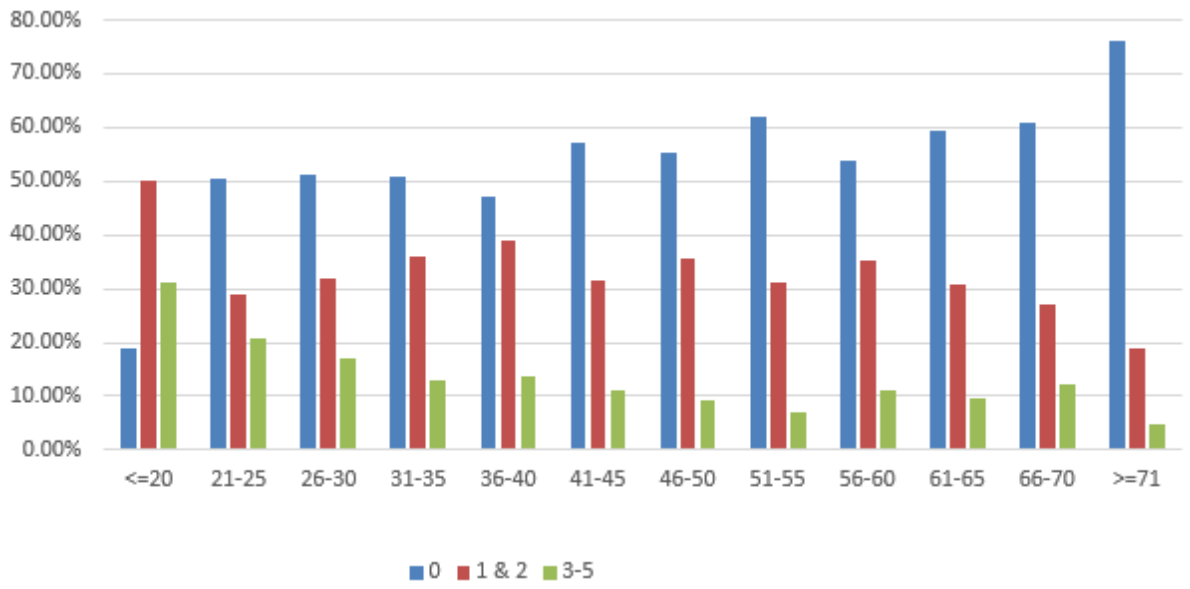
Year	Unknown	Level 0	Level 1	Level 2	Level 3	Level 4	Level 5	TOTAL
2022-23	317	1,140	654	161	79	69	115	2,535
2023-24	306	1,148	625	178	91	77	97	2,522
2024-25	269	1,265	624	171	91	78	108	2,605
2025-26	203	1,343	654	163	87	79	115	2,644

The number of staff in each group has remained broadly similar to previous years. Whilst the absolute number of staff with advanced Welsh skills (levels 3+) has increased to its highest yet recorded for the second year running; this is offset by growth in the staff body overall, meaning the percentage with any level of Welsh language skills has slightly reduced.

Year	Level 0	Level 1	Level 2	Level 3	Level 4	Level 5
2022-23	51.4	29.5	7.3	3.6	3.1	5.2
2023-24	51.8	28.2	8.0	4.1	3.5	4.4
2024-25	54.1	26.7	7.3	3.9	3.3	4.6
2025-26	55.0	26.8	6.7	3.6	3.2	4.7

Separate analysis of the workforce dataset (see Equality Annual Report 2025–26) indicates an increase in the diversity of the workforce, including growth in the number of staff recruited internationally. This shift in workforce composition may be contributing to the overall proportion of staff with Welsh language skills remaining relatively stable, despite record levels of participation in training and an increase in overall staff numbers

Welsh Language Skills by Age (Unknowns Removed)



Showing the distribution of skill levels by age continues to show that younger staff are likely to show a higher level of ability in Welsh than their older colleagues,

particularly at the advanced 3-5 levels with staff aged 20 or younger eight times more likely to show these advanced skills than their oldest colleagues aged 71+.

This data has been broken down by geographical base (for the 9 main PTHB hospital sites) in Appendix 1 (note that not all PTHB staff are shown in as some are based in other locations). The distribution of Welsh skills amongst PTHB staff is uneven, with two sites (Ystradgynlais and in particular Bro Dyfi (Machynlleth) hospitals) showing significantly higher levels of staff skills than other sites. This is in line the 2021 census which showed that the proportion locally varies from as low as 7% in Knighton and Presteigne to as high as 33% in Ystradgynlais and 48% in Machynlleth.

Part 2: Compliance with the Welsh Language Standards

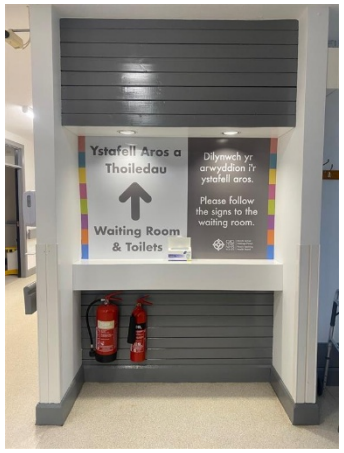
In addition to the examples provided above, the following provide details of steps PTHB has taken to ensure or improve compliance with the Welsh Language Standards during 2025-26:

Service Delivery Standards

Standards	Situation as of 2025-26	Proposed Actions during 2026-27
Standards 1-7 relating to correspondence sent by the health board	As per the standards and our internal PTHB policy, we have continued to proactively ensure standard correspondence is sent out bilingually as a matter of course. Regarding non-standard correspondence, the requirement to deal with this locally on a case-by-case basis is promoted via induction, language awareness courses and internal departmental action plans. A considerable quantity of communication with the health board takes place over social media, which is managed by the communications team who have a Welsh speaker in post able to ensure that any correspondence received using that platform can be addressed in Welsh without recourse to translation.	Continue to ensure that correspondence is proactively translated as required, and to promote compliance with these standards via induction, language awareness courses and internal departmental action plans. Steps to increase Welsh language skills via the vacancy assessment app and training prioritisation should improve the health board's ability to quickly respond to Welsh correspondence.
Standards 8 – 20 relating to telephone calls made and received by the health board	The introduction of new telephony infrastructure in the past year means callers to the health board are now prompted with a Welsh greeting as per Standard 8 and offered a choice of language as per Standard 9; the Health Board is fully compliant with these two standards for the first time.	Ensure the new system is put in place and operational as soon as possible during 2026-27.

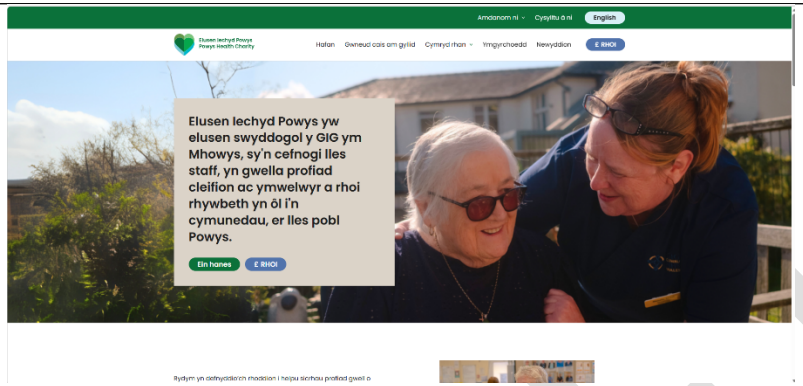
	A multi-site call flow has been established that will enable incoming calls requesting to use Welsh to be diverted from sites across the health board to those which have Welsh speakers available among the call handling staff. It is anticipated this element of the system will be online early in 2026-27.	
Standards 20-22CH relating to meetings that are not open to the public	This requirement is promoted on an ongoing basis and individual teams have implemented processes as per their individual requirements. The Manager's Resource and Guidance document includes information on holding meetings with members of the public. Where Welsh speaking staff are not available to attend meetings, staff have access to interpretation services who can assist, and details of the approved interpretation services are available to staff on the intranet and have been promoted to staff. The Welsh in Healthcare for Managers training session covers the requirements of these standards and ensures managers are aware of the need to proactively offer persons invited to meetings the opportunity to use the Welsh language.	Continue to monitor compliance levels and feedback.
Standards 23-25 relating to in-patients and case conferences	In-patient language choice can be recorded via several channels across PTHB. Our WPAS and WCCIS electronic systems both have capacity to record patient language choice. Many of our service user referral forms also asks patients for their preferred language choice, and case conferences are routinely carried out with the assistance of interpretation.	Ensure any new systems are developed in line with these requirements, including any national systems to which PTHB contributes. PTHB will develop a policy approach to comply with Standard 24 (this has been delayed due to staffing issues).

Standards 26-32 relating to meetings and events that are open to the public	The requirement to ask the public if they would like to use Welsh at our meetings is outlined in guidance documentation on holding meetings and events. Uptake of this offer is rare, e.g. Participants at the AGM of the board were invited to use Welsh in questions, and all information provided was in Welsh; however, no questions in Welsh were received. The 'Welsh Language – Communication and Marketing' procedural guidelines which includes information on how to comply with the Standards when arranging meetings which are open to the public continues to be promoted to managers and staff within their teams; the new Welsh in Healthcare for Managers training session covers the requirements of these standards and ensures managers are aware of the need to proactively offer persons invited to meetings the opportunity to use the Welsh language.	Continue to monitor compliance levels and feedback.
Standards 33-38 relating to publicity and advertising, displaying material in public, producing and publishing document and forms. (Standards 47-49 relating to signage; also, Standards 111 – 113 relating to signage)	Periodic site visits have been carried out of the 9 main hospital sites, assessing compliance with a range of standards including those related to signage, information displays and documents or leaflets. Fixed signage has been bilingual as a matter of course long before the introduction of the Welsh Language Standards, and no examples of non-compliance were found with regards fixed signage. New Dementia friendly signage has been installed at Bronllys hospital which is fully compliant with the Welsh Language Standards:	Continue to visit sites to assess compliance and escalate issues.



Large quantities of documents, signage and public information is routinely published in Welsh and/or bilingually within the health board. The images in this section show some of the materials published during 2025-26.

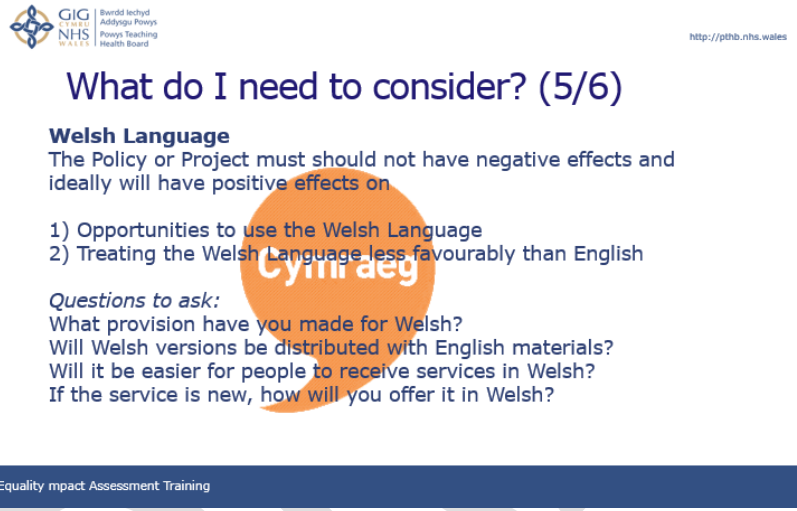
	Temporary signage and information displays has seen a significant improvement since 2024-25 with a greater proportion of signage now displayed bilingually. It should be noted that a significant proportion of information posters on display in PTHB sites come from sources which do not have Welsh language standards and provide information in English only; for example, UK charities such as The Alzheimer's Society, or small local voluntary or charity groups. In line with the Code of Practice for the Welsh Language Standards (No. 7) published by the Welsh Language Commissioner, displaying this information does not consist of a breach of the standards, where PTHB (or another organisation which has received a Welsh Language Standards Compliance Notice) did not produce the information in the first place.	
Standards 39-46 relating to the health board's website, apps and social media	To the best of our current knowledge, the PTHB website and main social media channels are operated in full compliance with the standards. Our new Powys Health Charity website, established during 2025-26, is fully Bilingual.	Continue to ensure compliance remains high.

		
Standards 47-49 relating to signage	See Standards 33-38 above.	See Standards 33-38 above.
Standards 50-53 relating to receiving visitors	A sign has been provided to each reception area in the health board (where there was not already a sign present), inviting visitors to use the Welsh language (Standard 52); badges/lanyards were also widely also distributed to Welsh speaking staff (Standard 53).	Once the new telephony system is installed and functioning it will be possible to offer a telephone reception service (as per the Welsh Language Commissioner's code of practice) at all reception areas.
Standards 54-59 relating to grants, tenders and procurement	PTHB remains compliant with these standards as per NHS Wales standard procurement and practice.	Continue to ensure compliance.
Standards 60-62 relating to the organisation's corporate image	PTHB's corporate identity is wholly bilingual, with the Welsh appearing above the English in our logo.	Continue to ensure compliance.
Standard 63 relating to education courses offered by the health board	Managers are informed of this standard as part of the Welsh in Healthcare for Managers training program.	Continue to ensure compliance.

Standard 64 relating to public address systems	As of 31st March 2026, there are currently no public address systems in operation within PTHB.	N/A
Standards 65-68 relating to primary care	As per Standard 65, a dedicated area of the website exists to provide the public with information on primary care services able to offer some or all services in Welsh. The "Iaith Gwaith" logo enables providers to identify that they are able to offer services in Welsh: **List of GP Practices in Powys** Use the table below to find all GP Practices in Powys. Click on a practice to find more details. **Find your local NHS service** Show 10 entries Search: Previous 1 2 3 Next The PTHB in-house translation service continues to be offered to primary care providers as per Standard 66 along with the opportunity to order badges / lanyards with the 'Iaith Gwaith' logo free of charge.	Ensure this section of the website remains current by annually prompting providers to review the information to ensure it is kept up to date.

Code	Name	Address	Town	Postcode	Telephone	Fax
W96001	Montgomery Medical Practice	Well Street, Montgomery	Powys	SY15 6PF	01686 668217	
W96001a	Ladywell Surgery	St Davids House, New Road	Newtown	SY16 1RB	01686 623791	01686 629215
W96002	Pengorof Surgery	Gorof Road, Ystradgynlais	Powys	SA9 1DS	01639 843221, 01639 843221	01639 846920, 01639 846920
W96002a	Abercrave Surgery	Heol Tawe, Abercrave	Swansea	SA9 1TJ		
W96002b	Ystalyfera Surgery (Swansea)	Wern Road, Ystalyfera	Swansea	SA9 2LX		
W96003	Ty Henry Vaughan	Bridge Street, Brecon	Powys	LD3 8AH	01874 622121	01874 623742
W96003a	Sennybridge Health Centre	Defynnog Road, Sennybridge	Brecon	LD3 8RU	01874 636559	
W96004	Wylcwm Street Surgery	Wylcwm Street, Knighton	Powys	LD7 1AD	01547 528523	01547 529347

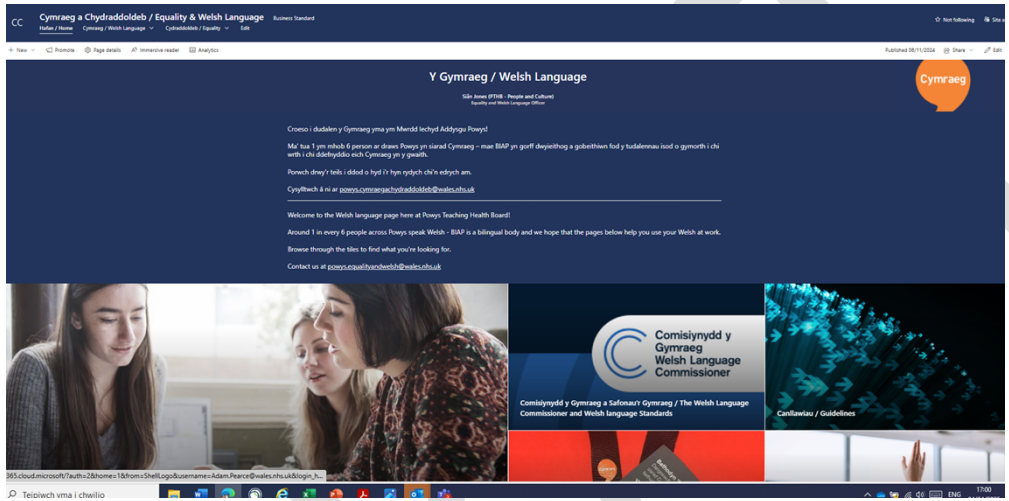
Policy Making Standards

Standards 69 – 78A relating to policy making decisions	The Health Board's EIA process requires staff to consider the impacts of their policy and strategy decisions on the Welsh language.  Examples of mitigations and changes made during 2025-26 include the identification of the DBS policy as coming under Standard 82, and the Primary Care policy considerations under Standard 78 (see Appendix 3 for Standard 78A).	PTHB will participate in any All-Wales EIA project and ensure that the requirements of the standards are incorporated into any such work. All consultation undertaken as part of the Better Together Program will consider the potential impacts on Welsh of any changes to service provision in Powys. Continue to record positive changes made to improve Welsh language access and provision of services.

Operational Standards

Standard 79 relating to a policy on the internal use of the Welsh language	Powys Teaching Health Board's Welsh Language in the Workplace policy meets the requirements of this standard. It is promoted via induction and the Welsh in Healthcare for Managers training session. GIG CYMRU NHS WALES | Bwrdd Iechyd Addysgu Powys | Powys Teaching Health Board **WELSH LANGUAGE IN THE WORKPLACE POLICY** **Document Reference No:** PTHB /HR 109 **Version No:** 1 **Issue Date:** July 2023 **Review Date:** July 2026 **Author:** Service Improvement Manager for Equality and Welsh Language **Document Owner:** Service Improvement Manager for Equality and Welsh Language **Accountable Executive:** Director of Workforce and Organisational Development **Approved By:** Executive Committee **Approval Date:** 12 July 2023 **Document Type:** Policy | Non-clinical **Scope:** PTHB-wide The latest approved version of this document is online. If the review date has passed please contact the Author for advice. Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys	Continue to promote the Welsh in the Workplace Policy. The Policy will be reviewed and renewed in 2026-27.
Standards 80 – 81 relating to employment documents	Contracts (Standard 80) are standardised and automatically provided bilingually through the TRAC system. Other Employment documents have been made available in Welsh on the Health Board intranet; awareness of these is promoted via induction and the Welsh in Healthcare for managers training session.	
Standard 82 - relating to operational policies	Following the increase in translation capacity, we have been working through these and during 2025-26 the following additional policies have been made available in Welsh:	Complete all outstanding policies as they come up for review, to ensure

	- Flexi Hours Policy - Recruitment and Selection Policy and Procedure We will continue to translate internal policies to which this standard applies as they are reviewed, to ensure 100% compliance in the future.	100% compliance with Standard 82 in the future.
Standards 83-88 – relating to disciplinary, grievance and other internal processes.	All these requirements continue to be met via the existing relevant all-Wales and PTHB policies; awareness of these is promoted via induction and the Welsh in Healthcare for managers training session.	Continue to ensure all policies reflect these requirements.
Standard 89 relating to bilingual computer software interfaces	Cysgliad and Welsh interfaces for Windows, Office and ESR remain available to staff. Details on accessing these are available on the health board staff intranet, and awareness of these is promoted via induction and the Welsh in Healthcare for managers training session.	Continue to promote these via staff induction and training/awareness sessions.

Standards 90 – 95 relating to the intranet	Our intranet has been designed from the start to be wholly compliant with the Standards related to the intranet (to the extent that the architecture allows). The Welsh versions of intranet pages (where they exist) can be accessed by clicking 'Welsh' on the languages tab:  As well as the pages relating to the use of Welsh at work (see above), the homepage of the intranet is available in Welsh as are pages relating to OD and clinical education (Training) and all other sites as specified by the Standard 81. Following the increase in translation capacity we are now making additional internal material available in Welsh over and above the requirements of the Standards. This includes additional areas of the intranet, such as all the Equality pages and various landing pages, as well as the staff "Team Focus" Newsletter and the new Equality and Welsh newsletter.	Continue the translation of additional areas of the intranet over and above those mandated by the Standards, as capacity allows.
Standards 96 – 101 relating to staff	See the section above for staff skills reporting responsibilities.	Continue to promote existing and new training options to staff across

Welsh language skills and training	PTHB have continued to promote and, where appropriate, financially support learning of Welsh in line with the standards. PTHB maintains a strong working partnership with Dysgu Cymraeg and Coleg Cambria to provide Welsh learning opportunities to staff. Staff also attend courses hosted by other neighbouring providers e.g. Aberystwyth University, Coleg Gwent and USW. During 2025-26: - a total of 8 (-9) individuals from the health board took part in the *Codi Hyder* Confidence Raising scheme. - 36 (+24) individuals took part in the *Cwrs Croeso* introductory learning scheme with Dysgu Cymraeg. - 14 attended the new "Cwrs Blasu" course for Welsh beginners. - 6 (+2) completed online self-directed courses with Dysgu Cymraeg. - 1 individual attended a 2 day summer course organised by Aberystwyth University. - 3 (+1) other individuals took part in Dysgu Cymraeg schemes with the health board's support. This combined total of 68 confirmed courses is a new high for PTHB, an increase of 30 from the previous record of 38 in 2024-25 (n.b. Some courses attended in 2024-25 had no attendees in 2025-26, so the overall total is different from that implied by the changes in individual courses).	PTHB to maintain this level of engagement.
Standards 102-103 relating to Welsh language awareness training	The Welsh Language Awareness ESR module has been a mandatory online training session for all staff; as of the end of 2025-26 it had been completed by **82.2%** of staff, a decrease of 12.5% from the previous year. This significant drop had not been expected, but is likely a temporary consequence of natural churn in the renewal process rather than anything else (staff must renew the training every three years, and the training was introduced about three	Continue to monitor and encourage completion of the mandatory training module.

	years ago), as the completion figure was 96% as recently as September 2025.	
Standards 104-105 relating to identifying Welsh speaking staff	Badges and lanyards to identify Welsh speaking staff and Welsh learners are available to all staff, which can also be embroidered into clinical staff uniforms. This enables patients to readily identify Welsh speaking staff and increases their confidence in the health board's ability to provide services in Welsh. Bilingual email signature templates are available on the Welsh language resource intranet page and in the Managers Guidance and Resource document. Use of these identifiers is encouraged via staff induction and training.	
Standards 106 – 109 relating to recruitment	During the later part of 2024-25 a new electronic assessment process was introduced to ensure that vacancies are appropriately assessed for their Welsh language requirements. Whilst this system has been useful in standardising the approach it has revealed that only a minority of managers are utilising it, with the number of roles assessed being quite small. The introduction of a Vacancy Approval procedure during 2025-26 has improved the ratio, though it remains comparatively low. 47 of 661 Vacancies were assessed during 2025-26 (7.1%). The health board's policy is that all vacancies have the Welsh language requirement specified, and are advertised in Welsh as well as English as per Standards 106 and 106A; as a matter of course applicants to all vacancies are invited to apply in Welsh. 107A a-c are all provided in Welsh as a matter of standard practice. The health board does not currently translate all job descriptions (107A ch) due to financial and capacity constraints. Whilst translation capacity has increased due to the introduction of AI into	Ensure greater uptake of the Welsh language skills assessment tool for vacancies during 2026-27. Continue to ensure Welsh essential vacancies on programs like apprenticeships and aspiring nursing programs are a fixture in 2026-27.

	the process, this has not yet proven sufficient to enable to the translation of job descriptions. During 2025-2026 PTHB advertised 661 vacancies: 3 posts were advertised with Welsh language skills. 640 posts were advertised with Welsh language skills as desirable. 18 posts were advertised with Welsh language skills as not required. Examples of roles advertised with Welsh language skills as essential included - Business Support Assistant in the Living Well Service - Aspiring Nursing Program - Apprenticeships Program	
Standards 110-110A relating to a plan for bilingual clinical consultations	Our Strategy for Welsh in Healthcare 2024-2029 was designed to meet the requirements of this strategy. This comprehensive document incorporates the requirement to develop a Five-Year Plan to increase our ability to provide Clinical Consultations in Welsh in accordance with Welsh Language Standard 110 as well as the Workforce Strategy required by More than Just Words, and provide overall direction and targets for the development of our bilingual workforce. The document is available on the PTHB website and sets out how we plan to develop our Welsh language capacity as an organisation over the next five years.	Ensure the Strategy for Welsh in Healthcare is embedded and promoted across the health board.
Standards 111 – 113 relating to signage	(See Standards 33-38 above).	(See Standards 33-38 above).
Standard 114 - relating to recorded workplace messages.	This standard is not applicable to PTHB as there are not recorded workplace announcement systems in place on our sites.	N/A

Record Keeping and Supplementary Standards

Standard 115 - relating to complaints.	During 2025-2026 PTHB a formal inquiry was received concerning a lack of provision of services in Welsh and a failure to make an Active Offer by our Complex Care nursing team; this was isolated to an individual mistake by a member of staff as the service could have been provided had the Active Offer been made. This has now been resolved within the team, and the need to make the Active Offer added to the Complex Care team's Quality Assurance framework. An additional informal contact was made concerning compliance with the Welsh language standards, relating to the absence of signage in Welsh at a Primary Care setting within the Health Board. Although as this was not a managed practice and the Standards therefore did not directly apply, the concern was able to be resolved and the issue addressed with the assistance of the Health Board's Welsh and Primary Care teams; training and awareness sessions were provided to the practice in question and the existence of the health board's translation service, which practices are able to use, was highlighted. PTHB continues to follow the conditions set out in NHS Wales 'Putting Things Right' policy, which include information on dealing with complaints made in Welsh and relating to Welsh language provision. Copies of these documents can be found here.	N/A
Standards 116-121 relating to Record keeping and supplementary matters.	For Standard 116, see 'current Welsh Language Skill levels at PTHB' above. For Standard 117, see under Standard 106.	N/A

Moving Forward: Priorities for 2026-27

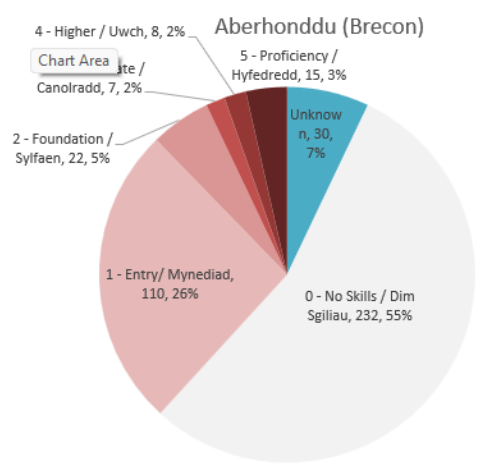
Our Strategy for Welsh in Healthcare sets out our priorities and targets over the current five-year period in terms of improving the Welsh language skills of our workforce, which in turn will improve our ability to comply with the standards.

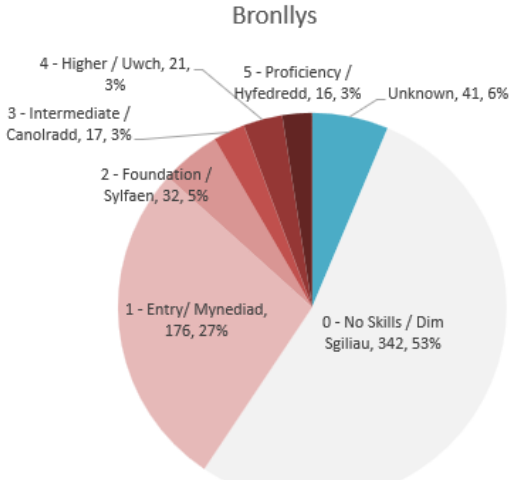
The 'Proposed Actions during 2026-27' column in the above section suggests further avenues of work during the next financial year. These include:

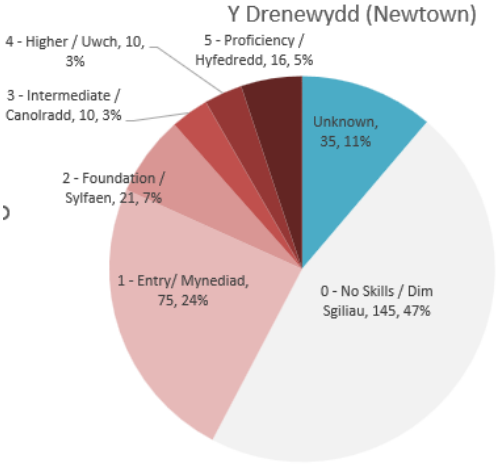
- Revamp and relaunch our Welsh Language Service Leads group to ensure collective responsibility for Welsh compliance is improved across the organisation.
- Ensure that the delayed telephony system is established as soon as possible and that the telephone reception system can be offered across the health board.
- Ensure that the Better Together program and associated consultation takes into account the need to assess any potential service changes for impact on the Welsh Language.
- Develop a Policy to meet the needs of Standard 24, concerning the language preferences of those unable to express a language preference.
- Review and renew our Welsh in the Workplace Policy.
- Improve the numbers completing Welsh language Vacancy assessments above our 7.1% baseline.
- Complete the translation of any outstanding policies to which Standard 82 applies in order to ensure full compliance.
- Complete our 3 year review of the Strategy for Welsh in Healthcare (for 2026-27).

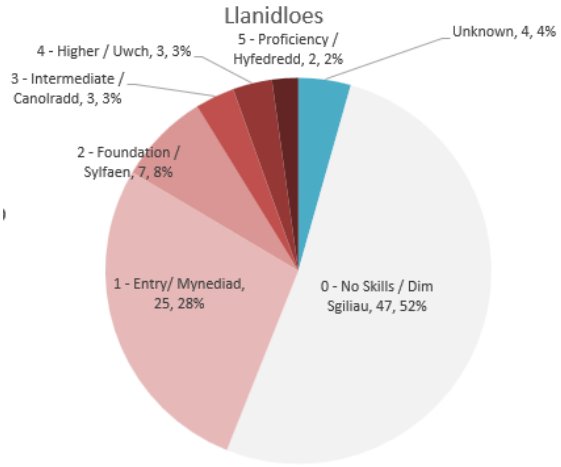
For further information on the details of this report and for further information on PTHB's implementation of the Welsh Language Standards, please contact the Equality and Welsh Language team by emailing powys.equalityandwelsh@wales.ns.uk.

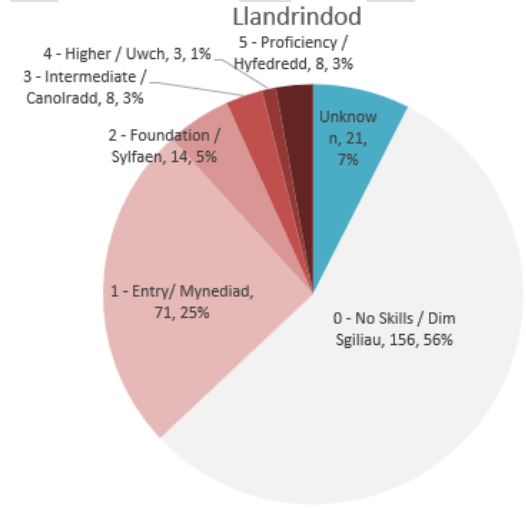
Appendix 1: Welsh Language Skill Levels at PTHB by Base 2026

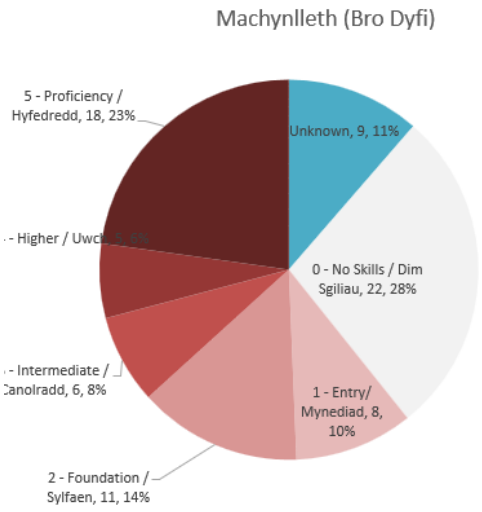


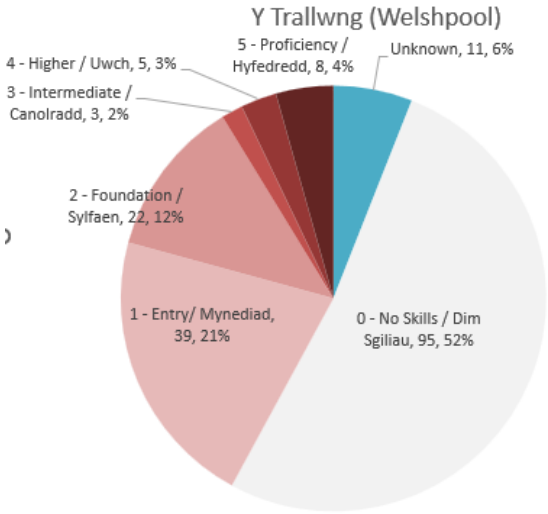


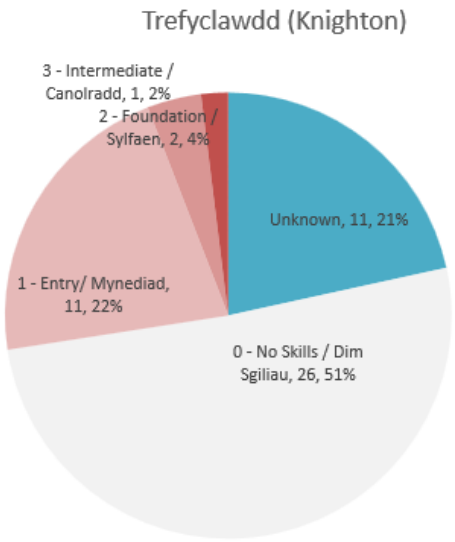


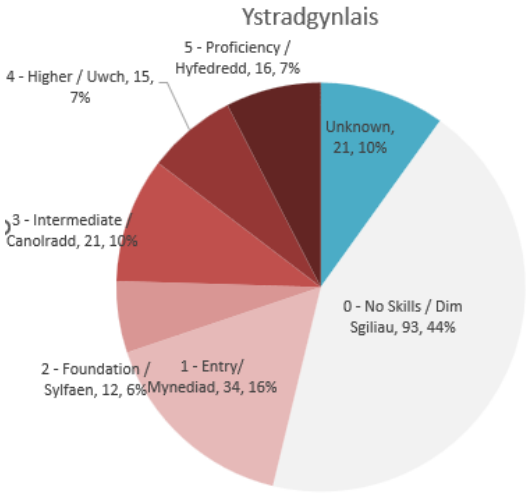












Appendix 2: More than Just Words Report

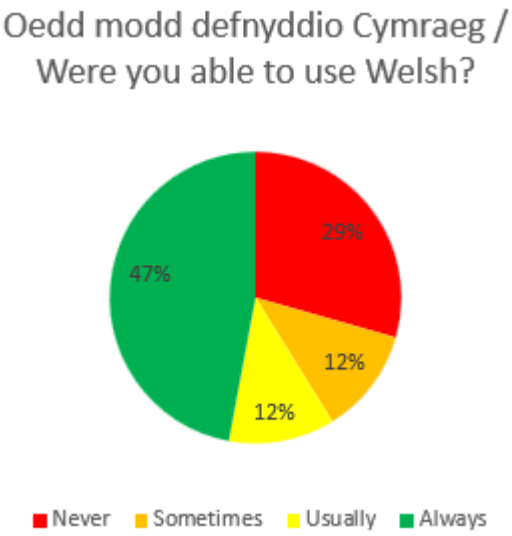
Delivering the actions in the More than just words Plan 2022-27: For the period April 2025 – March 2026

NB: Actions for which PTHB are not directly responsible are not included in this report.

Organisation	**Powys Teaching Health Board**

Completed by:	**Welsh and Equality Service Lead**	**Date: May 2026**

KEY DATA:	**All data reflects the situation as of 31st March 2026, or numbers during 2025-26 unless otherwise specified.**
Welsh Language Skills of staff	As of 31st March 2026, the 2,644 staff at PTHB staff indicated that their ability to speak Welsh was as follows: Year / Unknown / Level 0 / Level 1 / Level 2 / Level 3 / Level 4 / Level 5 / TOTAL 2025-26 / 203 / 1343 / 654 / 163 / 87 / 79 / 115 / 2,644 For more Information see the relevant section of the 2025-26 Annual Report.
Number of staff completing training	**Courtesy Course ("Cwrs Croeso"): 36** **Confidence Building Course: 8** **Welsh Language Awareness Course: 82.2%**

Patient / Service User Surveys e.g. secret shopper surveys	**Number and details of surveys** The PTHB Patient Experience survey asks patients what their preferred language for communication is, and whether they were able to use that language. The responses for those who answered Welsh in 2025-26 were as follows:  This is a similar rate to previous surveys. A more comprehensive analysis of Civica feedback will form a part of our review of the Strategy for Welsh in Healthcare at the end of 2026-27. **Feedback / Actions taken in response to feedback** During 2025-2026 PTHB a formal inquiry was received concerning a lack of provision of services in Welsh and a failure to make an Active Offer by our Complex Care nursing team; this was isolated to an

	individual mistake by a member of staff as the service could have been provided had the Active Offer been made. This has now been resolved within the team, and the need to make the Active Offer added to the Complex Care team's Quality Assurance framework. An additional informal contact was made concerning compliance with the Welsh language standards, relating to the absence of signage in Welsh at a Primary Care setting within the Health Board are. Although as this was not a managed practice and the Standards therefore did not directly apply, the concern was able to be resolved and the issue addressed with the assistance of the Health Board's Welsh and Primary Care teams; training and awareness sessions were provided to the practice in question and the existence of the health board's translation service, which practices are able to use, was highlighted.

Ref	Description of Short Term and Medium Term Action	Guidance for completing the response	Lead Accountability	Progress Report for 2025/26 (reporting period 1/4/25 – 31/3/26): What new and additional activities were delivered during 2025/26?	Examples of good practice / work done in partnership.
Culture and Leadership					
2.	Over time, we expect all health and social care staff to gain an appreciation of the positive difference that learning and using Welsh can make to the care experience. In the meantime we'll bolster language awareness courses with a behavioural-science communications approach so that everything we say about Cymraeg as leaders, and as	HEIW and SCW to provide a response – on the work they are taking forward to support this agenda. We request that health bodies and social services also provide information on how they are supporting this	Welsh Government / HEIW / SCW	During 2025–26, PTHB continued to promote Welsh language awareness through sustained internal communications campaigns aligned with *More than Just Words*, including promotion of Dydd Miwsig Cymru and the Welsh	**Examples of Good Practice:** • Regular promotion of national campaigns including Dydd Miwsig Cymru and #DefnyddiaDyGymraeg.

	organisations and partnerships contributes to this strategy. This approach will build on the training and on the positive narrative outlined in the plan. (*Short to medium term*)	action, and good practice they want to share regarding the promotion of the Welsh language across all settings.		Language Commissioner's #DefnyddiaDyGymraeg campaign. Members of the Welsh language team delivered face-to-face engagement sessions across the health board, reinforcing positive behavioural messages about the everyday use of Welsh. Mandatory Welsh Language Awareness training remained in place for all staff, supporting a consistent organisational narrative about the importance of Welsh in care delivery.	• Face-to-face engagement sessions delivered by the Welsh language team across multiple sites. • Welsh language awareness embedded in corporate communications and internal messaging.
3	We'll expect those in leadership roles to take part	Welsh Government is exploring how to	Chairs	Our Executive Lead for Welsh has been	

	in our Leading in a Bilingual Country programme. This programme works towards embedding the spirit of Cymraeg 2050 in organisational culture and policymaking. All too often, Welsh is viewed as just an issue of translation or as a 'tick box' in policy development. This values-based programme goes beyond understanding the possible impact of language on all aspects of our work to using what levers we have to increase its use. *(Medium term)*	take forward a "train the trainer" approach to the future delivery of the Leading in a Bilingual Country Programme. No further response needed at this stage – unless there are specific examples of how outputs from the Leading in a Bilingual Country Programme are continuing to make a difference to leadership roles in the organisation; and / or there have been leadership programmes / training that have been delivered by health and social care bodies focusing specifically on	and Chief Executives of health and social care bodies	participating in the *Leading in a Bilingual Country* program.	

		leadership in a bilingual context.			
Theme 1: Welsh language planning and policies including data					
5	Identify and develop research and data that will strengthen our understanding and knowledge based on the experiences of Welsh language speakers accessing and receiving services, to support evidence-based policy and Welsh language planning in health and social care. This to include ability to provide bilingual services and to evidence how More than just words supports improved outcomes for individuals. (This action aligns with the work set out in section 4 on mapping the data and creation of the dashboard) (*Medium term*)	Welsh Government has commissioned Alma Economics to identify key data on Welsh Language in health and social care which will help to identify data gaps in relation to monitoring outcomes, impact and progress. Health and social care bodies are asked to provide results of surveys of patient experiences of accessing and receiving services such as Mystery Shopper etc.	Welsh Government / Universities, Citizen Voice Body for health and social care and think tanks	See section above. Recent changes to Civica question structure made at an All-Wales level (and carried out without consultation with PTHB) have made the analysis of this data considerably more difficult and time-intensive.	PTHB were able to identify that existing NHS staff records record staff language ability over time, providing a unique opportunity to record and share the role of language attrition in the staff body of the Welsh NHS.

		Llais / universities / health and social care think tank organisations to highlight developments that look to strengthen our understanding and knowledge of the experiences of Welsh language speakers accessing and receiving services.			
6	Develop tools to support mainstreaming Welsh Language considerations into planning and policies especially in the priority areas and high levels of interactions with services. This to include establishing Welsh language care pathways for vulnerable individuals in identified priority groups such as older people, children, mental health, speech therapy, learning difficulties, and stroke services.	Welsh Government has worked collaboratively with the Office of the Welsh Language Commissioner to establish a new strategic Health Forum with the health sector aimed at improving clinical care services through the medium of Welsh.	Welsh Government / Health and social care bodies	Across Powys, care pathways reflect the needs of Welsh-speaking patients recording, language choice as part of routine care. At the point of access to services, patients should be offered the opportunity to express a language preference. However our analysis of Patient	

	(*Long term*)	Health and social care bodies are asked to provide evidence of Welsh language care pathways for the priority groups particularly, or any new mainstreaming tools.		experience and flow carried out as part of the development of our Strategy for Welsh in Healthcare found that 1) a lack of Welsh speaking staff in many departments means that staff are reluctant to do this, and that when done, it often cannot be met as the staff do not exist who are able to meet the need; 2) that many data recording and other bottleneck issues are beyond the means of PTHB to directly influence. We therefore made the decision to focus on increasing skills rather than patient pathways in our Strategy for	

				Welsh in Healthcare.	
8	An agreed national framework for the collection and collation of data on the language skills of all staff working in health and social care in Wales will be developed and implemented. This should be mandatory wherever possible and would need to align with systems and approaches currently in place for the collection, collation of data across the health and social care sectors including services that are provided in Welsh *(Medium term)*	Health and social care bodies should provide an overview of how they are currently collecting and collating data on the language skills of all staff (as well as key data for the reporting period).	HEIW / SCW / DHCW / health and social care bodies including independent primary care contractors.	PTHB continued to collect comprehensive data on staff Welsh language skills via ESR, supporting both compliance and workforce planning. Data quality and coverage remain strong.	Breakdown of skills per site in subsequent annual reports supports our local geographical emphasis.
10	That action 30 of the 'Health and Social Care Workforce Strategy' – to develop workforce planning guidance for Welsh language skills identification and development in the health and social care workforce – is progressed at the earliest opportunity. This guidance	The HEIW Workforce Planning for the Welsh Language Guidance has been published. Health and social care bodies should provide examples of how this guidance has been used	HEIW / Social Care Wales	The Welsh Vacancy Assessment Tool should be facilitating the delivery of this element across the health board and usage of the tool has improved, though is still much	

	should consider the required number of staff with Welsh language skills and the nature of those skills in different health and social care contexts and within the priority areas of need identified. The guidance is used as part of annual workforce planning by Health Boards, Local Authorities, HEIW, Social Care Wales and other employers as appropriate. Furthermore, that the guidance inform the work of the relevant regulators and inspectorate as appropriate (*Short term*)	across different settings / policies.		lower than we would like. Ensuring greater usage and the relaunch of the Service Leads group to encourage greater ownership internally are key priorities for 2026-27.	
Theme 2: Supporting and developing the Welsh language skills of the current and future workforce					
13	Health and social care organisations to identify workforce skills gaps in key areas and develop plans to address them. This will be embedded in workforce and skills plans developed and delivered within individual organisations and involve	Health and social care bodies should provide examples of how they have identified workforce skills, where the gaps exist, and whether they have plans in place to address them.	Health and social care bodies, HEIW and SCW	The Welsh Vacancy Assessment Tool should be facilitating the delivery of this element across the health board and usage of the tool has improved, though is still much lower than we	

	close working with HEIW and SCW. *(Medium term)*			would like. Ensuring greater usage and the relaunch of the Service Leads group to encourage greater ownership internally are key priorities for 2026-27.	
14	We'll expect all NHS and social care colleagues to follow a language 'awareness 'course which will explain how important Cymraeg is in service delivery and as a patient need. Following the introduction of Welsh language awareness training for all health and social care professional, we'll expect that this training is provided across all disciplines for trainees and introduced as part of the induction process for new employees in the health and social care workforce who have not already undertaken the training.	Health and social care bodies should provide key data on take up of Welsh Language Awareness Courses. This includes data on providing the course as part of the induction process.	Health and social care bodies	Welsh Language Awareness training remained mandatory for all staff. Compliance fell to 82.7% this year but this is likely due to the three-year renewal cycle.	Regular reminders and reporting to support compliance; line managers across the Organisation are provided a monthly update on compliance levels in different areas of the organsiation.

	(Medium term)				
15	The National Centre for Learning Welsh develop further their plans to offer Welsh language training to the health and social care sectors and provide an enabling environment on the use of Welsh in workplaces. This should complement informal language learning through on-line tools and apps to be made available across the sector. It could be modelled on recently announced developments for the education workforce. This should include tailored provision to support practice in health and social care and identify opportunities (along with relevant employers) to support staff confidence to make more use of their Welsh language skills (at whatever level) in the workplace. We further recommend that Welsh Government explore what resources are required to	National Centre for Learning Welsh to provide an update on key actions, take up of specific courses, and outcomes. Health and social care bodies are asked to describe how they've worked strategically with National Centre for Learning Welsh to meet their own priorities.	Welsh Government / National Centre for Learning Welsh	A record number of staff accessed Welsh language learning during 2025–26, reflecting sustained growth in confidence and engagement across the workforce. - 8 individuals from the health board took part in the *Codi Hyder* Confidence Raising scheme. - 36 individuals took part in the *Cwrs Croeso* introductory learning scheme with Dysgu Cymraeg. - 14 attended the new	Launch of a dedicated Welsh learning intranet area.

	deliver adequate support for such a scheme including supporting employers to release key staff to undertake substantive Welsh language learning. (*Medium term*)			"Cwrs Blasu" course for Welsh beginners. - 6 completed online self-directed courses with Dysgu Cymraeg. - 1 attended a 2 day summer course organised by Aberystwyth University. - 3 other individuals took part in Dysgu Cymraeg schemes with the health board's support. PTHB collaborates strategically with other NHS Wales organisations	

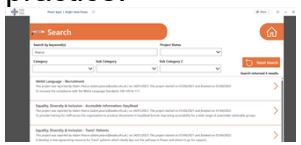
				(DCHW and Public Health Wales), and with the National Centre for Learning Welsh, to provide courses. This multi-organisational partnership ensures training numbers are sustainable from small NHS organisations.	
16	Organisations to define the level of Welsh language skills required in all job adverts as per best practice in some health boards and local authorities *(Medium term – guidance to be developed and shared in the short term)*	All health and social care bodies to provide an update on work being taken forwards to define Welsh language skills required in all job adverts, as well as key data on whether posts are being advertised as Welsh desirable and Welsh essential.	Health and social care bodies	All vacancies continued to meet Welsh Language Standards requirements in terms of being advertised bilingually and of having their Welsh langauge requirements specifically noted in the job description. Use of the Welsh Language Vacancy Assessment Tool	

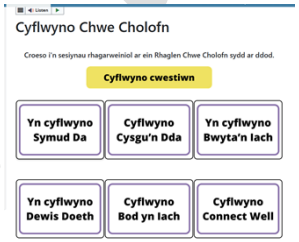
				improved following governance changes, although further improvement is required to ensure all vacancies are appropriately assessed.	
17	Gradual introduction of a minimum "courtesy" level of Welsh language skills making staff more aware of positive impact that learning and using Welsh can have on individuals accessing and receiving health and social care services. By the end of the life of this plan, all staff working in health and social care should have courtesy level Welsh. *(Short term-introduction)*	National Centre for Learning Welsh to provide data on the new courtesy course (as part of the health and social care scheme) and take up across the organisations. Health and social care bodies to also provide information on other courtesy courses being developed (not by the National Centre for Learning Welsh)	National Centre for Learning Welsh Health and social care bodies	36 individuals took part in the Cwrs Croeso courtesy level. This is a 200% increase on last year, though still low compared to the theoretical target total of 1,343 staff at Level 0. PTHB has previously advised that this model of training delivery will not be able to provide a high level of coverage, for which an eLearning module will be	

		and delivered locally, and key data on take up.		necessary, and the central provision of a means to record this level.	
18	Organisations to develop and implement a targeted Welsh language training and workforce strategy – with initial focus on addressing gaps in More than just words key priority areas and those who lack confidence (need to consider the potential for working with team leaders / managers /employers to also create the conditions for individuals to use their Welsh) *(Medium term)*	Health boards to provide an update on work to support the delivery of Standard 110, and how they are increasing the use of Welsh across clinical settings.	Health and social care bodies	The Strategy for Welsh in Healthcare 2024–2029 continues to meet the requirements of Standard 110 and provides a coordinated approach to workforce development.	
19	Instigate a national awareness and promotion campaign to make staff more aware of the positive difference that learning and using Welsh can make to the services they provide. This to include recruitment	Health and social care bodies to provide information on promotion campaigns they are delivering to raise awareness of the difference learning	Welsh Government/ SCW and HEIW	Welsh language skills continued to be promoted as a valuable professional asset across the organisation; they are promoted	

	campaigns articulating the importance of the Welsh language. The campaigns to involve role models and case studies on the difference use of Welsh has in improving outcomes for individuals. *(Medium term)*	Welsh can make. This should include case studies and awards which feature the Welsh language.		internally via a range of strategies which have led to a record level of attendance for the third year running. Case studies inform our Welsh in Healthcare/Welsh for Managers training programs.	
20	Careers Wales / HEIW and SCW to promote the importance and opportunities Welsh language skills can provide within careers in health and social care utilising the Tregyrfa portal resources and through roadshows and engagement sessions with young people. *(Short/medium term)*	HEIW to provide information on Tregyrfa, including data on numbers accessing the site. HEIW to also provide information on roadshows and engagement events held with educational institutions. Careers Wales to provide information on initiatives	Careers Wales / HEIW and SCW / health and care bodies	The Academy Careers Enterprise scheme continues to engage with secondary School pupils across the Health Board Area, and one school (Ysgol Gymraeg Ystalyfera) in an adjacent area which receives a significant number of pupils resident in Powys . During the 2024/2025	The Academy Careers Enterprise Scheme achieves an unusually high level of coverage and penetration across a rural health board area, reaching the majority of secondary school age pupils.

		promoting the importance of Welsh language skills in health and social care careers, including data on attendee numbers for any events / roadshows / engagement sessions. Health and care bodies to provide information on roadshows and engagement with young people, including data on attendee numbers.		academic year the scheme was delivered to 4,318 pupils in English medium settings plus 1,189 in Welsh medium (these sessions were delivered in Welsh); for a roral of 5,507. As part of this scheme representatives from Powys Teaching Health Board have given presentations on careers in Health and Social Care presented to almost every secondary school pupil in Powys, and in some neighbouring counties where pupils living in Powys attend school. These	

				presentations include several slides including a video on the importance of Welsh language skills in healthcare. The presentations are given in Welsh in Welsh medium settings.	
Theme 3: Sharing best practice and an enabling approach					
29	We'll collate and share examples of innovative good practice which is accessible across the sector utilising existing portals and hubs including the Research and Innovation Hubs. *(Short term)*	Health and social care bodies should provide examples of where and how they have shared good practice, including internally as well as with other organisations. Health and social care bodies to also provide information on whether they have used Hwb Iaith to share good practice. They should also provide	Welsh Government / Welsh language officers	Tregyrfa (Hwb Iaith) is promoted in the ACEEs presentations and PTHB information is integrated into Hwb Iaith. PTHB has used the Research and Innovation Hubs to promote good Welsh language practice: 	

		evidence of utilising the Research and Innovation Hubs and explain why if they haven't.			
30	We'll use our Bilingual Technology Toolkit to ensure that when we procure and/or develop new digital services, they will include a bilingual user interface wherever possible. For information and advice websites we'll bring translators closer to content creation, drafting in Welsh and English together, so that we communicate clearly in both languages. *(Short term)*	Health and social care bodies should provide specific examples of where and how the principles of the Bilingual Toolkit has been used.	DHCW / health and social care bodies	PTHB-based digital interfaces like SilverCloud and the powys Living Well Service are available in Welsh:  	
32	We'll ensure that Welsh language Executive Leads and Welsh Language Officers and champions meet nationally to share best practice to ensure a consistent approach on key issues and develop initiatives	Health and social care bodies to provide information on examples of good practice shared as part of existing networks, awards and events.	Welsh Government, Health and social care bodies	Powys regularly attends and contributes to meetings of the NHS Welsh language managers. Through this network, innovations	

	to celebrate success including promoting More than just words within existing awards and accolade schemes. *(Short term)*			developed in Powys have been adopted by other health boards innovations e.g. the Vacancy Assessment app, a form of which is being used in DCHW and potentially other organisations. During 2025-26 PTHB joined an NWSSP-led collaboration on Translation Memory and Machine Translation which has led to a significant increase in local capacity on a cost-neutral basis.	
35	Visual markers not only enable service users to identify Welsh speaking staff but also to convey a message that Welsh is a 'normal' everyday part of service delivery and builds on ethos	Health and social care bodies to update on work being taken forwards to support and promote the identification of	Welsh Government / DHCW / health and social care	All Welsh speakers in the health board have been individually contacted via email and offered to be sent a laith Gwaith	

	of belonging. We'll extend the Iaith Gwaith project across Wales to allow workers who can offer or partially offer services in Welsh to readily identify themselves by wearing Iaith Gwaith badges or lanyards. We'll also in our ICT systems capture, display and share information that let us know as individuals and staff who can speak Welsh and what services they will be offering in Welsh — so we can use our Welsh with them. (Consideration would need to be given to additional funding / resources to enable this to be delivered.) (*Short term*)	Welsh speaking staff – including any work in relation to digital systems locally. DHCW to update on work happening at a national level to support this agenda.	bodies	Lanyard. A digital interface on the Welsh team's sharepoint page enables staff to request these easily from any part of the organisation. Their use is promoted at induction and via Welsh managers' training.	
37	We'll further develop dictionary resources, high standard terminological corpus, language memory systems and practical tools to	Health and social care bodies and NWSSP to update on work being taken forwards to develop	Welsh Government / health and social	Our cross-organisational Translation Memory /AI translation	

	support staff to use their Welsh skills, for example Gair i Glaf. This to include in the short-term Welsh language officers and translators working together on collation of terms and translation capacity and capability. *(Short term- joint working on developing standard terms)*	and support the implementation of these resources.	care bodies / NWSSP	collaboration ensures terminological consistency across the various other NHS organisations in the collaboration.	
42	All health bodies and local authorities to appoint a person to be responsible for ensuring delivery on the actions and targets set in the plan.	All health bodies and local authorities to list the person responsible for ensuring delivery of the actions.	All health bodies and local authorities	The Executive Director for People & Culture (Debra Wood-Lawson) is the executive board member with overall responsibility for Welsh language planning and delivery. The Service Lead for Welsh Language and Equality is operationally responsible for Welsh Language compliance within	

				Powys Teaching Health Board.	

Appendix 3: Standard 78A Report 2021-26

Context

Standard 78: *You must publish a policy on providing a primary care service which requires you to take the following into account when you make decisions in relation to providing a primary care service— (a) what effects, if any (and whether positive or negative), the decision would have on— (i) opportunities for persons to use the Welsh language, and (ii) treating the Welsh language no less favourably than the English language; (b) how that decision could be taken or implemented so that it would have positive effects, or increased positive effects, on— (i) opportunities for persons to use the Welsh language, and (ii) treating the Welsh language no less favourably than the English language; and (c) how the decision could be taken or implemented so that it would not have adverse effects, or so that it would have decreased adverse effects on— 30/11/2019 (i) opportunities for persons to use the Welsh language, and (ii) treating the Welsh language no less favourably than the English language.*

Standard 78A: *On the expiry of 5 years after publishing the policy in accordance with standard 78 (whether or not revisions have been made to that policy) and on the expiry of each subsequent period of 5 years you must — (a) assess to what extent you have complied with the policy; and (b) publish that assessment on your website within 6 months of the end of the period.*

The Welsh Language Commissioner's Code of Practice on Standard 78 clarifies that the standard can be met by means of a wider policy on decision making or policy making, and that the Health Board is not required to have a stand-alone policy in this area. Consequently, it is PTHB's current position that this requirement is covered by our existing Equality Impact Assessment process and policy, which explicitly asks for the assessment of the impact on Welsh.

Activity in 2020-25

During the five year period under consideration, a single decision on Primary Care provision took place which fell under the scope of this policy. In late 2022, Crickhowell Group Practice applied to Powys Teaching Health Board to close its Belmont Branch Surgery in Gilwern, citing GP retirements, premises ownership issues and wider workforce pressures. Following a formal engagement process with patients and stakeholders, the Health Board approved the application at its public meeting in May

2023, having concluded that no viable alternatives were available to sustain the branch. The Belmont Branch Surgery closed permanently on 30 November 2023, with all patients remaining registered with Crickhowell Group Practice and GP services continuing to be provided from the Crickhowell War Memorial Health Centre, supported by an agreed mitigation plan to address access and patient support concerns. Whilst the practices in question were physically located in Aneurin Bevan Health Board, their patients include some living in Powys.

During the engagement process, stakeholders were explicitly asked their views on the provision of services in Welsh. An analysis of the Welsh speaking profile of the local area revealed that the practice in question was located in an area with a higher than average number of Welsh speakers for Monmouthshire, but much lower than the Powys and Wales averages. During the consultation nevertheless some individuals indicated that this was important to them. It was noted that the practice in question was not currently providing any of its services in Welsh, and that its closure would not therefore have a negative impact on provision. The conclusion of the process, with respect to Welsh, was that the impact of a closure would be at worst neutral, and potentially positive, as the centralisation of the group's services would make it easier to provide services to a wider range of patients, and increase the chances of Welsh speaking patients being able to be matched with Welsh speaking staff.

In response to a request, the Health Board provided the Welsh Language Commissioner with a copy of documentation related to this consultation and restructure proposal in November 2023. No comments were received in response to this submission.

Assessment

Based on the above, our current position as of May 2026 is that the existing PTHB approach in this area is proportionate to the size and scope of PTHB as an organisation and the frequency with which decisions on Primary Care provision are made; and that Powys Teaching Health Board has complied with Standards 78 and 78A.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.6

BOARD	**29 July 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:	N/A

PURPOSE:

The paper provides a series of updates to the Board linked to the governance of the Board and its Committees.

RECOMMENDATION(S):

The BOARD is asked to:

- **RECEIVE** the Director of Corporate Governance report;
- **RATIFY** the single Chair's Action taken since the last meeting of the Board held on the 20 May 2026;
- **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 routine meeting public meeting held on the 20 May 2026

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.

On the 20 May 2026, the Boards In-Committee agenda included:

- Chief Executives briefing.

Additional Board meetings
One additional In-Public Board meeting has been held since the last meeting on the 20 May 2026. The Board met on the 24 June to consider the annual report and accounts, the minutes of the meeting are included within the Board papers for the 29 July 2026 Board meeting.

No additional In-Committee Board meetings have been held since the Board last met on the 20 May 2026.

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 4 June and 16 July 2026.

Chair's Action

One Chair's Actions have been undertaken since the last meeting of the Board on the 20 May 2026. 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 range of Joint Commissioning Committee governance documents as follows:

- the updated Standing Orders for the JCC following approval at the Joint Committee meeting of the 26 May 2026.
- the updated Standing Financial Instructions (SFIs) for the JCC following approval at the Joint Committee meeting of the 26 May 2026.
- the updated Guidance on the Handling of Interests.
- the updated terms of reference (ToR) for the JCC Quality, Safety and Outcomes Sub-Committee; and
- the updated terms of reference (ToR) for the JCC Planning, Performance & Finance Sub-Committee.

Petitions Protocol Update: Powys County Council

Health and Social Care Scrutiny Committee: As reported to the Board in May, colleagues from the Health Board were due to join Powys County Council at its Health and Social Care Scrutiny Committee in June 2026. Unfortunately, due to technical issues on the day, the session did not go ahead. We are currently working with PCC colleagues to arrange a new date.

Motion: On the 9 July, Powys County Council unanimously passed an urgent motion on hospital beds, calling for an urgent meeting with Powys Teaching Health Board, detailed information on Better Together options affecting inpatient bed capacity, and formal correspondence from the Council Chair to the PTHB Chair seeking early dialogue and assurance on the implications for Powys residents.

At the time of writing, no correspondence has been received from Powys County Council.

A full Council briefing has been arranged for early September in relation to the Better Together programme.

We will keep the Board updated with any further information.

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

BOARD

UNCONFIRMED MINUTES OF THE MEETING HELD ON 20 MAY 2026 AT 09:30 HELD VIA MICROSOFT TEAMS

MEMBERS		
Carl Cooper	CC	Chair
Hayley Thomas	HT	Chief Executive Officer
Ronnie Alexander	RA	Independent Member (General) (until 12:56)
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 Hopgood	PH	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Rhobert Lewis	RL	Independent Member (General)
Elaine Lorton	EL	Executive Director of Primary Care, Community and Mental Health
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Cathie Poynton	CP	Independent Member (Trade Union)
Ian Thomas	IT	Independent Member (General)
Debra Wood-Lawson	DWL	Executive Director People, Culture and Transformation
Kate Wright	KW	Executive Medical Director
Simon Wright	SW	Independent Member (University)
IN ATTENDANCE		
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
Nina Davies	ND	Associate Member (Director of Social Services, Powys County Council) (until 12:40)
Hayley Hughes	HH	Corporate Business Manager (Meeting Support)
Olivia Jones	OJ	Nursing Support Worker (Staff Experience)
APOLOGIES FOR ABSENCE:		
Rhiannon Beaumont-Wood	RBW	Vice Chair
Katie Blackburn	KB	Regional Director, Llais
Chris Walsh	CW	Independent Member (Local Authority)

1. PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB/26/001)

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

CC provided an overview of the role of the Board, the meeting agenda and explained that this was a meeting held in public rather than a public meeting and as such, Board Members, Health Board officers and those playing a formal role in the meeting would be participating.

1.2 DECLARATIONS OF INTEREST (PTHB/26/002)

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

1.3 BOARD ACTION LOG (PTHB/26/003)

HB presented the action log and advised that there were six actions recommended for closure, as outlined at the bottom of the action log, supported by the relevant updates. Two actions (PTHB/25/141 and PTHB/24/131) remain on track, with previously agreed reporting timeframes of September and November, respectively. HB invited questions.

Independent Members asked the following questions for assurance:
Can further assurance be provided on the progress and governance of the action relating to the cross-border functionality of the NHS App, particularly given its proposed closure on the action log?
HB confirmed that, while the action is recommended for closure on the Board action log, the matter remains under active oversight and will continue to be treated as an escalated issue until the Board is satisfied with progress. Reporting will continue through the Executive Committee Chair's report and summary escalation updates to ensure visibility. CM assured that ongoing work with Welsh Government (WG) is in progress, including engagement with senior officials and a planned follow-up meeting in July to address specific cross-border challenges for Powys. The programme is currently in a 'review and reset' phase pending new government priorities and wider national discussions on digital strategy are also contributing to shaping the future direction.

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

1.4 PATIENT AND STAFF EXPERIENCE STORIES (PTHB/26/004)

PATIENT EXPERIENCE STORY

The Board received a patient story highlighting a positive experience of cardiac rehabilitation in Powys, reflecting both the patient's and her husband's journeys and demonstrating the value of the service despite some challenging elements. EL highlighted the positive impact of cardiac rehabilitation, emphasising the importance of human connection in care. EL confirmed these services are accessible across Powys via GP and relevant referrals, noting the need to maintain consistent awareness despite generally strong uptake. CC thanked the patient for

sharing the story, highlighting the strong, joined-up working across services and the positive impact of current and ongoing service arrangements.

STAFF EXPERIENCE STORY
DWL introduced OJ to the Board. OJ shared her personal journey of the aspiring nurse programme and her journey of resilience and growth, highlighting how support from the programme has enabled her to pursue a career in nursing.

The Board recognised and commended the inspiring staff story, with reflections highlighting OJ's resilience, passion and commitment throughout her journey on the aspiring nurse programme. It was noted that the programme provides valuable opportunities to 'grow our own' workforce locally, supporting staff to balance training with existing roles and serves as a positive example to support future recruitment and development.

1.5 QUESTIONS TO THE BOARD FROM THE PUBLIC (PTHB/26/005)

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

1.6 UPDATES FROM: (PTHB/26/006)

REPORT FROM THE CHAIR
CC presented the report and invited questions.

REPORT FROM THE VICE CHAIR
CC noted that, as part of RBWs induction with the organisation, RBW has met with representatives from Llais in both her Vice Chair role and as Chair of the Patient Experience, Quality and Safety (PEQS) Committee, supporting engagement with patient voice and experience structures.

CC presented the report and invited questions.

REPORT FROM THE CHIEF EXECUTIVE
HT presented the report and drew attention to the following areas:

- The Long Service Awards event was held on the 09 May 2026 and recognised over 1,200 years of collective service, with attendance from the Vice Chair and High Sheriff. The report also highlights broader staff achievements across the organisation.
- Update provided on financial recovery and implementation of the WG escalation framework, with the first Escalation Board scheduled for the 02 June 2026.
- It was noted that PH would be representing the Health Board at the UK Parliament Welsh Affairs Committee on Cross-Border Healthcare.

Independent Members asked the following questions for assurance:
Can further clarification be provided on ambulance performance data and the progress of Recommendation Four within the Joint Commissioning Committee (JCC) work?
HT acknowledged that there is a need to provide clearer analysis of ambulance performance data, particularly in relation to the position in Powys and a further detailed update will be brought back to the Board. In relation to Recommendation Four, it was confirmed that work is ongoing, although delays have occurred due to the legal process. The JCC has agreed that the work should continue at pace,

including re-engagement with stakeholders, and a more detailed timetable and delivery plan is expected at the next meeting. Assurance was provided that this remains a priority, with continued representation of Powys' position and a commitment to progressing the work to a timely conclusion. It was agreed to bring back the EMRTS work (Recommendation Four).

Action: Chief Executive

Can assurance be provided that the spring vaccination campaign is on track, that isolation arrangements for infectious conditions (hantavirus) is being effectively managed and clarity given on the benefits of electronic prescribing and medicines administration?

MB confirmed that the spring vaccination programme is progressing as planned, including an expanded RSV offer now extended to care home residents and those aged over 80, with delivery on track and continuing into the summer period. MB also assured that robust arrangements are in place to monitor and manage infectious disease risks, with co-ordinated oversight from Public Health Wales and UK agencies, supported by local systems and daily engagement. KW confirmed that the electronic prescribing system is delivering significant safety and efficiency benefits, improving medication accuracy and oversight, with added advantages for remote prescribing, alongside modest financial savings expected to develop over time.

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

1.7 ASSURANCE REPORTS OF THE BOARD'S COMMITTEES (PTHB/26/007)

The following Chair's Assurance Reports were received:

Audit Risk and Assurance Committee (ARAC)

SE presented the item which provided an overview of matters considered by the Committee on the 12 May 2026.

Finance and Performance Committee (F&P)

RA presented the item which provided an overview of matters considered by the Committee on the 14 May 2026.

Patient Experience, Quality and Safety Committee (PEQS)

HB presented the item which provided an overview of matters considered by the Committee on the 30 April 2026. Attention was drawn to the following matters:

- Two escalation items: Children's Neurodevelopment Services remain a standing escalated item with ongoing scrutiny at each committee meeting; People's Experience Framework recommended for de-escalation, with assurance that previous Civica system capacity issues have been significantly progressed and incorporated into the wider patient experience framework.

Planning, Partnerships and Population Health Committee (PPPH)

RL presented the item which provided an overview of matters considered by the Committee on the 18 May 2026. Attention was drawn to the following matters:

- Assurance was provided that the Executive Team is actively identifying and scrutinising proposed changes across providers, with a focus on implications

for Powys residents. Key considerations include understanding both individual and cumulative impacts of service changes across the wider system. It was noted that while direct influence over all decisions may be limited, the Health Board continues to advocate for a coordinated, all-Wales approach
- Work is also underway to identify mitigating actions to minimise potential impacts on patients wherever possible.

Executive Committee (EC)
HT presented the item which provided an overview of matters considered by the Committee between 18 March to 29 April 2026. HT drew attention to the establishment of a Financial Recovery Board in response to the Grant Thornton review, providing strengthened oversight of the organisation's financial position. A revised approach to the savings plan has been implemented, including a focused 'financial sprint' to improve delivery confidence and address the reported £14.2m gap. Early progress has been made in increasing assurance on savings delivery, with further updates to be reported to Board and WG ahead of the Escalation Board on the 02 June 2026.

HB advised that four items were escalated to the Board, including two from the PEQS Committee, one from the F&P Committee and one from the Executive Committee. Children's neurodevelopment services remain under escalation, while the People's Experience Framework (Civica capacity) has been de-escalated by the PEQS Committee, reducing the total number of escalated items to three. The organisational escalation status and NHS Wales App functionality will continue to be reported.

The Board **RECEIVED** the summary assurance reports taking **ASSURANCE** that Board Committees are fulfilling their roles and reporting accordingly to the Board.

1.8 REPORT OF THE REGIONAL DIRECTOR OF LLAIS (PTHB/26/008)

In KBs absence, the Llais report was presented to the Board.

Independent Members asked the following questions for assurance:
What actions are being taken to improve integration and coordination between health and social care services, and how is the impact of feedback being evidenced and communicated?
It was acknowledged that feedback continues to highlight challenges in coordination and communication across services. In response, a range of established partnership mechanisms are in place, including the Regional Partnership Board, Joint Executive Leadership arrangements, and regular engagement with local authority colleagues. There are examples of effective joint working, particularly within community and reablement teams, supported by collaborative approaches to safeguarding, infection control and concerns management.

Patient experience insights are routinely reviewed through established engagement arrangements and inform planning and improvement activity, including the Better Together programme. While these arrangements provide

assurance that issues are being identified and addressed, it was recognised that further work is required to strengthen integration and consistency of experience.

It was also noted that feedback mechanisms are in place through reporting to the PEQS Committee, with plans to strengthen these further as part of the developing patient experience framework. This will include improved feedback loops to demonstrate how patient input is influencing change, ensuring that stakeholders can see the impact of their contributions and maintaining confidence that concerns are heard and acted upon.

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

2. CONSENT AGENDA BUSINESS

MG suggested that future annual committee reports could be enhanced by placing greater emphasis on the impact of committee work; specifically the level of assurance gained, areas of limited assurance, and contributions to governance; rather than focusing solely on activity. HB was supportive and agreed to explore how this could be achieved in a proportionate and meaningful way for future reporting, acknowledging capacity constraints.

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

3. ITEMS FOR APPROVAL/RATIFICATION/ASSURANCE

3.1 FINANCIAL PERFORMANCE: 2025/26 MONTH 12 AND 2026/27 MONTH 01 (PTHB/26/009)

PH presented the Month 12 report to the Board, and the following key items were brought to the Board's attention:

- Reported year-end revenue overspend of £33.3m, in line with forecast, with an underlying deficit of £45m.
- Capital spend of £8.312m, delivered within the approved limit of £8.393m.
- Key cost pressures include commissioned healthcare services, CHC/complex care, mental health private providers and internal service pressures.
- Workforce vacancies continue to drive agency spend, although overall average spend has improved year-on-year (with a spike in Month 12).
- Strong performance against savings, with £22.85m delivered against a £23m target, including £10.4m recurrent savings.
- Ongoing financial risks include non-recurrent savings reliance and disputed invoices, alongside areas for improvement such as hospital delays and prescribing pressures.

Independent Members asked the following questions for assurance:
What assurance can be provided on controlling agency and locum spend, and on the review and potential reduction of costs associated with patients placed with private mental health providers?
DWL noted that agency spend remains an outlier, although improvements are being seen through ongoing recruitment, strengthened controls and targeted actions, particularly within community and mental health services, supported by a planned reduction trajectory. EL provided assurance that patients placed with private mental health providers are subject to regular multidisciplinary review, with a clear focus on repatriation where appropriate and active management of contracts and costs through the Financial Recovery Board.

How are the impacts of savings decisions assessed, particularly in terms of cumulative effects on service delivery and quality?
PH confirmed that all savings schemes are subject to proportionate impact assessments, with expected benefits defined and monitored. KW advised that ongoing oversight ensures any unintended consequences are identified early, with corrective action taken where required, supported by continuous review and triangulation of feedback.

What do savings decisions mean in operational terms and is there a risk that current actions could create future capacity or delivery challenges?
PH acknowledged that both recurrent and non-recurrent measures contribute to managing the in-year position, with a focus on reducing expenditure across services. While non-recurrent actions support the current financial position, they do not address the underlying deficit and further detail on operational impacts can be explored through the F&P Committee.

What assurance can be provided regarding the ongoing risk associated with disputed Wye Valley Trust (WVT) invoices and the level of engagement with WG?
PH confirmed that the disputed charges are not recognised by the Health Board and have been escalated to WG, who are aware of the position. The matter remains under review, with the current stance that the charges are not valid liabilities.

HT summarised and emphasised that savings are being implemented through a controlled and proactive approach, with impacts carefully assessed and transparently reported to the Board. It was noted that managing these impacts early helps mitigate the risk of more reactive and higher-risk decisions later, ensuring emerging risks are visible and actively managed.

For 2025/26 Month 12, the Board:

- **RECEIVED** the financial report and took **ASSURANCE** that the organisation has effective financial monitoring and reporting mechanisms in place.
- **CONSIDERED** the pre-audit financial performance for 2025/26 of £33.3m and the underlying deficit of £45.1m.

PH presented the Month 01 report to the Board, and the following key items were brought to the Board's attention:

- The plan remains unsupported, with reporting to include both deficit and underlying financial positions going forward.
- Savings target remains £22.9m, with enhanced reporting planned to track delivery and underlying position.
- Month 01 shows £1.7m adverse variance, driven by early slippage in savings delivery.
- Latest forecast indicates circa 70% delivery (£16m) against the savings target, with further actions required to close the gap.
- Financial Recovery Board and 'financial sprint' approach are strengthening focus and driving improvement, though the Month 01 position remains an area of concern.

Independent Members asked the following questions for assurance:
What assurance can be provided on the risk and sustainability of the current financial position, particularly given early variance and reliance on savings delivery?
PH noted concern regarding the early £1.7m adverse variance and the potential risk if this were to continue, alongside the balance between recurrent and non-recurrent savings and wider operational cost pressures. It was confirmed that strengthening the recurrent nature of savings delivery remains a key focus, with oversight through the Financial Recovery Board. While early-year volatility is recognised, further analysis of operational pressures will be undertaken as additional data becomes available, with a clear emphasis on maintaining focus on savings delivery to avoid a worsening position later in the year.

Is the recent improvement in the savings forecast linked to the financial 'sprint' activity and will this support recovery of the early variance?
PH confirmed that the financial 'sprint' activity forms part of a wider set of actions to strengthen delivery of the savings programme. This targeted approach is helping to accelerate progress, with the aim of achieving full delivery of the savings target by the end of June or sooner.

For 2026/27 Month 01, The Board:

- **RECEIVED** the financial report and took **ASSURANCE** that the organisation has effective financial monitoring and reporting mechanisms in place.
- **CONSIDERED** the financial forecast and the underlying deficit for 2026/27 of £44.652m.

3.2 INTEGRATED QUALITY AND PERFORMANCE REPORT 2025/26 MONTH 12 (PTHB/26/010)

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

- WG has requested inclusion of workforce indicators, which will be added to future reports.
- Sustained positive performance across key metrics, including Minor Injuries Units, therapies, audiology and children and young people's mental health.
- No patients waiting over 104 weeks for provider services or neurodevelopmental services at year end, achieving Board ambitions.
- Diagnostic performance improved significantly, with only one breach (endoscopy) and a zero-breach target set for next year.
- Late-year pressures noted, including six 52-week outpatient breaches (rheumatology capacity issues with WVT).
- Adult mental health measures largely achieved, with ongoing challenge in care and treatment planning due to service scale.
- Commissioned services show mixed performance, with improvements in Welsh providers, but concerns remain in English providers (e.g. Robert Jones and Agnes Hunt (RJAH) 104-week waits and commissioning disputes)

RA confirmed the report had been considered at F&P where Members were largely assured, however, concerns remain regarding the position at RJAH.

Independent Members asked the following questions for assurance:
Is the recent improvement in NHS Wales planned care waiting times likely to be sustained, and is demand levelling off?
NJ advised that the improvement in waiting times during 2025–26 was supported in part by non-recurrent Welsh Government funding. Whilst there is a strong focus on improving efficiency and productivity across NHS Wales to underpin a more sustainable position, provider health boards have indicated that sustaining performance will be challenging without further non-recurrent investment. Demand continues to be managed through service improvement and productivity measures.

Will the GIRFT (Getting It Right First Time) Review lead to further service changes across specialities, and when will it conclude?
NJ confirmed that the GIRFT Review is in the process of being finalised and identifies opportunities to maximise the use of provider facilities, including outpatient and theatre capacity. Work is underway to develop an implementation plan through the Better Together programme and operational teams, with actions expected across the top 10 areas of spend and activity, building on existing work such as orthopaedics.

What is the current position on theatre utilisation and the timeline for improvement?
NJ advised the most recent indicative theatre utilisation figure is approximately 45%, which is below the 85% benchmark. Staffing reflects available open capacity rather than full capacity, and there is scope to improve utilisation. A detailed position will be reported through Welsh Government escalation and scrutiny arrangements, with improvement actions forming part of the wider implementation planning arising from the GIRFT Review.

What is the likely impact on performance if short-term capacity is withdrawn, and how sustainable are the improvements achieved?
NJ noted performance improvements are largely sustainable and not dependent on short-term funding. Only limited temporary funding was utilised, with core trajectories, particularly for waiting times and neurodevelopmental services, driven by underlying transformation and operational improvements. Some reliance on short-term funding remains within commissioned services rather than provider services.

What is the impact of delivering improvements on staff morale, and how are teams being supported and equipped to sustain progress?
EL advised that staff morale remains strong, with high levels of engagement and ownership of improvement. Sustainability is currently maintained despite financial pressures. Key challenges relate to in-reach capacity and the small, dispersed nature of some teams, but overall confidence in workforce commitment and delivery remains high.

The Board:

- **DISCUSSED** the content of the report; and

- Took **ASSURANCE** that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.

3.3 ANNUAL DELIVERY PLAN 2025/26 QUARTER 4 (PTHB/26/011)

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

- The report demonstrates good overall progress against Board-approved priorities.
- The planning approach aligns with the organisation's strategy and wellbeing objectives, supporting compliance with the Wellbeing of Future Generations Act and longer-term planning.
- Around 9% of actions were not delivered, consistent with previous years.
- Reasons for non-delivery include: team fragility; factors outside organisational control and changing priorities during the year.
- Learning from delivery and non-delivery is reflected in future planning assumptions and processes.
- The plan reflects a wide range of requirements, including strategy, national policy, key risks and recovery expectations.

Independent Members asked the following questions for assurance:

While the report is recognised as comprehensive, transparent and improved in its presentation of outcomes, are there plans to further develop it into a more structured, evidence-based assessment of impact rather than primarily a report of activity?

NJ confirmed this aligns with the direction of travel. The 2026–27 Annual Plan strengthens the link between actions, enabling activities and performance measures monitored through the Integrated Quality and Performance Report (IQPR). This will make it easier to clearly show what the Health Board are trying to achieve and to track progress over time, moving towards a stronger focus on real outcomes and impact, not just activity.

There are a number of actions under SP11 (pathway development and commissioning cycle) with low confidence delivery; how will these be recovered in the coming year?

NJ acknowledged that SP11 was not managed as effectively as it should have been through the year, particularly in terms of change control. Once the decision was taken to commission the GIRFT review, the focus shifted to progressing its early priorities. This work is now underway, with initial opportunities expected to be taken forward in the latter half of 2026–27 and full delivery forming part of a longer-term programme of work over the next three years across the pathway areas.

Do WG provide feedback on the positive performance highlighted in the report, as well as areas for improvement?

NJ noted that while there is no formal, direct feedback on the positive elements, the reports contribute to the overall assurance WG takes from the organisation. This is reflected in the tone of ongoing discussions, although conversations tend to focus more on areas for improvement due to escalation status.

HT noted that discussions with WG mainly focus on what needs improving because of the organisation's escalation status, even though there has been good progress. There is a need to better balance this by recognising and celebrating what is going well, to support staff morale and give a fuller picture. The Health Board also recognises it could do more to clearly show its achievements and the impact of its work, which will take time to strengthen. Overall, the year reflects a significant effort from staff working in a challenging and fast-paced environment.

The Board:

- **RECEIVED** the quarter 4 (end of year) report and took **ASSURANCE** that there is a process in place for monitoring progress against plan
- **NOTED** the reports also acts as the annual summary of progress against wellbeing objectives under our requirements to the Wellbeing of Future Generations Act.

3.4 RISK MANAGEMENT (PTHB/26/012)

HB presented the Risk Management Framework, Board Assurance Framework (BAF) and Risk Appetite Statement to the Board, and the following key items were brought to the Board's attention:

- Internal audit provided reasonable assurance overall and substantial assurance for the BAF; Audit Wales recognised ongoing progress.
- Risk and assurance are increasingly integrated into Board, committee culture, reporting and scrutiny.
- No major changes to the risk appetite; proposal to adopt an overarching open risk appetite, except for quality and safety. Focus on both risk and opportunity when applying risk appetite.
- Next steps include continuing to embed frameworks across the organisation (including training and support); strengthening articulation of risk and assurance gaps in Board papers and ensuring Board and committee agendas are prioritised based on key risks and risk appetite.

SE advised that the Audit, Risk and Assurance Committee had a positive discussion and recommended the frameworks for Board approval, recognising the significant work undertaken across the organisation to embed the new approach to risk management. While there is an ongoing focus on better evidencing and measuring impact, the Committee noted clear examples where risk management is already driving action, including in digital risk, business continuity, and financial risk. Overall, there is strong evidence that the frameworks are helping to support and drive organisational change.

HT advised that managing risk across the Health Board is a key focus for the Executive Team. There are clear responsibilities in place and ongoing work to ensure staff have the tools and support they need to manage risk properly. The Executive Team regularly reviews risks together to ensure consistency and overall the approach is continuing to develop and mature.

The Board **APPROVED** the revised:

- CGP 005 Risk Management Framework
- CGP 014 Board Assurance Framework.

3.5 DIRECTOR OF CORPORATE GOVERNANCE REPORT (PTHB/26/013)

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

- Committee membership review completed (including Chairs/Vice Chairs).
- The Committee Terms of Reference had been reviewed and updated, with summaries and full documents available.
- The Board work programme is set on a rolling annual basis, aligned to requirements, risks and emerging priorities, with flexibility to adapt through the year.
- Effectiveness review update: Board questionnaire underway, with results to be reported at a future meeting.

Independent Members asked the following questions for assurance:
Is there any external benchmarking or reference point to assess how our governance compares with other health boards and identify best practice?
HB advised that benchmarking is informed through external audit (including Audit Wales and internal audit), alongside active peer networks across NHS Wales where good practice is regularly shared. Additional insight comes from professional governance bodies and national forums, providing both formal assurance and opportunities to learn from others.

Given the importance of commissioned services, could the Board work programme better bring this together to provide a clearer, joined-up view?
NJ advised that commissioning is already covered across multiple programmes, including the Annual Plan, Better Together transformation work, and the strategic commissioning framework. However, it is recognised that this may not be sufficiently visible and there is scope to present a clearer, more joined-up picture of how the work fits together.

It was agreed that HB and NJ would review how commissioning is reflected across the Board and Committee work programmes, with the aim of presenting a clearer, more joined-up picture of activity and identify how best to bring this together before reporting back with proposed improvements.
Action: Director of Corporate Governance, Executive Director Planning, Performance and Commissioning

The Board:

- **RECEIVED** the Director of Corporate Governance report.
- **RATIFIED** the Board Committee membership for 2026/27;
- **APPROVED** the changes to the Board Committees terms of reference;
- **APPROVED** the Boards annual work programme for 2026/27 noting it may change according to business need throughout the year.
- Took **ASSURANCE** Committee annual work programmes are in place;
- Took **ASSURANCE** the Board and Committee Effectiveness reviews have been undertaken for 2025/26;
- **NOTED** the update provided in relation to the Health Boards Petitions protocol.

3.6 LISTENING AND LEARNING REGULATIONS (PTHB/26/014)

PHo presented the report to the Board providing assurance that the new Listening to People (LTP) framework has been fully implemented from the 01 April 2026,

noting that good progress is being made in embedding the associated operational model, with continued implementation work underway through to the end of May. Ongoing performance updates will be reported regularly to the Board.

Independent Members asked the following questions for assurance:
How does the organisation triangulate feedback from different sources (e.g. LTP framework, public representatives, Llais and other external bodies) to ensure the public is assured that their voices are heard and acted upon?
PHo advised that the Health Board receives feedback through multiple routes, including the LTP framework, public representatives, and external organisations such as Llais. This information is consolidated and the various sources of feedback are triangulated to identify key themes, learning and areas for improvement. This process informs the Patient Experience Framework, which is due to be embedded by September, and includes arrangements to ensure feedback is provided to the public to demonstrate that concerns are heard and acted upon.

Could further assurance be provided on how the commissioning element operates within the LTP framework, beyond the brief reference in the report (e.g. workforce capability and commissioning considerations)?
PHo advised that arrangements for managing concerns in commissioned services remain broadly unchanged, with issues escalated to providers for investigation. The LTP Framework is provider-led, with Powys supporting residents to engage with providers and secure timely resolution. A new quality and assurance framework is in development, incorporating defined metrics, proactive assurance, and escalation processes, to strengthen oversight of commissioned services. There are differences for English providers, but consistent expectations would be applied. The Framework, supported by Grant Thornton, is expected to enhance assurance on quality and patient safety and inform future PEQS reporting, with completion targeted for June and implementation by July.

How can the Board be assured that approval of the policy will not lead to over-promising and under-delivering, and that the necessary capacity, systems, skills and culture are in place to support a genuine shift in how complaints are managed?
PHo confirmed that the policy represents a cultural shift towards proactive listening and early resolution, supported by staff development and a focus on embedding the appropriate behaviours, ensuring complaints are handled promptly and constructively.

The Board **RATIFIED** the All Wales Listening to People Framework as the Health Boards mechanism complaints, incidents and redress process.

3.7 MINUTES OF PREVIOUS MEETING HELD ON 25 MARCH 2026 (PTHB/26/015)

The minutes of the meeting held on the 25 March 2026 were **CONFIRMED** as an accurate record.

4. CONSENT AGENDA (PTHB/26/016)

The below reports were taken under the Consent Agenda and recommendations supported:

• **FOR ASSURANCE:** 4.1 Assurance Report of the Board's Joint Committees. • **FOR ASSURANCE:** 4.2 Assurance Report of the Board's Partnership Arrangements. • **FOR ASSURANCE:** 4.3 Assurance Report of the Board's Advisory Groups: HPF 20 March and LPF 21 April. • **FOR INFORMATION:** 4.4 Risk Matters: Strategic Risk Register; Organisational Risk Register. • **FOR ASSURANCE:** 4.5 PTHB Committee Annual Reports. • **FOR INFORMATION:** 4.6 Glossary.
5. OTHER MATTERS
5.1 ANY OTHER URGENT BUSINESS (PTHB/26/017)
No other business was raised.
5.2 DATE OF NEXT MEETING (PTHB/26/018)
24 June 2026.

Meeting closed at 13:05

Patterson,Liz
28/07/2026 15:46:29

BOARD

UNCONFIRMED MINUTES OF THE MEETING HELD ON 24 JUNE 2026 AT 09:30 HELD VIA MICROSOFT TEAMS

MEMBERS		
Carl Cooper	CC	Chair
Rhiannon Beaumont-Wood	RBW	Vice Chair
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 Hopgood	PH	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive Officer (Acting 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
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 People, Culture and Transformation
Kate Wright	KW	Executive Medical Director
Simon Wright	SW	Independent Member (University)
IN ATTENDANCE		
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
Hayley Hughes	HH	Corporate Business Manager
Liz Patterson	LP	Head of Corporate Governance (Meeting Support)
APOLOGIES FOR ABSENCE:		
Ronnie Alexander	RA	Independent Member (General) (until 12:56)
Katie Blackburn	KB	Regional Director, Llais
Nina Davies	ND	Associate Member (Director of Social Services, Powys County Council) (until 12:40)
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Hayley Thomas	HT	Chief Executive Officer
Chris Walsh	CW	Independent Member (Local Authority)

1. PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB/26/025)

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

CC provided an overview of the role of the Board, the meeting agenda and explained that this was a meeting held in public rather than a public meeting and as such, Board Members, Health Board officers and those playing a formal role in the meeting would be participating.

1.2 DECLARATIONS OF INTEREST (PTHB/26/026)

In addition to those interests already declared within the published register HB declared a formal interest on behalf of all Board Members noting the Annual Report contains remuneration and pay details for Board Members and the Board Secretary.

2. ITEMS FOR APPROVAL/DECISION

2.1 AUDIT WALES' AUDIT OF ACCOUNTS REPORT, 2025/26 (PTHB/26/027)

MJ presented the Audit Wales Audit of Accounts Report 2025/26 outlining that the key findings of the Audit had already been considered in the Audit, Risk and Assurance Committee (ARAC). An unqualified 'true and fair' opinion would be issued on the 2025/26 financial statements, however, consistent with the previous two years the regularity opinion would be qualified on the basis that the Health Board had failed to meet its first and second financial duties to operate within its revenue resource.

One significant issue was identified relating to errors in the accounting treatment of impairment. This resulted in a material amendment within the accounts, specifically a transfer between the revaluation reserve and the general fund. In addition, one uncorrected, non-material misstatement of £2.4 million remained, which did not affect the audit opinion. ARAC had confirmed its agreement with management's decision not to amend this misstatement.

The certification of the accounts was planned for Friday 26 July, in line with the required timetable. The materiality levels applied during the audit are contained within the report. Recommendations for improvement in relation to the impairment issue would be issued separately in a management memorandum, with progress to be monitored in the following year.

MJ expressed appreciation to the Director of Finance, the finance team and colleagues for their cooperation and constructive working relationships, which had supported the resolution of complex accounting issues.

PH echoed the above comments thanking the Audit team for their excellent communication and good working relationships and confirming that the team would focus on learning to improve the end of year account process.

The Board **RECEIVED** the Audit of Accounts Report 2025/26.

2.2 RECOMMENDATION FROM THE AUDIT, RISK AND ASSURANCE COMMITTEE IN RESPECT OF THE ANNUAL REPORT AND ACCOUNTS 2025/26 (PTHB/26/028)

SE presented the recommendation from ARAC to Board and drew attention to the following matters:

- The Committee acknowledged the significant organisational effort required to prepare the Annual Report and Accounts within a short timescale and formally thanked all staff involved, together with Internal Audit and Audit Wales colleagues for their continued support and contribution.
- The Committee noted that the Auditor General intended to issue an unqualified 'true and fair' opinion on the accounts but would again qualify the regularity opinion due to the failure to meet statutory financial duties, with a cumulative deficit of £61 million over three years.
- It was recognised that the deficit reflected deliberate Board decisions to prioritise performance, patient safety and outcomes. The Committee noted that this was not a sustainable position and that the Annual Plan appropriately focused on financial recovery and strengthening grip and control, alongside continued monitoring of financial controls.
- The Committee noted an uncorrected misstatement of £2.4 million identified during audit, relating to the technical accounting treatment of fixed assets. It was acknowledged that correcting this would require adjustments to both the accounts and Welsh Government funding streams.
- The Committee was assured that the misstatement did not impact the underlying financial position of the Board and supported the decision not to amend the 2025/26 accounts, with a commitment to review this matter later in the current financial year to ensure it had been resolved.
- On this basis, the Committee confirmed it was content to recommend the Board:
  - **APPROVES** the Annual Report and Accounts 2025/26, which includes:
    a) The Performance Report;
    b) The Annual Accountability Report; and
    c) The Financial Statements
  - **RECOGNISES** the accounts include a non-material but uncorrected mis-statement of £2.4m that will be actioned in future years;
  - **APPROVES** the Letter of representation; and
  - **AUTHORISES** the Chair, Chief Executive and Executive Director of Finance, Capital and Support Services to sign them where required.

2.3 Annual Report and Accounts 2024/25 (PTHB/26/029)

PH presented the Annual Report and Accounts for 2025–26 for Board approval. The accounts had been adjusted in line with the corrections set out in the ISA 260 report and were now ready for submission as part of the Annual Report.

HB provided an overview of the Annual Report comprising of the Performance and Accountability Report which had been prepared according to Auditor General and Welsh Government guidance. Feedback from key committees and stakeholders had been incorporated, governance statements had undergone external review and minor administrative amendments had been made. A small number of outstanding minor amendments would be made prior to submission including the location of two photos, the correction of attendance records for one Independent Member and a small number of typographical corrections.

Thanks were expressed to contributors and collators of the Annual Report.

Independent Members asking the following questions for assurance:
How will the £2.4m non-material misstatement be addressed and prevented from recurring?
PH advised the misstatement will be corrected through appropriate accounting transactions to bring the cumulative position fully up to date in the 2026–27 accounts. In parallel, Audit Wales recommendations will be embedded into routine processes, supported by strengthened controls and learning from a post-audit debrief to prevent recurrence and provide assurance through future reporting.

How is the Annual Report used beyond its statutory purpose, including its role as a diagnostic and planning tool, and how can it more explicitly assess and demonstrate progress in tackling inequalities?
HB confirmed that, although the Annual Report is a statutory document for the AGM, it is used throughout the year as a key reference point to support reflection, learning and improvement. She noted it informs understanding of organisational position and is regularly used by the Governance team, with further opportunity to enhance how it is communicated and brought to life for stakeholders. She also highlighted that, while inequalities are reflected in the report, this could be strengthened alongside other supporting strategies and assurance mechanisms.

NJ emphasised that the Annual Report is a core component of the planning cycle, capturing achievements and risks from the previous year. It is used as a foundation to inform future planning and prioritisation, including annual plans and the Integrated Medium Term Plan.

MB advised that inequalities are already considered particularly through the Director of Public Health's report, but there is scope to strengthen this further. The importance of more explicitly addressing deprivation, geography and access, was noted and added that programmes such as Better Together will support progress in tackling inequalities.

CC noted that detailed consideration on this matter had taken place at ARAC as detailed in the report from the Chair.

The Board:

- **APPROVED** the Annual Report and Accounts 2025/26, which includes:
  a)The Performance Report;
  b)The Annual Accountability Report; and
  c) The Financial Statements
- **RECOGNISED** the accounts include a non-material but uncorrected mis-statement of £2.4m that will be actioned in future years;
- **APPROVED** the Letter of representation (included in paper 2.1); and
- **AUTHORISED** the Chair, Chief Executive and Executive Director of Finance, Capital and Support Services to sign them where required.

3. OTHER MATTERS

3.1 ANY OTHER URGENT BUSINESS (PTHB/26/030)

No other business was raised.

5.2 DATE OF NEXT MEETING (PTHB/26/031)

29 July 2026.

Meeting closed at 10:00

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

Agenda item: 4.1

BOARD	**29 JULY 2026**
Subject:	**SUMMARY OF JOINT COMMITTEE ACTIVITY**
Approved and presented by:	Pete Hopgood, Acting Chief Executive
Prepared by:	Head of Corporate Governance
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant joint committees.

PURPOSE:

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Commissioning Committee (JCC).

It also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).

RECOMMENDATION(S):

It is recommended that the Board:

- **RECEIVE** and **NOTE** the updates contained in this report in respect of the matters discussed and agreed at recent joint committee meetings.
- Take **ASSURANCE** mechanisms are in place to report appropriately to the Board.

Approve/Take Assurance	Discuss	Note
Y	Y	Y

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

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 26 May and 21 July 2026. The papers for these meetings are available at Meeting Dates and Papers - NHS Wales Joint Commissioning Committee.

The highlight report from the meeting held on 26 May 2026 is attached at **Appendix A**. The highlight report from the meeting held on 21 July 2026 will be shared at the September Board meeting.

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 be held on 01 September 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 last met on the 20 July 2026. Papers for meetings of the SEWRJC will be available at (once published): South-East Wales Regional Joint Committee - Aneurin Bevan University Health Board. A copy of the highlight report from the SEWRJC held on 20 July 2026 is attached at **Appendix B.**

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 Committee last met in April 2026, papers will be available here once published - Regional Joint Committee (RJC) - Swansea Bay University Health Board

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.

GIG CYMRU NHS WALES | Cyd-bwyllgor Comisiynu Joint Commissioning Committee

Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee

Dyddiad y Cyfarfod / Date of Meeting	26/05/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Gareth Mitchell, Corporate Governance Manager, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Juliet Brown, Chief Commissioner, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Juliet Brown, Chief Commissioner, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
		Choose an item.

1. SITUATION/BACKGROUND

This report had been prepared to provide Health Board (HB) Chief Executive Officer Members of the Joint Commissioning Committee (JC) with a summary of the key issues considered at its public meeting on 26 May 2026.

Key highlights from the meeting are reported in Section 2.

2. HIGHLIGHT REPORT

(Links to reports highlighted **May 2026 - NHS Wales Joint Commissioning Committee**).

Status	Update
Alert / Escalate	• The **Chair's Report** noted the need to undertake a Chair's Action on 30 March 2026 following discussions at the Extraordinary Meeting of the JC held on 23 March 2026. Following the meeting, a majority of JC Members approved the following wording to approve the NWJCC Annual Plan (2026-27): The NHS Wales Joint Commissioning Committee resolved to: *APPROVE the 2026/27 plan subject to the requirement for the JCC to work collaboratively with Local Health Boards to urgently develop the 2026/27 priorities to maximise cost improvement efficiencies and savings to improve the additional financial requirement of £16.2m in year* This was reported at May's JC for consideration and ratification. • It was reported that there was currently only one Health Board (HB) CEO member of the Quality, Safety and Outcomes Sub-Committee with the need for another to ensure continuity of attendance at each meeting.
Advise	The **Chief Commissioner's Report** incorporated Director of Commissioning Reports to highlight performance and quality issues that had arisen since updates shared at Sub-Committee meetings in April 2026. These updates included: ○ **Women and Children's Services** Neonatal assurance meetings continue across providers, with the next cycle of engagement underway. These provide ongoing oversight of staffing, quality and safety, alongside supporting continued improvement following recent independent reviews. Workforce constraints within paediatric radiology at Cardiff and Vale University Health Board present a risk to sustaining a 24/7 service, with mitigation arrangements in place including locum cover and remote specialist support where required. Paediatric neurology services continue to experience capacity challenges, including reduced provision at Alder Hey Hospital and workforce changes within Wales, impacting access and equity of specialised services for patients. Mitigation actions were being progressed in partnership with health boards. ○ **Ambulance Patient Handover** Ambulance handover performance remains a significant area of system pressure. While improvement was demonstrated following renewed national focus on the 45-minute standard, performance remains variable across Wales with a total of 16,468 lost hours in March 2026. Whilst there has been some improvement, handover delays remain significantly above levels of commissioned activity. The root cause is predominantly system driven, linked to emergency department/hospital capacity, patient flow and discharge delays across HBs. Phase 2 of the Ambulance Performance Framework

Status	Update
	has further evidenced the direct correlation between hospital handover delays and lower ambulance response times in the community, indicating that this issue cannot be resolved by the provider or commissioner alone. ○ **Review of Adult Gender Incongruence Services** The NWJCC is undertaking a comprehensive review of adult gender services in NHS Wales to ensure commissioned provision is efficient, effective and delivers high-quality care aligned to current evidence and system requirements. NWJCC commissions the gender care pathway for Welsh patients, including assessment, referral and ongoing care via the Welsh Gender Service, and access to surgery through NHSE via cross-border arrangements, but does not directly commission or provide surgery itself. NHSE commissions all gender surgery services, including the surgical pathway and provider contracts. The review of the Welsh Gender Service commenced in Q1, with scoping, methodology and stakeholder engagement progressing through Q2, followed by detailed assessment of demand, capacity, quality, cost and pathway effectiveness. This work is being undertaken in the context of increasing demand and emerging findings from the parallel NHSE national review. There is a clear opportunity to align the Welsh Gender Service review with NHSE methodologies, data frameworks and emerging service specifications to ensure consistency, comparability and futureproofing across systems. The review will focus on adult non-surgical services, with consideration of pathway interfaces, and will engage key stakeholders across HBs and partner organisations. Initial findings are expected in Q3/4, with a report and recommendations to the JC thereafter. The **NWJCC Annual Plan Delivery - Strategic Priority and Deep Dive Specifications** Report was received along with nine scoping documents that provided a consistent and proportionate overview of each strategic priority area, each of which was **approved** by the JC. It was noted that the information captured through the scoping documents would support the development of more aligned and consistent reporting, monitoring and oversight arrangements across the strategic priority portfolio during 2026/27. A report on **Clinical Support Hubs and NHS 111 Digital Front End** was received. Members **approved Option 2**: allocation of funding and commissioning responsibility of the Clinical Support Hubs to the NWJCC. This was an interim measure and aligned to discussions at the NHS Wales Leadership Board. Further work would be undertaken regarding longer term arrangements.

Status	Update
	The provision of the recurrent ring-fenced allocation for the development of the NHS 111 digital platform had also been granted to the NWJCC. This will allow the NWJCC to support, more strategically, the digital front end of the NHS 111 service.
Assure	The Committee received the following Sub-Committee assurance reports: - **Quality, Safety and Outcomes Sub-Committee** - **Planning, Performance and Finance Sub-Committee** - **CTMUHB Audit and Risk Committee** The **NWJCC Organisational Risk Register** as of 31 March 2026 was received and approved. There were 14 risks with a score of 15 or above as of 31st March 2026. The **Corporate Governance Report** included updates on Welsh Health Circulars, the NWJCC Internal Audit Programme and the ongoing review of hosting arrangements between the NWJCC and CTMUHB. The JC approved the Annual Governance Statement and endorsed the updated NWJCC Standing Orders, Standing Financial Instructions and the Guidance on the Handling of Interests, which are scheduled to be approved by all Health Boards.
Inform	The **Chair's Report** summarised the JC Strategy Session held on 14 April 2026, including key planning principles for the delivery of the NWJCC plan, assurance regarding key milestones and shared definitions of each priority area and roles and responsibilities. The **Chief Commissioner's Report** included updates on: ○ **WAST Performance Indicators** - Welsh Government (WG) feedback on the Annual Plan was positive and included a request for further information on WAST Performance indicators. ○ **CAR-T Service** - Ongoing conversations in relation to surge capacity for CAR-T with alternative centres secured including Bristol, Birmingham and London. ○ **NEPTS Eligibility -** Llais asked for consultation on any potential changes to NEPTS eligibility. ○ **St Andrews** - NHS England was currently looking at alternative providers for patients with plans being developed for St Andrews to retain some capacity. This will not affect Welsh patients. A June deadline had been given for removing Welsh patients from the site. ○ **Hereditary Anaemia Service** - A business case for the Hereditary Anaemia service was being developed by Cardiff and Vale University Health Board to improve workforce resilience, there was no timeline currently scheduled for completion. ○ **Collaborative Commissioning Leadership Group –** the meeting held on 21 April 2026 considered close-out of the NWJCC Foundation Plan 2025-26, delivery arrangements for the NWJCC

Status	Update
	Annual Plan for 2026-27 and also endorsed the findings and next steps for the NWJCC referral management review across the seven HBs. The Committee received the **Month 12 Finance Report 25/26**, **Month 01 Finance Report 26/27** and the **Operational Performance Report** ○ It was agreed that granularity of the Month 2 Finance report be enhanced for scrutiny at the next Planning, Performance and Finance (PPF) Sub-Committee and July's JC meeting.
Appendices	None.

3. 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
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment

Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☒	No: ☒
	Outcome for Equality (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~ Outcome for Welsh Language (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

4. RECOMMENDATIONS

The Health Board is asked to:

- **Note** the highlights outlined in Section 2 of this report.

Agenda Item
4.1b

Cwm Taf Morgannwg University Health Board

Highlight Report from the South East Wales Regional Joint Committee

Dyddiad y Cyfarfod / Date of Meeting	30/07/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Gareth Watts, Director of Corporate Governance/Board Secretary – Cwm Taf Morgannwg UHB
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	Director of Corporate Governance / Board Secretary – Cwm Taf Morgannwg UHB
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Chief Executive – Cwm Taf Morgannwg UHB

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
South East Wales Regional Joint Committee	20/07/2026	Approved the Regional Orthopaedic Plan and approved onward submission of the Llantrisant Health Park OBC/FBC

		through constituent Health Board governance arrangements and then to Welsh Government, subject to each organisation's approval process.
Regional Development Group	10/07/2026	Approved the supporting regional work programme and papers for progression to the Committee.

Acronyms / Glossary of Terms	
SEWRJC	South East Wales Regional Joint Committee
LHP	Llantrisant Health Park

1. Introduction

1.1 This report has been prepared to provide the Board with details of the key issues considered by the SEWRJC at its public meeting on 20 July 2026. The meeting was recorded and the public-facing session considered minutes and actions, the Regional Orthopaedic Plan and Llantrisant Health Park OBC/FBC, and the regional work programme progress highlight report.

1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

2.1 The SEWRJC aims to enhance collaboration, reduce inequalities, and promote sustainable healthcare services across the regional footprint and represents a significant step toward integrated regional health governance through collaborative leadership and shared accountability among the constituent health boards and associate members.

3. Highlight Report

Alert / Escalate	No items were identified for escalation to Boards on this occasion. The Committee did, however, note key delivery risks and dependencies associated with ongoing regional work that

	will require continued oversight through individual Health Board governance arrangements.
Advise	**Regional Orthopaedic Plan and Llantrisant Health Park OBC/FBC:** The Committee considered the public-facing report alongside acknowledgement that the detailed OBC/FBC had been considered through the private/confidential governance route because it contains commercially sensitive financial, procurement and delivery assumptions. The Committee noted that the LHP OBC/FBC forms a key enabling component of the Regional Orthopaedic Plan, supporting the proposed use of Llantrisant Health Park to increase regional lower limb arthroplasty capacity, accelerate backlog reduction and contribute to a more sustainable regional service model. The Committee also noted key delivery dependencies including workforce capacity, digital and data requirements, funding, pathway standardisation and shared regional governance arrangements. Following discussion, the Committee approved onward submission of the OBC/FBC through Aneurin Bevan, Cardiff and Vale and Cwm Taf Morgannwg University Health Board governance arrangements and then to Welsh Government, subject to each organisation's own approval process. The Committee also approved the Regional Orthopaedic Plan as the regional route map for recovery, stabilisation and long-term sustainability. **Powys implications and engagement:** The Committee noted the implications for Powys residents who currently travel into provider Health Boards for hip and knee replacements, and the importance of ensuring ongoing engagement with the Powys population alongside engagement with provider Health Board communities.
Assure	**Regional planning and delivery assurance:** The Committee received assurance that the Orthopaedic Plan has been clinically led and supported by operational, workforce, finance and planning colleagues across the region. The plan describes a phased approach: optimising existing facilities and services; using Llantrisant Health Park to accelerate backlog reduction; and establishing a sustainable regional model for lower limb arthroplasty services.

	The Committee recognised that the approach is both about increasing capacity through LHP and making better use of existing resources, including efficiency opportunities that support movement towards demand and capacity equilibrium. Key risks and dependencies acknowledged included workforce availability, digital and data requirements, capital and revenue funding, pathway standardisation, shared regional governance arrangements and continued leadership support. **Regional work programme progress:** The Committee noted significant progress on the Regional Orthopaedic Plan, including consistent demand and capacity modelling, workforce baselining, financial modelling and consistent pre-assessment pathway development. Regional cataract services delivered more than 25,000 procedures in the last financial year, nearly 600 ahead of plan, with the total waiting list reduced by approximately 10,000 cases. Progress was also reported on diagnostics, including securing a supplier to support radiology and endoscopy delivery at the Regional Diagnostic Hub aligned to Llantrisant Health Park; pathology work on standardisation and shared information; and procurement of an organisational design partner, which is in the final stages to support maturation of regional structures, Board development and ways of working.
Inform	The unconfirmed minutes of the meeting held on 24 February 2026 were approved as a true and accurate record. There were no open actions on the action log and no additional declarations of interest were raised. The Chair also recorded thanks to Suzanne Rankin for her leadership of Cardiff and Vale within the SEWRJC and for her contribution to regional collaboration across South East Wales. The next meeting of the SEWRJC is scheduled for 3 September 2026 at 2.00pm.

3. Assessment

Objectives / Strategy	
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 Healthier Wales
	If more than one applies please list below: The work also has relevance to a More Equal Wales, A Prosperous Wales, A Wales of Cohesive Communities, A Wales of Vibrant Culture & Thriving Welsh Language and A Globally Responsible Wales.
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Whole-systems Perspective
	If more than one applies please list below: The programme also supports Culture & Valuing People, Data to Knowledge, and Leadership, Learning, Improvement & Research.
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Equitable
	If more than one applies please list below: The work has relevance to Equitable, Timely, Effective, Efficient, Safe and Person-centred domains of quality.
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce
	If more than one applies please list below: The regional approach is intended to make more effective use of existing capacity and estate and supports further opportunities to refine, reuse and repurpose resources.

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This Highlight Report summarises matters considered by the Committee. Quality assessment requirements will be addressed through the relevant programmes and business cases.
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate):	If no, please include rationale below: No for this Highlight Report. The LHP Programme has separately completed Equality and Welsh Language Impact Assessment work to support consideration of impacts, mitigations and ongoing monitoring.
Cyfreithiol / Legal	Yes (Include further detail below)	
	The Committee noted reliance on constituent Health Board governance processes and Welsh Government consideration, alongside the need for appropriate shared regional governance arrangements.	
Enw da / Reputational	Yes (Include further detail below)	
	There are reputational implications associated with delivery of the regional programme, including public confidence in timely access to planned care and the Health Board's contribution to regional collaboration.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	There is a requirement to resource the Committee's programmes of work. This will need to be drawn from existing resources dedicated to regional activities, alongside opportunities to reduce duplication between Health Boards.	

4. Recommendation

4.1 The Board is asked to:

- **NOTE** the highlights outlined in section 3 of this report; and

- **NOTE** that the Regional Orthopaedic Plan and Llantrisant Health Park OBC/FBC will progress through constituent Health Board governance arrangements and then to Welsh Government, subject to each organisation's own approval process.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 4.2

BOARD	**DATE OF MEETING: 29 JULY 2026**
Subject:	**SUMMARY OF PARTNERSHIP BOARD ACTIVITY**
Approved and presented by:	Pete Hopgood, Acting 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).

RECOMMENDATION(S):

It is recommended that the Board:

- **RECEIVE** and **NOTE** the updates contained in this report in respect of the matters discussed and agreed at recent partnership board meetings.
- Take **ASSURANCE** mechanisms are in place to report appropriately to the Board.

Approve/Take Assurance	Discuss	Note
Y	Y	Y

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

8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

Powys Teaching Health Board is a member of the following partnership boards. This report provides an update in relation to the work of these Partnership Boards.

NHS Wales Shared Services Partnership Committee (NWSSPC): established under Velindre NHS Trust which is responsible for exercising shared services functions including the management and provision of Shared Services to the NHS in Wales.

The Shared Services Partnership Committee met on 25 June and 16 July 2026. The papers for these meetings are available at: Shared Services Partnership Committee (SSPC) - NHS Wales Shared Services Partnership. The assurance report from the meetings held on 14 May and 25 June 2026 are attached at **Appendix 1.** The report from the meeting on 16 July 2026 will be presented to the July Board meeting.

The next meeting is scheduled for 17 September 2026.

The Powys Public Services Board (PSB): established by the Well-being of Future Generations (Wales) Act 2015. Its role is to improve the economic, social, environmental and cultural well-being of Powys through better joint working across all public services. This includes a yearly review of the Powys Wellbeing Plan to show progress. Papers for Public Service Board meetings are available at: Browse meetings - Public Service Board Cyngor Sir Powys County Council (moderngov.co.uk)

The PSB has not met since the last meeting of Board. The PSB met on 25 June 2026 where the following items were discussed:

- Workstream updates:
  - Responding to the climate emergency
  - Undertaking a Whole System approach to Healthy Weight
  - Evidence and Insight
- PSB Annual Progress Report
- Well-being Assessment: Endorsement to publish for consultation
- Well-being Assessment: Consultation Engagement Plan

The next meeting of the PSB is scheduled for 24 September 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 last met on the 24 June 2026 where the following matters were considered:

- RPB Terms of Reference and Leadership arrangements (approval)
- Regional Integration Fund (assurance)
- Strengthening community wellbeing and delivery of preventative services in Powys – Phase 1 report (approval)
- RPB Citizen Carers Charter (assurance)
- Continuing Health Care (assurance)
- RPB Annual Report 2025/26 (approval)

The next meeting of the RPB is scheduled for 23 September 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 (SSPC)**
Chaired by	Huw Thomas, Executive Director of Finance at Hywel Dda University Health Board and Vice Chair of SSPC
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 May 2026

Summary of key matters including achievements and progress considered by the Committee and any related decisions made

Managing Director's Update Report - The Managing Director presented a comprehensive update on key developments across NWSSP since the previous meeting, highlighting continued organisational maturity and impact as the organisation marked its 15-year anniversary, with sustained delivery of value, innovation and partnership across NHS Wales. Governance and accountability arrangements remain under development through the Implementation Group, supported by ongoing engagement, alongside positive external visibility following the Chief Executive's visit to IP5.

A balanced financial position was confirmed (subject to audit), including delivery of the £6m savings requirement to NHS Wales and Welsh Government, alongside full utilisation of capital funding to support strategic infrastructure, digital, estates, decarbonisation and resilience priorities. Ongoing focus on the Welsh Risk Pool was noted, supported by Welsh Government investment, with further work required to address emerging reimbursement pressures.

An update was provided in relation to development of key national programmes including Transforming Access to Medicines (TrAMS) and the Future Workforce Solution. While positive progress was noted in TrAMS, including advancements across regional hub developments and digital solutions, risks remain in relation to organisational approvals and Welsh Government sign-off, with potential delays linked to the formation of the new government. The Future Workforce Solution programme continues at pace but is impacted by external dependencies, including delays in documentation and outstanding clarity on system functionality.

Reasonable assurance was reported for the Single Lead Employer model following internal audit, with improvement required in specific operational areas, particularly sickness management processes, which the Committee noted as a shared responsibility. Significant risks associated with Resident Doctors' contract reform were highlighted, including operational, financial and compliance implications, with further detailed scrutiny provided to the Committee in the deep dive presentation.

The overarching report provided the Committee with updates across a broad portfolio, including Transforming Access to Medicines (TrAMS), Radiopharmacy and the Hub Programme; the NHS Wales Influenza Vaccination Programme; Primary Care Services;

Laundry Services; decarbonisation and adaptation activity; engagement and leadership activity; and awards and recognition.

In addition, the Committee was advised of the most recent developments in relation to senior appointments, including the appointment of Dr Martin Edwards as Medical Director, following the retirement of Dr Ruth Alcolado in March 2026; ongoing recruitment to the Deputy Medical Director role; and progress in the Chair's recruitment process, with interviews scheduled for 15 June 2026. Confirmation is awaited regarding Tracy Myhill OBE remaining in post until 30 June 2026.

The Committee **NOTED** and **DISCUSSED** the Managing Director's Update Report.

Deep Dive Presentations

Implementation of the Resident Doctor Contract Reform - The Committee received a detailed presentation on the implementation of the Resident Doctor contract reform, noting progress across a range of workstreams in line with a challenging timetable for the August 2026 go-live date. This included advancements in system development, contractual negotiations, policy development and organisational engagement. It was noted that the majority of contractual terms have been agreed with the British Medical Association (BMA), with final documentation nearing publication, and that associated policies are progressing through governance arrangements. The e-rostering system remains a key dependency, with revised timelines and interim arrangements in place to mitigate risks and support ongoing delivery. Variability in organisational readiness was recognised, alongside continued work to ensure compliance with rota requirements and to evidence workforce needs.

Key risks were highlighted in relation to workforce capacity, financial implications and the requirement for additional staffing to accommodate reduced working hours under the new contract. Mitigating actions, including enhanced workforce planning, bank usage and continued scrutiny of additionality requirements, were noted. The Committee was advised that programme governance arrangements are robust, supported by an active risk register and clear escalation processes.

Further assurance was provided through evidence of improved engagement across organisations, positive recruitment fill rates and progress in system solutions to support transition. Committee Members raised a number of queries relating to governance coverage, readiness assurance, benefits realisation, rota impact assessment and workforce additionality. It was confirmed that readiness is being monitored through structured processes and regular reporting, with post-implementation evaluation planned to assess outcomes and inform future phases.

Radiopharmacy at IP5 - The Committee received a presentation on the development of the new Radiopharmacy facility at IP5, noting significant progress and the successful completion and handover of the purpose-built facility in April. Commissioning is currently underway, with the programme progressing through a structured internal qualification phase to ensure that the facility, equipment, processes and workforce meet all required regulatory and operational standards. The specialised nature of Radiopharmacy services was acknowledged, including the complexity of manufacturing short shelf-life medicines and the requirement for robust quality assurance, safety and distribution processes. The comprehensive design of the facility, incorporating clean room environments, specialist equipment and controlled workflows aligned to stringent regulatory requirements was recognised.

The complex regulatory landscape was highlighted, with oversight from multiple bodies, and the need to ensure full compliance across environmental, staff safety and medicines regulation standards including updates to various licenses. The qualification process includes detailed testing and validation prior to progression to operational use. Plans for service implementation remain on-track for summer 2026, with a phased approach to go-live. Initial service delivery will be limited to Aneurin Bevan University Health Board to support workforce training and operational readiness, before scaling to a broader all-Wales service. Arrangements to maintain continuity of supply during transition, including collaboration with Swansea Bay University Health Board, were also noted.

Additionally, the Committee observed the virtual tour of the facility, providing assurance regarding the infrastructure, layout and technical capabilities supporting delivery.

The Committee **NOTED** the updates provided in relation to the implementation of the Resident Doctor Contract Reform and Radiopharmacy at IP5.

Items for Approval

NWSSP Performance Management Framework – The Committee **DISCUSSED** and **APPROVED** the application of the Performance Management Framework as set out in the paper and **NOTED** that elements may be subject to change pending revisions to Welsh Government accountability arrangements. The Committee was assured that arrangements are established and operating as intended, supported by regular and comprehensive performance reporting. The Framework provides clear oversight, aligned reporting and ongoing engagement with NHS Wales organisations, underpinned by defined governance principles and accountability through the Managing Director, as Accountable Officer.

NWSSP Duty of Quality Annual Report 2025–26 - The Committee **APPROVED** the NWSSP Duty of Quality Annual Report 2025–26, noting continued maturity in the organisation's approach to quality, with strengthened governance, enhanced visibility and a clear focus on delivering measurable outcomes across NHS Wales. The proportionate, system-wide approach to quality management was recognised, alongside ongoing development of an overarching quality management system to support continuous improvement.

Items for Noting

Chair's Appointment - The Committee **NOTED** the update regarding the Chair's appointment process, including progress and confirmation of interviews scheduled for 15 June 2026, with final shortlisting feedback awaited and interim arrangements in place, with the current Chair agreeing to remain in post to ensure continuity.

Finance, Performance, People, Programme and Governance Updates

Finance Report – The Committee noted the draft financial position for 2025/26, subject to audit, confirming the revenue position closed broadly in line with forecast, achieving a small surplus of £9k. Savings of £6.7m were delivered, including £0.7m applied to the National Insurance funding shortfall, with the remaining £6m returned to partners. Capital expenditure of £11.7m was achieved and delivery of key capital investments was noted, including Radiopharmacy developments and estates decarbonisation schemes, such as solar panels, electric vehicle infrastructure and hot water reclamation. The Welsh Risk Pool outturn of £192m was reported in line with forecast, supported by Welsh Government funding and Risk Share Agreement contributions, with continued growth in liabilities highlighted, including a £246m increase in provisions to £1.957bn and contingent liabilities

rising to £1.2bn. Committee Members acknowledged the achievement of a balanced position while noting the scale of Welsh Risk Pool liabilities as a significant system pressure.

People and Organisational Development (POD) Report – The Committee noted the updated reporting format and the latest workforce position, with sickness absence remaining broadly stable, albeit above target in some areas, and turnover slightly above the NHS Wales average but trending downward and aligned with comparable organisations. Strong performance was noted in key areas, including PADR compliance at 85.62%, and time to hire remaining well within target, at approximately 55 days. Continued progress was reported across learning uptake, corporate induction improvements and workforce planning, supported by enhanced data and improved leavers' feedback, through increased response rates. It was confirmed that areas requiring improvement have been escalated to divisional Senior Management Teams, for action.

Performance Information Report – The Committee noted overall performance against key performance indicators for the period December 2025 to March 2026, with strong performance reported and ongoing engagement with organisations through quarterly reporting arrangements. It was highlighted that this represents the final year of reporting in the current format ahead of revised strategic objectives for 2026/27. Three indicators were reported as amber, including Audit and Assurance turnaround performance, impacted by delays in management responses, and customer satisfaction measures within Digital Workforce Solutions and Central Team e-Business Services, with contributory factors including system migration issues, staffing pressures and challenging scoring thresholds. Mitigations were noted as in place, with continued focus on partnership working and benchmarking to support improvement.

Outcome Measures Report – The Committee noted performance against outcome measures aligned to NWSSP's strategic objectives, with enhancements to reporting including increased use of statistical process control and expanded operational and customer metrics. Strong performance was reported across most service areas, with customer satisfaction targets achieved, as noted above. Increased operational activity was highlighted, including call volumes of approximately 17,000, meeting performance targets. Workforce indicators remained stable, with turnover aligned to sector benchmarks, and value measures demonstrated continued contribution to the foundational economy, with 44% of spend with Welsh suppliers. The inclusion of 'Voice of the Customer' appendix provided assurance through a summary of individual customer conversations, demonstrating that urgent matters are addressed promptly while highlighting key themes emerging from customer feedback.

Transformation Management Office (TMO) Update Report – The Committee noted the update on the TMO portfolio, including a refined approach to benefits realisation to strengthen reporting of value and impact. The portfolio currently comprises 17 projects, 2 programmes and 6 service improvement initiatives, with the majority of activity aligned to All Wales priorities. Generally positive delivery was reported, with key updates including completion of the TrAMS Radiopharmacy project and transition to post-project evaluation, improved progress within the Welsh General Ophthalmic Services (WGOS) contract reform programme, and ongoing delays to the Legal and Risk case management system, due to technical stabilisation issues. Assurance was provided that risks and mitigations are actively managed and that overall delivery remains within expected parameters.

Draft NWSSP Annual Governance Statement (AGS) 2025–26 – The Committee noted the draft publication, recognising its importance within the organisation's assurance framework and its role in providing transparency to the Committee, Velindre University

NHS Trust (as host) and wider stakeholders. The AGS reflects governance, risk management and internal control arrangements, including consideration of the Welsh Government-commissioned Independent Review of Accountability & Governance and a balanced assessment of strengths and areas for development. Committee Members were invited to provide further comments ahead of finalisation and approval, at NWSSP Audit Committee on 15 June 2026.

NWSSP Corporate Risk Register – The Committee noted the current position within a dynamic operating environment, with 17 risks for action identified including six rated red and 11 amber. Key red-rated risks relate to cyber security, pharmaceutical supply, delivery of Radiopharmacy and TrAMS developments, financial and workforce pressures, the Future Workforce Solution and Welsh Risk Pool forecasting. It was noted that certain risks are being maintained within risk appetite where full mitigation is not achievable, with ongoing monitoring and management actions in place. Assurance was provided that Committee business is aligned to the NWSSP Corporate Risk Register, supporting focused scrutiny and forward planning, with further detailed consideration of cyber security risks scheduled for a future meeting.

The Committee **DISCUSSED** and **NOTED** the above Reports.

Items for Information

The Committee received the following items for information:

- Finance Monitoring Returns (Month 12 of 2025-26)
- Personal Protective Equipment (PPE) Report
- Audit Wales Audit Assurance Arrangements for NWSSP 2025-26
- NWSSP Internal Audit Plan, Mandate and Charter 2026-27
- NWSSP Counter Fraud Plan 2026-27
- SSPC Forward Plan 2026-27

Part B - Private

The Committee **NOTED** and **ENDORSED** the proposed approach as set out in the Welsh Risk Pool Update.

Extraordinary (Private) Meeting of the SSPC Held on 25 June 2026

At its extraordinary meeting on 25 June 2026, the Committee (SSPC) **NOTED** that the appointment process for the new Chair had been undertaken in accordance with the SSPC Standing Orders and **APPROVED** the recommendation of the appointment panel chaired by an Independent Assessor appointed by Welsh Government.

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	Thursday 16 July 2026, 10.00am to 12.00pm

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 4.3

BOARD	**29 JULY 2026**
Subject:	**Summary of Activity of the Board's Advisory Groups**
Approved and presented by:	Helen Bushell, Director of Corporate Governance / Board Secretary
Prepared by:	Head of Corporate Governance
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 Advisory Groups.

RECOMMENDATION(S):

The Board is asked to:

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

Approve/Take Assurance	Discuss	Note
Y	N	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	N	The LHB Local Partnership Forum (LPF) is the formal partnership mechanism where the Health Board's Managers and Trade Unions work together to improve health services for the citizens of Powys. It is the forum where key stakeholders will engage with each other to inform thinking around national and local priorities on health issues.
2. Provide Early Help and Support	N	
3. Tackle the Big Four	N	
4. Enable Joined up Care	N	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	N	
7. Put Digital First	N	
8. Transforming in Partnership	Y	

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:

The **Local Partnership Forum (LPF)** whose 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 13 July 2026. A summary Chair's Report from this meeting is attached at **Appendix A**. A full Chair's Report will be provided to the next meeting of Board

The **Healthcare Professionals Forum (HPF**) provides a formal mechanism for registered healthcare professionals to offer independent, multidisciplinary clinical advice and assurance to the Board and its committees on workforce, quality, safety and service planning.

The HPF were scheduled to meet on 09 July 2026, however for a number of logistical and availability reasons, this meeting has been deferred, and the forum will next meeting on the 03 November 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**
Committee Chair	Cathie Poynton
Date of last meetings:	13 July 2026
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 Local Partnership Forum meeting on 13 July 2026.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the Local Partnership Forum is set out the Terms of Reference pages 9-19.

3. HIGHLIGHT REPORT

Local Partnership Forum agendas and papers are available to Board Members on request to the Corporate Governance Team.

Escalate/Alert	There were no matters to escalate/alert.
Advise	There were no matters to advise.
Assure	The following matters were considered: • Better Together Update including Temporary Service Changes • Finance Report Month 02 2026/27

	• Executive Director of People, Culture and Transformation Summary Report • Workforce Performance Report
Inform	• Chief Executive Report from May Board 2026 • Work Programme 2026/27
NEXT MEETING: 12 October 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
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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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 4.4

BOARD	**29 JULY 2026**
Subject:	Powys Health Charity Strategy 2026 - 2030
Approved and presented by:	Helen Bushell, Director of Corporate Governance / Board Secretary
Prepared by:	Head of Charity
Other Committees and meetings considered at:	Charitable Funds Committee 08 June 2026 (and at several other meeting over the past year) – who recommend the Strategy to the PTHB Board.

PURPOSE:

This paper positions the Powys Health Charity strategy for approval by the PTHB Board as proposed by the Charitable Funds Committee.

RECOMMENDATION(S):

The Board is asked to:

- **APPROVE** the Charitable Funds Strategy 2026-2030.

Approve/Take Assurance	Discuss	Note
Y	N	N

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

EXECUTIVE SUMMARY:

The Powys Health Charity Strategy 2026 – 2030 has sought input from key stakeholders, the Executive team and the Trustees. The strategy is now shared with the PTHB Board for approval.

Over the last six months, the Charitable Funds Committee received an substantive update on the strategy development, its approach and feedback.

The strategy was also presented to the PTHB Board Development session in May 2026 for informal feedback.

Suggestions for amendment of the Strategy from that meeting included the:

- Refinement of the Vision & Mission
- Review of the Values and how they were presented
- Determination of clearer definitions of impact, measurable outcome and delivery of the actions to deliver the Strategy

Supporting the Strategy is the first annual plan identifying actions to help deliver the Strategy. The actions fall under the four Key Ambitions of the Strategy, beneath which are the main actions supporting the Ambition

Ambition 1 - Spend charity funds fairly, wisely and with compassion
Working with appropriate stakeholders develop long-term expenditure plans
Safe, compliant and efficient investment for the charity's longevity
Encourage and invest in prevention services to address health factors earlier
Embrace innovation to enhance patient experience, staff wellbeing and community relationships
Ambition 2 - Grow income and raise awareness
Develop a comprehensive, three-year fundraising strategy with ambitious but realistic targets
Establish a Charity team structure that ensures effectiveness alongside sustainability
Validate Powys Health Charity as the official charity of Powys Teaching Health Board
Review how we communicate, what we communicate and where we communicate
Ambition 3 - Foster mutually beneficial connections to enhance active inclusion and empowering participation
Build trust within the organisation and the community
Seek participation across every level of the NHS empowering the generation of ideas
Recognise the good, support improvement where necessary and inspire participation
Deliver high quality effective, simple services
Ambition 4 - Govern with honesty and integrity
Administer the Charity through effective and efficient governance principles
Promote and live the values of the charity
Be compliant to regulation and standards in everything we do
Deliver simple, honest, efficient monitoring and reporting outcomes

An associated budget and risk register are also in place and reported as appropriate to the Charitable Funds Committee.

APPROACH:

Having sought input from key stakeholders, Executive Committee, the PTHB Board through a Board Development session and Charity trustees, the Powys Health Charity Strategy 2026 – 2030 is now presented for your consideration and approval.

IMPACT ASSESSMENT					
This section must be completed for all strategic organisational decisions including approval of health board policies.					
QUALITY:					
	No impact	Negative	Positive	Both	A Quality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Duty of Quality processes (under development). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Quality Impact Assessment should be available as a supporting document to inform the decision making process.
Safe	✓				
Timely	✓				
Effective	✓				
Efficient	✓				
Equitable	✓				
Person Centred	✓				
Workforce	✓				
Leadership	✓				
Culture	✓				
Information	✓				
Learn, Improve, Research	✓				
Whole Systems Approach	✓				
EQUALITY:					
	No impact	Negative	Positive	Both	An Equality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Equality Impact Assessment policies and procedures (CGP009). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Equality Impact Assessment should be available as a supporting document to inform the decision making process.
Age	✓				
Disability	✓				
Gender reassignment	✓				
Marriage / civil partnership	✓				
Pregnancy / maternity	✓				
Race	✓				
Religion or Belief	✓				
Gender	✓				
Sexual Orientation	✓				
Welsh Language	✓				
Socio-economic status	✓				
Social exclusion	✓				
Carers	✓				
RISK ASSESSMENT:					
	Level of risk identified				A Risk Assessment should be undertaken for all reports requesting approval, ratification or decision in line with health board Risk Management Framework CGP005. In this space you should briefly describe the key risks and the steps being taken to manage them, and also how these risks relate to the Board's stated Risk Appetite.
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)	
Clinical	✓				
Financial	✓				
Corporate	✓				
Operational	✓				
Reputational	✓				


Elusen Iechyd Powys
Powys Health Charity
Powys Health Charity
Strategic Plan 2026 - 2030

Table of Contents

1. Powys Health Charity, a brief history

2. Strategic Planning Process

3. Vision, Mission & Values

4. Current state analysis

5. Our strategic ambitions

6. Turning the Strategy into reality

1. Powys Health Charity, a brief history

Powys Teaching Health Board's Charitable Fund was formally created on the 28 May 2004 by a 'Deed of Arrangement' and replaced the Powys Health Care NHS Trust Charitable Fund, which had been in existence since 26th July 1996, following the transfer of charitable funds from Dyfed Powys Health Authority.

The Charity has an umbrella Charity registration under which funds are registered together under a single 'main' registration number.

Powys Health Charity is the official charity of Powys Teaching Health Board and comprises of a small team dedicated to the oversight and management of an annual income of currently c£290,000 and an average annual expenditure of currently £340,000.

Charitable funds 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.

Powys Teaching Health Board provides health services for the approximately 133,000 people living in Powys, a large and very rural county of approximately 2,000 square miles. The very rural nature of Powys means that the majority of local services are provided locally, through GPs and other primary care services, community hospitals and community services. The core purpose of Powys Teaching Health Board is to help to improve health and wellbeing among the population of Powys (including by working in partnership with others) and to plan, commission and provide high quality healthcare services to the population of Powys.

Powys Teaching Health Board is the Corporate Trustee of the Charitable Funds governed by the law applicable to Local Health Boards, principally the Trustee Act 2000 and the law applicable to Charities, which is governed by the Charities Act 2022.

The Board devolves responsibility for the ongoing management of the charity to the Charitable Funds Committee who administer the funds on behalf of the Corporate Trustee.

The Charity was rebranded during 2024 adopting the overlapping colourful hearts as its focal logo. Powys Health Charity became members of the Fundraising Regulator in 2025, demonstrating the compliance to the regulation of any fundraising and promotional events or campaigns. Also in 2025, the Charity launched its public website and the Head of Charity was appointed to guide, support and help steer the Charity through management and growth.

2. Strategic Planning Process

This strategic plan represents a three-year planning cycle for Powys Health Charity. The key elements of the strategic planning process are outlined in Figure 1 below

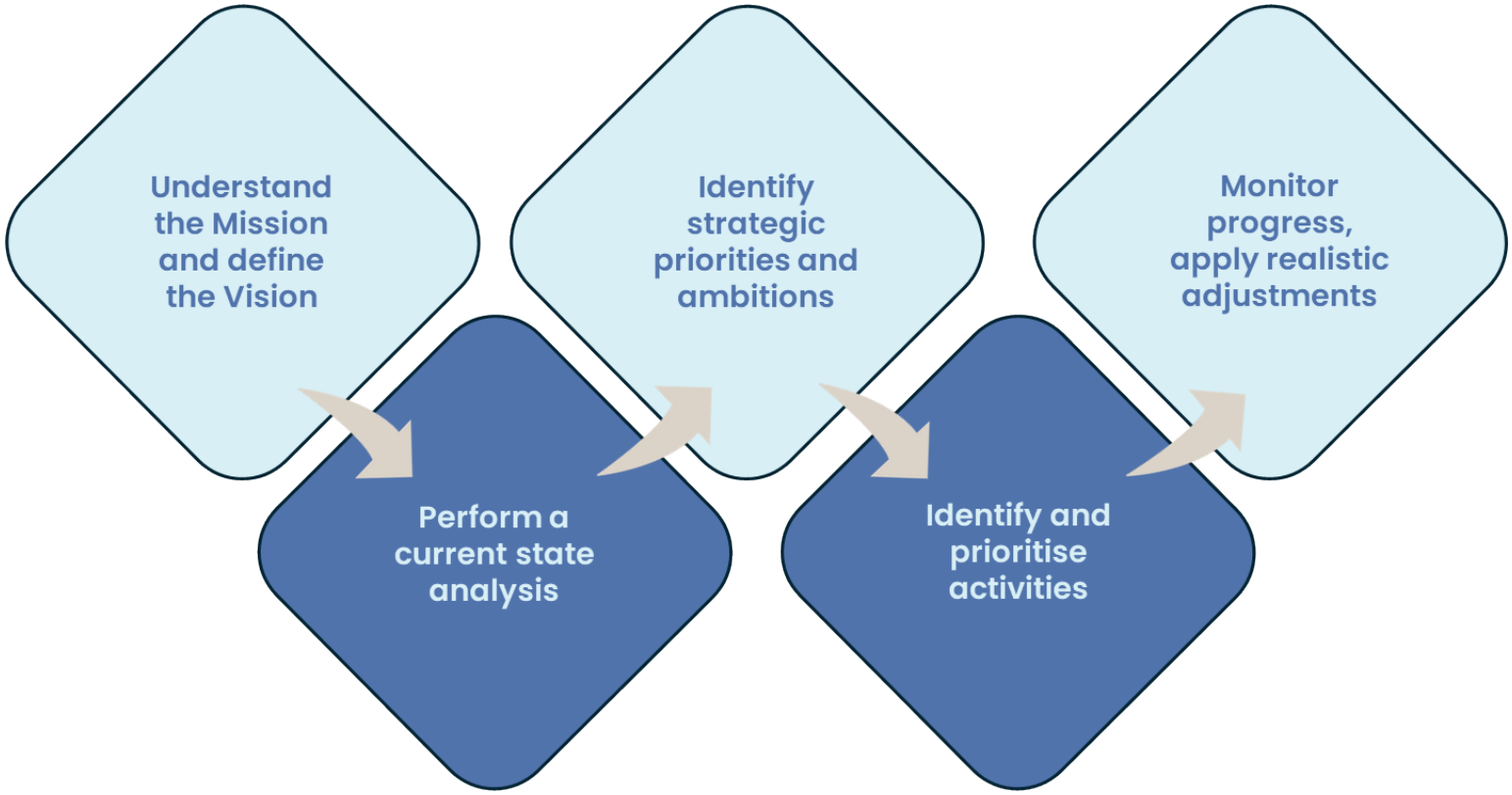


Figure 1. Strategic Planning Process

3. Vision, Mission & Values

Vision

The Powys Health Charity Vision is our ideal state; it is at the heart of where we want to be in the future.

To be recognised as a leading health and wellbeing Charity taking care of the people of Powys

Mission

The Powys Health Charity Mission sets out why we exist, the purpose and who we support.

To transform lives across Powys by investing in projects and partnerships that enhance wellbeing, strengthen NHS services, empower the workforce, and build a more inclusive and sustainable future for our communities

Values

Our Values are a source of guidance, setting out what the Charity stands for

Compassion

Providing a sense of purpose to inspire commitment and an internal energy to motivate action and overcome obstacles in the pursuit of enhancing beneficial outcome

Inclusive

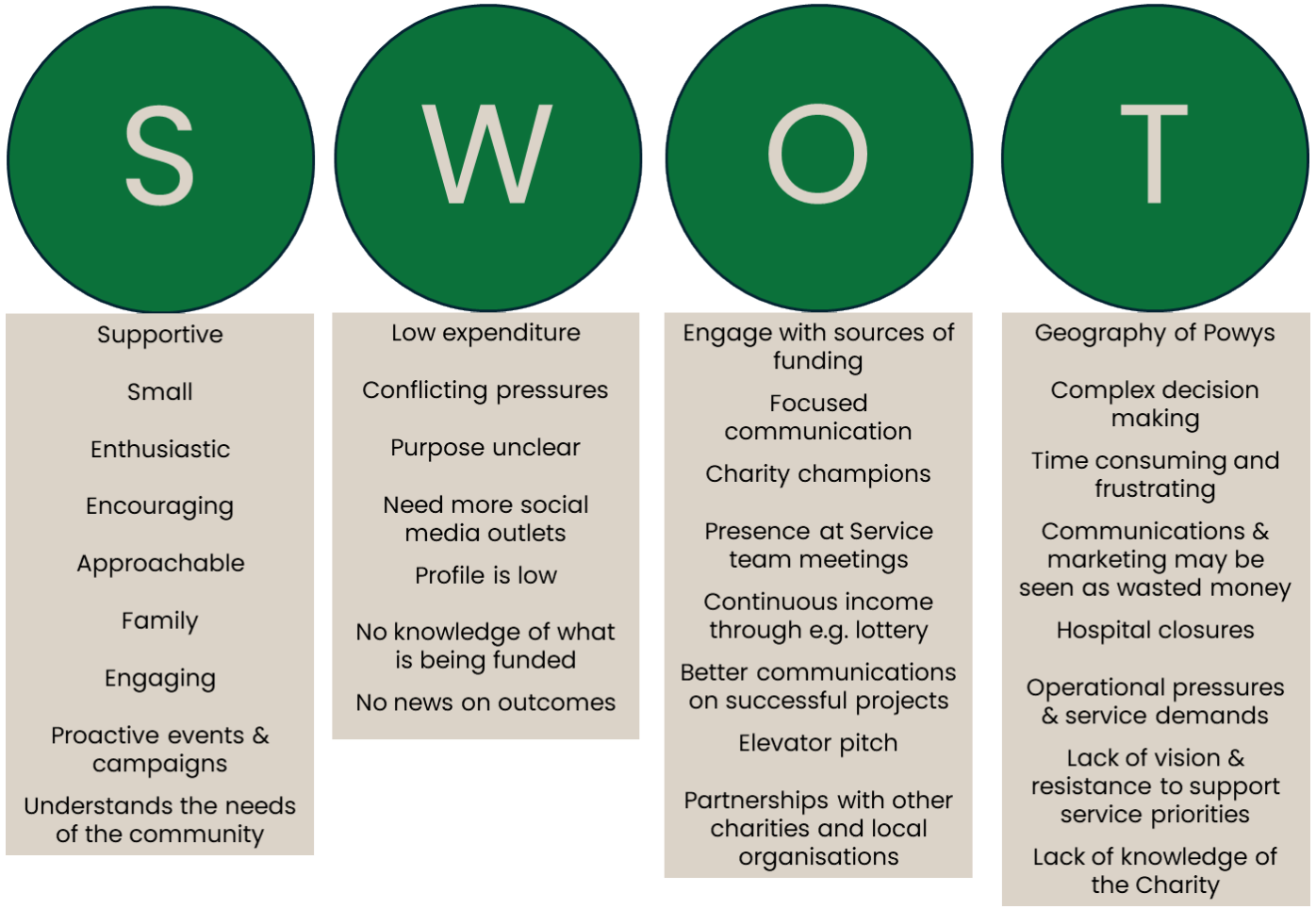
Actively ensuring the equality of every individual, regardless of their background or differences, so they are welcomed, respected, valued, and empowered to participate fully in all aspects of the charity

Enabling

Fostering a culture of open-mindedness that drives innovation, improves relationships, ensures effective problem-solving, and increases creativity

4. Current State Analysis

Working with stakeholders the Charity conducted a SWOT analysis to help understand the current state of the Charity and to help visualise this strategy. Some of the feedback is shared below.



5. Our Strategic Ambitions

Based upon our mission, vision, values and the current state analysis, we have determined five strategic ambitions that will assist us to get where we want and need to be.

Ambition 1

Spend charity funds fairly, wisely and with compassion

Activity to achieve this ambition:

- Working with appropriate stakeholders to develop long-term expenditure plans
- Safe, compliant and efficient investment for the charity's longevity
- Encourage and invest in prevention services to address health factors earlier
- Embrace innovation to enhance patient experience, staff wellbeing and community relationships

Ambition 2

Grow income and raise awareness

Activity to achieve this ambition:

- Develop a comprehensive, three-year fundraising strategy with ambitious but realistic targets
- Establish a Charity team structure that ensures effectiveness alongside sustainability
- Validate Powys Health Charity as the official charity of Powys Teaching Health Board
- Review how we communicate, what we communicate and where we communicate

Ambition 3

Foster mutually beneficial connections to enhance active inclusion and empowering participation

Activity to achieve this ambition:

- Build trust within the organisation and the community
- Seek participation across every level of the NHS empowering the generation of ideas
- Recognise the good, support improvement where necessary and inspire participation
- Deliver high quality effective, simple services

Ambition 4

Govern with honesty and integrity

Activity to achieve this ambition:

- Administer the Charity through effective and efficient governance principles
- Promote and live the values of the charity
- Be compliant to regulation and standards in everything we do
- Deliver simple, honest, efficient monitoring and reporting outcomes

6. Turning Strategy into reality

This strategic plan represents a four-year planning cycle for Powys Health Charity from 2026 to 2030. This allows Powys Health Charity to align with Powys Teaching Health Boards and its partners in the review of the Health & Care Strategy.

The delivery of the strategy will be through the agreement of an annual business plan approved by the Health Board's Charitable Funds Committee. Each annual plan, once approved, will align and reinforce the strategic Values and Ambitions.

Review and monitoring will be continuous, reporting in the first instance through the Corporate Governance structure, ultimately reporting outcomes and delivery of the strategy through to the Charitable Funds Committee on a quarterly basis and onto the Board.

Success of the strategy will be measured through the delivery of the annual action plan.

Elusen Iechyd Powys
Powys Health Charity

Taking Care of Powys

PTHB.Charity@wales.nhs.uk

01874 712730

Bronllys Hospital
Brecon,
Powys,
LD3 0LY

Registered charity no. 1057902

www.powyshealthcharity.wales

Rydyn ni'n hapus i ohebu yn Gymraeg - We are happy to correspond in Welsh.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 4.5

BOARD	**29 JULY 2026**
Subject:	**Board Committee Governance – Committee Annual Reports**
Approved and presented by:	Helen Bushell, Director of Corporate Governance
Prepared by:	Head of Corporate Governance
Other Committees and meetings considered at:	The People and Culture Committee Annual Report was considered at the People and Culture Committee 11 June 2026.

PURPOSE:

The paper provides a copy of the People and Culture Committee Annual Report to the Board.

Annual reports for other Board Committees were provided to the Board in May 2026, the People and Culture Committee had not to consider its report at that time and therefore it is provided to the Board in July.

RECOMMENDATION(S):

The Board is asked to:

- **RECEIVE the** Annual Report from the People and Culture Committee, and
- Take **ASSURANCE** that this committee is operating effectively in fulfilling its terms of reference.

Approve/Take Assurance	Discuss	Note
Y	N	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	Committees support the breadth and depth of the Health Boards activities are per their terms of reference.
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:

PTHB Board Committees play a significant role in supporting the Board in the delivery of its roles, as per the PTHB Standing Orders and Committee Terms of Reference.

The Board receives reports from all Board Committee meetings on an ongoing basis throughout the year, via a Committee Chair's report. These are delivered by the Committee Chair and provide a summary of Committee business including any areas of particular interest or escalation to the Board.

For 2025/26, Annual Reports have been produced for Committees reflecting the following core content:

- Roles and Responsibilities including membership, attendance and frequency
- Activity in 2025/26
- An assurance statement to the Board
- Committee Effectiveness
- Planned activity

This reports summarise the key areas of business activity undertaken by the Committee over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

Included in this report are reports from the People and Culture Committee.

The Committee has considered its Annual Report and has:

- Taken their own assurance that the Committee is fit for purpose and operating effectively in fulfilling its terms of reference;
- Recommended the Annual Report to the Board.

NEXT STEPS:

2026/27 Annual Committee Reports will be reported to May or July Board in 2027 .

IMPACT ASSESSMENT – NOT REQUIRED
Not required

2025/26 ANNUAL REPORT OF THE PEOPLE AND CULTURE COMMITTEE

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4. Assurance to the Board 8

5. Committee Effectiveness 8

6. Planned Activity in 2026/27 9

1. Introduction

The People and Culture Committee has been established by the Board in order to provide advice and assurance to the Board on the effectiveness of arrangements in place for securing the achievement of the Board's aims and objectives, in accordance with the standards of good governance determined for the NHS in Wales.

This report summarises the key areas of business activity undertaken by the People and Culture Committee over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

2. Roles and Responsibilities

The Terms of Reference for the People and Culture Committee were reviewed and agreed by the Board in March 2026. The purpose of the People and Culture Committee is to:

Provide accurate, evidence based (where possible) and timely advice to the Board and its committees on all matters relating to staff and workforce planning of the Health Board;

- Enhance the environment that supports and values staff in order to engage the talent and encourage the leadership capability of individuals and teams working together to drive to delivery of safe, improved healthcare;

In respect of the development of the following matters consistent with the Board's overall strategic direction:

- advise the Board on all compliance with legislation, guidance, and best practice;
- to provide assurance to the Board the Organisational Development Framework, Work Futures Strategic Framework and Strategic Equality Plan are consistent with the Board's overall strategic direction and with the requirements laid out by NHS bodies in Wales;
- to provide assurance to the Board on the organisation's ability to create and manage strong, high performance, culture, and values;
- the Committee is responsible for providing advice to the Board and Committees on:

It is expected that the committee will also annually review its own terms of reference and report any changes to the Board for ratification.

2.1 Membership of the Committee

The membership of the Committee during 2025/26 was:

Name	Role	Attendance
Jennifer Owen-Adams	Independent Member and Chair of the Committee from August 2024	3/4
Ian Thomas	Independent Member and Vice Chair of the Committee	4/4
Chris Walsh	Independent Member (Local Authority)	2/4
Cathie Poynton	Independent Member (Trade Union)	3/4
Simon Wright	Independent Member (University) (from 09/06/2025)	3/4

2.2 Others in Attendance

During 2025/26, the following staff attended the Committee:

Name	Role	Attendance
Debra Wood-Lawson	Director of People and Culture (Executive Lead)	4/4
Pete Hopgood	Director of Finance, Capital, and Support Services	2/4
Claire Roche	Director of Nursing, Quality, Womens and Family Health until 06 October 2025	2/2
Paul Hooton	Director of Nursing Quality, Womens and Family Health from 06 October 2025	1/3
Helen Bushell	Director of Corporate Governance/Board Secretary	4/4

Other Directors and officers attended during the year to present reports which related to their areas of responsibility as required.

The Chief Executive, Hayley Thomas was also invited to attend every meeting and attends at least annually.

The Chair of the Board, Carl Cooper, has a standing invite to attend Board Committees.

The Director of Corporate Governance or their representatives attended every meeting.

2.3 Meeting frequency

Throughout the 2025/26 period, the Committee convened on four occasions, achieving quorum each time. On one occasion, due to the Chair's unavailability, Ian Thomas, a fellow Board member, was invited to serve as a temporary Chair of the Committee.

The terms of reference for the Committee require meetings to be held at least three members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

3. Activity in 2025/26

3.1 Main Areas of Committee Activity 2025/26

Assurance	
Workforce Performance Report	June 2025
Executive Director of People and Culture report	Every meeting
Workforce Futures: Theme 1 - Staff Health and Wellbeing	June 2025
Professional revalidation – Internal Process	June 2025
Primary & Community Care Academy	June 2025
Workforce Sustainability and Transformation	June 2025
Committee Governance Action Plan	September 2025
Workforce Futures: Theme 2 – Great Place to Work	September 2025
Violence and Aggression Incidents	September 2025
Workforce Performance Report	December 2025
Staff Story (CLIP Programme)	December 2025
Workforce Futures: Theme 1 – Staff Health and Wellbeing	December 2025
Workforce Race Equality Standard – Analysis of local PTHB Workforce Data	December 2025
Workforce Futures: Theme 3 – Workforce sustainability and Transformation	December 2025
Workforce Performance Report	March 2026
Workforce Futures: Theme 2 – Great Place to Work	March 2026
Workforce Futures: Theme 4 – Welsh Language, Equality, Diversity and Inclusion	March 2026
Review Terms of Reference	March 2026
Escalated Items	
There were no items for inclusion within this section	
Items for Information	
Internal Audit Reports:	

• Staff Development Programme Final Internal Audit • Staff Development Programme Final Internal Audit Report 2025/26	December 2025 March 2026
Corporate Governance	
Committee Risk Register	Every meeting
Committee Work Programme	Every meeting
In-Committee Items	
Workforce measures to support financial recovery	September 2025

3.2 Work programme and action log

The Committee Work Plan ensures that the Committee discharges its responsibilities in a planned manner. It assists with agenda planning and is updated during the year to ensure that the Committee considers any additional items which may arise during the year.

In order to monitor progress and any necessary follow up action, the Committee has an Action Log that captures all agreed actions. This provides an essential element of assurance to the Committee and from the Committee to the Board.

The Committee reported to the Board through a Committee Chair's report, providing an overview of items considered by the Committee and highlighting any cross-committee issues / themes or items needing to be brought to the Board's attention. The Committee Chair's report and confirmed minutes are published on the website.

4. Assurance to the Board

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2025/26, there are effective measures in place and there are no outstanding issues that the Committee wishes to bring to the attention of the Board over and above the risks and issues already raised in the Committee Chairs report or that are already visible in the corporate risk register.

The Chair of the Committee reports into the Board via a report from Committee Chairs, where any significant issues are brought to the attention of the Board.

5. Committee Effectiveness

During the year, the Committee has continued to review and revise its ways of working to optimise the need for a robust governance approach.

The Committee continued to review its effectiveness thorough the year, to ensure effective use of time and ensure it fulfilled its role to provide assurance to the Board.

The key adaptations made this year included:

- The approval of revised Terms of Reference in May 2025 which provided clarity regarding the Committees role in regard to Better Together and transformation
- Confirmation of updated Committee membership as of May 2025
- Introduction of streamlined and standardised assurance reporting approach to the Board across all Committees
- Application of a risk-based approach to planning agendas
- Time created within the work programme and therefore agendas for allow for discussion of strategic items and relevant deep dives/topic areas

6. Planned Activity in 2026/27

The Committee has developed its annual work programme and is committed to continuing to develop its function and effectiveness as per its terms of reference. The Committee welcomes any feedback from the Board in relation to its annual work programme.

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Powys Teaching Health Board

Strategic Risk Register

This report is a summary report from data provided to the March 2026 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 September 2026, the existing Strategic Risks are currently being reviewed in line with the 2026/27 Annual Integrated Plan.

Patterson,Liz
28/07/2026 15:46:29

STRATEGIC RISK DASHBOARD

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

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 007	**Quality**	The care provided in some areas is compromised due to the health board's estate being not fit for purpose.	**4 x 4 = 16**	➔	Minimal	✗	Finance and Performance	SP 09 and WBOs 1 and 4
EDPH	SRR 008	**Innovation and Strategic Change**	The Health Board is unable to shift to a primary prevention focused health care system	**4 x 4 = 16**	➔	Eager	✗	Planning, Partnerships and Population Health	SP 1 and WBO 1
EDPCCMH	SRR 009	**Performance and Service Sustainability**	The Health Board is unable to stabilise the growing implications of Continuing Health Care	**4 x 4 = 16**	➔	Open	✗	Finance and Performance	SP 6 and WBO 4
EDPH	SRR 010	**Safety**	The Health Board is unable to respond in a timely, efficient, and effective way to a major incident, or critical incident	**3 x 4 = 12**	➔	Averse	✗	Planning, Partnerships and Population Health	Cross-cutting (All SPs and WBOs)
EDAHPHS&D	SRR 011	**Performance and Service Sustainability**	Failure of Digital & Electrical Infrastructure in Powys (Internal & External) poses a risk to the delivery of care.	**3 x 5 = 15**	➔	Open	✗	Audit, Risk and Assurance	Cross-cutting (All SPs and WBOs)
DCG	SRR 012	**Reputation and Public Confidence**	The Health Board is unable to maintain and build public confidence in regard to service delivery and transformation in staff, patients, stakeholders and community.	**3 x 5 = 15**	➔	Open	✗	Finance and Performance	Cross-cutting (All SPs and WBOs)

KEY:

Executive Lead	
EDoFC&E	Executive Director of Finance, Capital and Estates
EDP&C	Executive Director of People, Culture and Transformation
EDPP&C	Executive Director of Planning, Performance and Commissioning
EDPCCMH	Executive Director of Primary Care, Community and Mental Health
EDPH	Executive Director of Public Health
EDAHPHS&D	Executive Director of Allied Health Professionals, Health Sciences and Digital
DCG	Director of Corporate Governance/Board Secretary
CEO	Chief Executive
Trend	
*	**New risk**
➔	**Risk score unchanged since last report**
↓	**Risk score decreased since last report**
↑	**Risk score increased since last report**

RISK HEAT MAP

Almost certain 5				**SRR 003 – Commissioning**	
Likely 4				**SRR 002 – Transformation** **SRR 004 – Provider** **SRR 005 – Primary Care**	**SRR 001 – Financial Balance**

				SRR 006 – Workforce SRR 007 – Estate SRR 009 – CHC	
Possible 3				SRR 010 – Emergency Response	SRR 011 – Digital SRR 012 – Public Confidence
Unlikely 2					
Rare 1					
LIKELIHOOD X IMPACT	**Insignificant 1**	**Minor 2**	**Moderate 3**	**Major 4**	**Catastrophic 5**

Board 2026-27									
Theme	**Item Title**	**20/05/2026**	**24 June 2026 (Annual Accounts)**	**29/07/2026**	**16/09/2026 Extra Board (Better Together)**	**30/09/2026**	**25/11/2026**	**27/01/2027**	**24/03/2027**
Governance	Minutes of previous meeting	✓		✓		✓	✓	✓	✓
Governance	Declaration of Interests	✓	✓	✓	✓	✓	✓	✓	✓
Governance	Board Action Log	✓		✓			✓	✓	✓
Listening and Learning	Patient Experience Story	✓		✓		✓	✓	✓	✓
Listening and Learning	Staff Experience Story	✓		✓		✓	✓	✓	✓
Governance	Update from Chair (inclu PSOW in Sept update)	✓		✓		✓	✓	✓	✓
Governance	Update from Vice-Chair	✓		✓		✓	✓	✓	✓
Governance	Update from Chief Executive	✓		✓		✓	✓	✓	✓
Governance	Assurance Reports of Board Committees	✓		✓		✓	✓	✓	✓
Partnerships	Llais Regional Director Report	✓		✓		✓	✓	✓	✓
Governance	Assurance Reports of Board Partnership Arrangements	✓		✓		✓	✓	✓	✓
Governance	Assurance Reports of Joint Committees	✓		✓		✓	✓	✓	✓
Governance	Assurance Report of Boards Advisory Groups	✓		✓		✓	✓	✓	✓
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	JCC Standing Orders								
Governance	Common Seal (as needed)								
Governance	Committee Membership Annual Review	✓							
Governance	Annual Assessment of Committee and Board Effectiveness (within DCG report)	✓							
Governance	Committee Annual Reports	✓		✓					
Governance	Speaking Up Safely and Raising Concerns Report								
Risk	Strategic Risk Summary	✓				✓		✓	
Risk	Organisational Risk Register	✓		✓			✓		✓
Risk	Organisational Risk Register summary					✓		✓	
Risk	Risk Appetite	✓							
Governance	Risk Management Framework and Board Assurance Framework Policy	✓							
Governance	Strategic Risk Register and BAF Dashboard			✓			✓		✓
Governance	Structured Assessment (when received)							✓	
Governance	Review of Consent Agenda Protocol (next due May 2027)								
Governance	Organisational Escalation - Finance and Performance Monitoring (Planning Maturity Matrix to Nov)			✓			✓		✓
Planning	Integrated Plan Approach to development						✓		
Planning	Draft Integrated Plan							✓	
Planning	Integrated Plan 2027-30								✓
Planning & Finance	Annual Delivery Plan 2027/28 including budget allocation and framework								✓
Performance	Annual Delivery plan - by quarter	✓				✓	✓		✓
Performance	Primary Care Summary Report								✓

Planning	Winter Planning/Resilience						✓		
	Winter vaccination programme					✓			
Partnerships	RPB Annual Report					✓			
Partnerships	PSB Wellbeing Plan (Future Generations Act). Next due 2027								
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)								
Charity	Powys Health Charity Strategy 2026-2030			✓					
Equality, Diversity & Inclusion	Equality, Diversity and Inclusion Annual Report 2025/26			✓					
Equality, Diversity & Inclusion	Strategic Equality Report					✓			
Equality, Diversity & Inclusion	Welsh Language Annual Report			✓					
Listening and Learning	People's Experience Framework					✓			
Listening and Learning	Listening and Learning Regulations	✓							
Civil Contingencies	Major Incident and Emergency Response Plan (Taken In-Committee)			✓					
Civil Contingencies	NHS WALES EMERGENCY PLANNING, RESILIENCE & RESPONSE ANNUAL REPORT 2025/26 (taken In-Committee)			✓					
Planning	Corporate Business Continuity Plan (taken In-Committee)			✓					
Capital and Estates	Health and Safety Annual Report					✓			
Digital	Digital First Annual Plan (date TBC)							✓	
Workforce	Nurse Staffing Levels					✓			
Transformation / Change	Better Together			✓	✓				
Governance	Annual summary of petitions received under Petitions Protocol					✓			
Governance	Standards of Behaviour Policy (Next due March 2027)								
	Duty of Quality Annual Report					✓			
	Safeguarding Annual Report					✓			
	Strategic Commissioning Framework Review (next due to Board Sept 2028)								
	North Powys Programme Full Business Case								✓
	Pharmaceutical Needs Assessment					✓			
	Population Needs Assessment / Wellbeing Assessment							✓	
	Mental Health National Programme						✓		

IN-COMMITTEE	SRR (IC risks)	✓		✓			✓	✓	✓
	Minutes of previous IC meeting	✓		✓		✓	✓	✓	✓
	RaTS Committee Annual Report			✓					
	Emergency Preparedness, Resilience and Response Annual Report			✓			✓		
Contracting and procurement approvals	Requested authorisations will be presented as needed								
Transformation / Change	Better Together			✓					✓
	GDS contract Knighton			✓					
	GMS proposed OOH procurement spec						✓		
	GDS contract Llandrindod								
	GDS contract Newtown								
	GDS contract Welshpool								

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Powys Teaching Health Board Glossary (Last updated juli 26)

Acronym	
AD ECP	Associate Director of Estates, Capital & Property
ACEO	Acting Chief Executive Officer
ADoF	Acting Director of Finance
ADCEO / EMD	Acting Deputy Chief Executive / Executive Medical Director
CEO	Chief Executive Officer
DCEO / ED FC&SS	Deputy Chief Executive Officer / Executive Director of Finance, Capital & Support Services
DCG	Director of Corporate Governance
D I&T	Director of Improvement & Transformation
E MD	Executive Medical Director
ED PH	Executive Director of Public Health
ED PC&T	Executive Director of People, Culture & Transformation
ED PP&C	Executive Director of Planning, Performance and Commissioning
ED AHPHS&D	Executive Director of Allied Health Professions, Health Sciences and Digital
ED NQW&FH	Executive Director of Nursing, Quality, Women and Family Health
ED PCCMH	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
AF	Audit Findings
APB	Area Planning Board
AGS	Annual Governance Statement
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 Taf 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
DOI	Declaration of Interest
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
GLP-1	Glucagon Like Peptide
GMC	General Medical Council
GMS	General Medical Services
GP	General Practitioner
GNCC	General Nursing Complex Care Team
G&H	Gifts and Hospitality
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
IBG	Investment Benefit Group
ICB	Integrated Care Board
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
MD's	Minimum Data Set
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
ODEC	Organisational Development, Engagement and Communications
OOC	Out of County
OOH	Out of Hours
ORS	Opinion Research Services
OSCE	Objective Structured Clinical Examination
OT	Occupational Therapy
PA	Physician Associate
PADR	Personal Appraisal Development Review
PAVO	Powys Association of Voluntary Organisations
PET CT	Positron Emission Tomography Computed Tomography
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
REES	Race Equality Employment Standard
RIIC	Research, Innovation & Improvement Coordination
RIF	Regional Investment Fund
RISP	Radiology Information System Procurement
RJAH	The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
RN	Registered Nurse
RPB	Regional Partnership Board
RTT	Referral to Treatment
RTS	Routemap To Sustainability
RMF	Risk Management Framework
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	The Shrewsbury and Telford Hospital NHS Trust
SPB	Strategic Programme Board
SRO	Senior Responsible Owner
TACODEC	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 NHS Trust
WCD	Written Controlled Document
YTD	Year to Date