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Powys Teaching
Health Board

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Our ref: IG/FOI/FOI.339.26

25 August 2026

Sent via email to: [REDACTED]

Dear [REDACTED]

Request under the Freedom of Information Act 2000

I write further to your request for information which was received on 12 August 2026, to confirm, in accordance with S.1(1)(a) of the Freedom of Information Act 2000, that Powys Teaching Health Board (PTHB) does hold the information that you require. For ease of reference your request is set out below and the Health Board's response follows.

Your Freedom of Information (FOI) Request and Powys Response (Bold):

I am writing to request information under the Freedom of Information Act 2000. Please could you provide the following information in relation to your organisation:

Q1. Do you currently have a policy, standard operating procedure, framework, governance document or equivalent process that applies to the introduction, approval, oversight or monitoring of:

- New interventional procedures;
- Novel surgical procedures;
- Innovative procedures; or
- Procedures undertaken for the first time within your organisation?

Services within Powys Teaching Health Board (PTHB) do not routinely introduce or pilot new interventional procedures, novel surgical procedures, or innovative procedures. As a community hospital setting, we have no District General Hospitals and our services are limited to low-risk procedures, including selected day case theatre procedures, endoscopy services, and outpatient-based procedures. The majority of procedures are delivered by in-reach clinicians who are appropriately trained, competent, and experienced in the procedures they undertake, with established governance arrangements already in place.

Where a procedure is proposed for the first time within PTHB, the proposal would be considered through established directorate governance processes. Initial approval would be sought from the

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Tŷ Glasbury, Ysbyty Bronllys,
Aberhonddu, Powys LD3 0LU
Ffôn: 01874 711661

Headquarters
Glasbury House, Bronllys Hospital
Brecon, Powys LD3 0LU
Tel: 01874 711661

Assistant Medical Director for Planned Care. If supported, an appropriate Standard Operating Procedure (SOP), supported by any required risk assessments and clinical governance documentation (committee/board paper template), would be developed and submitted through the Directorate Governance Group (for review and approval).

Following approval through the governance process, implementation would be overseen by the relevant operational group. This would include communication and dissemination of the approved SOP, staff training and competency requirements, monitoring arrangements, and the introduction of any associated equipment, including manufacturer or supplier support where required to meet Getting It Right First Time (GIRFT) requirements.

Endoscopy services are additionally supported by an operational protocol governing service delivery. Any proposal to undertake a procedure for the first time within Endoscopy, Theatres or Outpatient services would be subject to the same governance, approval, oversight and monitoring arrangements. Any new procedure would also be expected to align with relevant national guidance, including NICE guidance where applicable, before implementation. Theatre Services are currently developing an operational protocol which includes the agreed basket of day surgery procedures suitable for delivery within a community hospital setting.

Q2. If such a document exists, please provide:

- The title of the current document;
- A copy of the document (PDF or Word format preferred);
- The date on which the current version became effective, active, approved or implemented;
- The date of the most recent review; and
- The next scheduled review date (if applicable).

PTHB does not have a standalone policy, standard operating procedure, framework or governance document specifically relating to the introduction, approval, oversight or monitoring of new, novel or innovative procedures.

Q3. If your organisation uses a process that is not contained within a standalone policy document, please provide:

a. A description of the governance process used;- **Proposals of this nature are managed through established clinical and directorate governance arrangements. As a community hospital provider, PTHB delivers a limited range of low-risk planned care services, including selected day case theatre procedures, endoscopy services and outpatient procedures. Services are primarily delivered by clinicians who are appropriately trained, competent and credentialed to undertake the procedures provided.**

Where a new procedure or service development is proposed, the following governance process is followed:

- **Initial discussion and consideration with the Assistant Medical Director for Planned Care**
- **Development of supporting documentation, including a Standard Operating Procedure (SOP), risk assessment and any other relevant governance documentation**
- **Completion of a Directorate Governance Group Committee Paper detailing:**
 - **the purpose and rationale for the proposal;**
 - **clinical evidence and anticipated benefits;**
 - **workforce, training and competency requirements;**
 - **equipment and resource implications;**
 - **quality, equality and risk impacts; and**
 - **implementation arrangements and next steps.**
 - **Completion of any required supporting assessments, including Quality Impact Assessment, Equality Impact Assessment and Risk Assessment, in line with Health Board governance requirements.**
 - **Review and approval through the Directorate Governance Group.**

Following approval, implementation is overseen through the relevant operational group, including communication of the approved SOP, staff training, competency sign-off, procurement and commissioning of equipment where applicable, and ongoing monitoring arrangements.

Any proposal relating to Theatres, Endoscopy or Outpatient Services would follow this governance route. Compliance with relevant national guidance, including NICE guidance where applicable, would be considered as part of the approval process.

Any associated approval forms, checklists, committee terms of reference or governance documentation used to assess and approve new procedures.

b. Associated approval forms, checklists, committee terms of reference or governance documentation used - The following documentation may be used in support of the assessment and approval process:

- **Directorate Governance Group Committee Paper template**
- **Standard Operating Procedures (SOPs)**
- **Clinical Risk Assessments**
- **Quality Impact Assessments**
- **Equality Impact Assessments**
- **Training and competency documentation**
- **Equipment procurement and commissioning documentation and Relevant service-specific operational protocols.**

Approval and assurance are therefore provided through established directorate and Health Board governance arrangements rather than through a standalone policy specifically governing new procedures.

Q4. Please indicate whether your process specifically addresses any/all of the below:

- New surgical procedures;
- New interventional radiology procedures;
- New endoscopy procedures;
- New cardiology procedures;
- Use of new devices or implants; and
- Procedures undertaken as part of innovation, research, service development or service transformation.

PTHB does not operate a standalone process specific to individual specialties or procedure types. However, the established directorate governance process would apply to any proposal to introduce a procedure for the first time within planned care services, including:

- **New surgical procedures (within the scope of services provided by PTHB)**
- **New endoscopy procedures**
- **Use of new devices or equipment associated with an approved procedure**
- **Procedures undertaken as part of service development or service transformation**

Q5. During the period 1 January 2023 to 1 January 2026, please provide:

- The total number of applications, proposals or approvals for new, novel or innovative interventional procedures considered through this process;
- The number approved;
- The number declined or not approved;
- Where available, a breakdown by specialty (for example surgical speciality, interventional radiology, cardiology, endoscopy or other specialties).

PTHB have not identified any applications or proposals for new, novel or innovative interventional procedures that were formally submitted through the governance process during the requested period

Q6. Please indicate:

- Which committee, group or executive lead is responsible for approving new procedures within your organisation (title only). - **Assistant Medical Director for Planned Care (initial clinical approval and oversight).**

Q7. Please state whether your organisation maintains a register, database, tracking system or log of approved new or innovative procedures and, if so, please provide:

- A copy of the register or log (with any necessary redactions for personal information);
- The procedure name or title;
- The specialty involved;
- The date of approval;
- The current status (for example approved, piloted, implemented, suspended or withdrawn), where recorded.

PTHB does not maintain a register, database, tracking system or log of approved new or innovative procedures. Where a procedure is proposed

for the first time within PTHB, approval and implementation would be evidenced through existing governance documentation, including:

- **Directorate Governance Group papers and minutes**
- **Standard Operating Procedures (SOPs)**
- **Risk assessments**
- **Training and competency records**
- **Equipment procurement and commissioning documentation, where applicable**

Q8. Please indicate whether any new interventional procedures, surgical innovations or first-in-organisation procedures have been approved through an expedited, emergency or exceptional approval route (EG Chairs action) since 1 January 2023 and, if so, provide:

- The procedure name;
- The approving body; and
- The year of approval.

PTHB has not approved any new interventional procedures, surgical innovations or first-in-organisation procedures through an expedited, emergency or exceptional approval route (including Chair's Action) during the period 1 January 2023 to 1 January 2026.

If you are dissatisfied with the handling or response to your request, you have the right to ask for an internal review. Should you wish an internal review, please quote the reference number and send your correspondence to the above address.

If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at:

Address: Information Commissioner's Office (Wales), 2nd Floor, Churchill House, Churchill Way, Cardiff, CF10 2HH.

Telephone: 0330 414 6421

Complaints Portal: www.ico.org.uk/foicomplaints

Web site: <https://ico.org.uk/>

Re-use of Public Sector Information

All information supplied by the Health Board in answering a request for information (RFI) under the Freedom of Information Act 2000 will be subject to the terms of the Re-use of Public Sector Information Regulations 2015.

Under the terms of the Regulations, the Health Board will licence the re-use of any or all information supplied if being used in a form and for the purpose other than which it was originally supplied. This license for re-use will be in line with the requirements of the Regulations and the licensing terms and fees as laid down by the Office of Public Sector Information (OPSI). Most licenses will be free; however, the Health Board reserves the right, in certain circumstances to charge a fee for the re-use of some information which it deems to be of commercial value.

Further information including a sample license terms and fees can be found at Open Government Licence.

Yours sincerely



David Farnsworth
Assistant Director, Community Services Group

Rydym yn croesawu derbyn gohebiaeth yng Nghymraeg. Byddwn yn ateb y fath ohebiaeth yng Nghymraeg ac ni fydd hyn yn arwain at oedi.

We welcome receiving correspondence in Welsh. We will reply to such correspondence in Welsh and this will not lead to a delay.