

PTHB ANNUAL PLAN

2026 - 2027

Year Three of Five Year Integrated Plan 2024 - 2029



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Foreword

We are pleased to present our ambitious and realistic Annual Plan for 2026/27, that takes very seriously the challenges we face, whilst remaining steadfast in our intentions to deliver real and lasting improvements in healthcare for our population.

As always, we are inspired by and proud of the care provided by our diligent, conscientious and dedicated staff. Our focus on quality, performance and good governance remains central to everything we do, and the Plan outlines the balanced position we have taken across these domains as well as that of financial recovery. We have significant challenges which are contributing to a deficit financial position and, as laid out in this Plan, we understand the drivers behind them and have clear actions to address them with urgency.

These actions are based in part on the recommendations of the escalation external report by Grant Thornton and Partners. The report confirmed that we have firm grip and control, which enabled us to deliver an ambitious plan with historic levels of savings in 2025/26; and we will maintain this focus in 2026/27.

Whilst the total opportunities identified by the report will not be sufficient in themselves to eradicate the underlying deficit, we will maximise them in the short to medium term. However, short term actions alone will not be sufficient to achieve financial balance, nor to deliver the best use of resources in the face of growing need, demand and costs. This plan therefore sets out our approach across three dimensions of

'Risk, Recovery and Sustainability' for the short, medium and longer term.

In the last two years we have made changes to healthcare in Powys to improve outcomes for patients and also made difficult choices in our commissioning of services. We have achieved successes in productivity and efficiency, for example, in recruitment and reductions in agency spend. In the short term we will continue to focus on efficiency through modernising our service models, improving our commissioning and contracting arrangements (in line with the Grant Thornton report) and bringing care closer to home across a range of community services and planned care specialties.

In the medium term we will continue to build on our learning from all of these changes to transform our provider and commissioned services through our 'Better Together' transformation programme, with particular focus on our community, mental health and planned care services.

Along with a renewed focus on population health, this work forms part of our longer term Routemap to financial balance and sustainability. This aligns with national goals as well as our local, shared Health and Care Strategy, 'A Healthy Caring Powys' which will remain our guiding strategy until 2029.



Dr Carl Cooper, Chair



Hayley Thomas, Chief
Executive Officer

Contents

Section	Page
Foreword	2
Introduction	4
Key Actions for Risk, Recovery and Sustainability	4
Strategic Framework and Strategic Intentions	5 - 6
Population Assessment	7
Spotlight on Population Health – Preventing the Preventable	8
Challenges, Opportunities and Strengths	9
Spotlight on 'Better Together'	10
Progress to Date	11
Achievements 2025–2026	12 - 13
Spotlight on Successes in Primary Care and Clusters	14
Quality and Engagement	15
Insights from Llais	16
Spotlight on Regional & National Planning	17
Performance & Commissioning Assessment	18
Workforce Assessment	19
Financial Assessment and Plan	20 - 23
Routemap to Financial Balance and Sustainability	24 – 30
High Impact Areas of Delivery	31
Summary of Delivery Plan 2026 – 2027	
What difference will this Plan make?	33
How this Plan was developed, and how to navigate the Delivery Plan	34
Plan on a Page	35
Summary Pages:	
Wellbeing Objectives: Focus on Wellbeing, Early Help and Support, Tackling the Big Four, Joined Up Care)	36 – 39
Enablers: Workforce Futures, Digital First, Innovative Environments, Transforming in Partnership	40 – 44
Appendices	
Appendix 1: Summary of NHS Wales Planning Framework 2026–2029	46
Appendix 2: Appraisal against Cabinet Secretary Strategic Priorities	47
Appendix 3: Appraisal against NHS Wales Enabling Actions	48
Appendix 4: Appraisal against NHS Wales Performance Framework	49

Introduction

Given the scale of the challenges currently being faced by the organisation and the wider NHS, this is a Plan focused on Risk, Recovery and Sustainability. This Plan sets out clear expectations for the year ahead, with a line of sight between short term actions, medium term transformational change, and the shared long-term Health and Care Strategy.

Our Strategic Priorities are refreshed annually taking into account our progress to date, risks, environmental context, opportunities and challenges, and the NHS Wales Planning & Performance Frameworks and financial allocation.

The key areas of delivery have been informed by the independent external review carried out by Grant Thornton and Partners in relation to the health board's Escalation status. They are aligned with the health board's Strategic Commissioning Framework and Population Health Needs Strategic Framework as well as the Better Together programme. These are, therefore, fundamental components of the Routemap to financial balance and sustainability, being the early actions for Year 1. These actions deliver against, and will provide further insights to continuously refresh, the pipeline of opportunities for improvement.

KEY ACTIONS FOR RISK, RECOVERY & SUSTAINABILITY

Risk:

- Vaccination: addressing population risk (seasonal & respiratory illness) & increased healthcare need (SP2)
- Evidence based approaches to reducing peri-natal mortality risk and improving Neurodevelopmental services (SP3)
- System Resilience: partnership approach to address greatest system pressures and delays (SP9 & Transforming in Partnership)

Recovery:

- Ambitious savings programme (Whole organisation)
- Better Together Programme Accelerated Actions (SP4 & SP5):
 - Integrated Community Care
 - Planned Care & Referral Optimisation
 - Community Health Pathways
 - Quality Improvement to support productivity
 - Business Efficiencies Programme
- Complex and Out of Area Care (SP3, SP6, SP8)
- Urgent care, including falls response, single point of access, reducing emergency admissions (SP9)
- Strategic Commissioning Framework – implementation of strategic and tactical commissioning choices; development of Total Operating Model (SP10)
- Enabling Actions: Workforce Futures & Innovative Environments

Sustainability:

- Population Health Strategic Framework (SP1)
- Better Together Programme
 - Phased approach across Community SP3 / Mental Health SP8/ Planned Care SP5 / Women and Children SP3
 - Interdependency with RPB North Powys Wellbeing Programme and Integrated Hubs
 - Alignment with Pan Cluster Development
 - Key to development of a Clinical Services Strategy / Plan
 - Enabling plans for Workforce, Digital, Environments and Partnership

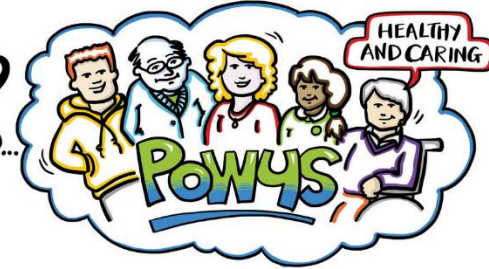
THE HEALTH AND CARE STRATEGY FOR POWYS 'AT A GLANCE'



WE ARE DEVELOPING A VISION OF THE FUTURE OF HEALTH AND CARE IN POWYS...



To 2029 AND BEYOND...



A LEADER IN INTEGRATED RURAL HEALTH AND CARE

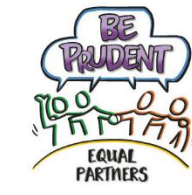
WE AIM TO DELIVER THIS VISION THROUGHOUT THE LIVES OF THE PEOPLE OF POWYS...



WE WILL SUPPORT PEOPLE TO IMPROVE THEIR HEALTH AND WELLBEING THROUGH...



OUR PRIORITIES AND ACTION WILL BE DRIVEN BY CLEAR PRINCIPLES...



THE FUTURE OF HEALTH AND CARE WILL IMPROVE THROUGH...



WORKFORCE FUTURES



INNOVATIVE ENVIRONMENTS



DIGITAL FIRST



TRANSFORMING IN PARTNERSHIP

Strategic Intentions

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

Key Strategic Intentions:

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

Population Assessment

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

- The Powys Population Needs Assessment www.powysrpb.org
- The Powys Wellbeing Needs Assessment <https://en.powys.gov.uk/article/5794/Full-Well-being-assessment-analysis>
- The Better Together 'Case for Change' <https://pthb.nhs.wales/about-us/better-together/better-together-documents/>

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

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

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

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

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

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

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

The highly rural nature of the county and unique pattern of provided and commissioned services creates a **complex network** of services and pathways of care.

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

SPOTLIGHT on Population Health: Preventing the Preventable

The health board has approved a new Population Health Strategic Framework 2025 – 2035, 'Preventing the Preventable' and this plan includes the key actions for the 2026 – 2027 period.

The evidence is clear, many common health conditions are largely preventable, yet demand for treating these is growing and driving costs across health and care.

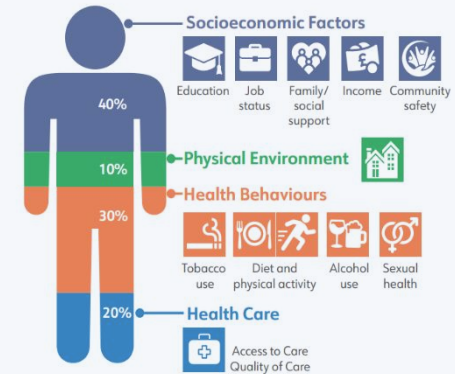
The new framework focuses on effective and cost efficient population-level interventions, particularly those that improve health behaviours. These can significantly reduce preventable risk factors and improve long term health outcomes.

A large proportion of these outcomes can be improved by addressing five behaviours: smoking, alcohol use, poor diet, physical inactivity and overweight/ obesity.



The Population Health Strategic Framework aligns closely with the Cabinet Secretary's priorities in the NHS Wales Planning Framework 2026 – 2029.

Figure 1.7 The building blocks for health – percentage estimates of the contribution to health status



It is part of wider partnership work in the Powys region, driving forward the whole system approach which is part of the Public Services Board's Wellbeing Plan and the long term Health and Care Strategy overseen by the Regional Partnership Board.

For the health board, this is a key component of the health board's response to the external review carried out by Grant Thornton in 2025 and the long term Routemap to financial balance and sustainability. Collectively, these all emphasise the need to address the underlying causes of demand rather than responding only to its consequences.

This also frames the transformational work being taken forward via 'Better Together' and the North Powys Wellbeing Programme.

Challenges, Opportunities and Strengths

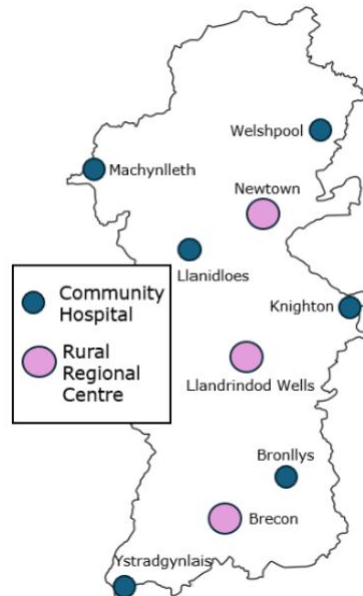
Challenges

As noted in the Population Assessment, Powys is highly rural, and people live in small towns, villages and hamlets, across a quarter of the landmass of Wales.

There is a complex network of provision given the large geography, with residents accessing health services across multiple providers in North, Mid and South Wales and across the border in England. There is variability in access and performance across those providers.

The health board is small, with a community model of care delivered through a Rural Regional Centre and hub model. Maintaining the quality of delivery requires intensive resource and effort and there are workforce shortages, as there are nationally.

The estate is old, with over a third built before 1948, higher than the Wales average of 12%. The buildings are difficult to maintain and not suited to delivering modern healthcare. Similarly, there is more to do to widen access to broadband and mobile data and improve digital access without borders in Powys.



In this context, the health board is facing significant financial pressures, like many other parts of the NHS, and has been placed into Escalation Level 4 for Finance, Strategy and Planning by Welsh Government.

Opportunities and Strengths

We have a dedicated and caring workforce, many of whom live in thriving, proud and neighbourly Powys communities. The model of primary and community care in Powys is one of the most well developed in the country, with General Practice, community nursing, dentistry, pharmacy, optometry, community mental health teams, and allied health professionals.

There is a strong track record of working in partnership, with neighbouring health boards, the local authority, third sector and community.

Powys has some of the best health outcomes in Wales and the health board delivers support to help people improve their lifestyles, including services like Help Me Quit, social prescribing to promote active lifestyles, and healthy eating. The vaccination programme is also key in preventing illness including seasonal respiratory viruses. Screening programmes are essential in identifying early signs of disease.

There is a strong base, to develop an exemplar primary and community model for Powys, building on work to integrate and join up care across health and care – in line with the shared vision for 'A Healthy Caring Powys'.

SPOTLIGHT on the Better Together Programme

For all of the reasons set out above, which are detailed further in the Better Together Case for Change, transformational change is needed, working with partners, staff and communities.

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

A Value Based Healthcare' approach underpins this work, to develop future patterns of service delivery and commissioning. Alongside longer-term planning, there is a focus on short and medium term opportunities for risk, recovery and sustainability.

During Spring 2025 views were sought on the 'Case for Change' and this has been updated based on the feedback – with technical chapters, covering adult community services, mental health and primary care.

This set out the context for the Better Together programme, responding to multiple significant changes including the Covid-19 pandemic, more people living with complex and multiple health conditions, rising demand and backlogs in waiting lists, and other external factors leading to rising costs for both individuals and their households and for the public purse and organisations including the health board. As population and society changes, health services need to change too.

The Case for Change demonstrated the need for a clear plan to best meet the needs of the communities of Powys over the next 10 to 25 years, helping people to stay well, and preventing ill health, as well as ensuring the best quality of care, experience and outcomes for those who do access healthcare.

Considerable progress has been made and learning has informed the next phases, set out in this plan.

- Internal and external expertise brought together to challenge traditional ways of working and develop innovative models of care
- Appraisal against the Population Health strategic framework to focus on preventing the preventable
- Significant technical work completed to appraise emerging options, including financial, workforce, quality, performance and delivery assessments
- Developing the community model to respond to population desire to receive care closer to home and to respond to the Grant Thornton report
- The Planned Care workstream is building on the outputs of a detailed Strategic Assessment completed in partnership with Getting It Right First Time including referral management

The key areas of delivery are reflected throughout this Plan (including in the Delivery section and associated Delivery Plan 2026 – 2027).

Progress to Date – Better Together Programme



Achievements 2025 - 2026

In relation to progress against the current plan, each of the Strategic Priorities are reviewed quarterly show a good level of delivery across each of the areas.

Focus on Wellbeing

- “Preventing the Preventable: **Population Health Strategic Framework**” was approved in September 2025 and will enable a coordinated and preventative approach to health and wellbeing
- **UNICEF Baby Friendly Initiative** Stage 1 standards delivered, improving outcomes
- High vaccination uptake rates and effective delivery of immunisation, with strong public engagement; over 87% of children are up to date by the age of 5.
- Help Me Quit supported over 5% of the adult smoking population to access treatment
- Targeted vaping awareness campaign with young people, now implemented across secondary schools

Early Help and Support

- Significant progress with **Better Together models of care** for adult physical and mental health community services, wide engagement internally and externally and the completion of demand and capacity modelling and a series of appraisals
- Successfully roll out of single point of access for **Orthopaedics/Muscular skeletal** care triage

- The **Waiting Well** Service is supporting patients on NHS waiting lists to stay healthy and prepared.
- The commissioning of the GIRFT Programme to appraise and drive opportunities in **Planned Care**
- Commencing Level 2 Community-Based **Falls Response** integrating with **Single Point of Access**
- See overleaf for further achievements in Primary Care and Clusters

Tackling the Big Four

- Innovations have brought care closer to home for those with multiple **major conditions**, and improvements have been made in community cardiology, diabetes care and the Improving Cancer Journey Programme
- Mental Health services achieved national recognition as a demonstration site for implementation of the open access model within the Single Point of Access

Joined Up Care

- Implementation of the **Strategic Commissioning Framework** has commenced, and will be a cornerstone for further development
- Temporary service changes have modernised and refocused **inpatient care** and **rehabilitation**, improving patient flow and reducing the risk of deconditioning – these will inform the next steps of the Better Together programme

Achievements 2025 – 2026 (continued)

Workforce Futures

- NHS Staff Survey 2025 - positive progress in **staff engagement** and organisational culture.
- **Agency** usage has significantly reduced showing benefits of strengthened controls and efficiencies.
- Successes in **talent development** and 'Grow Our Own' with training pipelines such as Aspiring Nurses, Physio, Radiographer and digital therapy.
- **Leadership development** has grown leadership capability and supported workforce development.
- Efficiencies in **recruitment** processes has resulted in reduction in Time to hire by 20%.

Digital First

- Implementation of **Scan4Safety** to enhance surgical safety and improved stock management.
- The completion of the **Cyber Assurance Framework** strengthens cybersecurity posture.
- The **Radiology Informatics System Procurement** (RISP) is now live.

Innovative Environments

- **North Powys Health, Care and Wellbeing Integrated Hub** Strategic Outline Case/ Outline Business Case approved by Welsh Government.
- Business Justification Case developed for next phase of the **Llandrindod Hospital development**.
- Estates projects successfully delivered, including the opening of the **Welshpool dining room**.
- Award of £90K from **Integration and Rebalancing Capital Fund** for business case for the Spa Road, Llandrindod Integrated Hub.

Transforming in Partnership

- A comprehensive programme of **stakeholder engagement** has been undertaken for the Better Together Programme
- Implementation of the **Partnership Development Framework** across 12 multi-agency partnerships.
- First phase of review of **third sector services** completed focused on alignment with strategic priorities and population needs.
- The launch of the **Powys Health Charity website**

SPOTLIGHT on Successes in Primary Care and Powys Clusters

Clusters

- Pan-Powys Cluster approach is fostering positive relationships and **collaborative working**, with sharing of learning from successful initiatives
- **Cluster Plans** for 2026 – 2027 have been agreed and signed off by the Regional Partnership Board Executive Group (the Pan-Cluster Group)
- Of the 13 Cluster projects in 2025/26, 10 live and in progress, 1 delayed start due to seasonal reasons, 2 under review
- **Mid & South Cluster** are preparing to merge, with full implementation in April 2026

General Practice

- Use of **NHS App** increased for GP appointment bookings, cancellations, and repeat prescriptions, with 26,219 patients registered
- GP Practices delivered **flu vaccine** for 2 to 3 year olds, resulting in the highest uptake in Wales
- Patient **survey** results: 4,493 patient responses: Most respondents felt listened to (67% always); well cared for (66% always); Waiting times 76% stated about right/shorter than expected
- 100% compliance with **Access Standards** for Q1, Q2 and Q3; 100% submission of contractual Mid-Year Reflective Reports.

Dental

- Recruitment of **endodontic consultant** to bring care closer to home
- Implementation of **Dental student placements**, to support future work force planning
- Cluster project: **Frailty dental nurse** to ensure vulnerable patients have oral care prevention plan
- Strengthened **'hybrid' model** between a Powys Teaching Health Board salaried service and independent contractor model to bolster resilience

Optometry

- 8 optometrists have the **independent prescribing** qualification
- 10 practices signed up to deliver some aspects of hospital **eye care closer to home** (Medical Retina: 10 practices; Glaucoma Filtering: 2 practices; Glaucoma Monitoring: 6 practices)

Primary & Community Care Academy

- Delivered **Protected Learning** with 29 Subjects offered and 1486 learner contacts
- 58 subjects and 675 learner contacts achieved in **clinical and non-clinical training**
- **GP Nurse Foundation Programme:** 100% trained (all but one person retained in post)

Quality and Engagement



The health board is taking a whole system approach to quality, encompassing the six domains in the Duty of Quality - Safe, Timely, Effective, Efficient, Equitable, Person-centred care.

These are underpinned by Information, Learning, Improvement and Research, Leadership, Workforce and Culture.

To date, the focus has been on developing and rolling out a total quality management system, ensuring that Quality Planning, Quality Control and Quality Improvement are fundamental. This has included maturing the Integrated Quality and Performance Framework and internal escalation framework. This approach has been clinically led, with service ownership and Executive oversight, to promote learning and improvement in a culture of psychological safety. It has been successful in targeting support in Mental Health and Neurodevelopment services, to enable those services to make measurable positive impacts in patient experience, access and performance.

An Incident Management Framework, Infection Prevention and Control and Antimicrobial Stewardship to reduce Healthcare Acquired Infection are embedded to support a responsive and transparent approach. There have been demonstrable improvements as reported in 'Integrated Quality, Performance and Delivery' sessions with Welsh Government colleagues, in timely management, through routine reporting and commitment to a learning culture.

The health board is a listening organisation whether that is through formal routes, other external reviews or feedback from service users and communities. This can include formal concerns or complaints where timely responses are fundamental. There is a clear line of sight in continuous engagement with communities, from the 10,000 voices which shaped the shared long term Health and Care Strategy, to consultation on temporary service changes, and broader conversations about transformation including the North Powys Wellbeing Programme and the Better Together portfolio. Continuous feedback is also gathered across Regional Partnership Board and Public Service Board partners, Llais and others, to inform insights.

Further work is planned to strengthen the Quality Management System, implement the National Frameworks for Listening to People and People's Experience, and greater assurance on local and commissioned services.

Insights from Llais



Llais is an independent national body set up by Welsh Government in 2023 to give the people of Wales, a stronger voice in health and social care services.

Llais ensures patient views and experiences are used by decision-makers to plan and deliver better health and care services. Llais works with local NHS bodies, social care, and third-sector care providers to ensure patient voices are heard locally, regionally and nationally.

The Llais body for the Powys Region provides regular insights and reports, formally and informally to the health board, to assist with horizon scanning, early responses to concerns or issues and intelligence gathering to support decision making.

During the past 12 months, Powys Llais have engaged with the public through community groups, coffee mornings and targeted events in the local areas such as farmers markets and food banks. Events have taken place across the county including Newtown, Llanfyllin, Ystradgynlais, Crickhowell and Llanfair Caereinion.

Patient and resident engagement has been focused on targeted, high-impact engagement to respond to national priorities and emerging community issues. Llais have also visited NHS and social care services to talk to patients, residents and carers.

The following common themes have been gathered at local engagement events (The boxes on the right show the alignment to areas of delivery in the Plan).

- Children and young people
 - Access to GP services
 - NHS dental care
 - The role of carers and carers support
 - Awareness of available support services
 - Feedback on the importance of local services and concerns about reductions in community based services
 - Mental health wellbeing and support
 - Hospital access, follow up and transport
 - Hospital discharge and dignity
 - Cross border care
 - Digital communications
- Focus on Wellbeing
Strategic Priority 3
- Early Help and Support
Strategic Priority 4 & 5
- Tackling the Big Four
Strategic Priority 8
- Joined Up Care
Strategic Priority 9
- Enabling Plans
Digital First

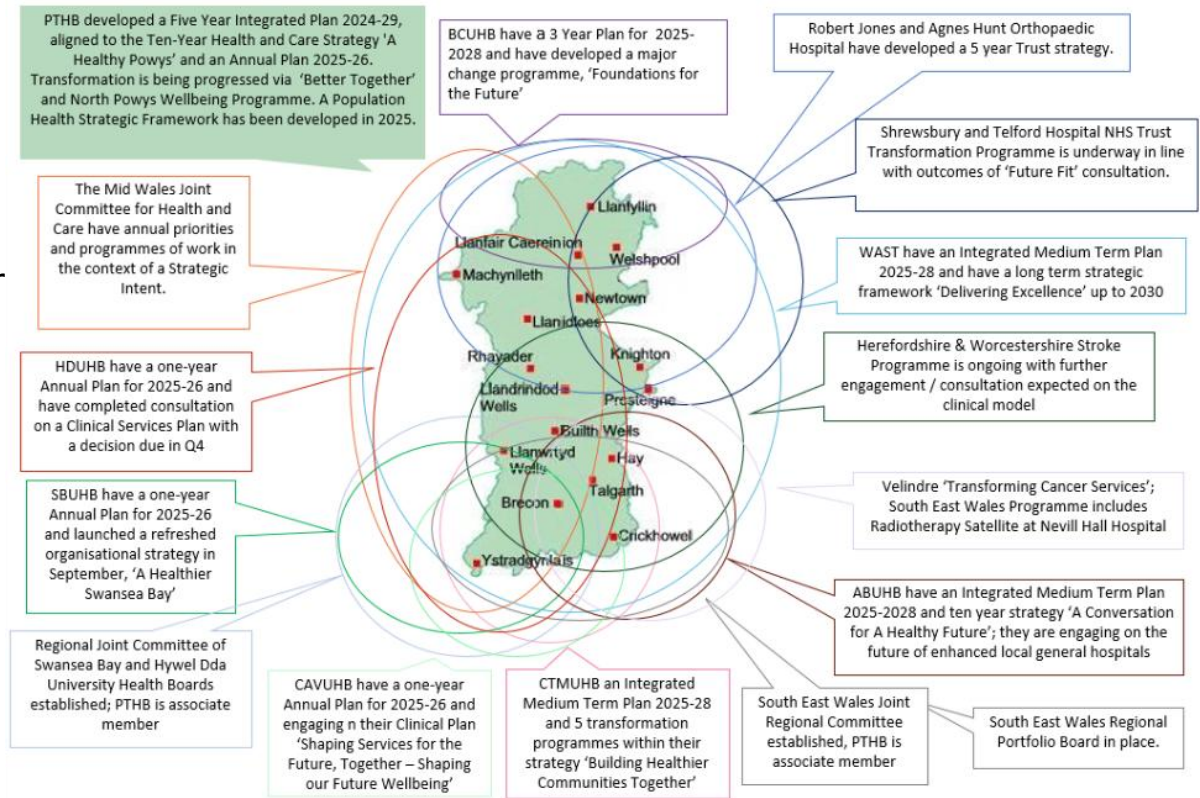
This intelligence is a valuable contribution, alongside other engagement, to the health board's understanding of the views and lived experiences of patients, carers and communities.

SPOTLIGHT on Regional and National Planning

This plan is informed by, and responds to, complex interdependencies across regional and national plans and strategic change programmes. The Powys Regional Partnership Board and Powys Public Services Board are key to regional working in Powys itself, with the Mid Wales Joint Committee for Health and Care bringing together partners in the wider region.

At a national level, the health board works closely with the Strategic Programmes and Clinical Networks overseen by NHS Performance and Improvement, and with other national partners including Digital Health and Care Wales (DHCW), NHS Wales Shared Services Partnership, Health Education and Improvement Wales (HEIW) and NHS Wales Joint Commissioning Committee (which is a key mechanism for the health board in relation to provision of Specialised and Ambulance services).

The health board uses a systematic process for horizon scanning, through quarterly stocktakes, to enable targeted participation and action across key partnerships and programmes.



Targeted actions, which respond to, mitigate, and leverage the opportunities associated with this complex strategic landscape, are noted throughout the Delivery Plan for key Strategic Priorities and further enabling actions (covering partnership development, delivery, assurance and governance) are also included in the 'Transforming in Partnership' section.

Performance and Commissioning Assessment

The plan is informed by an assessment of performance and delivery for both PTHB Provider services and commissioned services.

Overall performance is in line with national goals as a provider, and the health board is not in escalation for any areas of performance.

Performance in commissioned services is more complex, across secondary, planned and specialist care in England and Wales.

In relation to progress against the current plan, each of the Strategic Priorities are reviewed quarterly and the position at the time of publication of this Plan (up to the end of Quarter 3 of 2025/26) shows a good level of delivery across each of the areas. Further detail can be found on the health board's website [Board Meetings - Powys Teaching Health Board](#).

An assessment has been carried out across the key performance, quality and delivery expectations in the NHS Wales Planning Framework 2026 – 2029, encompassing:

- Assessment of delivery confidence against the Cabinet Secretary priorities
- Current position and projected position against the Enabling Actions
- An assessment against the NHS Wales Performance Framework key measures, including detailed modelling of scenarios for key planned care trajectories.

A review was also carried out against the additional 'Technical Guidance' which encompassed legislative requirements and policy expectations, including those associated with the 'Improving Performance Together' publication (Summer 2025) which followed the Ministerial Advisory Group report on NHS Wales Performance and Productivity (Spring 2025).

Alignment to the recommendations arising from an external review carried out by Grant Thornton and Partners was also considered throughout the planning process, by operational and delivery leads, including input from the Better Together Programme team. This was systematically and comprehensively considered through the Committee and Board processes.

This enabled a thorough consideration of the key performance positions in the context of the organisation's strategic intentions, the quality of care and transformation ambitions, and the imperative to commission within resources given the financial challenges set out in this plan.

The assessment was also critical to the process of negotiation of Long Term Agreements with commissioned providers, in both England and Wales.

The final projected positions across key areas of performance and delivery are appended to the Plan.

Workforce Assessment

The health board's workforce has seen significant changes over recent years and the demographic and market factors for the years to come will mean that further evolution is both inevitable and necessary. Key changes include:

- Growth in the overall workforce of the health board which contributes to efforts to stabilise delivery and performance, however further structural change is necessary to ensure that the workforce profile is affordable and sustainable, and matched to future need (in line with the Better Together Programme)
- Significant progress has been made in agency utilisation with a consistent downward trend (35% reduction in agency hours excluding medical), a shift towards cost-effective use of bank and a positive rebalancing of solutions.
- Staff turnover has reduced but remains above the NHS Wales average with a trend around early leavers (in first two years employment)
- The age of the workforce is also a factor with 26% of the workforce aged 55+, and one in six likely to retire within five years.
- Workforce wellbeing and sickness absence compares favourably to the NHS Wales rolling average; however the impact is magnified by small team sizes and rural service models.

- Encouragingly, headcount stability stands at 90%, reflecting a more settled workforce; mandatory and statutory training compliance has improved to 88%, and PADR compliance stands at 80%.
- Colleagues report strong pride in serving Powys communities, high levels of teamwork, and deep community connection. However, staff also report rising fatigue, pressure from vacancies, rural isolation, variable access to leadership visibility, and a desire for clearer progression routes and development opportunities.
- It is also recognised that workforce equality, psychological safety, and respectful behaviours are essential and local staff voice and workforce metrics show that experiences of leadership visibility, development access, and support can vary significantly by geography and service area.

This evidence demonstrates the need for workforce optimisation, productivity improvement, skill-mix redesign, and establishment control, while building on local successes such as digital delivery, integrated community services, and "grow our own" pipelines (e.g., Aspiring Nurses, Physios and Radiographer Schemes and international recruitment).

This Plan sets out the further actions being taken to ensure a robust approach to workforce development and planning, aligned to the Better Together Programme.

Financial Assessment and Plan

This Plan responds to one of the most challenging periods in the history of the NHS in Powys. This year, as in recent years, it has not been possible to produce a fully compliant plan in relation to the financial breakeven duty across a three year period. There is a growing imbalance between the health board's expenditure and its income. This plan sets out how we will work with communities and stakeholders to build a financially sustainable approach and implement a turnaround to the financial challenge that we face. **The health board is in a Financial Turnaround.**

There are continued significant inflationary and demand growth pressures on healthcare, arising from a combined and complex set of challenges that are recognised in the NHS Wales Planning Framework and explored in detail in the strategic context of this plan. Demographic changes, which have been noted nationally, are particularly acute in the rural county of Powys, which is at the forefront of the ageing population, with evidence of a growing burden of ill health and increases in those facing multiple health challenges. Additionally, the legacy of the pandemic on access to healthcare; significant backlogs in treatment; cyclical system pressures and growth in demand and difficulties recruiting and retaining the workforce needed across health and care.

These challenges are impacting on the ability of the health board to achieve a financial breakeven plan, and it has been determined by the Board that it is not possible to do so in 2026/27.

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

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

The health board is working to allocate the available resources to the right place to deliver the best outcomes for the population at the least cost, in line with the long term Health and Care Strategy 'A Healthy Caring Powys'. Understanding the outcomes and experience of the population, the evidence base and comparative costs will enable the health board to increase the value of its services. It is a significant driver of the value-based healthcare approach, which is being embedded in the organisation supported by a core and expert team focused on transformation.

The plan aims to maximise the allocated resources and strive to deliver safe, timely, effective, efficient, equitable and person centred care whilst meeting the challenge of delivering a financial plan as economically as possible, recognising that in 2026/27 it is some way off the Target Control Total as set by Welsh Government of a £12m deficit.

Financial Assessment and Plan (continued)

Financial Plan for 2026/27

Powys Teaching Health Board is at escalation Level 4 (targeted intervention) for finance, strategy and planning within Welsh Government's NHS oversight and escalation framework. As a result, during the latter part of 2025/26 the health board has received external support to help identify and begin to make additional financial improvements. The financial plan has been developed based on confirmed Welsh Government funding allocations, risk assessed cost pressures and an ambitious and challenging view of cost saving potential, which has been informed by the external support.

The key recommendations and areas of opportunity from the Grant Thornton work are reproduced in the table below and are included in the development of the financial plan for 2026/27 and the longer term route map to sustainability:

Activity	Estimated impact p.a.
Commissioning maturity approach to reduce English activity	£0.4 million
Transformation to commissioning led focus reduces average annual contract growth	£7.7 million
5% reduction JCC commissioned activity	£2.4 million
Referral protocols and control mechanisms	£3.8 million
Repatriate activity and provide locally or with greater productivity	£0.7 million
Outpatient waiting lists validation exercise and reductions	£0.5 million
Mental Health out-of-area placement reduction	£0.8 million
NHS standard contracting	£2.4 million
CHC in depth clinical commissioning review	£6.4 million
Improved financial efficiency delivery	£2.5 million
Total	£27.6 million

Please note - values included are conservative estimates based on experience elsewhere applied to PTHB data. The actual numbers will differ.

Key financial assumptions

The health board faces a significant financial challenge, due to a combination of pressures that are not unique to this organisation. A detailed appraisal of key financial assumptions has been made during the six month period of Plan Development, working closely with the Financial Planning and Delivery Directorate within the NHS Wales Executive.

This appraisal process has included a series of Board Development sessions at which the financial drivers, notably the key inflationary pressures and areas of demand and service growth, have been appraised:

- Inflationary pressures in relation to pay growth including agency uplifts.
- NHS Wales and NHS England Provider and Commissioner uplift arrangements.
- Activity and inflationary growth in relation to Continuing Healthcare and Funded Nursing Care.
- Other non-pay inflation considerations impacting on PTHB Provider and Commissioned Services (utilising Consumer Price Indices intelligence).
- Inflation in relation to Prescribing and High Cost Drugs (utilising All Wales Prescribing Audit Report)
- Increased contributions to the Welsh Risk Pool to settle clinical negligence claims.
- The income assumptions based on a Health & Social Care budget 1.11% core allocation uplift in funding in 2026/27 and additional funding for any pay awards.

Financial Assessment and Plan (continued)

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

Baseline and Forecast Position

The health board is forecasting a £33.3m deficit at the end of 2025/26. Once the impact of non-recurrent items and the full year impact of recurrent pressures have been considered the health board is assessed as having an underlying deficit of £44.7m. This would be £49.7m, without £5.0m of conditionally recurrent funding from Welsh Government.

The underlying deficit has developed over time largely driven by a growth in people requiring continuing healthcare and the commissioning of specialist and secondary care, alongside workforce pressures, out of area placements for mental health and the prescribing of drugs by primary care.

The table below details the current assessment. Further work is underway to refine the analysis.

Area	Underlying deficit (£m)
Continuing Health Care	19.6
Commissioned Services	14.6
Provided Services	4.1
Out of area MH placements	5.2
Prescribing	1.2
TOTAL	44.7

Adding to the underlying deficit of £44.7m, is the assessment of:

- cost pressures of £10.0m for secondary and specialist healthcare providers for inflation and increased activity.
- cost pressures of £7.7m for continuing healthcare.
- other cost pressures of £6.4m, including £1.8m for prescribing drugs in primary care and £1.1m pay related; and
- an increase in funding of £(4.3)m reduced by the net effect of some allocation adjustments, particularly £2.7m increase in contributions to the Welsh Risk Pool.

The ambition of the health board is that the net effect of these cost pressures will be offset by a series of mitigating actions, evaluated as having a £22.9m impact in 2026/27:

- improving community based services and, thereby, reducing commissioning expenditure for hospital based care.
- further commissioning savings identified by the external review.
- using insights gained from the external review to commission continuing healthcare more economically.
- reducing expenditure on agency staff and medicines.
- the impact of transformational change; and
- working actively with teams to identify mitigating actions to contain cost pressures.

Financial Assessment and Plan (continued)

The impact of each of these components is set out below. The health board has a financial plan starting position of £44.7m deficit in 2026/27 and plans to make sufficient savings to match the cost pressures so that the underlying deficit does not deteriorate.

Financial Plan	(£m)	(£m)
Underlying deficit		44.7
Cost pressures in secondary care	10.0	
Cost pressures in continuing healthcare	7.7	
Other cost pressures	6.4	
<i>Sub-total cost pressures</i>		<i>24.1</i>
Net effect of allocation adjustments	(1.2)	
Savings Programme	(22.9)	
<i>Sub-total funding and savings</i>		<i>(24.1)</i>
TOTAL		44.7
Conditional funding		5.0
TOTAL without conditional funding		49.7

There are risks to the financial plan, such as:

- Delivery in an environment of high demand and operational pressures; a dynamic environment across health and care with considerable uncertainty.
- The scale of ambition for the savings programme at £22.9m is equivalent to 6% of the health board's circa £390m hospital and health care services allocation.
- Reporting difficulties in English providers means that cost pressure could be understated.
- Growth in the number of people in receipt of continuing healthcare could be greater than planned for.

The financial impact of the actions taken in relation to the areas in the previous table will be closely monitored to inform the health board's financial position and year end forecast position as part of the regular reporting to Welsh government.

The figures in the table below give an indication of how the planned expenditure for 2026/27 compares to the forecast expenditure in 2025/26 and the actual costs in previous years. The figures do not include next year's pay awards or technical costs, such as, depreciation.

	£m									
	2017/18 Actual	2018/19 Actual	2019/20 Actual	2020/21 Actual	2021/22 Actual	2022/23 Actual	2023/24 Actual	2024/25 Actual	2025/26 Forecast	2026/27 Plan
05 - Primary Care - (excluding Drugs)	35	38	39	41	43	43	45	48	50	53
06 - Primary care - Drugs & Appliances	30	29	30	32	31	33	35	36	35	36
07 - Provided services - Pay	69	72	79	90	96	103	114	124	124	119
08 - Provided Services - Non Pay	24	15	16	25	27	16	21	22	22	25
09 - Secondary care - Drugs	1	1	1	1	1	1	1	1	1	1
10 - Healthcare Services - Other NHS Bodies	121	126	133	141	149	157	169	186	196	203
12 - Continuing Care and FNC	15	14	15	16	22	27	31	36	40	44
13 - Other Private & Voluntary Sector	4	3	3	3	3	3	4	7	10	7
Powys Total	298	297	315	348	373	384	421	461	479	488
Annual Growth		-0.1%	6.1%	10.5%	7.0%	3.1%	9.5%	9.4%	4.0%	2.1%

Mitigation of Financial Risks

Action will be required to ensure key risks are appropriately managed and mitigated:

- Mitigating actions on savings target; concerted attention with savings plans and further cost avoidance actions; clear lines of accountability in delivering identified high value opportunities.
- Cost Pressures due to inflation and growth; there are a series of assumptions underpinning these assessed costs. It is identified as a key risk area to be managed.

Routemap to Financial Balance & Sustainability

Introduction

This Plan as a whole responds to one of the most challenging periods in the history of the NHS. This year, as in recent years, it has not been possible to produce a fully compliant plan in relation to the financial breakeven duty across a three year period. There is a growing imbalance between expenditure and income.

The health board is in a Financial Turnaround.

A commitment was given by the health board during its Public Accountability Meeting on 27 November 2025 to set out a clear Routemap to Sustainability in this plan.

The health board takes seriously the position it is in, and this is reflected in this plan and the development of this first iteration of the Routemap. This is in addition to urgent action on financial improvement.

The plan as a whole is clear how the immediate actions align to further work in the short, medium and long term to firstly return back to a 'Target Control Total' and then achieve financial sustainability.

Returning to financial sustainability is a significant challenge. It is a firm and shared ambition, both for the health board and for Welsh Government, who are clear in their directives for all health boards in Wales to meet the statutory duty to break even across a three year period. This is a necessary component of the work needed to achieve full de-escalation from the current Level 4 Escalation status for Planning, Finance and Strategy.

Purpose

This Routemap sets out the actions, opportunities, governance, and delivery expectations required to improve the health board's financial position over the three-year period 2026/27 to 2028/29.

By purposefully implementing significant intervention and moving the Health Board into a focus around financial turnaround the health board plans to arrest the deterioration in its financial position.

In 2026/27, the health board will stabilise the position, implementing rapidly actions to do this, whilst at the same time drive significant savings and drive transformation programmes to deliver a more financial sustainable position.

The Grant Thornton review has focused on key areas internally and externally where this can be delivered. This will take a significant change in how the health board is operating and manages external relationships.

The Board has a strong commitment to delivering this, using a mix of refocusing internal resource and external capacity and capability to deliver this plan.

The plan aims to deliver up to £53.8m in opportunities, recognising that adjustments will be required to remove any overlaps and double counting and that delivery against the opportunities is in support of and in addition to the general savings targets as set and as detailed.

Routemap to Financial Balance & Sustainability (continued)

There are significant risks, to be taken into account, relating to delivery in an environment of high demand and operational pressures.

This is therefore a first iteration of a Routemap, that by its nature, needs to be live, agile and iterative. It does not replace the organisation's balanced and integrated plan, nor the firm commitment to the Health and Care Strategy for Powys, but is a critical component within it.

The Scale of the Challenge

The Board have been systematically engaged in the appraisal and scrutiny of the challenge, including the review carried out by Grant Thornton. This set out areas of opportunity which would contribute to (but not fully resolve) the journey to financial balance.

The following sets out the scale of the financial challenge, by budget area based on the current analysis of the underlying deficit (which will be refreshed as part of the financial year end).

	Plan budget before savings	Total Savings	Current Plan budgets	Further Saving based on underlying deficit	Revised budgets	Proportion budget reduction
	(£m)	(£m)	(£m)	(£m)	(£m)	(%)
Revenue Resource Limit	(451.4)		(451.4)		(451.4)	
Other Income	(7.5)		(7.5)		(7.5)	
Sub-total income	(458.9)		(458.9)		(458.9)	
Primary Care - (excluding Drugs)	52.6	0.0	52.6	0.0	52.6	0%
Primary care - Drugs & Appliances	36.8	(1.2)	35.6	0.0	35.6	3%
Provided and Corporate services	150.9	(5.6)	145.3	0.4	145.7	3%
Healthcare Services - Other NHS Bodies	213.1	(10.4)	202.7	(16.9)	185.8	13%
Continuing Care and FNC	48.0	(4.0)	44.0	(24.5)	19.5	59%
Other Private & Voluntary Sector	8.8	(1.7)	7.1	(3.7)	3.4	61%
Joint Financing & Other	16.3	0.0	16.3	0.0	16.3	0%
Sub-total expenditure	526.5	(22.9)	503.6	(44.7)	458.9	13%
TOTAL	67.5	(22.9)	44.7	(44.7)	0.0	

On the assumption that annual funding increases, plus an annual 2% savings requirement, then the health board will need to achieve recurrent savings of over £20m p.a. in future years to address the underlying deficit and improve its financial sustainability.

This requires an annual saving year on year of circa 6% to 7% and a total saving over a 3 year period of £84m, which equates to 21%.

Plan to stabilise in 2026/27 then improve

The table below shows that in 2026/27 the in year cost pressures of £24m will be matched by increased funding and savings of £24m to ensure that the underlying deficit does not worsen.

2026/27 Financial Plan	(£m)	(£m)
Underlying deficit		44.7
Cost pressures in secondary care	10.0	
Cost pressures in continuing healthcare	7.7	
Other cost pressures	6.4	
Sub-total cost pressures		24.1
Net effect of allocation adjustments	(1.2)	
Savings Programme	(22.9)	
Sub-total funding and savings		(24.1)
TOTAL		44.7

Routemap to Financial Balance & Sustainability (continued)

The financial impact of the actions (in the previous table) will be closely monitored to inform the health board financial position and year end forecast position as part of the regular reporting to Welsh government.

Strategic Approach

It is clear that to deliver financial sustainability traditional savings programmes will not be sufficient.

As set out above, the Routemap is to stabilise the financial position in 2026/27, whilst embedding greater financial discipline, delivering recurrent savings and transformation. The scale of the challenge necessitates doing this in parallel. This will require changes of focus, operating model and culture to be achieved.

The Routemap is founded on a disciplined, multi-year approach that brings together rigorous financial management, targeted transformation, and clinical and operational leadership. Delivery will be supported by clear accountability, performance oversight, and real-time monitoring of risks and benefits.

The Routemap focuses on:

- Delivering savings and efficiency opportunities across key operational and commissioning areas.
- Implementing recommendations from the Grant Thornton review.
- Accelerating the Better Together Programme to modernise services, optimise space and improve workforce efficiency.

- Strengthening programme management, grip and control, and turnaround governance.
- Ensuring each lead is accountable for delivery and reporting progress against agreed milestones.
- Delivery, monitoring and updating will be an iterative process and will be dependent on the actual delivery against targets as set.

Savings and Opportunity Pipeline

The total pipeline of savings and opportunities is as summarised below. This has been key to the consideration at Board level of the scale of the effort and level of change that would be required for delivery.

These include:

Grant Thornton Opportunities

- Commissioning arrangements
- Demand reduction
- Contracting improvements
- Joint Commissioning Committee improvements
- Referral management
- Repatriation
- Continuing Healthcare efficiencies
- Financial efficiency actions

Better Together Programme Opportunities

- Improved utilisation of estate
- Workforce modernisation
- Reduced length of stay (LOS)

Routemap to Financial Balance & Sustainability (continued)

Cross-system and NHS Wales Opportunities

- Addressing social care capacity constraints
- National efficiency programmes
- Productivity improvements
- Converting non-recurrent savings to recurrent change

These opportunities have been scrutinised by the Board in assessing the scale of effort and degree of change. However this does not yet close the gap completely.

The table below details the opportunity pipeline and the timescale over which it is intended to be realised.

Opportunity Pipeline

Category	Detail	Value (£m)	Timescale
Grant Thornton	Commissioning Contracting	0.4	26/27
	Commissioning Reduce Demand	7.7	26/27–28/29
	Commissioning Contracts	2.4	26/27–28/29
	Joint Commissioning Committee Improvement	2.4	26/27–28/29
	Commissioning Referral Management	3.0	26/27–28/29
	Commissioning Repatriation	0.7	26/27
	Outpatient Validation	0.5	26/27
	MH: Reduce Out of Area Use	0.8	26/27
	Continuing Healthcare	6.4	26/27–28/29
	Financial Efficiency	2.5	26/27–28/29

Opportunity Pipeline (continued)

Category	Detail	Value (£m)	Timescale
Better Together	Space Utilisation	3.0	26/27–28/29
	Workforce Modernisation & Efficiency	4.0	26/27–28/29
	Reduce LOS (Length of Stay)	5.0	26/27–28/29
Total Factor Productivity	Increase activity; reduce cost	2.5	26/27–28/29
System Improvement	Reduce LOS	4.0	26/27–28/29
NHS Wales Efficiency Targets	Reduce Cost	2.0	26/27–28/29
Non-Recurrent Actions	To become Recurrent	3.0	26/27–28/29
Temporary Service Change	Recurrent Benefits	1.0	26/27–28/29
LOS Parity Across Providers	Reduce LOS	1.0	26/27–28/29
NHS Wales Enabling Actions	As per plan	0.5	26/27–28/29
MH Providers	Further Improvement	1.0	26/27–28/29
TOTAL		53.8	

Routemap to Financial Balance & Sustainability (continued)

The following table shows how the achievement of the first part of these opportunities is built into the 2026/27 annual plan. The Savings Programme comprises a 3% target for all areas and additional targets in areas of opportunity.

Savings Programme 2026 - 2027

Category	Detail	Value (£m)	Timescale
3% Savings Target for All Areas	Commissioning	5.0	26/27
	Pay	3.0	26/27
	CHC	1.5	26/27
	Medicines	1.3	26/27
	Other Areas	1.0	26/27
SUBTOTAL		11.8	
Additional Bespoke Savings Target	Commissioning	5.4	26/27
	Pay	1.0	26/27
	CHC	2.5	26/27
	Private providers	1.5	26/27
	Other Areas	0.7	26/27
SUBTOTAL		11.1	
TOTAL		22.9	

Three Year Financial Trajectory

The planned actions contribute to the following assessed and targeted financial trajectory:

Area	26/27 £m	27/28 £m	28/29 £m
Underlying Deficit	44.70	44.67	23.19
Growth & Inflation	24.10	12.05	12.05
Funding	(1.20)	(5.00)	(5.00)
2% Savings	Included Below	Included Below	(7.05)
1% Savings	(3.93)	(3.93)	(3.93)
Grant Thornton Opportunities	(11.40)	(11.70)	(3.70)
Better Together Opportunities	(2.50)	(5.50)	(4.00)
Other Opportunities	(5.10)	(7.40)	(2.00)
Total	44.67	23.19	9.56

Further work

This is the first iteration of the Routemap. It will be a live approach, to be able to review and take account of all opportunities and developments as they arise, and to mitigate and respond to risks or barriers to progress.

Routemap to Financial Balance & Sustainability (continued)

The trajectory over three years does not, at this early stage of development, provide the necessary whole solution to reach sustainability longer term. But it will be refreshed regularly in light of emerging opportunities and progress against actions.

The development of the full Routemap over time is inextricably linked to the progress across the planned transformation and improvement noted in the Annual Plan as a whole.

In tangible terms, the health board will have to take action to reduce expenditure by:

- Reshaping workforce to maximise productivity and efficiency and to ensure long term sustainability
- Prioritising and streamlining services that deliver the best outcome for the population
- Optimising the level of care we commission to ensure value, clinical appropriateness and patient outcomes
- Strengthening referral management to ensure patients receive the right care
- Optimising the estate to ensure it is fit for purpose, utilised and efficient to maximise value and reduce waste.

There are difficult choices to make, in developing a fully sustainable model of care for Powys and consultation is planned in 2026 to ensure that staff, stakeholders and communities are involved in shaping the way forward.

Governance and Delivery Framework

This Route Map to Sustainability outlines a structured and accountable approach to delivering up to £53.8m in opportunities over 2026/27–2028/29. These opportunities are in conjunction and additional to the annual general savings targets as detailed.

Through strong governance, disciplined programme management, and clear leadership accountability, the health board aims to move towards a sustainable financial footing while delivering quality services for the population of Powys.

Delivery Expectations and Accountability

- Each opportunity has a named lead responsible for delivery.
- Actions are pathway related and will need Organisation sign up and action to deliver.
- Leads must ensure timeliness, accuracy of forecasts, and early escalation of issues.
- The plan is iterative: adjustments will be made to remove double counts and refine assumptions.
- Delivery of opportunities will be realistic and as soon as possible recognising operation impact re performance, quality, and patient outcomes.

Routemap to Financial Balance & Sustainability (continued)

Governance and Delivery Mechanisms

Turnaround Governance Structure

A formal financial recovery governance approach will oversee:

- Delivery assurance
- Financial performance monitoring
- Escalation of risks and underperformance
- Decision-making on corrective actions

Programme Monitoring Office (PMO)

A strengthened PMO will be established to:

- Track progress against each opportunity.
- Support delivery leads with planning, risk management, and milestones.
- Provide standardised reporting to the Financial Recovery Board and Finance and Performance Committee

Conclusion

This Route Map to Sustainability provides a clear, transparent pathway for Powys Teaching Health Board over the next three years.

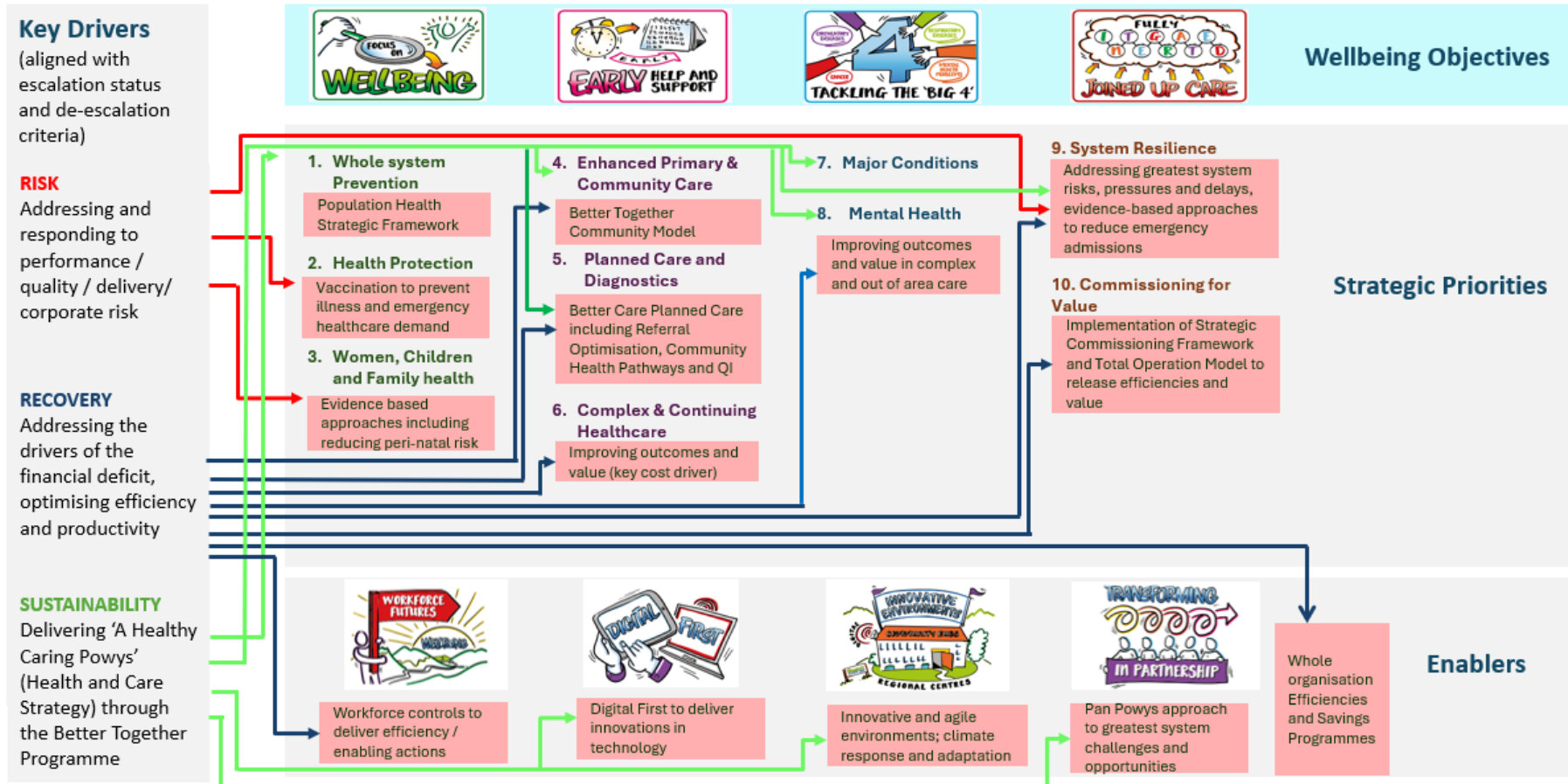
It represents:

- a realistic assessment of the scale of the challenge
- an early but robust set of opportunities
- a disciplined approach to delivery
- a commitment to openness with staff, partners and the public

Returning to financial sustainability will be difficult and requires significant transformation. However, with strong leadership, whole-system collaboration and continued engagement with communities, Powys Teaching Health Board is committed to securing safe, high-quality and sustainable care for the people of Powys.

High Impact Areas of Delivery

'Logic Map' showing High Impact Areas of Delivery for Risk, Recovery and Sustainability



The areas in red are those that are assessed to have greatest impact next year and are key points of focus in the Delivery Plan in 2026 - 2027

SUMMARY OF PTHB ANNUAL PLAN DELIVERY PLAN 2026 - 2027

What difference will this Plan make?

The fundamental rationale for this plan is to respond to the scale of the challenges set out in the 'Better Together Case for Change'. This requires actions, targeted at the greatest impacts, across short, medium and long term horizons:

- In the immediate term, ensuring productivity in operational delivery and performance and maintaining a rigorous approach to cross organisational savings plans and business efficiencies
- In the short and medium term, accelerating service improvement and development as a provider and commissioner, aligned to the phases of the Better Together programme and the Strategic Commissioning Framework
- In the medium and longer term, delivering the full Better Together programme and Strategic Commissioning Framework
- Progressing the Population Health Strategic Framework, across all time horizons, starting immediately with Year 1 actions for 'Preventing the Preventable'

The above are critical to delivery against Welsh Government's de-escalation criteria, notably the requirement for a Clinical Services Strategy / Plan – and a Routemap to financial balance and sustainability. It also aligns to the recommendations from the external review carried out by Grant Thornton and Partners.

The Plan has been developed following an extensive appraisal of the following:

- The NHS Planning Framework, including Cabinet Secretary Priorities and Enabling Actions, and Financial Allocation
- NHS Wales Performance Framework, 'Improving Performance Together' (Welsh Government, Summer 2026) and the report of the Ministerial Advisory Group on NHS Wales Performance and Productivity
- Legislation and Statutory Duties
- Strategic Risk and Risk Appetite
- External PESTLE factors (political, economic, social, technological, legal and environmental)
- MOSCOW prioritisation and 'must do' criteria:
 - Critical to risk/ recovery/ sustainability
 - Critical to Quality/ Performance / Productivity
 - Necessary to deliver next year's actions for Better Together / North Powys Wellbeing Programme / Population Health framework

Therefore, whilst this is an Annual Plan, setting out actions across the year ahead, there is a clear line of sight to the medium and longer term – and the totality of the impact that the health board needs to make, in response to the challenges it faces.

How was the Plan developed?

Intensive internal and external engagement took place through workshops, a Technical Group and planning sessions including those with partners and peer networks. Llais also provided evidence of the insights and learning from their engagement to date, strengthening the patient and user voice.

Internal engagement focused on clinical and professional input, to support collaboration across operational and transformational efforts. It ensured that colleagues working on enabling plans had sight of delivery plans as they emerged and were refined.

From January 2026 the focus was on triangulation and moderation across the plan, with focused input from Lead Executives individually and collectively.

This latter stage of work also focused on the appraisal of the developing plan against the Planning and Performance Frameworks and Financial Allocation, released by Welsh Government at the end of December 2025 and January 2026.

The Board have been systematically engaged in the appraisal and scrutiny of strategic intentions and choices throughout the process, with regular in depth Board Development sessions in addition to formal Committee and Board processes.

How to navigate the Delivery Plan

The **Plan on a Page** overleaf shows the key components around which the Delivery Plan is organised:

- **Strategic Framework** The plan continues to deliver against the vision and of 'A Healthy Caring Powys', set out in the shared Health and Care Strategy for Powys (overseen by the Regional Partnership Board) – which is strongly aligned with the Future Generations Act and A Healthier Wales
- **Wellbeing Objectives**: These are shared across the Powys Regional Partnership Board and Public Services Board – and remain consistent across the PTHB Annual Plans, maintaining a longer term perspective
- **Strategic Priorities**: These were originally set out in the five year plan, then are reviewed and updated annually, to reflect developments in the NHS Wales Planning Framework and local, regional and national planning priorities.
- **Key Areas of Delivery**: These set out the actions, deliverables and timescales within each Strategic Priority

A Summary of the Delivery Plan is provided in this document, and a full version is available on request or on the health board's website.



To 2029 AND BEYOND



Plan on a Page 2026 > 2027

Quality is the golden thread across the whole plan, underpinned by the Quality Standards of Safe, Timely, Effective, Efficient, Equitable and Person-Centred Care



A whole system approach to wellbeing & prevention

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



A responsive community based model of care

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



Effective care across the Big Four

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



Sustainable and resilient health care

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

Wellbeing Objectives



Strategic Priorities



WORKFORCE FUTURES



DIGITAL FIRST



INNOVATIVE ENVIRONMENTS



TRANSFORMING IN PARTNERSHIP

Enablers



Summary of Delivery Plan 2026 - 2027



Wellbeing Objective - Focus on Wellbeing

Strategic Priority 1: Whole System Prevention approach	Strategic Priority 2: Health Protection Response inc. Vaccination and Screening	Strategic Priority 3: Women, Children and Families
<p>Key Areas of Delivery</p> <p>Implementation of Population Health Strategic Framework 'Preventing the Preventable'</p> <ul style="list-style-type: none"> • Training and resources to support population health prevention • Making Every Contact Count • Prevention embedded in re-designed Planned Care pathways • Develop Cluster Profiles for agreed Prevention bundle • Targeted Healthy Ageing Programme • Winter Wellness Campaign <p>Delivery of Health Board led population level health improvement ensuring an equity focus</p> <ul style="list-style-type: none"> • Healthy Weights and Obesity Plan • Smoking cessation, Smoke Free plan, Tobacco and vaping control • Business Cases for other improvement actions <p>North Powys Wellbeing Programme</p> <ul style="list-style-type: none"> • Place Based Community Wellbeing model supporting delivery of the Integrated Hub in Newtown (linked to Regional Partnership Board Social Model for Health and Wellbeing Pan Powys) 	<p>Key Areas of Delivery</p> <p>Emergency Preparedness and Health Protection</p> <ul style="list-style-type: none"> • Ensure emergency preparedness and organisational resilience and compliance against Civil Contingencies Act • Provide health protection response to all hazards in line with Communicable Disease Outbreak Plan for Wales <p>Vaccination, Immunisation and Screening</p> <ul style="list-style-type: none"> • Implement respiratory vaccination programme in line with Welsh Government directives, narrowing inequities and maximising uptake in all groups • Implement immunisation schedule in line with National Immunisation Framework and Welsh Health Circulars, narrowing inequities and maximising uptake in all groups • Promote uptake of national screening programmes in partnership with Welsh Government and Public Health Wales 	<p>Key Areas of Delivery</p> <p>Better Together and Partnership Priorities</p> <ul style="list-style-type: none"> • Progress the future model for Better Together Women, Children and Families Workstream - interdependent with North Powys Wellbeing Programme • Progress key partnership priorities (Regional Partnership Board and Public Services Board) for women, children and families <p>Women's Health</p> <ul style="list-style-type: none"> • Implementation of Year 2 actions against National Women's Health Strategy <p>Family and Children's Health</p> <ul style="list-style-type: none"> • Progress to Stage 2 Unicef Baby Friendly • Embed Healthy Weight advice and referral pathway for women, children and families • Improvement plan for Neurodevelopment services for children and young people • Implement Year 2 Business case for Complex and Continuing Healthcare for children and young people aligning to recommendations by Grant Thornton • Maternity Quality and Safety: Implementation of systems and processes known to improve quality and peri-natal mortality rates

Refer to the **FINAL PTHB Delivery Plan 2026 – 2027** for full detail of milestones and timescales.

Cabinet Secretary Priorities and Metrics

Population Health and Prevention

- Increase proportion of children who are healthy weight (National Child Measurement programme), focusing on most disadvantaged
- Reduce inequality in uptake in the most and least deprived areas in preventing ill health especially in vaccination, screening, diabetes prevention and care ([cross reference to PTHB Strategic Priority 2](#))
- Increase in % of those >12 Years with diabetes who received all 8 NICE recommended processes ([cross reference to PTHB Strategic Priority 7](#))

Women's Health

- Future expansion of Women's Health Hub by March 2027
- Improve quality of maternity services by reducing peri-natal mortality rates

Enabling Actions

- Population Health and Prevention: Progress diabetes high value high impact pathway ([cross reference to PTHB Strategic Priority 4 and 7](#))

Alignment to NHS Wales Planning Framework

Summary of Delivery Plan 2026 - 2027



Wellbeing Objective - Early Help and Support

Strategic Priority 4: Enhanced Primary and Community Care	Strategic Priority 5: Planned Care and Diagnostics	Strategic Priority 6: Complex and Continuing Healthcare
<p>Key Areas of Delivery</p> <p>Better Together</p> <ul style="list-style-type: none"> Develop Clinical Oversight Model Commence implementation of Integrated Community Model <ul style="list-style-type: none"> Proactive prevention including enhanced community capacity and polypharmacy Intermediate care including urgent community response, reablement, inpatient care, integrated physical and mental health and fracture liaison service, last year of life Evaluate temporary service changes to inform next stages of Better Together Journey to consultation <p>North Powys Wellbeing Programme</p> <ul style="list-style-type: none"> Integrated wellbeing hub and multidisciplinary team approach Primary care model <p>Cluster Development and Primary Care</p> <ul style="list-style-type: none"> Cluster Collaborative Development <p>Enhanced Primary Care</p> <ul style="list-style-type: none"> General Medical Services Out of Hours Optometry Dental Primary and Community Care Academy Medicines Management & Pharmacy 	<p>Key Areas of Delivery</p> <p>Better Together</p> <ul style="list-style-type: none"> Getting It Right First Time (GIRFT) Strategic Assessment of Planned Care <ul style="list-style-type: none"> Update Case for Change Chapter Assessment on top ten specialities Recruit to clinical speciality leads and transformation expertise Develop phased implementation plan to deliver benefits of pathway re-design Develop strategic partnership for in reach model Implement Referral Optimisation Community Health Pathways Medical Devices and equipment <p>Service and Pathway Improvement</p> <ul style="list-style-type: none"> Ophthalmology Orthopaedics / Musculoskeletal Outpatients Waiting Well service Theatres Endoscopy <p>Diagnostics & Therapies</p> <ul style="list-style-type: none"> Use GIRFT findings to explore future options for Non-Obstetric Sonography Explore options for the future configuration of Echo-cardiology services in Mid and South Powys Point of Care Testing (POCT) C-Reactive Protein Trial across Primary Care Review of Audiology Service provision Review Continuous positive airway pressure (CPAP) sleep provision services 	<p>Key Areas of Delivery</p> <p>Implement transformation plan for Complex Care team in response to Grant Thornton review:</p> <ul style="list-style-type: none"> Commission external clinical review of complex cases Leadership and structure review and development Policy and nursing practice alignment Brokerage service development and wider market management Development of a commissioning strategy and quality assurance framework Implementation of Direct Payment programme Implementation of national Digital Commissioning System (cross reference to Digital First section) <p>Review and improvement plan for Learning Disability community Services, monitoring impact on acute and commissioned care</p> <p>Provider engagement to develop alternative provision offering the least restrictive, safe option for complex care needs</p>

Cabinet Secretary Priorities and Metrics

Community by Design

- 12-month reduction in Delayed Pathways of Care (cross reference to PTHB Strategic Priority 9)
- Increase community & specialist palliative nursing weekend capacity to 2024/25 levels or greater

Population Health and Prevention

- > 90% identified via Frailty Tool receive proactive care in line with agreed care plans (cross reference to PTHB Strategic Priority 7)

Timely Access to Care

- No patients waiting >104 weeks for (RTT)
- No patients waiting >8 weeks for specified diagnostic – target zero

Enabling Actions

- Population Health and Prevention: Diabetes high value high impact pathway (cross reference to Strategic Priority 1 and 7)
- Building Community Capacity: NHS Wales App (cross reference Digital First section)
- High Value Medicines Value and Sustainability Programme
- Improving Value, Optimising Outcomes – Bone Health: High Value High Impact pathway
- Implement Value & Sustainability Board recommendations for packages of care
- Timely Access to Care
 - Deliver medical SDEC and acute frailty services (cross reference to Strategic Priority 9)
 - Deliver community-based falls response framework; prevention and early intervention (cross ref Strategic Priority 9)
 - Improve HVLC theatre lists (Cataracts/ Arthroplasty/ general surgery) by end Q2
 - Improve theatre utilisation to GIRFT 85%
 - Ensure validation for >26 weeks; monitor non admitted closed pathways
 - Achieve >20% referral return rate or reduced referrals/100Kpopulation by Dec 2026 using Health Pathways

Alignment to NHS Wales Planning Framework

Refer to the **FINAL PTHB Delivery Plan 2026 – 2027** for full detail of milestones and timescales.

Summary of Delivery Plan 2026 - 2027



Wellbeing Objective - Tackling the Big Four

Strategic Priority 7 Major Conditions

Key Areas of Delivery

Diabetes – High Value High Impact Pathway

- Diabetes Prevention (Business Case development)
- Monitor and targeted improvement of 8 NICE care processes in General Medical Services (GMS)

Cancer

- Post Phase 2 Improving Cancer Journey
- Progress Powys Cancer Team (business case development)
- Review, evaluate and develop model for cancer prehabilitation (National service specification pending) and rehabilitation

Respiratory

- Improve Breathlessness pathway with evidence-based groups/clinics
- *Implementation of Respiratory Vaccination Programme* ([Cross reference to Strategic Priority 2](#))
- *Trial of C-Reactive Protein (CRP) Testing for acute respiratory infections in primary care* ([Cross reference to Diagnostics – POCT in Strategic Priority 5](#))

Cardiac

- Uptake of Primary Care GMS/Quality Improvement (QI) Projects (ABCD+ & CKD prevention)
- Implement National Cardiovascular Disease Prevention Plan for Wales ([cross reference to Strategic Priority 1](#))
- Implement Advanced Heart Failure Pathway including Supplementary Service in line with NICE guidance
- One stop shop/ Multi Disciplinary Team (MDT) approach to Pan Powys Cardiac diagnostics ([Cross reference to Strategic Priority 5 – Echocardiology](#))
- Capture Heart Failure Patient Reported Experience Measures (PREMS) and Patient Reported Outcome Measures (PROMS)
- Implement Arrhythmia Supplementary Service

Stroke

- Targeted engagement in national / regional stroke programmes

Better Together Programme

- Planned Care major conditions pathway opportunities and referral management ([Cross reference to Strategic Priority 5](#))

Strategic Priority 8 Mental Health

Key Areas of Delivery

Population Mental Health and Wellbeing

- Improve access to information, advice and assistance
- Support and build resilience through online therapeutic support including Cognitive Behaviour Therapy (CBT)
- Improve access to assessment and treatment through self-referral increasing the Patient Health Questionnaire 9 (PHQ9) threshold and direct referrals from 111(press2)
- Local delivery against the Suicide and Self-harm Prevention Strategy
- Implement Art in Health Pledge
- Improve eating disorder / inpatient services (National / Regional work)

Better Together Programme

- Older Adult Community Model
 - Complete design of model and develop Implementation Plan
 - Complete strategic assessment for multi-disciplinary community teams (to inform North Powys Wellbeing Programme Business Case)
 - Implement next phase of Single Point of Access and 111 Press 2
- Adult Community Model
 - Complete scope and high-level design for model
 - Design in line with 'Demonstrator Area' pilots for Open Access, Stepped Care and One at a Time
 - Design Sanctuary alternative to admission
- Inpatient Care
 - Following consultation, complete design of model and develop implementation plan, with alignment to National Inpatient Safety Programme and Safe Wards
- Complex Care
 - Deliver actions in response to Grant Thornton review

Quality & Performance Improvement

- Review the continuous Quality Improvement Plan
- Improve physical health of people with long term mental health problems by consideration of Mortality Reviews
- Response to recommendations in NHS Performance and Improvement Supportive Assessment, to improve acute care pathway, equity of services, patient safety and experience
- Develop and implement recovery-focussed trauma informed approaches to care and training for mental health services
- Support Delivery of Primary Care Cluster priorities

Cabinet Secretary Priorities and Metrics

Population Health and Prevention

- Reduce inequality in the uptake in most and least deprived areas esp. vaccination, screening, diabetes prevention and care ([cross reference to Strategic Priority 2](#))
- >90% identified via Frailty Tool to receive proactive care in line with agreed care plans ([Cross reference to Strategic Priority 4](#))
- Increase in % of those >12 Years with diabetes who received all 8 NICE processes ([Cross reference to Strategic Priority 1 and 4](#))

Timely Access to Care

- No patients waiting >104 weeks for RTT ([cross reference to Strategic Priority 5](#))
- No patients waiting >8 weeks for specified diagnostic – target zero ([cross reference to Strategic Priority 5](#))
- Achieve 75% cancer pathway compliance and reduce >62-day backlog by March 2027 (*not directly applicable in PTHB*)

Mental Health Access

- Implement & evaluate Open Access Mental Health Support by March 2027
- Improve safety in secondary care MH March 27
- Improve physical health of people with long term mental health problems - mortality reviews/ improvement plans by March 2027

Enabling Actions

Timely Access to Care

- Full implementation of National Optimal Pathways in Cancer (*PTHB provision*)
- Achieve ≥20% referral return rate or reduced referrals/100k population by Dec 2026 using Health Pathways ([cross ref Strategic Priority 5](#))
- Population Health and Prevention: Progress diabetes high value high impact pathway ([cross reference to Strategic Priority 1 and 4](#))
- Mental Health – materially reduce out of area placements and associated cost

Refer to the **FINAL PTHB Delivery Plan 2026 – 2027** for full detail of milestones and timescales.

Summary of Delivery Plan 2026 - 2027



Wellbeing Objective - Joined Up Care

Strategic Priority 9 System Resilience	Strategic Priority 10 Commissioning for Value
<p>Key Areas of Delivery</p> <p>Better Together ('Six Goals' programme)</p> <ul style="list-style-type: none"> Falls Prevention and Response <ul style="list-style-type: none"> Increase utilisation of Level 1 Falls response pathways Support rollout of Level 2 Falls response pathway Align community-based Falls response with wider prevention activity Establish Falls forum in partnership with Powys County Council Conclude and evaluate delivery of Care Home Falls training Business plan development for sustainable Falls offer Single Point of Access <ul style="list-style-type: none"> Embed and strengthen current model Evaluate and scope extension with access for local authority and third sector and additional pathways (implementation from Q4) Emergency Department (ED) redirection <ul style="list-style-type: none"> Evaluate and pilot Prevent Deconditioning <ul style="list-style-type: none"> Scope, test with ward level pilot, and evaluate revised approach to early identification and management of risk Optimal Hospital Flow Framework <ul style="list-style-type: none"> Appointment of dedicated roles and strengthened discharge Build organisational readiness through engagement with wards Embed and evaluate revised and sustainable approach Minor Injury Unit service <ul style="list-style-type: none"> Develop Clinical Advice Network with General Practice participation Support DHCW Emergency Department App Urgent and Emergency Care integration and sustainability <ul style="list-style-type: none"> Business case (for roles and functions currently funded by the regional integrated fund (RIF)) Regional Partnership Board (RPB) System Resilience Planning and associated Operational Planning Evaluation of Temporary Service Changes to inform Better Together 	<p>Key Areas of Delivery</p> <ul style="list-style-type: none"> Implementation of Strategic Commissioning Framework and response to external review carried out by Grant Thornton <ul style="list-style-type: none"> Implementation of Population Health elements of PTHB Strategic Commissioning (Cross Reference to Strategic Priority 1) Develop and implement a revised Target Operating Model including commissioning maturity assessment and organisational development plan Implement contracting recommendations on adapt and adopt basis Implement a data driven approach to Interventions Not Normally Undertaken (INNU)/ Evidence Based Interventions (EBI) in Provider and commissioned services (Cross Reference to Strategic Priority 5) Develop a data driven culture with commissioning dashboard Commission to NHS Wales waiting times for the whole Powys population to deliver equity and support reduction in growth in commissioning spend (Cross reference to Strategic Priority 4, 5 and 9 for other key areas of work which respond to Grant Thornton and Getting It Right First Time (GIRFT) recommendations) Joint Commissioning <ul style="list-style-type: none"> Progress NHS Wales Joint Committee (JCC) priorities via collaborative management arrangements inc. referral optimisation Explore collaborative commissioning via NHS England Integrated Care Board (ICB) and/or the JCC arrangements Implement third sector review outcomes (completion 2027 – 2028) Quality Improvement <ul style="list-style-type: none"> Implement Strategic Commissioning Framework and Integrated Quality and Performance Framework with increased focus on quality management system and outcome-based approach Refine quality elements of Long-Term Agreements Ensure effective oversight and governance via Commissioning Oversight and Assurance Group (COAG) Provision of regular integrated commissioned services performance reporting to Committee and Board

Refer to the **FINAL PTHB Delivery Plan 2026 – 2027** for full detail of milestones and timescales.

Cabinet Secretary Priorities and Metrics

Timely Access to Care

- No patients waiting >104 weeks for RTT ([cross reference to Strategic Priority 5](#))
- No patients waiting >8 weeks for specified diagnostic – target zero ([cross reference to Strategic Priority 5](#))
- No ambulance handover waits >45 minutes (not directly applicable to PTHB services)
- No patient 12 hours or more in all major and minor emergency care facilities (not fully applicable - except to minor injury provision)

Community by Design

- 12-month reduction in Delayed Pathways of Care ([cross reference to Strategic Priority 4](#))

Enabling Actions

Timely Access to care

- Deliver all ambulance handovers <45 minutes; aim >90% within 15 minutes by end of 2026/27 (not directly applicable to PTHB services)
- Deliver all principles in Six Goals
- Deliver medical SDEC and acute frailty services. ([cross reference to Strategic Priority 4](#))
- Deliver community-based falls response and implement a focus on prevention and early intervention aligned with population health management policy statement ([cross reference to Strategic Priority 4](#))
- Deliver all principles of Single Point of Access to ensure people with urgent care needs receive timely and appropriate support, minimising unnecessary escalation to emergency ambulance conveyance or admission. Prioritise tailored interventions for frail and older adults, scaling up “call before convey” as business-as-usual and referrals to community nursing enabling urgent response. Strengthen integration with system partners, including WAST and Local Authorities, to deliver coordinated effective care across the pathway.

Summary of Delivery Plan 2026 - 2027



Enablers – Workforce Futures

Workforce Transformation and Sustainability	Great Place to Work	Employee Health and Wellbeing	Equalities and Welsh Language
<p>Key Areas of Delivery</p> <ul style="list-style-type: none"> Strengthen Vacancy Management and Establishment control including local adoption plan for national Job Description review process Workforce Growth Assessment and Strategic Intelligence Skill Mix review and workforce modernisation (aligned with North Powys Wellbeing Programme and Better Together) including projection modelling, education and training, equality and pipeline development aligned with national priorities, education commissioning cycles and local transformation Plan for 2026 cohort of Aspiring Nurses and Clinical Psychologists Grow our Own initiative Evaluate Academy Career and Education Enterprise Scheme (ACEES) programme and deliver programme Reduce agency use, optimise bank utilisation and strengthen attraction and recruitment of permanent staff supply Workforce Futures Partnership exit management / investment business case for Regional Partnership Board (Regional Integration Fund) areas of work 	<p>Key Areas of Delivery</p> <ul style="list-style-type: none"> Staff Survey review and action, targeted interventions in hotspot/ priority areas identified and 'you said we did' / engagement programme for next survey Workforce retention – identify risks for <2 years service; target interventions, staff recognition framework Leadership Capability and Development – Tier 1 and 2 Clinical Leadership Immersive Programme (CLIP) programme roll out and Tier 3 development; National leadership and management competency framework review & utilisation Core Training – core and statutory training, professional and role requirements 	<p>Key Areas of Delivery</p> <ul style="list-style-type: none"> Intelligence led workforce wellbeing - Wellbeing assessment, risk identification, hotspot analysis and support Integrated Wellbeing support – implement co-ordinated Wellbeing delivery model that integrates business partners, organisational development, occupational health, muscular skeletal services and psychological support Programme of staff Wellbeing Roadshows Develop and launch internal bereavement support toolkit Strengthen assurance and performance management of occupational health and wellbeing services against All Wales standards Evaluate Mindfulness, Acceptance and Compassion Programme Implement protocols that support workload management aligned to agile working policy, improving wellbeing and productivity 	<p>Key Areas of Delivery</p> <p>Strategic Equality Plan & More Than Just Words framework</p> <ul style="list-style-type: none"> Review compliance with Welsh Language Standards, Sensory Loss review, and accessible information (e.g. Easy Read, large print, British Sign Language, digital accessibility) Gap analysis and improvement to achieve Disability Confident Leader status Implement the NHS Wales Anti-Sexual Harassment Policy inc. toolkit, guidance, reporting, and risk assessment process Refresh the Welsh Language Service Leads Group Anti-Racism Action Plan - qualitative study with Black and Minority Ethnic (BME) staff to explore lived experience, barriers, and enablers to progression, using findings to inform targeted workforce interventions and leadership actions

Refer to the **FINAL PTHB Delivery Plan 2026 – 2027** for full detail of milestones and timescales.

Cabinet Secretary Priorities
No additional however there are interdependencies across those noted in other sections and existing legislative / policy requirements for workforce and equalities / Welsh language

Enabling Actions

- Workforce Productivity
- Effective implementation of job planning policy including ensuring >90% consultants have agreed job plans aligned to demand by 30 Sept 2026.
 - Continue to deliver a further and sustained reduction in agency expenditure with a target 30% reduction in 2026/27.
 - Fully implement Variable Pay & Agency Control Framework Welsh Health Circular.
 - Achieve and maintain zero agency spend for HCSW, A&C, Estates & Ancillary roles by 30 Sept 2026.
 - Ensure sickness absence reduces in 2026/27 vs 2025/26 via adherence to attendance policies and OH minimum service levels.

Alignment to NHS Wales Planning Framework

Summary of Delivery Plan 2026 - 2027



Enablers – Digital First

Citizen Centred Care and Support	Enabling Efficiency and Effectiveness	Big Data and Artificial Intelligence	Infrastructure and Security	Leadership, Partnership and Alliances
<p>Key Areas of Delivery</p> <ul style="list-style-type: none"> Implementation of the Single Community & Mental Health System (Welsh Community Care Information System (WCCIS) Replacement) Complete implementation of inscope Digital Maternity Cymru Business Case for next phase of Maternity patient record Complete OpenEyes Eyecare system Implement Welsh Emergency Care Dataset (WECDS) 	<p>Key Areas of Delivery</p> <ul style="list-style-type: none"> Completion of implementation of EPMA (Electronic Prescribing and Medicines Administration) Business Case for digital communications platform (text, hybrid mail, patient portal) Completion of Scan4Safety clinical stock management Digital Education and Inclusion via Clinical Informatics Implementation of Continuing Healthcare software (business case development) 	<p>Key Areas of Delivery</p> <ul style="list-style-type: none"> Commissioning Services Support for better data and administrative automation <ul style="list-style-type: none"> Gap analysis Dashboard development Automated and standardised validation 	<p>Key Areas of Delivery</p> <ul style="list-style-type: none"> Enhance and monitor cyber security and Cyber Assessment Framework compliance <ul style="list-style-type: none"> Cyber security controls Documentation and assurance Monitor and respond to threats 	<p>Key Areas of Delivery</p> <ul style="list-style-type: none"> Support DHCW and Welsh Government national strategy requirements <ul style="list-style-type: none"> NHS Wales target architecture and national blueprint NHS Wales App National Data Resource Single Patient Record National data standards and interoperability frameworks National AI and Electronic Health Records policy Actions from NHS Wales internal audit and wider NHS Wales Digital Transformation audit Support Better Together, North Powys Wellbeing Programme and the Strategic Commissioning Framework <ul style="list-style-type: none"> Referral Optimisation Digital blueprint for Health and Care Hubs as part of North Powys Wellbeing Programme Specification for procured solution for benefits and impact tracking for transformation programme Digital PROMS platform (Patient Related Outcome Measures) Demand and Capacity modelling and Travel Time analysis for transformation programmes

Cabinet Secretary Priorities and Metrics

- Quality and Safety: 95% clinical coding completeness with 90% of all coding errors fixed in 35 days
- (Also a reference to systems for Patient safety / outcomes in other priorities noted earlier in plan)

Enabling Actions

- Building Community Capacity: Support implementation and rollout of NHS Wales App including uptake / repeat prescriptions
- Improving Value and Minimising Variation – Cyber: to eradicate unsupported systems and devices; ensure clear organisational cyber response plan

Alignment to NHS Wales Planning Framework

Refer to the **FINAL PTHB Delivery Plan 2026 – 2027** for full detail of milestones and timescales.

Summary of Delivery Plan 2026 - 2027



Enablers – Innovative Environments

Transformation, Strategic Capital and Estates	Climate Response
<p>Key Areas of Delivery</p> <ul style="list-style-type: none"> Better Together <ul style="list-style-type: none"> Estate development / place-based care North Powys Wellbeing Programme <ul style="list-style-type: none"> Pan Powys model for Integrated Hubs and place-based approach (critical to Full Business Case, subject to Outline Business Case approval) Flexible Working Environments Llandrindod Wells Rural Regional Centre <ul style="list-style-type: none"> Phase 2 Business Case Complete Integrated Family Health, Care and Wellbeing Hub at Spa Road Llanfair Caereinion GP Practice and Community Hub - Procurement and initiation of construction Delivery of Discretionary Capital Programme including Targeted Estates Funding Efficiency and Productivity of the Estate <ul style="list-style-type: none"> Develop synergies between Estates and Facilities workstreams to improve efficiencies Strategic rationalisation of estate in line with Better Together Programme and Agile Transformation 	<p>Key Areas of Delivery</p> <ul style="list-style-type: none"> Climate Mitigation <ul style="list-style-type: none"> Actions in Decarbonisation Strategic Delivery Plan Measurable reductions in energy consumption Integration of low carbon technologies Embedding sustainable design principles Cleaner environments Publication of PTHB Climate Adaptation Plan <ul style="list-style-type: none"> Organisational response to identify and mitigate risks from current and future effects Leading education and assessment of risk Community Engagement and Green Health <ul style="list-style-type: none"> Green Space Management - therapeutic environments that support social prescribing and population health Nature based interventions for mental and physical wellbeing, reduction of health inequalities Partnership with local communities and voluntary organisations to design green spaces and programmes Environmental Management System <ul style="list-style-type: none"> Continuous improvement, maintaining ISO14001 accreditation Biodiversity protection and enhancement

Cabinet Secretary Priorities and Metrics

- There are no additional priorities or metrics – however there are interdependencies across those in other sections and legislative and policy requirements in relation to climate change

Enabling Actions

- Maximising Value for Money – Estates: Ensure strengthened actions to improve estate utilisation and appropriate repurposing / disposal of under-utilised estate
- Also note reference to other estate related actions covered elsewhere in plan, notably Theatre Utilisation

Alignment to NHS Wales Planning Framework

Refer to the **FINAL PTHB Delivery Plan 2026 – 2027** for full detail of milestones and timescales.

Summary of Delivery Plan 2026 - 2027



Enablers – Transforming in Partnership

Finance	Quality	Partnership Development
<p>Key Areas of Delivery</p> <p>Financial Governance</p> <ul style="list-style-type: none"> Implement Financial Recovery Governance - Focus on recovery actions Extend monitoring and control across Commissioning and Complex and Continuing Healthcare (CHC) functions <p>Financial Recovery and Delivery</p> <ul style="list-style-type: none"> Establish a financial efficiency and delivery team to identify and deliver savings opportunities Further develop actions and monitoring in relation to medium term financial recovery plan Utilisation of analysis and drivers of deficit to focus transformation through Better Together <p>Financial Control</p> <ul style="list-style-type: none"> Grip and control in Commissioning contracting and CHC Integration of budget strategy in contracting and CHC Engagement of clinicians in financial decision making, particularly CHC 	<p>Key Areas of Delivery</p> <p>Quality Management</p> <ul style="list-style-type: none"> Establish a single coherent Quality Management System <p>People Experience</p> <ul style="list-style-type: none"> Implement Listening to People National Framework, aiming for 40% complaints by early resolution Implement People Experience National Framework with Strategic Delivery and Oversight Group and public engagement <p>Assurance</p> <ul style="list-style-type: none"> Board Assurance on local and commissioned services – improved reporting for commissioned services, thematic findings and learning 	<p>Key Areas of Delivery</p> <p>Regional Integrated Fund (RIF)</p> <ul style="list-style-type: none"> Managed exit from Regional Integrated Fund (RIF) Funded projects <p>Partnership Development</p> <ul style="list-style-type: none"> Ensure robust RIF funded delivery to target greatest system pressures Work with Regional Partnership Board (RPB) to prioritise greatest system challenges including pathways of care delays and prevention of inappropriate admission to hospital Share lessons learned <p>Partnership Governance and Assurance</p> <ul style="list-style-type: none"> Further strengthen Partnership Governance and Assurance building on work completed in 2025, aligned to areas of greatest need

Refer to the **FINAL PTHB Delivery Plan 2026 – 2027** for full detail of milestones and timescales.

Cabinet Secretary Priorities and Metrics

Quality and Safety

- Downward trend in 12 month rolling average crude mortality while maintaining flat 7-day readmission rate
- Increased days of safe care since last never event (SPCT Chart)
- 40 % early resolution of complaints by March 2027
- Also note there is a further metric on clinical coding, which is referenced in the Digital First section*
- There are also interdependencies with other metrics noted across the plan such as those for Timely Access, Community by Design, Mental Health, Women's Health*

Enabling Actions

There are no additional areas however there are interdependencies with those referenced in other section – and with the requirements set out in 'Improving Performance Together' (responding to the Ministerial Advisory Group on Performance and Productivity)

Summary of Delivery Plan 2026 - 2027



Enablers – Transforming in Partnership

Engagement, Communication and Corporate Affairs	Corporate Governance, Corporate Business and Information Governance	Improvement, Research & Development
<p>Key Areas of Delivery</p> <ul style="list-style-type: none"> • Delivery of annual programme of marketing and communication focused on greatest benefit and risks • Delivery of continuous / targeted engagement and/or consultation • Delivery of shared Public Service Board / Regional Partnership Board Engagement and Participation Plan including co-production approach • Ensure effective corporate affairs systems and processes, including stakeholder mapping • Develop and deliver Powys Health Charity strategy 2026 – 2029 	<p>Key Areas of Delivery</p> <ul style="list-style-type: none"> • Implement the Board Assurance Framework including policy review • Delivery of Board and Committee business including effectiveness review • Review risk management framework • Robust organisational compliance including Annual Report, Annual General Meeting, management of policies, audit, standards of behaviour, Welsh Health Circulars and ministerial directions • Delivery of Internal and external audit programmes • Implement Information Governance and Records Management Development Plan • Executive Administrative Governance Support 	<p>Key Areas of Delivery</p> <ul style="list-style-type: none"> • QI systems and capacity building, to embed Value Based Healthcare approach into business and performance cycles • An organisational framework and training plan for Demand and Capacity planning • Embed research and innovation as key enabler of change, delivering the Regional Innovation Coordination (RIC) Hub workplan in partnership with the Regional Partnership Board, supporting research awards and growing research in Powys • Finalise Patient Reported Outcome Measures (PROMS) business case (cross reference to Digital First section)

Cabinet Secretary Priorities and Metrics

- Quality and Safety
- Downward trend in 12 month rolling average crude mortality while maintaining flat 7-day readmission rate
 - Increased days of safe care since last never event (SPCT Chart)
 - 40 % early resolution of complaints by March 2027
 - *Also note there is a further metric on clinical coding, which is referenced in the Digital First section*
 - *There are also interdependencies with other metrics noted across the plan such as those for Timely Access, Community by Design, Mental Health, Women's Health*

Enabling Actions

There are no additional areas however there are interdependencies with those referenced in other section – and with the requirements set out in 'Improving Performance Together' (responding to the Ministerial Advisory Group on Performance and Productivity)

Refer to the **FINAL PTHB Delivery Plan 2026 – 2027** for full detail of milestones and timescales.

APPENDICES

Appendix 1: Summary of NHS Wales Planning Framework 2026 - 2029

Cabinet Secretary for Health and Social Care 3 Year Priorities

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

Timely Access to Care

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

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

Population Health and Prevention

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

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

Community By Design

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

- 12 month reduction in both no. delayed in hospital and total days (DPoC Dashboard)
- Increase community & specialist palliative care nursing weekend capacity (to <24/25 level)
- National expectations to be set by Community by Design Transformation Board

Mental Health Access

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

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

Women’s Health

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

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

Quality and Safety (new this year)

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

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

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

Appendix 2: Appraisal against Cabinet Secretary Strategic Priorities

Performance Assessment – Cabinet Secretary Priorities 2026/27		
Strategic Priority 2026-29	Ministerial Delivery Expectations for 2026-27	Delivery Confidence/ Risk
Timely access to care (not included detail re ambulance patient handover or suspected cancer pathway compliance as N/A to PTHB)	Ensure no patient spends over 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge.	HIGH
	No patients waiting > 104 weeks for referral to treatment (RTT).	HIGH
	No patients waiting > 8 weeks for specified diagnostic.	HIGH
Population Health and Prevention	Increase the proportion of children in Wales who are a healthy weight by halting the rise and contributing to a year-on-year decrease in the levels of overweight and of obesity as measured and reported through the National Child Measurement Programme, focusing on those most disadvantaged.	LOW
	Reduce inequity in the uptake in the most and least deprived areas in preventing ill-health especially in relation to vaccination, screening, diabetes prevention and care.	Vaccination- HIGH
		Diabetes - HIGH
		Screening – Public Health Wales plan and deliver screening programmes across Wales.
	>=90% identified via Audit Plus Frailty Tool to receive proactive care in line with their agreed care plans.	HIGH
	Increase in % of patients (aged 12 years and over) with diabetes who received all 8 NICE recommended care processes.	HIGH
Community by Design	Deliver a 12-month reduction trend in the number of people who are delayed in hospital and the total days delayed for these patients, as measured by the Delayed Pathways of Care dashboard.	MEDIUM
	Increase weekend community nursing capacity and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible.	MEDIUM
Mental Health Access	Implement & evaluate Open Access Mental Health Support by March 2027.	HIGH
	Improve safety in secondary care MH services (measured by agreed MH safety matrix + PROM ReQoL) by March 2027.	MEDIUM
	Improve physical health of people with long term mental health problems by carrying out mortality reviews and implementing improvement plans from the learning by March 2027.	HIGH
Women's Health	Further expansion of Women's Health Hub model by March 2027 (aligned to the Women's Health Plan).	HIGH
	Improve the quality of maternity services by reducing perinatal mortality rates.	HIGH
Quality and Safety	Downward trend in 12 month rolling average crude mortality while maintaining flat 7-day readmissions rate.	LOW
	Days of safe care delivered since last never event monitored using SPC T-chart.	Data/ Definition TBC
	40% early resolution of complaints by Mar 2027.	MEDIUM
	95% clinical coding completeness with 90% of all coding errors fixed in 35 days of identification.	HIGH

Appendix 3: Appraisal against NHS Wales ‘Enabling Actions’

Performance Assessment – Enabling Actions		
Strategic Priority	Enabling Action	Projected 2026/27
New actions for 2026/27		
Productivity	Ensure utilisation of the total factor productivity model; set quantified actions to increase productivity from baseline 26/27.	HIGH
Mental Health	Implement actions to materially reduce out-of-area placements and associated costs in 2026/27.	MEDIUM
Actions to be rolled over to 2026/27 using the existing definition		
Timely Access to Care	Improve HVLC Theatre lists: 7 cataracts/list, 4 arthroplasties/day, 6 general surgery HVLC procedures/day by end Q2.	MEDIUM
Building Community Capacity	Support implementation and rollout of NHS Wales App including uptake for repeat prescriptions.	HIGH
Maximising Value for Money – Non-Pay	Implement NHS Wales Value & Sustainability Board recommendations including local implementation of clinically endorsed and mandated product choice to maximise market share and value.	HIGH
Maximising Value for Money – Medicines Management	Ensure full implementation of high-value medicines NHS Wales Value & Sustainability programme.	HIGH
Maximising Value for Money – Estate	Ensure strengthened actions to improve estate utilisation and appropriate repurposing/disposal of under-utilised estate.	MEDIUM
Maximising Value for Money – CHC	Implement Value & Sustainability Board recommendations to improve clinical and financial effectiveness associated with packages of care.	MEDIUM
Improving Value, Optimising Outcomes – Bone Health	Ensure progress with implementation of High Value High Impact pathway - Bone Health.	MEDIUM
Workforce Productivity	Effective implementation of job planning policy including ensuring >90% consultants have agreed job plans aligned to demand and capacity by 30 Sept 2026.	HIGH
Workforce Productivity	Continue to deliver a further and sustained reduction in agency expenditure with a target 30% reduction in 2026/27.	MEDIUM
Workforce Productivity	Fully implement Variable Pay & Agency Control Framework Welsh Health Circular.	HIGH
Workforce Productivity	Achieve and maintain zero agency spend for HCSW, A&C, Estates & Ancillary roles by 30 Sept 2026.	MEDIUM
Workforce Productivity	Ensure sickness absence reduces in 2026/27 vs 2025/26 via adherence to attendance policies and the all-Wales OH minimum service levels.	HIGH
Actions to be rolled over to 2026/27 with re-defined definition		
Timely Access to Care – Cancer National Optimal Pathways (NOP)	Ensure full implementation of National Optimal Pathways (NOP) in Cancer. No tumour site services delivered in Powys. Full compliance with element of pathway relevant to PTHB context e.g. endoscopy, diagnostics.	
Timely Access to Care – Theatre Utilisation	Improve theatre utilisation to GIRFT standard 85% with KPIs for late starts, early finishes and utilisation.	MEDIUM
Timely Access to Care – Validation	Ensure consistent clerical and clinical validation for all >26-week pathways; monitor non-admitted closed pathways.	HIGH
Timely Access to Care – Referral Management	Achieve ≥20% referral return rate or reduced referrals/100k population by Dec 2026 using Health Pathways optimally.	MEDIUM
Timely Access to Care – Ambulance Flow	Deliver all ambulance handovers <45 minutes; aim >90% within 15 minutes by end of 2026/27. No Type 1 Emergency Department in PTHB, handover delays do not currently represent an operational pressure.	
Timely Access to Care – Optimal Hospital Flow	Deliver all Six Goals principles: focus on 7-day working, leaner acute hospital processes, more efficient discharge transport services, increased weekend discharges.	HIGH
Timely Access to Care – SDEC & Frailty	Deliver medical SDEC (Same Day Emergency Care) and acute frailty services per national frameworks.	HIGH
New actions for 2026/27		
Timely Access to Care – Falls Response	Deliver community-based falls response framework and implement a focus on prevention and early intervention aligned with population health management policy statement.	HIGH
Timely Access to Care – SPOA (Single Point of Access)	Deliver all principles of SPOA framework to ensure people with urgent care needs receive timely and appropriate support, minimising unnecessary escalation to emergency ambulance conveyance or hospital admission. Prioritise tailored interventions for frail and older adults, scaling up “call before convey” as a business-as-usual model and referrals to community nursing services enabling urgent response. Strengthen integration with key system partners, including WAST and Local Authorities, to deliver coordinated and effective care across the urgent care pathway.	HIGH
Population Health & Prevention – Diabetes	Progress Diabetes High Value High Impact pathway.	HIGH
Improving Value & Minimising Variation – Cyber	Eradicate unsupported systems and devices; ensure clear organisational cyber response plan.	HIGH

Appendix 4: Appraisal against NHS Wales Performance Framework

Performance ambition – NHS Wales Performance Framework 2026/27		
Measure	Target	Delivery confidence to 31/03/2027
Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%	LOW
Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	80%	HIGH
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged <18 years	80%	HIGH
Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged >18 years.	80%	HIGH
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over.	80%	HIGH
Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%	LOW
Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health.	80%	HIGH
Number of patients (all ages) waiting more than 8 weeks for a specified diagnostic	Zero	HIGH
Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Zero	MEDIUM
Number of patients waiting more than 104 weeks for referral to treatment.	Zero	HIGH
Number of patients waiting more than 26 weeks for a new outpatient appointment	Zero	MEDIUM
Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95%	HIGH
Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	Zero	HIGH
Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)	Zero	MEDIUM
Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)	Zero	HIGH
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Reduction of at least 25% on March 2026 baseline	MEDIUM



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

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