PTHB Board

Wed 20 May 2026, 09:30 - 14:00

Agenda

09:30 - 09:30
0 min

1. PRELIMINARY MATTERS

Board_agenda 20May26 FINAL.pdf (3 pages)

1.1. Welcome and apologies for absence

Chair

1.2. Declarations of interest

All

Board_1.2_Board Members Declaration of Interests Summary 2026-27 May 2026.pdf (3 pages)

1.3. Board Action Log

Chair

Board_1.3_Board Action Log May26.pdf (1 pages)

1.4. Experience Story

1.4.1. Patient Experience Story

1.4.2. Staff Experience Story

1.5. Questions to Board from the public

1.6. Update from the:

1.6.1. Chair

Chair

Board_1.6a_Chairs Report May 2026.pdf (5 pages)

1.6.2. Vice-Chair

Board_1.6b_Vice-Chair's Report.pdf (3 pages)

1.6.3. Chief Executive

Chief Executive

Board_1.6c_CEO Board Report.pdf (6 pages)

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1.7. Assurance Reports of Board Committees

Board_1.7_Committee Chair Reports_May26.pdf (12 pages)
Board_1.7a_AppA_ARAC AAAI Chairs Report 12May26 Summary.pdf (3 pages)
Board_1.7b_AppB_F&P AAAI Chairs Report May26 Summary.pdf (2 pages)
Board_1.7c_AppC_PEQS AAAI Chairs Report 30Apr26.pdf (4 pages)

Board_1.7d_AppD_PPPH AAAI Chairs Report 18May26 Summary standard template.pdf (2 pages)
Board_1.7e_EC Chair's Assurance Report MAY26.pdf (17 pages)

1.8. Report of the Regional Director of Llais

Regional Director of Llais

Board_1.8_Llais RD Report May26.pdf (8 pages)

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2. CONSENT AGENDA BUSINESS

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

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3. ITEMS FOR APPROVAL/RATIFICATION/ASSURANCE

3.1. Financial Performance 2025/26 Month 12 and 2026/27 Month 01

Executive Director of Finance, Capital and Support Services

Board_3.1a_Financial Performance Report Mth 12.pdf (21 pages)
Board_3.1b_Financial Performance Report Mth 01 Summary.pdf (4 pages)

3.2. Integrated Quality and Performance Report 2025/26 Month 12

Executive Director of Planning, Performance and Commissioning

Board_3.2_20260511_IQPR_Month_12_Summary_Execs.pdf (25 pages)
Board_3.2a_20260511_IPR_25-26_Month_12.pdf (73 pages)
Board_3.2b_P&C dashboard M1.pdf (1 pages)

3.3. Annual Delivery Plan 2025/26 Q4

Executive Director of Planning, Performance and Commissioning

Board_3.3_Annual Delivery Plan Progress Report Q4 (2025-26).pdf (28 pages)
Board_3.3a_Annual Delivery Plan Progress Report Q4 (2025-26).pdf (96 pages)

3.4. Risk Management

Director of Corporate Governance

Board_3.4a_Risk Management Framework and Board Assurance Framework Cover Paper.pdf (3 pages)
Board_3.4ai_AppendixA_Risk Management Framework May 2026.pdf (35 pages)
Board_3.4aii_AppendixB_CGP 014 Board Assurance Framework May 2026.pdf (27 pages)
Board_3.4b_Risk Appetite Statement_April 2026.pdf (2 pages)
Board_3.4bi_AppA_Risk_Appetite_Statement_April2026.pdf (6 pages)

3.5. Director of Corporate Governance Report

Director of Corporate Governance

Board_3.5_DCG report.pdf (7 pages)
Board_3.5a_Board Work Programme 2026-27.pdf (2 pages)
Board_3.5b_Committee Work Programmes 2026-27.pdf (9 pages)

3.6. Listening and Learning Regulations

Board_3.6_Listening to People May 2026 cover.pdf (4 pages)
Board_3.6a_listening-to-people guidance.pdf (21 pages)

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3.7. Minutes of the previous meeting held on 25 March 2026, for approval

Chair

Board_3.7_Unconfirmed Board Minutes 25MAR2026.pdf (18 pages)

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0 min

4. CONSENT AGENDA

Chair

4.1. Assurance Reports of the Board's Joint Committees

Board_4.1_Joint Committee Reports_May26.pdf (2 pages)
Board_4.1ai_AppAi_JC Highlight Report - 17 March 2026.pdf (7 pages)
Board_4.1aii_AppAii_JC Highlight Report - 23 March 2026.pdf (4 pages)
Board_4.1b_AppB_MWJC Update Report April 26 Final.pdf (6 pages)

4.2. Assurance Report of the Board's Partnership Arrangements

Board_4.2_Summary of Partnership Board Activity May26.pdf (3 pages)
Board_4.2a_App1_SSPC Assurance Report 19 March 2026.pdf (5 pages)

4.3. Assurance Report of the Board Advisory Groups

Board_4.3_Assurance Report of Boards Advisory Group May26.pdf (2 pages)
Board_4.3ai_AppA_AAAI Chairs Report_LPF_21 April 2026.pdf (2 pages)
Board_4.3aii_AAAI Chairs Report_HPF_20Mar26.pdf (2 pages)

4.4. Risk Matters

4.4.1. Strategic Risk Register

Board_4.4a_Strategic Risk Register Summary May2026 (March data).pdf (6 pages)

4.4.2. Organisational Risk Register

Board_4.4b_Organisational Risk Register Summary - May2026.pdf (6 pages)

4.5. PTHB Committee Annual Reports

Board_4.5_Committee Annual Reports.pdf (2 pages)
Board_4.5a_ARA Committee Annual Report_2025-26.pdf (9 pages)
Board_4.5b_F&P Committee Annual Report_2025-26.pdf (11 pages)
Board_4.5c_PEQS Committee Annual Report 2025-26.pdf (13 pages)
Board_4.5d_PPPHCommittee Annual Report_2025-26.pdf (10 pages)

4.6. GLOSSARY

Board_4.6_Glossary.pdf (6 pages)

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0 min

5. OTHER MATTERS

5.1. Any Other Urgent Business

Chair

5.2. Close

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5.3. Date of the Next Meeting: 24 June 2026 Via Microsoft Teams

09:30 - 09:30
0 min

6. CONFIDENTIAL MATTERS

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

Chair

6.1. Welcome and apologies for absence

Chair

6.2. Declarations of interest

All

09:30 - 09:30
0 min

7. CONSENT AGENDA BUSINESS

The Chair will ask if there are any items from the In-Committee Consent Agenda (Item 9) that Board Members wish to bring forward to the main agenda.

09:30 - 09:30
0 min

8. FOR APPROVAL / ASSURANCE

8.1. Minutes from the In-Committee meetings held on 25 March 2026 and Action Log

8.2. CEO update

09:30 - 09:30
0 min

9. In-Committee Consent Agenda

09:30 - 09:30
0 min

10. OTHER MATTERS

10.1. Any other urgent business

10.2. Close

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POWYS TEACHING HEALTH BOARD
BOARD MEETING
WEDNESDAY 20 MAY 2026
09:30 – 14:05
Via Teams
CHAIR: Dr Carl Cooper

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

AGENDA

1: PRELIMINARY MATTERS				
09.30	**1.1**	Welcome and Apologies for Absence	Verbal	Chair
	1.2	Declarations of Interest	Verbal	All
	1.3	Board Action Log	Attached	Chair
09.40	**1.4**	Experience Stories: • Patient Experience Story (Cardiology) • Staff Experience Story (Olivia Jones – apprentice now aspiring nurse)	Attached	Executive Director of Nursing, Quality, Women and Family Health Executive Director of People, Culture and Transformation
	1.5	Questions to Board from the public:	Verbal	Director of Corporate Governance
10.00 20 mins	**1.6**	Update from the: a) Chair b) Vice-Chair c) Chief Executive	 Attached Attached	 Chair Vice-Chair Chief Executive
10.20 15 mins	**1.7**	Assurance Reports of the Board's Committees	Attached	Committee Chairs Chief Executive
10.35 5 mins	**1.8**	Report of Regional Director of Llais	Attached	Llais Regional Director
2: CONSENT AGENDA BUSINESS				
The Chair will ask if there are any items from the Consent Agenda (Item 5) that Board Members wish to bring forward to the main agenda.				
3: ITEMS FOR APPROVAL/RATIFICATION/ASSURANCE				
10.40 30 mins	**3.1**	Financial Performance: • 2025/26 Month 12 • 2026/27 - Month 01 **Purpose**: Assurance	Attached	Executive Director of Finance, Capital and Support Services
11.10	**BREAK 15 minutes**			
11.25 30 mins	**3.2**	Integrated Quality and Performance Report 2025/26 Month 12 **Purpose**: Assurance	Attached	Executive Director of Planning, Performance and Commissioning /All Directors

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11.55 15 mins	**3.3**	Annual Delivery Plan 2025/26 Q4 **Purpose**: Assurance	Attached	Executive Director of Planning, Performance and Commissioning /All Directors
12.10 20 mins	**3.4**	Risk Management: • Risk Management Framework • Board Assurance Framework Policy • Risk Appetite statement **Purpose**: Approval		Director of Corporate Governance
12.30 15 mins	**3.5**	Director of Corporate Governance Report **Purpose**: Approval	Attached	Director of Corporate Governance
12.45 15 mins	**3.6**	Listening and Learning Regulations **Purpose**: Approval	Attached	Executive Director of Nursing, Quality, Women and Family Health
13.00	**3.7**	Minutes of Previous Meeting held on 25 March 2026 **Purpose**: Approval	Attached	Chair
4. CONSENT AGENDA				
	4.1	Assurance Report of the Board's Joint Committees **Purpose**: Assurance	Attached	Chief Executive
	4.2	Assurance Report of the Board's Partnership Arrangements **Purpose**: Assurance	Attached	Chief Executive
	4.3	Assurance Report of the Board's Advisory Groups: • HPF 20 March • LPF 21 April **Purpose**: Assurance	Attached	Director of Corporate Governance / Executive Director of People and Culture
	4.4	Risk matters: • Strategic Risk Register • Organisational Risk Register **Purpose:** Information (formally reported in March 2026)	Attached	Director of Corporate Governance
	4.5	PTHB Committee Annual Reports **Purpose:** Assurance	Attached	Director of Corporate Governance
	4.6	Glossary **Purpose:** Information	Attached	Director of Corporate Governance
5: OTHER MATTERS				
13.05	**5.1**	Any Other Urgent Business	Verbal	Chair
	5.2	Close		

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	5.3	Date of the Next Meeting: ▪ 24 June 2026 via Teams

6. The Chair, with advice from the Director of Corporate Governance, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:

Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960

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

Time	Item	Title	Attached / Oral	Presenter
13.15	**LUNCH – 30 minutes**			
13.45	**6.1**	Welcome and Apologies for Absence	Verbal	Chair
	6.2	Declarations of Interest	Verbal	All
7: CONSENT AGENDA BUSINESS				
There are no items within the consent agenda for this meeting.				
8: FOR APPROVAL/ASSURANCE				
13.45	**8.1**	Minutes of Previous In-Committee Meetings held on 25 March 2026 and Action Log **Purpose**: Approval	Attached	Chair
13.50 15 mins	**8.2**	CEO update **Purpose:** Information/Assurance	Verbal	Chief Executive
9: IN-COMMITTEE CONSENT AGENDA				
	There are no In-Committee consent agenda items.			
10: OTHER MATTERS				
	10.1	Any other urgent business	Verbal	Chair
14.05	**10.2**	Close		

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

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POWYS TEACHING HEALTH BOARD - REGISTER OF DECLARATION OF INTERESTS 2026-27

Updated: May 2026

Position	Name	Interest Category	Interest Situation	Relevant Dates from	Relevant Dates to	Description of Declaration	Comment
INDEPENDENT MEMBERS							
PTHB Chair	**Carl Cooper**	Indirect Interests	Loyalty Interests	2018	Ongoing	Sole Trader, Mandy Williams, Consulting	Nil
		Indirect Interests	Loyalty Interests	2025	Ongoing	Family member is an employee of Cardiff & Value University Health Board (non Director).	Nil
Vice Chair	**Rhiannon Beaumont-Wood**	Non Financial professional interests	Outside Employment	Jun-23	Ongoing	Director and Owner of RBW Executive and Professional Coaching	Salaried Employment
		Non Finanical personal interests	Loyalty Interests	May-23	31/05/2026	Non-Executive Member Dorset ICB (In the process of forming a cluster with Dorset ICB, Somerset ICB, Bath, East Somerset, Swindon and Wiltshire ICB)	Renumerated as per Non-Executive Member, Terms and Conditions
		Non Finanical personal interests	Loyalty Interests	Jun-24	31/03/2027	Registrant Council Member - Nursing and Midwifery Countil (NMC)	Renumerated as per Registrant Council Member Terms and Conditions
Independent Member (General)	**Rhobert Lewis**	Non Financial professional interests	Outside Employment	Nov-21	Current	Chair NPTC Group of Colleges	NIL
		Indirect Interests	Outside Employment	Nov-21	Current	External member Cross-party STEMM Group Welsh Government	NIL
Independent Member (Trade Union)	**Cathie Poynton**	NIL	NIL	NIL	NIL	NIL	NIL
Independent Member (finance)	**Stephen Elliot**	Non Financial professional interests	Loyalty Interests	17/04/2024	Current	Honorary Fellow and Lifetime Member of Healthcare Financial Management Association	NIL
		Non Financial professional interests	Outside Employment	04/02/2024	Current	Spouse Directorship of Oshi's World Private Limited Company and a Trustee of Oshi's World Charity	NIL
Independent Member (General)	**Ronnie Alexander**	Indirect Interests	Outside Employment	2012	Current	Partner Director of RA and CJ Consulting Limited	Dividend Payment only
		Indirect Interests	Outside Employment	Mar-21	Current to Dec-27	Independent Monitoring Authority (IMA) – Non Executive Director	Remunerated
		Indirect Interests	Shareholdings and other ownership interests	2012	Current	Director of RA and CJ Consulting Limited	Dividend Payment only
Independent Member (University)	**Simon Wright**	Financial Interests	Outside Employment	2015	Current	Personal: Academic Registrar, Cardiff University-Various Healthcare Programmes	Salaried Employment
		Indirect Interests	Loyalty Interests	2001	Current	Sister: Senior Operational Manager, Milestone Trust, Bristol	Salaried Employment
		Indirect Interests	Loyalty Interests	2021	Current	Spouse: District Nurse, Cardiff and Vale UHB	Salaried Employment
		Non Financial professional interests	Loyalty Interests	02-Jan-20	Ongoing	Labour Party member	NIL
		Financial Interests	Outside Employment	09-Feb-26	Current	Head of Partner Engagement for JS Group working with HE sector	Salaried Employment
Independent Member (Third Sector)	**Jennifer Owen Adams**	Non Financial professional interests	Loyalty Interests	Jun-16	Ongoing	Member (not a NED) of Glas Cymru the holding company of Dwr Cymru/Welsh Water	None
		Non Financial professional interests	Loyalty Interests	01.09.2024	01.06.2028	Coopted Member of PAVO	None
		Non Financial professional interests	Loyalty Interests	Jul-05	Ongoing	Chair Public Services Board Scrutiny Committee	None
		Non Financial professional interests	Loyalty Interests	2013	Ongoing	Brother - Senior Manager Freedom Leisure (Lead responsibility for Swansea and South Powys).	NIL
		Non Financial professional interests	Loyalty Interests			Member of Community Speed Watch Group Member of Society Genealogists Associate Member of the Association of Genealogists and Registered Archivists	NIL

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Independent Member (Local Authority)	**Christopher Walsh**	Financial Interests	Shareholdings and other ownership interests		Ongoing	Sole Trader/Owner of Celebratory Gifts Heraldic Names Sole Trader/Owner:CTW Genealogy Research and Owner:Property in the County of Powys	NIL
		Non Financial professional interests	Loyalty Interests		Ongoing	Elected Member Powys County Council •Trustee/Chair: Brecon University Scholarship Fund •Brecon Town Council Elected Member •Governor of Priory Church in Wales School •Member Brecon Beacons National Park Authority SDF & Grant Advisory Panel •Member of the Community Speed Watch Group	NIL
		Non Financial professional interests	Loyalty Interests		Ongoing	•Member of Royal College of Nursing •Registered Member of Nursing and Midwifery Council	NIL
		Non Financial professional interests	Loyalty Interests		Ongoing	Labour Party member	NIL
Independent Member (Capital)	**Michael Giannasi**	Indirect Interests	Loyalty Interests	2019	Current	Chair of the Board of Social Care Wales (Welsh Government Sponsored Body).	Remunerated
Independent Member	**Ian Thomas**	NIL	NIL	NIL	NIL	NIL	NIL
EXECUTIVE MEMBERS							
Chief Executive Officer	**Hayley Thomas**	NIL	NIL	NIL	NIL	NIL	NIL
Executive Director of Finance, Capital and Support Services	**Pete Hopgood**	Non Financial Interests	Loyalty Interests	18/06/2018	Ongoing	Partner is Finance Manager working in SBUHB	Not Relevant
Executive Director of Allied Health Professions, Health Science and Digital	**Claire Madsen**	Financial Interests	Outside Employment	07-Jan-19	01-Apr-28	Occasional Lecturer for University of West of England.	Hourly rate
		Non Financial professional interests	Loyalty Interests	10-Jun-05	01-Mar-28	Member of the The Chartered Society of Physiotherapy	NIL
Executive Medical Director	**Kate Wright**	NIL	NIL	NIL	NIL	NIL	NIL
Executive Director of People and Culture and Transformation	**Debra Wood Lawson**	Indirect Interests	Outside Employment	01-Nov-24	01-Nov-27	Non Executive Board Director - Cadarn Housing Group Limited (Powys is a zonal partner)	Remunerated
			Outside Employment	01-Sep-25	Current	Relative employee and training in Aneurin Bevan Univeristy Health Board (non Director)	NIL
Executive Director of Public Health	**Mererid Bowley**	Non-Finanical professional Interest	Loyalty Interest	NIL	NIL	Member of Faculty of Public Health	Previously declared on annual Declaration of Interest form issued by corporate team since commencement of role. (Transferring recording of declaration on to ESR from this date).
		Financial Interest	Shareholdings and other Ownership interests	NIL	NIL	Husband works for Mitie Engineering who hold contracts/work with some NHS bodies/organisations. Shares held by husband and myself and Mitie Company	Previously annually since start of employment through completion of declarations of interest form issued by corporate team annually.
Director of Corporate Governance/ Board Secretary	**Helen Bushell**	Non-Finanical professional Interest	Outside Employment	Nov-21	Current	Self - School Governor – Langynwyd primary school (Bridgend)	Not remunerated
		Indirect Interests	Outside Employment	Aug-16	Current	Partner is the Chair of a Housing Association who provide social housing across a large geographical area (including Powys).	Remunerated part time role, 2-4 days per month
		Indirect Interests	Outside Employment	Jul-24	Oct-24	Partner is listed on the Bank for PTHB - working occasionally for the organisation by dual agreement.	Paid per hour/day of work
		Indirect Interests	Outside Employment	May-25	Current	Partner - Associate for Practice Solutions	

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Executive Director of Planning, Performance & Commissioning	**Nicola Johnson**	Nil	Nil	Nil	Nil	Nil	Nil
Executive Director of Primary, Community Care and Mental Health	**Elaine Lorton**	Financial Interests	Outside Employment	Apr-24	Current	Independent Member – ateb - housing Association	Remunerated
		Non Financial professional interests	Outside Employment	Nov-19	Current	Chair of the Board - Wet Wales Care and Repair	Voluntary
		Indirect Interests	Outside Employment	Mar-23	Current	Family Member is an employee of Hywel Dda University Health Board (non Director)	Nil
		Indirect Interests	Outside Employment	Sep-23	15-May-26	Family Member employee of Aneurin Bevan Univeristy Health Board (non Director)	Nil
Executive Director of Nursing, Quality, Women and Family Health	**Paul Hooton**	Non Financial Professional Interests	Outside Employment	2018	Current	Member of the Royal College of Nursing	25/10/2025 Started with PTHB October 2025

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Liz Patterson

Board Action Log								
RAG Status:								
At risk	Red - action date passed or revised date needed							
On track	Yellow - action on target to be completed by agreed/revised date							
Completed	Green - action complete							
No longer needed	Blue - action to be removed and/or replaced by new action							
Transferred	Grey - Transferred to another group							

Meeting Date	Item Reference	Lead	Meeting Item Title	Details of Action	Update on Progress	Original target date	Revised Target Date	RAG status
Board								
OPEN ACTIONS - FOR REVIEW (20 MAY 2026) - NONE								
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE (20 MAY 2026)								
28/01/2026	PTHB/25/141	ED PCC&MH	Director of Corporate Governance Report	Sampling of decisions by Hospital Managers taken at Power of Discharge Committee.	**25.03.2025 update:** Collaborative work is underway to review the governance of the Hospital Manager work, including decisions made at the Power of Discharge Committee. Further recruitment is also planned. It is expected that a review and paper will be presented in 2026/27 Q3. **20.05.26 update** - work on track for revised date, no further updates will be provided until due date unless there is an issue to report.	Nov-26	Nov-26	On track
27/11/2024	PTHB/24/131	DCG	Assurance Reports of Board's Committees	Peoples Experience Framework to be brought to future Board for discussion	**27.01.2025 update:** This is on the agenda for February PEQS and March Board. Action not yet due to report to Board. **6.03.25 update** - PEQS considered an update in February, release of the national framework awaited, update will be provided to the Board in May following PEQS in April. Date change requested. **21.05.25 update** - PEQS in April received an update including the recently released national framework. The PTHB framework will be considered by PEQS in July, date change requested to the September 2025 Board. **24.09.2025 Update:** Framework now received and internal work underway to develop the PTHB framework, due to be considered by PEQS in October and therefore Board in November - date change requested. **26.11.2025 Update:** Internal work remains underway to develop the framework, it is now due to be considered by PEQS in February and therefore Board in March - date change requested. **28.01.26 update** - update remains as above **25.03.2026 update -** PEQS had received an update paper, took assurance work is underway but the date to present the new framework to PEQS is August 2026. Date change request made to Board for Sept 2026. **20.05.26 update** - work on track for revised date, no further updates will be provided until due date unless there is an issue to report.	Mar-25	Sep-26	On track
ACTIONS RECOMMENDED FOR CLOSURE (20 MAY 2026)								
25/03/2026	PTHB/25/157	ED PCC&MH	Update from CEO	Benefits realisation for radiography to be scheduled into Finance & Peformance Committee work programme	**20.05.2026 update:** Executive Director has advised f a timeframe to add to F&P work programme within 2026/27, action recommended for closure on that basis. (please note the item will not appear on the committee work programmes presented to Board in May 2026 due to timing of the item being added).			Completed
25/03/2026	PTHB/25/158	DCG / EDAHPHSD	Assurance Reports	Cross Board functionality of NHS Wales App escalated to Exec Committee who will update ARAC and Board	**20.05.2026 update:** Executive Committee last considered the item on 13 May, ARAC also received Digital First update on 12 May 2026. Updates are provided to Board in the Committee Chairs report and will continue to be reported to ARAC and Board. Recommended for closure on basis reporting mechanisms are in place.			Completed
25/03/2026	PTHB/25/162	DCG	Temporary Service Change	Maintain oversight of out of county delays and financial impact in Finance & Performance Committee	**20.05.2026 update:** Financial impact will continue to be reported through the finance report to F&P. An item on out of county delays will also be added to the F&P work programme. Action recommended for closure on that basis.			Completed
25/03/2026	PTHB-IC/25/177	EDAHPHSD	Microsoft Enterprise Agreement	To share the work of the microsoft training team in Board Development	**20.05.2026 update:** A session has been scheduled into the Board Development programme for Q4. Action recommended for closure on that basis.			Completed
25/03/2026	PTHB-IC/25/280	DCG	In-Committee Strategic Risk Register	Further session on cyber resilience at Board Development	**20.05.2026 update:** A session has been scheduled into the Board Development programme for Q3. Action recommended for closure on that basis.			Completed
28/01/2026	PTHB/25/139	DPP&C and Chair of F&P Cttee	Integrated Quality and Performance Report	Finance and Performance Committee to investigate the position in relation to long waits at RJAH	**25.03.2025 update:** Items added to agenda for next F&P Committee in May 2026. Update will be provided to the Board **20.05.2026 update:** This was an agenda item on 12 May F&P meeting with a recommendation to NOTE the contents of the report including the current and future planned work being undertaken with RJAH, NHS Performance and Improvement and Clarity Consulting colleagues**.** F&P Chair to update further if required via Committee Chairs report.	May-26		Completed

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

Agenda item: 1.6a

BOARD	**DATE: 20 MAY 2026**
Subject:	**CHAIR'S REPORT**
Approved and presented by:	Carl Cooper, Powys Teaching Health Board (PTHB) Chair
Prepared by:	Carl Cooper, PTHB Chair
Other Committees and meetings considered at:	N/A

PURPOSE:

To bring to the Board's attention key points for awareness from the Chair of Powys Teaching Health Board, since the previous Board meeting in March 2026.

RECOMMENDATION(S):

It is recommended that the Board **RECEIVE** this report.

Approve/Take Assurance	Discuss	Note
N	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The report of the Chair covers a wide range of activities across the health board and therefore all wellbeing objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

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CHAIR'S REPORT:

Board Membership

I am delighted to report that the Cabinet Secretary for Health and Social Care (Jeremy Miles MS) has re-appointed Simon Wright (Independent Member – University) and Jennifer Owen-Adams (Independent Member – Third Sector) for a further four-year term. It is reassuring that we will continue to benefit from Simon and Jenn's impactful experience, knowledge and skills.

Senedd Elections

Our cooperation with those who represent our population is of essential importance. Before the recent Senedd Election, I was pleased to write to all MSs representing Powys to thank them for their service and partnership and to wish them well for the future.

The political landscape in Wales has changed substantially since the 07 May election, not least because of the new, larger constituencies and the method by which MSs were elected. Powys is part of two constituencies: Gwynedd Maldwyn covering North Powys and a large part of Gwynedd stretching to the East of Pen Llŷn; and Brycheiniog Tawe Nedd covering South Powys and parts of the Swansea and Neath areas. These constituencies straddle Health Board boundaries and our new MSs will represent the interests of people and patients in multiple Health Board areas.

I am contacting the newly elected MSs to congratulate them on their election and to invite them to early discussions with the Chief Executive and me so that we can share information with them regarding the opportunities and challenges facing our Health Board.

At the time of writing the new First Minister of Wales has been elected and he has appointed his cabinet. We will proactively seek to develop a positive, constructive relationship with the Government and with the new Cabinet Secretary for Health and Care.

An overview of appointed members is appended to this report. It is noteworthy that the new MSs representing Powys now include three cabinet members including the Deputy First Minister, the Cabinet Secretary for Health and Care and the Cabinet Secretary for Local Government, Housing and Planning.

Powys County Council

By-elections are now being planned following the election of three sitting Powys County Councillors to the Senedd: Ian McIntosh (Reform), Claire Johnson Wood (Reform), Elwyn Vaughan (Plaid Cymru).

Listening and Learning

The Board continues to prioritise engaging with patients and staff members in order that we may hear directly about people's experiences. Alongside the data and information, we receive in many reports, the lived experience of people helps to paint a holistic picture of reality within Powys Teach Health Board and Powys.

Powys Teaching LHB
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Our monthly Board Development sessions include an opportunity to engage with different, operational colleagues and strategic partners:

- In our April 2026 session we learned about how the new Women's Health Hub has been developed to serve a large, deeply rural context like Powys.
  In addition, we met with NHS Performance and Improvement colleagues to explore how we will review and reframe our current arrangements to describe our Quality Management System, as required by the Duty of Quality.
  We also learned from our Director for Midwifery, Women's & Children's Services regarding how we are assessing ourselves against the learning emerging from the *Path to Safer Beginnings Report* focusing on maternity and neo-natal services.
- In our May 2026 session, we spent time considering the implications of Welsh Government's new *Listening to People Framework* that replaces the current *Putting Things Right* arrangements.
  We also met with the Head of our Health Charity to discuss the Charity's new strategy.

The programme of Board Walkaround visits continues apace. This programme creates an opportunity to meet with staff and patients across the organisation in a variety of settings. These opportunities are shared with all board members who, subject to availability, also participate in the visits. The feedback from the visits is shared with relevant executive directors and is summarised in regular reports to the Patient Experience, Quality and Safety Committee.

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

- Residential and Care Homes
  The Vice Chair and I have embarked on a number of visits to residential / nursing homes in Powys to learn more about health services in these important facilities. In a recent visit it was helpful to glimpse the care offered to residents and the positive working relationship between PTHB and the Home. I was particularly interested in how the Home was increasingly caring for residents with very complex needs, thereby supporting our strategic aim of repatriation & care closer to home.
- *Morriston Hospital*
  As part of our programme of visits to commissioned services, the Vice-Chair and I spent time in Morriston hospital visiting Urgent and Emergency Care Provision and the Cardiology Intensive Therapy Unit. We saw innovative and interesting practice. We also discussed ongoing challenges e.g. budget and capacity pressures and the sharing of patient feedback information.
- Brecon League of Friends
  I was pleased to attend a meeting of Brecon Hospital League of Friends alongside our Head of Powys Health Charity. It was an important opportunity to reiterate the high value we place on our working

Powell, Bethan
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relationship with such local, community groups and charities. We discussed opportunities for strengthening this cooperation even further into the future.

Strategic Contacts and Involvement

Due to the pre-election period, the Chief Executive and I temporarily suspended our regular meetings with political representatives.

- **Meeting with NHS Wales CEO**
  Alongside other Health Board Chairs and Chief Executives, I was pleased to attend a seminar led by the CEO of NHS Wales reflecting on her early days in the role. The financial challenges experienced across health services in Wales were highlighted, together with opportunities to deliver more sustainable, high quality, safe and timely services as we plan for the future. Of particular interest was the emphasis on primary / community care, prevention, and public health.

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Appendix

Elected Members of the Senedd

- Brycheiniog Tawe Nedd:
    1. James Evans (Reform UK)
    2. Sioned Williams (Plaid Cymru)
    3. Ian Charles McIntosh (Reform UK)
    4. Rebeca Phillips (Plaid Cymru)
    5. Jane Dodds (Welsh Liberal Democrats)
    6. David Terence Mills (Reform UK)

- Gwynedd Maldwyn:
    1. Sian Gwenllian (Plaid Cymru)
    2. Andrew Griffin (Reform UK)
    3. Mabon ap Gwynfor (Plaid Cymru)
    4. Beca Brown (Plaid Cymru)
    5. Claire Johnson Wood (Reform)
    6. Elwyn Vaughan (Plaid Cymru)

Ministerial Cabinet

Ministerial appointments include three members representing Powys constituencies:

- First Minister: Rhun ap Iorwerth
- Deputy First Minister and Cabinet Minister for Social Justice and Equality: Sioned Williams
- Cabinet Minister for Finance: Elin Jones
- Trefnydd, Chief Whip and Cabinet Minister for Culture and Sport: Heledd Fychan
- Cabinet Minister for Government Effectiveness & the Constitution: Dafydd Trystan Davies
- Cabinet Minister for Health and Care: Mabon ap Gwynfor
- Cabinet Minister for Enterprise, Connectivity and Energy: Adam Price
- Cabinet Minister for Education and the Welsh Language: Anna Brychan
- Cabinet Minister for Rural Resilience and Sustainability: Llyr Gruffydd
- Cabinet Minister for Local Government, Housing and Planning: Siân Gwenllian
- Deputy Minister for Public and Preventative Health: Nerys Evans
- Deputy Minister for Social Care, Mental Health and Women's Health: Delyth Jewell
- Deputy Minister for Transport: Mark Hooper
- Deputy Minister for Skills and Tertiary Education: Cefin Campbell
- Counsel General Designate: Elfyn Llwyd

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

Agenda item: 1.6b

BOARD MEETING	**DATE: 20 MAY 2026**
Subject:	**VICE CHAIR'S REPORT**
Approved and presented by:	Rhiannon Beaumont-Wood, PTHB Vice Chair
Prepared by:	Rhiannon Beaumont-Wood, PTHB Vice Chair
Other Committees and meetings considered at:	N/A

PURPOSE:

To bring to the Board's attention key points for awareness from the Vice Chair of Powys Teaching Health Board, since the previous Board meeting in March 2026

RECOMMENDATION(S):

It is recommended that the Board **RECEIVES** this report.

Approve/Take Assurance	Discuss	Note
✗	✓	✗

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y/N	The Vice Chair's covers a range of activities across all wellbeing objectives.
2. Provide Early Help and Support	Y/N	
3. Tackle the Big Four	Y/N	
4. Enable Joined up Care	Y/N	
5. Develop Workforce Futures	Y/N	
6. Promote Innovative Environments	Y/N	
7. Put Digital First	Y/N	
8. Transforming in Partnership	Y/N	

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VICE CHAIR'S REPORT

Partnership

As part of my role in developing and maintaining partnership working, I have undertaken the following activity:

I attended the Powys Regional Partnership Board (RPB) March meeting, discussions centred around partnership projects and uncertainty around future funding arrangements with government elections pending.

I met with the CEO of PAVO giving me helpful context around previous community conversations, key priorities identified by the communities and the aspects of volunteer roles aligned to social value, e.g. Community Connectors. I also met with Councillor Pete Thomas Cabinet Member for Caring Powys, where we discussed the importance of Powys system sustainability.

I joined the Veterans and Armed Forces meeting towards the end of March, learning about third sector partnership and current approaches to ensure that the health, mental health, and wellbeing of our Veterans in the county is supported through a range of initiatives.

The Chair and I had a visit to one of the Care homes in the County. There were examples of alternative work force models, utilising internationally qualified health professionals. There were examples shared in relation to care optimisation, which has led to opportunities to provide more complex care closer to home

I had the opportunity to meet with the Director of the Royal College of Midwives (RCM), and was able to hear firsthand RCM reflections and views with regard to the Welsh Government report, *The Path to Safer Beginnings in Wales*, (A national assurance assessment of Maternity and Neonatal Care and Services), together with the recent RCM Cymru manifesto.

I met with the Chief Fire Officer of Mid and West Fire and Rescue, it was interesting to learn about some current initiatives, for example Fire Service staff attending cardiac arrest and falls calls in the county. In addition, the service is involved with prevention focused home safety checks in relation to slips, trips and falls, which links to our Health Board frailty agenda. The Fire Service estate across the county could potentially identify opportunities to collaborate on aligned aspects of estates management.

NHS Wales Vice Chairs Forum

I attend the monthly NHS Wales Vice Chairs Forum, this month's agenda included a helpful presentation from NHS Performance and Improvement regarding the national direction for Mental Health, with the development of a national clinical model. The Health Board is in a good position to learn firsthand from the national work, being one of the earlier adoption sites.

Powell, Adrian
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Quality and Safety
I attended the NHS Wales Chairs of Quality and Safety national group in April, we received a presentation from Sally Holland the Chair of the *National Assurance Assessment of Maternity and Neonatal Services*, the importance of further research was a particular point of interest.

A presentation was provided by NHS Wales Performance and Improvement on the five-year *National Patient Safety Plan for Wales* launched in March 2026, this links with the recent Board Development session around building our organisational Quality Management System. The presenters emphasised key pillars of the plan as Listening, Leadership and Learning, the plan will be phased over five years. The plan provides an opportunity to inform Powys Teaching Health Board in its ambition to further strengthen its approach to quality and safety, with particular emphasis on patient/resident experience in both commissioned and direct health service provision. In this context I have proposed to meet with the clinical executives more regularly and collectively, to exchange knowledge and ideas, raise the clinical voice and leadership to further underpin the organisational approach to quality and safety.

I chaired my inaugural Patient Experience, Quality and Safety Committee meeting in early May (see Committee Chairs report).

Internal Health Board Focus
I visited the Mental Health Teams at the Park site in Newtown in April, it was a positive visit and good to hear from a range of teams, and learn about their views with regard to current service delivery and potential opportunities in service areas such as Learning Disabilities, Perinatal mental health and the memory assessment team, to name but a few. Our excellent teams were full of professionalism, pride, and excellence in their work.

I continue to complete my introductions with executives, senior colleagues, and Independent Members.

It was fabulous to be with many members of staff on the 08 May to celebrate colleagues receiving their long service awards, achieving 30 plus years' service. Following the handing out of certificates, myself and other Independent Members, (Simon Wright and Cathie Poynton), were able to speak with staff and to hear many wonderful stories from colleagues about their careers and current service areas. It was an uplifting afternoon.

Powell,Bethan
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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 1.6c

BOARD MEETING	**20 May 2025**
Subject:	**CHIEF EXECUTIVE REPORT**
Approved and presented by:	Hayley Thomas, Chief Executive
Prepared by:	Director of Corporate Governance with contribution from other colleagues
Other Committees and meetings considered at:	Elements of this report may have been considered at various committees or meetings prior to being presented.

PURPOSE:

This report is intended to keep the Board up to date with key developments at a national and local level. It sets out for the Board areas of work being progressed and achievements that are being made, which may not be subject to consideration by a Committee of the Board or may not be directly reported to the Board through other Board reports.

The report specifically covers:

- PTHB Colleague Achievements
- PTHB Escalation Status
- Vaccination and health protection update
- UK National threat level
- Continuous engagement with our communities
- PTHB Service Developments
- Commissioned Services Updates
- UK Parliament Welsh Affairs Committee

A number of other key matters are contained within the Board's agenda for the 20 May 2026 meeting so I have not included them in my report.

RECOMMENDATION(S):

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

Approve/Take Assurance	Discuss	Note
N	Y	Y

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

2. Provide Early Help and Support	Y	The CEO report covers a board spectrum of updates that impact on a number, if not all wellbeing objectives.
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

CEO REPORT:

PTHB COLLEAGUE ACHIEVEMENTS

Colleagues across the Health Board joined together on 9 May to celebrate 30 years' continuous service. 39 colleagues have reached this important milestone since our last Long Service Event in 2024, with many able to join for a celebratory afternoon tea in the Health, Care and Social Care Academy at Llandrindod Wells. We were delighted to be joined by newly appointed High Sheriff William Watkins who presented the awards along with PTHB Vice Chair Rhiannon Beaumont-Wood.

Congratulations to clinical nurse endoscopist Dr Helen Griffiths who is set to receive the prestigious President's Medal at BSG Live, the national symposium of the British Society of Gastroenterology. She is only the second Registered Nurse in 90 years to be honoured with this award.

Congratulations to Beth Hughes who was announced as Midwife of the Year in the national Mariposa Awards on 25 April in recognition of her incredible support for a bereaved family during their next pregnancy.

Good luck to clinical endoscopist Ceri Smith who has been shortlisted for the Moondance Cancer Awards 2026, as too has partnership work by PTHB with wider partners on a co-produced breast cancer diet video. The winners are due to be announced on 11 June.

PTHB ESCALATION STATUS

As the Board is aware, the Health Board remains in level 4 escalation for Finance, Strategy and Planning. Our first escalation Board with Welsh Government officials, as part of the revised NHS Wales Oversight and Escalation Framework, is scheduled for the 2 June 2026.

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VACCINATION AND HEALTH PROTECTION UPDATE

Spring Vaccination Programmes

The Spring 2026 vaccination programmes will deliver both an expanded RSV vaccination offer and the seasonal COVID-19 booster programme in line with Welsh Government and Joint Committee on Vaccination and Immunisation (JCVI) guidance. The RSV programme has been extended to include all adults aged 80 years and over, as well as care home residents, alongside the existing routine offer for those turning 75. The COVID-19 programme targets care home residents, adults aged 75 and over, and clinically at-risk individuals, with delivery running from April to June 2026. Together, these programmes represent a significant operational undertaking, with over 35,000 vaccinations planned within a three-month period, and the opportunity for co-administration of both vaccines to maximise uptake and efficiency.

Delivery will be through a blended model including vaccination centres, community clinics, district nursing and care home teams, designed to improve access across Powys' rural communities. The programme places a strong emphasis on reducing inequalities in vaccine uptake, using data to identify areas of lower coverage and deploying targeted approaches such as pop-up clinics, extended hours, and follow-up contact with non-attenders. Overall, the approach aims to protect the most vulnerable populations, maintain service resilience, and ensure equitable access to vaccination across the county.

Hantavirus linked to the MV Hondius cruise ship.

The strain of virus associated with this outbreak is Andes Hantavirus. This hantavirus is typically associated with rodent species found in South America that are not present in the UK, and it has never been detected in the UK rodent population. It is important to note that the UK Health Security Agency (UKHSA) has been clear throughout that the risk to the British public is very low.

Public Health Wales is working with the UK Health Security Agency (UKHSA), Welsh Government, Welsh health boards and local authorities to respond to the outbreak and to take appropriate action. There are currently no known cases of hantavirus in Wales and the risk to the general public is very low. A small number of Welsh residents linked with the hantavirus outbreak are being supported through their isolation period, which includes regular precautionary testing and a daily assessment for the duration of their self-isolation.

UK NATIONAL THREAT LEVEL: SEVERE

Powell, Emma (HDUHB) 20/05/2026 09:12:38

On 30 April 2026, the UK National Threat Level was raised from SUBSTANTIAL (meaning that an attack is likely) to SEVERE (meaning an attack is highly likely). The increase in threat level to severe comes following the recent Golders

Green attack in North London and increasing threat of Islamist and extreme right-wing terrorism in the UK. As a result, it is important that we should remain vigilant and are suitably prepared. We have reminded staff to remain alert but not alarmed by the increase in threat level, and continue to review our local position through our normal security and business continuity arrangements, as well as our wider approach to OD, equality and diversity.

CONTINUOUS ENGAGEMENT WITH OUR COMMUNITIES: Pharmaceutical Needs Assessment

Powys Teaching Health Board is under a statutory obligation to draft, consult upon and publish a Pharmaceutical Needs Assessment (PNA) by 1 October 2026 in accordance with the National Health Service (Pharmaceutical Services) (Wales) Regulations 2020. We currently expect statutory consultation on the draft PNA to take place during June and July 2026 in order that a completed can be presented to the Board in September 2026.

PTHB DEVELOPMENTS: Electronic Prescribing and Medicines Administration (ePMA)

The Health Board's digital transformation journey has taken a significant step forward this month, as Llewelyn Ward at Bronllys Hospital became the first site to successfully go live with the new electronic Prescribing and Medicines Administration (ePMA) system and shared medicines record. As the designated early adopter site, Bronllys has set a benchmark for the integration of technology in patient care, paving the way for other locations to follow suit. Phase 1 rollout includes all inpatient areas and is scheduled to conclude this autumn.

COMMISSIONED SERVICE DEVELOPMENTS: Emergency Medical Retrieval And Transfer Service (EMRTS)

Following the last meeting of the NHS Wales Joint Commissioning Committee (JCC), the JCC has published an update on the next steps on Rural Response Models in the context of the EMRTS Service Review. PTHB will continue to work as part of the JCC on the next steps on this work, and to update the Board on progress. The update is as follows:

26 March 2026: An update on the ongoing work to review Recommendation 4 – Rural Response Models following recent discussions at the NHS Wales Joint Commissioning Committee (NWJCC) – March 2026. The NHS Wales Joint Commissioning Committee (NWJCC) has considered an update on Recommendation 4, which focuses on improving access to urgent and emergency clinical care for people living in rural and remote areas of Wales.

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Recommendation 4 originated from public feedback during the Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review and aims to

develop a commissioning proposal for bespoke road-based enhanced clinical care services in rural and remote communities.

Joint Committee Members previously endorsed commissioning intentions linked to this recommendation, although progress on the work was paused during the Judicial Review.
At its most recent meeting, held in public on 17 March 2026, the Joint Commissioning Committee noted that Recommendation 4 is entirely separate from decisions relating to air ambulance base configuration, reflecting the position confirmed through the Judicial Review.

Members also received updated information on anticipated timelines for the consolidated air base, which confirmed that there is a longer planning window available to consider next steps on Recommendation 4. The Wales Air Ambulance Charity continue to provide regular public updates on the implementation of their move from Caernarfon and Welshpool bases to a new consolidated base in north Wales. Service Improvement - Wales Air Ambulance

The Committee discussed early analysis of published ambulance performance data under the updated Ambulance Performance Framework. At this stage, the analysis does not demonstrate a clear or consistent difference in ambulance performance between rural and urban areas, with a mixed picture across Wales.

Therefore, following discussion of the available options, the Joint Committee did not support the option to cease development of Recommendation 4 and reaffirmed its commitment to progressing the recommendation. Members agreed to progress further engagement and development work. This will include renewed engagement with communities and stakeholders across rural Wales, continued collaboration with providers – specifically the Welsh Ambulance Services University NHS Trust – and Health Boards, alongside further work to clearly define the needs to be addressed and the ambulance service models that could best meet those needs.

The Joint Committee will continue to receive progress updates through its usual governance arrangements.

Recommendation 4: Update on Rural Response Models - NHS Wales Joint Committee

COMMISSIONED SERVICE DEVELOPMENTS: Hywel Dda University Health Board Clinical Service Plan

At their extraordinary meeting on 19 February 2026, Hywel Dda University Health Board (HDUHB) decided on the next steps for its Clinical Services Plan. Proposals under consideration including options affecting the future shape of stroke services at Bronglais General Hospital. New options were identified during the consultation which have been subject to careful consideration and detailed

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business planning by HDUHB, with further engagement anticipated. We will continue to update the Board as this work progresses.

Health Board decides on future model of care for Clinical Services Plan - Hywel Dda University Health Board

UK PARLIAMENT WELSH AFFAIRS COMMITTEE

The UK Parliament Welsh Affairs Committee is continuing its inquiry on cross-border health services including a recent oral evidence session on 22 April 2026 attended by Alyson Thomas (Chief Executive, Llais), Stacey Keegan (Chief Executive, RJAH) and Gemma Lelliott (Director for Wales, Community Transport Association).

A further evidence session is scheduled for June to which Welsh Health Board Chief Executives have been invited. We will keep the Board updated, and further information including recordings and transcripts of previous sessions is available from the UK Parliament website.

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GIG CYMRU NHS WALES
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Powys Teaching Health Board

Agenda item: 1.7

BOARD	**20 MAY 2026**
Subject:	**BOARD COMMITTEES: CHAIRS ASSURANCE REPORTS**
Approved and presented by:	Helen Bushell, Director of Corporate Governance / Board Secretary Committee Chairs
Prepared by:	Head of Corporate Governance
Other Committees and meetings considered at:	The content of each of the reports has been subject to the consideration of the relevant Board Committee Chair.

PURPOSE:

The purpose of this report is to provide the Board with an update on the work of the Board Committees.

RECOMMENDATION(S):

The Board is asked to:

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

Approve/Take Assurance	Discuss	Note
Y	Y	

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The Committee Chairs reports cover a range of areas across the wellbeing objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

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EXECUTIVE SUMMARY:

ASSURANCE REPORTS FROM COMMITTEE CHAIRS

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

Audit, Risk and Assurance Committee

- The Committee Chair's summary report to support a verbal briefing of the meeting held on 12 May 2026 is attached at Appendix A.

Finance and Performance Committee:

- The Committee Chair's summary report to support a verbal briefing of the meeting held on 14 May 2026 is attached at Appendix B.

Patient Experience, Quality and Safety Committee:

- The Committee Chair's report of the meeting held on 30 April 2026 is attached at Appendix C.

Planning Partnership and Public Health Committee:

- The Committee Chair's summary report to support a verbal briefing of the meeting held on 18 May 2026 is attached at Appendix D.

Executive Committee:

- The Committee Chair's report of the meetings held from 18 March to 29 April 2026 is attached at Appendix E.

Escalation and Information to the Board

A summary of the position of items escalated/communicated to Board from the Committees is outlined below to support the Board in keeping track of these items. Whilst items are reported to the Board at each meeting, the table below includes the latest update for ease of reference. Historic updates are included as **Appendix One**.

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Meeting	Escalated Matter	Date Escalated	Purpose of Escalation	Latest Update
PEQS	Concerns regarding internal capacity constraints in respect of the use of Civica in relation to patient experience	July 2023	For Board awareness, no specific action requested	**PEQS 30 April 2026** PEQS received a report on the Peoples Experience Framework which specifically addressed the original escalated matter. PEQS were assured that the capacity restraints had been addressed and Civica was in use under Peoples Experience arrangements. Assurance was also taken that this matter would continue to be monitored under usual Committee reporting arrangements and therefore **APPROVED** the recommendation to de-escalate CIVICA from the Board and retain oversight of the wider Peoples Experience Framework within Patient Experience, Quality and Safety Committee. **Item is de-escalated.**
PEQS - transferred from D&P	Neurodiversity Services – has been placed into level 3 local escalation	Oct 2024	For Board awareness, no specific action requested	**PEQS 30 April 2026** PEQS received assurance that the implementation of the IQPF Escalation Oversight mechanism is

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				providing robust oversight of the quality improvement and risk mitigation work being undertaken within Neurodevelopmental Services, and took assurance from the ongoing monitoring and evaluation mechanisms in place as part of IQPF. This matter will continue to be reported to each meeting of PEQS. **Item remains escalated.**
F&P	Organisational Status	Feb 2025	For Board awareness, no specific action requested	**F&P 14 May 2026** F&P took assurance that appropriate mechanisms are in place to monitor and report to the Board (and its Committees) against the Level 4 de-escalation criteria. **Item remains escalated.**
Executive Committee – transferred from ARAC and PEQS	Lack of cross border functionality within the NHS Wales app	Jan 2026	For Board awareness, no specific action requested	**Exec Committee 13 May 26:** Executive Committee received an update which recognised the limitations in interoperability between English and Welsh digital systems and outlined the next steps to improve the position.

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				This item will continue to be monitored and reported to Board from Executive Committee. **Item remains escalated.**

NEXT STEPS:
Further updates from the Chairs of the Board Committees will be received at the Board meeting scheduled for 29 July 2026.
IMPACT ASSESSMENT – NOT REQUIRED
This section must be completed for all strategic organisational decisions including approval of health board policies.

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Appendix One – reporting history to the Board

Meeting	Escalated matter	Update
PEQS 25 April 2023	Concerns regarding internal capacity constraints in respect of the use of Civica in relation to patient experience	**PEQS 24 Oct 2023:** • received an update within the Integrated Quality Report on Patient Experience – Civica (see PEQS Chair's Report to Board) **PEQS 23 Jan 2024:** • received an update within the Integrated Quality Report on Patient Experience – Civica. Noting the system continues to evolve and become established with feedback used to improve the system. Successes and opportunities were outlined along with ongoing priorities. **PEQS 16 April 2024:** • received an update within the Integrated Quality Report – in relation to the Patient Experience Stories, recording equipment has been purchased but limited administrative support available to support the production of patient stories. **PEQS 30 July 2024:** • A plan is in place to increase capacity and the Patient Experience Framework will be brought to PEQS in November 2024 when this escalation to Board will be reviewed. **PEQS 07 Nov 2024:** • A presentation on the 'Peoples Experience Framework' was brought to Committee. The Draft People's Experience Framework will be brought to PEQS in February 2025.

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		PEQS 11 February 2025: • This work is tied to the imminently expected publication of the Wales Patient Experience Framework. **PEQS 30 April 2025:** • received an update within the Integrated Quality Report on Patient Experience – Civica. **PEQS 31 July 2025:** • The Patient Experience Framework is due to PEQS in October 2025 and Board in November 2025 **PEQS 23 October 2025:** • PEQS received an update on work to date to implement the People's Experience Framework. The adoption of the national People's Experience Framework is now scheduled to be brought to PEQS in February and Board in March 2026. **PEQS 05/02/2026** • PEQS noted that this original escalation has become conflated with the Peoples Experience Framework and requested that disaggregation of these two matters be brought to the next meeting with a view to considering if this matter should continue to be escalated to Board.
PEQS (transferred from Delivery and Performance Committee)	Neurodiversity Services	**D&P 22 Oct 2024:** • This service has been placed into local escalation by the Executive Committee. D&P have transferred oversight of this service to PEQS to enable a focus on quality as well as performance. **PEQS 07 Nov 2024:**

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22 October 2024		• PEQS received this item noting the recent local escalation recognising the change of status and opportunity to focus on improvements to the service. An update will be received at the February 2025 meeting. **PEQS 11 February 2025:** • Received the action plan and a progress report – took assurance that the IQPF escalation mechanism is providing robust oversight **PEQS 30 April 2025:** • Progress had been made although challenges remained. (see PEQS Chair's Report to Board). **PEQS 31 July 2025:** • Executive Committee have reviewed progress made on the Improvement Plan and reduced the level of local escalation to Level 2a as of 23 July 2025. The position remains challenging and PEQS have requested details of funding arrangements to the October PEQS meeting, along with details of the quality of assessments. **PEQS 23 October 2025:** • PEQS were assured that the quality of assessments is a key focus alongside reducing the backlog. 16 cases were breaching the 104 week wait target and it was expected the target would be met imminently. PEQS noted the position remains challenging and again requested details of funding arrangements to be included in the next report to Committee, together with details of de-escalation criteria. **PEQS 5 February 2026:** • PEQS received assurance that the implementation of the IQPF Escalation oversight mechanism is providing robust oversight and that

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		ongoing monitoring and evaluation mechanisms are in place. PEQS will continue to receive updates on this matter to its quarterly meetings.
D&P February 2025	Organisational Status	**D&P 06 March 2025:** • Monitoring report received and assurance taken that PTHB continues to report as required in relation to its organisational escalation status **D&P 01 May 2025:** • D&P heard that the first Level 4 Escalation meeting with Welsh Government had taken place where the escalation framework and support package were discussed. **F&P 26 June 2025:** • The Committee **RECEIVED** the Organisational Status Level 4 Monitoring report and will continue to do so. Board reporting will also continue as scheduled. **F&P 02 September 2025:** • Update provided in the F&P Chairs report and the CEO report. Further written update to be included in update to November Board. **F&P 21 October 2025:** • F&P heard that Grant Thornton had been engaged for transformation, audit expertise and extra internal audit days. No significant emerging issues or quick wins had been identified affecting the 2025/26 position. An initial report would be completed at the end of October with Board Development engagement planned for November. The final report would be published at the end of November. **F&P 04 December 2025:**

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		• F&P noted that the Board received a substantive update at its November 2025 meeting. The Committee will continue to consider at each meeting. **PPPH 03 February 2026:** • PPPH took assurance that appropriate mechanisms are in place to monitor and report to the Board (and its Committees) against the Level 4 de-escalation criteria (planning and strategy aspects). **F&P 26 February 2026:** • F&P received assurance that the appropriate mechanisms are in place to monitor and report to Board and Committees against the level 4 de-escalation criteria. **ARAC 12 May 2026:** • ARAC took assurance that controls are in place across non-workforce cost areas, with clear governance, active oversight and targeted grip in higher-risk areas
ARAC and PEQS transferred to Executive Committee	Lack of cross border functionality within the NHS Wales app	**ARAC 10/03/2026:** • ARAC heard as this matter had been escalated to the Board updates would be received at each Board from the Executive Committee. **PEQS 05/02/2026:** • PEQS transferred an action to ARAC for oversight and action on concerns relating to cross-border access for patients using the NHS Wales app

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De-escalated Items:

PEQS 4 July 2023 PEQS 30 April 2025 de-escalated	Infection Prevention and Control (Reported to Board IC July 2023)	**PEQS 24 Oct 2023:** • received an update within the Integrated Quality Report on progress on the Infection Prevention and Control Improvement Plan which will be repeated on an agreed timeframe, and • agreed the Board level statement on Infection Prevention and Control (see PEQS Chair's Report to Board) **PEQS 23 Jan 2024:** • received an update within the Integrated Quality Report on progress on the Infection Prevention and Control Improvement Plan which outlined that 60% of activities were complete, 19% were making good progress, 2% were behind schedule and 19% were on track. The priorities for Quarter 4 were outlined to Committee **PEQS 16 April 2024:** Action plan is nearing completion and all actions are on track **PEQS 30 July 2024:** • Progress has been made (see PEQS Chair's Report to Board) but this matter remains escalated to Board. **PEQS 07 Nov 2024:** • Progress has been made (see PEQS Chair's Report to Board). **PEQS 11 February 2025:** • Majority of actions completed or completion is imminent. Expect to receive a report recommending de-escalation to April meeting of PEQS **PEQS 30 April 2025:**

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

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Reporting Committee:	**Audit, Risk and Assurance Committee**
Committee Chair	Stephen Elliot
Date of last meetings:	12 May 2026
Paper prepared by:	Corporate Governance, Risk and Assurance Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

1. SITUATION/BACKGROUND

This report had been prepared to provide Board Members with a summary of the key issues considered by the Audit, Risk and Assurance Committee (ARAC) at its meeting on 12 May 2026.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

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

3.HIGHLIGHT REPORT

(Links to agenda and reports: Audit, Risk and Assurance Committee - Powys Teaching Health Board

Alert / Escalate	There are no matters to alert/escalate.
Advise	There are no matters to advise.
Assure	The Board is asked to NOTE that the following matters were discussed at the meeting held on 12 May 2026. A full report will be available at the Board meeting in July 2026. • External Audit Plan 2026 • Draft Accountability Report and Financial Accounts Draft Head of Internal Audit Opinion

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	• Board Assurance Policy • Risk Management Policy • Risk Appetite • Counter Fraud Annual Plan and Update • Information Governance Toolkit • Finance Grip and Control Report • Hosted Body Annual Report • Internal Audit Progress Report 2025/2026 • Internal Audit Reports: a. North Powys Integrated Wellbeing Hub b. Asbestos Management c. Risk Management & Assurance d. Mattresses Follow-up. • External Audit Progress Report • External Audit Reports: a. Quality Governance Follow-up b. Digital Transformation c. Structured Assessment Management Response The Board is asked to NOTE that the following matters were discussed at the In-Committee meeting: • Committee Risk Register and Strategic Risk deep dive (*SRR011 - Failure of Digital & Electrical Infrastructure)* • Digital First 6 monthly monitoring report (including Cyber Security)
Inform	The following items were **RECIEVED** as part of the consent agenda: • Post Payment Verification Year End Report 2025/2026 • Single Tender Waivers (including extensions to contracts)

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	• Losses and Special Payments • Annual Audit Summary 2025 • Annual Committee Work Programme 2026/27 • Committee Annual Report 2025/2026
Appendices	None
NEXT MEETING 23 June 2026	

Key:

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

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Reporting Committee:	**Finance and Performance Committee**
Committee Chair	Ronnie Alexander
Date of last meetings:	14 May 2026
Paper prepared by:	Corporate Governance, Risk and Assurance Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

1. SITUATION/BACKGROUND

This report had been prepared to provide Board Members with a summary of the key issues considered by the Finance and Performance Committee (F&P) at its meeting on 14 May 2026.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

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

3.HIGHLIGHT REPORT

(Links to agenda and reports: Finance and Performance Committee (previously Delivery and Performance Committee) - Powys Teaching Health Board

Escalate/Alert	There are no matters to alert/escalate.
Advise	There are no matters to advise.
Assure	The Board is asked to NOTE that the following matters were discussed at the meeting held on 14 May 2026. A full report will be available at the Board meeting in July 2026. • 2025/2026 Annual Work Programme • Organisational Escalation Status Presentation Finance and Performance Monitoring

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	• Finance Report Month 12 2025/26 • Integrated Quality and Performance Report Month 12 • Review of Long waits at Rhobert Jones Agnes Hunt • Annual Delivery Plan Progress Report Q4 (2025/26) • Deep Dive-Minor Injury Unity (MIUs) • Deep Dive on Hospital Delays • Committee Risk Register The Board is asked to NOTE that the following matters were discussed at the In-Committee meeting: • Private Providers – Mental Health • HSE Investigation action plan update
Inform	The following items were **RECEIVED** as part of the consent agenda: • Committee Annual Report 2025/2026 • Internal Audit Report: Catering Services
NEXT MEETING: 25 June 2026	

Key:

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

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Reporting Committee:	**Patient Experience, Quality and Safety Committee**
Committee Chair	Rhiannon Beaumont-Wood
Date of last meeting:	30 April 2026
Paper prepared by:	Head of Corporate Governance

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

1. SITUATION/BACKGROUND

This report had been prepared to provide Board Members with a summary of the key issues considered by the Patient Experience, Quality and Safety Committee (PEQS) at its meeting on 30 April 2026.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the PEQS Committee is set out in Schedule 4 (pages 28 – 38) of Standing Orders.

3. HIGHLIGHT REPORT

Links to agenda and reports: 30 April 2026 - Powys Teaching Health Board

Escalate/Alert	**CHILDREN'S NEURODIVERSITY SERVICES** The Committee: • Took **ASSURANCE** that the implementation of the IQPF Escalation Oversight mechanism is providing robust oversight of the quality improvement and risk mitigation work being undertaken within Neurodevelopmental Services. • Took **ASSURANCE** from the ongoing monitoring and evaluation mechanisms in place as part of IQPF.

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	PEOPLE'S EXPERIENCE FRAMEWORK UPDATE The Committee: • **RECEIVED** the report and took **ASSURANCE** that arrangements continue to be developed and strengthened with regard to People's Experience monitoring and reporting, with the PTHB Peoples Experience Strategy anticipated later this year. • **APPROVED** the recommendation to de-escalate CIVICA from the Board and retain oversight of the wider Peoples Experience Framework within Patient Experience, Quality and Safety Committee.
Advise	The Committee Annual Work Programme 2026/27 was **APPROVED** and **RECOMMENDED** to Board. The Committee Annual Report 2026/27 was **RECOMMENDED** to Board.
Assure	**INTEGRATED QUALITY REPORT** The Committee **NOTED** the introduction of a revised Integrated Quality Report structure and provide feedback to support further refinement and development over the coming period. **NATIONAL ASSURANCE ASSESSMENT OF MATERNITY AND NEONATAL SERVICES IN WALES** The Committee: • **RECEIVED** the All-Wales Maternity and Neonatal Assurance Assessment (February 2026) and the Health Board's response, confirming maternity services are safe and effective, with a structured improvement plan in place. • Took **ASSURANCE** that a relevant Action Plan (Appendix 1) in place, including priority areas for improvement, progress to date, delivery timelines, and alignment with national expectations. **ANNUAL CLINICAL AUDIT PROGRAMME** The Committee **APPROVED** the 2026-27 Clinical Audit Programme. **QUALITY STATEMENT INFECTION PREVENTION AND CONTROL** The Committee: 1. **NOTED** the Welsh Government IPC Quality Statement, its expectations for NHS organisations and the key findings of the Health Boards initial analysis

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	2. **NOTED** the strengthened governance and reporting structure, whereby operational groups provide assurance reporting into the IPC Quality domains of Safe, Effective, Timely, Workforce, Quality and Experience. 3. Took **ASSURANCE** of the Health Boards compliance with the required standards **NOTING** the planned next steps including further data analysis. **PUBLIC HEALTH WALES TEST AND POST SEXUAL HEALTH SERVICE INCIDENT** The Committee RECEIVED a statement regarding the incident. **COMMITTEE RISK REGISTER** • The Committee **RECEIVED** the corporate risks within the committee's remit; • **DISCUSSED** any relevant issues; and • took **ASSURANCE** that risks are being managed in line with the Risk Management Framework. **ITEMS CONSIDERED IN-COMMITTEE**: • Transition of care report update and action plan • Health and safety executive update • Report on suicides • Public Health Wales test and post sexual health service.
Inform	The following documents were received for information: • Internal Audit Reports on: ○ Clinical Supervision (Reasonable Assurance) ○ Deprivation of Liberty Standards follow-up audit (all actions implemented) The following documents were received for assurance: • Joint Commissioning Committee highlight report from the Quality, Safety and Outcomes Sub-Committee 15 December 2025
NEXT MEETING: 04 August 2026	

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Key:

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

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

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Reporting Committee:	**PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE**
Committee Chair	Rhobert Lewis
Date of last meetings:	18 May 2026
Paper prepared by:	Corporate Governance Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

1. SITUATION/BACKGROUND

This report had been prepared to provide Board Members with a summary of the key issues due to be considered by the Planning, Partnerships and Population Health Committee (PPPH) at its meeting on 18 May 2026 (this report has been written in advance of the date of the Committee meeting).

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the PPPH is set out in Schedule 4 (pages 55-65) of Standing Orders.

3.HIGHLIGHT REPORT

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

Alert / Escalate	There are no matters to alert/escalate.
Advise	There are no matters to advise.
Assure	The Board is asked to **NOTE** that the following matters are scheduled to be discussed at the meeting held on 18 May 2026. A full report will be available at the Board meeting in July 2026.

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	The Board is asked to **NOTE** that the following matters are scheduled to be discussed at the Committee meeting: • Annual Work Programme 2026/27 • Organisational Escalation (Planning Component) • Strategic Change and Engagement Report • Adult Weight Management Pathway update • Healthy Child Wales Programme (CR) Health visiting programme • Whole Systems approach to prevention of Obesity • High level PTHB Commissioned Third Sector Services Review • Committee Risk Register
Inform	The following items are due to be **RECIEVED** as part of the consent agenda: • Committee Annual Report 2025/2026 • NWSSP Performance Report • Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Highlight Report - 17 March/23 March 2026
Appendices	None
NEXT MEETING 15 September 2026	

Key:

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

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Reporting Committee:	**Executive Committee**
Committee Chair	Hayley Thomas, Chief Executive
Date of last meeting:	06 May 2026
Paper prepared by:	Director of Corporate Governance and Corporate Business Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Executive Committee is chaired by the Chief Executive with all members of the Executive team acting as members of the Committee. The Committee meets within In-Committee sessions due to the practical nature of the day-to-day management and operations of the organisation.

This report has been prepared to provide Board Members with a summary of the key issues considered by the Executive Committee when it met on the 18 March, 01 April, 15 April, 29 April and 06 May 2026. Meetings following these dates will be reported to the Board in July 2026.

This report has been updated to also include content from the newly established Financial Recovery Board (FRB), chaired by the CEO and comprised of all members of the Executive Team, the group meets fortnightly with an urgent focus on financial recovery.

Key highlights from the Executive Committee and then Financial Recovery Board meetings are reported below.

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Alert/ Advise/ Assure/ Inform	Topic	Purpose	Additional Comments	Onward to Committee /Board	Date of Executive Committee
Alert	NHS Wales App - Cross Border Functionality	Assurance	The Committee took ASSURANCE that efforts to remove data barriers between NHS Wales are high on the digital agenda and NOTED the continued efforts to improve digital interoperability with English providers to support equitable access to information for Powys residents wherever they are treated.	Reported to Board through Chairs report as an escalation	13.05.26
Advise	Nothing to report – all content captured in either assure or inform sections below.				
Assure	Financial Performance Report - Month 11	Assurance	The Committee RECEIVED the financial report and take assurance that the organisation has effective financial monitoring and reporting mechanisms in place. The Committee CONSIDERED and DISCUSSED the financial forecast for 2025/26 of £33.3m and the underlying deficit of £45.1m.	Board	18.03.26
	Integrated Quality and Performance Report - Month 10	Assurance	The Committee DISCUSSED the content of this report; and took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.	Board	18.03.26
	Organisational Risk Register	Assurance	The Committee REVIEWED and APPROVED the updated Organisational Risk Register and de-escalated the ORR005 risk.	Board	18.03.26
	Better Together Highlight Report	Assurance	The Committee RECEIVED and NOTED the update.		01.04.26

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	Nationally Reportable Incidents (NRI) Update	Assurance	The Committee were INFORMED by the contents of the report.		01.04.26
	Transition of Care - Update on Actions	Assurance	The Committee RECEIVED the report, NOTED the issues and NOTED the actions.	Patient Experience, Quality and Safety Committee	01.04.26
	PTHB Annual Audit Summary	Assurance	The Committee NOTED the summary for information.	Audit, Risk and Assurance Committee	01.04.26
	Integrated Quality Report	Assurance	The Committee NOTED the introduction of a revised Integrated Quality Report structure and provide feedback to support further refinement and development and took ASSURANCE from the triangulated analysis of quality and safety intelligence, including the identification of key organisational priority areas. The Committee SUPPORTED the development of a structured organisational improvement plan, to be finalised by the end of Quarter 1, informed by the themes and priorities identified within this report. The Committee RECEIVED the report and took ASSURANCE that Quality and Safety is appropriately monitored and reported and that continued actions are in place to further develop quality and safety monitoring and reporting.	Patient Experience, Quality and Safety Committee	15.04.26

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	Suicide Review Update	Assurance	The Committee NOTED that suicide prevention and response is the responsibility of a number of services and organisations who work to national strategy and frameworks and took ASSURANCE that data analysis and learning from real time surveillance, rapid reviews and all joint working to monitor and respond is strong. The Committee took ASSURANCE that in the deaths of people known to PTHB Mental Health Services there have been no systemic issues identified.	Patient Experience, Quality and Safety Committee	15.04.26
	Neurodevelopment Services Escalation Oversight Update	Assurance	The Committee took ASSURANCE that the implementation of the IQPF Escalation Oversight mechanism is providing robust oversight of the quality improvement and risk mitigation work being undertaken within Neurodevelopmental Services; and NOTED and DISCUSSED the contents of the report and including the progress made on the implementation plan, and updated IQPAF and Conditions for Sustainability assessments. The Committee took ASSURANCE from the ongoing monitoring and evaluation mechanisms in place as part of IQPF.	Patient Experience, Quality and Safety Committee	15.04.26
	NHSE Elective Commissioning Implementation Update	Assurance	The Committee took ASSURANCE on the approach and progress of the Health Board Commissioning Intentions with NHS England providers for 2025/26; and NOTED the learning for the implementation of the Commissioning Intentions for 2026/27.		15.04.26

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			The Committee took ASSURANCE on the approach and progress of the Health Board Commissioning Intentions with NHS Wales and England providers for 2026/27 and NOTED the NHSE Elective Commissioning Group will meet and report on quarterly basis from beginning Q2 for the rest of 2026/27.		
	Annual Clinical Audit Programme	Assurance	The Committee REVIEWED the Clinical Audit Plan and RECOMMENDED it to the Patient Experience, Quality and Safety Committee.	Patient Experience, Quality and Safety Committee	15.04.26
	Quality Statement: Infection Prevention and Control	Assurance	The Committee NOTED the Welsh Government IPC Quality Statement and its expectations for NHS organisations; NOTED the key findings of the organisation's initial analysis and ENDORSED the strengthened governance and reporting structure, whereby operational groups provide assurance reporting into the IPC Quality domains of Safe, Effective, Timely, Workforce, Quality and Experience. The Committee REAFFIRMED and supported the principle that IPC is everyone's responsibility to ensure safe care environments, requiring leadership and engagement across all levels of the organisation, including Executive leadership and SUPPORTED the planned next steps including further data analysis.	Patient Experience, Quality and Safety Committee	15.04.26
	National Assurance Assessment of Maternity and Neo-natal	Assurance	The Committee took ASSURANCE from the All-Wales Maternity and Neonatal Assurance Assessment (February 2026) and the Health Board's response, confirming maternity services are safe and effective, with a structured improvement plan in place.	Patient Experience, Quality and Safety Committee	15.04.26

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	Services in Wales		The Committee took ASSURANCE from the Action Plan in place, including priority areas for improvement, progress to date, delivery timelines, and alignment with national expectations; and NOTED ongoing national and local improvement activity, including MatNeo SSP, the Quality Improvement Forum, and implementation and ongoing development of BadgerNet, and seek further assurance where required.		
	Monitoring Report of Mental Health Services Post Escalation	Assurance	The Committee NOTED sustained improvement despite ongoing challenges for services and took ASSURANCE that there is continuous improvement work now embedded in 'business as usual' as well as ongoing workstreams within a governance framework to ensure focus on key quality and safety indicators. That staff understand the importance of this agenda and work hard to ensure improvement is sustained.	Patient Experience, Quality and Safety Committee	15.04.26
	WCCIS Assurance Monthly Update	Assurance	The Committee NOTED the successful procurement and contract award in March 2026 and NOTED the continued significant organisational, clinical safety, and operational risks associated with reliance on the legacy platform Care Director beyond its end-of-life in March 2027. The Committee maintained AWARENESS that programme success is dependent on sufficient clinical and operational capacity to complete readiness activities (including pathway mapping, data quality improvement, testing and training) and took ASSURANCE that governance, risk management, and organisational readiness arrangements are in place and are actively managing programme risks.		15.04.26

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			The Committee SUPPORTED organisational prioritisation by enabling the release of required staff time and subject matter expertise (including clinical, operational, digital and information governance leads) to deliver readiness, clinical safety assurance, data migration preparation, testing and training and NOTED there are no escalations requiring Executive Committee decision at this stage; issues are being managed through programme governance, with escalation routes in place should tolerances be exceeded.		
	Finance Performance Report Month 12	Assurance	The Committee RECEIVED the financial report and took ASSURANCE that the organisation has effective financial monitoring and reporting mechanisms in place. The Committee CONSIDERED and DISCUSSED the pre-audit financial performance for 2025/26 of £33.3m and the underlying deficit of £45.1m.	Finance and Performance Committee	29.04.26
	Grip and Control Arrangements	Assurance	The Committee NOTED and DISCUSSED the report; RECEIVED the financial grip and control assessment against the workforce elements of the Financial Grip and Control Tool developed by NHS Wales Performance and Improvement; CONSIDERED the assurance ratings and offered any comment and SUPPORTED the recommendations.	Audit, Risk and Assurance Committee	29.04.26
	Integrated Quality and Performance Report Month 11	Assurance	The Committee DISCUSSED the content of this report; and took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.	Finance and Performance Committee	29.04.26
	Q4 Annual Delivery	Assurance	The Committee CONSIDERED the report and took ASSURANCE that there is a process in place for	Finance and Performance	29.04.26

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	Progress Report		monitoring progress against plan. The Committee DISCUSSED and STRENGTHENED the report with any additional information provided to the Planning Team for inclusion before submission to Committee and Board. The Committee CHECKED and CONFIRMED that items were appropriately BRAG rated and NOTED that the change request process is not applied in this report as it is the year end period. The review and re-prioritisation of delivery and actions for the next period has taken place as part of the development of the 2026- 2027 Annual Plan.	Committee; Board	
	Quality and Safety Improvement Plan	Assurance	The Committee took ASSURANCE that robust plans and processes are in place to deliver the remit of Quality and Safety more effectively and efficiently and DETERMINED future reporting requirements to the Executive Committee.		29.04.26
	Digital First Monitoring Assurance Report	Assurance	The Committee took ASSURANCE that delivery is progressing against the Digital Strategic Framework (DSF) 2023–2027, and that appropriate governance, controls and assurance are in place across the Digital First portfolio and NOTED the key achievements, challenges/constraints, and the current overall delivery confidence position (Amber-Green). The Committee also NOTED the emerging Audit Wales digital transformation findings and the Health Board's planned response/focus for the next 90 days.	Audit, Risk and Assurance Committee	29.04.26
	Mortality Data Issue Update	Assurance	The Committee NOTED the outcome of the mortality data review, specifically that discrepancies identified between Welsh Demographic Service (WDS) and Office for National Statistics (ONS) mortality figures have been fully investigated and are now understood.		29.04.26

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			The Committee took ASSURANCE that appropriate corrective actions have been implemented to address data quality and reporting risks. Mortality reporting will now rely solely on ONS data as the definitive and nationally recognised source, ensuring accuracy, consistency, and comparability. Arrangements are in place to prevent over-reporting, and the continued use of WDS data has been appropriately limited to record maintenance and system integrity purposes only.		
	Information Governance Toolkit	Assurance	The Committee NOTED revised approach to reporting compliance scores and NOTED concerns raised with National Team (DHCW) regarding specific question sets The Committee took ASSURANCE from the health board's 2025-26 IG toolkit submission and performance against data protection legislation and regulator recommendations and ENDORSED the management actions set out in the improvement plan.	Audit, Risk and Assurance Committee	29.04.26
	Deep Dive on Hospital Delays	Assurance	The Committee REVIEWED and DISCUSSED the content of this report and took ASSURANCE that plans are in place to effectively address the risks and impacts of hospital delays.	Finance and Performance Committee	29.04.26
	Minor Injury Units	Assurance	The Committee NOTED and DISCUSSED the content of the report.	Finance and Performance Committee	29.04.26
	Consent Agenda Items	Assurance	- Spring 2026 Vaccination Programmes - RSV and Covid-19 - PHW Test and Post Sexual Health Services Incident	Patient Experience, Quality and	29.04.26

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				Safety Committee	
	Strategic Change and Engagement Report	Assurance	The Committee NOTED the report and DISCUSSED the content, providing assurance and any further updates that colleagues are aware of that may not yet be captured prior to submission for the Planning, Partnerships and Population Health Committee on 18 May.	Planning, Partnerships and Population Health Committee	06.05.26
	Position in relation to long waits at Robert Jones Agnes Hunt (RJAH)	Assurance	The Committee NOTED the contents of the report and took ASSURANCE on the current and future planned work being undertaken with RJAH, NHS Performance and Improvement and Clarity Consulting colleagues.	Finance and Performance Committee	06.05.26
	PTHB Policies and Written Control Documents Update	Assurance	The Committee CONSIDERED the position (as at end March 2026) of Policies and Written Control Documents and took ASSURANCE that the organisation has an appropriate system for tracking and reviewing these documents. The Committee CONSIDERED and discussed the current position of Policies and Written Control Documents with a particular focus on those Policies given High Priority ratings.	Audit, Risk and Assurance Committee	06.05.26
	Adult Weight Management Pathway	Assurance	The Committee NOTED the contents of this report and the data provided by the level 2 and level 3 services relating to the weight management pathway; NOTED the developments highlighted in this report, including the delivery of weight management medication as part of the level 3 service and NOTED the opportunities described in this report for closer integration of the level 2 and level 3 services, particularly in the context of national work related to the Obesity Pathway Innovation Programme being led by Public Health Wales.	Planning, Partnerships and Population Health Committee	06.05.26

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	Organisational Risk Register	Assurance	The Committee REVIEWED and APPROVED the draft Organisational Risk Register; and NOTED that a high-level summary of the ORR will be presented to the Board on 20 May 2026 as part of the Strategic Risk report, if approved.	Board	06.05.26
	Consent Agenda Items	Assurance and Information	- PTHB Commissioned Third Sector Review. - Structured Assessment Management Response.	PPPH Committee	06.05.26
Inform	Vacancy Freeze Management	Approval	The Committee REVIEWED and APPROVED applications submitted for advertising.		18.03.26 01.04.26 15.04.26 29.04.26 06.05.26
	North Powys Wellbeing Programme	Discussion	The Committee ACKNOWLEDGED the GMS and Community Pharmacy position for the North Powys Health and Wellbeing Hub and AGREED on a route to a clear position on dispensing/collection for communication to the practice.		18.03.26
	Annual Plan 2026/27 - Minimum Data Set (MDS)	Information	The Committee assisted with finalising the MDS and provided Executive Lead sign off for their respective areas ahead of submission to Welsh Government in line with national submission timelines.		18.03.26
	Mental Health Medical Model - Realignment of Structure and Budget	Approval	The Committee APPROVED the Mental Health medical staffing establishment and the realignment of the budget to 32.4 wte and £6.249m.		18.03.26
	Mental Health Ward Establishment Review	Approval	The Committee APPROVED consolidation of the final establishment position outlined and NOTED that the ongoing benefit realisation that will be tracked and reported through the Variable Pay Panel.		18.03.26

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	General Dental Service Contracting and Commissioning Proposal	Approval	The Committee APPROVED the recurrent proposal to reinvest £2.2m of the GDS budget to support stabilising GDS access and SUPPORTED the proposal for Chairs action to be undertaken to commence procurement for the Welshpool and Newtown contract.		18.03.26
	Wales Eye Care Services Annual Report 2025/26	Approval	The Committee APPROVED the Primary Care Eye Care Service Annual Report 2025/26.		18.03.26
	Powys Cancer Team Business Case	Approval	The Committee APPROVED the recommendation to implement Option 4a - a phased implementation of the Powys Cancer Team, supported by external charitable funds pump-priming for the first three years and transition to core funding from year four. A phased approach mitigates financial and operational risk, allows piloting and refinement, and ensures equitable rollout and confidence of benefit realisation.		18.03.26
	Workforce Plan for Aspiring Nurses into B5 positions	Approval	The Committee APPROVED ring-fencing of appropriate Band 5 RN/RMN vacancies from three months prior to July and September/October 2026 qualification dates; and APPROVED the use of temporary over-establishment for newly qualified Aspiring Nurses where vacancies are not immediately available, with a focus on areas with bank or agency utilisation. The Committee ENDORSED the deployment of all 36 qualifiers into substantive Band 5 roles through a mixed model of vacancy utilisation and time limited over establishment and SUPPORTED the financial case demonstrating that retaining these staff is essential to achieving the return on investment and reducing		18.03.26

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			variable pay spend, noting the significant ROI benefits directly linked to securing these newly qualified nurses.		
	Education Commissioning - Future Workforce Supply	Approval and Assurance	The Committee CONSIDERED and AGREED the commissioning number for the full-time BSc Mental Health Nursing pipeline, noting the differing professional recommendations and the associated workforce risks relating to Band 5 RMN capacity and future streamlining obligations. The Committee APPROVED the proposed 2027–28 commissioning requirements for submission to HEIW and NOTED that these figures have been developed through a robust modelling and validation process involving Service Leads, Professional Heads, and People & Culture colleagues. The Committee took ASSURANCE that the commissioning proposals align with PTHB's strategic priorities, reflect service-level intelligence, and form a critical component of the national HEIW Education and Training Plan and SUPPORTED onward submission to HEIW within the required national timeframe.		18.03.26
	Consent Agenda Items	Approval	FOR APPROVAL: Executive Committee Terms of Reference.		18.03.26
	Better Together: Women, Children & Families	Approval	The Committee APPROVED the deferral of the Women, Children and Families programme from Q1; DISCUSSED and AGREED timescale for review - deferred until Q3 at the earliest. The potential impact was NOTED.		01.04.26
	CHC System Procurement	Approval	The Committee NOTED the Recommended Option and APPROVED the direct award to progress and procure the recommended CHC solution		01.04.26

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	Defynnog Options Paper	Information	The Committee DISCUSSED the report and agreed that the further work is completed and brought back to this Committee.		01.04.26
	Consent Agenda Items	Approval Information	FOR APPROVAL: CHC FNC Inflationary Uplift for 26/27 FOR INFORMATION: Community by Design Update		01.04.26
	SBAR: Llanfyllin Pharmacy	Approval	The item is considered confidential and therefore not published in this report.		15.04.26
	Cleanliness Standards	Approval	The Committee SUPPORTED the submission of the baseline assessment to Welsh Government outlining the Health Boards current position and associated risks and also NOTED the team will continue to monitor updates and guidance from the HCAI Delivery Board in relation to the standards, ensuring the Health Board remains sighted on any changes or implementation requirements.		15.04.26
	Mental Health Ward Establishment Review	Support	The Committee NOTED the ongoing benefit realisation that will be tracked and reported through the Variable Pay Panel.		15.04.26
	Single Tender Waivers Annual Report	Information	The Committee NOTED the single tender waivers report.	Audit Risk and Assurance Committee	29.04.26
	Board Assurance Framework and Risk Management Framework	Endorsement	The Committee ENDORSED the revised CGP 005 Risk Management Framework and CGP 014 Board Assurance Framework.	Audit Risk and Assurance Committee Board	06.05.26

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	Risk Appetite	Endorsement	The Committee RECEIVED and ENDORSED the revised Board's Risk Appetite Statement for onwards consideration for approval by the Board in May 2026.	Audit Risk and Assurance Committee Board	06.05.26
ITEMS TO BE ESCALATED TO THE BOARD					
A large number of topics from this report are reported either to the full Board or one of its other Committees. There are no specific topics to escalate that have not already been reported to or addressed by the Board or a Board Committee.					
NEXT MEETING: 15 May 2026					

Reporting Committee:	**Finance Recovery Board (FRB)**
Committee Chair	Hayley Thomas, Chief Executive
Date of last meeting:	06 May 2026
Paper prepared by:	Director of Corporate Governance and Corporate Business Manager
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
The Finance Recovery Board is chaired by the Chief Executive with all members of the Executive team acting as members of the Committee. The Board is also supported by external expertise and other relevant members of staff within the Health Board. The Board has been established for strengthened executive oversight in response to the seriousness of the financial position and Welsh Government Level 4 escalation, with a clear expectation of a step-change in pace, accountability and delivery.	

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This report has been prepared to provide Board Members with a summary of the key issues considered by the Finance Recovery Board when it met on the 22 April and 06 May 2026. Meetings following these dates will be reported to the Board in July 2026.

Key focus of the discussions from the meetings are reported below:

22 April 2026:

- Approved its Terms of Reference (subject to minor administrative comments), reaffirming its assurance role as an Executive Committee sub-group, while noting further work is ongoing to clarify programme structures, Deputy/Assistant Director roles, and organisational communication and engagement.
- The draft 2025/26 year-end position is an overspend of £33.275m, broadly in line with forecast, with significant underlying pressures (particularly in commissioned services, CHC and mental health) informing a 2026/27 starting point of an underlying deficit of £44.7m and a pre-savings gap of circa £67m.
- A £22.9m recurrent savings target has been set, supported by £5.0m conditional recurrent funding; current identified schemes total £8.3m, leaving a £14.5m gap, and the Board agreed to move quickly to scheme-level plans, detailed scrutiny, functional deep-dives and early risk escalation, with particular focus on strengthening MH/LD actions and tightening CHC assumptions ahead of WG scrutiny.
- The Board recognised the need to define a clear ambition and methodology for relevant cost reduction through digital and AI-enabled change
- Considered a communications plan with agreed key messages and explicit expectations for executive visibility, underpinned by timely action tracking to avoid late surprises.

06 May 2026:

- Savings delivery 2026/27: Noted a £14.2m gap against plan and a high proportion of red-rated schemes; agreed urgent executive action to strengthen plans and improve the savings tracker.
- Mental Health/Learning Disability deep dive: Noted the remaining gap against the £3.4m target; requested further focused deep dive on Mental Health private providers to strengthen assurance on delivery, milestones and risk.

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- Recognised improved traction with Continuing Health Care (CHC), but noted some delivery risk remains; agreed further action to maintain pace, prepare the next tranche and strengthen value-for-money and assurance. Considered Welsh Government challenge on higher growth and inflation assumptions (particularly CHC and commissioning).
NEXT MEETING: 19 May 2026

Key:

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

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Region:	**Powys**
Report:	**Regional Directors Report**
Period Covered:	**17 March 2026 – 5 May 2026**
Author:	**Katie Blackburn**
Status:	**For Information**
Date:	**20th May 2026**

Advocacy:

	Last period	This period
Total no. new cases opened	16	12
LTP	0	2
Total no. cases closed	31	11
Total no. open advocacy cases	107	127

Summary of 2025-2026

Llais Event	Health Concerns	Social Care Concerns
Newtown Llais Local 1st to 11th April	**Poor GP Access** • Long waits for routine appointments • Some patients waiting 5+ weeks • Smear test wait – 5 months in one case **Mental Health Support Gaps** • Hard to get help unless in crisis • Young people lack consistent support **Lack of NHS Dental Care** • Many people were removed from dental lists • Whole families and elderly patients affected • Mums lacked access during and after pregnancy	**Hospital Discharge & Dignity** • Concerns about social care and hygeine • Families had to step in and help **Access & Transport Barriers** • Disabled parking at Newtown Medical Centre is limited • Public transport is poor • Some had to drive long distances for prescriptions **Cross- Border Care**

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		Confusion • Poor coordination between English & Welsh NHS services • Lost scan results caused delays • Records not shared properly across systems
Llanfyllin Public Forum 14th May	**Poor Access to Appointments** • No in-person booking at Llanfyllin Medical Centre • Long waits and confusing systems • Risk of moving to online-only services **Delayed Referrals & Disjointed Care** • Patients face long waits to be referred • Hospital coordination is poor • Diagnosis often delayed until emergencies occur **Long Travel for Basic Services** • Residents travel far for A&E or minor care • Hospital reject patients due to unpaid health board bills • No nearby Minor Injuries Unit	**Inadequate Discharge Planning** • Patients stuck in hospital due to lack of home care • Delays caused by forgotten paperwork or lack of staff **Lack of Support for Carers** • Respite care not restored post-Covid • Carers feel forgotten and unsupported **Limited Awareness of Available Services** • Many don't know about self-referrals for mental health, physiotherapy or audiology • Knowing the "right words" often means better access
Ystradgynlais Public Forum 25th June	**Border Problems** • Patients sent to faraway hospitals • Refused treatment based on postcode **Access to GPs** • Poor public transport to surgeries • Phone lines always engaged • Elderly patients walking miles only to be turned away **Mental Health Services** • Long waiting times worsen conditions • Delays sometimes lead to crises • Residents want early support to prevent	**Staff Training Gaps** • Carers often untrained for specialists needs • Families feel exhausted and unsupported **Closure of Canolfan Day Centre** • Supports adults with learning disabilities and older people • Families say closure would cause loneliness and loss of independence

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	serious outcomes	**Reduced Local Services** • Families forced to pay for private care • Worry that poorer residents have no options
Crickhowell Llais Local 1st to 11th July	**GP Access and Continuity** • Hard to book appointments (often 2-4 week wait) • Repeating medical history due to lack of continuity • Mixed feelings about phone triage & reception process **Dental Care Gaps** • No local NHS dentist provision • Long waiting lists with no timeframes • Many forced to travel, pay privately or go without care **Hospital and Specialist Services** • Good care when accessed but long waits for procedures • Poor follow up after discharge • Travel and transport costs a major barrier	**Communication Problems** • Late letters and unanswered calls • Digital only systems leave some excluded • Lack of updates when appointments change **Joined-up Care** • Poor coordination between GPs, hospitals, physiotherapy and community teams • Patients often chase information or repeat their story **Rural Transport and Access** • Infrequent buses, costly taxis and long distances • Short notice appointment changes worsen problems • Older people and carers most affected
Llanfair Caereinion Public Forum 28th August	**NHS Dental Services** • Waiting lists over 5 years • Only 1 NHS dentist in Llanfair and 2 in Welshpool • People pushed toward private care, often with extra costs **Hospital Access & Transport** • Long journeys to Shrewsbury and other hospitals • No hospital transport support in Wales (unlike England) • Poor NHS system links cause duplicate tests and delays **Lack of Awareness of Support Services** • Ambulance delays force people to drive themselves to hospital • Calls for more local specialist services	**Access and Continuity of Care** • Residents unsure what services exist or how to get them • Inconsistent carers and poor • communication (e.g. not announcing visits) **Lack of Awareness of Support Services** • Limited awareness of NHS 111 Mental Health Line, Powys dental helpline & 'Putting Things Right' complaints service **Financial Barriers** • Costs and complex applications for PIP • Many struggle to afford or navigate support systems

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	(e.g. Newtown) • Welshpool MIU praised but underused and poorly signposted	
Knighton and Presteigne Llais Local 8th and 15th October	**Dental Closures** • Limited access to NHS dentists due to local closures • Some children have never had a check-up • Residents must travel far or pay high private fees **Delays and Waiting Lists** • Long waits for GP appointments, clinics and referrals • Some residents wait over 38 weeks for specialist care • Delays are pushing people to seek private treatment **Rural Transport Barriers** • Poor transport makes attending appointments difficult • Older people are particularly affected • Residents rely on taxis or miss appointments	**Discharge without a Plan** • Patients discharged with little warning • No clear support plans in place • Families feel unprepared and unsupported **Lack of Care Packages** • Ongoing care support is hard to access • Care packages are often short-term • Families are left to manage alone **Poor Communication** • Families feel uniformed about care decisions • Communication between services is inconsistent • People must chase basic information
Machynllyth Social Care Forum 9th March 2026	**1. Older people feel left behind** People told us that older residents are being disadvantaged because so much information and support is now online. Many felt this is excluding people who do not use digital services. **2. Poor transport is increasing isolation** Attendees said the loss of transport options like Dial-a-Bus and local taxis is making it harder for older people to get out, stay connected and access support. **3. The day centre is seen as vital** There was real concern that losing the day centre would damage people's wellbeing, especially for those already living alone. People saw it as an important source of social connection and support. **4. Social care feels hard to access** People described delays in getting assessments, poor continuity of social workers and having to repeat information. The message was that support feels too complicated and fragmented. **5. Home care staff are valued, but the system is struggling** Carers themselves were often spoken about positively, but people raised concerns about inconsistent visits, poor timing and support not always fitting around people's needs. **6. Young carers need more support** The report highlighted concern that young carers in rural areas may be facing increasing isolation, with limited local support and added pressure from transport difficulties and the cost of living.	

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Welshpool Social Care Forum 24th March 2026	**1. Some practical support worked well** A positive message from the forum was that home equipment had been arranged quickly for some people. **2. Delays to care packages are holding people up** People described cases where care packages were promised but not put in place, and where discharge was delayed because the right care could not be arranged in time. **3. Care does not feel joined up enough** A strong theme was the lack of coordination between services, with people describing poor follow-through and frustration that discharge and support could depend on whether someone lived in Wales or England. **4. People are not always clear where to turn for help** One of the messages from the forum was that people do not always know how to get help when they need it. **5. Communication about tests and treatment needs to improve** People raised concerns about delays in receiving test results, missing clinic letters and poor communication about ongoing treatment, leaving them uncertain and worried. **6. Care should be more personal, respectful and consistent** People wanted care that fits around their needs, including regular carers, visits at suitable times, and better attention to dignity, personal care and communication needs in hospital.

Cross-Cutting Themes (Across Both Health & Social Care)

These appear in both systems repeatedly:

- Access is difficult
- Services are not joined up
- Communication is poor
- People feel they have to “chase” the system
- Rurality and transport amplify every issue

In summary, health issues are dominated by access, delays, and system coordination;
social care issues are dominated by access, capacity, and support gaps for carers.

Engagement Data 2025-2026

Activity	Number of activities	Total number of individuals engaged with	Average number of individuals engaged with per activity

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Llais Local	4	598	150
Health and Social Care Forums	3	42	14
Social Care Forums	2	14	7
Advocacy		228	
Other		414	
TOTAL		**1296**	

Representations: **Llais Powys made 112 representations during the period 1 April 2025 to 31 March 2026.**

Summary of Annual Plan and activity 2026-2027 (subject to change)

Activity Plan Summary

Month / Period	Key activities and events
April (Qtr 1)	
May	Locality x 8; Sounding Board; MH Awareness Week/ Dementia Action week
June	Ystradgynlais pre-visit; HDUHB consultation; Carers Week/ Volunteer week/ Armed Forces week/ Refugee week
July Qtr 2	Ystradgynlais Llais Local; RWAS
August	Newton coffee morning; Welshpool coffee morning; Locality x 8; Brecon pre-visit, EMRTS consultation (TBC); office move
September	Brecon Llais Local; Ystradgynlais Coffee morning ; BT consultation (TBC); EMRTs consultation (TBC); World Suicide Prevention Day
October Qtr 3	Locality x 8; Llandrindod pre-visit; Cancer workshop; Urgent Care National Project; BT consultation (TBC); EMRTs consultation (TBC); world MH day/ World Homeless Day/ Dyslexia week/ Speak up Month/ Breast Cancer Awareness Month
November	Llandrindod Llais Local; Brecon coffee morning; Sounding Board; BT consultation (TBC); Self-care week/ Movember/ world diabetes day
December	Locality x 8; Newtown pre-visit; BT consultation (TBC)
January Qtr 4	Newtown Llais Local; Llandrindod coffee morning; Town Hall event with Llais Board (Llandrindod)
February	Locality x 8; Welshpool pre-visit; CYP Project/ workshop/ Sounding Board
March	Welshpool Llais Local; Newtown coffee morning

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- **Llais Local (Deep Dive):**
  A structured programme of engagement in a locality to build evidence on priority issues

- **Sounding Board:**
  A repeatable forum where lived experience and decision-makers shape decisions early.

- **Llais Locality:**
  The geographic unit through which Llais delivers engagement and influence.

- **Town Hall Event:**
  A large, public forum for strategic dialogue between Boards and communities.

We are moving from listening activity → to structured influence**.**

- Deep dives = **build evidence**
- Sounding Boards = **apply that evidence to decisions**
- Town Halls = **maintain visibility and accountability**

They are **complementary parts of one system**, not interchangeable activities.

National Updates:

Llais Annual Plan 2026-2027

https://www.llaiswales.org/sites/default/files/2026-03/Llais%20Annual%20Plan%202026-2027.pdf

Llais attendance at Welsh Affairs Committee – cross-border healthcare arrangements between England and Wales – oral evidence 22 April 2026

https://committees.parliament.uk/event/26975/formal-meeting-oral-evidence-session/

Llais Response to the Draft Strategy for Unpaid carers 2026
https://www.llaiswales.org/sites/default/files/2026-04/Llais%20response%20to%20the%20Draft%20National%20Strategy%20for%20Unpaid%20Carers%202026.pdf

Listening to People Leaflet

https://www.llaiswales.org/sites/default/files/2026-04/LTP%20leaflet%20for%20print.pdf

Llais Response to the Public Services Ombudsman for Wales Strategic Plan 2026-2029 https://www.llaiswales.org/sites/default/files/2026-04/Llais%20Response%20to%20the%20Public%20Services%20Ombudsman%20for%20Wales%20Strategic%20Plan%202026%E2%80%932029.pdf

Llais Impact January 2026

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https://sh1.sendinblue.com/afdsxn2kclpfe.html?t=1777974475966

Katie Blackburn

Regional Director – Llais Powys

5 May 2026

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Powys THB Finance Department
Financial Performance Report
PTHB Board

Period 12 (March 2026)
FY 2025/26

Date Meeting: 20 May 2026
Item 3.1a

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

Introduction

Subject:	**FINANCIAL PERFORMANCE REPORT FOR MONTH 12 OF FY 2025/26**
Approved & Presented by:	Pete Hopgood, Executive Director of Finance
Prepared by:	Deputy Director of Finance
Other Committees and meetings considered at:	Executive Committee Finance and Performance Committee 14/05/2026

PURPOSE:

This paper provides an update on the March 2026 (Month 12) Financial Position, including progress with savings delivery.

RECOMMENDATION:

The Board is asked to **RECEIVE** the financial report and take **ASSURANCE** that the organisation has effective financial monitoring and reporting mechanisms in place.

The Board is asked to **CONSIDER** the pre-audit financial performance for 2025/26 of £33.3m and the underlying deficit of £45.1m.

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

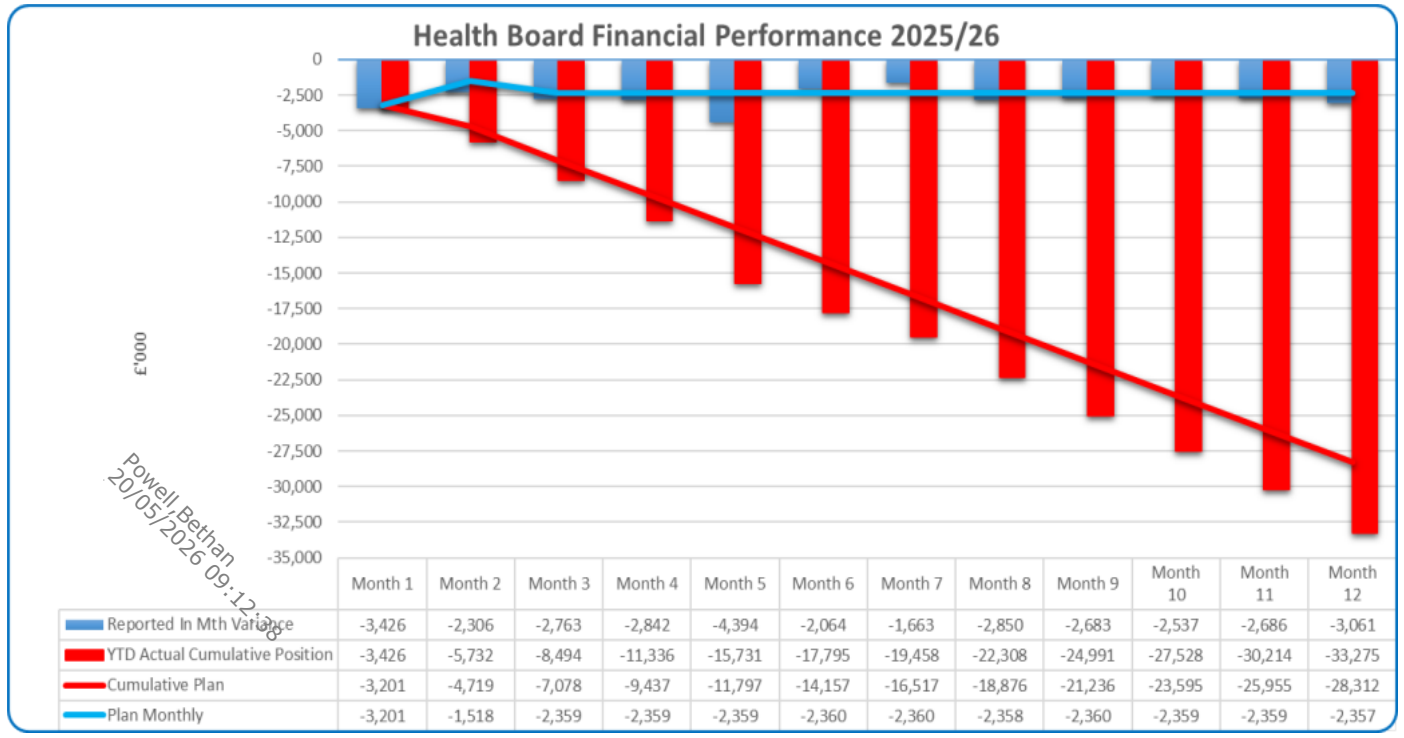
Strategic Objectives:	• Focus on Wellbeing	✖
	• Provide Early Help and Support	✖
	• Tackle the Big Four	✖
	• Enable Joined up Care	✖
	• Develop Workforce Futures	✖
	• Promote Innovative Environments	✖
	• Put Digital First	✖
	• Transforming in Partnership	✓
Health and Care Standards:	• Staying Healthy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

Approval/Ratification/Decision	Discussion	Information
	✓	

Summary Health Board Position 2025/26

Revenue			
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by WG	Plan £'000	Actual £'000	Trend
Reported in-month financial position – (deficit)/surplus	-2,357	-3,061	↑
Reported Year To Date financial position – (deficit)/surplus	-28,312	-33,275	↑
Year end – (deficit)/surplus	-28,312	-33,275	↑

Capital		
	Value £'000	Trend
Capital Resource Limit	8,393	↑
Reported Year to Date expenditure	8,312	↑
Reported year end – (deficit)/surplus – Forecast	8,312	↑



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Reported In Mth Variance	-3,426	-2,306	-2,763	-2,842	-4,394	-2,064	-1,663	-2,850	-2,683	-2,537	-2,686	-3,061
YTD Actual Cumulative Position	-3,426	-5,732	-8,494	-11,336	-15,731	-17,795	-19,458	-22,308	-24,991	-27,528	-30,214	-33,275
Cumulative Plan	-3,201	-4,719	-7,078	-9,437	-11,797	-14,157	-16,517	-18,876	-21,236	-23,595	-25,955	-28,312
Plan Monthly	-3,201	-1,518	-2,359	-2,359	-2,359	-2,360	-2,360	-2,358	-2,360	-2,359	-2,359	-2,357

Powys THB submitted an Annual Plan to Welsh Government in March 2025, which included a deficit of £38.4m. The Accountable Officer (AO) letter in May confirmed actions to reduce expenditure in 2025/26 with a quantified value of £10.1m to revise the Health Board's forecast to a £28.3m deficit.

As per AO letter in December, the Health Board's forecast is £33.312m.

At month 12, there is a £33.275m overspend, compared to a planned deficit of £28.312m, this equates to the Health Board having an overspend of £4.963m. Therefore, in line with the readvised £33.312m deficit.

The capital resource limit for 2025/26 is £8.393m, the outturn was £8.312m. A small underspend of £0.081m. This excludes the leases element of £0.451m.

Year to Date overspend of £5m compared to Plan

The YTD overspend is due to unforeseen cost pressures.

- NHS England unplanned care tariff increase - £3.8m
- JCC delivery - £0.5m
- Employers NI contribution - £1.0m

The balance of £0.3m underspend is an operational variance connected with savings and private providers overspend off-set by underspends elsewhere.

Revenue Variance Position 2025/26

Overall Summary of Variances £'000s

	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(472,073)	(472,073)	0
02 - Capital Donations	(614)	(614)	(0)
03 - Other Income	(8,388)	(10,173)	(1,785)
Total Income	**(481,075)**	**(482,860)**	**(1,785)**
05 - Primary Care - (excluding Drugs)	51,825	50,267	(1,558)
06 - Primary care - Drugs & Appliances	35,351	35,188	(162)
07 - Provided services -Pay	131,681	133,080	1,398
08 - Provided Services - Non Pay	24,963	21,422	(3,540)
09 - Secondary care - Drugs	1,394	1,318	(77)
10 - Healthcare Services - Other NHS Bodies	190,264	197,912	7,647
12 - Continuing Care and FNC	40,696	40,324	(372)
13 - Other Private & Voluntary Sector	6,410	9,586	3,176
14 - Joint Financing & Other	10,244	10,489	245
15 - DEL Depreciation etc	6,270	6,271	1
16 - AME Depreciation etc	10,288	10,287	(1)
18 - Profit\Loss Disposal of Assets	0	(10)	(10)
Total Costs	**509,387**	**516,135**	**6,748**
Reported Position	**28,312**	**33,275**	**4,963**

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At Month 12, there is a £33.275m overspend against the planned deficit of £28.312m giving the Health Board an operational overspend of £4.963m. The most significant areas to highlight are:

- Commissioning of Healthcare Services from other NHS Bodies is £7.647m overspent. There is an unfunded cost pressure arising from price increase on non-elective tariffs in the English system, savings target shortfall, overspend with JCC and underspend with Welsh providers.
- Other private and voluntary sector is overspent by £3.176m. This is due to an increased number of acute mental health and LD placements with private providers.
- Agency expenditure of £0.385m in the month, the highest it has been since month 04 (July). Compared to M12 2024/25 it is £0.196m lower.
- CHC and FNC is underspent by £0.372m. There are 407 packages of CHC care, a net increase of 52 since Month 12 2024/25.
- There are underspends in Primary Care within dental and general medical services and in Provider Services – non-pay.

Health Board Provider Services

We are focused on this because:
This page gives a directorate level view of PTHB's corporate and provider services. There are significant budget variances to be understood and managed.

Subset of Table B Categories and Directorate View Variances

Subset of Table B Categories	WTE Bud	WTE Act	WTE Var	Avg WTE	Budget	Actual	Variance
03 - Other Income	0	0	0	0	(8,388)	(10,173)	**(£1,785)**
07 - Provided services -Pay	2,393	2,175	(219)	2,144	131,681	133,080	**£1,398**
08 - Provided Services - Non Pay	0	0	0	0	24,963	21,422	**(£3,540)**
Grand Total	**2,393**	**2,175**	**(219)**	**2,144**	**£148,256**	**£144,329**	**(£3,927)**
Directorate View							
Assistant Director Community Services	1,018	933	(85)	923	49,784	48,120	**(£1,664)**
Assistant Director MH/LD	540	442	(97)	428	24,755	31,702	**£6,947**
Assistant Director Women and Children	159	151	(8)	159	7,936	8,071	**£134**
Estates and Support Services	207	213	6	208	16,695	16,651	**(£44)**
Corporate and other Services	470	435	(34)	426	49,086	39,785	**(£9,300)**
Grand Total	**2,393**	**2,175**	**(219)**	**2,144**	**148,256**	**144,329**	**(£3,927)**

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

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Explanation of Performance

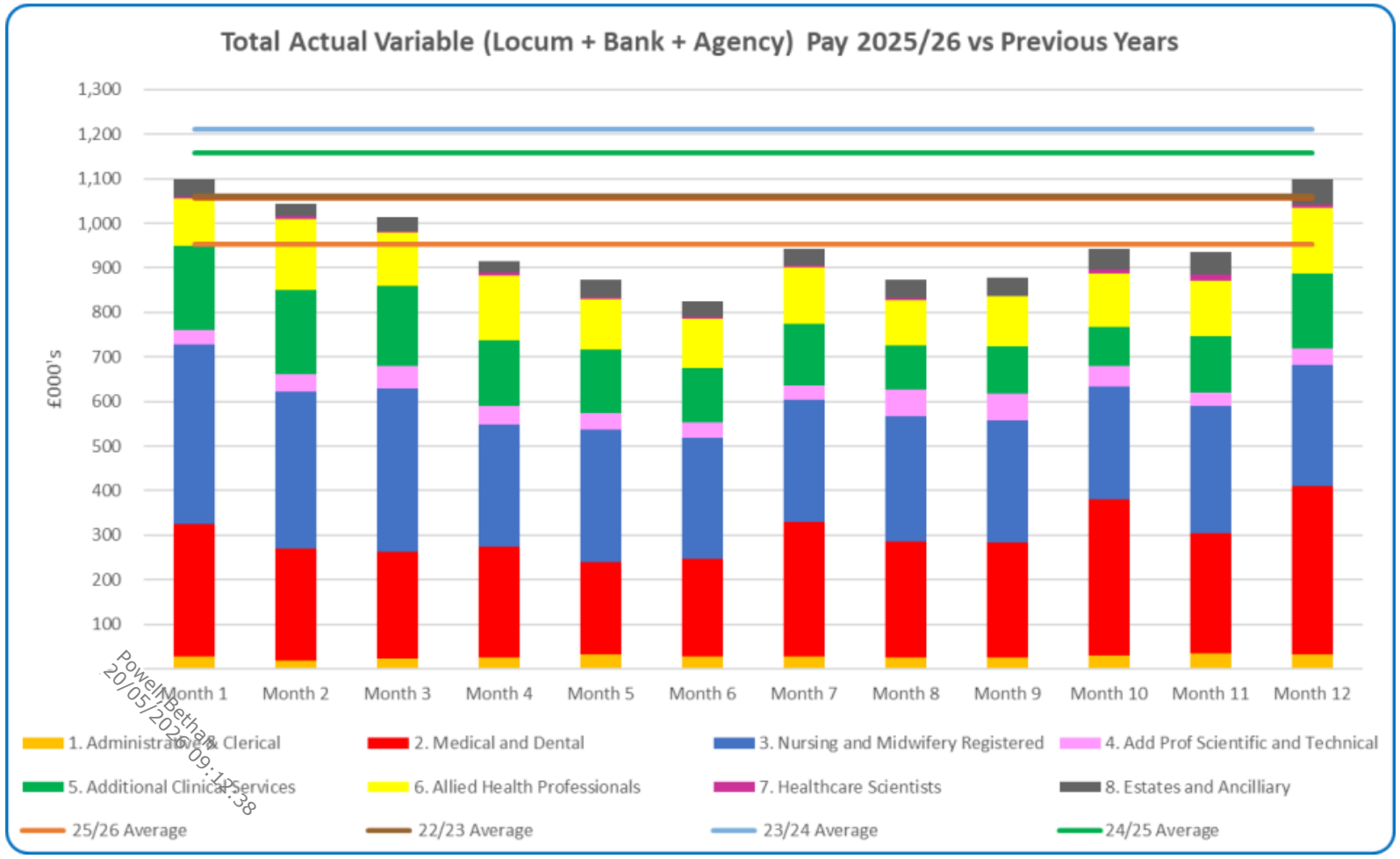
- The Month 12 position is showing an underspend of £3.927m over these categories.
- The service with the largest overspend is Mental Health & Learning Disability. This is due to agency and locum expenditure and the underachievement of savings.
- Community Services is underspent due to the effective management of vacancies.
- Vacancies are running at 18% (97 WTE) for MH&LD Services and 8% (85 WTE) for Community Services.
- Corporate and other Services are underspent. There are vacancies and financial reserves held centrally to off-set the overspends in MH&LD Services.
- The following page provides more detail on agency expenditure and the actions being taken to address the high usage.

Risks

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

Health Board Agency and Locum Spend

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



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

Performance and Actions

- The chart opposite demonstrates that in March variable pay was the highest it has been since the beginning of the year.
- Powys continues to be an outlier within NHS Wales as forecasted agency and locum spend was on average 5.7% of total forecasted pay in Month 11, against the Wales average of 1.9%.
- The HB's Variable Pay Reduction group is implementing a detailed action plan. There are improvements on the wards in CSG, but high expenditure run rates remain in non-ward services and Mental Health.

Risks

- Level of agency (% of pay).
- Increased workforce gaps resulting in greater requirement for temporary workforce.
- Supply and demand price pressures leading to use of off-contract agencies.

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

Status Update
The Health Board is seeking to reduce expenditure in 2025/26 by reducing the quantity of elective activity commissioned. Particularly, with SaTH, WVT and RJAH.

NHS Commissioning Variance to Date 2025/26

Commissioning	Budget to Date £000	Actual to Date £000	Variance to Date £000
Welsh Providers	50,611	49,230	(1,380)
English Providers	75,318	82,232	6,914
JCC	58,442	59,975	1,533
Other NHS Providers	4,961	5,761	799
Mental Health (LTAs Only)	932	713	(219)
Total	**190,264**	**197,912**	**7,647**

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Risks

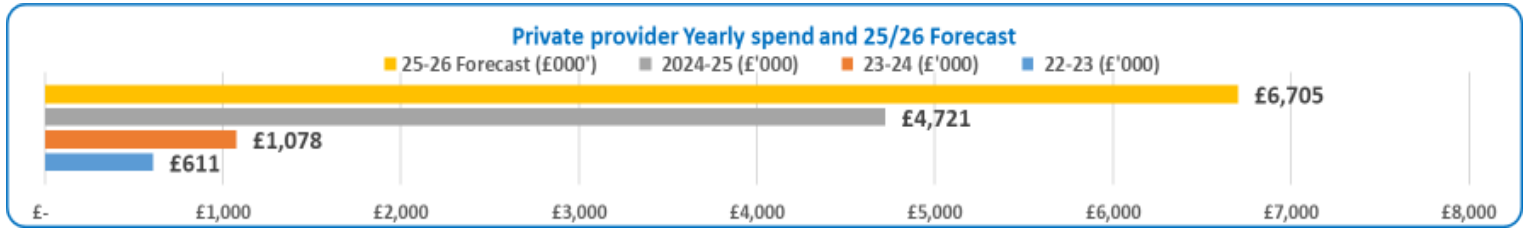
- Capacity and performance of Adult Social Care services
- Providers exceed their RTT recovery targets.
- Winter pressures and capacity of the system generally to treat patients and thus avoid secondary care admissions.
- Delivery of saving plans.

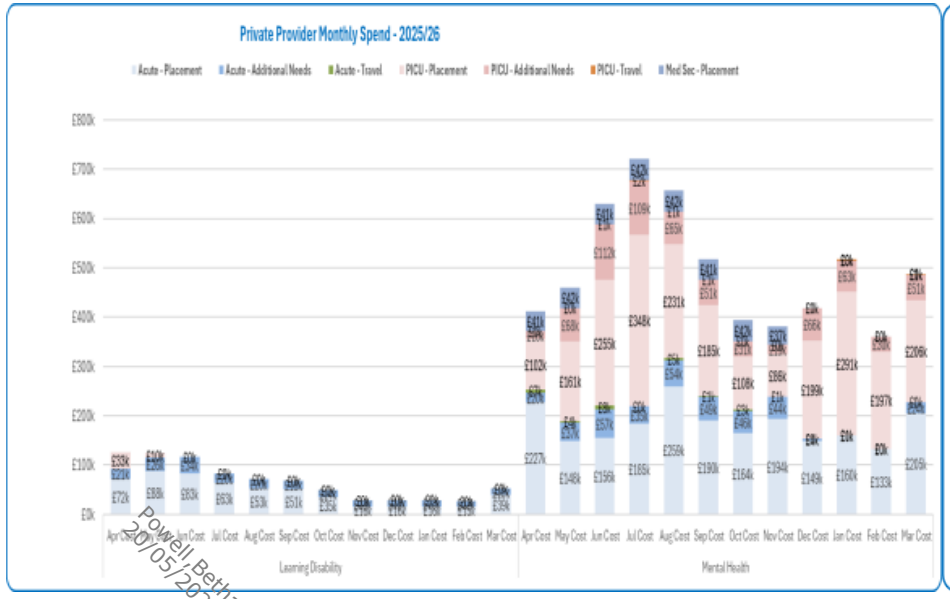
Performance

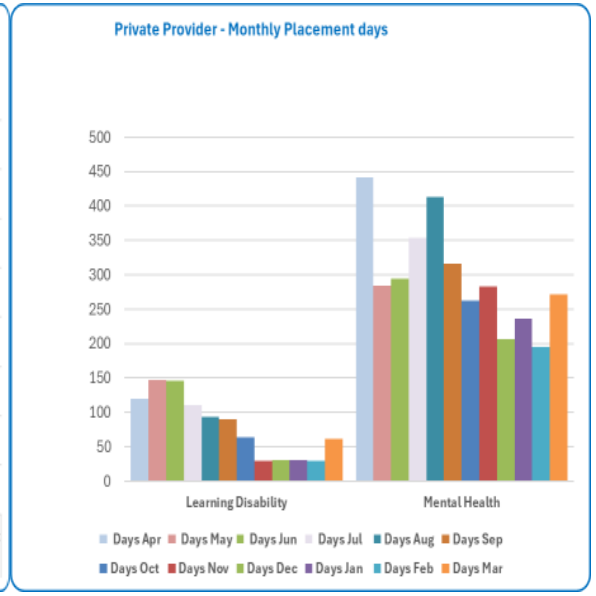
- *Welsh Providers* – there is an underspend due to reduced activity.
- *English providers*
  - There is an unfunded cost pressure arising from price increases in the English system for maternity and non-elective tariffs of circa an average 13%. This is estimated as £3.8m for the year.
  - The other contributing factor is that the savings target was not fully achieved (see later slide). This is £1.9m of the variance.
- *Joint Commissioning Committee* – the JCC overspend reflects two issues:
  - Powys share of JCC forecast overspend £0.5m.
  - the additional £1m expenditure reduction sought from JCC, so that the cost increase is limited to 1.77% funding increase the Health Board received from Welsh Government.

Private Providers – Mental Health and Learning Disability

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







Performance and Action

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

As at M12, the costs have increased to £6.7m (£5.9m MH and £0.8m LD). This is an increase of £2.0m from the prior year.

The number of open packages is 18 at the end of March, an increase of 6 in month.

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

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

What the table tells us

The table shows the significant growth in costs incurred with private providers across all categories (mental health, learning disability,). If this continues unabated it poses a significant risk to the achievement of the financial plan and medium-term sustainability.

Risks

The HB has seen a significant increase in the complexity and number of patients requiring private provision , there is a risk the growth continues throughout 2025/26 above that planned for and beyond the levels that can be mitigated. There is a pressure on the weekly fees charged for packages of care.

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Secondary Care and Community hospital delays

We are focused on this because:
The delay in discharges from community and district general hospitals due to capacity and performance challenges within Adult Social Care services is causing a pressure on the Health Board.

- The table opposite includes both health and adult social care (ASC) related delayed discharges. It distinguishes between Powys community hospitals and the two English health systems (Shropshire and Herefordshire).
- The District General Hospital (DGH) delays includes information from our neighbouring hospitals around the perimeter of Powys.
- The table shows that of delayed discharges to date:
  - 8,000 days within Powys community hospitals related to Health processes, 14,402 days to Social Care and 2,850 days to joint processes. Associated costs to date of £3.6m, £6.6m and £1.3m, respectively.
  - 9,662 days within district general hospitals (DGHs) and English community hospitals related to Health processes; 7,038 days to Social Care and 1,227 to joint processes. Associated costs to date of £2.2m, £1.8m and £0.2m, respectively.

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

2025-26	Health			Joint			Social Care		
Gross Cost of Delays	YTD		Forecast	YTD		Forecast	YTD		Forecast
	Days	£m	£m	Days	£m	£m	Days	£m	£m
PTHB Provider Delays	3,154	£1.4	£1.4				6,501	£3.0	£3.0
PTHB Provider Assessment Delays	4,846	£2.2	£2.2	2,850	£1.3	£1.3	7,901	£3.6	£3.6
Subtotal PTHB Provider	**8,000**	**£3.6**	**£3.6**	**2,850**	**£1.3**	**£1.3**	**14,402**	**£6.6**	**£6.6**
Shropshire Community Bed Delays	423	£0.1	£0.1				163	£0.1	£0.1
WVT Community Bed Delays	722	£0.3	£0.3				747	£0.3	£0.3
DGH Bed Delays - England	6,119	£1.8	£1.8	791	£0.2	£0.2	4,800	£1.4	£1.4
DGH Bed Delays - Wales	2,398	£0.0	£0.0	436	£0.0	£0.0	1,328	£0.0	£0.0
Subtotal English & Welsh Providers	**9,662**	**£2.2**	**£2.2**	**1,227**	**£0.2**	**£0.2**	**7,038**	**£1.8**	**£1.8**
Total Opportunity Cost (at full cost)	**17,662**	**£5.9**	**£5.9**	**4,077**	**£1.5**	**£1.5**	**21,440**	**£8.3**	**£8.3**
						Total All	**43,179**	**£15.8**	**£15.8**

Note: There has been a service change in regard to responsibility in the Reablement service. Previously PCC led on Reablement and Enablement. In October 2025, the responsibility for Reablement passed to the HB, and any delays relating to this are now being coded as Health delays when they were Social Care delays previously.

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

Prescribing

We are focused on this because:
The costs of prescribing rose significantly from April 2022 to September 2023. This was driven by both price inflation and increased prescribing activity. Whilst prescribing costs rose during FY23-24, the final outturn reduced significantly from earlier forecasts in line with reduced prices on certain drugs, and other successful savings initiatives. This trend has continued in FY25-26 and the savings related to SGLT-2 inhibitors have offset increasing prescribing volumes in Q4.

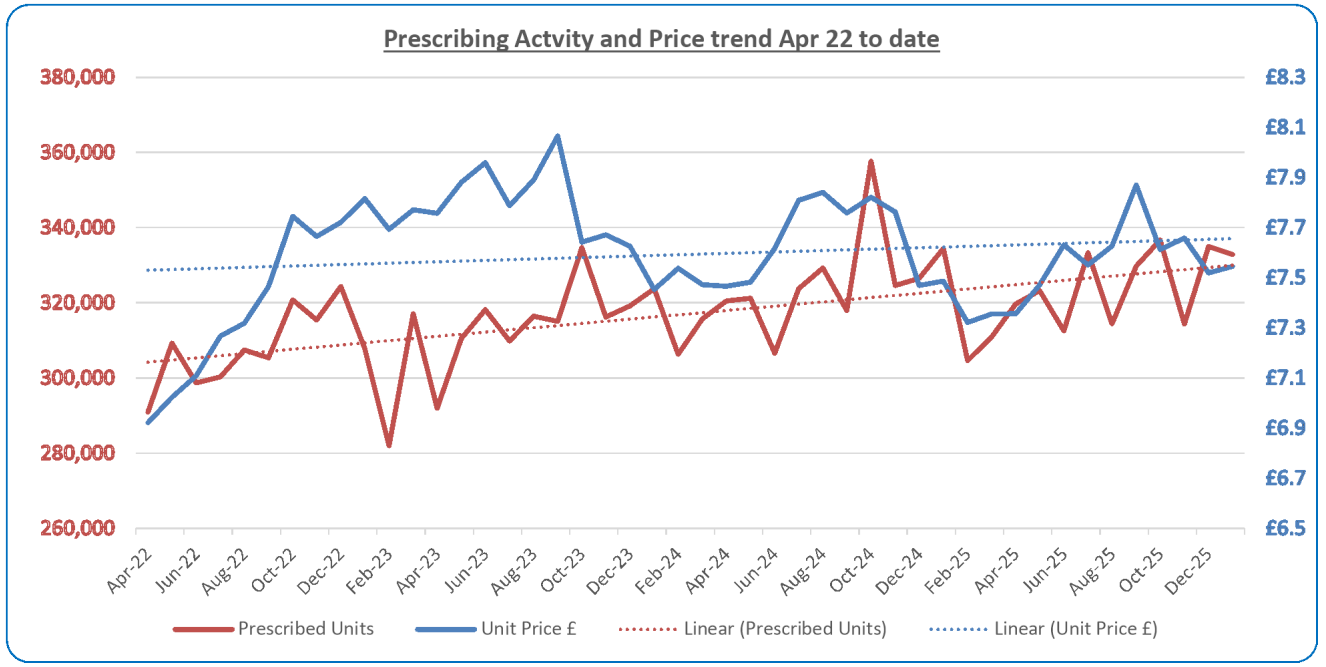
Status Update

An overspend of £475k against a budget of £29.0m(incl £1.5m saving target). Prescribing costs are reported 2 months in arrears.

YTD costs, M1-10, are a slight reduction -0.2% FY24-25.

- Unit price decrease year on year of -0.2%
- Reducing £% in FY25-26, driven by NCSO/price concessions. Unit costs are expected to continue at a lower rate into FY26-27 as the impact of reduced costs for SGLT-2 inhibitors come into the position.
- Activity yr on yr increased through Q3 & Q4 driving cost up for outturn.

Prescribing cost increases	FY21-22	FY22-23	FY23-24	FY24-25	F'cast FY25-26
	£k	£k	£k	£k	£k
Prescribing Budget	23,182	24,694	28,959	31,161	28,962
Prescribing Annual costs/f'cast	25,610	27,469	29,195	29,488	29,437
Yr on Yr % increase/decrease	-1.3%	7.3%	6.3%	1.0%	-0.2%
Yr on Yr increase £ Total	**-344**	**1,859**	**1,727**	**292**	**-51**
Yr on Yr increase £ Growth	475	655	747	991	-25
Yr on Yr increase £ Inflation	-819	1,204	980	-698	-26



Risks & Challenges

- High proportion of dispensing practices: (38% of patients receive medicines from a dispensing practice; 79% of patients are registered with a dispensing practice)
- Access and control to prescribing data, audit participation, other services driving prescribing activity.
- Responsibilities for prescribing vs accountability for the prescribing budget.

Medicines Management savings performance and actions

- Schemes delivered £2.5m of savings, against a target of £1.5m. Actual savings will be identifiable later in the financial year.
- Guidance and support is given to Primary Care including, decision support software, monthly KPI reporting, practice visits, shared formulary and presc. guidelines, audit & shared care agreements.
- Active involvement in NHS Wales pharmacy and finance forums, including the Value and Sustainability Board workstream.

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Continuing Healthcare

We are focused on this because:
Commissioning of complex healthcare packages is an area of significant expenditure growth (price inflation and number of packages).
Maintaining strong and transparent governance over CHC processes is crucial for financial sustainability and relationships with our partners.

Area	21/22 Year end Position £'000	22/23 Year end Position £'000	23/24 Year end Position £'000	24/25 Year end Position £'000	25/26 Budget £'000	25/26 Forecast £'000	25/26 Variance £'000	Growth 2024/25 to 2025/26 Forecast £'000	Growth 2024/25 to 2025/26 Forecast %
Children	£157	£296	£310	£623	£694	£725	£31	£103	16.5%
Learning Disabilities	£1,639	£2,461	£3,549	£4,322	£4,943	£5,765	£821	£1,443	33.4%
Mental Health	£10,611	£13,949	£16,201	£19,714	£22,590	£22,242	(£349)	£2,528	12.8%
Mid Locality	£1,635	£1,882	£2,123	£2,301	£2,658	£2,485	(£173)	£184	8.0%
North Locality	£2,098	£2,646	£3,475	£3,927	£4,548	£3,848	(£699)	(£79)	(2.0%)
South Locality	£1,853	£1,904	£1,955	£1,670	£1,937	£2,058	£120	£388	23.2%
CHC Provisions	£1,796	£779	£683	£248	£63	£326	£263	£78	31.5%
Grand Total	**£19,790**	**£23,917**	**£28,296**	**£32,803**	**£37,434**	**£37,448**	**£15**	**£4,645**	**14.2%**
Number of active clients	**285**	**295**	**327**	**355**	**379**	**407**		**52**	**14.6%**
D2RA		**£696**	**£201**	**£7**	**£9**	**£0**	**(£9)**	(£7)	(100.0%)
FNC	**£1,960**	**£2,131**	**£2,279**	**£2,782**	**£3,254**	**£2,876**	**(£378)**	**£94**	**3.4%**
Total	**£21,750**	**£26,744**	**£30,777**	**£35,592**	**£40,696**	**£40,324**	**(£372)**	**£4,732**	**13.3%**

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

At month 12, there is an underspend of £0.372m on the budget of £40.696m against Continuing Care and FNC.

The number of CHC packages has increased by 52 to 407, since the 2024/25 outturn, which is a 14% increase. However, there has been a 16% increase in the number of days of CHC provided.

Across Wales, at Month 11, the forecast is for an 6.6% increase in costs in 2025/26 compared to 2024/25. It is 14.1% in Powys.

What the table tells us

The table shows the significant growth in CHC costs across all categories (mental health, learning disability, children and frail adults). If this continues unabated it poses a significant risk to the achievement of the financial plan and medium-term sustainability.

Risks

The HB has seen a significant increase in the complexity and number of patients requiring CHC, there is a risk the growth continues in 2025/26 above that planned for and beyond the levels that can be mitigated.

There is a pressure on the weekly fees charged for packages of care.

Health Board 2025/26 Savings Programme

We are focused on this because:
Delivering savings is key to successfully mitigating financial risk and achieving the financial plan. Maximising recurrent savings is key to our financial sustainability and tackling our underlying deficit into the medium term.

Forecast Performance of Saving Schemes by Programme

	(£ '000s)								
	In-year 2025/26						Recurrent for future years		
Targeted Area	2025/26 Target	No. Green + Amber	Green (forecast)	Amber (forecast)	Green + Amber (forecast)	Forecast vs Target	Recurrent 2025/26 Target	Forecast FYE	FYE vrs Recurrent Target
Premium pay expenditure	3,400	44	3,687	0	3,687	287	3,400	3,474	75
Medicine Management	1,500	6	2,488	0	2,488	988	1,500	2,488	988
MV and HP Programmes	1,000	1	805	0	805	-195	0	0	0
2% Recurrent	1,000	33	1,621	0	1,621	621	1,000	1,305	305
1% Non-recurrent	500	20	3,343	0	3,343	2,842	0	0	0
CHC / Private Providers	2,500	1	500	0	500	-2,000	2,000	0	-2,000
Commissioning	3,080	8	1,127	0	1,127	-1,953	1,420	1,127	-293
Commissioning (NHSE to Wales Targets)	7,100	14	7,772	0	7,772	672	0	1,200	1,200
Commissioning (JCC)	1,000	0	0	0	0	-1,000	0	0	0
Commissioning (POCD)	1,500	2	847	0	847	-653	0	847	847
RTGH	500	2	669	0	669	169	0	0	0
Total	23,080	131	22,858	0	22,858	-222	9,320	10,441	1,121

Powys Bethan 20/08/2025 09:14:58

Performance and Actions

- As shown in the table, green schemes with £22.858m savings achieved, against the £23.080m target, giving a gap of £0.222m. Accountancy gains of £2.687m are included within '1% non-recurrent'.
- The recurrent impact of saving schemes is £10.441m, compared to the £9.320m recurrent target. An overachievement of £1.121m. This improves the Health Board's underlying deficit.

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

What the table tells us

Focus is on converting opportunities into deliverable schemes. Particularly recurrent schemes to impact upon the underlying financial deficit.

Risks

Timescales and capacity of teams to deliver the schemes.

Identification of additional schemes.

WG Value & Sustainability Board

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

Risk – WVT Invoices

Table reported to Welsh Government

Risk	£ '000	Likelihood
Commissioning - NSE parity of funding (WVT) 2024/25	(5,000)	Low
Commissioning - NSE parity of funding (WVT) 2025/26	(8,100)	Low
Total	**(13,100)**	

Risks

Wye Valley Trust raised an invoice for £5m in 2024/25 related to its view regarding parity of funding from PtHB equivalent to NHS England commissioners. The equivalent figure for 2025/26 is £8.1m. Both amounts are shown as risks.

The description "*Recognition of discussions regarding parity of funding with English commissioners inc remoteness uplift, PFI and inflation*".

The Health Board strongly refutes the basis for the charges. This is a serious matter for both organisations in terms of agreeing the end of year position and the preparation of annual accounts. These amounts have not been included within the Health Board's 2025/26 month 12 financial position reported to Welsh Government. Senior officials have been alerted to the situation, as has Audit Wales.

This dispute was formally escalated to WG (and to NHSE by the Trust) in May 2025 for resolution at Government level. WG supports the PtHB position that it is not reasonable for the Health Board to pay these invoices, as they are not part of cross border contracting and not supported by guidance.

Care will be taken to ensure that the situation is appropriately and transparently reflected in the Annual Accounts, disclosed as contingent liabilities..

Powys Board on 29/05/2026 09:12:19

Summary & Key Messages

1. At month 12, PTHB is reporting a £33.275m deficit. This comprises the planned deficit £28.312m, with an operational overspend of £4.963m.

2. The outturn was in line with the 2025/26 updated forecasted position of £33.312m as per the Accountable Officer letter in December.

3. There is a risk to this position of up to £13.1m (£5m and £8.1m) relating to invoices that have been received from Wye Valley NHS Trust.

4. The Health Board's planned underlying deficit has held at the month 11 position of £45.071m.

5. Other financial matters:
   - The Health Board has a £8.393m capital allocation. This has been utilised on a range of estates projects, digital investments and equipment, with a small underspend of £81k.
   - Due to the £33.3m forecast financial deficit, the THB has received Strategic Cash to meet its obligations to suppliers and staff.
   - The Health Board is not currently achieving the target of paying 95% of non-NHS invoices within 30 days. This is due to delays in the process for approving CHC invoices and agency invoices. By number, the Q4 performance is 91.5%, which is just under the average for the year. Additional work is being undertaken to improve this, and we are seeing a monthly decrease in agency PSPP breaches.

Powell Bethan
20/05/2026 09:12:38

Powys THB Finance Department
Financial Performance Report – Appendices

Powell Bethan
20/05/2026 09:12:38

Monitoring Return Reported

Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 28th April 2026.

MMR Narrative

MMR M12 Narrative

MMR Tables

MMR M12 Tables

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20/05/2026 09:12:38

Capital 2025/26

Appendix 2

Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st March 2026
WG CRL FUNDING	**£M**	**£M**	**£M**
Discretionary Capital	2.304	2.304	2.473
Decarbonisation Programme	0.643	0.643	0.285
TEF - Fire	0.415	0.415	0.415
TEF - Infrastructure	1.182	1.182	1.182
TEF - Decarbonisation	0.100	0.100	0.073
TEF - Mental Health	0.080	0.080	0.044
TEF - Infection Prevention Control	0.230	0.230	0.246
Mental Health Quality and Safety Schemes	0.305	0.305	0.305
DPIF - Medicines and Prescribing and Medicines Administration (ePMA)	0.127	0.127	0.127
DPIF - Digital Maternity Cymru	0.100	0.100	0.101
IRCF - North Powys Integrated Health and Wellbeing Hub - Fees	0.971	0.971	0.958
DPIF - RISP	0.077	0.077	0.078
End of Year Digital Funding 2025-26	0.678	0.678	0.670
End of Year Funding 2025-26	0.473	0.473	0.602
DR Detector	0.050	0.050	0.050
DPIF - Connecting Care	0.319	0.319	0.325
Llandrindod Integrated Health, Care & Wellbeing Hub	0.070	0.070	0.092
End of Year Equipment Funding - December 2025	0.198	0.198	0.212
Llandrindod Wells Memorial Hospital - Reconfiguratiuon Phase 2b	0.070	0.070	0.073
Transfer from HEIW for National Programme Theatre Laptop	0.001	0.001	0.001
Donated assets - Purchase	0.130	0.614	0.614
IFRS 16 Leases	0.451	0.451	0.451
Donated assets (receipt)	(0.130)	(0.614)	(0.614)
TOTAL APPROVED FUNDING	**8.844**	**8.844**	**8.763**

Powell Bethan
20/05/2026 09:12:38

Cash Flow 2025/26

	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	**629**	**674**	**336**	**1,352**	**1,022**	**2,260**	**2,491**	**3,659**	**6,237**	**563**	**338**	**146**
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	40,262	42,051	39,419	40,578	41,478	43,657	43,273	40,376	36,747	38,794	38,287	38,432
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	401	(73)	(144)	(120)
WG Revenue Funding - Other (e.g. invoices)	1,909	50	5	47	3	18	901	3	1,054	143	0	3,078
WG Capital Funding - Cash Limit - LHB & SHA only	0	500	0	500	0	1,664	0	0	500	1,000	2,249	2,440
Income from other Welsh NHS Organisations	771	499	737	586	798	510	941	621	717	897	265	1,822
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	901	1,221	539	546	1,844	235	560	657	1,271	651	1,353	653
Total Receipts	43,693	44,171	40,550	42,107	43,973	45,934	45,525	41,507	40,690	41,412	42,010	46,305
Payments												
Primary Care Services : General Medical Services	3,039	2,719	3,179	3,006	2,720	3,089	3,220	2,872	2,789	3,134	2,836	2,972
Primary Care Services : Pharmacy Services	548	1,186	0	460	357	329	767	0	1,047	652	579	0
Primary Care Services : Prescribed Drugs & Appliances	1,356	2,736	0	1,466	1,693	1,693	3,043	0	3,184	1,463	1,541	0
Primary Care Services : General Dental Services	407	420	365	491	507	441	441	456	452	552	389	453
Non Cash Limited Payments	134	145	155	141	144	135	135	180	201	99	168	154
Salaries and Wages	9,669	9,855	9,879	9,866	10,442	10,844	10,394	10,314	10,458	10,380	10,485	11,031
Non Pay Expenditure	23,062	27,068	25,356	26,697	26,564	28,912	26,019	24,875	27,822	24,135	25,400	26,261
Capital Payment	5,433	380	600	310	308	260	338	232	411	1,222	804	4,734
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	43,648	44,509	39,534	42,437	42,735	45,703	44,357	38,929	46,364	41,637	42,202	45,605
NET CASH FLOW IN MONTH	**45**	**(338)**	**1,016**	**(330)**	**1,238**	**231**	**1,168**	**2,578**	**(5,674)**	**(225)**	**(192)**	**700**
Balance c/f	**674**	**336**	**1,352**	**1,022**	**2,260**	**2,491**	**3,659**	**6,237**	**563**	**338**	**146**	**846**

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Due to the £33.3m forecast financial deficit, the THB received Strategic Cash to meet its obligations.

Balance Sheet (SoFP)

	Opening Balance Beginning of Apr-25	Closing Balance End of Mar-26	Forecast Closing Balance End of Mar-26
Non-Current Assets	**£'000**	**£'000**	**£'000**
Property, plant and equipment	110,704	111,134	111,134
Intangible assets	154	154	154
Trade and other receivables	196	46	46
Other financial assets	0	0	0
Non-Current Assets sub total	**111,054**	**111,334**	**111,334**
Current Assets			
Inventories	197	175	175
Trade and other receivables	10,991	9,053	9,053
Other financial assets	0	0	0
Cash and cash equivalents	629	846	846
Non-current assets classified as held for sale	0	0	0
Current Assets sub total	**11,817**	**10,074**	**10,074**
TOTAL ASSETS	**122,871**	**121,408**	**121,408**
Current Liabilities			
Trade and other payables	50,135	47,039	47,039
Borrowings (Trust Only)	0	0	0
Other financial liabilities	0	0	0
Provisions	3,803	2,903	2,903
Current Liabilities sub total	**53,938**	**49,942**	**49,942**
NET ASSETS LESS CURRENT LIABILITIES	**68,933**	**71,466**	**71,466**
Non-Current Liabilities			
Trade and other payables	720	540	540
Borrowings (Trust Only)	0	0	0
Other financial liabilities	0	0	0
Provisions	803	643	643
Non-Current Liabilities sub total	**1,523**	**1,183**	**1,183**
TOTAL ASSETS EMPLOYED	**67,410**	**70,283**	**70,283**
FINANCED BY: Taxpayers' Equity			
General Fund	16,781	12,157	12,157
Revaluation Reserve	50,629	58,126	58,126
PDC (Trust only)	0	0	0
Retained earnings (Trust Only)	0	0	0
Other reserve	0	0	0
Total Taxpayers' Equity	**67,410**	**70,283**	**70,283**

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Core Financial Plan Year 1 2025/26

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

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

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

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

Underlying deficit

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

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

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

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

It was further reviewed in month 11 and adjusted from £44.671 to £45.071. The adjustment of £0.400m was in relation to the Band 3 HCSW Framework assimilation.

2025/26 Updated Forecast

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

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

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Powys THB Finance Department
Financial Performance Report – Summary
Board
20 May 2026
Item 3.1b

Period 01 (April 2026)
FY 2026/27

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

Introduction

Subject:	SUMMARY FINANCIAL PERFORMANCE REPORT FOR MONTH 01 OF FY 2026/27
Approved & Presented by:	Pete Hopgood, Executive Director of Finance
Prepared by:	Deputy Director of Finance
Other Committees and meetings considered at:	Executive Committee – 13 May 2026 Finance & Performance Committee – 14 May 2026

PURPOSE:

This paper provides an update on the April 2026 (Month 01) Financial Position.

RECOMMENDATION:

The Board is asked to **RECEIVE** the financial report and take **ASSURANCE** that the organisation has effective financial monitoring and reporting mechanisms in place.

The Board is asked to **CONSIDER** the financial forecast and the underlying deficit for 2026/27 of £44.652m.

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

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

Approval/Ratification/Decision	Discussion	Information
	✓	

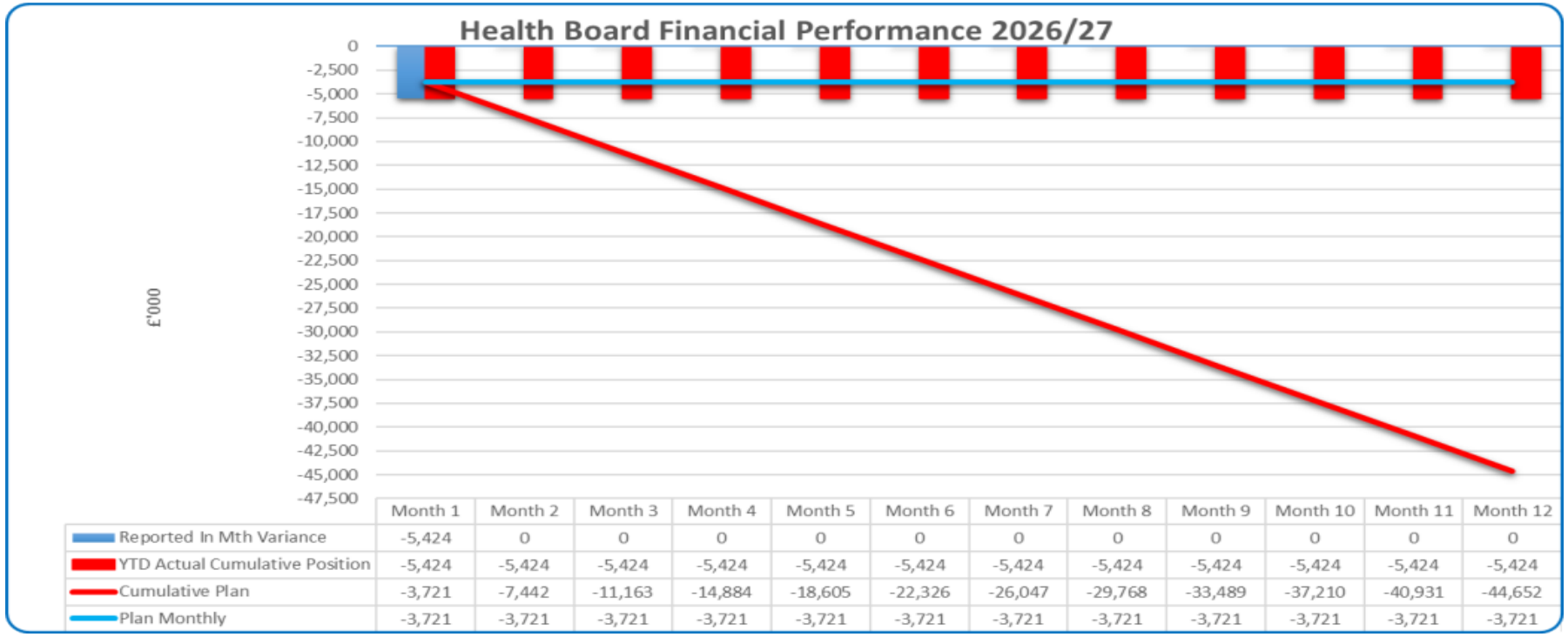
Summary Health Board Position 2026/27

Revenue			
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by WG	**Plan £'000**	**Actual £'000**	**Trend**
Reported in-month financial position – (deficit)/surplus	**-3,721**	**-5,424**	↑
Reported Year To Date financial position – (deficit)/surplus	**-3,721**	**-5,424**	↑
Year end – (deficit)/surplus	**-44,652**	**-44,652**	↑

The 2026/27 Annual Plan submitted to Welsh Government in March was for a £44.652m deficit. This includes an ambitious £22.881m recurrent savings target.

At month 01, there is a £5.424m deficit, compared to a planned deficit of £3.721m. This equates to the Health Board having an overspend of £1.703m. It is predominantly caused by the gap between the savings target and the value of saving schemes that have been identified and implemented to date.

The capital resource limit for 2026/27 is £9.510m. Capital expenditure will be reported from month 2 onwards.



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Reported In Mth Variance	-5,424	0	0	0	0	0	0	0	0	0	0	0
YTD Actual Cumulative Position	-5,424	-5,424	-5,424	-5,424	-5,424	-5,424	-5,424	-5,424	-5,424	-5,424	-5,424	-5,424
Cumulative Plan	-3,721	-7,442	-11,163	-14,884	-18,605	-22,326	-26,047	-29,768	-33,489	-37,210	-40,931	-44,652
Plan Monthly	-3,721	-3,721	-3,721	-3,721	-3,721	-3,721	-3,721	-3,721	-3,721	-3,721	-3,721	-3,721

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Revenue Variance Position 2026/27

Overall Summary of Variances (£'000s)

	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(38,099)	(38,099)	0
02 - Capital Donations	(11)	(11)	0
03 - Other Income	(845)	(734)	111
Total Income	**(38,955)**	**(38,844)**	**111**
05 - Primary Care - (excluding Drugs)	4,385	4,330	(55)
06 - Primary care - Drugs & Appliances	2,970	2,970	0
07 - Provided services -Pay	10,505	10,989	484
08 - Provided Services - Non Pay	2,206	2,321	115
09 - Secondary care - Drugs	118	118	0
10 - Healthcare Services - Other NHS Bodies	16,863	17,548	686
12 - Continuing Care and FNC	3,617	3,806	189
13 - Other Private & Voluntary Sector	645	819	174
14 - Joint Financing & Other	862	861	(1)
15 - DEL Depreciation etc	584	584	0
16 - AME Depreciation etc	(78)	(78)	0
18 - Profit\Loss Disposal of Assets	0	0	0
Total Costs	**42,676**	**44,268**	**1,591**
Reported Position	**3,721**	**5,424**	**1,703**

Powys Bwrdd Iechyd 2026/27 06 01 12 16

Key focus needs to be on the identification and implementation of savings

At Month 01, there is a £5.424m deficit. Compared to the planned deficit of £3.721m, this equates to the Health Board having an operational overspend of £1.703m.

The financial reporting is limited at month 1, due to the timing lag on receiving supporting information connected with the Commissioning of Healthcare Services from other NHS Bodies, Prescribing and Primary Care activity.

The most significant areas to highlight are:

- Commissioning of Healthcare Services from other NHS Bodies is £0.686m overspent.
- The £0.599m variance across provider services (pay, and non-pay) is due to underachievement of savings at the beginning of the year / agency and locum use.
- CHC and FNC is overspent by £0.189m. There are 408 packages of CHC care, a net increase of 1 since Month 12 2025/26.
- Other private and voluntary sector is overspent by £0.174m.



Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.2

BOARD	**20 MAY 2026**
Subject:	Powys Teaching Health Board Integrated Quality & Performance Summary Report – March (Month 12) 2025/26
Presented by:	Nicola Johnson, Executive Director of Planning, Performance, and Commissioning.
Approved by:	Deputy Director of Performance and Commissioning.
Prepared by:	Head of Performance Performance Management Analyst Performance Management Support Officer
Other Committees and meetings considered at:	Executive Committee 20 May 2026 – who scrutinised the report and supported the paper to the Board. Finance and Performance Committee (14 May 2026) – considered the Month 11 performance report.

PURPOSE:

This Integrated Quality and Performance Report (IQPR) summary provides an update on the latest available performance position for Powys Teaching Health Board (PTHB) against the NHS Wales Performance Framework 2025/26 containing information up until the end of March 2026 (Month 12).

RECOMMENDATION(S):

The Board is asked to:

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

Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y
2. Provide Early Help and Support	Y
3. Tackle the Big Four	Y
4. Enable Joined up Care	Y
5. Develop Workforce Futures	Y

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6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

SUMMARY:

The Month 12 IQPR provides a full update report containing the latest information providing oversight and assurance of the Health Board's performance and delivery.

Summary for Month 12

PTHB Provider Services

Planned care:

- Diagnostic waits – Significant progress was achieved in reducing the number of patients waiting more than eight weeks for diagnostics, decreasing from 22 patients in February to a single breach at the end of March (within Endoscopy). This breach related to a patient pathway that had already exceeded eight weeks prior to transfer to the provider (supporting regional capacity pressures).
    - Cardiology: The challenging 2025/26 recovery trajectory for Echocardiograms was met by the end of March through the use of additional capacity provided via Aneurin Bevan University Health Board, which also supported Heart Rhythm testing activity. In addition, Non-Obstetric Ultrasound achieved full compliance against waiting time targets using temporary additional capacity.
    - As a result of the sustained improvements and successful delivery of recovery trajectories during March, the required criteria have been met and the measure has been de-escalated to Level 2a.

Table 1 – Diagnostic pathways - source PTHB Digital

ServiceHeading	SubHeading	Total	TotalOver8Weeks	PercentOver8Wks
Cardiology	Echo Cardiogram	78	0	0%
Cardiology	Heart Rhythm Recording	45	0	0%
Diagnostic Endoscopy	Colonoscopy	8	1	13%
Diagnostic Endoscopy	Cystoscopy	2	0	0%
Diagnostic Endoscopy	Flexible Sigmoidoscopy	4	0	0%
Diagnostic Endoscopy	Gastroscopy	7	0	0%
Radiology – Consultant Referral	Non-Obstetric Ultrasound	59	0	0%
Radiology – GP Referral	Non-Obstetric Ultrasound	523	0	0%

- Referral to Treatment (RTT) – The number of patient pathways waiting more than 52 weeks for a first outpatient appointment (Stage 1) did not achieve the NHS Performance Framework target of zero. At the end of March 2026, PTHB reported six breaches, all relating to a fragile in-reach Rheumatology service in Mid Powys. Since October 2025, the Health Board has worked in partnership with Wye Valley NHS Trust (WVT) to transfer patients in advance of the planned withdrawal of the in-reach service from March 2026, ensuring continuity of care through transfer into WVT pathways.

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- No patient pathways were waiting more than 104 weeks for treatment at the end of March 2026

Table 2 – Powys provider RTT position by stage and week band March 2026

Stage of Pathway Description	0 to 25 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Total
1: New outpatient appointment	2552	12	45	6		**2615**
2: Diagnostic or AHP test, intervention or result	135	48	49	6	3	**241**
3: Followup appointment or decision following previous event	3655	17	8	2		**3682**
4: Admitted diagnostic or therapeutic intervention/treatment	395	150	187	54		**786**
Total	**6737**	**227**	**289**	**68**	**3**	**7324**

- Ophthalmology R1 patient pathways - improved performance of 74.2% in March (67.3% in February) for those patients that attended within their clinical target date or beyond 25% of their target date for an outpatient appointment. This measure is particularly impacted by the in-reach fragility of WVT into mid Powys with significant underperformance against contracted in-reach sessions.

- Therapy pathways reported no breaches for all key metrics at the end of year with 100% compliance.

Table 3 – Therapies pathways March 2026 – Source PTHB Digital

ServiceHeading	SubHeading	Total	TotalOver14Weeks
Dietetics	Adults	73	0
Dietetics	Paediatrics	27	0
Occupational Therapy	Adults	30	0
Occupational Therapy	Learning Disabilities	5	0
Occupational Therapy	Paediatrics	1	0
Physiotherapy	Adults	1066	0
Physiotherapy	Paediatrics	44	0
Podiatry	Routine	246	0
Podiatry	Urgent	15	0
Speech Language	Adults	75	0
Speech Language	Paediatrics	34	0

- Full compliance was achieved in both adult and paediatric audiology measures with no pathways reported over 14 or 6 weeks, respectively.

- The percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment remains escalated to level 3 whilst investigations are ongoing. However, February performance increased to 40% against the 95% target (All Wales performance for the same period is 24.1%).

- Fifty new provider cancer pathways were reported in March but downgrade compliance within the 28-day NICE guidance of best practice has fallen to 50%, this being slightly below the 24-month average.

Mental Health

- Under-18s: Compliance remains robust against all key measures in March with 97.4% and 95.7% compliance reported for assessments and interventions, respectively. In March compliance of 90.4% was achieved against part 2 care and treatment plan 90% target.

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- For Adults: Compliance in March meets the targets for assessments (93.2%), interventions (96.6%), and adult psychological therapies (88.2%). Of the adult mental health metrics, only Adult CTP compliance does not meet the 90% target falling 1% to 82.8% compliance. Key challenges remain the same including the increased complexity of patients and the additional demand on the PTHB team linked to a shortfall of local authority capacity.

Neurodevelopmental Services (Children and Young People):

- Performance against the nationally reported measure (26 week wait to assessment) continues to improve slowly with 36.8% compliance in March. This key performance measure can be disrupted in its ability to assure performance as in Q4 there was an increase in referrals accepted by service which can adversely impact the performance. No patient pathways waited over 104 weeks to start assessment.

Emergency Care:

- Powys provider Minor Injuries Units (MIU) services performed very well, meeting the 4-hour target (99.9% compliance) with no patients waiting over 12hrs.

Number of National Reportable incidents (NRI) that remain open 90 days or more:

- Welsh Government report Powys has 16 nationally reportable incidents (NRI) that remained open over 90 days in March 2026, however there is an ongoing discrepancy between the reported figure nationally sourced from NHSP&I and the local Powys team position. This challenge has been escalated for resolution and following regular and ongoing communication with NHS Executive to ensure data is accurate – cleansing has been completed in May 2026, confirmed total 16 open NRIs and 8 >90 days.

Commissioned services

Planned care (RTT) Wales:

- The number of patients waiting over 52 weeks for a new outpatient appointment has reduced from 52 in February to 28 in March. Cwm Taf Morgannwg UHB, Swansea Bay UHB, and Hywel Dda UHB are compliant with the targets and have no Powys residents waiting over 52 weeks for a new outpatient appointment. All providers show improvement for this snapshot, and the measure continues to report special cause improvement.

- Waits over 104 weeks have reduced further from 23 in February to 10 in March for Powys residents. Cardiff & Vale UHB and Betsi Cadwaladr UHB has 5 patients each waiting over 104 weeks, the remaining Welsh providers all report zero breaches.

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Table 4 – Welsh RTT Performance for Powys responsible pathways March 2026

	Mar-26	No. long waits by cohort, with latest SPC variance						Total pathways Waiting	Stage 1 pathways over 52 weeks	
Welsh Providers	% of Powys residents < 26 weeks for treatment	All pathways waiting over 36 weeks.		All pathways waiting over 52 weeks.		All pathways waiting over 104 weeks.				
Aneurin Bevan University Health Board	74.1%	437		258		0		2339	10	
Betsi Cadwaladr University Local Health Board	63.9%	151		82		5		632	9	
Cardiff & Vale University Health Board	57.8%	95		58		5		351	9	
Cwm Taf Morgannwg University Health Board	61.4%	188		85		0		696	0	
Hywel Dda University Health Board	62.8%	391		250		0		1323	0	
Swansea Bay University Health Board	70.2%	361		191		0		1733	0	
Total	68.1%	**1623**		**924**		**10**		**7074**	**28**	

Planned care (RTT) England:

No update is available for English providers since the Month 11 IQPR narrative below remains as previously provided.

- Powys residents accessing services in England have consistently waited less time for treatment in 2025/26 except for at Robert Jones & Agnes Orthopaedic Hospital NHS Foundation Trust (RJAH) as explained below.

- Following the implementation of PTHB commissioning intentions, waiting times in Wye Valley NHS Trust (WVT) are continuing to lengthen with the over 52-week cohort increasing to 294 pathways in February 2026. One pathway was reported as exceeding the 104-week treatment target.

- The Shrewsbury & Telford Hospital NHS Trust (SATH) have not implemented PTHB commissioning intentions and report an improved position with special cause improvement across all key wait bands in February 2026. The over 52-week cohort reduced further to 164.

- RJAH remain the most challenged English provider with all key wait bands reporting special cause concern. RJAH continue to face capacity challenges to see all patients within the Welsh Government targets. In February 2026, the Trust reported an improvement with breaches over 104 weeks falling from 119 to 116. The breaches comprise of treatment waits for spinal, arthroplasty, knee and sports injuries and foot and ankle care. Funding had been allocated by Welsh Government for an additional clinic to be held in March, for a small cohort of the 15 longest waiters on the RJAH spinal pathway, to be clinically reviewed face to face by Consultant/Advanced Practitioner to assess suitability for an alternative pathway.

  Fortnightly meetings are also in place with PTHB performance and commissioning team to monitor the waiting list and booking.

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Table 5 – English RTT Performance for Powys responsible pathways February 2026

	Feb-26	No. long waits by cohort, with latest SPC variance						Total pathways Waiting
English Providers	% of Powys residents < 26 weeks for treatment	All pathways waiting over 36 weeks.		All pathways waiting over 52 weeks.		All pathways waiting over 104 weeks.		
English Other	76.2%	33		7		0		231
The Robert Jones and Agnes Hunt Orthopaedic Hospital	42.6%	1726		1091		116		3893
The Shrewsbury and Telford Hospital NHS Trust	69.4%	582		164		0		3727
Wye Valley NHS Trust	65.8%	784		294		1		3651
Total	59.3%	**3125**		**1556**		**117**		**11502**

Cancer Pathways:

Welsh Providers

- At the end of March, the provisional position reported a total of 273 pathways were closed for Powys residents across all Welsh providers including PTHB. Of these 231 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). The remaining 42 pathways were closed with the commencement of definitive treatment. 12 patients breached the 62 days target with the longest wait reported at 203 days in Hywel Dda UHB for a Brain/CNS pathway.
- Provisionally, performance against the SCP for Powys residents in Wales has seen a significant improvement in March with 71% compliance against the SCP pathway.
- The number of pathways going straight to test was 65% in March, this being above the 12-month average (64%).
- Downgrades within 28 days was 57% for the same period.

English Providers

- No new data is available for Shrewsbury and Telford NHS Trust (SaTH) since month 11 where 77.4% compliance against the 62 days urgent suspected cancer pathway was reported. Three patients were reported waiting over 104 days across Head and Neck, Lung and Urology. Cancer performance continues to show an improvement trend over the period reported.

- Wye Valley NHS Trust (WVT) provisional performance is now available for the period to March 2026. At the end of year, 94.4% of 18 Powys resident pathways started treatment within 62 days, with one breach in a Breast Cancer pathway being reported.

Commissioned Emergency Care:

- WAST did not achieve the median target for Purple Arrest (Cardiac or respiratory arrest) for Powys with performance deteriorating from 8 minutes 40 in February to 9 minutes and 34 seconds in March. All Wales performance was significantly better at 7 minutes 37 seconds.

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- Median emergency ambulance response time to red: emergency category calls also performed poorly at 11 minutes and 47 seconds against the All Wales performance of 9 minutes and 25 seconds in March.
- No new data is available for March, but as previously reported in February the Welsh aggregated median wait time for triage in an emergency department is 18 minutes, and the aggregated median wait time for assessment by a clinical decision maker is 58 minutes. Performance for Powys residents is in line with department performance for all patients.

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

Month 12 measures by escalation level.

For the Month 12 IQPR escalation levels from month 1 2025/26 have been reviewed, validated and updated. The key changes were linked to the appropriate usage of escalation with retired or replaced measures, and consistency with the smoking measures and the approach for annual performance.

Level 3 escalations have reduced with diagnostic performance moving to level 2a after meeting key recovery trajectories by year end.

The remaining metrics at level 3 include:

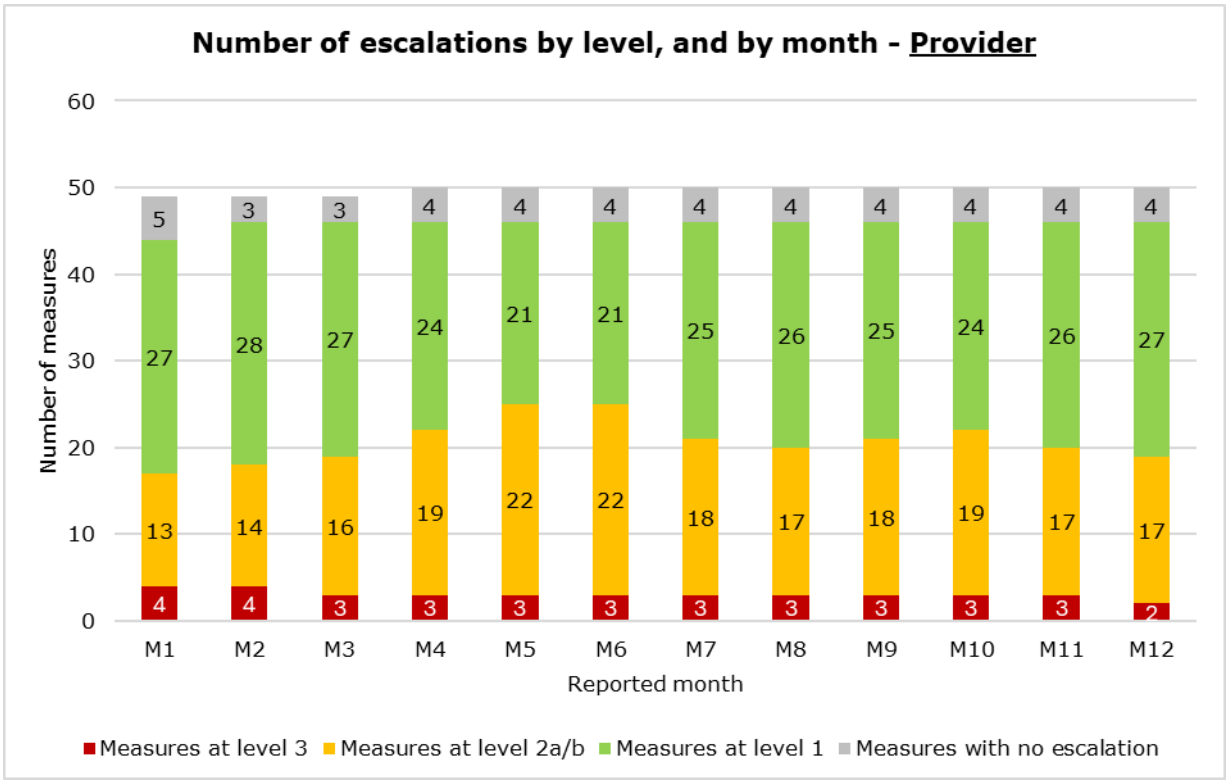
- Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment.
- Number of patients waiting for a follow-up (FUP) outpatient appointment who are delayed by over 100% due to data quality issues.

Seventeen measures are rated at level 2a, and 27 are achieving level 1 compliance (no issues reported). Four now measures remain without a RAG rating:

- Median emergency response time to Orange calls replaces Median emergency response time to amber calls from December 2025. It should be noted that this measure is not RAG rated against its target of 12-month reduction trend due to a lack of data points.
- A further 3 health care acquired infections (HCAI) measures are currently non-rated with ongoing discussions between the Nursing Directorate and Welsh Government on integration into the national targets.

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

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Enabling Actions

Please note that the Enabling Actions information remains as per month 11 IQPR.

The Welsh Government has set out a number of enabling actions to support Health Boards to deliver against the expectations of the NHS Wales Planning Framework 2025-28. The below summary table of progress against the enabling actions was submitted on the 16th of March (see **Appendix One** for detailed submission).

Summary table: Q4 position

Thematic area	Objective	RAG rating
Operational effectiveness – urgent and emergency care (6 actions)	Improve timely access to care, reducing the length of wait in key areas of the urgent and emergency care stream through addressing variation.	3 - Amber 2 - Light Green 1 N/A – PTHB not have ED or Acute services
Operational effectiveness – planned care (10 actions)	Improving timely access to care, reducing unwarranted variation in clinical productivity.	2 - Red 2 – Green 3 - Light green 2 N/A - Not currently applicable to PTHB
Workforce productivity (5 actions)	Maximise workforce productivity and efficiency, strengthening value and effective deployment of the workforce.	1 – Red 2 – Green 2 - Light green
Maximising value for money (4 actions)	Continue to optimise value for money and contribution to overall efficiency through key	2 - Amber 2 - Light green

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	non-pay areas, optimising both efficiency and effectiveness.	
Improving value, optimising outcomes, minimising variation (11 actions)	Support improvements in outcomes, effectiveness and value through optimising how resources are utilised, and focus on improving outcomes.	4 - Amber 2 - Green 2 – Light green 2 N/A – Non applicable to PTHB e.g., no cancer treatment services and no Arthroplasty.
Key to RAG rating: Green: complete Light green: on track Amber: delayed but will be achieved in year Red: will not be achieved in year		

Three Enabling Actions have been rated as Red and will not be achieved in year:

- Timely access to care: improvement in the implementation of High-Volume Low Complexity Theatre Lists with initial focus on Cataract – 90% of lists to have 7 cataracts per list by end of Q2. Challenges of In-reach fragility, strengthening medical leadership and capacity within provider services. Updated as of Q4 - Continued focus on delivery, with testing in ophthalmology pathways ongoing (recent delivery of 8x patients in list using insourcing). Ongoing in reach fragility and consultant challenges and further development anticipated following outputs of PTHB commissioning of GIRFT development.

- Timely access to care: ensure effective utilisation of theatre capacity – increasing session utilisation to GIRFT standard of 85% by March 2026. Due to the unique PTHB provider service configuration, achievement of 85% will require significant transformation and will not be completed in 2025/26. Continued focus on theatre utilisation. Ongoing in reach fragility and consultant challenges and further development anticipated following outputs of PTHB commissioning of GIRFT development.

- Workforce productivity: ensure reduction in agency spend on HCSW, A&C, estates and ancillary staff to zero by 30th September 2025. No agency spend across A&C, estates or ancillary since 30th September 2025, agency use restricted to HCSW roles only. Updated for Q4 - A combination of establishment reviews for Community wards, alongside targeted substantive and Bank recruitment, has significantly reduced reliance on agency Registered Nurses (RN/RMN) and Healthcare Support Workers (HCSW). Agency cover is now only approved at Executive level in exceptional circumstances, where essential minimum staffing levels cannot otherwise be safely maintained. While the remote nature of many sites and the requirement to maintain minimum staffing levels means it remains challenging to eliminate all agency usage for short-notice or immediate cover, robust controls and strengthened workforce planning measures have materially reduced dependency. As a result, the forecast position in

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February 2026 indicates an approximate 36% reduction in agency expenditure across ward areas, and a 28% reduction across the Health Board overall, compared with the 2024/25 outturn. Further progress is expected. A revised Medical model and establishment review for Mental Health wards will shortly be considered by the Executive Committee, with the explicit objective of achieving additional reductions in agency usage during the coming financial year. In addition, the first major cohort resulting from the Health Board's Aspiring Nurse programme will see 36 newly qualified registered nurses join the workforce during the next financial year. This represents more than seven times the number historically recruited through the national streamlining process for Powys, creating further opportunities to sustainably reduce agency reliance across services."

Quality Outcomes Framework

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

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

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

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

- **Crude Mortality** – PTHB will consistently appear as an outlier in crude mortality comparisons with Welsh acute providers due to differences in service model and methodology. PTHB provides only community inpatient care and day-case procedures, resulting in a small denominator. In addition, the provider has a relatively high proportion of patients on end-of-life care pathways, increasing the numerator. Together, these factors produce a higher crude mortality rate compared with All-Wales and acute providers. Small activity volumes also create greater statistical volatility, particularly when data are not presented using a rolling 12-month period.

- **RAMI** – linked to the above and requires further validation.

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- **Agency Spend** - Please note that the national agency spend figures from the Beacons dashboard will not match the figures used in the IQPR measures slide/scorecards. For the IQPR the data is source directly from the PTHB Finance team giving a more concise value. PTHB and Welsh Government (WG) use a different interpretation of total pay, WG's calculation uses the Net Pay position with excludes the Hosted Services (HCRW) and the pay in PTHB's Primary Care Services.

Quality Standard	Measure	Latest period	Latest figure		Previous figure	Last 12 months	Outlier
Safe	Antibacterial items per 1,000 STAR-PUs	Dec-25	247.37	▲ 15.7%	213.80		
Safe	Crude mortality rate (%)	Feb-26	4.83%	▼ -22.5%	6.23%		
Safe	Never Events reported to NHS P&I	Mar-26	0		0		
Safe	Percentage of discharges on D2RA Pathway 0	Feb-26	7.27%	▲ 96.4%	3.70%		
Safe	Percentage of discharges on D2RA Pathway 1	Feb-26	34.55%	▼ -11.2%	38.89%		
Safe	Percentage of discharges on D2RA Pathway 2	Feb-26	16.36%	▲ 10.5%	14.81%		
Safe	Percentage of discharges on D2RA Pathway 3	Feb-26	16.36%	▼ -19.7%	20.37%		
Safe	Percentage of discharges with no D2RA Pathway Allocated	Feb-26	25.45%	▲ 14.5%	22.22%		
Safe	RAMI (Risk adjusted mortality index) 2023	Feb-26	154.31	▲ 49.7%	103.05		
Safe	Safeguarding Adults - Lv1 training	Dec-25	92.33%	▼ -0.2%	92.48%		
Timely	Opthalmology R1 appointments attended within target date* (%)	Feb-26	67.34%	▲ 22.4%	55.04%		
Timely	Patients starting first definitive cancer treatment* (%)	Jan-26	Not applicable to PTHB provider.				
Effective	Diabetes patients completing all eight care processes* (%)	Feb-26	51.76%	▲ 2.8%	50.33%		Outlier high
Efficient	Agency spend for all staff groups as % of total pay bill	Dec-25	5.57%	▼ -0.4%	5.59%		
Equitable	Were you able to communicate in your preferred language? (%)	Mar-26	96.77%	▲ 4.8%	92.31%		
Person-centred	People's Experience Survey (PES) - how would you rate your overall experience?	Mar-26	7.19	▼ -15.3%	8.49		
Person-centred	Staff with Personal Appraisal and Development Review in last 12 months (%)	Dec-25	81.05%	▲ 1.3%	80.02%		
Person-centred	Were you involved as much as you wanted to be in decisions about your care? (%)	Mar-26	51.72%	▼ -8.9%	56.76%		

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

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Appendix 1 – Enabling Actions – Submitted 16/03/2026

Ref	Thematic area	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	Powys Rationale Update Q4 (March 16th deadline)
1	Operational productivity planned care	Timely Access to Care	Implementation of CIN follow up criteria both prospectively and retrospectively to established Follow-up waiting lists.	Continued delivery on all best practice actions, with ongoing testing across all specialities. All developments now wrapped into externally commissioned PTHB GIRFT review and development, and to set direction of travel for upcoming year.
2	Operational productivity planned care	Timely Access to Care	Consistent clerical and clinical validation should be in place on an ongoing basis and reported quarterly for impact	Stated validation processes remain in place, with ongoing work to ensure timely completion of all elements of NHS Wales wide validation exercise, including technical validation, administrative validation and clinical validation.
3	Operational productivity planned care	Timely Access to Care	Improvement in the implementation and delivery of High-Volume Low Complexity Theatre lists, with an initial focus on - Cataract 90% of lists to have 7 Cataracts per list by end of Q2	Continued focus on delivery, with testing in ophthalmology pathway ongoing (recent delivery of 8x patients in list using insourcing). Ongoing in reach fragility and consultant challenges and further development anticipated following outputs of PTHB commissioning of GIRFT development.
4	Operational productivity urgent and emergency care	Timely Access to Care	Implementation of the Single Point of Access (SPoA) Framework - 6 Goals Programme	SPOA in place, with continued integration with OOH, PCC and third sector teams.

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Ref	Thematic area	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	Powys Rationale Update Q4 (March 16th deadline)
5	Operational productivity planned care	Timely Access to Care	Ensure effective utilisation of theatre capacity through - Increasing session utilisation to the GiRFT standard of 85% by March 2026.	Continued focus on theatre utilisation. Ongoing in reach fragility and consultant challenges and further development anticipated following outputs of PTHB commissioning of GIRFT development.
			Ensure effective utilisation of theatre capacity through - Reducing early finishes to less than 10%	PTHB in-reach service has contracted travel times as part of the sessional rate, this metric is difficult to interpret against national methodology.
			Ensure effective utilisation of theatre capacity through - Reducing late starts to less than 20%	PTHB in-reach service has contracted travel times as part of the sessional rate, this metric is difficult to interpret against national methodology.
6	Operational productivity planned care	Timely Access to Care	On 90% of days planned care inpatient/day case/theatre recovery capacity should be protected from unscheduled care pressures and outlying of patients by the end of Q1.	**100%**
7	Operational productivity planned care	Timely Access to Care	Ensure monitoring of DNA/CNA rates is in place for every Outpatient clinic. When DNA/CNA as a combined rate is greater than 5%, overbooking additional patients should be implemented and monitored.	Standard continues to be met

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Ref	Thematic area	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	Powys Rationale Update Q4 (March 16th deadline)
8	Operational productivity planned care	Timely Access to Care	Improvement in the implementation and delivery of High-Volume Low Complexity Theatre lists, with an initial focus on - 90% of the time achieve at least 6 HVLC general surgery procedures on an all-day list made up of hernia or gallbladders by end of Q2.	Not currently applicable.
9	Operational productivity urgent and emergency care	Timely Access to Care	Implementation of the Welsh Health Circular - Ambulance Guidance - 6 Goals programme	Without a Type 1 Emergency Department or acute services, PTHB will support these priorities through continued efforts to reduce emergency attendances and admissions, with a focus on the frail population. Ambulance conveyances to PTHB MIUs are minimal and do not represent a significant proportion of demand. Therefore, handover delays in these settings are not a current issue and do not currently represent an operational pressure.
10	Operational productivity urgent and emergency care	Timely Access to Care	Implementation of the Optimal Hospital Flow framework - 6 Goals Programme	Continued focus on high impact actions, with local team focussing on Board Round improvement measures, including localising team to adapt to optimal hospital flow framework measures. Continued focus on improvements in flow, aiming to further reduce LoS, recovery of POCD performance and reduced delays out of county. Evidence of reduced spend on community hospital beds and excess bed days out of county as a result. Commenced recruitment to OHFF roles.

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Ref	Thematic area	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	Powys Rationale Update Q4 (March 16th deadline)
11	Operational productivity planned care	Timely Access to Care	Implement national guidelines with thresholds by Clinical Implementation Network (CIN) and procedure. This includes delivery of effective outpatients through See on Symptom (SOS) and Patient Initiated Follow-up (PIFU) by default. Individual CINs will establish PIFU / SOS targets by specialty & sub-specialty on an ongoing basis by March 2025.	Ongoing operational delivery of PIFU / SOS recognising that follow up numbers, whilst improving, remain clinically disproportionate. More recent conversion of new to follow up reasonable, but further focus needed on backlog. Actions being taken and plans in place for full recovery (and meeting of new performance standards) in 26/27
12	Operational productivity urgent and emergency care	Timely Access to Care	Implementation of acute frailty model at the Front Door - 6 Goals Programme	Development of Community Frailty Services progressing via existing transformation programme(s). Some early testing in place, with therapy in-reach to a handful of EDs out of county, strengthening of community reablement offer (to include frailty response) and realising benefits of SPOA
13	Operational productivity planned care	Timely Access to Care	Deliver improvements in day surgery rates, with an expectation to achieving a BACDS day case rate of 70% from April 2025, moving to 80% by the end of June 2025	Data provided by NHSP&I challenged following quality concern. Only day case procedures are carried out in PTHB. Not all BACDS day case procedures are applicable or carried out in PTHB. The methodology for this measure does not appear to reflect the actual correctly.
14	Operational productivity urgent and emergency care	Timely Access to Care	Maintaining the actions within the 50 Day challenge that can be delivered consistently with minimal additional resource, within organisations and as a priority within regional partnership arrangements.	Actions within the 50-day challenge have been carried forward through the work outlined above (UEC1-5)

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Ref	Thematic area	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	Powys Rationale Update Q4 (March 16th deadline)
16	Operational productivity planned care	Timely Access to Care	All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage by the end of Q2.	**Complete**
17	Operational productivity urgent and emergency care	Timely Access to Care	Implementation of the Community Based Falls Response - 6 Goal Programme	Continued implementation of standard via extension of current services. SPOA enabling further delivery and expected improvement in outcomes in coming year.
19	Improving value	Timely Access to Care	Progress implementation of the national approach to Interventions not normally undertaken (INNU) Deliver the 8 priority procedures determined for implementation as part of Phase 1.	PTHB Strategic Commissioning Plan for 2025/26 kas key activity to support evidence-based practice implementation. PTHB Contract Quality and Performance Review meeting structure (commissioned services) and Directorate Performance review structure (provider services) provides robust performance monitoring of commissioned service and provider activity in NHS Wales. PTHB INNU dashboard utilised to inform discussions. Policy and process being developed re EBI in NHS England providers; updated INNU policy and process for PTHB provider and PTHB commissioner to be developed.

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Ref	Thematic area	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	Powys Rationale Update Q4 (March 16th deadline)
20	Improving value	Timely Access to Care	Progress implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement ongoing recommendations throughout 2025/26	PTHB Strategic Commissioning Plan for 2025/26 kas key activity to support evidence-based practice implementation. PTHB Contract Quality and Performance Review meeting structure (commissioned services) and Directorate Performance review structure (provider services) provides robust performance monitoring of commissioned service and provider activity in NHS Wales. PTHB INNU dashboard utilised to inform discussions. Policy and process being developed re EBI in NHS England providers; updated INNU policy and process for PTHB provider and PTHB commissioner to be developed.
21	Improving value	Timely Access to Care	Ensure delivery of effective referral management processes. This includes consistent implementation of Health Pathways (Pathway Alliance Programme) across all Health Boards with the rapid adoption of the 282 pathways within the programme.	PTHB Strategic Commissioning Plan for 2025/26 has key activity to support referral optimisation with Commissioning for Value work programme (chaired by Executive Director for Planning, Performance and Commissioning) overseeing the work to develop and implement a referral optimisation process within PTHB across provider and commissioned service. The health board started an MSK referral management service in September 2025 which is showing good early results in redirection to more appropriate services. As part of this process, a business case has been approved to support the implementation of Clinical Health Pathways. Business case also being developed by GIRFT to inform PTHB approach to referral management - this will not be delivered in 2025/26 but will be achieved in 2026/27. PTHB also working with the Joint Commissioning Committee as a preferred partner to take forward referral management for specialised services.

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Ref	Thematic area	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	Powys Rationale Update Q4 (March 16th deadline)
22	Improving value	Building Community Capacity	Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions.	The national rollout of the App is continuing to take place across general Practice, with the majority of Practices now live. Contractual expectation is that practice will utilise the repeat prescribing function of the App once on-boarded. This will be monitored through the Unified Contract Assurance Framework 2025/26. Support for the use of other areas of functionality in the NHS App are at practice discretion. PCT team continues to encourage practice to increase their functionality offer. Further work is being explored with support from Welsh Government to extend the functionality of the app to include Powys patients treated across border.
23	Improving value	Population Health & Prevention	Ensure progress with the Implementation of Value & Sustainability Board High Value High Impact pathway - Diabetes	Education and support for practices continue and the 8 Care Process new data will support the focus of this work. AWDPP service is in place across the whole of Powys and work is underway to support enabling this from April 2027 ad funding to support has been identified for 26/27. Work completed for 2025/26.
24	Improving value	Improving Value, Optimising Outcomes, & minimising Variation	Ensuring the full implementation of the nationally optimised pathways in the cancer recovery programme	No tumour site services delivered in Powys. Full compliance with element of pathway relevant to PTHB context e.g. endoscopy, diagnostics.

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Ref	Thematic area	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	Powys Rationale Update Q4 (March 16th deadline)
25	Improving value	Improving Value, Optimising Outcomes, & minimising Variation	Ensuring full compliance with straight to test guidance.	Limited performance against this standard, recognising limitations of high volume low-risk activity in county. Standard less easy to implement in absence of diagnostic pathways and further development to be incorporated following GIRFT review.
26	Improving value	Improving Value, Optimising Outcomes, & minimising Variation	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health	Business case available for the establishment of a PTHB Fracture Liaison Service. Some elements under test via delivery of consultant and GPSI clinics, infusion clinics and SLA. Further development expected to be realised from business case when considered.
27	Improving value	Improving Value, Optimising Outcomes, & minimising Variation	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Arthroplasty (Hip & Knee)	No joint services delivered in Powys. MSK triage to support compliance with relevant OP elements of pathways.
28	Improving value	Improving Value, Optimising Outcomes, & minimising Variation	Ensure implementation of national digital priorities, specifically the implementation of the digital maternity system, and NHS Wales app.	National Digital Priorities remain a significant focus for digital team. **Digital Maternity Cymru** has gone live on the third of march. Phase 2 of this project to introduce increased interoperability with clinical systems is currently being scoped. **EPMA** has been delayed further with current scheduled delivery for early in May. UAT testing has now completed successfully. There is now increased confidence in delivery timescales. PTHB maintain engagement with **NHS Wales App**, rollout scheduled. Procurement activity for **Connecting Care** remains on track for contract signing late in Q4. Engagement activities are now scaling up to ensure data quality is sufficient to support migration, patient flows are documented. A phased transition is currently started to begin Q2 26/27, completing in Q4 26/27

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Ref	Thematic area	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	Powys Rationale Update Q4 (March 16th deadline)
29	Improving value	Improving Value, Optimising Outcomes, & minimising Variation	Eradicate unsupported systems and devices, and ensure a clear cyber response plan for the organisation	**Complete** All legacy operating systems have been removed from the health boards IT estate. A cyber response plan is in place and is reviewed alongside organisation business continuity planning. External audits have demonstrated "Satisfactory" compliance that has been maintained since 2023/2024
30	Maximising value for money	Maximising Value for Money	Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.	This area has less impact for PtHB given the balance of its commissioning and provider activities. Nevertheless, V&S Board non-pay workstream recommendations are considered jointly with NWSSP procurement colleagues. They are implemented where applicable. For example, the adoption of Scan 4 Safety in operating theatres is leading to better stock management and reduced non-pay expenditure.
31	Maximising value for money	Maximising Value for Money	Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the four programme areas (maximise use of biosimilars, switch to generics, preferential use of medicines in primary care,	Medicines team continues to deliver against the national High Value Medicines programme through routine prescribing dashboards and targeted engagement with practices and commissioned providers. • Biosimilars – sustained high uptake, with biosimilars established as the default option across commissioned provider services. • Generic and preferred product use in primary care – continued work with GP practices to maximise generic prescribing and preferred product switching, including increased use of generic DOACs and generic dapagliflozin in line with national priorities. • Reducing low-value prescribing – ongoing action to reduce bath and shower emollients, optimise blood glucose testing strip

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Ref	Thematic area	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	Powys Rationale Update Q4 (March 16th deadline)
			restrict low value prescriptions)	selection and improve oral nutritional supplement prescribing. Overall performance remains stable with strong biosimilar delivery and steady incremental improvement across primary care optimisation opportunities.
32	Maximising value for money	Maximising Value for Money	Estate - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate.	Monitoring of space utilisation with NWSSP-SES continues to inform consolidation of office accommodation, supporting transition to integrated hubs and agile working to reduce overall space requirements. Welsh Government IRCF funding has been secured to support a business case to continue consolidation of the public sector estate at Spa Road, Llandrindod; anticipated submission of this business case will be during Q2 2026/27. Significant future consolidation and repurposing will be delivered through the North Powys (Newtown) Integrated Hub programme. The Outline Business Case (OBC) has been approved by WG, in March 2026, for the first phase of a new health and wellbeing hub in Newtown. The next stage will include seeking community views on detailed plans for the building ahead of submitting a planning application later this year. Work remains aligned to the Better Together programme Site Review to ensure estate decisions reflect clinical and operational service need, including identification of opportunities for repurposing and disposal of under-utilised estate.

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Ref	Thematic area	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	Powys Rationale Update Q4 (March 16th deadline)
33	Maximising value for money	Maximising Value for Money	CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. This includes implemented a standard digital solution to support effective intelligence capture on a national basis.	Progress during Q4 has focused on continued supplier engagement alongside services, finance and digital teams to ensure that functional and operational requirements are fully understood and appropriately reflected. This collaborative engagement is supporting refinement of requirements and alignment with service, financial and digital standards. This work is ongoing and is intended to ensure the selected solution is fit for purpose and supports consistent implementation across Wales, subject to approval of a local or national business case.
34	Workforce productivity	Workforce Productivity	Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025.	**Complete**
35	Workforce productivity	Workforce Productivity	Deliver a further continued and sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn and ensuring no off-contract expenditure.	Continued positive progress made in further reductions for agency use. Some exceptions continue to WG requirements, specifically around agency HCSW. This reflects the continued fragility of services (isolated configuration of wards), sickness absence pressures, and additionality of care, but exceptionality demonstrated where this occurs.

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Ref	Thematic area	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	Powys Rationale Update Q4 (March 16th deadline)
36	Workforce productivity	Workforce Productivity	Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular	**Complete**
37	Workforce productivity	Workforce Productivity	Ensure a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to zero by 30th September 2025.	"There has been no agency expenditure during 2025/26 across the Admin & Clerical, Estates, or Ancillary staff groups. A combination of establishment reviews for Community wards, alongside targeted substantive and Bank recruitment, has significantly reduced reliance on agency Registered Nurses (RN/RMN) and Healthcare Support Workers (HCSW). Agency cover is now only approved at Executive level in exceptional circumstances, where essential minimum staffing levels cannot otherwise be safely maintained. While the remote nature of many sites and the requirement to maintain minimum staffing levels means it remains challenging to eliminate all agency usage for short-notice or immediate cover, robust controls and strengthened workforce planning measures have materially reduced dependency. As a result, the forecast position in February 2026 indicates an approximately 36% reduction in agency expenditure across ward areas, and a 28% reduction across the Health Board overall, compared with the 2024/25 outturn. Further progress is expected. A revised Medical model and establishment review for Mental Health wards will shortly be considered by the Executive Committee, with the explicit objective of achieving additional reductions in agency usage during the coming financial year. In addition, the first major cohort resulting from the Health Board's Aspiring Nurse programme will see 36 newly qualified registered nurses join the workforce during the next financial year.

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Ref	Thematic area	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	Powys Rationale Update Q4 (March 16th deadline)
				This represents more than seven times the number historically recruited through the national streamlining process for Powys, creating further opportunities to sustainably reduce agency reliance across services."

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Ref	Thematic area	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	Powys Rationale Update Q4 (March 16th deadline)
38	Workforce productivity	Workforce Productivity	Ensure a reduction in sickness absence in 2025/26 in comparison to 2024/25, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels.	In January 2026, actual sickness absence was 5.44%, an increase of 0.33% compared with January 2025 (5.11%). The rolling 12-month rate improved slightly to 5.32%, a 0.09% reduction from January 2025 (5.41%), suggesting some stabilisation over the longer term. Long-term and short-term sickness have remained broadly stable over the past two years. However, January 2026 saw long-term sickness fall to its lowest level (3.40%), while short-term sickness increased to its highest level (2.04%), highlighting a growing challenge in managing short-term absence. The four leading causes of sickness account for 56% of all absence: • Anxiety / Stress / Depression – 35.4 WTE (264 staff), 31% of all sickness • Other Musculoskeletal Problems – 11.6 WTE (127 staff), 10% • Other Known Causes – Not Elsewhere Classified – 8.9 WTE (151 staff), 7.8% • Gastrointestinal Problems – 8.8 WTE (418 staff), 7.5% Mental health related absence remains the largest single contributor. Despite these challenges, the Health Board continues to benchmark favourably against the All Wales average of 6.3% (November 2025). Planned Activity (2026/27) • Develop a data-led workforce wellbeing risk framework to identify and prioritise services requiring targeted intervention. • Implement an integrated wellbeing delivery model linking Workforce Business Partners, Organisational Development, Occupational Health, MSK services and psychological support. • Target services with high levels of stress, anxiety and depression (SAD) related sickness and identified sickness hotspots to strengthen early intervention and prevention.

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Powys Teaching Health Board

Integrated Quality & Performance Report

Month 12 (March) - 2025/26
Updated on 11/05/2026

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Background of the IQPR

What is the Integrated Quality & Performance Report (IQPR)

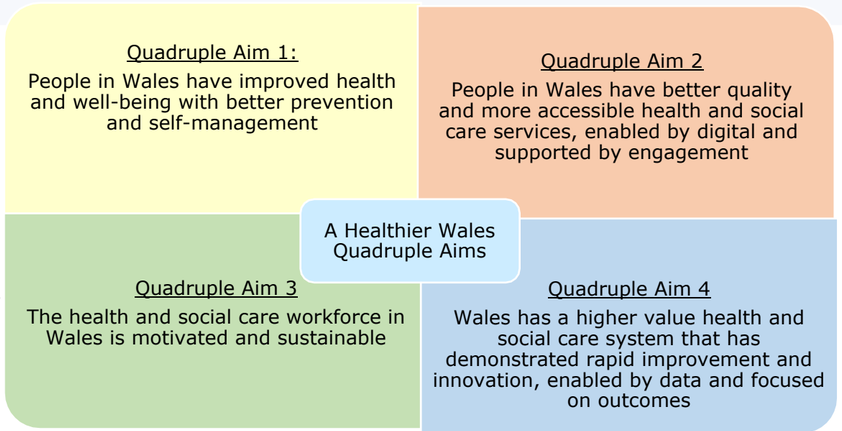
This report is a key part of the health boards Integrated Quality and Performance Framework (IQPF) designed to drive improvement in health board performance and health outcomes for those patients that Powys is responsible for.

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

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

What is the NHS Performance Framework?

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



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

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

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

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

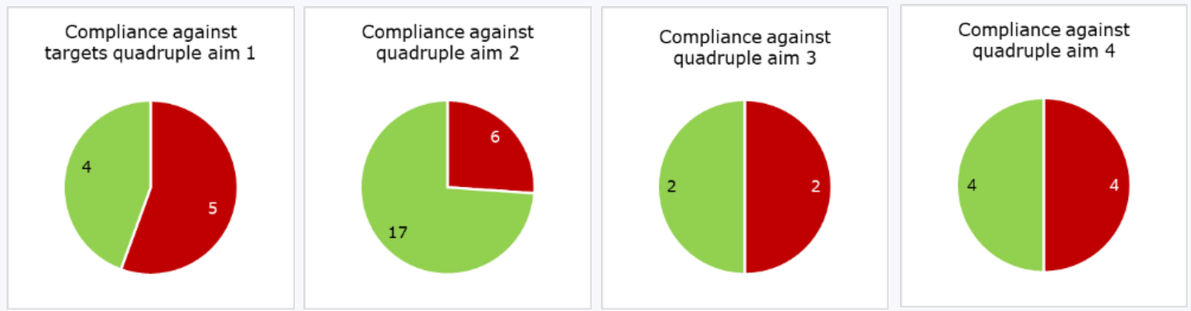
1. Level 1 : Normal e.g., earned autonomy meeting key objectives
2. Level 2a : Failure to achieve / maintain delivery
3. Level 2b : Specific for financial overspend by more than £0.5m per year
4. Level 3 : Serious concerns on quality, governance, ongoing failure to achieve key priority metrics.
5. De-escalation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

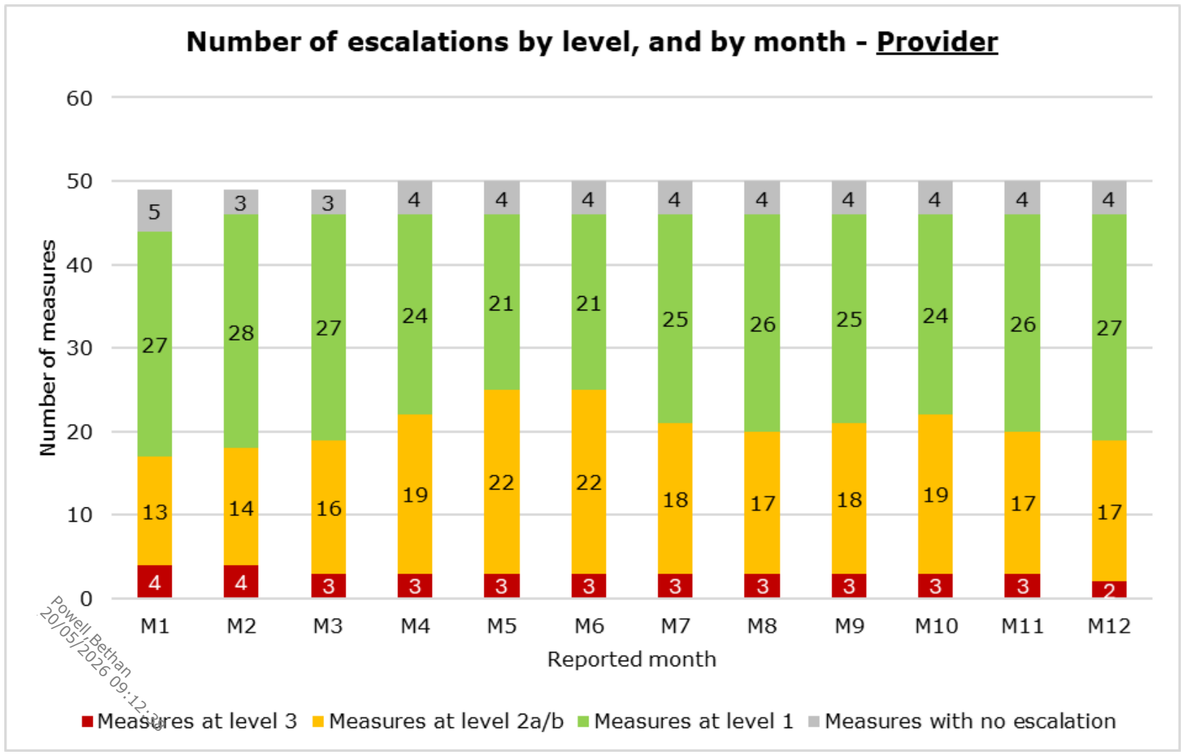
Link to escalation descriptor slide

Visual summary of performance at month 12 (March 2026)

No commissioned metrics are included within graphs below.

Compliance against NHS Performance Framework 2025/26 measures at month 12 by quadruple aim area.





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Updated 08/05/2026

- 2025/26 NHS Framework contained 53 measures on release in June 2025.
- Measures 25, 51, and 52 are not applicable for a community provider.
- *Measure 19 was retired in June 2025
- *2 new measures were introduced from July 2025.
- ** 1 measure retired and replaced from December 2025

Compliance against NHS Performance Framework.

PTHB reports against 50 of the current total performance measures (as of month 12).
6 are not currently RAG rated

- % of Adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks. – **Cumulative measure with year end target.**
- % of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS – **Annual measure no data for 2025/26.**
- Median emergency response time to Orange Now calls – **only 4 data points (requires 12 minimum for target).**
- 3 Health Care Acquired infection measures – **PTHB is a community provider and not included within target or assessment by Welsh Government.**

Powys Integrated Quality and Performance Framework Escalations

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

* From July 2025 the Welsh Ambulance Service NHS Trust (WAST) 8-minute response times to RED calls has been retired and replaced with median emergency ambulance response time to purple (arrest category calls) and median emergency ambulance response times to red (emergency category calls).
** From December "Median emergency response time to Orange Now calls" replaces "Median emergency response time to amber calls".

Level 3 - Performance Challenges

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

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
8	**Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment** Period: Feb-26 | Target: 90% | Actual: 40.0% | SPC icon	This measure remains in escalation due to poor target compliance. Triggered level 3 escalation internally following the Integrated Quality and Performance Framework rules with extra checks and engagement being carried out between the health board and Public Health Wales screening.	• Powys is commissioned to carry out Bowel Screening Wales (BSW) activity within its diagnostic/day case units, patients also access services commissioned from bordering DGH's. Non-Powys responsible patients may also have screening carried out in PTHB facilities. • Key challenges for colonoscopy in PTHB include very fragile capacity. Single handed in reach consultant has tendered resignation service will be managed solely via insourcing from March 26. • Patient choice including appointment deferral has significant impact on compliance (clock adjustments are not made for BSW pathways), some patients are deferring up to circa 3-5 potential dates or noting that they are not available for multiple months from screening assessment. • The methodology of the KPI requires ongoing scrutiny and engagement with the Public Health Wales Team (PHW). Currently the assessment of the offer within 4 weeks for a colonoscopy is carried out by the PHW team.	• Regular meetings between local operational leads and the Bowel Screening Wales (BSW) team. • In-source capacity utilised for both screening and symptomatic service. • Continue with regional planning discussions around endoscopy which in turn supports bowel screening. • Work ongoing with regional partners around the provision of sustainable services going forward. • Powys physical capacity (treatment rooms) offered as part of mutual aid for regional solutions further discussions with Associate Director Regional Delivery NHS Performance & Improvement. • Head of Performance engaged with key operational and performance leads in PHW around the key performance indicator (KPI) methodology and consistency. Validation workstream underway to provide assurance including local waiting list cross checking with the PHW screening booking system. Dedicated analyst resource is currently deep diving the pathways with the aim of investigation completion in Q1 2026/27.

32	**Number of patients waiting for a follow-up (FUP) outpatient appointment who are delayed by over 100%**
	Period: Feb-26 | Target: < same month pre. year | Actual: 1087 | SPC icon
		FUP pathways recording and reporting was escalated in Q4 2021/22 following service identified significant accuracy challenge in the reporting of pathway time banding. Resulting reporting checks by the Powys Data Intelligence team highlighted a significant quantity of un-reported pathways and local reporting was aligned to the National WPAS team's process. Although accuracy of reporting has improved significantly this measure with remain escalated until suitably resolved with Operational agreement and Executive signoff.	• Service capacity pressure prioritising urgent, and urgent suspected cancer pathways, which in turn places pressure of compliance on routine and FUP pathways.
			• Clinical leadership to support in reach clinicians to adopt see on symptoms (SOS)/patient-initiated follow-up (PIFU) pathways.
			• Underperformance across in reach SLAs with associated impact on capacity.
			• Increased number of over 100% delays reported requiring further investigation.
			• Challenge with clinical staff capacity for validation especially in single clinician services who are not administratively supported.
				• Review of all non consultant led specialties including subspecialties data warehouse lookups to confirmed start 18/03/2026.
				• Proactive action on validation with services has confirmed;
				  ◦ Significantly improved pathway management and validation for consultant led specialties.
				  ◦ Growing challenge of FUP capacity which is showing that patient pathways delayed over 100% of their re-attendance target date have increased.
				• Enhanced clinical support for consultants in outpatients to maximise SOS & PIFU opportunities.
				• Networks to move clinical practice in terms of SOS/PIFU.
				• Plan under development for national implementation of discharge protocols which will require MDT resource and specialty leadership.

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Level 2 - Performance Challenges

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

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions

4	**Percentage of children who are up to date with the scheduled vaccinations by age 5**
	Period: Q3 2025/26 | Target: 95% | Actual: 91.1% | SPC icon: N/A
		Measure not meeting target	• Reported queue numbers have increased following the introduction of the quadrivalent measles, mumps, rubella, and varicella (MMRV) vaccine on 1st January 2026, as those with previously declined consent for MMR were automatically included in the offer for the new MMRV vaccine.	• Enhanced COVER surveillance continues which includes:
				  ○ Data cleansing.
				  ○ Enhanced monitoring of practice queues lists.
				  ○ Enhanced monitoring of key childhood vaccinations (6 in 1 and MMR).
				• Primary Care Standard Operating Procedure developed to ensure timely return of Childhood Immunisation clinic lists from Primary Care to Child Health Department.

5	**Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15** Period: Q3 2025/26 | Target: 90% | Actual: 79.5% | SPC icon: N/A	Measure not meeting target	• Obtaining signed parental consent forms can be challenging. • There are discrepancies in data being captured by different systems, and inaccuracies with data held on CYPrIS. It is challenging therefore to ensure immunisation status for Powys residents is accurate and that those eligible are being immunised, particularly when not a pupil of a Powys school.	• Vaccination promotion in schools in an appropriate way and through the curriculum where possible. A new HPV toolkit has been released and is being promoted in schools. • Review implementation of the NICE guidelines (NG218) Vaccine uptake in the general population particularly recommendations 1.3.24 to 1.3.39 in subsection - Vaccinations for school-aged children and young people to ensure these are being implemented, where appropriate. • HPV vaccine programme delivery in schools commenced beginning of May 2025. Programme to continue until 17 July with mop-ups following initial school visits, so each school attended twice. • 2025/26 programme has ended and will recommence in Q1 2026/27.
6	**Percentage uptake of the influenza vaccination amongst adults aged 65 years and over** Period: Mar-26 | Target: 75% | Actual: 69.0% | SPC icon: N/A	Measure not meeting target	• Vaccine fatigue anecdotally reported across Wales in previous seasons, requires continued work to maintain uptake levels. • There has been a change to a central procurement model for flu vaccines in September 2025. • The introduction of Welsh Immunisation System (WIS) as the primary vaccination recording system for flu has presented some challenges for GPs and Pharmacies. • Data Quality issues identified with WIS where patients are being recorded as Powys resident patients but are currently living in England with no accurate address update on the system. • Uptake is reported on resident population rather than registered population, therefore there is a cohort of patients who reside in Powys but are not registered with a Welsh GP where vaccination data will be unavailable.	• Flu Vaccination Programme for over 65s started on 1st of October 2025. • Adult flu vaccine is offered through GP Practices for eligible patients, and in community pharmacies in many communities across Powys. • Opportunistic vaccination of eligible population through vaccination centres. • The introduction of WIS as the primary vaccination recording system aims to improve the accuracy and accessibility of uptake data. Challenges in primary care with the new processes have been addressed with the support of the Vaccination Service. • Continued monitoring of uptake data to direct additional action. • Transforming service - the Central Procurement of Flu programme is being implemented for the 2025/26 Influenza campaign with the aim of making flu vaccine more readily available for GPs and Pharmacies. Early logistical challenges have been addressed by the Vaccination Service. • Data Quality issues with the WIS system raised with Vaccination Programme Wales and DHCW which are currently being looked into with a national task and finish group set up reporting to WG.
7	**Percentage uptake of the COVID-19 vaccination for those eligible** Period: Feb-26 | Target: 75% | Actual: 61.1% | SPC icon: N/A	Measure not meeting target.	• Vaccine fatigue anecdotally reported across Wales in previous seasons, requires continued work to maintain uptake levels. • Data on COVID-19 Vaccination uptake is sourced from Public Health Wales (PHW) surveillance data, which is based on total eligible population. This does not consider those who have opted out of vaccination and therefore cannot be invited for a vaccination appointment. • Denominator now includes those who have previously chosen not to come forward for a Covid-19 vaccination. • Staffing challenges within the clinical team have led to a slower roll out of the Spring Covid-19 • Data Quality issues identified with WIS where patients are being recorded as Powys resident patients but are currently living in England with no accurate address update on the system.	• Ongoing work to support care homes with completing the correct paperwork for vaccination prior to vaccination teams visiting care homes prior to COVID-19 Vaccination programmes. • The service has moved away from "opting out" for citizens, to ensure that eligible citizens are invited for their COVID-19 Vaccination during each programme that they are eligible for. • Programme of work completed by the service to ensure any citizen without clear notes on record as to instruction to not receive any more invites for COVID-19 have the "opt out" flag removed from their record, to ensure that they will be invited for each COVID-19 programme in which they are eligible. • Increase local clinics to offer more access to vaccinations in targeted communities, utilising PTHBs community hospitals. • Data currently being collected by the Vaccination Service on the reasons patients are cancelling appointments, to help inform improvements to the COVID-19 vaccination services in the future. • Recent paediatric immunosuppressed pilot undertaken offering vaccination counselling to parents to optimise vaccination uptake and offer equitable vaccination at one of our 8 clinic locations across PTHB.

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Level 2 - Performance Challenges

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

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
13	**Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)** Period: Mar-26 | Target: A month on month increase towards a minimum of 30% contract value delivered by 30 September 2025 and 100% by 31 March 2026 | Actual: 80.1% | SPC icon: N/A	Measure not meeting target.	• This metric applies to Contract Reform practices only. 23% of practices worked to the UDA model contract in 25/06; therefore, this data is not capturing this cohort to represent a true access position. • Regulatory limitations has impacted on the health board's ability to action recurrent contract reductions; therefore, the release of cash to improve access in other areas of Powys has been limited in 25/26. Contractors are reluctant to commit to permanent contract reductions.	• Mid-year contract review meetings completed with all eligible UDA practices and 100% of Contract Reform Practices. • Non recurrent adjustments implemented for underperforming practices where mutual agreed • Contract performance date is monitored on an individual contract basis monthly via the GDS monitoring group. • Year-end forecasting updated monthly which anticipated this year end position which encompasses the non recurrent adjustments. • The future commissioning of services has commenced, and the contract hand-backs have provided new opportunities. • End of Year review meetings are arranged for June/July
NA	**Median target for purple arrest: Cardiac or respiratory arrest** Period: Mar-26 | Target: 6-8 minutes median response time | Actual: 00:09:34 | SPC icon: N/A	Measure not meeting target	• WAST continue to experience challenges with large number of ED attendances and conveyances, large number of lost hours per month and handover delays. • Ambulance handover times exceeding 45 minutes for incidents in Powys particularly a challenge in Royal Shrewsbury Hospital and Hereford County Hospital.	• Continued engagement with commissioned services via CQPRM meetings and sharing resident view findings with key services. • WAST new integrated clinical services model to ensure addressing life-threatening illness or injury; urgent healthcare need; non-urgent health query; and health related transport need. New features of model include online digital advice, rapid clinical screening, remote integrated care, urgent community response, planned care and health transport. • WAST Falls Desk operates daily from 7am-7pm with focus on providing early advice (nutrition, hydration, movement) and support patients to lift from the floor (where appropriate). • PTHB to continue to work closely with WAST and seek to include qualitative as well as quantitative measures in future reports. • PTHB continues to be active member of the Ambulance Services and 111 Collaborative Commissioning Integration Group, represented by the Deputy Director of Performance and Commissioning. • Actions taken to reduce ambulance conveyance to ED: ▪ PTHB Level 2 Community Based falls response aligned for delivery via UEC Single Point of Access, supporting admission avoidance.
NA	**Median emergency ambulance response times to red (emergency category calls)** Period: Mar-26 | Target: 6-8 minutes median response time | Actual: 00:11:47 | SPC icon: N/A	Measure not meeting target		
26	**Number of patients waiting more than 8 weeks for a specified diagnostic** Period: Mar-26 | Target: 0 | Actual: 1 | SPC icon: L	• Measure has been de-escalated to level 2a following successful recovery on trajectory set for key Cardiac subspecialties by year end. • Performance has reported 6 sequential periods of special cause improvement.	• Cardiology (Echo Cardiogram scans) remain under pressure in South Powys, due to in reach fragility of Aneurin Bevan University Health Board consultant services and increasing echo cardiogram demand, following change in clinical practice where patients are sent straight to test by consultant prior to outpatient appointment. • Heart Rhythm diagnostics has fixed monthly capacity both clinical technician and the availability of measurement devices, when demand exceeds this fixed capacity breaches will occur without extra capacity sought with ABUHB. • NOUS - Fragility of service due to unplanned sickness • NOUS - Speciality consultant session for Ystradgynlais Community Hospital.	• Echocardiograms performance remains on improvement trajectory following increased capacity provision by ABUHB, and utilisation of locum capacity. • Additional capacity currently being sought via bank staff for cardiology specific physiologist clinician to undertake echo cardiograms. (second attempt at recruitment). • New echo cardiogram scanner purchased and installed via charitable funds for Brecon War Memorial Hospital. • NOUS - Use of agency and bank for breaching patients. • NOUS - Reviewing clinical templates for existing workforce • NOUS - Swansea Bay UHB have agreed to increase the Musculoskeletal (MSK) physiotherapy sessions within the rota at Ystradgynlais Community Hospital commencing from April 2026.
31	**Number of patients waiting >52 weeks for a new outpatient appointment** Period: Mar-26 | Target: 0 | Actual: 6 | SPC icon: H	Measure not meeting target.	• Performance reliant on fragile in-reach provision from Welsh and English acute care providers. • Significant shortfalls with in-reach provision from Wye Valley NHS Trust (WVT) for Ophthalmology. • Rheumatology provision in mid-Powys has ceased from April 2026 (WVT in-reach).	• Outpatient additional capacity via Healthcare Business Solutions UK (HBSUK) as part of National Planned Care Programme commenced from November 2025 to March 2026. • Working with WVT to support Rheumatology service in Hereford County Hospital.

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Level 2 - Performance Challenges

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No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
34	**Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment (ND)** Period: Mar-26 | Target: 80% | Actual: 36.8% | SPC icon	Measure is not meeting target.	• Referral demand continues to be sustained at a significant level. While local systems and processes have been strengthened to improve the management and triage of referrals, ongoing pressure on the service remains. In response, there is a continued focus on whole-system management of population need, including the development of a proposal for a Powys-wide single point of access (SPACE). This approach has been agreed as a *Start Well* priority for consideration within the 2026/2027 funding cycle. • Establishing a sustainable and resilient staffing model remains a key priority, particularly during Quarter 4. • The current operational objective is to maintain waiting times below 104 weeks. No children waited over 104+ weeks at month 12.	• Waiting list management aligned to longest wait from referral to assessment (RTA) commenced in March 2025. Open pathways being managed ongoing via ND Multi Disciplinary Team (MDT) panel. • KPI's to ensure quality service is in place and national ND dataset being implemented in 26/27. • Robust clinic scheduling aligned to evidenced based assessment tools implemented in Jan26. • Pan Powys model for waiting time pathways rather than the previous geographically led process which resulted in regional variance in patient's pathway wait times. • Child centred model with partners in education, social care and 3rd sector being mapped – care around the child and family/carer. • Commissioned co-production partnership model/forum facilitated by Parent Voices in Wales, commenced in September 2024 and continues into 26/27. Year 2 commissioned jointly with education and new families identified.
36	**Percentage of sickness absence rate of staff** Period: Mar-26 | Target: 12-month reduction trend | Actual: 5.44% | SPC icon	Measure is not meeting target.	• For March 2026, actual sickness absence reported at 5.22%, which is 0.05% higher than March 2025 (5.17%). Rolling sickness absence reported at 5.45%, representing a 0.14% increase compared with March 25 (5.31%) . • Long-term sickness remained stable at around 4% between August 2025 and February 2026, however, has slightly declined to 3.80% in March 2026. Short term sickness increased marginally from 1% to 1.5% between October and January, which is consistent with seasonal illnesses. Since January short term sickness has been trending downwards with a minor increase (0.08%) between February (1.32%) and March (1.40%) • Anxiety, Stress & Depression continues to be the main reason for absence (31.2%), followed by other musculoskeletal problems (10.3%).	• To target short term absence, the People and Culture Business Partners team (P&C BP) are monitoring absences prompts in ESR and following these up with managers to ensure policy is followed. • P&C has recruited Mindfulness Practitioners onto the bank who have established the Mindfulness and Compassion (MAC) programme. The MAC programme has received Powys Charities funding until sept 2027. Individual and group support and session are regularly promoted across the organisation and between April and November 25 has seen 123 new participants in the MAC offer. • A review of teams with higher levels of absence due to anxiety, stress, depression & other psychiatric illnesses is underway, with the aim of deploying the MAC team into the areas of the organisation in most need. • PTHB have signed up to the ViVUP – Virtual GP appointment model – Enabling staff to gain same or next day access to a GP for non-routine advice (note; this service will not issue fit notes) Virtual GP appointments are now in place and promoted with a handful of staff accessing the offer to date.
39	**Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excl. doctors and dentists in training)** Period: Mar-26 | Target: 85% | Actual: 80.0% | SPC icon	Measure is not meeting target.	• Directorates continue to report that a combination of staff absence, vacancies and operational pressures have continued to have an impact in the delivery of PADRs.	• The People and Culture Business Partners team (P&C BP) team review the monthly PADR compliance report and provide focussed intervention to managers that have compliance less than 85%. • Targeted work will continue in directorates with lower compliance. • A PADR progress update was shared with the organisation in January, highlighting that approximately 118 additional PADRs would be required to achieve the national compliance target of 85%. This also signposted to additional support, guidance and people and culture advice.

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Level 2 - Performance Challenges

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

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
42	**Number of Pathways of Care delayed discharges** Period: Mar-26 | Target: 12-month reduction trend | Actual: 52 | SPC icon	Measure not meeting target.	• Some apparent impacts from out of county surge in discharge. • Evidence of higher dependency in recent inpatient admissions. • Seasonal inpatient care setting fluctuations adding pressures. • High-cost placements (in particular, Dementia Nursing Care Home beds) continue to be challenging. • Complex patients including court of protection.	• Our Average Days Delayed has reduced by small amount (3%). • Our Average Length of Stay is fairly static, with spiking in turnover • Awaiting Social Worker Allocation delays have reduced significantly. • Weekly Multi Disciplinary Team deep dive into longest lengths of stay. • Testing Therapy turnaround at front-door in two ED's. Success includes 3x patients turned around in one day. • Optimal hospital flow framework (OHFF) and Powys DigiFLO expansion into Mental Health wards underway. • Staff engagement in OHFF Champion training and national project. • Revised board round process in development, aligned with OHFF training approach. • Implementation of SPOA expected to help offset numbers of patients admitted and support earlier discharge. • Easter sprint actions in place through month
44	**Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (CTP) for adults 18 years and over** Period: Feb-26 | Target: 90% | Actual: 83.8% | SPC icon	Measure not meeting target.	• Additional demand on PTHB's Community Mental Health Teams (CMHT) remains as capacity is not yet fully optimised by the mitigation of impact from local authority deficits in capacity to contribute to duty an initial assessment. This mitigation began with the introduction of the single point of access triage and assessment model. This is aligned to 111#2 and is also key transformational work to modernise and streamline services. Phase 2 is currently being rolled out, but this has impacted on Community Mental Health Team (CMHT) capacity again as they are holding additional pressures whilst assessments are moved from teams to the Single Point of Access and a pause in roll out is currently enacted to consider the Open Access, stepped care 2.0, OAAT approach and what needs to be revised in the previous phase of change.. • Competing priorities and complexity of patients presenting at present has put additional pressure on teams. • Maintaining the level of compliance even though below target has been challenging and it is positive that we remain consistent with plan in place to improve.	• Joint modelling work in the developing Transformation agenda for MH has seen positive developments with Adult Social Care and consideration of Powys County Council's responsibilities in Community Mental Health Teams (CMHT). Workshops are ongoing for a PTHB/PCC Mental Health Senior Leadership. Team to define future operating model. • Teams are reviewing medics clinics to streamline processes and provide greater capacity for CTP reviews within their job plans. • Targeted work to improve (e.g. Ystradgynlais now showing 100% compliance from 66.3% in November last year) • Next prioritised area for intervention and support is Brecon currently performing at 65.4% - will drastically increase overall position once interventions compete. North Powys performing at 88.6%. • Need to improve quality has been a focus. 2025/26 seen significant audit and training work undertaken • Roll out of phase two duty Single Point Of Access – currently recruiting to assessment team that will reduce capacity challenges in CMHTs by freeing up time for CTP work undertaken. Success in application to be a demonstrator project for National Strategic Programme Board for Mental Health focussing on this next phase of transformation will support roll out. • Expected improvement in June 2026.

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Level 2 - Performance Challenges

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

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
50	**Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)** Period: Mar-26 | Target: 12 month improvement trend towards national target of 95% | Actual: 74.2% | SPC icon	Measure not meeting target	• Ongoing challenge from fragility of in-reach service model especially Ophthalmology (WVT). Impact of NHSE Waiting Times making backfill of lost sessions extremely difficult with significant underperformance against contracted in-reach sessions. • Significant operational challenges with in-reach visiting consultants from Wye Valley NHS Trust.	• On-going development of Multi Disciplinary Team (MDT) in eyecare further extension of wet AMD capacity in Powys to support service sustainability and repatriation of patients • Development and implementation of WGOS4 community optometry triaging with appointment of community optometrist in Planned Care commencing Nov-25. • On-going escalation of contracted position via Commissioning CQPRM meetings with WVT. • Additional insourcing capacity from HBSUK planned as part of National Commissioning Programme awaiting confirmation from provider regarding start date for ophthalmology.
53	**No of patient safety incidents that remain open 90 days or more** Period: Mar-26 | Target: 12 month reduction trend | Actual: 16 | SPC icon	Measure not meeting target	• Ongoing challenge from fragility of in-reach service model especially Ophthalmology (WVT). Impact of NHSE Waiting Times making backfill of lost sessions extremely difficult with significant underperformance against contracted in-reach sessions.	• On-going development of Multi Disciplinary Team (MDT) in eyecare further extension of wet AMD capacity in Powys to support service sustainability and repatriation of patients • Development and implementation of WGOS4 community optometry triaging with appointment of community optometrist in Planned Care commencing Nov-25. • On-going escalation of contracted position via Commissioning CQPRM meetings with WVT. • All patients receive a clinical call prior to appointment to provide advice support and ensure scarce OP resources are maximised limiting DNAs – DNA rate is less than 3%. • Business proposal to PTHB Planned Care Board for Speciality Lead Ophthalmology Consultant sessions as per GIRFT recommendations to support further MDT service transformation has been agreed. • Project Team currently being established to progress implementation of Open Eyes Electronic Patient Record and Electronic Referrals for Community Optometry to support further service efficiencies. • Additional insourcing capacity from HBSUK from February. • Eight cataracts per list were undertaken in March with insourcing to demonstrate the efficiency potential of the PTHB provided service.

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Level 1 – No concerns

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

No.	Measure description	Period	Target	Actual	SPC icon
1	Percentage of adult smokers who make a quit attempt via smoking cessation services	Q3 2025/26	5% cumulative annual target	5.89%	N/A
3	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)	Q3 2025/26	4 Quarter improvement trend	78.7%	N/A
9	Percentage of well babies completing the hearing screening programme within 4 weeks	Jan-26	90%	95.5%	
10	Percentage of eligible newborn babies who have a conclusive bloodspot screening result by day 17	Mar-26	95%	98.4%	
11	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2024/25	100%	100%	N/A
12	Percentage of patients (aged 12+) with diabetes who received all 8 NICE recommended care processes	Feb-26	Improvement compared to the same month in the previous year	51.5%	
13	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Mar-26	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2025 and 100% by 31 March 2026	80.1%	N/A
14	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Feb-26	Increase compared to the same month in the previous year	700	
15	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	Mar-26	80%	97.4%	
16	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LMPHSS) for people aged under 18 years	Mar-26	80%	95.7%	
17	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged 18 and over	Mar-26	80%	93.2%	
18	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LMPHSS) for people aged 18 and over	Mar-26	80%	96.6%	
21	Median time from arrival at an emergency department to triage by a clinician	Mar-26	15 minutes or less	7	N/A
22	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	Mar-26	60 minute or less	7	N/A
23	Percentage of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Mar-26	Improvement compared to the same month in the previous year, towards the national target of 95%	99.9%	
24	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Mar-26	Reduction compared to the same month in the previous year, towards the national target of zero	0	
27	Percentage of children <18 waiting 14 weeks or less for a specified AHP	Mar-26	100%	100%	

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Level 1 – No concerns

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

No.	Measure description	Period	Target	Actual	SPC icon
29	Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)	Mar-26	Month on Month Reduction	0	N/A
30	Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)	Mar-26	Month on Month reduction	0	N/A
33	Number of patients waiting more than 104 weeks for referral to treatment	Mar-26	0	0	
35	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Mar-26	80%	88.2%	
37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Jan-26	Rolling 12-month reduction against a baseline of 2024/25	8.75%	
38	Agency spend as a percentage of the total pay bill	Mar-26	12-month reduction	2.0%	
40	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Jan-26	Maintain the 95% target or demonstrate a 12-month improvement trend	100%	
41	Percentage of all classifications' coding errors corrected by the next monthly reporting submission	Jan-26	90%	100%	
43	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (CTP) under 18's	Mar-26	90%	90.4%	

Non-RAG rated measures

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

2	Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	Q3 2025/26	40% Annual Target	13.35%	N/A
N/A	Median emergency response time to Orange Now calls	Mar-26	12-month reduction trend	00:55:11	N/A
46,47,48	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Pseudomonas aeruginosa	Mar-26	No national target for PTHB as a non-acute provider.	0	N/A
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli and; S.aureus (MRSA and MSSA)	Mar-26		1.48	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C.Difficile	Mar-26		20.08	

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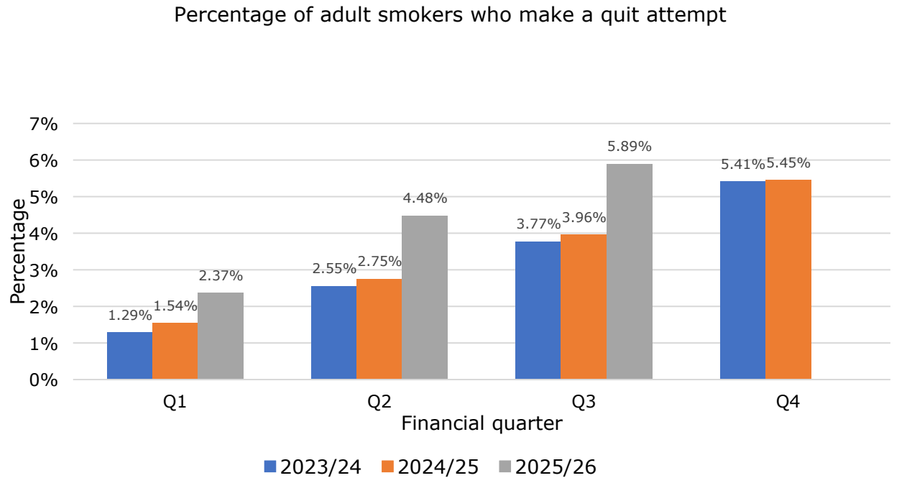
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

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

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

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

Latest available	Q3 2025/26	Status of measure	Level 1
Reported performance	5.89%	Benchmark position (Wales)	3rd (4.35%)
Target	5% annual target		
SPC assurance rating	Not applicable cumulative target		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Public Health		
Recover by?	Not applicable		



What the data tells us

- Performance for Q3 2025/26 is 5.89%, which is higher than the same period last year (3.96%).
- As a cumulative measure the smoking KPI will not be RAG rated against national target until the completion of the 2025/26 financial year unless compliant prior to this period.

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Challenges

- Small team covering large geography with increased behavioural support needed to support adult smokers with complex issues to quit smoking.

Actions & Mitigations

Improving access and client focus:

- Smoking Cessation Team continuously monitor and review provision and uptake of face-to-face clinics across Powys in community venues and some GP Practices and adapt service delivery accordingly. In addition to individual face-to-face and telephone support offered across Powys, group support option is currently available in Brecon and Welshpool.
- Smoking Cessation Lead continues to engage with PTHB community teams and outpatient clinics across Powys to embed pathways to the Smoking Cessation Service, to ensure most effective treatment of Nicotine Replacement Therapy and behavioral support.
- Referral rates and CO monitoring of pregnant smokers in Powys have been maintained. An action plan is in place working in partnership with midwifery team to support smoking cessation.

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

- The GP Text message project targets registered smokers with offers of specialist support to quit was run in 6 GP Practices in Q4. It is focused in areas of deprivation across Powys.
- Nicotine Replacement Therapy (NRT) protocol for inpatients and the smoke free hospital policy continues to be promoted to PTHB staff.
- The Stop Smoking Team use a range of methods to widely promote the service including Powys Smoke Free Newsletter, supporting community events with promotional materials; ongoing development of new successful quit case stories; recruitment and training of Smoking Cessation Champions within workplaces and in the community.

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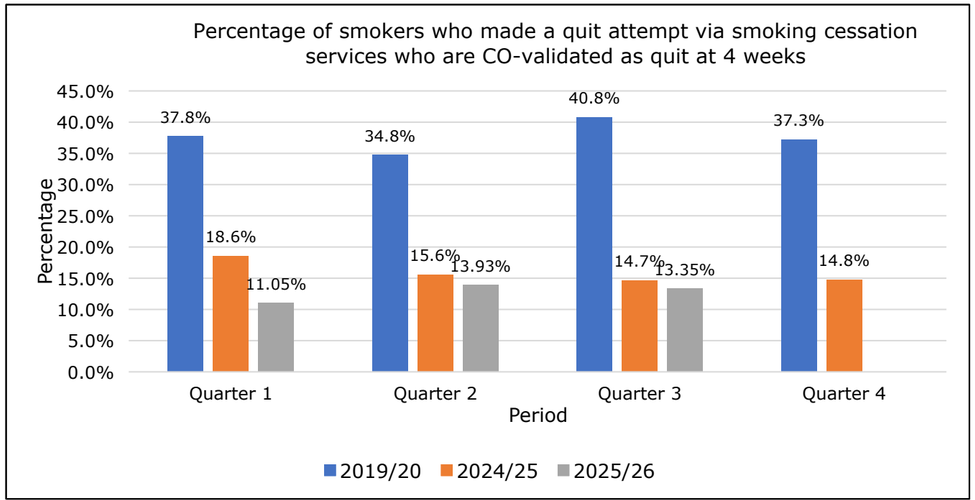
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Powys Teaching Health Board

Access & Activity — NHS Performance Measure – 2

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

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

Latest available	Q3 2025/26	Status of measure	Level 2a
Reported performance	13.35%	Benchmark position (Wales)	6th (23.4%)
Target	40% annual target		
SPC assurance rating	Not applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Public Health		
Recover by?			



What the data tells us

- By Q3 2025/26 13.35% of treated smokers were reported as Carbon monoxide (CO) validated as quit at 4 weeks.
- In addition, 44.1% self-reported as having quit at 4 weeks making the total of treated smokers quit at 4 weeks >57%.
- As a cumulative measure the smoking KPI will not be RAG rated against national target until the completion of the 2025/26 financial year unless compliant prior to this period.

Challenges

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

Actions & Mitigations

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

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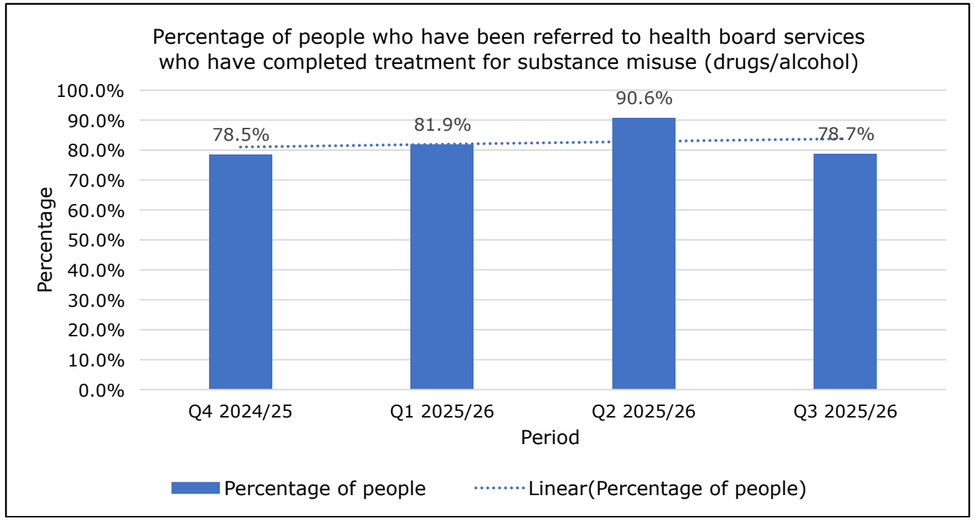
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

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

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

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

Latest available	Q3 2025/26	Status of measure	Level 1
Reported performance	78.7%	Benchmark position (Wales)	6th (87.9%)
Target	4 quarter improvement trend		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

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

Challenges

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

Actions & Mitigations

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

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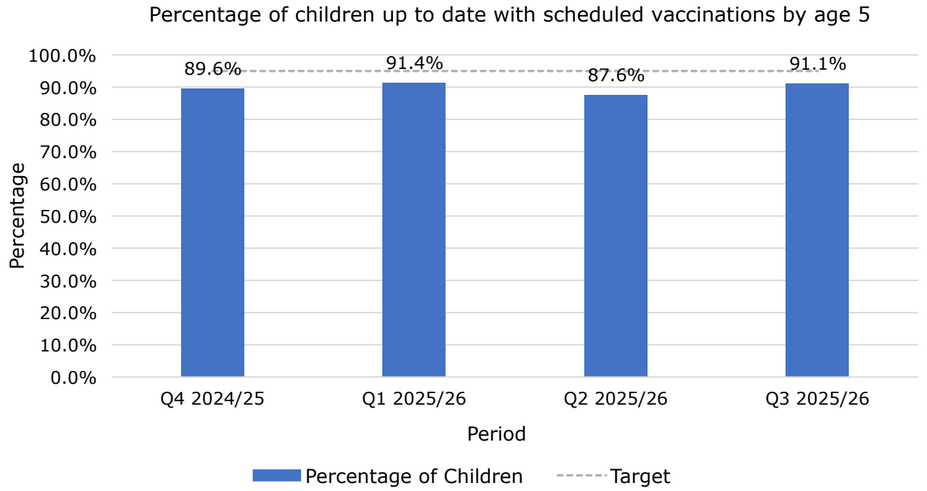
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Access & Activity | **NHS Performance Measure – 4**

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

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

Latest available	Q3 2025/26	Status of measure	Level 2a
Reported performance	91.1%	Benchmark position (Wales)	1st (87.5%)
Target	95%		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Q4 2025/26		



What the data tells us

- Reported uptake performance for Powys in Q3 (91.1%) remains below target (95%).
- Powys ranks 1st in Wales for scheduled vaccinations by age 5, the All-Wales average is 87.5%.

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Challenges

- Data on uptake is sourced nationally from the Child Health System, whilst vaccination is undertaken by GP Practices and recorded on their information system. The Child Health System and GP database are not electronically linked; therefore, frequent data cleansing is required to ensure that the information flow into the Child Health System is accurate and reflects immunisation status for Powys residents.
- Children moving into the area from countries outside of the UK, and challenges to record accurate vaccination history in Primary Care & Child Health.
- Childhood schedule changes from 01/07/2025 with the removal of Hib / Meningococcal Group C at 12 months – hard stop on supply of Menitorix, Meningitis B and Pneumococcal (PVC) swap at 12 and 16 weeks.
- Introduction of an 18-month appointment to include a fourth DTaP/IPV/Hib/Hep B (6 in 1) and bringing forward the pre-school MMR/V. MMR to be replaced by MMRV in the routine childhood immunisation programme from 1st January 2026.
- The digital infrastructure for these changes is not in place and therefore will rely on manual changes to the schedule from primary care which may impact on timely recording of vaccination on systems.
- Reported queue numbers have increased following the introduction of the quadrivalent measles, mumps, rubella, and varicella (MMRV) vaccine on 1st January 2026, as those with previously declined consent for MMR were automatically included in the offer for the new MMRV vaccine.

Actions & Mitigations

- Enhanced COVER surveillance continues which includes:
  - Data cleansing.
  - Enhanced monitoring of practice queues lists.
  - Enhanced monitoring of key childhood vaccinations (6 in 1 and MMR/V).
- Support being provided to Health Visitors to follow up preschool children who have missed routine vaccinations – Standard Operating Procedure (SOP) ratified and in use.
- Immunisation coordinator working with GP practices to improve pre-school uptake.
- Ongoing support provided for Primary Care with queues list monitoring and prompting to review lists/understand waits and cover equity. Encouraging GPs to offer unscheduled vaccinations for missed vaccinations. SOPs have been developed for both scheduled and unscheduled immunisations to improve the accuracy of data recorded by Primary Care and shared with Child Health System and prevent delays with returning forms to Child Health.
- There is national work exploring improving vaccine uptake and information sharing for children who transfer in from outside the UK.
- National changes to the digital infrastructure underway, led by DHCW, to improve data transfer between GP practices and CYPrIS (the child health record database).
- Plans to update the All-Wales data collection Child Health Immunisation Process Standards (CHIPS) pathway has been delayed, awaiting WIS development to include teenage vaccination and then future expansion to cover the full childhood immunisation programme.
- VPDP have provided a letter and visual guide to primary care clinicians to support with the recent childhood vaccination schedule changes.
- New complete routine immunisation schedule for Wales published from 1st January 2026
- VPDP have provided Q&A sessions for Primary Care since the changes on 01/07/25 and pre the MMRV introduction.
- Webinar provided by VPDP on 04/12/25 on impending changes to the childhood immunisation schedule from 1st January 2026
- Additional educational support provided by Immunisation Coordinator to Primary Care via the P&CCA – Lunch n Learn session on the "Introduction of Varicella vaccination and other changes to the routine immunisation schedule" held on 18/12/25.
- Ongoing additional support has been provided by the Immunisation Coordinator to support implementation of the new routine childhood immunisation schedule.

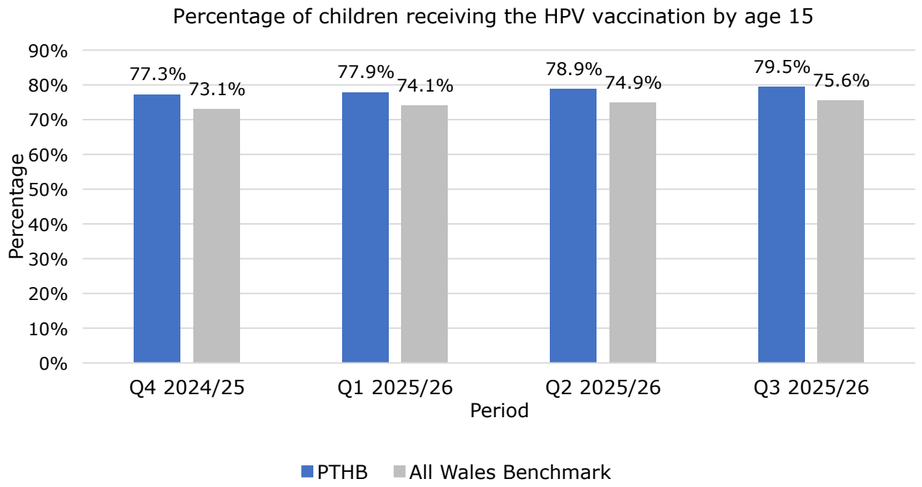
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Access & Activity | **NHS Performance Measure – 5**

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

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

Latest available	Q3 2025/26	Status of measure	Level 2a
Reported performance	79.5%	Benchmark position (Wales)	3rd (75.6%)
Target	90%		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Amber
Data source of measure	Welsh Government Scorecard		
Recover by?	TBC		



What the data tells us

- Reported uptake improved slightly in Q3 2025/26 reporting 79.5% compared to 78.9% in Q2 2025/26

Powell Bethan
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Challenges

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

Actions & Mitigations

- Vaccination promotion in schools in an appropriate way and through the curriculum where possible. A new HPV toolkit has been released and is being promoted in schools.
- Review implementation of the NICE guidelines (NG218) Vaccine uptake in the general population particularly recommendations 1.3.24 to 1.3.39 in subsection - Vaccinations for school-aged children and young people to ensure these are being implemented, where appropriate.
- HPV vaccine programme delivery in schools commenced beginning of May 2025. Programme to continue until 17 July with mop-ups following initial school visits, so each school attended twice.
- E-consent has been rolled out in Powys in 2025 with the aim of increasing the return rate of consent. Further evaluation of this approach to be undertaken.
- Work being undertaken by the School Nursing service and Child Health in relation to data cleansing to improve accuracy of data and uptake rates.
- Letters were sent in August 2025 to parents of children in school years 8-13 with a missing HPV, DTP, MenACWY or MMR record on CYPrIS inviting parents to contact PTHB with updated records or to attend drop-in vaccination clinics. Over 80 queries were made to the Immunisation Coordinator to either update records, make enquiries or to provide updated personal information.
- Drop-in clinics for young people who have missed their vaccination were undertaken by the Vaccination Centre during August 2025 with over 100 vaccinations administered.
- Data cleansing and vaccination administration increased current HPV uptake.
- HPV 2026 programme is being implemented in schools from 20 April 2026.

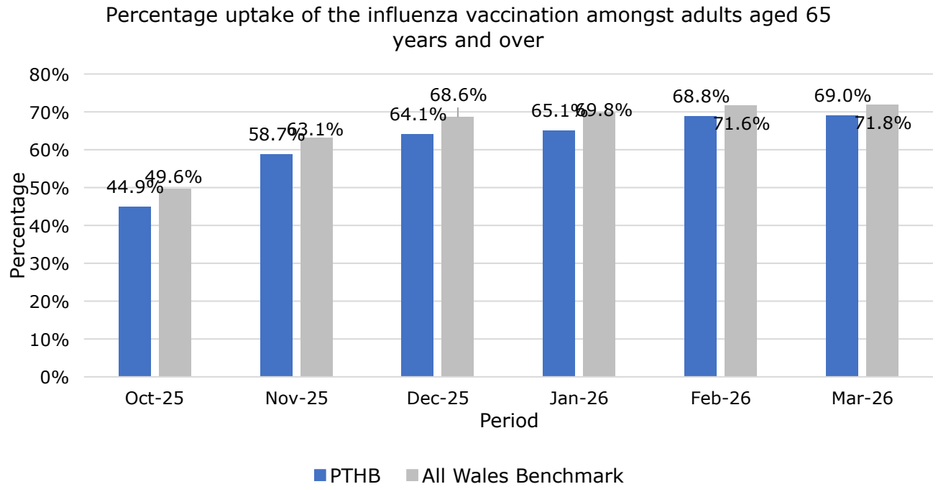
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

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

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

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

Latest available	Mar-26	Status of measure	Level 2a
Reported performance	69.0%	Benchmark position (Wales)	6th (71.8%)
Target	75%		
SPC assurance rating	Not applicable (season cumulative measure)		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Qu. 4 2025/26		



What the data tells us

- To note this is a cumulative measure and will only be updated during active influenza vaccination period.
- Autumn/Winter 2025/26 vaccinations commenced 1st October 2025.
- Uptake reported is for Powys resident population, however issues have been identified with resident denominator in Welsh Immunisation System (the denominator includes people who are no longer resident or registered in Powys). A national task and finish group has been established to address this challenge.

Challenges

- There has been a change to a central procurement model for flu vaccines in September 2025.
- The introduction of Welsh Immunisation System (WIS) as the primary vaccination recording system for flu has presented some challenges for GPs and Pharmacies.
- Data Quality issues identified with WIS where patients are being recorded as Powys resident patients but are currently living in England with no accurate address update on the system.
- Uptake is reported on resident population rather than registered population, therefore there is a cohort of patients who reside in Powys but are not registered with a Welsh GP where vaccination data will be unavailable
- Previous years' uptake was based on population registered with GPs in Powys, with data pulled from GPs via AccuRX; data this year is based on resident population pulled from the Welsh Immunisation system, therefore year-on-year denominator data for reported uptake is not comparable.

Actions & Mitigations

- Flu Vaccination Programme for over 65s started on 1st of October 2025.
- Adult flu vaccine is offered through GP Practices for eligible patients, and in community pharmacies in many communities across Powys.
- Opportunistic vaccination of eligible population through vaccination centres.
- Public Health Wales led communication campaign, supported by local communications through health board channels, amplified through local networks.
- The introduction of WIS as the primary vaccination recording system aims to improve the accuracy and accessibility of uptake data. Challenges in primary care with the new processes have been addressed with the support of the Vaccination Service.
- Continued monitoring of uptake data to direct additional action.
- Transforming service - the Central Procurement of Flu programme is being implemented for the 2025/26 Influenza campaign with the aim of making flu vaccine more readily available for GPs and Pharmacies. Early logistical challenges have been addressed by the Vaccination Service.
- Data Quality issues with the WIS system raised with Vaccination Programme Wales and DHCW which are currently being looked into with a national task and finish group set up reporting to WG.
- Offer of flu vaccine to eligible population through GPs and Pharmacies, expanded to include PTHB vaccination Service from December 2025 in-line with WG Directive.

PHW Vaccination coverage reports now include uptake based on health board population registered with GP Practices within HB area, as well as population residing in Powys. Uptake by residents registered with a GP in Powys is 72.2%, (Wales average of 73%), higher uptake compared to 2024/25, and slightly below target of 75%.

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

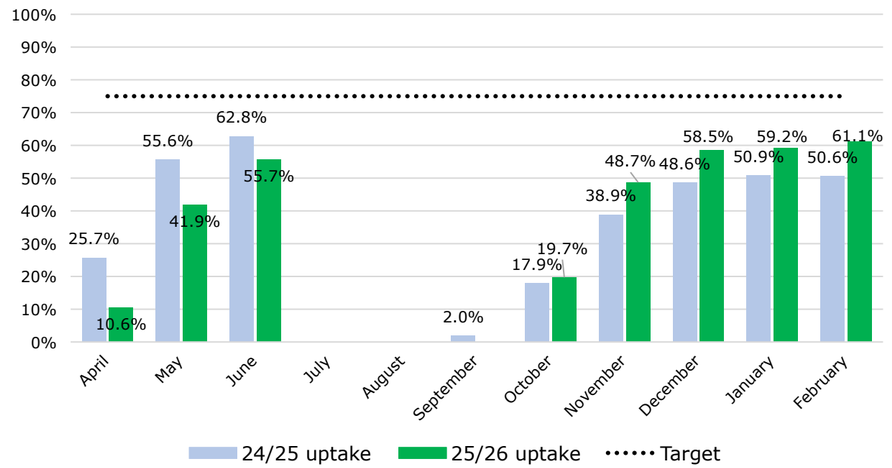
Access & Activity | **NHS Performance Measure – 7**

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

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

Latest available	Feb-26	Status of measure	Level 2a
Reported performance	61.1%	Benchmark position (Wales)	1st (58.3%)
Target	75%		
SPC assurance rating	Not applicable (season cumulative measure)		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Quarter 4 2025/26		

Percentage uptake of COVID-19 vaccination for those eligible



What the data tells us

- To note this is a cumulative measure and will only be updated during active COVID-19 vaccination period.
- The Autumn/Winter 2025/26 programme started 1st October 2025 (Month 7)
- Uptake in 2025/26 remains above monthly uptake in 2024/25 (vaccination did not start until Oct-25 in 2025/26).
- Powys benchmarks 1st against the All-Wales position of 58.3%.
- Issues identified with resident denominator in Welsh Immunisation System (the denominator includes people who are no longer resident or registered in Powys). A national task and finish group has been established to address this challenge.

Challenges

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

Actions & Mitigations

- Ongoing work to support care homes with completing the correct paperwork for vaccination prior to vaccination teams visiting care homes prior to COVID-19 Vaccination programmes.
- The service has moved away from "opting out" for citizens, to ensure that eligible citizens are invited for their COVID-19 Vaccination during each programme that they are eligible for.
- Programme of work completed by the service to ensure any citizen without clear notes on record as to instruction to not receive any more invites for COVID-19 have the "opt out" flag removed from their record, to ensure that they will be invited for each COVID-19 programme in which they are eligible.
- Increase local clinics to offer more access to vaccinations in targeted communities, utilising PTHBs community hospitals.
- Data currently being collected by the Vaccination Service on the appointment process, to help inform improvements to the COVID-19 vaccination services in the future.
- Recent paediatric immunosuppressed pilot undertaken offering vaccination counselling to parents to optimise vaccination uptake and offer equitable vaccination at one of our 8 clinic locations across PTHB.

Powys Teaching Health Board

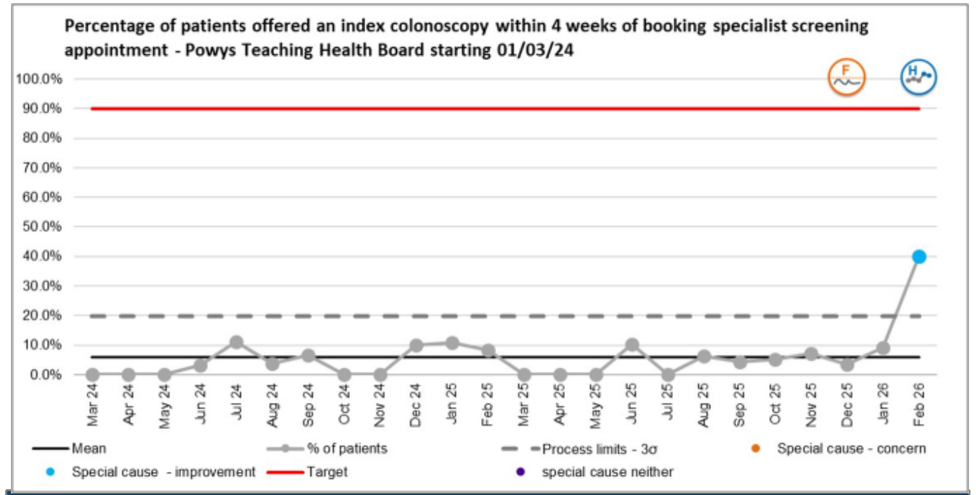
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

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

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

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

Latest available	Feb-26	Status of measure	Level 3
Reported performance	40.0%	Benchmark position (Wales)	5th (18.8%)*
Target	90%		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PHW compliance report		
Recover by?	Timescale requested from Public Health Wales		



What the data tells us

- Powys performance significantly improves to 40% in February, this is an outlying improvement and the highest reported since April 2021.
- Methodology of measure remains under scrutiny with Public Health Wales; data quality however was updated to average quality following positive checks on provided metric information.

Challenges

- Powys is commissioned to carry out Bowel Screening Wales (BSW) activity within its diagnostic/day case units, patients also access services commissioned from bordering DGH's. Non-Powys responsible patients may also have screening carried out in PTHB facilities.
- Not all referrals for PTHB led Specialist Screening Practitioner assessment appointments have their colonoscopy carried out within provider services and not all patients are suitable for the procedure within PTHB provided units.
- Key challenges for colonoscopy in PTHB include very fragile capacity. Single handed in reach consultant has tendered resignation service will be managed solely via insourcing from March 26.
- Patient choice including appointment deferral has significant impact on compliance (clock adjustments are not made for BSW pathways), some patients are deferring up to circa 3-5 potential dates or noting that they are not available for multiple months from screening assessment.
- The methodology of the KPI requires ongoing scrutiny and engagement with the Public Health Wales Team (PHW). Currently the assessment of the offer within 4 weeks for a colonoscopy is carried out by the PHW team.

Actions & Mitigations

- Positive feedback via Public Health Wales assurance visit to bowel screening service (June 25) recognised PTHB service delivered to a high standard and the team should be commended for this. Staff are highly skilled and motivated to provide a high-quality service to bowel screening participants and there is effective and dedicated leadership across the teams. There is evidence of a quality-focused culture that encourages continuous improvement, with effective communication and planning. PHW did highlight the challenges faced by PTHB in terms of single-handed consultant and impact on waiting times for screening – we continue to require insourcing to support delivery of this service (insourcing is stop start due to change in procurement which makes forward planning difficult), regional working with CTMUHB joint nursing posts reviewing options for joint screening clinician post however there is skills shortage all HBs challenged. – PHW assurance visit report will be released in August.
- Increased number of patients being assessed and screened in PTHB; the service is also repatriating patients from CTMUHB pathways.
- Appointment of new band 7 screening practitioner with CTMUHB from May 2025.
- Regular meetings between local operational leads and the Bowel Screening Wales (BSW) team.
- In-source capacity utilised for both screening and symptomatic service.
- Continue with regional planning discussions around endoscopy which in turn supports bowel screening.
- Work ongoing with regional partners around the provision of sustainable services going forward.
- Powys physical capacity (treatment rooms) offered as part of mutual aid for regional solutions further discussions with Associate Director Regional Delivery NHS Performance & Improvement.
- Head of Performance engaged with key operational and performance leads in PHW around the key performance indicator (KPI) methodology and consistency. Validation workstream underway to provide assurance including local waiting list cross checking with the PHW screening booking system. Dedicated analyst resource is currently deep diving the pathways with the aim of investigation completion in Q1 2026/27.
- PTHB fully engaged with the All-Wales Review of Bowel Screening Programme.
- Exploring opportunities for joint bowel screening consultant appointment with ABUHB.

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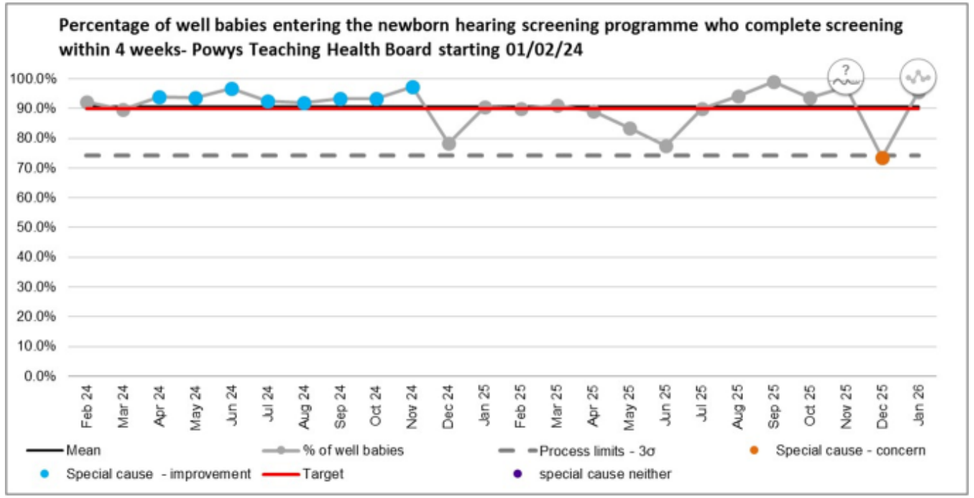
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Access & Activity — NHS Performance Measure – 9

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

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

Latest available	Jan-26	Status of measure	Level 1
Reported performance	95.5%	Benchmark position (Wales)	2nd (94.0%)
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- Powys performance reported 95.5% compliance in Jan 2026 against the 90% target (ranked 2nd in Wales).
- All Wales performance for the same period is 94.0%.
- Data quality downgraded to average from month 12 following data accuracy challenge with Public Health Wales and Welsh Government Performance (source).

Powys Teaching Health Board 22/01/2026 09:12:38

Challenges

- No challenges reported.

Actions & Mitigations

- No actions reported.

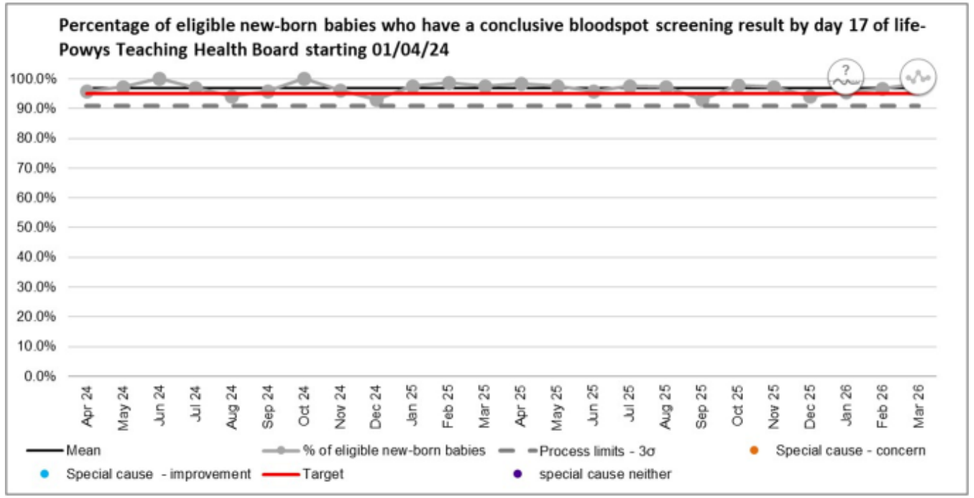
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity	NHS Performance Measure – 10	Frequency - Monthly

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

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

Latest available	Mar-26	Status of measure	Level 1
Reported performance	98.4%	Benchmark position (Wales)	4th (95.5%)*
Target	95%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Not required		



What the data tells us

- Powys Performance reported 98.4% in March 2026 against the national target of 95%. The health board ranks 4th in Wales against an All-Wales position of 95.5% in February 2026.

Powell Bethan
20/05/2026 09:12:38

Challenges

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

Actions & Mitigations

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

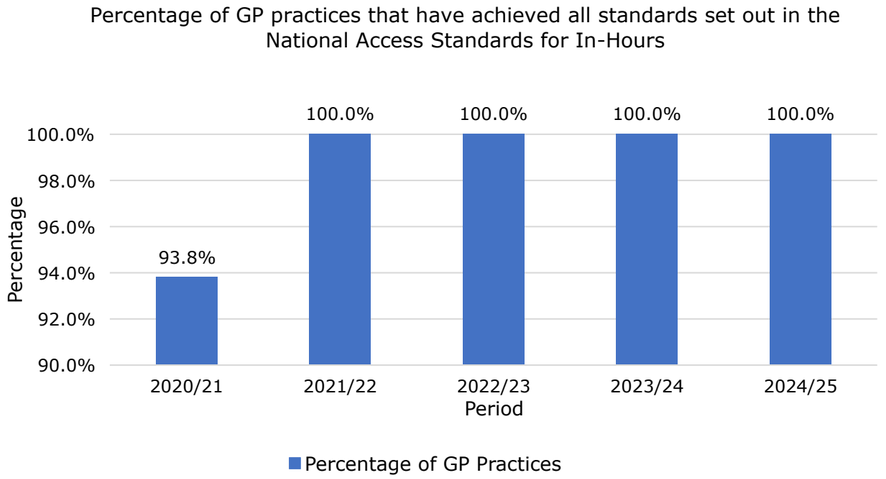
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Access & Activity | **NHS Performance Measure – 11** | **Frequency - Annual**

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

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

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



What the data tells us

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

Caswell Bethan 20/05/2026 09:12:38

Challenges

- Element of the Access Standards, previously known as Phase 1 Standards are now embedded in the Unified Contract, effective from 1st October 2023. These areas are now picked up under routine contract monitoring.
- The Access Standards comprise of what was previously known as Phase 2 standards. These standards are optional; however, 100% practices participated in the Access Standards 2023/24 and 2024/25

Actions & Mitigations

- PTHB Access Forum monitor and reviews compliance with Access Standards – formal quarterly review in place
- Unified Contract Assurance Monitoring checks ongoing compliance with the unified contract and the Access Standards - 25/26 compliance submission date was 30/04/26 and currently being validated.
- Compliance against open hours and appointment availability regularly monitored by Primary Care Department.
- Any raised access concerns are followed up with individual practices.
- Quarterly reporting confirms via the PC Information Portal that the Access Standards continue to be achieved.
- 25/26 mid year reflective reports 100% achieved.

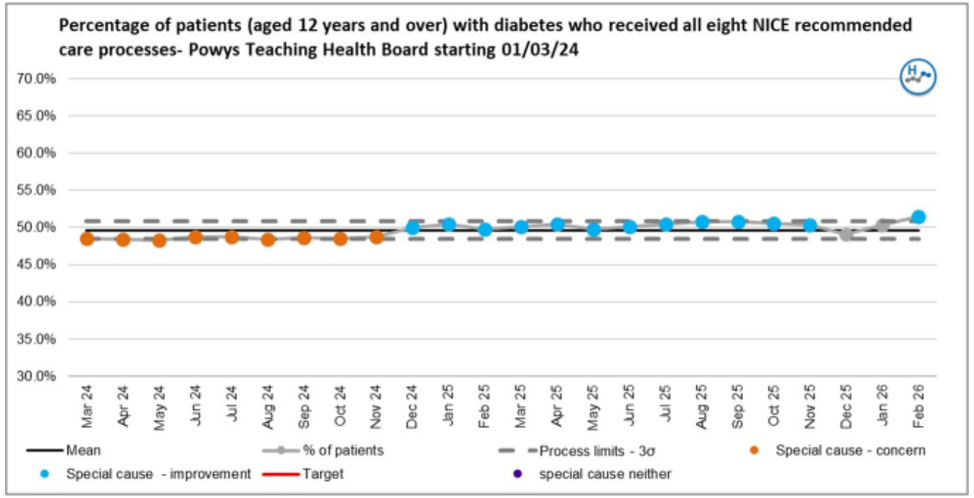
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Access & Activity | **NHS Performance Measure – 12**

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

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

Latest available	Feb-26	Status of measure	Level 1
Reported performance	51.8%	Benchmark position (Wales)	1st (45.4%)
Target	Improvement compared to the same month in the previous year		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Green
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- Performance against the measure is compliant with the target for February 2026 reporting 51.5% and is higher than the same month in the previous year (50.0%).
- PTHB ranks 1st in Wales with the All-Wales average of 45.4%

Powys Teaching Health Board 20/03/2026 09:12:38

Challenges

- Performance is not as expected, however is improving for for both Type 1 and 2 patients across Powys.
- Powys remains the highest performing Health Board in Wales.
- Performance particularly low in foot surveillance and Urine Albumin which is consistent across Wales.
- CDEP training will not be available from Q2 onwards which will impact ongoing CPD for HCSW

Actions & Mitigations

- Task and finish group in place with Executive leadership.
- Focussed work to be undertaken through clusters and GMS collaborative.
- Individual practice level data now available via PCIP.
- All 16 practices have been contacted with summary of data – practice improvement plans being developed.
- Education session (primary & community care nurse education forum) arranged 12/5/26 on 8 care processes.
- CDEP training being promoted to practices (only available if staff register within Q1 26/27).
- Coding guidance being developed to support practice data capture and reduce data anomalies

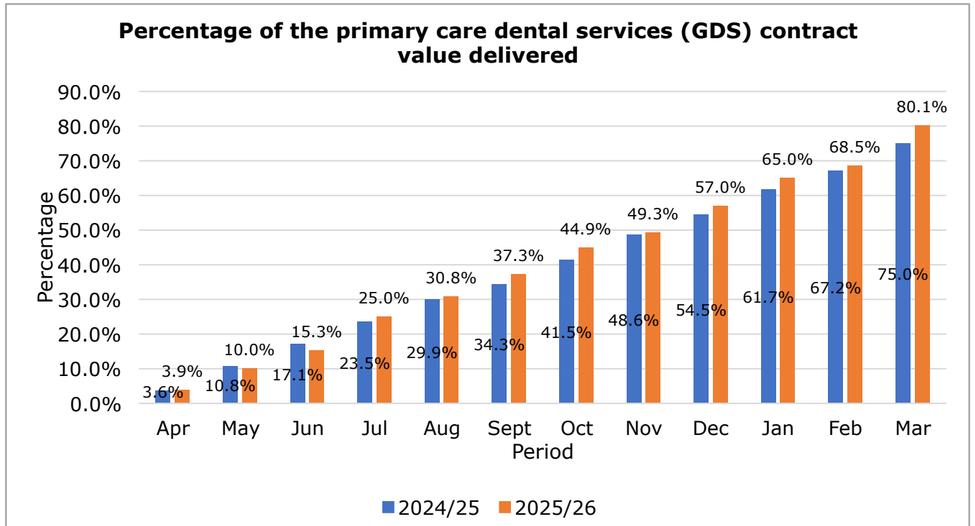
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Access & Activity | **NHS Performance Measure – 13** | **Frequency - Monthly**

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

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

Latest available	Mar-26	Status of measure	Level 2a
Reported performance	80.1%	Benchmark position (Wales)	5th (81.6%)
Target	Deliver 30% contract value by Sep-25 and 100% by Mar-26		
SPC assurance rating	N/A		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	NHSBSA		
Recover by?			



What the data tells us

- Data quality rated as average which is provided by the NHS Business Services Authority (NHSBSA) only reports against Units of Dental Activity (UDA) and does not include a significant element of contracts under "contract reform" e.g., not a complete picture of compliance for dental practices in PTHB.
- Performance for March 2026 reports 80.1% this improves on the reported position in 2024/25 however does not meet the required 100% target compliance for the year end.

Challenges

- This metric applies to Contract Reform practices only. 23% of practices worked to the UDA model contract in 25/06; therefore, this data is not capturing this cohort to represent a true access position.
- Regulatory limitations has impacted on the health board's ability to action recurrent contract reductions; therefore, the release of cash to improve access in other areas of Powys has been limited in 25/26. Contractors are reluctant to commit to permanent contract reductions.
- In addition, the late publication of the new contract model has impacted contractor's decision and led to contract hand-backs. Contract change in April has seen 5 contract hand-backs as at 31/03/26

Actions & Mitigations

- Mid-year contract review meetings completed with all eligible UDA practices and 100% of Contract Reform Practices.
- Non recurrent adjustments implemented for underperforming practices where mutual agreed
- Contract performance date is monitored on an individual contract basis monthly via the GDS monitoring group.
- Year-end forecasting updated monthly which anticipated this year end position which encompasses the non recurrent adjustments.
- The future commissioning of services has commenced, and the contract hand-backs have provided new opportunities.
- End of Year review meetings are arranged for June/July

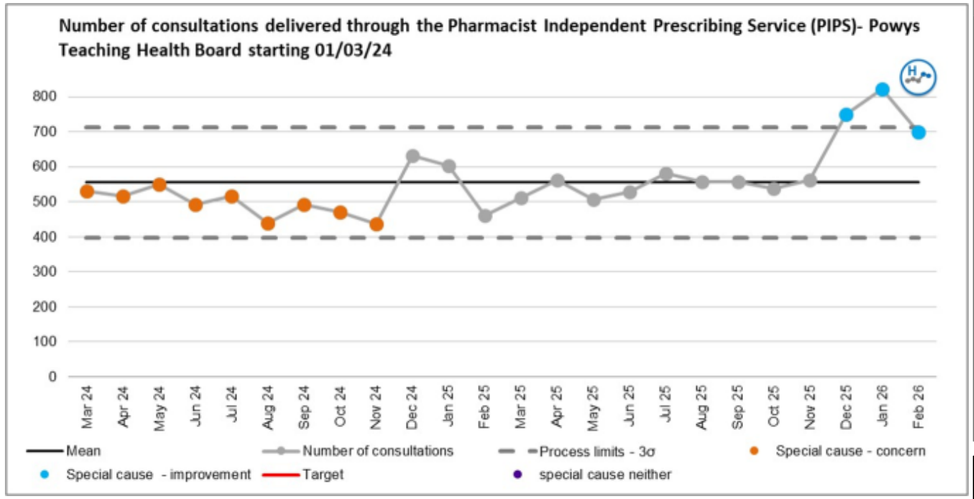
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Access & Activity | **NHS Performance Measure – 14** | **Frequency - Monthly**

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

Executive lead	Executive Medical Director	Lead Officer	Chief Pharmacist

Latest available	Feb-26	Status of measure	Level 1
Reported performance	700	Benchmark position (Wales)	7th (19,455)
Target	Increase compared to the same month in the previous year.		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- Performance against the measure shows PTHB is compliant (i.e. showing an increase in consultations compared to the same month in the previous year): 700 consultations were delivered in February 2026 compared to 462 consultations for the same period in the previous year.
- Although the data is reported as "Number of consultations", this reflects the number of consultations claimed for, not necessarily delivered. In efforts to move community pharmacy to reimbursing for having a prescribing service available, much like GMS, a mechanism was introduced into the 24/25 contract to allow for pharmacists to claim for the average number of consultations delivered whilst on annual leave or a short period of sickness.

Challenges

- The development of pharmacist independent prescribing capacity is likely to remain dependent not only on availability of training places, but also on sufficient supervisory and operational infrastructure within community pharmacy settings.
- Current uptake of independent prescribing training has also varied between contractor types, with stronger uptake generally seen amongst independent community pharmacy contractors and lower uptake across some larger multiple pharmacy organisations.
- This is one of several services in which pharmacy contractors are being encouraged to increase consultation activity; pharmacists often have only one consultation room and limited members of staff who can perform these services.

- Please note that data validation has retrospectively changed August 2024 previous number of consultations recorded from 423 to 440

Actions & Mitigations

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

North Powys: Llanidloes Pharmacy

Mid Powys Rowlands - Rhayader, Lakeside Pharmacy - Llandrindod, Presteigne Pharmacy, Boots - Builth Wells, Llanwrtyd Pharmacy

South Powys: RM Jones - Hay on Wye, Primrose Pharmacy - Talgarth, Well Pharmacy - Brecon, JG & RJ Davies - Ystradgynlais, Davies Chemist - Lower Cwmtwrch

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

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/25	517	551	492	517	440	492	471	438	632	604	462	511
2025/26	563	507	528	582	557	558	539	561	749	823	700	

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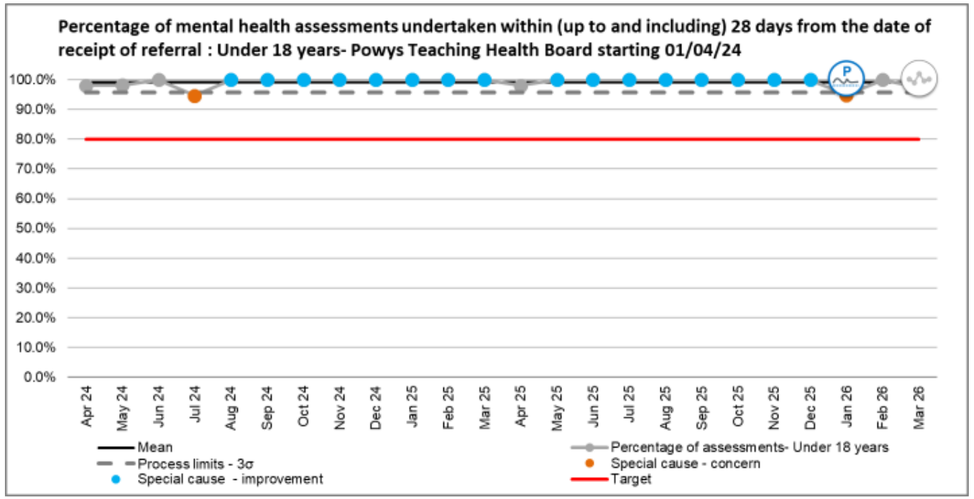
Access & Activity | **NHS Performance Measure – 15** | **Frequency - Monthly**

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Powys Teaching Health Board

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

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

Latest available	Mar-26	Status of measure	Level 1
Reported performance	97.4%	Benchmark position (Wales)	1st (93.9%)*
Target	80%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health Submission Proforma		
Recover by?			



What the data tells us

- LPMHSS assessment carried out for young people (under 18 years of age) is reporting 97.4% compliance in March, the health boards performance against this measure has met or exceeded the target since September 2021 and ranks 1st in Wales against 93.9% All Wales position in February 2026.

Rebekah Phillips
10/04/2026 09:12:38

Challenges

- No significant challenges.

Actions & Mitigations

- No requirements for action or mitigation currently.

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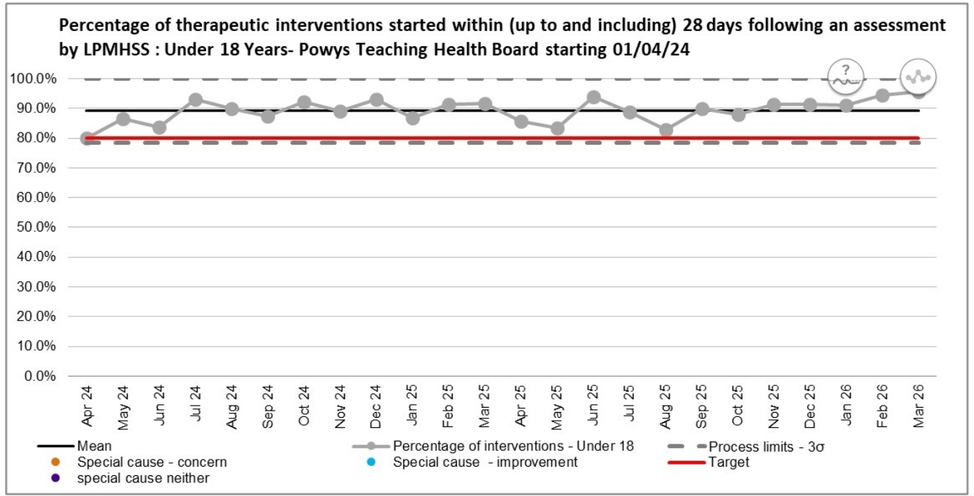
Access & Activity | **NHS Performance Measure – 16** | **Frequency - Monthly**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Mental Health - Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged **under 18 years**

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

Latest available	Mar-26	Status of measure	Level 1
Reported performance	95.7%	Benchmark position (Wales)	2nd (72.7%)*
Target	80%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health Submission Proforma		
Recover by?			



What the data tells us

- Performance for under 18's interventions reports 95.7% in March against the 80.0% target with common cause variation.
- PTHB ranked 2nd in Wales against an All-Wales position of 72.7% in February 2026

Powell, Bethan
07/05/2026 09:12:38

Challenges

- No significant challenges

Actions & Mitigations

- No action or mitigation required at this time
- Demand and capacity work for CAMHS will be undertaken to support sustainable planning during 2026/27

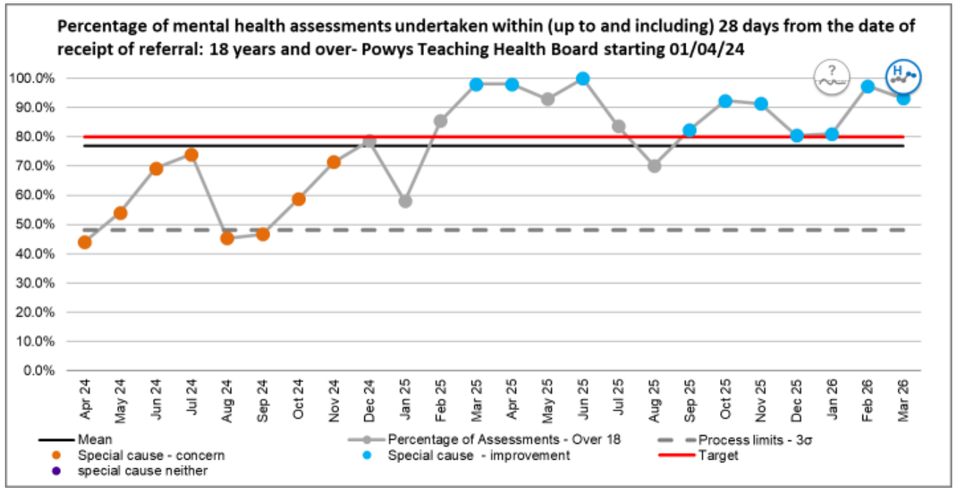
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measure – 17** | **Frequency - Monthly**

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

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

Latest available	Mar-26	Status of measure	Level 1
Reported performance	93.2%	Benchmark position (Wales)	3rd (87.8%)*
Target	80%		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health Submission Proforma		
Recover by?			



What the data tells us

- Performance in March has fallen to 93.2% although compliant against the 80% target, PTHB ranks 3rd and performs above the All-Wales average reported in February (87.8%).

Powell Bethan 20/05/2026 09:12:38

Challenges

- As can be seen from the percentage chart, performance against this target has considerably improved since 2024 due to significant service improvement work focussed on data recording and cleansing practice, workforce capacity, skills and structure, service management capability, pathways and waiting list management amongst many other areas. The challenge for the service is that performance can be impacted by just a practitioner vacancy or sickness as small numbers create larger variance in percentage change.

Actions & Mitigations

- The service is working to sustain the performance but also to consider how greater resilience can be secured to mitigate for the impact small changes in workforce with limited options for cover can have on performance from month to month.
- Ongoing improvement work including continuous quality and safety improvements will continue into 2026/7

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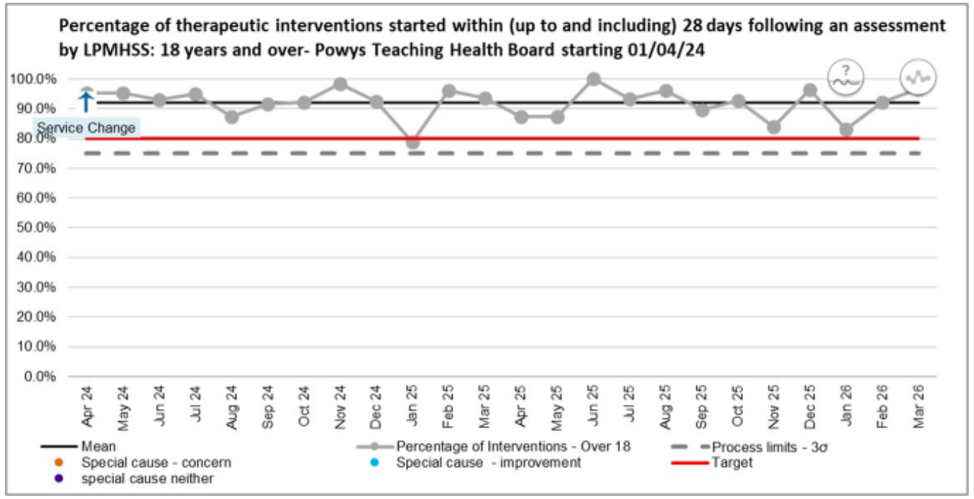
Access & Activity | **NHS Performance Measure – 18** | **Frequency - Monthly**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Mental Health - Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged **18 years and over**

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

Latest available	Mar-26	Status of measure	Level 1
Reported performance	96.6%	Benchmark position (Wales)	4th (93.7%)*
Target	80%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health Submission Proforma		
Recover by?	By end of 2024/25		



What the data tells us

- Health board performance for adult interventions has improved reporting 96.6% in March.
- PTHB ranks 4th against the All-Wales position of 93.7% for February 2026.

Powell Bethan
20/05/2026 09:12:38

Challenges

- Performance has been sustained above target for some time. The challenge for the service is that performance can be impacted by just a practitioner vacancy or sickness as small numbers create larger variance in percentage change.

Actions & Mitigations

- The service is working to sustain the performance but also to consider how greater resilience can be secured to mitigate for the impact small changes in workforce with limited options for cover can have on performance from month to month.
- Ongoing improvement work including core offer, working towards open access, stepped care 2.0 and continuous quality and safety improvements will continue into 2026/7

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Access & Activity | **NHS Performance Measure – 21 & 22** | **Frequency - Monthly**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Urgent & Emergency Care – Powys residents - Median time from arrival at an emergency department to triage by a clinician

Urgent & Emergency Care – Powys residents - Median time from arrival at an emergency department to assessment by a clinical decision maker

Executive lead	Executive Director of Planning, Performance and Commissioning	Lead Officer	Senior Manager Unscheduled Care

Latest available	Mar-26	Status of measure	Level 1
Target	Median wait to triage = 15 minutes or less Median wait to senior clinical decision = 60 minutes or less		
Measure type	Provider	Quality of measure data	Good
Data source of measure	DHCW EDDS		

What the data tells us

- Although Powys is not nationally reported for compliance against the median measures (no acute units) the MIU's provide quick access to triage and clinical decision. Both measures reported 7 minutes median in March 2026.

Challenges

- No issues with the Powys Minor Injury Units (MIU) currently reported.

Actions & Mitigations

- No new actions from a provider perspective.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Median wait to triage	4	4	5	7	6	6	6	6	5	5	5	7
Median wait to senior clinical decision	4	5	6	7	7	6	7	7	6	6	6	7

Powys Bethan 2026-05-26 09:12:36

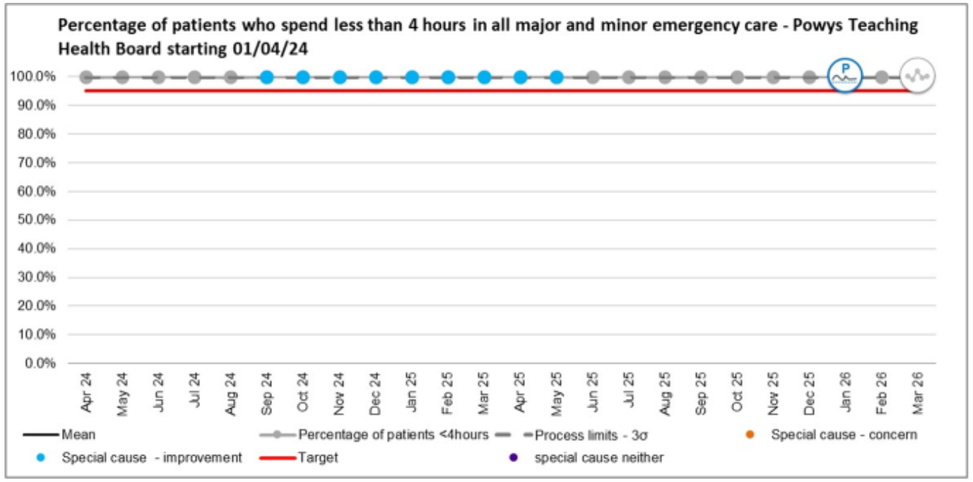
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measure – 23** | **Frequency - Monthly**

Urgent & Emergency Care - Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge

Executive lead	Executive Director of Primary Care, Community and Mental Health	Lead Officer	Senior Manager Unscheduled Care

Latest available	Mar-26	Status of measure	Level 1
Reported performance	99.9%	Benchmark position (Wales)	1st (63.7%)
Target	Improvement compared to the same month in the previous year, towards the national target of 95%.		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	DHCW EDDS		
Recover by?			



What the data tells us

Powys Teaching Health Board (PTHB) as a provider of care via MIU's continues to provide excellent compliance in meeting the 4hr target. Performance is common cause variation.

Powell Bethan
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Challenges

- No issues with the Powys Minor Injury Units (MIU) currently reported.

Actions & Mitigations

- No new actions from a provider perspective.

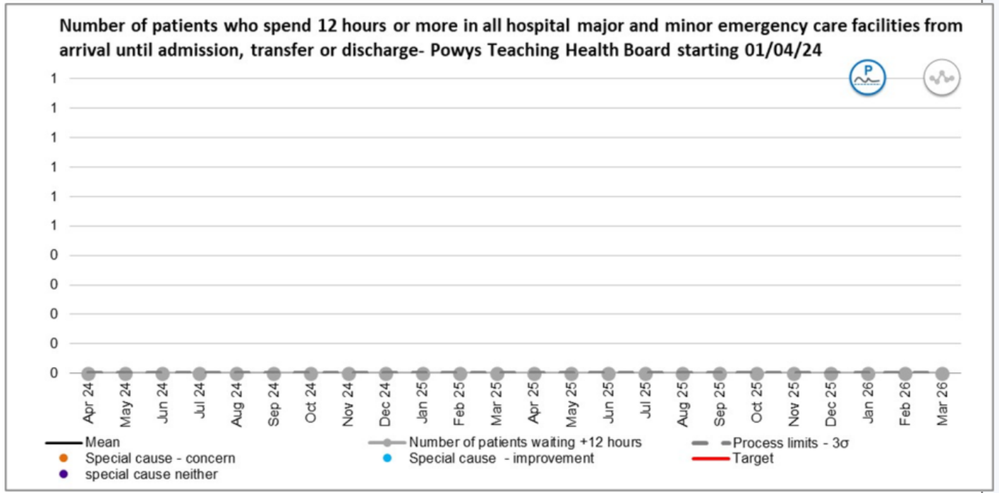
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Access & Activity | **NHS Performance Measure – 24** | **Frequency - Monthly**

Urgent & Emergency Care - Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge

Executive lead	Executive Director of Primary Care, Community and Mental Health	Lead Officer	Senior Manager Unscheduled Care

Latest available	Mar-26	Status of measure	Level 1
Reported performance	0	Benchmark position (Wales)	1st (9,817)
Target	Reduction compared to the same month in the previous year, towards the national target of zero		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	DHCW EDDS		
Recover by?			



What the data tells us

- Powys Teaching Health Board (PTHB) as a provider of care via MIU's continues to provide excellent compliance in meeting the 12hr target. Performance is common cause variation, and the target has not been missed in at least 5 years of reporting.

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Challenges

- No issues with the Powys MIU's currently reported.

Actions & Mitigations

- No new actions from a provider perspective.

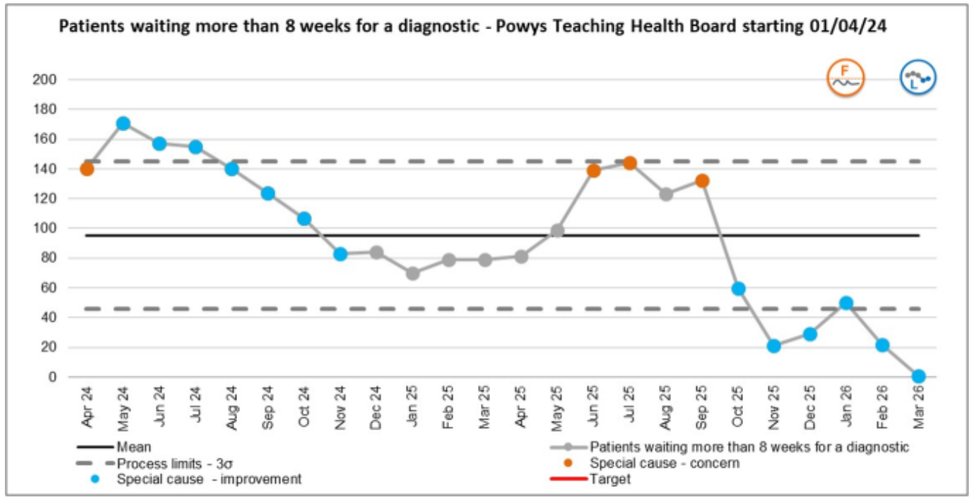
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Access & Activity | **NHS Performance Measure – 26** | **Frequency - Monthly**

Planned Care & Cancer - Number of patients waiting more than 8 weeks for a specified diagnostic

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

Latest available	Mar-26	Status of measure	Level 2a
Reported performance	1	Benchmark position (Wales)	1st (38,486)*
Target	Zero		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	TBC		



Detailed narrative of challenges, actions and mitigations by sub service on the next slide

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Diagnostic's performance by sub service

Service	Sub service	Total pathways waiting	Number of pathway breaches	Percentage breaching target
Cardiology	Echo Cardiogram	78	0	0%
Cardiology	Heart Rhythm Recording	45	0	0%
Diagnostic Endoscopy	Colonoscopy	8	1	13%
Diagnostic Endoscopy	Cystoscopy	2	0	0%
Diagnostic Endoscopy	Flexible Sigmoidoscopy	4	0	0%
Diagnostic Endoscopy	Gastroscopy	7	0	0%
Radiology – Consultant Referral	Non-Obstetric Ultrasound	59	0	0%
Radiology – GP Referral	Non-Obstetric Ultrasound	523	0	0%

What the data tells us

This measure includes various diagnostic provisions, echo cardiograms, endoscopy, and non-obstetric ultrasound.

- The health board has reported 1 breach in March 2026; this breach was attributed to an Endoscopy pathway transferred from Cwm Taf Morganwg which had already breached when accepted by Powys Teaching Health Board.
- The Powys operational teams achieved a significant improvement trajectory set in 2025/26 for Cardiology reporting zero breaches in both Echo Cardiogram and Heart Rhythm subspecialties.

Key data quality challenges/changes in 2025/26

1. Heart Rhythm Test Pathways
A review of diagnostic submissions in September found that a small number of heart rhythm test pathways had not been included in previous data submissions. Although these account for only around 2% of total diagnostic pathways, they do include cases that exceeded the 8-week target. These pathways have been managed appropriately in line with national Referral to Treatment (RTT) guidance and best practice but were unintentionally omitted from the data submitted to DHCW and Welsh Government. This issue has been escalated to the Powys Teaching Health Board (PTHB) Executive Team and the Welsh Government's Head of Planned Care. Following agreement, these pathways will be included in the submission from the end of October (Month 7).

2. Non-Obstetric Ultrasound Reporting
Improving position, RISP will be completely rolled out across Powys by the end of April 2026. This will support improved reporting and waiting list management.

- Data quality rating has been moved to good following robust checks by service and the digital team.

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Access & Activity | **NHS Performance Measure – 26** | **Frequency - Monthly**

Planned Care & Cancer - Number of patients waiting more than 8 weeks for a specified diagnostic

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

Cardiology - Challenges	No. of breaches	0

- Cardiology (Echo Cardiogram scans) remain under pressure in South Powys, due to in reach fragility of Aneurin Bevan University Health Board consultant services and increasing echo cardiogram demand, following change in clinical practice where patients are sent straight to test by consultant prior to outpatient appointment.
- National shortage of clinical physiologists has resulted in whole system fragility, acute care providers also require insource arrangements to manage demand and reduce delays.
- National waiting times for echo-cardiograms have increased and remain high in acute providers.
- Heart Rhythm diagnostics has fixed monthly capacity both clinical technician and the availability of measurement devices, when demand exceeds this fixed capacity breaches will occur.

Cardiology - Actions & Mitigations

- Recovery trajectory met with zero breaches at the end of year resulting in escalation downgrade to level 2a.
- Extra capacity was provided by ABUHB to achieve zero breaches.
- Additional capacity currently being sought via bank staff for cardiology specific physiologist clinician to undertake echo cardiograms. (second attempt at recruitment).
- Improved patient information and advice and support with aims to reduce patient "Did not attend" (DNA). DNA Rate less than 3%.
- Working with in-reach to review capacity due to changes in clinical practice (escalated via CQPRM).
- Development of clinical waiting list validation within in reach clinical team: On-going.
- Escalated via CQPRM, capacity shortfall escalated as part of insourcing proposal however delayed with extension to current insource provider until Q3 2026/27.

Powell Bethan 20/05/2026 09:12:38

Diagnostic Endoscopy - Challenges	No. of breaches	1

- Single breach linked to late transfer from acute provider to support regional capacity pressures.
- The provider has continued to maintain zero breaches within endoscopy however key national specialty challenges remains including a shortage of colorectal endoscopists, increased urgent suspected cancer referrals and reliance across Wales on insource capacity.
- In-reach clinician fragility resulting from the above points including further business continuity challenges in Cwm Taf Morgannwg UHB (CTMUHB). CTMUHB currently have challenges in succession planning (as per national challenge), ongoing fragile workforce reliant on locums and insourcing which impacts on in-reach service capacity and reliability with resulting short notice cancellations.
- CTMUHB currently triage all Endoscopy referrals this has resulted in reduced demand for the Powys provided diagnostics.
- JAG 5 Year Assurance accreditation preliminary discussion with JAG has advised further time is required to embed the clinical leadership model.
- Delays in District General Hospitals (DGH diagnostics, especially Histology/Pathology risk timeliness of pathways including urgent suspected cancer pathways.
- Senior Clinical Nurse for endoscopy post is vacant (February 2025).

Diagnostic Endoscopy - Actions & Mitigations

- Recruitment for Senior Clinical Nurse – awaiting start date.
- Significant service transformation including strengthening of team leadership and staff development to maximise service efficiency.
- Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a very high risk for the health board). Proposal for capacity and contingency planning awaiting finalisation.
- Sponge capsule (cyto-sponge) will be business as usual from 1st of April 2026
- Rolling programme of clinical and administrative waiting list validation.
- Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid.

Non-Obstetric Ultrasound - Challenges	No. of breaches	0

- Fragility of service due to unplanned sickness
- Speciality consultant session for Ystradgynlais Community Hospital.

Non-Obstetric Ultrasound - Actions & Mitigations

- Use of agency and bank for breaching patients.
- Reviewing clinical templates for existing workforce
- Continuous monitoring and validation of waiting list.

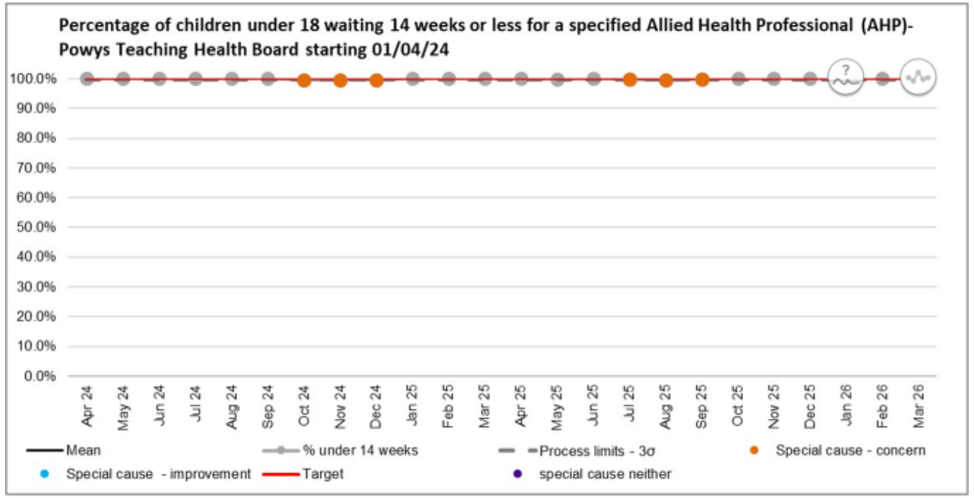
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Access & Activity | **NHS Performance Measure – 27** | **Frequency - Monthly**

Planned Care & Cancer - Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy

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

Latest available	Mar-26	Status of measure	Level 1
Reported performance	100%	Benchmark position (Wales)	1st (84.8%)*
Target	100%		
SPC assurance rating	Common cause		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			



What the data tells us

- The percentage of young people (<18s) who are waiting under 14 weeks for a specified allied health professional (AHP) reports 100% compliance at the end of March 2026.
- PTHB benchmarked 1st in Wales during February 2026 where the All-Wales compliance was 84.8%.

Powys Bethan
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Challenges

- Key risk of breaches are within speech and language therapy (SLT) and Occupational Therapy (OT).
- The key challenges for SLT:
  - Staffing vacancies and maternity leave.
  - Previously unrecognised backlog of long waiting patients.
  - High caseload demand.
- Key challenges for OT:
  - Forecast 50% staff vacancy (September 2025).

Actions & Mitigations

- Remedial action plan undertaken by services for escalation as required.
- New standard operating procedure in place (SOP) to improve service processes for SLT.
- Demand and capacity work is being undertaken to improve flow for SLT and OT.
- Recruitment plans underway for SLT and OT., staff to commence October 2025
- Parents/carers have been offered to attend training/education (which is part of the pathway) whilst on the waiting list (Waiting well) following triage so they can start to implement strategies.
- Service Manager reviewing the caseload and waiting list.
- SLT scoping to introduce clinic based rather than community to improve efficiencies.

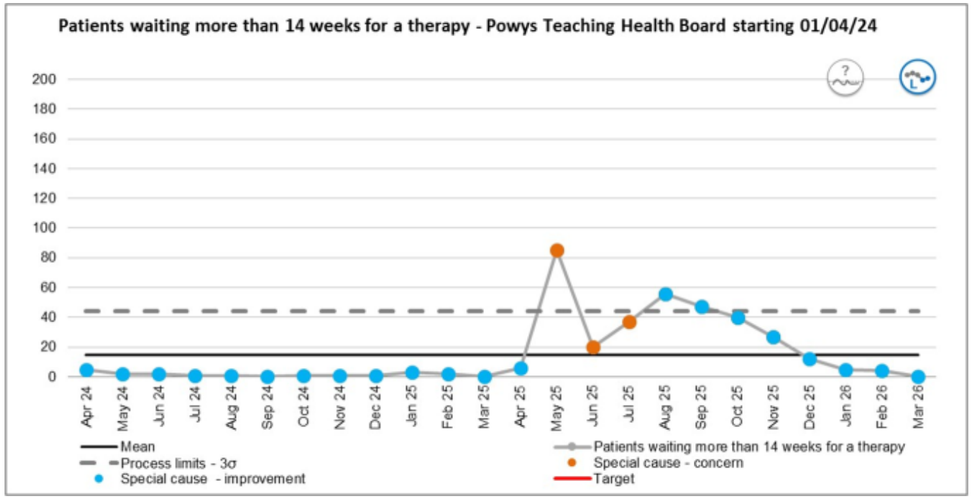
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Access & Activity | **NHS Performance Measure – 28** | **Frequency - Monthly**

Planned Care & Cancer - Number of patients (all ages) waiting more than 14 weeks for a specified therapy

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

Latest available	Mar-26	Status of measure	Level 1
Reported performance	0	Benchmark position (Wales)	2nd (5156)*
Target	Zero		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			



What the data tells us

- No patients waited over 14 weeks for a specified therapy at the end of March 2026.
- 24-month SPC assurance is special cause improvement

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Therapy performance by sub service

Service	Sub service	Total pathways waiting	Number of pathway breaches	Percentage breaching target
Dietetics	Adults	73	0	0%
Dietetics	Paediatrics	27	0	0%
Occupational Therapy	Adults	30	0	0%
Occupational Therapy	Learning Disabilities	5	0	0%
Occupational Therapy	Paediatrics	1	0	0%
Physiotherapy	Adults	1066	0	0%
Physiotherapy	Paediatrics	44	0	0%
Podiatry	Routine	246	0	0%
Podiatry	Urgent	15	0	0%
Speech Language	Adults	75	0	0%
Speech Language	Paediatrics	34	0	0%

Challenges

- Podiatry capacity challenge due to staff vacancies and long-term sickness (50% workforce)

Actions & Mitigations

- Podiatry – agency to support the service, 3.0wte going through vacancy recruitment approval process.

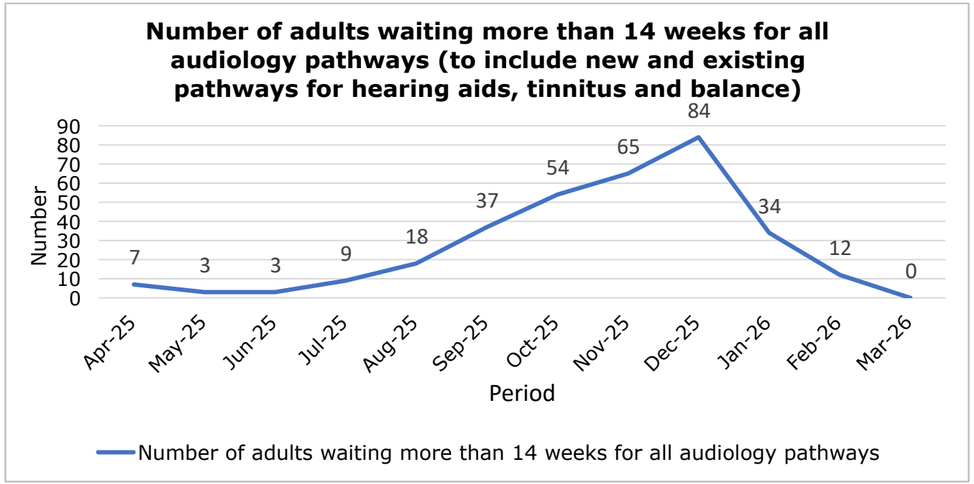
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Access & Activity | **NHS Performance Measure – 29** | **Frequency - Monthly**

Planned Care & Cancer – Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)

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

Latest available	Mar-26	Status of measure	Level 1
Reported performance	0	Benchmark position (Wales)	N/A
Target	Month on Month Reduction		
SPC assurance rating	N/A		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			



What the data tells us

- Audiology is a small service and has been significantly impacted by workforce pressures, including 1.0 WTE staff on maternity leave and a 1.0 WTE practitioner vacancy. As a result, the service is currently reliant on agency staffing. This situation is ongoing and creates a fragile service model, with a continual risk of last-minute fluctuations in breaches. Since the introduction of the new standards, service capacity is under sustained pressure. The Operational Lead is regularly reviewing demand and clinic delivery, with professional support from SBUHB, to mitigate risk and maintain service delivery. Following unsuccessful recruitment to the vacancy a skill mix review is being completed

Powell Stephen (09) 21/10/2025 09:21:38

Challenges

- Audiology is a small team - short term unplanned leave can have impact.
- Reliance on agency who can cancel sessions last minute.

Actions & Mitigations

- Member of staff returned from maternity leave
- Locum in place to cover vacancy
- Skill mix review to support recruitment of staff

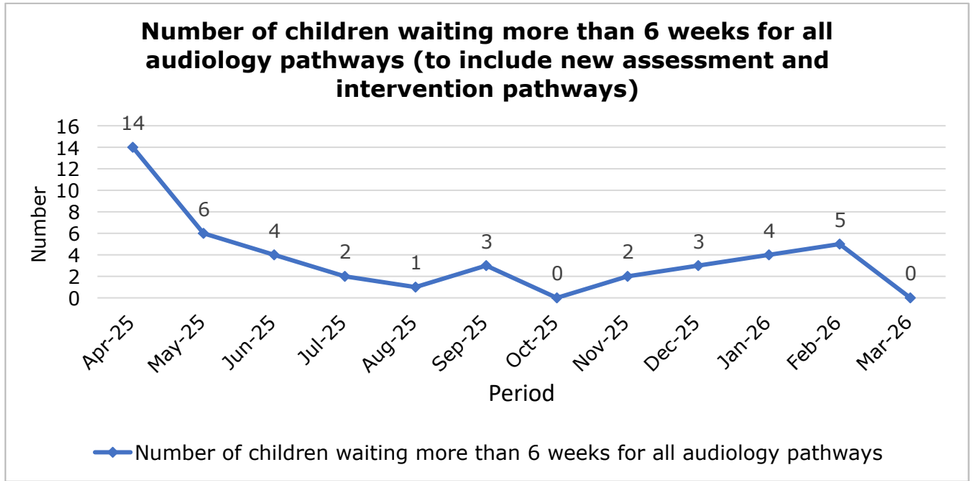
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Access & Activity | **NHS Performance Measure – 30** | **Frequency - Monthly**

Planned Care & Cancer –Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)

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

Latest available	Mar-26	Status of measure	Level 1
Reported performance	0	Benchmark position (Wales)	1st (2,779)*
Target	Month on Month Reduction		
SPC assurance rating	N/A		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			



What the data tells us

- No children waited more than 6 weeks for an audiology pathway at the end of March 2026.

Powell Bethan
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Challenges

- Single practitioner delivering the service in South Powys places risk on service delivery against target with annual leave or potential sickness impacting the service.

Actions & Mitigations

- Reviewing demand and any efficiencies where appropriate.
- Recruitment and temporary staffing continues to be pursued as needed across all audiology services.

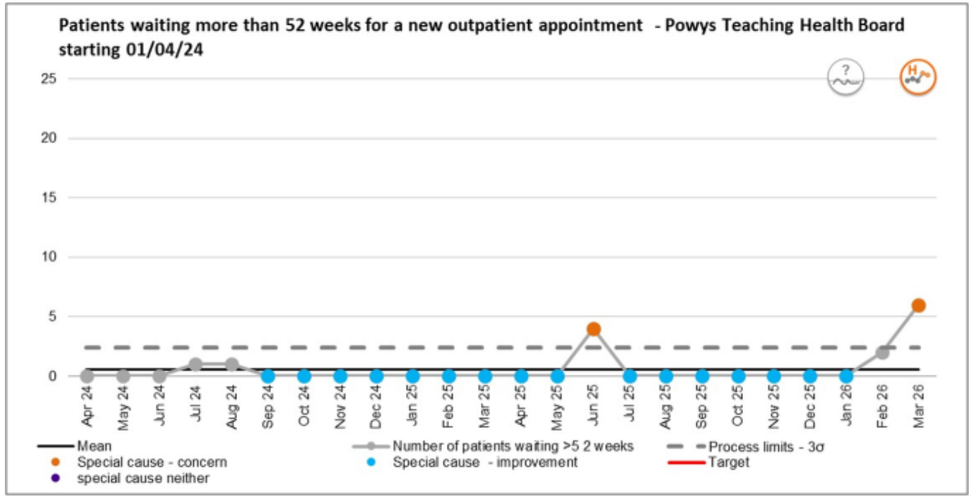
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Access & Activity | **NHS Performance Measure – 31** | **Frequency - Monthly**

Planned Care & Cancer – Patients waiting more than 52 weeks for a new outpatient appointment

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

Latest available	Mar-26	Status of measure	Level 1
Reported performance	6	Benchmark position (Wales)	2nd (17,721)*
Target	Zero		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			



What the data tells us

- 6 pathways exceeded the 52-week wait target for a new outpatient appointment in March 2026 within Rheumatology. These breaches were anticipated in March and reflect the ongoing challenge in mid Powys for the Rheumatology service.

Powell, Bethan
07/05/2026 09:12:38

Challenges

- Performance reliant on fragile in-reach provision from Welsh and English acute care providers.
- Significant shortfalls with in-reach provision from Wye Valley NHS Trust (WVT) for Ophthalmology.
- Rheumatology provision in mid-Powys has ceased from April 2026 (WVT in-reach).
- General Surgery in-reach model fragility in South Powys provided by CTMUHB continues to be a long-standing challenge.
- ENT fragility in North Powys with BCUHB & SATH impacting waiting times.
- Number of long waiting patients is increasing as capacity is being utilised to manage outpatient target position, and overdue FUP's particularly challenging in Ophthalmology.

Actions & Mitigations

- Outpatient additional capacity via Healthcare Business Solutions UK (HBSUK) as part of National Planned Care Programme commenced from November 2025 to March 2026.
- Working with WVT to support Rheumatology service in Hereford County Hospital.

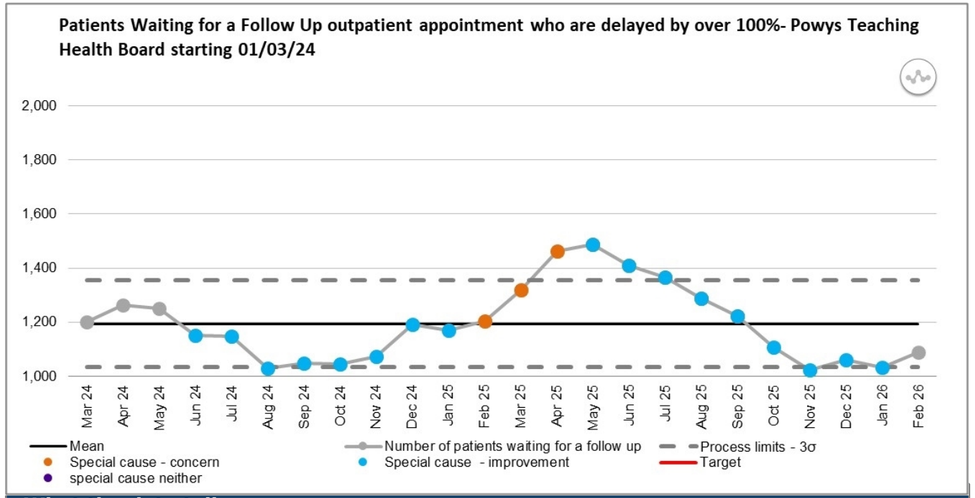
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Access & Activity | **NHS Performance Measure – 32** | **Frequency - Monthly**

Planned Care & Cancer - Number of patients waiting for a follow-up (FUP) outpatient appointment who are delayed by over 100%

Executive lead	Executive Director of Primary Care, Community and Mental Health	Lead Officer	Assistant Director of Community Service Group/MH/Women & Children

Latest available	Feb-26	Status of measure	Level 3
Reported performance	1087	Benchmark position (Wales)	1st (285,608)
Target	Reduction compared to the same month in the previous year		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- In February 1087 FUP's were reported as overdue by 100%.
- Data quality has been assessed following wider RTT validation by the Performance team for reportable specialties and subsequently increased from poor to average.

Powell Bethan 20/05/2026 09:12:38

Challenges

- Service capacity pressure prioritising urgent, and urgent suspected cancer pathways, which in turn places pressure of compliance on routine and FUP pathways.
- Clinical leadership to support in reach clinicians to adopt see on symptoms (SOS)/patient-initiated follow-up (PIFU) pathways.
- Underperformance across in reach SLAs with associated impact on capacity.
- Increased number of over 100% delays reported requiring further investigation.
- De-escalation has not been achieved within schedule e.g., by end of Q1 2025/26 with delay linked to un-scoped workstream for non consultant led services and reportable specialty status review. FUP pathways recording and reporting was originally escalated in Q4 2021/22 following service identified accuracy challenges in the reporting of pathway time banding. This challenge has been significantly reduced with confidence levels improved in planned care specialties (consultant led RTT), it should be noted that non reportable, mental health, and some specialised nurse pathways remain under review.
- Challenge with clinical staff capacity for validation especially in single clinician services who are not administratively supported.

Actions & Mitigations

- FUP reduction opportunities are currently being scoped by Getting it right first time (GIRFT).
- PTHB standardised service operating procedure for validation, and submission under development.
- New Power BI report initial version released September 2025, this report will now have a further consultation window with services.
- Review of all non consultant led specialties including subspecialties data warehouse lookups to confirmed start 18/03/2026.
- Proactive action on validation with services has confirmed;
    - Significantly improved pathway management and validation for consultant led specialties.
    - Limited issues reported linked to system challenges (under assessment).
    - But a growing challenge of FUP capacity which is showing that patient pathways delayed over 100% of their re-attendance target date have increased.
- Enhanced clinical support for consultants in outpatients to maximise SOS & PIFU opportunities.
- Support from National Clinical Implementation Networks to move clinical practice in terms of SOS/PIFU.
- Plan under development for national implementation of discharge protocols which will require MDT resource and specialty leadership.

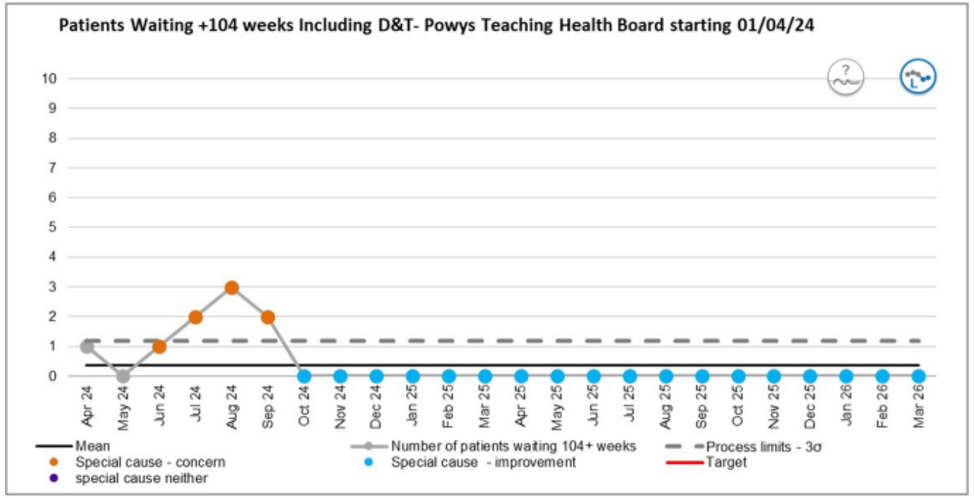
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Access & Activity | **NHS Performance Measure – 33** | **Frequency - Monthly**

Planned Care & Cancer – Patients waiting more than 104 weeks for an appointment

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

Latest available	Mar-26	Status of measure	Level 1
Reported performance	0	Benchmark position (Wales)	1st (4,517)*
Target	Zero		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			



What the data tells us

- 0 pathways wait over 104 weeks for an appointment in March 2026.
- The organisation benchmarks 1st and the All-Wales performance position is 4,517 for February 2026

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Challenges

- Performance reliant on fragile in-reach provision from Welsh and English acute care providers.
- Significant shortfalls with in-reach provision from Wye Valley NHS Trust (WVT) for Ophthalmology.
- Rheumatology provision in mid-Powys has ceased from April 2026 (WVT in-reach).
- General Surgery in-reach model fragility in South Powys provided by CTMUHB continues to be a long-standing challenge.
- ENT fragility in North Powys with BCUHB & SATH impacting waiting times.
- Number of long waiting patients is increasing as capacity is being utilised to manage outpatient target position, and overdue FUP's particularly challenging in Ophthalmology.

Actions & Mitigations

- Outpatient additional capacity via Healthcare Business Solutions UK (HBSUK) as part of National Planned Care Programme commenced from November 2025 to March 2026.
- Working with WVT to support Rheumatology service in Hereford County Hospital.

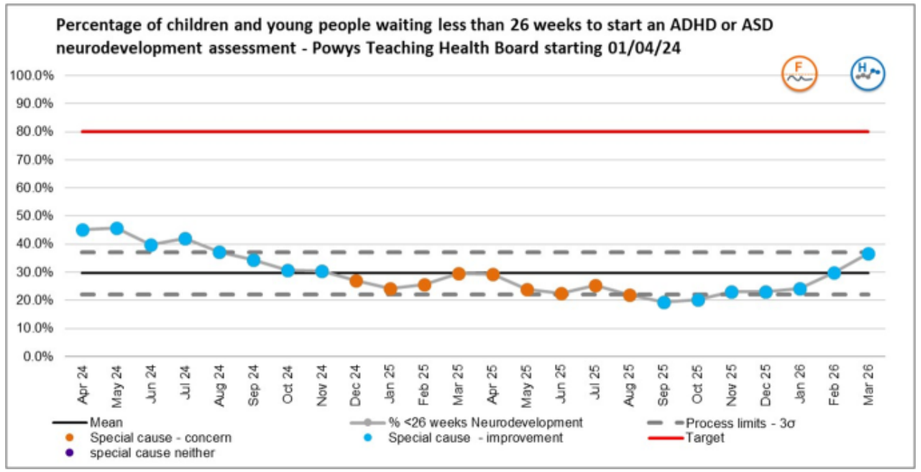
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Access & Activity | **NHS Performance Measure – 34** | **Frequency - Monthly**

Mental Health including CAMHS - Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment (ND)

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

Latest available	Mar-26	Status of measure	Level 2a
Reported performance	36.8%	Benchmark position (Wales)	3rd (21.6%)*
Target	80%		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	TBC		



What the data tells us

Please note that unlike normal referral to treatment pathways for planned care this metric measures the time from referral to first assessment appointment, this assessment may then take a significant engagement time to provide a diagnosis and future care plan. Only children between the ages 0-17.5 years are submitted as part of the performance proforma to Welsh Government.

- The Neurodevelopment (ND) services for Paediatrics is now de-escalated to level 2a following rigorous escalation oversight and Executive agreement that key recovery plans are in place and effective.
- At the end of March 36.8% of the total waiting list cohort (848) are under 26 weeks, this is an improvement.

Powell Bowen 20/05/2026 12:28:32

Challenges

- Since April 2022, the Neurodevelopmental (ND) service has been reliant on non-recurrent funding through the Regional Partnership Board (RPB) Revenue Integration Fund (RIF) (2022–2026), alongside Welsh Government Neurodivergence funding (2022–2026). These funding streams have enabled the recruitment of temporary staff to address the rising referral trajectory and the associated waiting list backlog. However, the funding does not fully meet the total staffing costs of the service, and confirmation and formal allocation of the funding into the base budget remains outstanding.
- Referral demand continues to be sustained at a significant level. While local systems and processes have been strengthened to improve the management and triage of referrals, ongoing pressure on the service remains. In response, there is a continued focus on whole-system management of population need, including the development of a proposal for a Powys-wide single point of access (SPACE). This approach has been agreed as a *Start Well* priority for consideration within the 2026/2027 funding cycle.
- Establishing a sustainable and resilient staffing model remains a key priority, particularly during Quarter 4. The current operational objective is to maintain waiting times below 104 weeks. There were no children waiting over 104+ weeks at month 12.
- Data quality remains downgraded to average from month 9 following spot checks on the Welsh Patient Administration System held waiting list by the Performance team.

Actions & Mitigations

- Waiting list management aligned to longest wait from referral to assessment (RTA) commenced in March 2025 as internal waiting list had been addressed and concluded. Open pathways being managed ongoing via ND Multi Disciplinary Team (MDT) panel.
- KPI's to ensure quality service is in place. National metrics being introduced in 2026/27 in a three phased approach. Initial data set for April 2026 reporting mechanisms confirmed with phase 2 from September 2026.
- Robust scheduling, with alignment to evidenced based diagnostic tools implemented in 2025/26.
- Commencements of improved clinic scheduling with CAMHS colleagues forming part of the diagnostic assessment team from Month 10.
- Pan Powys model for waiting time pathways rather than the previous geographically led process which resulted in regional variance in patient's pathway wait times.
- Child centred model with partners in education, social care and 3rd sector being mapped – care around the child and family/carer.
- Commissioned co-production partnership model with the Parent Voices in Wales facilitated parent carer Forum. Programme of work commenced in September 2024 and continues into 26/27. Year 2 commissioned jointly with education and new families identified.
- Business efficiencies being addressed within the administrative processes. Further work to enhance digital capabilities required with digital services expertise.
- Use of system generated letters in operation as well as automated text messaging (WPAS) - implemented July 2025.
- Core templates of documentation developed and in use (WCCIS). RIO implementation –mapping of ND services requirements underway.
- New referral form in operation January 2026.
- Robust communication plan in place for parents/carers; letters sent to families when a child is accepted to waiting list along with progress updates.
- MDT panel and decisions implemented and embedded within the structure. Further action required to ensure robust multi professional panel e.g. recruitment of clinical psychologist.
- Multi agency Start Well project under consideration in relation to a whole system single point of access (SPACE) for children with ND and emotional health and wellbeing needs, for signposting to the most appropriate level of support.
- RIF non recurrent funding ceases 31st March 2026. Mitigating action – PTHB Executive Board have approved the ND Remodel business case to sustain the current temporary workforce.
- All Wales NDIP (Neurodivergence Improvement Programme) funding for 2026/27 confirmed.
- Service to update conditions for sustainability assessment for presentation to Escalation Oversight Group, PEQs (Patient Experience, Quality and Safety Committee) and Executive Committee.

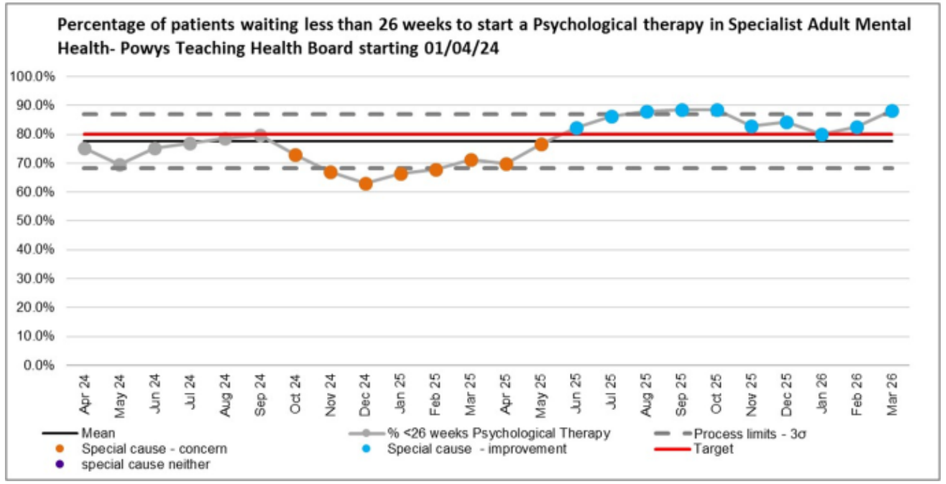
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measure – 35** | **Frequency - Monthly**

Mental Health, including CAMHS - Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

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

Latest available	Mar-26	Status of measure	Level 1
Reported performance	88.2%	Benchmark position (Wales)	1st (52.8%)*
Target	80%		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			



What the data tells us

- Performance continues to improve and the measure report special cause improvement reporting 88.2% in March 2026.
- PTHB benchmarked positively in February and ranked 1st with the All-Wales position of 52.8% for the same period.

Powell Bethan 20/05/2026 09:12:38

Challenges

- Recruitment, incl. Establishment & Vacancy Control Process.
- Supporting staff training and development in psychological approaches across the wider mental health service ensuring a consistent, equitable approach across Powys
- Providing psychological input to Felindre Unit – Bronllys Hospital.

Actions & Mitigations

- Progressing through recruitment for a Consultant Psychologist & a Senior Psychologist for Adult Psychology.
- Interim cover arrangements with some consultation work.

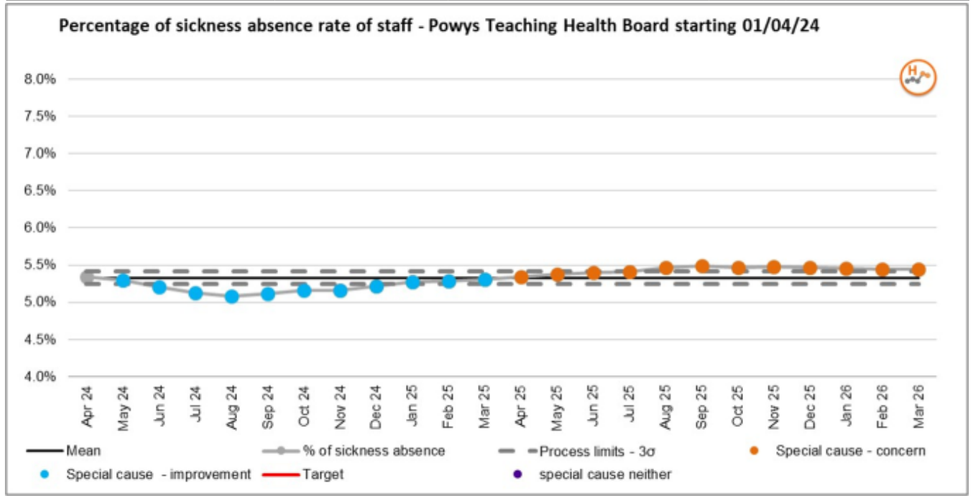
Healthier Wales Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Workforce	NHS Performance Measure – 36	Frequency - Monthly

Percentage of sickness absence rate of staff

Executive lead	Executive Director of People and Culture	Lead Officer	Deputy Director of People and Culture

Latest available	Mar-26	Status of measure	Level 2a
Reported performance	5.44%	Benchmark position (Wales)	5th (6.34%) (Jan-26)
Target	12-month reduction trend		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB People and Cultures		
Recover by?			



What the data tells us

- The rolling 12-month sickness absence rate is reported as 5.45% for March 2026
- The organisation benchmarks 5th and the All-Wales performance position is 6.34% for January 2026
- Assurance reports special cause concern.

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Challenges

- For March 2026, actual sickness absence reported at 5.22%, which is 0.05% higher than March 2025 (5.17%). Rolling sickness absence reported at 5.45%, representing a 0.14% increase compared with March 25 (5.31%) .
- Long-term sickness remained stable at around 4% between August 2025 and February 2026, however, has slightly declined to 3.80% in March 2026. Short term sickness increased marginally from 1% to 1.5% between October and January, which is consistent with seasonal illnesses. Since January short term sickness has been trending downwards with a minor increase (0.08%) between February (1.32%) and March (1.40%)

- Anxiety, Stress & Depression continues to be the main reason for absence (31.2%), followed by other musculoskeletal problems (10.3%).

Rolling sickness absence rates remain the highest in the following staffing groups:

- Additional Clinical Services – 6.35%
- Nursing & Midwifery – 6.22%
- Estates & Ancillary – 6.67%

Actions & Mitigations

- To target short term absence, the People and Culture Business Partners team (P&C BP) are monitoring absences prompts in ESR and following these up with managers to ensure policy is followed.
- Sickness absence is monitored via directorate Senior Management Team (SMT) meetings and escalated to Assistant Directors (AD's) where necessary.
- All long-term absence cases over 6 months are reviewed with managers to ensure all actions are up to date in line with the Managing Attendance at Work policy.
- The managers training programme covers the managing attendance at work policy and manager responsibilities in detail.
- The P&C BP team undertake absence monitoring to enable more efficient targeted interventions in directorates. This has included delivery of bespoke sessions to directorates and is an ongoing programme of work.
- P&C has recruited Mindfulness Practitioners onto the bank who have established the Mindfulness and Compassion (MAC) programme. The MAC programme has received Powys Charities funding until sept 2027. Individual and group support and session are regularly promoted across the organisation and between April and November 25 has seen 123 new participants in the MAC offer.
- A review of teams with higher levels of absence due to anxiety, stress, depression & other psychiatric illnesses is underway, with the aim of deploying the MAC team into the areas of the organisation in most need.
- We have signed up to the ViVUP – Virtual GP appointment model – Enabling staff to gain same or next day access to a GP for non-routine advice (note; this service will not issue fit notes) Virtual GP appointments are now in place and promoted with a handful of staff accessing the offer to date.

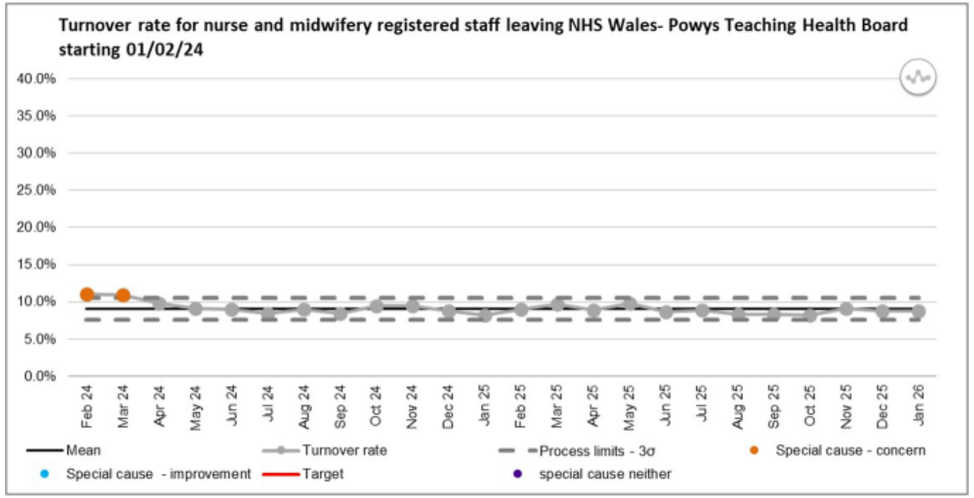
Healthier Wales Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Workforce	NHS Performance Measure – 37	Frequency - Monthly

Turnover rate for nurse and midwifery registered staff leaving NHS Wales

Executive lead	Executive Director of People and Culture	Lead Officer	Deputy Director of People and Culture

Latest available	Jan-26	Status of measure	Level 1
Reported performance	8.75%	Benchmark position (Wales)	9th (5.58%)
Target	Rolling 12-month reduction against a baseline of 2024-25		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- PTHB is non-compliant against the target as reported in January 2026 with turnover rate 8.75%
- PTHB benchmarks 10th with All Wales performance at 5.85%

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Challenges

- Health Education and Improvement Wales (HEIW) have produced the analysis and data for this measure along with the methodology, as such the health board cannot replicate this information locally.
- HEIW have noted that " current data has some anomalies, and we will be going to organisations to discuss the raw data to iron these out".

Actions & Mitigations

- Managers continue to be encouraged to undertake exit interviews with staff where appropriate to try and gather clear intelligence for the reasons staff leave.
- The Workforce and Organisational Development (WOD) Directorate are working to develop good practice guides to support managers in working to improve retention.
- The WOD Directorate will continue to roll out Team Climate surveys which will support managers and teams to identify actions which they can take to support retention.
- An initial organisational self-assessment against the national nurse retention plan has been completed which will inform the forward plan.
- The Workforce and OD Directorate together with the Trade Unions and colleagues from services continue to roll out a series of Staff Roadshows across all Hospital sites. The aim of these events is to support staff wellbeing and promote the support that is available within the Health Board.
- The health board have successfully appointed to the Workforce Retention Lead role which will support the delivery of the nurse retention plan within Powys.

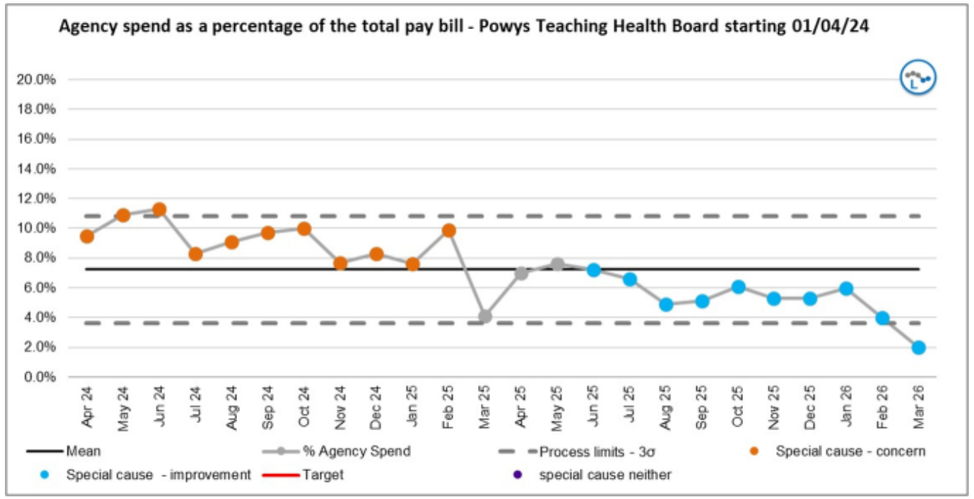
Healthier Wales Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Workforce | **NHS Performance Measure – 38** | **Frequency - Monthly**

Agency spend as a percentage of the total pay bill

Executive lead	Multi Executive leadership	Lead Officer	Multi Officer Leads

Latest available	Mar-26	Status of measure	Level 1
Reported performance	2.0%	Benchmark position (Wales)	12th (2.0%) (Jan-26)
Target	12-month reduction		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Finance		
Recover by?			



What the data tells us

- The provider agency spend as a percentage of total pay bill varies as a response to demand.
- Significant reduction has been achieved and performance for March is reported at 2.0%.
- Variation remains special cause improvement at the end of year.

Challenges

- Limited substantive Professional workforce availability.
- Rurality.
- COVID & impacts of short-term Sickness absence.
- Patient acuity & dependency.
- Short term Allied Health Professional (AHP) locum use utilising Welsh Government AHP Funding to meet delivery plan targets.

Actions & Mitigations

- Reviewing operational footprint to further reduce reliance on temporary staffing.
- Negotiating with on-contract agencies for additional recruitment and long-lining of staff.
- Refresh of actions from establishment review.
- Additional recruitment of overseas nurses (OSN) who undertake Objective Standard Clinical Examination (OSCE) that the nurses must pass in order to re-register from April 2023.
- Substantial recruitment to AHP posts utilising WG AHP funding.
- Further tightening of operational processes including:
- Earlier roster planning.
- Improved roster compliance and sign off.
- Targeting of bank staff over agency.
- Targeted recruitment campaigns.
- Long lining of on contract agency.
- Establishment review
- On streaming of further overseas Nurses.
- Roster scrutiny and accountability.
- Targeted analysis of enhanced levels of care to support pre planning of staffing requirements.
- Restrictions on sign off for on-contract agency use.
- Conversion of agency to substantive in one setting.
- Conversion of Thornbury nurses to on framework agency in high-cost area.
- Bi-weekly cross organisation group for scrutiny and challenge.
- Deep dive focus on Mental Health agency utilisation – improved position for December.
- Substantial recruitment to WG funded AHP posts to be complete Q4 2023/24.

Owen Regan
29/01/26 09:12:38

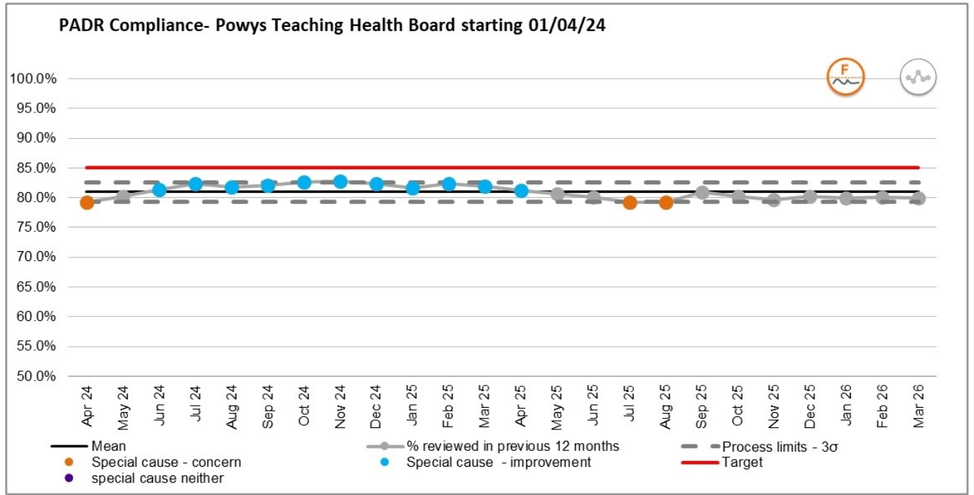
Healthier Wales Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Workforce	NHS Performance Measure – 39	Frequency - Monthly

Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)

Executive lead	Executive Director of People and Culture	Lead Officer	Deputy Director of People and Culture

Latest available	Mar-26	Status of measure	Level 2a
Reported performance	80.0%	Benchmark position (Wales)	7th (77.5%) (Jan-26)
Target	85%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB People and Cultures		
Recover by?			



What the data tells us

- PTHB PADR compliance is reported at 80.0% for March 2026.
- The benchmark for Wales in January showed PTHB benchmarking 7th out of 13 organisations with All Wales compliance of 77.5%.

Powys Teaching Health Board
29/01/2026 09:12:38

Challenges

Directorates continue to report that a combination of staff absence, vacancies and operational pressures have continued to have an impact in the delivery of PADRs.

PADR compliance reflects the percentage of staff who have received an appraisal within the last 12 months. PADR compliance has remained stable over the past 12 months and remains above the national average. However, challenges remain in achieving further improvement to meet—and sustain—the national target of 85%.

- Mar-26 compliance : **80%,** a **2%** decrease from Mar-25 (82%).
- The health board continues to benchmark positively when compared with All Wales position of 77.5% (Jan-26).

Actions & Mitigations

- The People and Culture Business Partners team (P&C BP) team review the monthly PADR compliance report and provide focussed intervention to managers that have compliance less than 85%.
- Communications have been issued across the organisation with tangible targets and offers of support to help drive forward compliance rates.
- The P&C BP team discuss compliance at senior management meetings within services, escalating to Assistant Directors areas of concern as required.
- Targeted work will continue in directorates with lower compliance.
- A PADR progress update was shared with the organisation in January, highlighting that approximately 118 additional PADRs would be required to achieve the national compliance target of 85%. This also signposted to additional support, guidance and people and culture advice.

Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

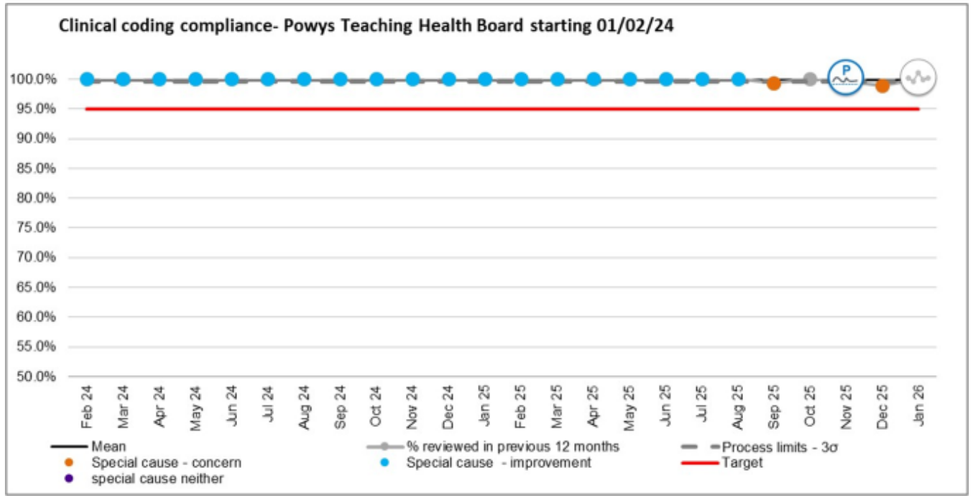
Quality, safety, effectiveness, and experience | **NHS Performance Measure – 40** | **Frequency - Monthly**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Percentage of episodes clinically coded within one reporting month post episode discharge end date

Executive lead	Executive Director of Allied Health Professions, Health Sciences and Digital	Lead Officer	Assistant Director of Digital Technology & Data Operations

Latest available	Jan-26	Status of measure	Level 1
Reported performance	100%	Benchmark position (Wales)	1st (83.5%)
Target	Maintain the 95% target or demonstrate a 12-month improvement trend		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- Reported in January 100% of episodes were clinically coded within one reporting month post episode discharge date. PTHB has a very small but high performing clinical coding team predominately benchmarking 1st in Wales (All Wales position 83.5%).

Dawn Bethan
20/03/2026 09:12:38

Challenges

- No current challenges reported.

Actions & Mitigations

- No outstanding actions or mitigations to report

Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

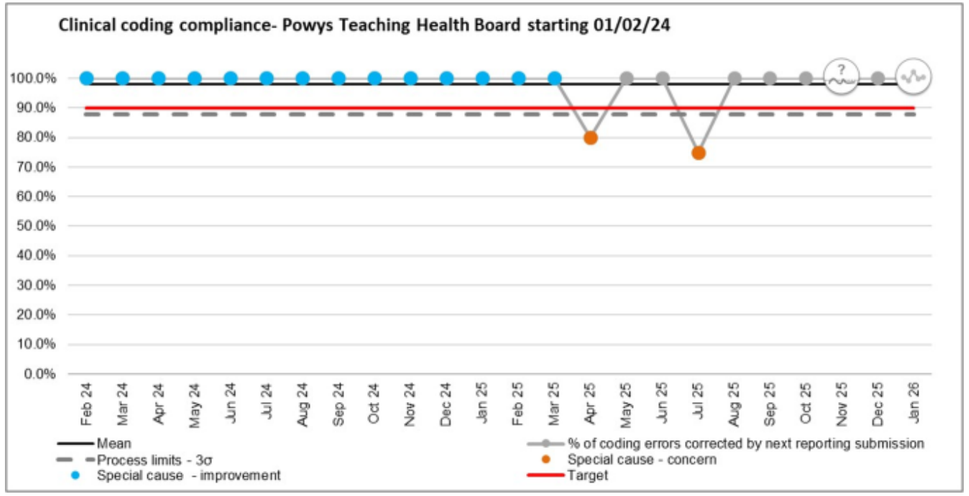
Quality, safety, effectiveness, and experience | **NHS Performance Measure – 41** | **Frequency - Monthly**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification

Executive lead	Executive Director of Allied Health Professions, Health Sciences and Digital	Lead Officer	Assistant Director of Digital Technology & Data Operations

Latest available	Jan-26	Status of measure	Level 1
Reported performance	100%	Benchmark position (Wales)	1st (72.2%)
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- This measure reports 100% compliance in January 2026 and for the same period benchmarks 1st in Wales (All Wales position 72.2%).
- Rationale: This measure supports the improvement of data quality which informs significant clinical management decisions. It supports the identification of issues of inaccuracy in clinically coded data and ensure that Health Boards and Trusts improve the quality of this data by correcting issues as soon as possible. The aim is for 100% accuracy, but 10% discretion allows for outlier cases and aligns with data quality methodology.

Powell Bevan
20/05/2026 09:26:08

Challenges

- No issues to report as the target has been met.

Actions & Mitigations

- Initial instance of drop in performance was due to a late submission by PTHB.
- Second instance of drop in compliance was due to DHCW Processing delays.

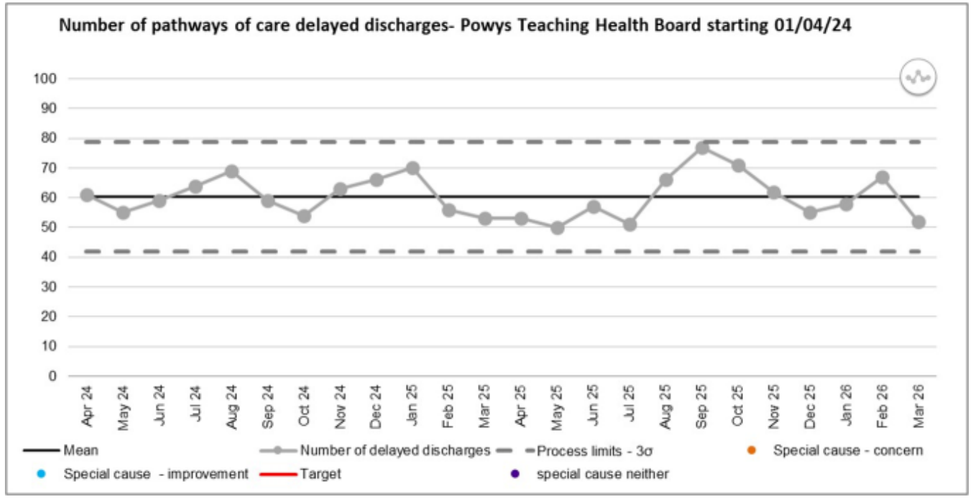
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Access & Activity | **NHS Performance Measure – 42** | **Frequency - Monthly**

Enhanced Care in the Community - Number of Pathways of Care delayed discharges

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

Latest available	Mar-26	Status of measure	Level 2a
Reported performance	52	Benchmark position (Wales)	2nd (1,351)
Target	12-month reduction trend		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- PTHB is non-compliant at the end of March with 52 delayed discharges reported although reducing the low numbers cause significant challenge for achieving a 12-month reduction target.
- Pathways of Care delayed discharges (POCD) continues to report common cause variation.
- All Wales position is 1,351 total delays and PTHB benchmarks 2nd .

Powell, Beverley (PTHB) 20/05/2026 12:12:38

Challenges

- Some apparent impacts from out of county surge in discharge.
- Evidence of higher dependency in recent inpatient admissions.
- Seasonal inpatient care setting fluctuations adding pressures.
- High-cost placements (in particular, Dementia Nursing Care Home beds) continue to be challenging.
- Complex patients including court of protection.

Actions & Mitigations

- Our Average Days Delayed has reduced by small amount (3%).
- Our Average Length of Stay is fairly static, with spiking in turnover
- Awaiting Social Worker Allocation delays have reduced significantly.
- Weekly Multi Disciplinary Team deep dive into longest lengths of stay. .
- Testing Therapy turnaround at front-door in two ED's. Success includes 3x patients turned around in one day.
- Optimal hospital flow framework (OHFF) and Powys DigiFLO expansion into Mental Health wards underway.
- Staff engagement in OHFF Champion training and national project.
- Revised board round process in development, aligned with OHFF training approach.
- Implementation of SPOA expected to help offset numbers of patients admitted and support earlier discharge.
- Easter sprint actions in place through month

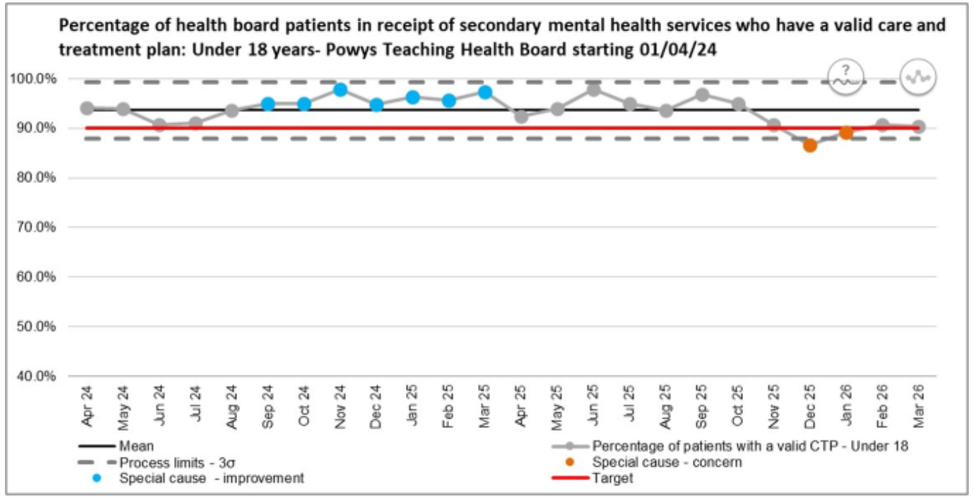
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Quality, safety, effectiveness, and experience | **NHS Performance Measure – 43** | **Frequency - Monthly**

Mental Health, including CAMHS - Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years

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

Latest available	Mar-26	Status of measure	Level 1
Reported performance	90.4%	Benchmark position (Wales)	7th (93.7%)*
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health submission proforma		
Recover by?			



What the data tells us

- March reported 90.4% compliant against the 90% target.
- The health board ranked 7th in Wales against the All-Wales position of 93.7% in February.
- Variation reports common cause variation but remains below the 24-month average.

Powys / Bethan
20/03/2026 09:12:38

Challenges

- Performance has been sustained above target for some time. The challenge for the service is that performance can be impacted by just a practitioner vacancy or sickness as small numbers create larger variance in percentage change.

Actions & Mitigations

- No requirements for action or mitigation at this time although demand and capacity work in 2026/27 will support future planning to sustain performance.

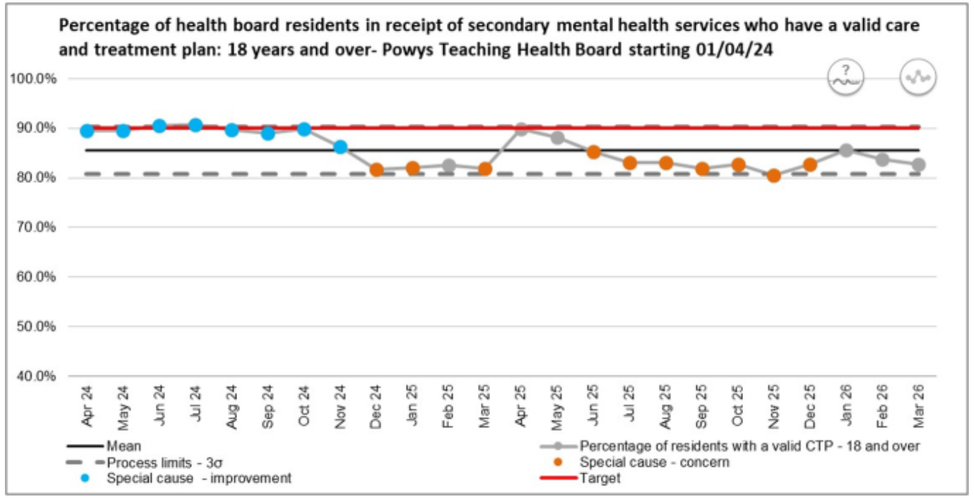
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Quality, safety, effectiveness, and experience | **NHS Performance Measure – 44** | **Frequency - Monthly**

Mental Health, including CAMHS - Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (CTP) for adults 18 years and over

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

Latest available	Mar-26	Status of measure	Level 2a
Reported performance	82.8%	Benchmark position (Wales)	6th (83.1%)*
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health submission proforma		
Recover by?	Q4 2024/25		



What the data tells us

- Adult and older CTP compliance has reported 82.8% against the 90% target at the end of March 2026.
- PTHB benchmarked 6th against an All-Wales position of 83.1% in February.
- Common cause variation reports although March position remains below the 24-month average.

Owen Bethan
20/05/2026 09:12:38

Challenges

- Additional demand on PTHB's Community Mental Health Teams (CMHT) remains as capacity is not yet fully optimised by the mitigation of impact from local authority deficits in capacity to contribute to duty an initial assessment. This mitigation began with the introduction of the single point of access triage and assessment model. This is aligned to 111#2 and is also key transformational work to modernise and streamline services. Phase 2 is currently being rolled out, but this has impacted on Community Mental Health Team (CMHT) capacity again as they are holding additional pressures whilst assessments are moved from teams to the Single Point of Access and a pause in roll out is currently enacted to consider the Open Access, stepped care 2.0, OAAT approach and what needs to be revised in the previous phase of change..
- Competing priorities and complexity of patients presenting at present has put additional pressure on teams.
- Maintaining the level of compliance even though below target has been challenging and it is positive that we remain consistent with plan in place to improve.

Actions & Mitigations

- Joint modelling work in the developing Transformation agenda for MH has seen positive developments with Adult Social Care and consideration of Powys County Council's responsibilities in Community Mental Health Teams (CMHT). Workshops are ongoing for a PTHB/PCC Mental Health Senior Leadership. Team to define future operating model.
- Continue to advertise vacant positions.
- An enhanced reminder system has been put in place to advise staff of when CTPs are due to be out of compliance with support from data Team and local administrators. This aligns with the standard operating procedure (SOP) has been put in place to standardise data collection pan Powys with review meetings regularly undertaken to check consistency.
- Moving to a new case management system which will support 'Mental Health Measure' data recording in a more efficient way
- The OPEN Access approach should have a positive impact in reducing the pressures within CMHTs enabling more time for C&T Planning.
- Mental Health & Learning Disabilities division have brought in capacity to undertake a whole service CTP audit. This has been completed and reported to with improvement plan in place.
- Focussed work is being undertaken striving for improvement for next reporting period as follows.
    - Outpatient's Clinics have been revised to accommodate CTP reviews.
    - Compliance data and out of date reviews have been added as standard MDT agenda item.
- Teams are reviewing medics clinics to streamline processes and provide greater capacity for CTP reviews within their job plans.
- Targeted work to improve (e.g. Ystradgynlais now showing 100% compliance from 66.3% in November last year)
- Next prioritised area for intervention and support is Brecon currently performing at 65.4% - will drastically increase overall position once interventions compete. Nort Powys performing at 88.6%.
- Need to improve quality has been a focus. 2025/26 seen significant audit and training work undertaken
- Roll out of phase two duty SPOA – currently recruiting to assessment team that will reduce capacity challenges in CMHTs by freeing up time for CTP work undertaken. Success in application to be a demonstrator project for National Strategic Programme Board for Mental Health focussing on this next phase of transformation will support roll out.
- Expected improvement in June 2026.

Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

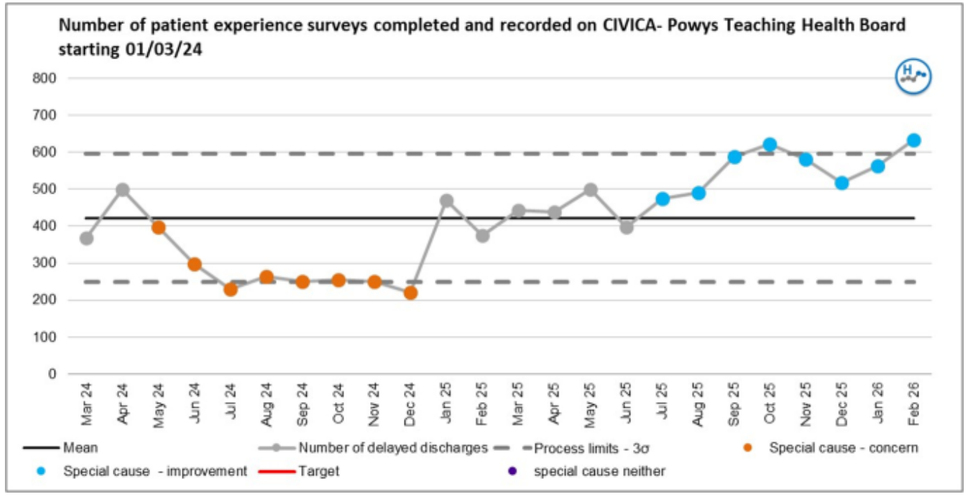
Quality, safety, effectiveness, and experience | **NHS Performance Measure – 45** | **Frequency - Monthly**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Number of patient experience surveys completed and recorded on CIVICA

Executive lead	**Executive Director of Nursing, Quality, Women and Family Health**	**Lead Officer**	**Assistant Director Quality & Safety**

Latest available	**Feb-26**	**Status of measure**	**Level 1**
Reported performance	634	Benchmark position (Wales)	8th (25,349)
Target	Month on month improvement		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Quality and Safety team		
Recover by?			



What the data tells us

- Reported experience surveys have increased in February 2026 with 634 surveys completed and recorded on CIVICA compared to 563 in January 2026.
- Variance is reported as special cause improvement and the number of surveys has exceeded the upper control limit.
- Total 3873 responses to all surveys held on Civica, of which 3071 were via SMS
- 2448 total responses to national Patient Experience Survey (PES), of which 2189 were via SMS
- 86 active surveys currently reported.

Challenges

- Limited resource to support proactive management of CIVICA experience questionnaires to realise the full potential of the system.

Actions & Mitigations

- Increased number of users across health board to 258 users allowing access to their own service area reports and survey results.

Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Quality, safety, effectiveness, and experience | **NHS Performance Measure – 46, 47, and 48** | **Frequency - Monthly**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

PTHB reported health care acquired infections Klebsiella sp, Pseudomonas aeruginosa, E.coli, Aureus (MRSA & MSSA), and C.difficile

Executive lead	Executive Director of Nursing, Quality, Women and Family Health	Lead Officer	Assistant Director of Quality and Safety

Latest available	Mar-26		
No	Measure	Target	Actual
47	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Pseudomonas aeruginosa	No national target for PTHB as a non acute provider.	0
48	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli and; S.aureus (MRSA and MSSA)		1.48
49	Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population		20.08
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PHW dashboard		
Recover by?			

Challenges

- Clostridioides difficile infection (CDI) continues to present a challenge. While hospital onset cases have reduced due to robust IPC measures, alongside improved input and support, community-onset CDI cases remain a key concern and focus. These cases are the primary driver of CDI rates for 2025/26, reflecting a trend observed nationally across Wales.
- Approximately 30% of CDI cases in PTHB had a previous CDI infection, highlighting that a prior diagnoses is a risk factor for recurrence

What the data tells us

Reduction expectation	2024/25	2025/26
A reduction of at least 10% in cases of hospital onset E. coli BSI is expected vs the cases in 2024-2025	2 cases reported	1 case reported (**one less than the previous FY**)
A reduction of at least 10% in cases of hospital onset Pseudomonas aeruginosa BSI vs the cases in 2024-2025	0 cases reported	0 cases reported (**equivalent to previous FY**)
A reduction of at least 10% in cases of hospital onset Klebsiella spp BSI vs the cases in 2024-2025	0 cases reported	0 cases reported (**equivalent to previous FY**)
To reduce the overall burden of C. diff infection by at least 25% against the 2024-25 counts	22 cases reported	26 cases reported (**4 more than in the previous FY**). **Hospital onset reduced from 38% in the previous year to 15%.**
MSSA Improvement Goal: A decrease of at least 20% compared to the 2024/25 baseline counts for all Health Boards MRSA Improvement Goal: All Health Boards should have fewer MRSA BSI cases in 2025/26 than in 2024/25	2 cases reported	1 case reported (**1 less than the previous FY**)

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Actions & Mitigations

- A structured, multidisciplinary roundtable review will be undertaken for all CDI cases recorded in 2025/26 to systematically identify common themes, trends, system gaps, and learning opportunities across the whole patient pathway. Key areas of focus will include:
  - Risk factors for primary infection and recurrence
  - Antimicrobial exposure and prescribing patterns
  - Transitions of care between acute, community, and primary care
  - Timeliness of diagnosis, treatment, and isolation
  - Consistency of patient education and follow-up
- Patient experience insight will be formally embedded into CDI improvement workstreams as part of the NHS Patient & Involvement (P&I) improvement project. This will CDI pathways are informed not only by clinical and surveillance data but also by ensure patient-reported experiences
- Opportunities are being explored to incorporate aspects of CDI management within virtual wards
- The development of a digital CDI dashboard is ongoing, to provide real-time overview of CDI activity across PTHB. The dashboard will support surveillance, assurance, and improvement by bringing together case data, recurrence patterns, and trend analysis in a single accessible view.
- A standardised digital post-infection review has been developed to ensure consistent follow-up of all CDI cases. This will support structured learning from each case while promoting a consistent, patient-centred approach to post-infection management across the Health Board

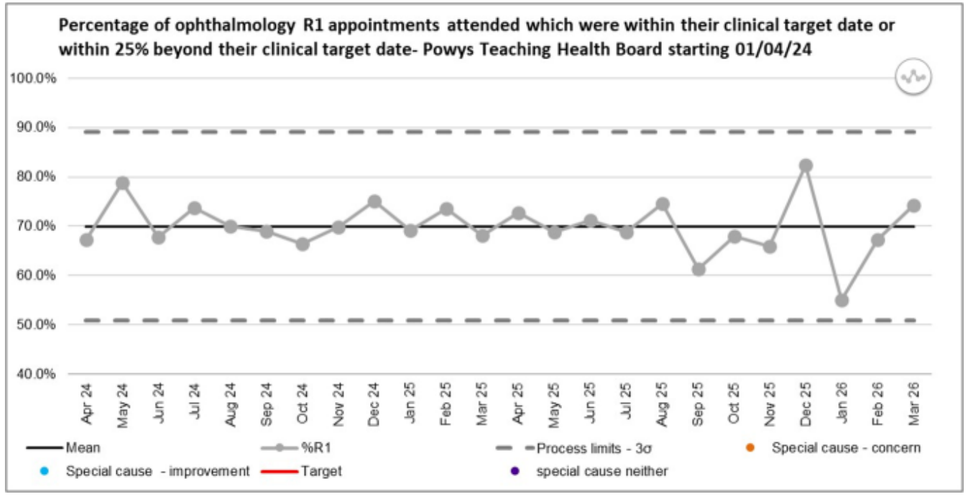
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Access & Activity | **NHS Performance Measure – 50** | **Frequency - Monthly**

Planned Care and Cancer - Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date

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

Latest available	Mar-26	Status of measure	Level 2a
Reported performance	74.2%	Benchmark position (Wales)	2nd (58.4%)*
Target	12-month improvement trend towards national target of 95%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			



What the data tells us

- The health boards reported 74.2% compliance against the 12-month improvement target in March 2026.
- PTHB benchmarks 2nd in Wales with the All-Wales position (58.4%) in February.

Powys Teaching Health Board
03/06/2026 09:12:38

Challenges

- Ongoing challenge from fragility of in-reach service model especially Ophthalmology (WVT). Impact of NHSE Waiting Times making backfill of lost sessions extremely difficult with significant underperformance against contracted in-reach sessions.
- Significant operational challenges with in-reach visiting consultants from Wye Valley NHS Trust.

Actions & Mitigations

- On-going development of Multi Disciplinary Team (MDT) in eyecare further extension of wet AMD capacity in Powys to support service sustainability and repatriation of patients
- Development and implementation of WGOS4 community optometry triaging with appointment of community optometrist in Planned Care commencing Nov-25.
- On-going escalation of contracted position via Commissioning CQPRM meetings with WVT.
- All patients receive a clinical call prior to appointment to provide advice support and ensure scarce OP resources are maximised limiting DNAs – DNA rate is less than 3%.
- Business proposal to PTHB Planned Care Board for Speciality Lead Ophthalmology Consultant sessions as per GIRFT recommendations to support further MDT service transformation has been agreed.
- Project Team currently being established to progress implementation of Open Eyes Electronic Patient Record and Electronic Referrals for Community Optometry to support further service efficiencies.
- Additional insourcing capacity from HBSUK from February.
- Eight cataracts per list were undertaken in March with insourcing to demonstrate the efficiency potential of the PTHB provided service.

Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

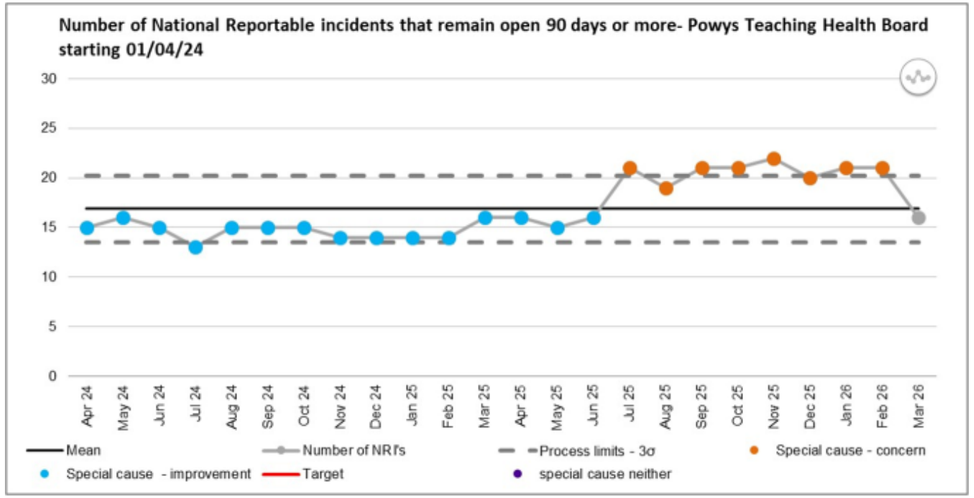
Quality, safety, effectiveness, and experience | **NHS Performance Measure – 53** | **Frequency - Monthly**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Number of National Reportable incidents that remain open 90 days or more

Executive lead	Executive Director of Nursing, Quality, Women and Family Health	Lead Officer	Deputy Director of Nursing

Latest available	Mar-26	Status of measure	Level 2a
Reported performance	16	Benchmark position (Wales)	4th(211)
Target	12-month reduction trend		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Poor
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- Powys has 16 nationally reportable incidents (NRI) that remained open over 90 days in March 2026.
- There is an ongoing discrepancy between the reported figure nationally sourced from NHSP&I and the local Powys team position. This challenge has been escalated for resolution and following regular and ongoing communication with NHS Executive to ensure data is accurate – cleansing has been completed in May 2026, confirmed total 16 open NRIs and 8 >90 days.

Challenges

- Delayed contributions to investigations by external agencies.
- Mental Health investigations have a longer 120-day window to complete; this will impact performance against the 90-day measure.
- Fragility of small teams impacts capacity to complete investigations within a timely manner.

Actions & Mitigations

- Continued support to services from Quality & Safety Team.
- Additional training and support is being provided to teams to ensure staff members have the required skills to carry out investigations.
- Regular and ongoing communication with NHS Executive to ensure data is accurate – cleansing has been completed in May 2026, confirmed total 16 open NRIs and 8 >90 days.
- Revised sign off panels being developed locally to reduce sign off delays and improve quality assurance.

Powys Teaching Health Board 2026/05/21 09:44:38

Provider Service Assurance

PTHB information on key provider elements e.g., local measures, quality specific and provider cancer pathway assurance..

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Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

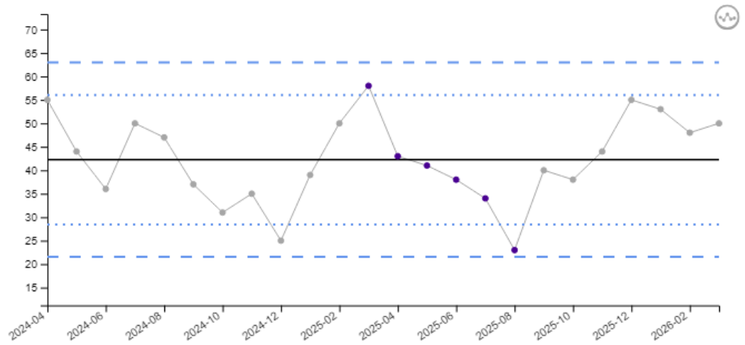
Access & Activity | **Local Measure** | **Frequency - Monthly**

Planned Care & Cancer – Powys provider cancer pathways additions Inc. straight to test diagnostics, and downgrade performance against 28-day NICE guidance of best practice.

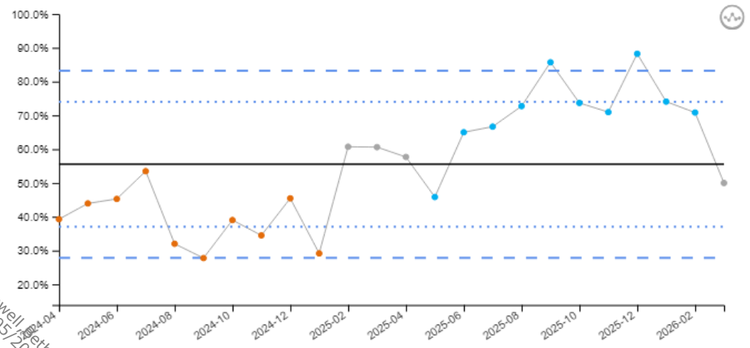
Executive lead	Executive Director of Primary Care, Community and Mental Health	Lead Officer	Assistant Director of Community Service Group

Latest available	Mar-26	Status of measure	Level 2a
Measure type	Local measure	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		

SCP Pathways By Suspicion Month (WPAS)



% Downgraded Within 28 Days (By Stop Month)



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What the data tells us

Powys Teaching Health Board (PTHB) does not provide cancer treatment but supports limited diagnostics and outpatient engagement predominately for upper and lower gastrointestinal suspicions. These pathways in 2025/26 remain highly dependant on the General Surgery in-reach and private insource to achieve high quality timely care. It should be noted that many Powys residents will be referred directly into acute commissioned care especially within North and Mid Powys.

- Powys has reported 50 new pathways in March 2026 with 38 via primary care referral.
- The health board has seen downgrade compliance fall to 50% slightly below average for the 24-month period.
- PTHB does not achieve the straight to diagnostic test 12-month improvement trend in March reporting 7.1% compliance of 14 pathways. It should be noted that compliance is volatile and of limited use for provider assurance, this is because of small numbers sent straight to diagnostics in Powys into limited specialties.
- Complex diagnostics are carried out within acute care providers although the patient remains tracked by PTHB, these delays remain a challenge for provider pathway compliance.

Challenges

Key challenges within PTHB align to the national issues:

- Business continuity challenges with Cwm Taf Morgannwg UHB (CTMUHB) for referrals and PTHB acceptance criteria.
- Delays in DGH diagnostics, Histology/Pathology risk timeliness of pathways including USC.

Actions & Mitigations

- Utilising Waiting Well Service to provide clinical support to cancer tracking.
- Significant service transformation including strengthening of team leadership and staff development to maximise service efficiency.
- Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid.
- Funding secured from National Planned Care Programme for additional dermatoscope for Llandrindod GP practice.

Source National SCP dataset	Target	2025-04	2025-05	2025-06	2025-07	2025-08	2025-09	2025-10	2025-11	2025-12	2026-01	2026-02	2026-03
% of patients who are sent straight to test	12 month improvement trend	60.0%	40.0%	33.3%	66.7%	33.3%	33.3%	33.3%	18.8%	75.0%	25.0%	53.8%	7.1%

Quality Outcomes Framework - Source NHS Performance and Improvement.

Quality Standard	Measure	Latest period	Latest figure		Previous figure	Last 12 months	Outlier
Safe	Antibacterial items per 1,000 STAR-PUs	Dec-25	247.37	▲ 15.7%	213.80		
Safe	Crude mortality rate (%)	Feb-26	4.83%	▼ -22.5%	6.23%		
Safe	Never Events reported to NHS P&I	Mar-26	0		0		
Safe	Percentage of discharges on D2RA Pathway 0	Feb-26	7.27%	▲ 96.4%	3.70%		
Safe	Percentage of discharges on D2RA Pathway 1	Feb-26	34.55%	▼ -11.2%	38.89%		
Safe	Percentage of discharges on D2RA Pathway 2	Feb-26	16.36%	▲ 10.5%	14.81%		
Safe	Percentage of discharges on D2RA Pathway 3	Feb-26	16.36%	▼ -19.7%	20.37%		
Safe	Percentage of discharges with no D2RA Pathway Allocated	Feb-26	25.45%	▲ 14.5%	22.22%		
Safe	RAMI (Risk adjusted mortality index) 2023	Feb-26	154.31	▲ 49.7%	103.05		
Safe	Safeguarding Adults - Lv1 training	Dec-25	92.33%	▼ -0.2%	92.48%		
Timely	Opthalmology R1 appointments attended within target date* (%)	Feb-26	67.34%	▲ 22.4%	55.04%		
Timely	Patients starting first definitive cancer treatment* (%)	Jan-26	Not applicable to PTHB provider.				
Effective	Diabetes patients completing all eight care processes* (%)	Feb-26	51.76%	▲ 2.8%	50.33%		Outlier high
Efficient	Agency spend for all staff groups as % of total pay bill	Dec-25	5.57%	▼ -0.4%	5.59%		
Equitable	Were you able to communicate in your preferred language? (%)	Mar-26	96.77%	▲ 4.8%	92.31%		
Person-centred	People's Experience Survey (PES) - how would you rate your overall experience?	Mar-26	7.19	▼ -15.3%	8.49		
Person-centred	Staff with Personal Appraisal and Development Review in last 12 months (%)	Dec-25	81.05%	▲ 1.3%	80.02%		
Person-centred	Were you involved as much as you wanted to be in decisions about your care? (%)	Mar-26	51.72%	▼ -8.9%	56.76%		

Powys Teaching 20/05/2026 09:12:38

Quality Outcome Framework (QOF) measures continue to be developed with ongoing data source and quality discussion. All these current measures are also picked up either within the wider NHS Performance Framework e.g., measures 12, 25, 38 and 50 are duplicated in the QOF or within the health board PEQS report which covers key elements of Quality and Safety.

* **Crude Mortality** – PTHB will consistently appear as an outlier in crude mortality comparisons with Welsh acute providers due to differences in service model and methodology. Powys provides only community inpatient care and day-case procedures, resulting in a small denominator. In addition, the provider has a relatively high proportion of patients on end-of-life care pathways, increasing the numerator. Together, these factors produce a higher crude mortality rate compared with All-Wales and acute providers. Small activity volumes also create greater statistical volatility, particularly when data are not presented using a rolling 12-month period.

** **Agency Spend** - Please note that the national agency spend figures from the Beacons dashboard will not match the figures used in the IQPR measures slide/scorecards. For the IQPR the data is sourced directly from the PTHB Finance team giving a more concise value. PTHB and Welsh Government (WG) use a different interpretation of total pay, WG's calculation uses the Net Pay position with excludes the Hosted Services (HCRW) and the pay in PTHB's Primary Care Services.

Commissioned Service Assurance

PTHB information on key commissioned e.g., services not provided in county. This includes planned, urgent and cancer care as examples.

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Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measures – TBC** | **Frequency – Monthly**

Urgent & Emergency Care –

- Median emergency ambulance response time to purple arrest category calls.
- Median emergency ambulance response time to red: emergency category calls

Executive lead	Executive Director of Planning, Performance and Commissioning	Lead Officer	Deputy Director of Performance and Commissioning

Median emergency ambulance response time to purple: arrest category calls

Report Month	All Wales	Aneurin Bevan University Health Board	Betsi Cadwaladr University Local Health Board	Cardiff & Vale University Health Board	Cwm Taf Morgannwg University Health Board	Hywel Dda University Health Board	Powys Teaching Health Board	Swansea Bay University Health Board
Mar-26	00:07:37	00:07:13	00:07:13	00:07:19	00:07:44	00:08:29	00:09:34	00:07:37

Median emergency ambulance response time to red: emergency category calls

Report Month	All Wales	Aneurin Bevan University Health Board	Betsi Cadwaladr University Local Health Board	Cardiff & Vale University Health Board	Cwm Taf Morgannwg University Health Board	Hywel Dda University Health Board	Powys Teaching Health Board	Swansea Bay University Health Board
Mar-26	00:09:25	00:08:02	00:10:05	00:08:41	00:10:34	00:09:58	00:11:47	00:09:28

What the data tells us

Welsh Ambulance Services University NHS Trust (WAST) have provided a guide to how the service is changing here - how our service is changing - Welsh Ambulance Services University NHS Trust.

Purple Arrest (Cardiac or respiratory arrest) aim to increase return of spontaneous circulation (ROSC) and represents a broader strategy to improve out of hospital cardiac survival rates in Wales. WAST measured by ROSC rate, median and 90th percentile response, time it takes to identify a cardiac arrest, for CPR instructions to begin and for a defibrillator to arrive.
Red Emergency (at high risks of cardiac or respiratory arrest) aim to prevent deterioration into arrest with WAST measured on median and 90th percentile response and outcome measure (Pain, NEWS, Spo2).
Orange (likely to need diagnostics and transport to hospital or specialist care aim for rapid arrival at specialist or emergency care facility as soon as possible. WAST measured on median and 90th percentile response as well as stoke and STEMI care bundle.
Yellow (further clinical assessment to support clinical decision making for discharge at scene and/or alternative pathway and/or transport to treating facility) aim to prevent unnecessary escalation of care. WAST measured by median and 90th percentile response.
Green (high potential for Ambulance Service to manage care episode in its entirety or in collaboration with community service or planned care provider. WAST measured by median and 90th percentile.

Data is sourced from the Welsh Government Performance team.

- The data above contains information on the performance of the respective Welsh health board areas and will contain non-Powys responsible patient response times.
- Core target for both measures is Median response (6-8 minutes) e.g., any median time of 00:08:01 or higher is classed a missed target.
- WAST does not achieve the median target for Purple Arrest (Cardiac or respiratory arrest) for Powys, in February performance reported 8 minutes and 40 seconds a slight improvement compared to January which reported at 8 minutes 51 seconds (All Wales performance was significantly better at 6 minutes 50 seconds).

Challenges

- WAST continue to experience challenges with large number of ED attendances and conveyances, large number of lost hours per month and handover delays.
- Ambulance handover times exceeding 45 minutes for incidents in Powys particularly a challenge in Royal Shrewsbury Hospital and Hereford County Hospital.

Actions & Mitigations

- Continued engagement with commissioned services via CQPRM meetings and sharing resident view findings with key services.
- WAST new integrated clinical services model to ensure addressing life-threatening illness or injury; urgent healthcare need; non-urgent health query; and health related transport need. New features of model include online digital advice, rapid clinical screening, remote integrated care, urgent community response, planned care and health transport.
- WAST Falls Desk operates daily from 7am-7pm with focus on providing early advice (nutrition, hydration, movement) and support patients to lift from the floor (where appropriate).
- PTHB to continue to work closely with WAST and seek to include qualitative as well as quantitative measures in future reports.
- PTHB continues to be active member of the Ambulance Services and 111 Collaborative Commissioning Integration Group, represented by the Deputy Director of Performance and Commissioning.
- Actions taken to reduce ambulance conveyance to ED:
  - PTHB Level 2 Community Based falls response aligned for delivery via UEC Single Point of Access, supporting admission avoidance.

Powys Board 26/03/2026 Item 3.3

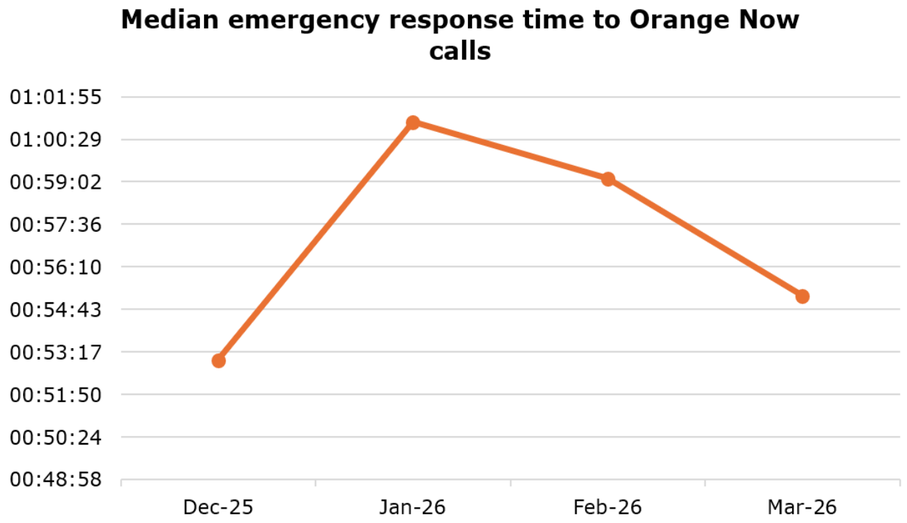
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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

Urgent & Emergency Care - Median emergency response time to Orange Now calls

Executive lead	Executive Director of Planning, Performance and Commissioning	Lead Officer	Deputy Director of Performance and Commissioning

Latest available	Mar-26	Status of measure	Level 1
Reported performance	00:55:11	Benchmark position (Wales)	1st (01:23:53)
Target	12-month reduction trend		
SPC assurance rating	N/A		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	WAST		
Recover by?	Commissioned provider, unable to provide recovery estimate.		



What the data tells us

- Median emergency response time to Orange Now Calls replaces the old Median emergency response time to amber calls. The Welsh Ambulance Service implemented "Orange Now" calls in late 2025 (fully implemented by December 2025) as part of a new five-tier 999 system to prioritize serious, time-sensitive conditions. It bridges the gap between life-threatening (Red/Purple) and less urgent (Yellow/Green) calls, focusing on rapid care for conditions like suspected strokes and heart attacks.
- Performance reported for March 55 minutes and 11 seconds with PTHB ranked 1st in Wales with the All-Wales average at 01:23:25

Challenges

- Demand for urgent care services continues to increase including calls to 999 ambulance services.
- Handover delays and lost hours continue to be a challenge across Wales.
- Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds slowing system flow.
- Noticeable shift in demand acuity away from red to Amber 1.

Actions & Mitigations

- Ministerial Advisory Group recommendations – Health Boards should ensure that no ambulance handover should exceed 45 minutes (absolute maximum handover time of 45 minutes to be introduced by October 2025), with focus on achieving 15-minute handover target where possible. National ambulance patient handover improvement delivery group underway.
- All Wales urgent care system escalation calls being held daily (often more than once per day).
- New national dashboard ongoing development to provide improved intelligence around challenge and hotspots.
- Engagement with the Ambulance Service to develop actions to reduce handover delays, including enhancement of current in-county pathways to reduce admission.
- Health Board working with JCC to establish series of regular meetings to discuss performance, patient experience and quality outcomes.
- PTHB will continue to be active member of the Ambulance Services and 111 Collaborative Commissioning Integration Group, represented by the Deputy Director of Performance and Commissioning.

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Access & Activity | **NHS Performance Measure – 21 & 22** | **Frequency - Monthly**

Urgent & Emergency Care – Powys residents - Median time from arrival at an emergency department to triage by a clinician

Urgent & Emergency Care – Powys residents - Median time from arrival at an emergency department to assessment by a clinical decision maker

Executive lead	Executive Director of Planning, Performance and Commissioning	Lead Officer	Deputy Director of Performance and Commissioning

Latest available	Feb-26	Status of measure	Level 2a
Target	Median wait to triage = 15 minutes or less Median wait to senior clinical decision = 60 minutes or less		
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		

What the data tells us

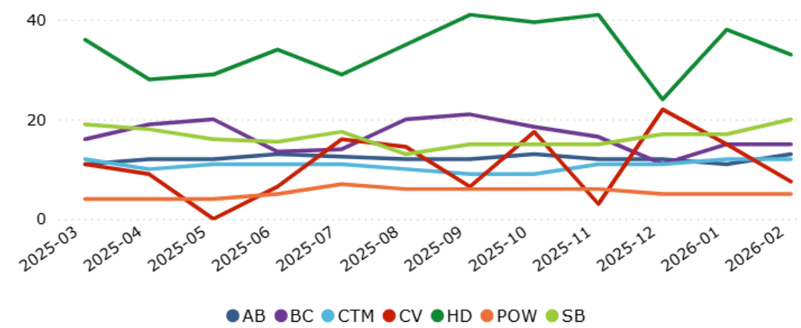
- Median Waits time reporting for emergency departments is not currently available for English providers following data limitations. Welsh provider information is sourced directly from the DHCW.
- In February, the Welsh aggregated median wait time for triage is 18 minutes, and the aggregated median wait time for assessment by a clinical decision maker is 58 minutes.
- Median wait times reported within the IQPR are only that experienced by Powys residents e.g., the reported performance may not reflect the overall experience for all patients at the respective health provider.
- Please note that the benchmark table (right) is only available up until January 2026 for this IQPR due to data scheduling.

Actions & Mitigations

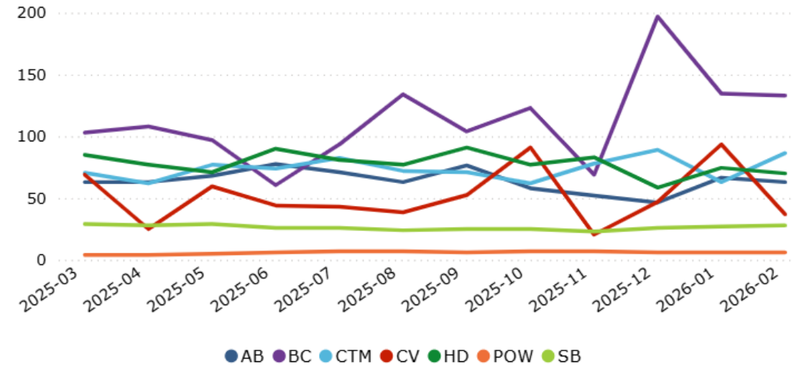
- Engagement with commissioned services via CQPRM meetings and sharing resident view findings with key services.

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Median Wait from Arrival to Triage (minutes)



Median Wait from Arrival to Clinician (minutes)



The data in the below table should be used for guidance only and cannot provide an equity of access review without significant data quality risk (caveat). The cohort of Powys residents of which their median wait is calculated is considerably smaller than the over number of patients attending the unit. These low numbers will result in potentially significant variation for the health boards overall calculated median wait.

Jan-26 -Source Welsh Government monthly scorecard.

Emergency access provider	Median wait to triage – Powys resident - minutes	Median wait to triage – All patients attending - minutes	Median wait to senior clinical decision – Powys resident - minutes	Median wait to senior clinical decision – All patients attending - minutes
ABUHB	11	17	67	137
BCUHB	15	19	135	114
CTMUHB	12	13	63	70
C&VUHB	15	4	94	64
HDUHB	38	26	75	68
SBUHB	17	23	27	24

Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measure – 23 & 24** | **Frequency - Monthly**

Urgent & Emergency Care - Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge

Urgent & Emergency Care - Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge

Executive lead	Executive Director of Planning, Performance and Commissioning	Lead Officer	Deputy Director of Performance and Commissioning

Latest available	Mar-26 Wales Feb-26 England	Status of measure	Level 2a
Target	Improvement compared to the same month in the previous year, towards the national target of 95%.		
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		

What the data tells us

Welsh Emergency Access (A&E) providers

- Powys residents have seen a slight decrease in performance in March to 57.5% from 59.4% in February for those waiting under 4 hrs in Welsh units.
- Patients waiting over 12 hrs increased to 168 in March from 163 in February.

English Emergency Access (A&E) providers

- PTHB residents attending English emergency units see the longest wait with poor but stable compliance to the 4-hour target. 43.5% were reported in February as waiting less than 4hrs in their units.
- In February provisional data shows 305 Powys responsible patients waiting over 12 hrs in emergency units before admission, transfer, or discharge.

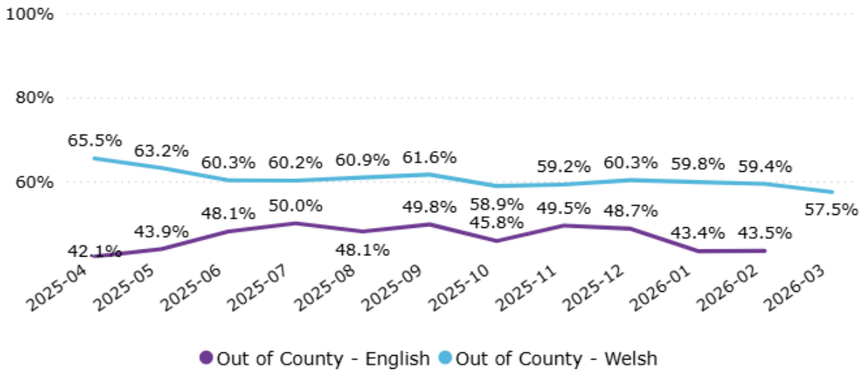
Data Quality

- Information on emergency department waits can be delayed especially from English providers; this results in retrospective updates of performance. which will be noticeable between reporting month although minor.

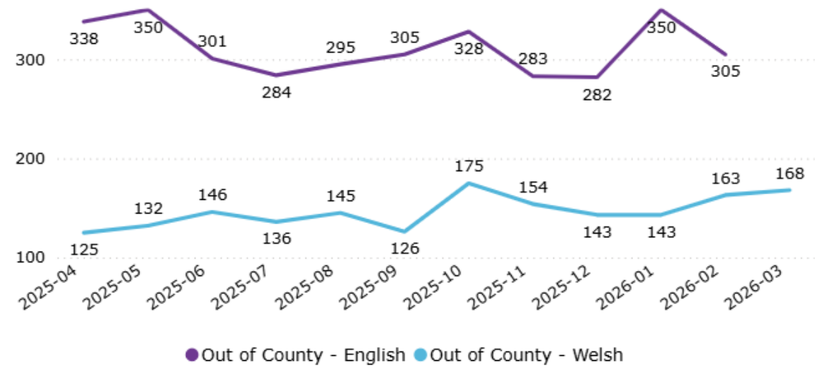
Key notes

- Complete English data is delayed by up to 1 month and the latest information should be taken as provisional.

Percentage of ED Waits Seen Within 4 Hours by Arrival Month



Number of ED Waits Over 12 Hours by Arrival Month



Challenges

- More Powys residents flow into emergency units in England than Wales, where the greatest compliance pressures occur.
- Handover times of ambulances are poor at key sites in Wales & England with patients waiting a considerable period before being admitted to A&E.
- Providers experiencing ongoing challenges of high demand, over occupancy in departments, long waits for inpatient beds, delay in discharge of clinically optimised patients.

Actions & Mitigations

- PTHB as provider to continue to progress Urgent and Emergency Care plans within context of Better Together (including falls prevention pathway, frailty models, enhanced care in the community and Same Day Urgent Care).
- Some improvements being seen in SaTH with regards to Ambulance handovers with focus on avoiding corridor care and gaining impact from the modular ward builds that were part of the winter contingency planning.

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Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measures – 25** | **Frequency - Monthly**

Planned Care & Cancer – Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

Executive lead	Executive Director of Planning, Performance and Commissioning	Lead Officer	Deputy Director of Performance and Commissioning

Latest available	Mar-26	Status of measure	Level 2a
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		

Single cancer pathway performance – Powys residents – Last 12 months – Source DHCW
Target improvement trend to 80% - (Target prior to April 2025 75%).

Welsh Provider Cancer Performance Per SCP 62 Day Target - Last 12 Months

HealthBoard	2025-04	2025-05	2025-06	2025-07	2025-08	2025-09	2025-10	2025-11	2025-12	2026-01	2026-02	2026-03
Aneurin Bevan UHB												
Pathways With Treatment	9	16	14	24	14	16	17	18	21	19	19	15
Treated Within 62 Days	5	10	7	19	10	9	7	14	15	11	15	13
Breaching 62 Day Target	4	6	7	5	4	7	10	4	6	8	4	2
% Treated Within Target	56%	63%	50%	79%	71%	56%	41%	78%	71%	58%	79%	87%
Betsi Cadwaladr UHB												
Pathways With Treatment	3	2		3	1	4	2	1	7	6	7	
Treated Within 62 Days	2	1		1				1	2	2	1	
Breaching 62 Day Target	1	1		2	1	4	2		5	4	6	
% Treated Within Target	67%	50%		33%	0%	0%	0%	100%	29%	33%	14%	
Cardiff And Vale UHB												
Pathways With Treatment				1			1	1	2	1	1	1
Treated Within 62 Days				1			1		2	1		1
Breaching 62 Day Target								1			1	
% Treated Within Target				100%			100%	0%	100%	100%	0%	100%
Cwm Taf Morgannwg UHB												
Pathways With Treatment	3	2	5	7	3	8	2	6	2	4	9	8
Treated Within 62 Days			4	2	1	5	2	3	1	1	4	4
Breaching 62 Day Target	3	2	1	5	2	3		3	1	3	5	4
% Treated Within Target	0%	0%	80%	29%	33%	63%	100%	50%	50%	25%	44%	50%
Hywel Dda UHB												
Pathways With Treatment	10	9	11	10	7	6	8	14	4	7	3	5
Treated Within 62 Days	5	3	6	5	3	2	4	6	1	3	1	2
Breaching 62 Day Target	5	6	5	5	4	4	4	8	3	4	2	3
% Treated Within Target	50%	33%	55%	50%	43%	33%	50%	43%	25%	43%	33%	40%
Swansea Bay UHB												
Pathways With Treatment	7	6	5	6	2	14	8	4	5	5	5	13
Treated Within 62 Days	1	4	3	5	1	10	3	2	3	5	1	10
Breaching 62 Day Target	6	2	2	1	1	4	5	2	2		4	3
% Treated Within Target	14%	67%	60%	83%	50%	71%	38%	50%	60%	100%	20%	77%
Pathways With Treatment	**32**	**35**	**35**	**51**	**27**	**48**	**38**	**44**	**41**	**42**	**44**	**42**
Treated Within 62 Days	**13**	**18**	**20**	**33**	**15**	**26**	**17**	**26**	**24**	**23**	**22**	**30**
Breaching 62 Day Target	**19**	**17**	**15**	**18**	**12**	**22**	**21**	**18**	**17**	**19**	**22**	**12**
% Treated Within Target	**41%**	**51%**	**57%**	**65%**	**56%**	**54%**	**45%**	**59%**	**59%**	**55%**	**50%**	**71%**

What the data tells us

- At the end of March, the provisional position reported a total of 273 pathways were closed for Powys residents across all Welsh providers including PTHB. Of these 231 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). The remaining 42 pathways were closed with the commencement of definitive treatment. 12 patients breached the 62 days target with the longest wait reported at 203 days in Hywel Dda UHB for a Brain/CNS pathway.
- Performance against the SCP for Powys residents in Wales has seen a significant jump in performance as reported in March with 71% compliance against the SCP pathway.
- The number of pathways going straight to test reports 65% in March above the 12-month average (64%).
- Downgrades within 28 days reports 57% for the same period.

- **Data quality for reporting rated average - please note that the SCP data provided within the IQPR is preliminary as the reported position is reviewed, finalised and validated at the end of every completed quarter. This validation by submitting health boards often results in limited changes included added/removed pathways or adjustment of waiting times. These changes will be fully reflected in the IQPR when available.**

Challenges

- The key challenges for Powys residents in cancer pathways for Welsh commissioned services remain predominately capacity including, but not limited to, diagnostic test and reporting capacity especially within imaging, endoscopy and pathology, and surgical capacity meeting the <62-day target. There is also a limited number of breaches resulting from patient-initiated delay e.g., holidays etc.
- Primary tumour site breaches in February include Breast (9), Lower GI (6), Urological (5), Skin exc. BCC (1) , Lung (1).
- Open pathway influence remains challenging; the health board has limited actions available to it for influencing a patient's diagnostic and treatment pathway.

Actions & Mitigations

- Breaches of greater than 146 days continue to be monitored with breach reports/pathway reports provided on a quarterly basis 11 pathways met the trigger and information on their individual pathways has been sought by the Health Board for review by the health board.
- SCP performance reviewed regularly through CQPRM process and reported through PTHB Integrated Quality & Performance Report, which highlights variation across providers in NHS Wales and NHS England.
- Further review of delayed Gynaecological pathway requested via CQPRM with Swansea Bay UHB and further information around internal governance process for reviewing, monitoring and learning requested for commissioner assurance.
- Clinical lead discussion with Aneurin Bevan UHB (ABUHB) clinical services to further understand impact of withdrawal of non-specific Rapid Diagnostic Centre pathways – ABUHB Board review and Integrated Quality Assurance process undertaken to inform ABUHB decision
- SCP performance discussion monthly with Welsh Government and the NHS Performance and Improvement team.

Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measures – 25** | **Frequency - Monthly**

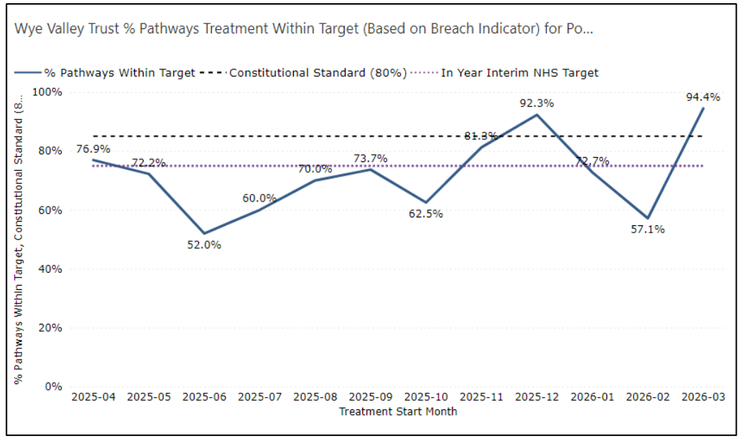
Planned Care & Cancer – Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

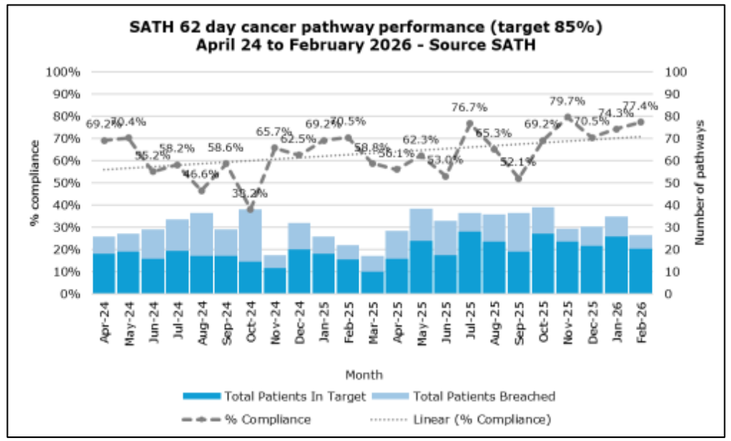
Executive lead	Executive Director of Planning, Performance and Commissioning	Lead Officer	Deputy Director of Performance and Commissioning

Latest available	Mar-26 WVT Feb-26 SaTH	Status of measure	Level 2a
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	Manual Provider Feeds, and NHS England reporting and trust IQPR's.		

NHS England Cancer Measures, and target

- 28-day FDS = Four Week (28 days) Wait from Urgent Referral to Patient Told they have Cancer, or Cancer is Definitively Excluded (target 75%)
- 31-day DTT = One Month (31-day) Wait from a Decision To Treat/Earliest Clinically Appropriate Date to First or Subsequent Treatment of Cancer (target 96%)
- 62-day USC = Two Month (62-day) Wait from an Urgent Suspected Cancer or Breast Symptomatic Referral, or Urgent Screening Referral, or Consultant Upgrade to a First Definitive Treatment for Cancer (target 85%).





Powys key provider provisional cancer waiting times standards NHS England - All patients e.g., including non-Powys residents (table 1)

Feb-26	SaTH	WVT	All English Providers	Target
28-day FDS	85.5%	86.2%	80.5%	75%
31-day DTT	99.2%	98.0%	93.0%	96%
62-day USC	75.0%	77.2%	68.6%	85%

Statistics » Cancer Waiting Times (england.nhs.uk)

What the data tells us

Powys residents attending English providers are measured in line with key NHS England cancer targets. The closest match to the Welsh Single Cancer Pathway measure is that of the Two Month (62-day) Wait from an Urgent Suspected Cancer or Breast Symptomatic Referral, or Urgent Screening Referral, or Consultant Upgrade to a First Definitive Treatment for Cancer. As a commissioner PTHB uses this key measure to gauge the compliance of our resident care in England.

- At a high-level NHS England cancer pathways report better performance against the 62-day USC when compared to the Welsh Single Cancer Pathway, but it should be noted that there is variance by provider.
- Shrewsbury and Telford NHS Trust (SaTH) reported 77.4% compliance against the 62 days urgent suspected cancer pathway in February 2026. 3 patients were reported waiting over 104 days across Head and Neck, Lung and Urology, cancer performance continues to show an improvement trend over the period reported.
- SaTH overall compliance for all pathways (including non-Powys responsible) reported 85.5% against 28-day FDS, 99.2% for 31-day DTT, and 75.0% for 62-day USC (table 1).
- Wye Valley NHS Trust (WVT) performance reported provisionally in March that 94.4% of 18 Powys residents started treatment within 62 days exceeding the NHS England 85% target.
- WVT overall compliance for all pathways in February (including non-Powys responsible) reported 86.2% against the 28-day FDS, 98.0% for 31-day DTT, and 77.2% for 62-day USC (table 1).
- It should be noted that low numbers of Powys pathways can distort compliance and the NHS England cancer statistics are provisional and subject to change.

Challenges

- Key narrative below is sourced from the respective Integrated Performance Reports in October.
- SaTH - Clinical and operational workforce constraints continue most notably in Oncology and Max Fax pathways. Whilst oncology outpatient waiting times and radiotherapy waiting times have improved the fragility of the Max Fax pathway remains a risk.
- Mitigations are in place, including partnership working with a neighbouring Trust and insourcing additional capacity.
- WVT whole service e.g., all patients not just Powys responsible has seen a 20% increase in referrals vs 2 years ago for the same period (Skin 67%, and Urology 43% are key outliers).

Actions & Mitigations

- Cancer performance reviewed and reported through PTHB Integrated Quality & Performance Report, which highlights variation across providers in NHS Wales and NHS England.
- SaTH is now in Tier 2 NHSE monitoring for cancer due to improved performance.
- SaTH - Additional cancer improvement expertise and senior leadership oversight is in place to drive improvement against the cancer waiting times standards. Recruitment has been successful to the cancer clinical lead role; a full triumvirate leadership team is now in place
- SaTH – fragile service review against NHSE Framework includes cancer Head & Neck services undertaken with monthly updates.
- WVT – To help diagnostic and surgical delays additional funding has been secured through the West Midlands Cancer Alliance (WMCA) to support waiting list initiatives across Gynaecology, Radiology and Endoscopy.
- WVT – have appointed a new Programme Manager to strengthen diagnostic pathways, working closely with Cancer Services to implement a 7-day turnaround for Computed Tomography Colonography (CTCs) and 48-hour turnaround for Magnetic Resonance Imaging (MRI) prostate.

Public Board 26th March 2026

Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measures – 31 and 33** | **Frequency - Monthly**

Planned Care & Cancer – Welsh Commissioned Referral to treatment (RTT)

Executive lead	Executive Director of Planning, Performance and Commissioning	Lead Officer	Deputy Director of Performance and Commissioning

Latest available	Mar-26	Status of measure	Level 3
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DCHW		

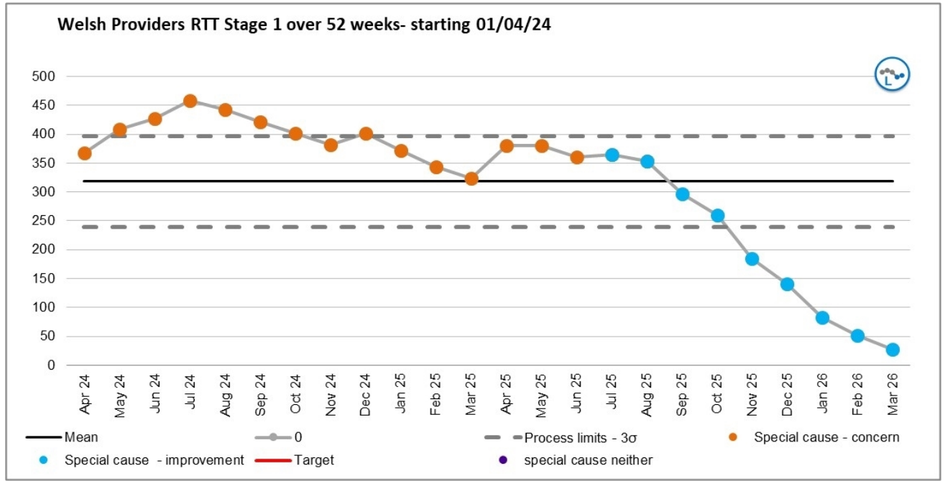
What the data tells us

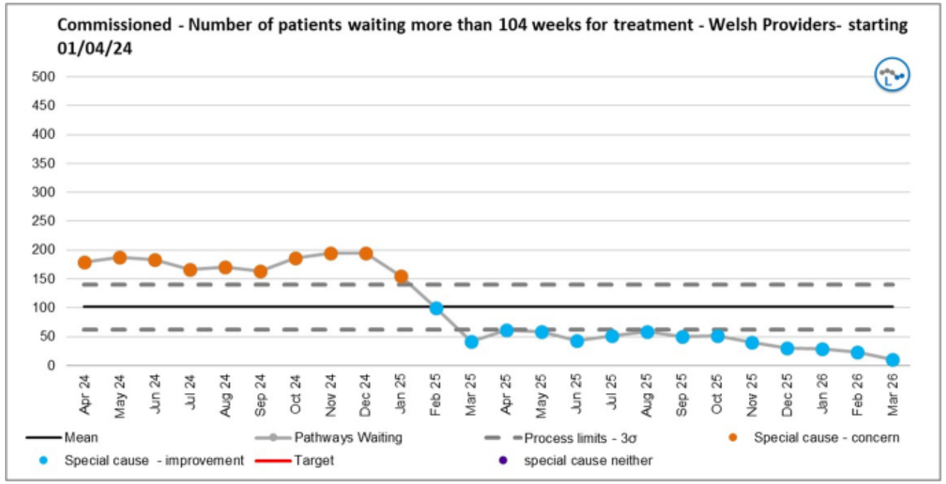
Measure 31. Number of patients waiting over 52 weeks for a stage 1 (new outpatient) appointment.

- The number of patients waiting over 52 weeks for a new outpatient appointment has reduced from 52 in February to 28 in March. Cwm Taf Morgannwg UHB, Swansea Bay UHB, and Hywel Dda UHB are compliant with the targets and have no Powys residents waiting over 52 weeks for a new outpatient appointment. All providers show improvement for this snapshot, and the measure continues to report special cause improvement.

Measure 33. Number of patients waiting more than 104 weeks for referral to treatment

- Waits over 104 weeks have reduced further from 23 in February to 10 in March for Powys residents. Cardiff & Vale UHB and Betsi Cadwaladr UHB has 5 patients each waiting over 104 weeks, the remaining Welsh providers all report zero breaches.





	Mar-26	No. long waits by cohort, with latest SPC variance								Total pathways Waiting	Stage 1 pathways over 52 weeks	
Welsh Providers	% of Powys residents < 26 weeks for treatment	All pathways waiting over 36 weeks.		All pathways waiting over 52 weeks.		All pathways waiting over 104 weeks.						
Aneurin Bevan University Health Board	74.1%	437		258		0		2339			10	
Betsi Cadwaladr University Local Health Board	63.9%	151		82		5		632			9	
Cardiff & Vale University Health Board	57.8%	95		58		5		351			9	
Cwm Taf Morgannwg University Health Board	61.4%	188		85		0		696			0	
Hywel Dda University Health Board	62.8%	391		250		0		1323			0	
Swansea Bay University Health Board	70.2%	361		191		0		1733			0	
Total	68.1%	**1623**		**924**		**10**		**7074**			**28**	

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Challenges and actions narrative link (slide 70)

Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measures – 31 and 33** | **Frequency - Monthly**

Planned Care & Cancer – English Commissioned Referral to treatment (RTT)

Executive lead	Executive Director of Planning, Performance and Commissioning	Lead Officer	Deputy Director of Performance and Commissioning

Latest available	Feb-26	Status of measure	Level 3
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DCHW		

Challenges and actions narrative link (slide 70)

What the data tells us

- Powys residents accessing services in England have consistently waited less time compared to Wales for treatment except for Robert Jones & Agnes Orthopaedic Hospital NHS Foundation Trust (RJAH) as explained below.
- Pathways waiting over 52 weeks has increased from 1537 in January to 1556 in February with the ongoing impact of commissioning intentions (reporting a special cause concern).
- Pathways over 104 weeks have decreased from 121 in January to 117 in February, RJAH accounts for 116 pathways and Wye Valley NHS Trust a further 1.
- The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) remains the most challenged English provider for long waits but with some reduction in 104-week waiters and with all key wait bands reporting special cause concern. RJAH continue to face challenges with regards to their capacity and ability to see all PTHB patients within the Welsh Government targets. The breaches comprise of treatment waits for spinal, hand and upper limb, arthroplasty, neurology, paediatric orthopaedics, physiotherapy, radiology, rheumatology, paediatric medicine, knee and sports injuries and foot and ankle care.
- Wye Valley NHS Trust (WVT) following commissioning intention instructions by Powys Teaching Health Board continue to adversely impact the waiting times of Powys residents when compared to the English resident cohorts. Increased over 52 week waits and limited over 104-week breaches. Prior to waiting time changes WVT consistently reported improving performance for Powys residents.
- The Shrewsbury & Telford Hospital NHS Trust (SATH), who have not agreed to follow the PTHB Commissioning intentions to Welsh targets, reports an improved position with special cause improvement across all key wait bands, in line with their NHSE reportable position. It should be noted at the end of December pathways over 52 weeks have fallen from to 179 in January to 164 in February.

	Feb-26	No. long waits by cohort, with latest SPC variance						Total pathways Waiting
English Providers	% of Powys residents < 26 weeks for treatment	All pathways waiting over 36 weeks.		All pathways waiting over 52 weeks.		All pathways waiting over 104 weeks.		
English Other	76.2%	33		7		0		231
The Robert Jones and Agnes Hunt Orthopaedic Hospital	42.6%	1726	H	1091	H	116	H	3893
The Shrewsbury and Telford Hospital NHS Trust	69.4%	582	L	164	L	0	L	3727
Wye Valley NHS Trust	65.8%	784	H	294	H	1		3651
Total	59.3%	**3125**		**1556**	H	**117**	H	**11502**

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Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measures – 31 and 33** | **Frequency - Monthly**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Planned Care & Cancer – Commissioned Referral to treatment (RTT) Challenges and Actions

Commissioned RTT for Welsh providers challenges and actions

Challenges

- NHS Wales Planning and Performance Frameworks 2025/26 key targets:
  - No patients waiting over 104 weeks for referral to treatment.
  - No patients waiting over 52 weeks for new outpatient appointment.
  - No patients waiting over 8 weeks for specified diagnostics.
- Welsh acute care providers continue to experience ongoing challenges due to increased demand and service sustainability issues – BCUHB remains particularly challenged with long waiting lists and on-going demand – particular fragility with Oral Surgery and Pain Management.
- Powys residents who can have their pathways within the Powys as a provider have the quickest reported care, and with English acute health trusts providing more timely access for residents in the North & East of the county. Those residents living in southwest health economy wait the longest.
- Long wait pressure by treatment specialty remains within General Surgery, Trauma & Orthopaedics, ENT, and Ophthalmology.
- Long lead in time for starting recovery via National recovery approach with focus on new outpatient appointments leading to impact on diagnostics and subsequent treatment.
- Providers reporting that unable to sustain current recovery if no further funding available for 2026/27

Actions & Mitigations

- Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within PTHB or alternative provider.
- Continued to engage on a regular basis with all commissioned providers via contracting, quality and performance meetings. These meetings are used to discuss challenges and highlight key concerns to support the best possible care for Powys responsible patients including focus on:
  - Long waiters TCI (booked) over 52 or 104 weeks – next actions,
  - Fragile Services,
  - Demand/Activity/Financial Position
  - Elective Recovery Actions – including update on National Recovery activity
- BCUHB outsourcing and insourcing programme for most specialties underway, assess potential for PTHB living well service support (pain management)
- PTHB developed productive pathways for planned care with actions including referral management, effective clinically led pathways, implementation of GIRFT recommendations, theatre utilisation improvement.
- Welsh Government confirmed national programme to reduce overall size of waiting lists in Wales by targeting a reduction of 200,000 first outpatient appointments. This has involved national procurement of 164,000 first outpatient appointments.
- Health Boards will also deliver up to 50,000 first outpatient appointments via local plans with all Health Boards having submitted costed plans indicating specialty and volume per specialty.

Rhodri Llewellyn Jonathan
10/02/2026 09:12:38

Commissioned RTT for English providers challenges and actions

Challenges

- English acute care providers continue to experience ongoing challenges due to increased demand and service sustainability issues.
- RJAH reports the highest number of over 104-week pathways for Powys residents in both England & Wales, these very long waits are not limited to specialist spinal (the historical challenge).
- Wye Valley NHS Trust continues to provide excellent access as reported in April driving down waiting times. The Health Board remains in discussions with all NHSE commissioned service providers with commissioning intentions for 2025/26 for all routine patient pathways for Powys responsible adults to be booked to NHS Wales waiting times targets.
- NHS England 2025/26 priorities remain as:
  - 65% of patients to wait 18 weeks or less from referral to treatment by March 2026 (with each trust required to improve by at least 5%).
  - Every trust must also ensure 72% of patients wait ≤18 weeks for their first appointment.
  - Reduce the share of patients waiting over 52 weeks to under 1% of the entire waiting list by March 2026.
  - These are interim milestones toward the constitutional standard of 92% for 18-week waits, now expected by March 2029.
- Increase in NHSE tariffs (A&E, Maternity, Non-Elective) of up to 17% in some instances plus 2.85% uplift.
- Patients in June have already reported to PTHB concerns on the impact for their pathways for procedures initially planned from Q2 2024/25 in Wye Valley NHS Trust and RJAH.

Actions and Mitigations

- English providers have mobilised additional capacity including insourcing, outsourcing, increase usage of additional payments for clinical activity.
- Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within PTHB or alternative provider.
- Use of Community Cardiology service in the North of Powys to reduce the flow and manage locally Powys patients driving improved outcomes and reduced travel times. Work on-going to roll out to Mid Powys – clinical and operational engagement with SaTH teams.
- Continued to engage on a regular basis with all commissioned providers via contracting, quality and performance meetings.
- PTHB developed productive pathways for planned care with actions including referral management, effective clinically led pathways, implementation of GIRFT recommendations, theatre utilisation improvement.
- Implementation of PTHB MSK triage/Single Point Of Access (SPOA) enabling all GP referrals to be triaged by CMATS to decide most appropriate treatment pathway expectation that will reduce onward Orthopaedic referrals by circa 40%
- Funding allocated by WG to support 2x mega clinics for 40x stage 1 longest waiters on RJAH spinal pathway to clinically review the patients F2F by Consultant/Advanced Practitioner to assess suitability for alternate pathway – clinic reduced to 15 patients due to availability, all patients reviewed and assessed as not requiring surgery with discharge or redirection to another service pathway. No negative feedback from patients and review on-going to assess doing similar approach for existing waiting list patients not triaged by the MSK SPOA.
- SATH data system challenges – continued with block funding arrangements into Q4 25/26 with likelihood to continue into Q1 26/27. SaTH predicting that FDP (new system) will be live by end of Q1 26/27.
- Discussions continued and position agreed with WVT, RJAH around working to WG performance framework targets – still outstanding with SaTH.
- CSU undertaken work to assess impact of increase in NHSE tariffs, WG notified of increase in costs for PTHB.
- Communications around deferral of waiting times in WVT/RJAH shared with providers, stock response in place for initial response, individual responses provided where appropriate/required. Continued complaints and concerns received by patients and the Member of the Senedd.

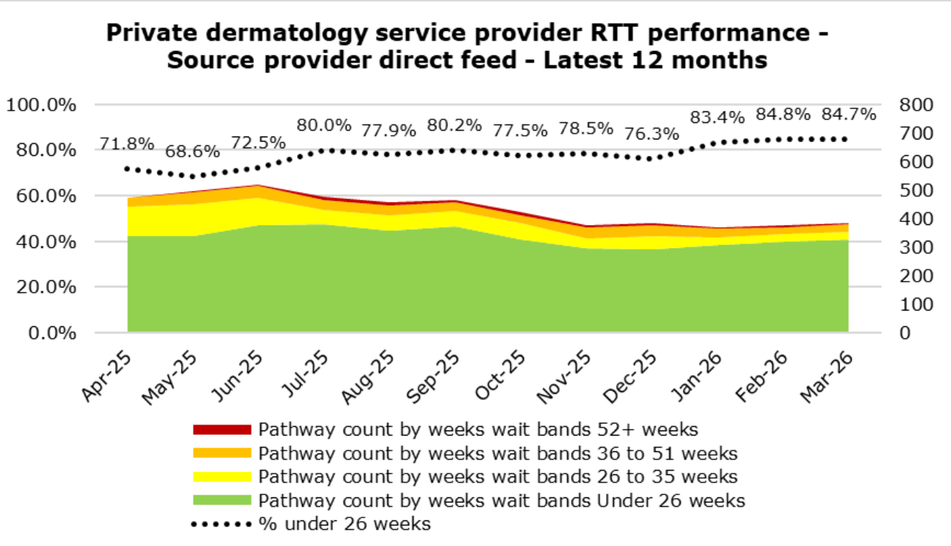
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measures – 31 and 33** | **Frequency - Monthly**

Referral to Treatment - Private dermatology service provider

Executive lead	Executive Director of Planning, Performance and Commissioning	Lead Officer	Deputy Director of Performance and Commissioning

Latest available	Mar-26	Status of measure	Level 2a
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		



Snapshot month	% under 26 weeks	Pathway count by weeks wait bands				Total Waiting
		Under 26 weeks	26 to 35 weeks	36 to 51 weeks	52+ weeks	
Apr-25	71.8%	339	104	29	0	472
May-25	68.6%	339	109	44	2	494
Jun-25	72.5%	377	94	44	5	520
Jul-25	80.0%	380	51	34	10	475
Aug-25	77.9%	356	55	36	10	457
Sep-25	80.2%	373	55	29	8	465
Oct-25	77.5%	328	55	29	11	423
Nov-25	78.5%	296	35	37	9	377
Dec-25	76.3%	293	46	37	8	384
Jan-26	83.4%	307	26	31	4	368
Feb-26	84.8%	319	27	25	5	376
Mar-26	84.7%	327	27	27	5	386

What the data tells us

- Under 26-week performance is 84.7% in March 2026.
- Patients waiting over 36 weeks has increased from 30 in February to 32 in March 2026.
- 5 patient pathways waited over 52 weeks.

Powell Bethan 20/05/2026 09:12:38

Challenges

- Limited number of patients continue to wait over 52 weeks.

Actions & Mitigations

- Improvements to data flow with the provider has resulted in waiting list data which is reportable via PTHB Cloud Service from April 2026.
- Advice and guidance for North Powys continues to be well utilised and demonstrating good outcomes.
- The provider has now become part of BUPA UK.

PTHB Integrated Quality & Performance Framework Escalation Framework 2025/26

Escalation level	Trigger	Action expected	Monitoring and support
Level 1 (No concerns)	• Local delivery of agreed objectives and performance, finance ambitions in line with agreed trajectories. • No exceptions or quality concerns. • Sound governance arrangements in place. • Performance within expected targets either national or local	• No escalation action. • Could result in frequency adjustment for some monitoring mechanisms and meetings including IQPG.	Main monitoring through base performance review process. Key measures bi-annually in IQPR to the Board.
Level 2a (Exception)	• Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance. • Sustained deterioration on 1 or more domain. **This can include:** • Failure to deliver on an NHS Performance Framework target or local target trajectory. • A deviation or departure from the normal or expected course of action signifying specific condition or event that requires attention or further action to address the deviation. • Failure of quality standard. • Where SPC methodology notes variance of concern.	• Correspondence to Clinical service area/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring. • Recovery plan to be developed that address issues to be recovered/improved. • Depending on issue – change in frequency of and focus of standard meeting and consideration of increasing frequency including IQPG. • Reported through to Executive Committee. • Monthly reporting where appropriate via IQPR as an exception to performance.	**Options include:** • IQPG engagement monthly with Executive • Internal support as required (QI/vbhc/planning – issue dependent). • Consideration of compliance with Professional clinical codes and standards and proportionate response. • Consideration of compliance with managerial code of practice. • Internal peer review. • Executive support (directly or from other teams). • Consider need for bespoke response. • Minimum monthly updates to Executive Committee.
Level 2b (Exception)	**Specially for finance:** • Where Corporate Directorate or Clinical Service Area level budget is overspending by more than £0.5m Year to date or £1m forecast.	Identified through monthly financial reporting	CEO to call a special 'Budget Review Meeting' of all Executive Directors and the Divisional or Directorate budget holder (up to 3 team members may attend in support). **Agreed action plan established:** • Monitored through financial reporting arrangements. • Review period established if plan failing.
Level 3 (Escalation)	• Serious concerns on quality and governance. • Continued and consistent failure to meet agreed performance improvements and trajectories across a number of objectives. • Clear articulation of reasons for escalation and criteria for escalation. **This can include:** • Where a performance matter (exception) does not meet target and hits criteria for higher level of resolution, decision making or further action. • Any measure that continues to fail a health board submitted trajectory as part of the Ministerial Priority measures. • Performance recovery is failing to improve or maintain performance. • Any significant failure of quality standard. • Where IQPG deems that a service or measured outcome requires escalation resulting from identified challenge or significant concern.	• Correspondence to service area/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring. • Service Area or corporate directorate demonstrating recognition of issues and commitment to improve. • Improvement/recovery plan required to address issues identified. • Reported through to executive and relevant committee. • Escalated frequency of IQPG meetings and resultant remedial action plan completion. • Challenge review on appropriate shift to the Escalations Oversight Group (EOG). • Monthly reporting where appropriate via IQPR as an exception to performance.	**Actions could include:** • Escalation Oversight Group (EOG) • Independent review of service/corporate department effectiveness. • Deployment of appropriate HR policies e.g. Capability policy. • Weekly/fortnightly meetings with CEO and/or relevant execs to track progress against improvement actions (which directly related to de-escalation criteria). • Consideration of compliance with Professional clinical codes and standards and proportionate response. • Consideration of compliance with managerial code of practice. • Suspension or revision of service provision.
			De-escalation: The appropriate outcome for a challenge to be de-escalated. Either challenge has been rectified, requirement has changed, or via senior committee decision. A level 3 escalation may return to any previous lower level of escalation dependant on the remaining challenge and required monitoring.

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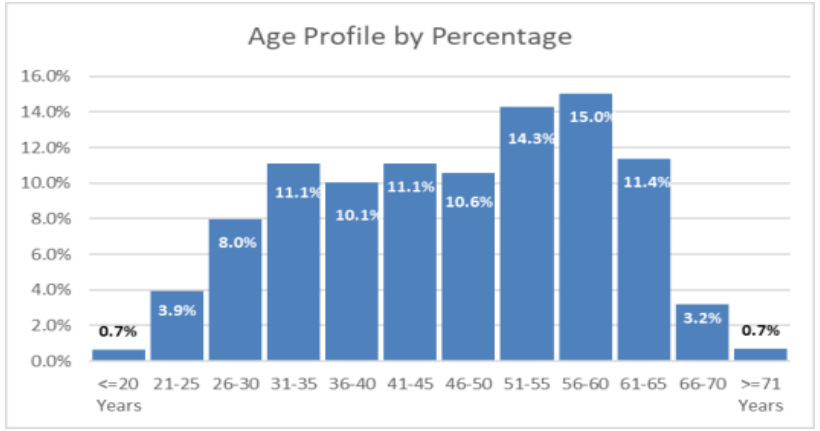
PTHB Integrated Quality & Performance Framework: Duty of Quality Measures and Enablers

Domains	
Safe	Our healthcare system is a high quality, highly reliable and safe system that avoids preventable harm, maximising the things that go right and learning from when things go wrong to prevent them occurring again. People's health, safety and welfare are actively promoted and protected; risks are identified and monitored and where possible, risks to safety are reduced or prevented. We promote and protect the wellbeing, and safety of children and adults who become vulnerable or at risk at any time. Where children or adults may be experiencing or are at risk of abuse or neglect, we take appropriate, timely action and report concerns.
Timely	Our healthcare system ensures people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place, first time. We care for those with the greatest health need first, and where treatment is identified as necessary, we treat people based on their identified and agreed clinical priority.
Effective	Our healthcare system ensures decision-making, care and treatment reflects evidence-based best practice, to ensure that people receive the right care to achieve the optimal and possible outcomes that matter to them. We design transformative, evidenced-based, whole-of-life pathways that cover prevention, care and treatment, rehabilitation and embed these into local service delivery.
Efficient	Our health care system takes a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste. We make the most effective use of resources to achieve best value in an efficient way. We only do what is needed and undertake treatments that ensure any interventions represent the best value that will improve outcomes for people.
Equitable	Our health care system provides everyone with an equal opportunity to attain their full potential for a healthy life which does not vary in quality by organisation providing care, location where care is delivered or personal characteristics (such as age, gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status or political affiliation). We embed equality and human rights in our health care system.
Person Centred	Our health care system meets people's needs and ensures that their preferences, needs and values guide decision-making that is made in partnership between individuals and the workforce. We care about the well-being of individuals, their families, carers and our staff. We ensure that everyone is always treated with kindness, empathy and compassion and we respect their privacy, dignity and human rights. We are committed to working better together to put people and their families at the centre of decisions, seeing them as experts working alongside professionals to get the best outcome and experience.
Enablers	
Leadership	Our health care system has visible and focused leadership at all levels, with its activities driven by the organisations' vision and values for quality. Our leaders and managers take a long-term, stakeholder-centric view to develop a clear organisational vision. They have the appropriate skills and capacity to create the conditions for a functioning quality management system. We ensure our governance, leadership and accountability is effective in sustainably delivering care.
Workforce	Our healthcare system recruits, retains, develops and extends roles to ensure we have enough, confident people with the right knowledge and skills available at the right time to deliver safe care. We value our people and the commitment and resilience they demonstrate in the care they provide. We care about their wellbeing, protect their rights and support them to feel well and happy at work; and provide them with the tools, systems and environment to work safely and effectively. Our workforce planning focuses on investing in our people and nurturing, growing and transforming our workforce to create a sustainable workforce for the future.
Culture	Our healthcare system creates the right climate and culture to nurture and encourage quality and system safety, valuing people in a supportive, collaborative and inclusive workplace so that our people feel psychologically safe to raise concerns and try out new ideas and approaches. Relationships within teams and with the people we serve are effective and based on transparency, accountability, ethical behaviour, trust and just culture, where people can thrive.
Information	Our healthcare system ensures information is available and shared appropriately for all who need it. We turn data to knowledge by triangulating quantitative and qualitative performance, experience and outcome measures to understand the quality of services, efficacy of improvement work and impact of decisions made. We monitor, report and escalate indicators through our governance structures to ensure that appropriate action is taken at every level in terms of learning, improvement and accountability.
Learning, improvement and research	Our healthcare system creates the conditions and capacity for an organisation and system-wide approach to continuous learning, quality improvement and innovation, which it actively promotes. We use new knowledge to influence improvements in practice and to inform our decision-making. We ensure our learning and improvement activity is linked to our strategic vision to deliver transformational, organisation-wide change. We commit to participating in research because research-active organisations provide improved quality of care and outcomes for people.
Whole system approach	Our healthcare system ensures safety in healthcare goes beyond individual patient safety. We will look within and beyond our organisational boundaries to learn how we can continually, reliably and sustainably meet the evolving needs of people. We will strengthen relationships and work with all our partners to achieve good outcomes. Our policies incorporate the broader ambitions within the seven well-being goals and five ways of working in the Well-being of Future Generations Act.

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3.2b - People & Culture Dashboard (April 2026 – Month 1)

Staff Group	WTE Staff in Post Apr-25	WTE Staff in Post Apr-26	Variance Apr-25 & Apr-26
Add Prof Scientific and Technic	83.21	93.05	9.83
Additional Clinical Services	430.53	428.96	-1.58
Administrative and Clerical	576.96	564.74	-12.22
Allied Health Professionals	161.22	171.38	10.16
Estates and Ancillary	167.62	166.35	-1.27
Healthcare Scientists	10.21	10.01	-0.20
Medical and Dental	39.44	39.70	0.25
Nursing and Midwifery Registered	600.23	624.16	23.93
Students	2.00	1.00	-1.00
Grand Total	2,071.43	2099.34	27.91



PADR Compliance: Apr-26

80%

Medical & Dental (57%)

NHS Wales 77% (Jan-26)

Apr-25 : 82% M&D: 58%
Apr-24 : 79% M&D: 60%

Mandatory & Statutory Training Compliance: Apr-26

87%

NHS Wales 88% (Jan-26)

Apr-25 : 88%
Apr-24 : 87%

Staff Rolling Turnover: Apr-26

9.24%

NHS Wales 6.5% (jan-26)

Apr-25 – 11.46%
Apr-24 – 13.61%

Sickness Absence Percentage: Apr-26

5.35% (Actual)
5.49% (Rolling)

NHS Wales 6.3% Rolling (Jan-26)

Apr-25 – 5.44% (Actual) 5.35% (Rolling)
Apr-24 – 4.96% (Actual) 5.34% (Rolling)

Bank WTE Worked - (12 month Average)

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78.5 WTE

May-24 - Apr-25: 66.5 WTE
May-23 - Apr-24: 49.9 WTE

Agency WTE Worked - (12 Month Average)

46.5 WTE

On Contract – 33.3 WTE
Off Contract – 13.1 WTE

May-24 - Apr-25: 74.9 WTE - (On 48.8 WTE & Off 26.1 WTE)
May-23 - Apr-24: 72.2 WTE - (On 49.6 WTE & Off 22.6 WTE)

Medical Agency WTE Worked (12 Month Average)

7.6WTE

On Contract –3.9 WTE
Off Contract – 3.7 WTE

May-24 - Apr-25: 8.4 WTE - (On 4.2 WTE & Off 4.2 WTE)



Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item:5.4

Board	**20 May 2026**
Subject:	**Progress Against the Annual Plan (Delivery Plan 2025-26) for the Quarter 4 Period, January to March 2026 – Year End Report**
Approved and presented by:	Nicola Johnson, Executive Director of Planning, Performance & Commissioning
Prepared by:	Assistant Director of Planning/Planning Managers
Other Committees and meetings considered at:	Executive Committee - 29 April 2026 who scrutinised the report and supported it to F&P. Finance & Performance Committee - 14 May 2026 who supported the report to the Board.

PURPOSE:

This report provides the Board with an update of the progress made against the Annual Plan in the Quarter 4 period (January to March) which provides the end of year report for 2025 – 2026.

The report has been considered moderated and approved by the Executive Committee where any additional information provided by colleagues to strengthen the document has been added.

Following consideration at the Finance and Performance Committee, and PTHB Board it will be submitted to Welsh Government, as a formal report of Progress against the Plan for 2025/26.

It will also feed into the PTHB Annual Report 2025/26 to show progress made against the organisation's vision and Wellbeing Objectives, in line with the requirements of the Well-being of Future Generations (Wales) Act 2015.

RECOMMENDATION(S):

The Board is asked:

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

Approve/Take Assurance	Discuss	Note
Y	Y	N

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

EXECUTIVE SUMMARY:

This report provides the Board with an update of the progress in the Quarter 4 period (January to March) which provides the end of year report for 2025 – 2026. This is the cumulative output of the reviews carried out by each Executive Lead on their respective areas for the whole year.

This report has been considered, moderated and approved by the Executive Committee prior to submission to the Finance and Performance Committee and PTHB Board and finally to Welsh Government as a formal report of Progress against Plan for 2025-26, in line with national reporting requirements.

This is an important component of the health board's assurance and performance management regime. This is particularly relevant in the context of the Health Board's escalation status of 'Level 4' for strategy, finance and planning. Improvements have been made continuously to this report to enable sufficiently detailed yet concise reporting of the PTHB Annual Plan.

This year-end report also feeds into the PTHB Annual Report 2025 – 2026 and importantly, the account of progress against the Wellbeing Objectives, in line with the requirements of the of the Well-being of Future Generations (Wales) Act 2015.

BACKGROUND

This report provides the Finance and Performance Committee with an update of the progress made at year end against the 2025/26 Annual Plan.

This also reflects the progress against Wellbeing Objectives, and this information will be used in the PTHB Annual Report, in line with the requirements of the Well-being of Future Generations (Wales) Act 2015.

1) <u>Recap and context in relation to Wellbeing Objectives</u>

For recap and context, and in response to a point raised through the audit process on how the health board tracks progress against the Wellbeing Objectives, the PTHB Integrated Plan is set in the context of the shared, long term health and care strategy, A Healthy Caring Powys – and the Wellbeing Objectives, which are a component part of this. These were developed by the Powys Regional Partnership Board (RPB), following extensive engagement with the communities and stakeholders in Powys, and is the

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basis both for the RPB Area Plan and the PTHB Integrated Plan (the latter being the subject of this report).

The PTHB plan is therefore shaped around the vision, Wellbeing Objectives and Enabling Objectives in this shared strategy. This was pioneering at the time, and remains best practice to date, as it means that there is a deep connection between – and reporting of - the PTHB annual plan, and the delivery against the shared Wellbeing Objectives.

The quarterly reports of Progress against Plan, are, inherently, and at a very high level of detail, progress against the Wellbeing Objectives. The attached full report is formatted in such a way that it provides an overall progress assessment for each Wellbeing Objective, with these forming the sections of the report. This provides a clear and direct line of sight to the Strategic Priorities that are driving action within each of these. There is a highly granular assessment by deliverable in each case. Further, this cover paper also extracts the key achievements, by Wellbeing Objective, from the overall report.

In addition, the PTHB Annual Report also maps these Wellbeing Objectives to the requirements of the Well-being of Future Generations (Wales) Act 2015 (notably the 7 national Wellbeing Goals and the 5 Ways of Working).

2) Development of Progress Report against Plan

Each of the 22 Strategic Priorities set out within the Annual Plan have been reviewed and a commentary provided by Executive Leads on key achievements and challenges, where required for year end.

An additional explanation including mitigating action is also included where any items are **BRAG** rated as Red. Improvements have been made continuously to this report to enable sufficiently detailed yet concise reporting of progress against the PTHB Integrated Plan. There has been an increased focus on the commentary in response to feedback from Committee and Board, to provide greater insight into the impacts that actions are having and the key achievements.

The Delivery Plan has also been mapped to the Ministerial Advisory Group (MAG) requirements which are now also reflected in the Welsh Government publication 'Improving Performance Together' which was issued in July 2025.

This is an important component of the Health Board's monitoring, assurance and performance management regime. This is particularly relevant in the context of the Health Board's escalation status of 'Level 4' for strategy, finance and planning.

Executive Lead sign off has been maintained, to ensure that the report reflects the appraisal carried out within Directorates and is given as part of the Executive Leads accountability for their portfolio and strategic priorities.

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3) Progress Summary at Year End

The report shows the progress made with delivery of the Wellbeing Objectives and Strategic Priorities in the Plan as reported for year end.

At the end of Quarter 3, approval was given to remove a number of deliverables from the plan. This meant that at Q3 there was a total of 337 key deliverables and at Q4 there is now a total of 327. The items that were removed were all reviewed for delivery in the 2026-27 plan. Therefore, of the of the 327 key deliverables identified for completion as at year end in 2025/26:

- 232 complete
- 39 on track
- 25 at risk
- 31 behind schedule

As this is a year end report, items are predominantly marked complete or behind schedule (as all items should theoretically be delivered within the year). However, in practice, there are items that are not wholly confined to a twelve month delivery period, or where further work is needed to sustain progress. There are also items which span across multiple years of work, given the complexity of some programmes. In these cases, the Executive Leads have determined that a Green (on track) or Amber (at risk) rating is appropriate, as they are neither fully complete nor would it be appropriate to deem them fully behind schedule.

Further detail of items that have been carried over into the 2026/27 Annual Plan are mapped out below (see Appendix 1)

4) Ministerial Advisory Group Recommendations

Work was carried out in Q1 to add cross references to the Progress against Plan reporting to the MAG (Ministerial Advisory Group report & recommendations on productivity) as part of tracking of actions in these areas.

Further detailed tracking in line with the recently released Welsh Government 'Improving Performance Together' document (which incorporates the MAG, Cabinet Secretary priorities and planning / performance framework) is included in the PTHB IQPF and IQPR (Integrated Quality and Performance Framework and Report)

Detailed updates on key areas of delivery and performance including ministerial priorities and enabling actions are provided at monthly IQPD sessions and also at Joint Executive Team (JET) meetings.

MAG recommendation	Key Deliverables	RAG rating	Commentary provided
5.6) Theatres: Development of key day case pathways **Cross reference to MAG Report 2025 recommendations:** - All Health Boards should adopt best practice in theatre management	**5.6.1)** Development of theatre dashboard in line with national programme Q3	**On track**	**5.6.1)** Theatre Dashboard PTHB part of national dashboard requires further refinement
	5.6.2) Implementation of all day lists ophthalmology/orthopaedics 2025/26 Q4	**On track**	**5.6.2)** All day lists via insourcing on-going development in terms of in reach aligns to GIRFT transformation
	5.6.3) Anaesthetics specialty lead for PTHB resourced from SLA underperformance Q2	**On track**	**5.6.3)** Speciality lead resource identified recruitment in train

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(GIRFT), local Theatre Optimisation Boards and increased productivity ie. cases per session (see MAG for specifics) (further recommendation on accreditation of Surgical Hubs which WG propose they lead)	**5.6.4)** ~~Digitalisation – costed proposal for theatre management system Q1~~ (Removed)		**5.6.4)** National Theatre system not yet agreed currently utilising functionality within PAS – request to be removed from plan
	5.6.5) Review of day case procedures to identify opportunities for repatriation Q2	**On track**	**5.6.5)** Day case review forms part of GIRFT recommendations for 26/27
5.7) Outpatients: Develop a single management system and oversight **Cross reference to MAG Report 2025 recommendations:** - All Health Boards should within three months develop a plan to reduce referrals to traditional outpatients in high volume specialities / unwarranted variation - Models that offer alternatives should be rapidly identified and scaled - Reduce variation in OP waiting times using best practice inc. GIRFT/ Further faster/ triage/ pathways	**5.7.1)** Development of Outpatients in core specialities aligned to Planned Care optimisation frameworks with focus on discharge pathways SOS/PIFU, digital and MDT development Q1-Q4	**On track**	
7.2) Cancer **Cross reference to MAG Report 2025 recommendations:** No health board specific however note the recommendation for NHS Wales to identify single highest impact pathway change for five tumour types and	**7.2.1)** Delivery against Cancer Improvement plan Q1-Q4	**On track**	
	7.2.2) Continue to work with Commissioned Service Providers to identify areas of the suspected Cancer pathway which could be improved Q1-Q4	**On track**	
	7.2.3) Work with the Cancer Network to implement innovations to support earlier diagnosis and reduce waiting times Q1-Q4	**On track**	
	7.2.4) Continue the Improving the Cancer Journey Programme Phase 2 Q1-Q4	**On track**	

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incentives; and associated data development (see MAG for detail)	**7.2.5)** Annual review of the PTHB Cancer Improvement Plan Q1-Q4	**On track**	
10.2) Improved approach to Pathways of Care Delays (POCD) through escalation and tracking and working in partnership to deliver the recommendations of the Newton Europe diagnostic report. **Cross reference to MAG Report 2025 recommendations:** - Health Boards should make improvement in processes, partnerships and investment in specific community pathways to reduce delayed pathways of care (6 months) - Delays by pathways to be published in 3 months • Also note recommendation for WG to carry out Rapid study of longest delays to target investment, with Health Board input Also note ambulance handovers included (see MAG for detail)	**10.2.1)** Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking Q1-Q4	**On track**	Total numbers of Pathways of Care Delays have decreased. Number of POCDs throughout Q4 represent a 7% decrease when compared to with Q3 (188 [Q3]: 175[Q4]), and a 2% decrease when compared to the same period in the previous year (179 [Q4 24/25]: 175 [Q4 25/26]). This however represents an 10% increase of the monthly average compared to the Mar '25 baseline (58.3 [Q4 Avg.]: 53 [Mar '25]). The year-end position remains positive, with the month-to-month comparison, and 12-month aggregate performance both representing a 6% decrease in total POCDs compared to the year prior (50 [Mar '26]: 53 [Mar '25]), (700 [25/26]: 743 [24/25]).
	10.2.2) Reduce the number of super-stranded patients through escalation and tracking Q1-Q4	**On track**	The number of super-stranded patients has decreased throughout Q4 and remains low. Number of super-stranded patients within March represent a 25% decrease when compared with the Mar '25 baseline (3 [Mar '26]: 4 [Mar '25]). It should be noted that the low incidence rate of super-stranded patients has a disproportionate impact to target performance when viewed as a percentage.
	10.2.3) Work in partnership with PCC to improve social care delays through the recommendations of the Newton Europe diagnostic report Q1-Q4	**On track**	Joint POCD Action Plan with PCC remains in place and up to date. The escalation action plan and monthly escalation meetings with the Powys County Council Hospital Social Worker Team Lead have continued throughout

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			Q4, working well through integrative working partnerships. Performance has improved/remained stable/worsened, with the average time to Social Worker allocation having decreased from 4.5 days [Q3 Avg.] to 4 days [Q4 Avg.]
	10.2.4) Reduce the total number of days delayed due to Pathways of Care delays Q1-Q4	**On track**	Total numbers of Days Delayed as a result of Pathways of Care Delays have decreased. Number of days delayed throughout Q4 represent an 19% decrease when compared to with Q3 (7694 [Q3]: 6523 [Q4]), and a 9% decrease when compared to the same period in the previous year (6859 [Q4 24/25]: 6523 [Q4 25/26]). This also represents a 4% decrease of the monthly average compared to the Mar '25 baseline (2174 [Q4 Avg.]: 2265 [Mar '25]). The year-end position is positive, with the month-to-month comparison demonstrating a 14% decrease from the year prior (1950 [Mar '26]: 2265 [Mar '25]), and 12-month aggregate performance representing an 8% decrease in total days delayed due to POCDs compared to the year prior (27111 [25/26]: 29544 [24/25]).
10.5) Further develop PTHB's utilisation of the Optimal Hospital Flow Framework and associated tools, with a focus on D2RA and Red2Green **Cross reference to MAG Report 2025 recommendations:** Hospitals must ensure all admitted patients are	**10.5.1)** Develop R2G and D2RA Information and Performance dashboards Q1	**Complete**	
	10.5.2) Monitor and review data outputs and identify barriers Q2	**Complete**	
	10.5.3) Scope and assess means to address identified barriers Q3	**Complete**	
	10.5.4) Develop targeted action plan to address identified barriers Q4	**Complete**	In response to the barriers identified through the NHS Performance and Improvement Team review during Q3, a revised approach has been taken focusing on re-embedding

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placed on D2RA pathways			Optimal Hospital Flow principles, recognising that the primary challenge relates to operational application rather than data entry itself. Targeted training sessions were delivered throughout Q4 to support this, alongside the introduction of automated prompts for patient-facing teams to support D2RA pathway allocation and weekly reporting to operational leads. This forms the basis of the targeted action plan, with activity continuing into 2026/27 through a broader body of work to support deeper embedding.
10.6) Further strengthening the approach to Trusted Assessment **Cross reference to MAG Report 2025 recommendations:** • Audit of Trusted Assessors May & Sept (WG lead, Health Boards to provide justification and timescales)	**10.6.1)** Pilot of Trusted Assessment approach Q1	**Complete**	
	10.6.2) Review outcomes of the pilot Q2	**Complete**	Outcomes of the pilot have been incorporated into an evaluation and benefits framework during Q4, assessing impact on patients awaiting repatriation to Powys from WVT, financial implications of WVT community hospital bed occupancy, discharge outcomes, and overall patient experience for those transferring into D2A beds (Cottage View).
	10.6.3) Scoping of next steps Q3		In line with Ministerial priorities, next steps for the Trusted Assessor model have been scoped, resulting in a co-designed Joint Discharge Memorandum of Understanding with Powys County Council. This includes application of the Trusted Assessor model within discharge planning, including MCA/Best Interest decision-making and assessment for D2A step-down beds. Further development work is planned to extend this

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			approach to discharge home with domiciliary care, with Social Care assessment undertaken post-discharge to ensure care is right-sized to patient need.
12.1) Transformation skills and development Focused on targeted support for transformation, including leadership, change management, training and capability for transformation and new ways of working **CRITICAL ACTION** **Cross reference to MAG Report 2025 recommendations:** • Health Boards to report workforce headcount, FTE staffing and productivity data to public Board meeting (see MAG report and WG response for further detail/ timescale) also note recommendation for HEIW in relation to Leadership programmes	**12.1.1)** Working with the Transformation and Improvement team, assess and prioritise the development of transformation and improvement training, skills and capacity at all levels of the organisation Q1-Q4	**Complete**	To support the Better Together Programme, Transformation and Value Programme Managers and OD Facilitators have all undertaken Change Management Practitioner training and guides have been published on the intranet as a resource for anyone involved in change. Change management is also included in management and leadership programmes. Work continues and remains an ongoing action to identify specific individuals who need change management training to directly deliver Phase 1 elements of Better Together.

5) Progress of Critical Actions:

Additionally in this year's Plan, due to the board's escalation status, a set of 'critical actions' has been agreed to focus on maintaining grip and control, addressing the known drivers of our financial deficit, and effectively prioritising our resources to address them. Of the 51 critical actions identified in the Plan:

- 37 are reported as "complete"
- 4 are reported as "on track"
- 8 are reported as "at risk"
- 2 are reported as "behind schedule" (for further details, see table below).

Naturally there is an overlap between the 2 tables given that the critical actions are areas being picked up by the MAG also. The Executive team are asked to moderate and

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assure the Delivery Confidence of all AMBER Critical Actions as listed below – and to moderate and assure the Delivery Confidence of all RED actions as laid out in the table on page 12.

Wellbeing Objective	Key Areas of Delivery	Key Deliverables	RAG rating Commentary provided Items at risk
Focus on Wellbeing	3.1) Develop, design and implement a Children's Neurodevelopment (ND) service that is family and child centred in line with national standards **CRITICAL ACTION**	3.1.1) Embed and sustain improvements in the Children's ND Improvement Plan Q1	**Complete**
		3.1.2) Ensure a clear delivery model is in place aligned to demand and capacity modelling along with population need and mapping for future prevalence Q2	**Complete**
		3.1.3) Ensure a robust workforce model is in place Q2	**Complete**
Early Help and Support	**4.1) Enhanced Community Care Model** Develop and implement a new Enhanced Community Care model incorporating Frailty, Virtual Ward and Hospital @ Home in a Powys context and the development of Integrated Community Teams **CRITICAL ACTION**	4.1.1) Carry out a strategic assessment of community provision including delivery of MDTs, Community Resource Team/Virtual Ward, Directed Supplementary Service (DSS), outcomes, variation, best practice and opportunities Q1	**Complete**
		4.1.2) Complete a strategic assessment of the existing community based MDTs in Powys to learn from existing good practice and identify opportunities (linked to similar work in Mental Health) Q1	**Complete**
		4.1.3) Design a new model for Enhanced Community Care with stakeholders Q1	**Complete**
		4.1.4) Develop and agree with partners (primary care, social care and third sector) the workforce scope and geographical structure Q1	**Complete**
		4.1.5) Check, challenge and test the proposed model through engagement with staff, stakeholders and partners Q2	**Complete**
		4.1.6) Commence implementation of the integrated community model across all localities in Powys Q4	**At risk -** Light-touch implementation activity has b across several localities, with early testing of eleme of the integrated model now in place. This includes operation of the Single Point of Access, enhanced in-reach to Emergency Departments through community teams, and extensions to the commun frailty offer. While these represent positive early s full implementation has not yet been achieved and continue into 2026/27 as the model is further developed, tested and resourced.
	4.2) GP Out of Hours (OOH) **CRITICAL ACTION**	4.2.1) Extend the Shropdoc contract to sustain existing services subject to the assessment of delivery Q1	**Complete**
		4.2.2) Re-tender for an Out Of Hours service provision Q2-Q3	**Complete**
		4.2.3) Resolve and commission Swansea Bay University Health Board to deliver service for Ystradgynlais Q1	**Complete**
	5.1) Delivery of prioritised strategic planned care improvements	5.1.1) Implementation of Clinically led referral optimisation model for Planned Care (Ophthalmology and Orthopaedics) – joint work across Transformation, Operational teams, Commissioning and Digital **CRITICAL ACTION** Q1-Q3	**On track**
	6.1) External expertise will be commissioned to fully appraise any further improvements and develop a new model **CRITICAL ACTION**	6.1.1) Expertise commissioned and appraisal completed Q1-Q2	**Complete**
		6.1.2) Outputs of appraisal used to inform further improvement plan Q2	**Complete**
Tackling the Big Four		7.1.1) Implement improvements in the High Value High Impact pathways aligned to	**On track**

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	7.1) Deliver improvements in High Value High Impact pathways (Diabetes) CRITICAL **ACTION**	Value & Sustainability Board priorities – Diabetes Q1-Q4	
		7.1.2) Review the outcomes in Powys of existing Diabetes care and pathways Q1	**Complete**
		7.1.3) Scope the potential to provide elements of the hybrid closed loop pathway closer to home Q1-Q2	**At risk -** An SBAR outlining PTHB's ability to deliver Hybrid Closed Loop (HCL) has been developed and scheduled for presentation to the Diabetes and Integrated Planning 2025–26 Workstream on 31st March 2025. Subject to workstream endorsem the SBAR will progress to next destination for approval. Delivery of HCL by PTHB will require investment to support this deliverable.
		7.1.4) Further Faster review in reach general medical endocrinology (Links to eye care referral management diabetic retinopathy pathway) Q2	**At risk -** Further Faster review in reach general me endocrinology (Links to eye care referral managem diabetic retinopathy pathway) Q2: Some overlap v Strategic transformation Planned Care (GIRFT) revi and to be continued into Q1 26/27.
		7.1.5) Develop cluster model to enhance the 8 care process outcomes Q2-Q3	**On track**
		7.1.6) Implement changes to the hybrid closed loop pathway Q3-Q4	**At risk -** An SBAR outlining PTHB's ability to deliver Hybrid Closed Loop (HCL) has been developed and scheduled for presentation to the Diabetes and Integrated Planning 2025–26 Workstream on 31st March 2025. Subject to workstream endorsem the SBAR will progress to next destination for approval. Delivery of HCL by PTHB will require investment to support this deliverable.
		7.1.7) Implement enhanced primary & community Diabetes pathway Q4	**At risk -** Some elements of this action have been complete during 25-26, a plan is in place for busine case to develop further capacity within the special nursing team to enhance capacity for local delivery Hybrid Closed Loop in Q1 26/27. Ongoing work wil continue in 26-27 to further enhance the primary & community diabetes pathway with monitoring to continue through diabetes workstream which will meet on a bi-monthly basis.
	8.1) Mental Health Transformation Programme CRITICAL ACTION	8.1.1) Complete strategic assessment of community based MDTs and identify opportunities Q1	**Complete**
		8.1.2) Continue transformation of front door building on Single Point of Access (SPOA) aligned to 111(2) Q1-Q4	**Complete**
		8.1.3) Implement electronic GP referral to SPOA Q4	**At risk -** Resource was diverted to the accelerated scope for Better Together Accelerated Community Model (& Inpatient Model) earlier in the year, whi lead to the submission of a change request to reschedule this deliverable into Q4 (approved). Wh discussions have begun with Primary Care and wit Cluster Meetings, this work has not progressed as planned and therefore has an amber status for Q4 This deliverable requires scoping in line with forthcoming electronic system and process change and will continue into 2026-27. It is hoped that thi deliverable will benefit from much improved digita integration between primary and secondary care following the planned implementation of an impro community services electronic system, (wccis replacement).
		8.1.4) Undertake demand and capacity modelling (health and care) Q1-Q2	**Complete**
		8.1.5) Redefine core offer / care and treatment pathways with new recovery focused model Q3-Q4	**On track**
		8.1.6) Design community model to deliver core offer, aligned to wider community model Q3-Q4	**Complete**

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		8.1.7) Develop phased implementation plan Q4	**Complete**
		8.1.8) Rescope sanctuary model in above context, in North Powys Q2-Q3	**Behind Schedule** - Alternative to hospital admissio e.g. Sanctuary, has been included within MH optio for public consultation. However, scope of the sanctuary offer will be informed by both forthcom national guidance regarding alternatives to admiss and outcome of public consultation of recommend MH Better Together options. Therefore, this deliverable has red status for Q4 and will be contir forwards to 2026-27 Integrated Plan, where the ab interdependencies can be addressed during Better Together wider design.
		8.1.9) Align teams to address co-morbidities and complex needs across health and care Q3-Q4	**Complete**
		8.1.10) Align specialist teams (including Complex Emotional Needs service) Pan Powys Q3-Q4	**Complete**
		8.1.11) Leverage digital opportunities e.g. access to information, virtual appointments, data collection and reporting Q1-Q4	**Complete**
		Acute Inpatient Model of Care 8.1.12) Further planning and design following recommendations of Supportive Assessment by NHS Executive in March 2025 Q1	**Complete**
		8.1.13) Consideration of optimum bed / ward configuration in line with Strategic Priority 9 (which includes period of engagement for any proposed redesign and service change) Q1-Q4	**Complete**
		8.1.14) ~~Clinical review of existing model and demand / capacity analysis (linked to work above) Q1~~ (Removed)	
		8.1.15) Service improvement learning from Phase 1 Dementia Home Treatment Team (Design / implementation of model part of wider work noted above) Q3	**Complete**
Joined Up Care	9.1) Optimising inpatient care and bed utilisation **CRITICAL ACTION**	**Colocation by clinical need** 9.1.1) Complete the evaluation of Temporary Service Changes (Ready to Go Home Units and Rehabilitation Units) with learning to be considered in developing future models of care (as part of SP4 Community Model) Q1	**Complete**
		9.1.2) Implement recommendations including any rostering improvements (reflected in Workforce Futures and as part of SP4 Community Model) Q2-Q4	**Complete**
	10.1) Refine the Integrated Flow Hub to develop a sustainable model that enhances system-wide coordination and patient flow **CRITICAL ACTION**	10.1.1) Scope and define the role and priorities of the Integrated Flow Hub, including the development of a resource plan Q1	**Complete**
		10.1.2) Subject to scoping, secure necessary resourcing including workforce and digital technologies for effective and sustainable implementation Q2	**Complete**
		10.1.3) Implement a revised approach to the Integrated Flow Hub, ensuring alignment with identified role and priorities Q3	**Complete**
		10.1.4) Assess the effectiveness and impact of the revised Integrated Flow Hub, identifying lessons learned and opportunities to support long-term sustainability Q4	**At risk -** Full assessment of the revised Integrated Hub has not been completed during Q4, as implementation through soft launch of the Single P of Access commenced during the quarter and has yet allowed sufficient operating time for full evaluation. Early operational feedback is positive, several examples of avoided admissions indicating

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			emerging effectiveness of the revised model. Form evaluation is planned for Q2 2026/27 to allow sufficient operating time before lessons learned ar longer-term sustainability are fully assessed.
	11.1) Commissioning development Framework **CRITICAL ACTION**	11.1.1) Develop Strategic Commissioning Framework for tactical commissioning and contracting for 2025/26 based on population health and evidence based practice to improve outcomes and value for population, in context of escalation and plan status. Includes underpinning work on reducing variation and implementing national INNU policies and supporting referral optimisation and coordination of Last year of Life Q1	**Complete**
Workforce Futures	12.1) Transformation skills and development Focused on targeted support for transformation, including leadership, change management, training and capability for transformation and new ways of working **CRITICAL ACTION** **Cross reference to MAG Report 2025 recommendations:** • Health Boards to report workforce headcount, FTE staffing and productivity data to public Board meeting (see MAG report and WG response for further detail/ timescale) also note recommendation for HEIW in relation to Leadership programmes	12.1.1) Working with the Transformation and Improvement team, assess and prioritise the development of transformation and improvement training, skills and capacity at all levels of the organisation Q1-Q4	**Complete**
Digital First	16.1) DSF Strategic Theme - Leadership, Partnership and Alliances ○ Schedule Board Development sessions to embed digital thinking at the leadership level CRITICAL ACTION	16.1.1) To ensure digital transformation is a continuous focus at the highest levels of leadership plan two Digital Board Awareness Sessions in year Q1	**Complete**
		16.1.2) Schedule and present a Cyber/Information Governance Awareness Board Session Q2	**Complete**
		16.1.3) Schedule and present a Big Data Management Awareness Board Session Q4	**Behind Schedule** – Scope of this board session was changed to Introduction to digital services, therefo the big data management awareness did not take place
	16.7) DSF Strategic Theme - Infrastructure and Security CRITICAL ACTION Cyber and Infrastructure	16.7.1) Complete the Cyber Assurance Framework (CAF) and establish a process for reducing the cyber risk and managing the incidents in a timely manner Q1-Q4	**Complete**
Transforming in Partnership	20.1) Work with the Regional Partnership Board to prioritise the greatest system issues and impacts i.e. pathways of care delays and prevention of inappropriate admission to hospital, using the recommendations of the Newton Europe diagnostic report **CRITICAL ACTION**	20.1.1) Strengthened prioritisation and utilisation of RIF funded delivery to target greatest system pressures Q4	**Complete**
		20.1.2) Agreement on RPB support for Ready to Go Home Units subject to the PTHB Board decision in July 2025 Q2	**Complete**

6) Items Behind Schedule

The table below summarises areas of delivery which remain with a red BRAGG rating at the end of Quarter 4. As mentioned above, naturally there is an overlap between the tables, given that some items behind schedule could also be part of the critical actions and MAG recommendations.

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Strategic Priority	Key Areas of Delivery	Key Deliverables	Commentary on Red Actions	Delivery Confidence Assessment
SP4	**4.6) Cluster Development** Develop a robust planning and delivery framework at a cluster and collaborative level, capable to deliver at scale for the population	4.6.4) Develop the Professional Nursing Collaborative Q2-Q4	Develop the professional nursing collaborative delayed due to changes in the senior and executive nurse leadership team. Discussions recommenced February 2026 with a view to progressing 2026/27.	Low
	4.9) Dental Services Grow capacity and sustainability of dental, orthodontic and special care dentistry services across Powys	4.9.5) Develop IV sedation service in the Community Dental Service Q4	Number of referrals remain low, oral surgery IV referrals have been seen - to be re-visited when new consultant is in post	Low
		4.9.8) Formalise special care dentistry pathways with external providers for special care patients who are unable to be treated safely in Powys Q4	Commissioning to scope formal SLA/LTA, no update on progress, interim arrangements is for commissioning to seek care on a case by case basis	Low
SP5	**5.9) Point of Care Testing (POCT)** Improved assurance and governance	5.9.1) Add all connectable devices to WPOCT Q1-Q4	WPOCT has not yet been implemented as DHCW were unable to secure engagement from Siemens until 17.03.26. As a result, this work is expected to move into 2026/27.	Low
		5.9.4) Establish model for working with Primary Care Q4	Relationships with Primary are continuing to develop but establishing an agreed model is taking longer than anticipated.	Low
		5.9.5) Review and develop existing POCT provision and governance: Develop QA Compliance framework including audits and KPIs for all devices in use Q4	This work has not yet commenced due to capacity limitations.	Low
SP8	**8.1) Mental Health Transformation Programme** **CRITICAL ACTION**	8.1.8) Rescope Sanctuary model in above context, in North Powys Q4	Alternative to hospital admission e.g. Sanctuary, has been included within MH options for public consultation. However, scope of the sanctuary offer will be informed by both forthcoming national guidance regarding alternatives to admission, and outcome of public consultation of recommended MH Better Together options. Therefore, this deliverable has red status for Q4 and will be continued forwards to 2026-27 Integrated Plan, where the above interdependencies can be addressed during Better Together wider design.	Low
SP11	**11.2) Pathway development/redesign** Through the application of the PTHB commissioning cycle, Identify and redesign/recommission 2 pathways through clinically led Commissioning Approach; including gynaecology and General Medicine	11.2.1) Establish and secure clinical leadership Q4	Pathway development/redesign – aligned to GIRFT strategic assessment of planned care, therefore actions have not proceeded to original timescale and will be taken forward upon receipt of the report and implemented in 2026/27.	Low
		11.2.2) Review of population need, current and intended outcomes Q4	Pathway development/redesign – aligned to GIRFT strategic assessment of planned care, therefore actions have not	Low

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			proceeded to original timescale and will be taken forward upon receipt of the report and implemented in 2026/27.	
		11.2.3) Review existing service provision, undertake gap analysis in context of identified need and relevant national benchmarking data (including evidence base) Q4	Pathway development/redesign – aligned to GIRFT strategic assessment of planned care, therefore actions have not proceeded to original timescale and will be taken forward upon receipt of the report and implemented in 2026/27.	Low
		11.2.4) Determine current provider/commissioner budget, performance and contract frameworks for each pathway Q4	Pathway development/redesign – aligned to GIRFT strategic assessment of planned care, therefore actions have not proceeded to original timescale and will be taken forward upon receipt of the report and implemented in 2026/27.	Low
		11.2.5) Develop proposed service specifications Q4	Pathway development/redesign – aligned to GIRFT strategic assessment of planned care, therefore actions have not proceeded to original timescale and will be taken forward upon receipt of the report and implemented in 2026/27.	Low
		11.2.6) Detail proposed clinical pathways and models of care based on the service specifications Q4	Pathway development/redesign – aligned to GIRFT strategic assessment of planned care, therefore actions have not proceeded to original timescale and will be taken forward upon receipt of the report and implemented in 2026/27.	Low
		11.2.7) Translate clinical pathways and models of care into final specification (including tender documentation if service to be procured) Q4	Pathway development/redesign – aligned to GIRFT strategic assessment of planned care, therefore actions have not proceeded to original timescale and will be taken forward upon receipt of the report and implemented in 2026/27.	Low
		11.2.8) Plan demand and capacity requirements to ensure timely, effective and equitable delivery of the pathway Q4	Pathway development/redesign – aligned to GIRFT strategic assessment of planned care, therefore actions have not proceeded to original timescale and will be taken forward upon receipt of the report and implemented in 2026/27.	Low
		11.2.9) Develop pathway implementation plans Q4	Pathway development/redesign – aligned to GIRFT strategic assessment of planned care, therefore actions have not proceeded to original timescale and will be taken forward upon receipt of the report and implemented in 2026/27.	Low

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		11.2.10) Develop performance monitoring and assurance framework Q4	Pathway development/redesign – aligned to GIRFT strategic assessment of planned care, therefore actions have not proceeded to original timescale and will be taken forward upon receipt of the report and implemented in 2026/27.	Low
	11.4) Develop Fragile Service Risk Assessment methodology to guide strategic commissioning of in reach	11.4.1) Using national work, agreed methodology to review existing in-reach services and determine options for future commissioning arrangements Q4	Linked to GIRFT strategic assessment of planned care timescales.	Low
Workforce Futures - Transformation and Sustainability	12.4) Introduce arrangements to temporarily realign establishments to remove the use of Healthcare Support Workers (HCSW) agency staff	12.4.1) Increase in temporary/fixed term HCSWs to remove HCSW agency use Q2	Although recruitment to substantive and fixed term HCSW roles has helped reduce agency spend for HCSWs, spend has not been completely eliminated. This action will be moved forward in to next year's plan.	Low
	12.6) Enhanced monitoring of clinical vacancies to ensure timely advertising of posts that would otherwise attract variable pay	12.6.1) All clinical vacancies attracting variable pay are advertised Q1-Q4	There continues to be delays with some Recruiting Managers advertising vacant roles that attract agency spend. A targeted piece of work is being undertaken by the People & Culture Business Partners and the Resourcing Team to support escalate any areas of concern alongside a wider review of all long term vacancies to determine whether skill mix or redesign opportunities could address any longstanding recruitment challenges. This action will be moved forward in to next year's plan.	Low
	12.12) Train eligible registered nurses in restorative supervision	12.12.1) Number of registered nurses trained in restorative supervision Q1-Q4	PTHB has 6 staff members trained as RCS supervisors (below the CNO target of 15%of Nursing staff trained as RCS Supervisors). An RCS Implementation Group meets monthly to continue to develop the offer and grow the number of trained staff. RCS is now offered regularly to Preceptees as part of their Preceptorship program.	Low
Workforce Futures - Equalities and Language	15.5) Continue to rollout the Gender awareness training	15.5.1) Number of cohorts and participants Q2&Q4	Roll out Gender awareness training Q2&Q4: Gender awareness training was paused during 2025–26 pending updated EHRC guidance following the Supreme Court ruling. In light of this, the organisational training offer in this area will be reviewed as part of the 2026–27 work programme to ensure that any future provision is fully aligned with national guidance and reflects best practice in supporting an inclusive and legally compliant approach to sex and gender within the workplace. The continued absence of this guidance	Low

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			has effectively halted this objective during the year.	
Digital First - Leadership and Planning for Digital	16.1) DSF Strategic Theme - Leadership, Partnership and Alliances ○ Schedule Board Development sessions to embed digital thinking at the leadership level CRITICAL ACTION	16.1.3) Schedule and present a Big Data Management Awareness Board Session Q4	Scope of this board session was changed to Introduction to digital services; therefore the big data management awareness did not take place	Low
	16.3) DSF Strategic Theme - Citizen Centred Care and Support ⊖ Patient Health Care Pathway Mapping and encouraged use of the NHS Wales	16.3.3) Create an improvement plan in collaboration with services with a view to standardising processes and documentation, reduce data collection and input duplication and support the design of new requirements Q4	Work is actively underway to transition from WCCIS to TAG:RIO Product. Detailed mapping and normalisation of flows will deliver this by Q4 26/27	Low
		16.3.4) Aim to achieve a reduction in referral processing times, within 12 months through an integrated digital referral system for identified priority services Q4	A proof of concept has been tentatively agreed by Welsh Government, to identify opportunities to integrate with English referral system. Tentatively scheduled for Q4 25/26 subject to agreement and further planning of dependant organisations.	Low
	16.9) Strategic Theme - Leadership, Partnership and Alliances ○ DSF National Programme Alignment • Electronic Prescribing • Maternity system and app • Radiology Information System • Connected Care (WCCIS), Mental Health and Community Health Solution replacement connected to Primary Care CRITICAL ACTION - Deploy with industry partners, proven clinical systems such as for Maternity, Mental Health and Community Health Systems, electronic care records and medical technologies	16.9.1) Commence the implementation of Electronic Prescribing Medicines Management to meet the Welsh Government Milestone Funding agreement Q4	Delayed due to national delays in delivering Structured Medication Review. Revised EPMA rollout schedule begins in May 26. Scheduled for completion by Q3 25/26	Low
		16.9.7) Commence a Referral Management System review in collaboration with Primary Care and Services from a System application perspective i.e. findings to evidence if referrals are made electronically and consistently Q4	Linked to 16.3.4. Engagement with DHCW and Primary Care will form part of the proposal for cross border referrals. Tentatively scheduled for Q4 25/26 subject to agreement and further planning of dependant organisations.	Low

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Innovative Environments - Strategic Capital	17.5) Llanfair Caereinion GP Practice and community hub	17.5.1) Identify project delivery and procurement pathway, secure funding and site and progress development of the project with commencement of construction phase Q1-Q4	Llanfair Caereinion - the timescales of the project progression are in the remit of the Developer until such time as a formal contract is enacted.	Low
Transforming in Partnership - Governance incorporating Corporate Business, Information Governance & Records	21.4) Review the Boards Risk Management Framework further embedding effective risk management	21.4.2) Fully implemented (Q4) Q1-Q4	The 2025-26 Risk Management Framework has largely been implemented and operationalised in year however full implementation has not been achieved at year end due to ongoing technical/functional issues with the Datix Risk Management System outside of the Health Board's control	Low
	21.7) Develop the PTHB elements of the NHS Wales Information Governance Toolkit – Improvement Plan 2025/26	21.7.1) Engagement with Service leads to progress identified actions to improve compliance in readiness for next submission Q1-Q4	NHS Wales Information Governance toolkit - work has remained ongoing to address the final few outstanding actions from the 26/26 Improvement Plan; however some actions have remained incomplete due to questions with the national team and local resource and capacity to complete	Low
	21.9) Records Management – Align and strengthen the Storage of Archive Health Records against legislation	21.9.1) Identify the resourcing strategy to support the effective on-going management to store archive health records over 4 designated facilities Q1-Q4	This work is due to complete in May and been delayed to the late 2025 lockdown issued nationally on the destruction of infected blood related records which was implemented to all patient records.	Low

7) Achievements to date

Following feedback from the Committee in the previous financial year, to enhance the content to provide greater insight into what difference actions were making, additional guidance was provided to Executive leads and a section for Achievements was added to the capture form used for the returns. This has enabled further information to be shared on achievements in the quarter. This area of reporting will be fed into the Annual Report as a collective insight into the achievements throughout 2025/26.

Focus on Wellbeing

- 420 premises have been signed up to the Breastfeeding Welcome Scheme.
- UNICEF Baby Friendly Initiative Stage 1 has been achieved.
- An additional 5 Early Years settings achieved the Gold Standard Healthy Snack Award

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- The Stop Smoking service has exceeded the national target of treating 5% of adult smokers.
- 2 Making Every Contact Count training sessions have been held with 31 participants targeting midwives, Primary Care and PAVO colleagues.
- Participation in Exercise Pegasus.
- An internal review of the operational business continuity arrangements gained 'substantial assurance'.
- Care Home Health Protection Champion training has been delivered.
- Covid-19 spring vaccination 2025 uptake = 56.89% (highest in Wales) with over 13,000 doses administered. 700 care home residents (78.97%) vaccinated (third highest in Wales) [as at 05/08/2025].
- Covid-19 Autumn vaccination uptake – All identified eligible cohort = 61.09% (highest for all eligible groups in Wales; Wales average = 58.3%) 14,000+ doses administered. 742 care home residents (81.6%) vaccinated (2nd highest in Wales; Wales average = 76.8%) [as at 18/02/2026].
- Flu Uptake (Data taken from National Influenza Summary Update 26, 19/03/2026, GP registered population) – Adults 65+ years = 72.2% (Wales = 73.0%), At Risk 6 months-64 years = 44.9% (Wales = 42.6%), Age 2 & 3 years = 56.5% (Wales = 47%), Primary School children = 56.4% (Wales = 57.6%), Secondary School Children = 40.3% (Wales = 46.1%), PTHB staff 44.7% (Wales = 43.1%).
- RSV uptake [as at 26/02/2026]:
  - Pregnant women consistently reaching over 50% uptake
  - Routine cohort (people turning 75 years of age) = 59.2%
  - Catchup cohort (75-79 year olds) = 67.0% (Wales = 64.8%) (Data for GP registered population uptake is 72.2%)
- 91.1% of children are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and MMR2) Oct-Dec 2025 Quarterly COVER report (highest in Wales; Wales = 87.5%). By age 5 this is 92.2% MMR2 and 91.9% '4-in-1', Hib/MenC 94.6%.
- A new online Women's Health Hub, providing accessible, high-quality information across a comprehensive range of women's health topics. This initiative strengthens a preventative, digitally enabled approach to care, improves access to information and support, and directly contributes to the delivery of the NHS Wales Women's Health Plan by addressing health inequalities and supporting women's health across the life course.

<u>Early Help and Support</u>

- Delivered a structured prescribing optimisation programme aligned to Value & Sustainability Board priorities, targeting high-cost and high-variation areas and achieving measurable cost avoidance through formulary adherence, switching initiatives, and appropriate deprescribing.
- Strengthened engagement with GP practices and clusters through targeted Medicines Management support, enhanced data insights, and clinical leadership,

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establishing a consistent, data-driven approach to prescribing efficiency across Powys and reducing unwarranted variation.
- Continued delivery of the Antimicrobial Stewardship (AMS) programme in line with national and Public Health Wales expectations. Improved prescribing quality through audit, feedback, and education—particularly in primary care settings.
- Progressed implementation of self-administration schemes across community hospital settings, supporting patient independence and medicines understanding.
- Foundational model design progressed into early implementation testing, including Single Point of Access rollout, frailty in-reach and enhanced Emergency Department support.
- An addition of 2 Independent Prescribers Optometrists and a Higher Certificate Glaucoma Optometrist to support increased provision of WGOS 4/5 pathways
- A Clinical Endoscopist awarded British Society of Gastroenterology Presidents Medal for outstanding achievement and service to gastroenterology.
- 8 cataracts per list being undertaken by insourcing - this has given assurance to the flow and efficiency transformation work undertaken by the theatre service.
- Community optometrist in post in Planned Care to support triaging of referrals and management of follow ups in line with ophthalmology optimisation framework.
- GIRFT review complete, for on-going development in 26/27.
- Community Health Pathways business case agreed for implementation in 2026-27.
- Strengthening of service model in Continuing HealthCare for Adult pathways with improved support for assessing teams in place and supporting improved discharge performance

<u>Tackling the Big Four</u>

- Hybrid Closed Loop (HCL) was approved to bring HCL management closer to home for PTHB patients.

- Creation of a Mental Health Data repository and improved data capture and subsequent Business Intelligence reporting.
- Completion of roll out of WCCIS in inpatient settings.
- Completed Demand and Capacity work for Older Adult Community and Inpatient Settings.
- Development of an interim Part 1 (Mental Health Measure) to reflect core offer of interventions and treatment made available (local primary mental health treatment).
- Approval of an investment business case to increase psychological input and Dialectical Behaviour Therapy for inpatients settings to support recovery of people with complex emotional needs and trauma.
- Dementia Home Treatment Teams have been aligned to act as a pan-Powys team with a consistent operational response.

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Joined Up Care

- Achieved a 12-month improvement in Pathways of Care Delays performance compared to the previous year
- Enhanced visibility of patient flow metrics through Powys DigiFLO, including D2RA pathway allocation and changes across inpatient stay
- Extended availability of the Powys DigiFLO system into mental health settings, with early rollout positively received by clinical teams

Workforce Futures

- Agency hours are forecast to reduce by 38% by year end, compared to 2024/25.
- Bank shifts hours are forecast to increase by 17% by year end, compared to 2024/25.
- 100% of Internationally Educated Nurses were successfully supported to pass their Objective Structured Clinical Examination training.
- PTHB's investment in its "grow our own" nursing pathways is now yielding significant results, with 36 newly qualified RNs/RMNs due to enter the workforce in 2026 from internal training pipelines; the largest single year supply of registered nurses the organisation has ever generated.
- Implementation of the national job descriptions for Healthcare Support Workers and completing the associated validation exercise; this work has resulted in approximately 200 colleagues being validated against the new job description, with recognition and corrective payments issued in March 2026.
- The Health Board improved on the response rates for the Staff Survey from 30.3% in 2024 to 34.7% in 2025.
- The Staff Engagement Index remained the highest of all Health Boards in Wales and 4th for all NHS Wales organisations.
- Wellbeing roadshows were delivered across 10 sites in total, plus road runs to a further 13 sites, engaging with a total of 424 staff (75% of numbers of staff available on site during those visits).
- The 1.5 hour Introduction to Compassionate Leadership course continues to be delivered online both as a stand-alone programme and as part of the pre-requisites for CLIP Level 2. In Q4, 42 participants attended the course, totalling 127 for the year.
- The rollout of Convo across primary care means that PTHB have the highest coverage of any part of Wales.
- Health Board became a signatory to the Hate Crime Charter, signalling a zero-tolerance stance and achieved Disability Confident Level 2.
- Accreditation with an aim to achieve Disability Leader status in 2026-27.
- Implementation of the National Band 2/3 Framework was completed for all employed staff in March through a collaborative partnership approach. The framework has supported the development of clearer role definitions and provided a consistent and transparent process to enable eligible staff to progress from Band 2 to Band 3.

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Innovative Environments

- A number of projects have been successfully completed under the Discretionary Capital programme.
- Integrated Rebalancing Capital Funding was granted (£90K) in order to develop a business case for the Spa Road, Llandrindod Integrated Hub.
- Planning application has been submitted for Bronllys Chapel and Business Justification Case is being developed to secure funding.
- Further investment in electric vehicles and Electric Vehicle charge point network.
- NWSSP Internal Audit Substantial outcome for Catering Audit.

Transforming in Partnership

- The Regional Partnership Board resource plan was refocused on the greatest system pressures and the Delivery and Resource Plan was approved.
- A Partnership Governance and Assurance Framework has been developed, spanning 19 partnerships including their business and planning cycles – together with bi-annual high level reports.
- Board and Committee schedule for 2025/26 fully delivered and achieved compliance with work programmes actively monitored throughout the year.
- Board Assurance Framework priority development areas have been fully delivered.
- Board development and briefing programmes delivered and determined effective through annual effectiveness survey.
- Active work underway with the Board to review Risk Management arrangements (Risk Appetite, Risk Management Framework, Strategic Risks) into Q1 of 2026/27 in alignment with the Annual Plan.
- Communications Plan and timetable programme of alerts delivered and achieved, actively monitored throughout the year.

8) Next Steps

This report provides the Finance and Performance Committee with an update of the progress in the Quarter 4 period (January to March) which provides the end of year report for 2025 – 2026.

Following consideration and approval at Finance and Performance Committee Committee, this report will be submitted to PTHB Board and Welsh Government as a formal report of Progress against the 2025/26 Annual Plan in line with national reporting requirements.

It will also feed into the PTHB Annual Report 2025/26.

NEXT STEPS:

The Finance and Performance Committee are asked to CONSIDER the report ahead of submission to PTHB Board and take ASSURANCE that there is a process in place for monitoring progress against plan.

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It will then be submitted to PTHB Board and Welsh Government as a formal report of Progress against the 2025-26 Annual Plan in line with national reporting requirements.

It will also feed into the PTHB Annual Report 2025/26.

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Appendix 1

Wellbeing Objective	Key Areas of Delivery	Key Deliverables	RAG rating – Amber (At risk) Red (Behind Schedule)	Included in next year's Plan?	Update on progress at Year End
Early Help and Support	**Enhanced Primary & Community Care**				
	4.1) Enhanced Community Care Model Develop and implement a new Enhanced Community Care model incorporating Frailty, Virtual Ward and Hospital @ Home in a Powys context and the development of Integrated Community Teams **CRITICAL ACTION**	4.1.2) Confirm the baseline activity workforce, performance and finance metrics for services in scope of phase 1 to measure the impact of service improvement and transformation Q4	At risk	Yes	Continues into early Quarter 1 2026/27 to ensure alignment with the emerging Phase 1 Better Together model and associated demand and capacity outputs.
		4.1.6) Commence implementation of the integrated community model across all localities in Powys Q4	At risk	Yes	Full implementation has not yet been achieved and will continue into 2026/27 as the Better Together model is further developed, tested and resourced.
	4.3) Last Year of Life Improve coordination for Powys patients	4.3.1) Finalise the model to improve the coordination of the Last Year of Life Q1-Q2	At risk	Yes	Short term mitigations are being put in place while the longer term model is developed. Further refinement of the overall model via Better Together will continue into 2026/27.
		4.3.2) Implement the new model through a phased approach with partners Q3-Q4	At risk	Yes	
	4.4) Fracture Liaison Improve access to Fracture Liaison Services for Powys patients	4.4.1) Subject to approval, recruit to new posts to better coordinate access to Fracture Liaison Services for Powys patients Q4	At risk	Yes	The business case for Fracture Liaison Service posts has been finalised and will be considered as part of the 2026/27 plan. Recruitment has not yet commenced and this deliverable will be carried forward into the 2026/27 plan.
	4.6) Cluster Development Develop a robust planning and delivery framework at a cluster and collaborative level, capable to deliver at scale for the population	4.6.4) Develop the Professional Nursing Collaborative Q2-Q4	Behind schedule	Yes	Delayed due to changes in the senior and executive nurse leadership team. Discussions recommenced February 2026 with a view to progressing 2026/27.
	4.9) Dental Services Grow capacity and sustainability of dental, orthodontic and special care dentistry services across Powys	4.9.5) Develop IV sedation service in the Community Dental Service Q4	Behind schedule	Yes	The development of the Intravenous (IV) sedation service will continue into 2026/27 when new consultant is in post.
		4.9.8) Formalise special care dentistry pathways with external providers for special care patients who are unable to be treated safely in Powys Q4	Behind schedule	Yes	Commissioning are scoping formal Services Level Agreements/Long Terms Agreements, interim arrangements is for commissioning to seek care on a case by case basis.
	4.11) Medicines Management/Pharmacy: Optimising Medicines Use	4.11.3) Support Deprescribing: working with frailty teams, promote polypharmacy reviews, develop deprescribing pathways for patients on unnecessary or potentially harmful medications, particularly in elderly and multimorbidity patients Q1-Q4	At risk	Yes	Included in the plan for 26/27
	4.12) Enhancing Patient Safety & Medicines Governance	4.12.5) Provision of pharmacy professional support for Mental Health wards and service Q2-Q4	At risk	Yes	Included in the plan for 26/27
	4.13) Expanding Community Pharmacy & Primary Care Integration	4.13.2) Implement Electronic Prescribing and Medicines Administration (ePMA) Q2-Q4	At risk	Yes	Included in the plan for 26/27

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		4.13.3) Implement Electronic Prescription Service (EPS) in GP practices Q1-Q4	At risk	Yes	(Inpatient services included in next years Plan)
	Planned Care and Diagnostics				
	5.8) Diagnostics transformation	5.8.1) Strategic assessment and implementation of plan for diagnostics Q3	At risk -	Yes	Included in 2026/27 Plan as part of GIRFT review.
	5.9) Point of Care Testing (POCT) Improved assurance and governance	5.9.1) Add all connectable devices to WPOCT Q1-Q4	Behind schedule	No	WPOCT has not yet been implemented as DHCW were unable to secure engagement from Siemens until 17.03.26. As a result, this work is expected to move into 2026/27.
		5.9.4) Establish model for working with Primary Care Q4	Behind schedule	No	
		5.9.5) Review and develop existing POCT provision and governance: Develop QA Compliance framework including audits and KPIs for all devices in use Q4	Behind schedule	No	
	Complex and Continuing Healthcare (CHC)				
	6.2) Systematic review of high growth commissioned activity – cost and volume, to determine further improvement activity	6.2.3) Design of alternative opportunities for care provision which offers sustainability, value and experience Q3-Q4	At risk	Yes	Review completed and development plan expected for Q1 2026/27. Further service development expected in coming year.
	6.4) Develop robust mechanism for capturing data and processing information in order to support better commissioning and care	6.4.1) Maintaining over 85% of reviews within time Q1-Q4	At risk	Yes	
	6.6) Enhance complex care commissioning against regional and national standards	6.6.4) Value & sustainability – to ensure learning and delivery against the 7 national recommendations Q1-Q4	At risk	Yes	
Tackling the Big Four	**Major Conditions (Cancer, Respiratory, Circulatory, Cardiac, Stroke, Diabetes)**				
	7.1) Deliver improvements in High Value High Impact pathways (Diabetes) **CRITICAL ACTION**	7.1.3) Scope the potential to provide elements of the hybrid closed loop pathway closer to home Q1-Q2	At risk	No	A situation report outlining PTHB's ability to deliver Hybrid Closed Loop (HCL) has been developed. Subject to workstream endorsement, the report will progress to next destination for approval. Delivery of HCL by PTHB will require investment to support this deliverable.
		7.1.4) Further Faster review in reach general medical endocrinology	At risk	No	
		7.1.6) Implement changes to the hybrid closed loop pathway Q3-Q4	At risk	No	
		7.1.7) Implement enhanced primary & community Diabetes pathway Q4	At risk	Yes	A plan is in place for business case to develop further capacity within the specialist nursing team to enhance capacity for local delivery of Hybrid Closed Loop in Q1 26/27. Ongoing work will continue in 26-27 to further enhance the primary & community diabetes pathway with monitoring to continue through diabetes workstream which will meet on a bi-monthly basis.
	Mental Health				
	8.1) Mental Health Transformation Programme **CRITICAL ACTION**	8.1.3) Implement electronic GP referral to SPOA Q4	At risk	Yes	Included as part of the Better Together work and will continue into 2026/27.
		8.1.8) Rescope Sanctuary model in above context, in North Powys Q4	Behind schedule	Yes	Will be continued forwards to 2026-27 Integrated Plan during Better Together wider design.
Joined Up Care	**System Resilience**				

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	10.1) Refine the Integrated Flow Hub to develop a sustainable model that enhances system-wide coordination and patient flow **CRITICAL ACTION**	10.1.4) Assess the effectiveness and impact of the revised Integrated Flow Hub, identifying lessons learned and opportunities to support long-term sustainability Q4	At risk	Yes	Formal evaluation is planned for Q2 2026/27 to allow sufficient operating time before lessons learned and longer-term sustainability are fully assessed.
	10.7) Enhance and expand the use of the Digital Patient Flow System: Powys DigiFLO	10.7.3) Embed Powys DigiFLO into standard practice for Mental Health Q3-Q4	At risk	No	Full embedding into standard practice remains a longer-term objective and will continue into 2026/27 as operational use and confidence continue to develop.
		10.7.5) Embed all DigiFLO processes into business as usual Q4	At risk	No	Full transition to business as usual is not yet complete, with some project-phase elements and governance arrangements still requiring completion throughout 2026/27.
	Commissioning for Value				
	11.2) Pathway development/redesign Through the application of the PTHB commissioning cycle, Identify and redesign/recommission 2 pathways through clinically led Commissioning Approach; including gynaecology and General Medicine	11.2.1) Establish and secure clinical leadership Q4	Behind schedule	Yes	Included in 2026/27 Plan as part of GIRFT review.
		11.2.2) Review of population need, current and intended outcomes Q4	Behind schedule	Yes	
		11.2.3) Review existing service provision, undertake gap analysis in context of identified need and relevant national benchmarking data (including evidence base) Q4	Behind schedule	Yes	
		11.2.4) Determine current provider/commissioner budget, performance and contract frameworks for each pathway Q4	Behind schedule	Yes	
		11.2.5) Develop proposed service specifications Q4	Behind schedule	Yes	
		11.2.6) Detail proposed clinical pathways and models of care based on the service specifications Q4	Behind schedule	Yes	
		11.2.7) Translate clinical pathways and models of care into final specification (including tender documentation if service to be procured) Q4	Behind schedule	Yes	
		11.2.8) Plan demand and capacity requirements to ensure timely, effective and equitable delivery of the pathway Q4	Behind schedule	Yes	
		11.2.9) Develop pathway implementation plans Q4	Behind schedule	Yes	
		11.2.10) Develop performance monitoring and assurance framework Q4	Behind schedule	Yes	
	11.3) Specialised services Work with JCC as a preferred partner to analyse and scope opportunities to improve value; take forward JCC Transformation priorities 2025-26	11.3.3) Develop implementation plan for identified options – Q1-Q4	At risk -	Yes	Delay in work being led by Joint Commissioning Committee not aligned with original timescales planned.
	11.4) Develop Fragile Service Risk Assessment methodology to guide strategic commissioning of in reach	11.4.1) Using national work, agreed methodology to review existing in-reach services and determine options for future commissioning arrangements Q4	Behind schedule	Yes	Linked to GIRFT strategic assessment of planned care timescales.

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Workforce Futures	**Transformation and Sustainability**				
	12.4) Introduce arrangements to temporarily realign establishments to remove the use of Healthcare Support Workers (HCSW) agency staff	12.4.1) Increase in temporary/fixed term HCSWs to remove HCSW agency use Q2	Behind schedule	Yes	Although recruitment to substantive and fixed term HCSW roles has helped reduce agency spend for HCSWs, spend has not been completely eliminated. This action will be moved forward in to next year's plan.
	12.6) Enhanced monitoring of clinical vacancies to ensure timely advertising of posts that would otherwise attract variable pay	12.6.1) All clinical vacancies attracting variable pay are advertised Q1-Q4	Behind schedule	Yes	A targeted piece of work is being undertaken by the People & Culture Business Partners and the Resourcing Team to support escalate any areas of concern alongside a wider review of all long term vacancies to determine whether skill mix or redesign opportunities could address any longstanding recruitment challenges. This action will be moved forward in to 2026/27 Plan.
	12.12) Train eligible registered nurses in restorative supervision	12.12.1) Number of registered nurses trained in restorative supervision Q1-Q4	Behind schedule	No	
	Equalities and Welsh Language				
	15.5) Continue to rollout the Gender awareness training	15.5.1) Number of cohorts and participants Q2&Q4	Behind schedule	No	Gender awareness training was paused during 2025–26 pending updated European Human Rights Court guidance following the Supreme Court ruling. In light of this, the organisational training offer in this area will be reviewed as part of the 2026–27 work programme to ensure that any future provision is fully aligned with national guidance and reflects best practice in supporting an inclusive and legally compliant approach to sex and gender within the workplace. The continued absence of this guidance has effectively halted this objective during the year.
Digital First	**Leadership and Planning for Digital**				
	16.1) DSF Strategic Theme - Leadership, Partnership and Alliances ○ Schedule Board Development sessions to embed digital thinking at the leadership level CRITICAL ACTION	16.1.3) Schedule and present a Big Data Management Awareness Board Session Q4	Behind schedule	No	Scope of this board session was changed to Introduction to digital services, therefore the big data management awareness did not take place
	16.3) DSF Strategic Theme - Citizen Centred Care and Support ○ Patient Health Care Pathway Mapping and encouraged use of the NHS Wales App	16.3.3) Create an improvement plan in collaboration with services with a view to standardising processes and documentation, reduce data collection and input duplication and support the design of new requirements Q4	Behind schedule	Yes	Work is actively underway to transition from WCCIS to TAG:RIO Product. Detailed mapping and normalisation of flows will deliver this by Q4 26/27
		16.3.4) Aim to achieve a reduction in referral processing times, within 12 months through an integrated digital referral system for identified priority services Q4	Behind schedule	Yes	A proof of concept has been tentatively agreed by Welsh Government, to identify opportunities to integrate with English referral system. Tentatively scheduled for Q4 25/26 subject to agreement and further planning of dependent organisations.

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	16.9) Strategic Theme - Leadership, Partnership and Alliances ○ DSF National Programme Alignment ● Electronic Prescribing ● Maternity system and app ● Radiology Information System ● Connected Care (WCCIS), Mental Health and Community Health Solution replacement connected to Primary Care CRITICAL ACTION - Deploy with industry partners, proven clinical systems such as for Maternity, Mental Health and Community Health Systems, electronic care records and medical technologies	16.9.1) Commence the implementation of Electronic Prescribing Medicines Management to meet the Welsh Government Milestone Funding agreement Q4	Behind schedule	Yes	
		16.9.7) Commence a Referral Management System review in collaboration with Primary Care and Services from a System application perspective i.e. findings to evidence if referrals are made electronically and consistently Q4	Behind schedule	Yes	Engagement with DHCW and Primary Care will form part of the proposal for cross border referrals. Tentatively scheduled for Q4 25/26 subject to agreement and further planning of dependent organisations.
Innovative Environments	**Strategic Capital**				
	17.5) Llanfair Caereinion GP Practice and community hub	17.5.1) Identify project delivery and procurement pathway, secure funding and site and progress development of the project with commencement of construction phase Q1-Q4	Behind schedule	Yes	Timescales of the project progression are in the remit of the Developer until such time as a formal contract is enacted.
Transforming in Partnership	**Governance incorporating Corporate Business, Information Governance & Records Management**				
	21.4) Review the Boards Risk Management Framework further embedding effective risk management	21.4.2) Fully implemented (Q4) Q1-Q4	Behind schedule	Yes	The 2025-26 Risk Management Framework full implementation has not been achieved at year end due to ongoing technical/functional issues with the Datix Risk Management System outside of the Health Board's control.
	21.7) Develop the PTHB elements of the NHS Wales Information Governance Toolkit – Improvement Plan 2025/26	21.7.1) Engagement with Service leads to progress identified actions to improve compliance in readiness for next submission Q1-Q4	Behind schedule	No	Work has remained ongoing to address the final few outstanding actions from the 26/26 Improvement Plan; however some actions have remained incomplete due to questions with the national team and local resource and capacity to complete.
	21.9) Records Management – Align and strengthen the Storage of Archive Health Records against legislation	21.9.1) Identify the resourcing strategy to support the effective on-going management to store archive health records over 4 designated facilities Q1-Q4	Behind schedule	No	This work is due to complete in May and has been delayed due to the late 2025 lockdown issued nationally on the destruction of infected blood related records which was implemented to all patient records.
	Engagement, Communication and Corporate Affairs				
	22.3) Delivery of shared PSB/RPB Engagement and Participation Plan priorities	22.3.1) Continue to embed shared approach to coproduction across RPB and PSB partners including through the development and implementation of the Coproduction Journey Tracker Q1-Q4	At risk	Yes	Resourcing is now in place once more for the RPB participation work programme and this work is now being refreshed. A workshop to identify key insights required for the development of the next Population Needs Assessment and Wellbeing Assessment in 2026/27 will now take place in Q1.

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Annual Plan Progress Report

Year End 2025-2026

(January to March 2026)

BRAGG Key

Blue - Complete

Red - Behind schedule

Amber - At risk/issues present

Green - On track

Grey – Not due

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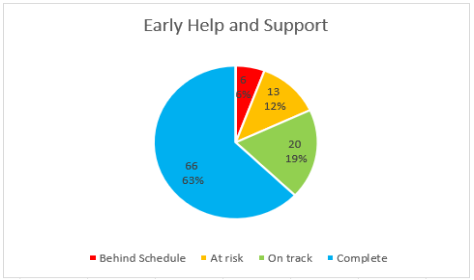
The recommendations set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) have been cross referenced in the appropriate delivery areas in this Progress Report

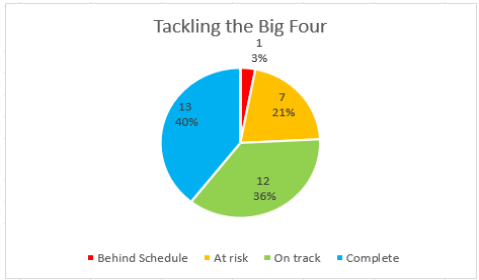


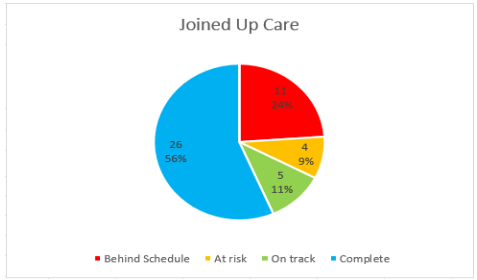
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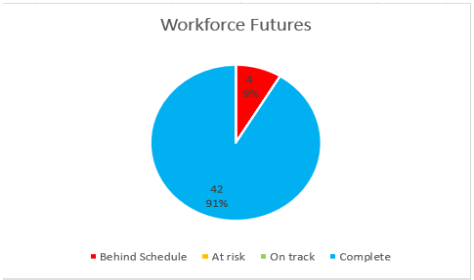
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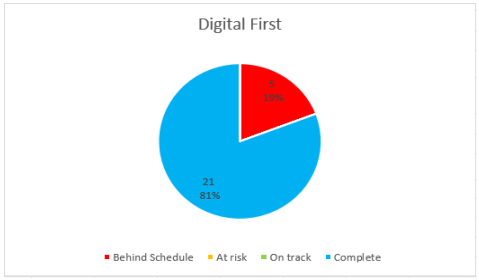


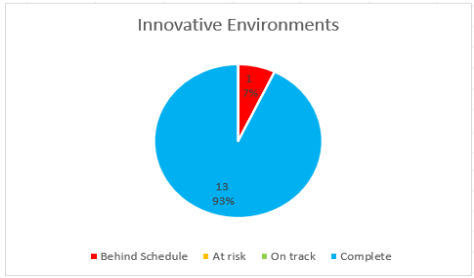


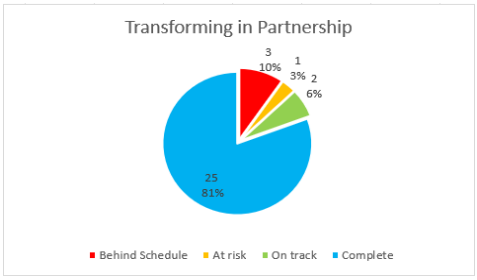


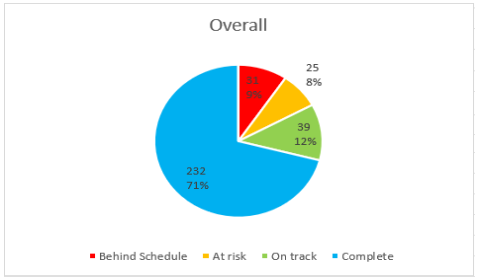






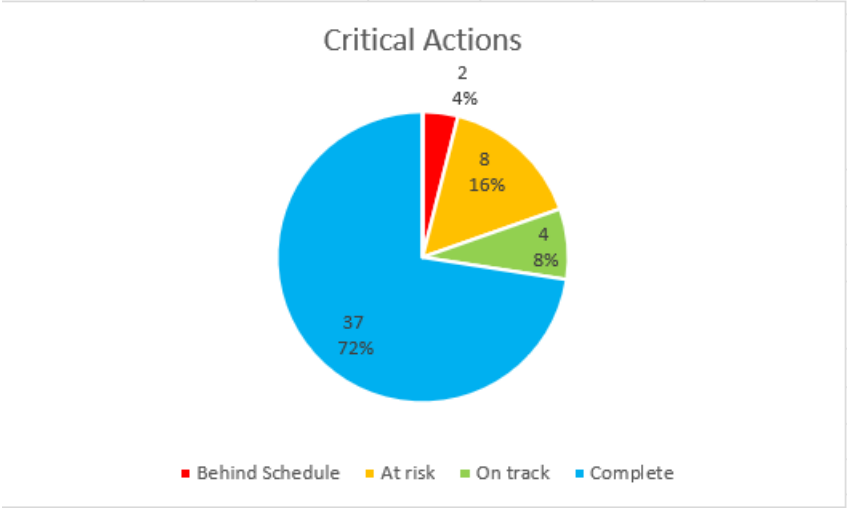






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Critical Actions



Of the 51 critical actions identified in the Plan:

- 37 are “complete”
- 4 are “on track”
- 8 are reported as “at risk”
- 2 are reported as “behind schedule”, these are linked to Mental Health and Digital

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Response to Ministerial Advisory Group recommendations Q4 (Improving Performance Together)

MAG recommendation	Key Deliverables	RAG rating	Commentary provided
5.6) Theatres: Development of key day case pathways **Cross reference to MAG Report 2025 recommendations:** - All Health Boards should adopt best practice in theatre management (GIRFT), local Theatre Optimisation Boards and increased productivity ie. cases per session (see MAG for specifics) (further recommendation on accreditation of Surgical Hubs which WG propose they lead)	**5.6.1)** Development of theatre dashboard in line with national programme Q3	**On track**	**5.6.1)** Theatre Dashboard PTHB part of national dashboard requires further refinement
	5.6.2) Implementation of all day lists ophthalmology/orthopaedics 2025/26 Q4	**On track**	**5.6.2)** All day lists via insourcing on-going development in terms of in reach aligns to GIRFT transformation
	5.6.3) Anaesthetics specialty lead for PTHB resourced from SLA underperformance Q2	**On track**	**5.6.3)** Speciality lead resource identified recruitment in train
	5.6.4) ~~Digitalisation – costed proposal for theatre management system Q1~~ (Removed)		**5.6.4)** National Theatre system not yet agreed currently utilising functionality within PAS – request to be removed from plan
	5.6.5) Review of day case procedures to identify opportunities for repatriation Q2	**On track**	**5.6.5)** Day case review forms part of GIRFT recommendations for 26/27
5.7) Outpatients: Develop a single management system and oversight **Cross reference to MAG Report 2025 recommendations:** - All Health Boards should within three months develop a plan to reduce referrals to traditional outpatients in high volume specialities / unwarranted variation - Models that offer alternatives should be rapidly identified and scaled - Reduce variation in OP waiting times using best practice inc. GIRFT/ Further faster/ triage/ pathways	**5.7.1)** Development of Outpatients in core specialities aligned to Planned Care optimisation frameworks with focus on discharge pathways SOS/PIFU, digital and MDT development Q1-Q4	**On track**	
7.2) Cancer **Cross reference to MAG Report 2025 recommendations:**	**7.2.1)** Delivery against Cancer Improvement plan Q1-Q4	**On track**	
	7.2.2) Continue to work with Commissioned Service Providers to	**On track**	

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No health board specific however note the recommendation for NHS Wales to identify single highest impact pathway change for five tumour types and incentives; and associated data development (see MAG for detail)	identify areas of the suspected Cancer pathway which could be improved Q1-Q4		
	7.2.3) Work with the Cancer Network to implement innovations to support earlier diagnosis and reduce waiting times Q1-Q4	**On track**	
	7.2.4) Continue the Improving the Cancer Journey Programme Phase 2 Q1-Q4	**On track**	
	7.2.5) Annual review of the PTHB Cancer Improvement Plan Q1-Q4	**On track**	
10.2) Improved approach to Pathways of Care Delays (POCD) through escalation and tracking and working in partnership to deliver the recommendations of the Newton Europe diagnostic report. **Cross reference to MAG Report 2025 recommendations:** - Health Boards should make improvement in processes, partnerships and investment in specific community pathways to reduce delayed pathways of care (6 months) - Delays by pathways to be published in 3 months • Also note recommendation for WG to carry out Rapid study of longest delays to target investment, with Health Board input Also note ambulance handovers included (see MAG for detail)	**10.2.1)** Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking Q1-Q4	**On track**	Total numbers of Pathways of Care Delays have decreased. Number of POCDs throughout Q4 represent a 7% decrease when compared to with Q3 (188 [Q3]: 175[Q4]), and a 2% decrease when compared to the same period in the previous year (179 [Q4 24/25]: 175 [Q4 25/26]). This however represents an 10% increase of the monthly average compared to the Mar '25 baseline (58.3 [Q4 Avg.]: 53 [Mar '25]). The year-end position remains positive, with the month-to-month comparison, and 12-month aggregate performance both representing a 6% decrease in total POCDs compared to the year prior (50 [Mar '26]: 53 [Mar '25]), (700 [25/26]: 743 [24/25]).
	10.2.2) Reduce the number of super-stranded patients through escalation and tracking Q1-Q4	**On track**	The number of super-stranded patients has decreased throughout Q4 and remains low. Number of super-stranded patients within March represent a 25% decrease when compared with the Mar '25 baseline (3 [Mar '26]: 4 [Mar '25]). It should be noted that the low incidence rate of super-stranded patients has a disproportionate impact to target performance when viewed as a percentage.
	10.2.3) Work in partnership with PCC to improve social care delays through the recommendations of the Newton Europe diagnostic report Q1-Q4	**On track**	Joint POCD Action Plan with PCC remains in place and up to date. The escalation action plan and monthly escalation meetings with the Powys County Council Hospital Social Worker Team Lead have continued throughout Q4, working well through integrative working partnerships. Performance has improved/remained stable/worsened, with the average time to Social Worker allocation having decreased from 4.5 days [Q3 Avg.] to 4 days [Q4 Avg.]
	10.2.4) Reduce the total number of days delayed due to Pathways of Care delays Q1-Q4	**On track**	Total numbers of Days Delayed as a result of Pathways of Care Delays have decreased. Number of days delayed throughout Q4 represent an 19% decrease when compared to with Q3 (7694 [Q3]: 6523 [Q4]), and a 9% decrease when compared to the same period in the previous year (6859 [Q4 24/25]: 6523 [Q4 25/26]). This also represents a 4% decrease of the monthly average compared to

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			the Mar '25 baseline (2174 [Q4 Avg.]: 2265 [Mar '25]). The year-end position is positive, with the month-to-month comparison demonstrating a 14% decrease from the year prior (1950 [Mar '26]: 2265 [Mar '25]), and 12-month aggregate performance representing an 8% decrease in total days delayed due to POCDs compared to the year prior (27111 [25/26]: 29544 [24/25]).
10.5) Further develop PTHB's utilisation of the Optimal Hospital Flow Framework and associated tools, with a focus on D2RA and Red2Green **Cross reference to MAG Report 2025 recommendations:** Hospitals must ensure all admitted patients are placed on D2RA pathways	**10.5.1)** Develop R2G and D2RA Information and Performance dashboards Q1	**Complete**	
	10.5.2) Monitor and review data outputs and identify barriers Q2	**Complete**	
	10.5.3) Scope and assess means to address identified barriers Q3	**Complete**	
	10.5.4) Develop targeted action plan to address identified barriers Q4	**Complete**	In response to the barriers identified through the NHS Performance and Improvement Team review during Q3, a revised approach has been taken focusing on re-embedding Optimal Hospital Flow principles, recognising that the primary challenge relates to operational application rather than data entry itself. Targeted training sessions were delivered throughout Q4 to support this, alongside the introduction of automated prompts for patient-facing teams to support D2RA pathway allocation and weekly reporting to operational leads. This forms the basis of the targeted action plan, with activity continuing into 2026/27 through a broader body of work to support deeper embedding.
10.6) Further strengthening the approach to Trusted Assessment **Cross reference to MAG Report 2025 recommendations:** • Audit of Trusted Assessors May & Sept (WG lead, Health Boards to provide justification and timescales)	**10.6.1)** Pilot of Trusted Assessment approach Q1	**Complete**	
	10.6.2) Review outcomes of the pilot Q2	**Complete**	Outcomes of the pilot have been incorporated into an evaluation and benefits framework during Q4, assessing impact on patients awaiting repatriation to Powys from WVT, financial implications of WVT community hospital bed occupancy, discharge outcomes, and overall patient experience for those transferring into D2A beds (Cottage View).
	10.6.3) Scoping of next steps Q3		In line with Ministerial priorities, next steps for the Trusted Assessor model have been scoped, resulting in a co-designed Joint Discharge Memorandum of Understanding with Powys County Council. This includes application of the Trusted Assessor model within discharge planning, including MCA/Best Interest decision-making and assessment for D2A step-down beds. Further development work is planned to extend this approach to discharge home with domiciliary care, with Social Care assessment undertaken post-discharge to ensure care is right-sized to patient need.
12.1) Transformation skills and development	**12.1.1)** Working with the Transformation and Improvement team, assess and prioritise the	**Complete**	To support the Better Together Programme, Transformation and Value Programme Managers and OD Facilitators have all undertaken Change Management Practitioner training and guides have been published on the

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Focused on targeted support for transformation, including leadership, change management, training and capability for transformation and new ways of working **CRITICAL ACTION** **Cross reference to MAG Report 2025 recommendations:** • Health Boards to report workforce headcount, FTE staffing and productivity data to public Board meeting (see MAG report and WG response for further detail/ timescale) also note recommendation for HEIW in relation to Leadership programmes	development of transformation and improvement training, skills and capacity at all levels of the organisation Q1-Q4		intranet as a resource for anyone involved in change. Change management is also included in management and leadership programmes. Work continues and remains an ongoing action to identify specific individuals who need change management training to directly deliver Phase 1 elements of Better Together.

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Role:	Acronym
Chief Executive Officer	CEO
Deputy Chief Executive Officer	DCEO
Executive Director of Primary Care, Community and Mental Health	ED PCC&MH
Executive Director of Finance, Capital and Support Services	ED FC&SS
Executive Director of People and Culture	ED P&C
Executive Director of Public Health	ED PH
Executive Director of Nursing, Quality, Women and Family Health	ED NQW&FH
Executive Director of Allied Health Professions, Health Sciences and Digital	ED AHPHS&D
Executive Medical Director	EMD
Executive Director of Planning, Performance and Commissioning	ED PP&C
Director of Corporate Governance / Board Secretary	DCG
Director of Strategic Improvement and Transformation	DSI&T
Associate Director of Estates, Facilities and Support Services	ADEF&SS

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Focus on Wellbeing

Strategic Priority 1: Whole system Prevention across the life course Executive Director of Public Health

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- A joined-up preventative approach, helping to create conditions to be well and healthier for longer, addressing health inequalities
- Reducing preventable mortality and ill health
- Contribute to preventing a rise in childhood (under 5s) obesity rates by 2030
- Delivery against National programme requirements for smoking cessation and healthy weights
- Delivery against NHS Wales Performance Framework for health improvement related measures

Commentary on Progress in this Quarter:

"Preventing the Preventable: Population Health Strategic Framework for Powys" (approved by the Health Board at its Board meeting in September 2025) has been incorporated into the Annual Plan (2026/27), Better Together Programme and Strategic Commissioning Framework. Governance of delivery of Preventing the Preventable agreed through Annual Plan arrangements with actions incorporated into the draft 2026/27 Annual Plan. Funding arrangements through Health Board's Investment Benefits Group process.

- **1.2.1)** Whole Systems Approach to a Healthy Weight action plan is being implemented, including the rollout of the Powys Breastfeeding Welcome Scheme and Gold Standard Healthy Snack Award in early years settings.
- **1.2.2)** A proactive communications plan is helping to ensure referral rates for smoking cessation services are being maintained, including a GP text messaging project focusing on smokers in areas of deprivation.
- **1.2.3)** Powys Teaching Health Board submitted a response to UK Government's Call for Evidence for Tobacco and Vapes Bill December 2025.
- **1.2.5)** Making Every Contact Count (MECC) training sessions held to improve knowledge and staff practice in raising behaviour change.

Commentary on red rated actions: N/A

Achievements:

- 420 premises signed up to the Powys Breastfeeding Welcome Scheme.
- UNICEF Baby Friendly Initiative Stage 1 achieved.
- Additional 5 early years settings achieved the Powys Gold Standard Healthy Snack Award
- Powys Stop Smoking service has exceeded the national target of treating 5% of adult smokers.
- 2 Making Every Contact Count training sessions held with 31 participants targeting midwives, primary care and Powys Association of Voluntary Organisations colleagues.

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Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
1.1) Work with partners to develop and commence implementation of a population health strategic framework for Powys (subject to funding)	1.1.1) Commence implementation of a whole system population-level prevention framework (subject to funding) Q4	ED PH				Blue	M	H	M	M	High
	1.1.2) Population Health Strategic Framework presented and discussed at PTHB Board Q1		Blue	Blue	Blue	Blue		H	H	H	High
	1.1.3) Framework consultation activities held with PTHB stakeholders to co-produce and prioritise areas of focus Q2			Blue	Blue	Blue		M	H	H	High
	1.1.4) Framework governance and funding arrangements agreed Q3				Amber	Blue		M	M	H	High
	1.1.5) Review of new return on investment publications to be undertaken Q3				Green	Blue		H	H	H	High
1.2) Delivery of health board-led population level health improvement programmes, ensuring an equity focus	1.2.1) Implement the Powys Whole System Approach to Healthy Weights action plan Q1-Q4		Green	Green	Green	Blue	H	H	H	H	High
	1.2.2) Develop and implement a proactive promotion and engagement plan, to support smokers to quit through accessible and equitable services in the community Q1-Q4		Green	Green	Green	Blue		H	H	H	High
	1.2.3) Work with partners to prepare for pending legislation on tobacco and vaping Q3				Green	Blue		H	H	H	High
	1.2.4) Refresh and update the Powys Tobacco Control Delivery Plan to align with national plan (when published) Q4					Blue		M	M	M	High
	1.2.5) Deliver Making Every Contact Count training Q1		Blue	Blue	Blue	Blue		H	H	H	High

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	N/A	**Change in Timescale**	N/A

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Executive Director Sign Off	Mererid Bowley (Executive Director of Public Health)

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Focus on Wellbeing

Strategic Priority 2: Health Protection Response including Vaccination Executive Director of Public Health

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- Reducing preventable mortality and ill health, contributing to addressing health inequalities
- Preventing infections and avoidable harm including responding to incidents/outbreaks
- System impacts include prevention of avoidable healthcare utilisation and treatments including hospital admissions and GP consultations
- Delivery against national frameworks and requirements for vaccination, immunisation and screening, inequities in uptake are narrowed
- Wider impacts on decreasing GP consultations, treatment and hospital admissions and incidents/outbreaks

Commentary on Progress in this Quarter:

- **2.1)** In compliance with statutory obligations, updated plans have been approved by the Board in July 2025, including the PTHB Major Incident & Emergency Response Plan and PTHB Corporate Business Continuity Plan. The NHS Wales Emergency Planning, Resilience and Response Annual Report forms part of the Health Board's annual assurance processes; the Annual Report (2024-2025) was approved by the Board in July 2025 and submitted to NHS Wales Performance and Improvement within the agreed timescales. Regular internal and external communications tests have taken place at local and regional levels to ensure PTHB statutory obligations and emergency preparedness. PTHB continues to be engaged in emergency preparedness, resilience and response activities that have taken place with multi-agency partners within the Dyfed Powys Local Resilience Forum and at a national level as part of NHS Wales; this includes engagement in a range of planning, training, exercising and response activities.
- **2.2)** PTHB participated in the All Wales pandemic tabletop 'Exercise Solaris', as part of preparations for the Health Board's participation in 'Exercise Pegasus' the Tier 1 pandemic exercise. PTHB participated in 'Exercise Pegasus' the UK-wide Tier 1 exercise to assess key aspects of the UK's preparedness, capabilities and response strategies in the context of a pandemic arising from a novel infectious disease. Phase 1 of the exercise (emergence phase) took place on 17th-23rd September, Phase 2 (containment phase) 13th-14th October; Phase 3 (mitigation phase) 3rd-4th November. An internal (Powys-wide) De-brief has been conducted. Recommendations and updates to the current PTHB Pandemic Framework is expected to take place in Q1 (2026/2027).
- **2.2)** Proactive health protection work has been undertaken with residential and nursing homes in Powys to strengthen the partnership, communication and training to protect vulnerable elderly residents in Powys. This includes work around winter preparedness, development and rollout of a Health Protection Champions programme. Infection Prevention & Control (IP&C) guidance training delivered to care homes, through provision of resources and onsite visits for more individualised advice. Monthly ongoing communication through Care Home Newsletter, providing updates, surveillance data, IP&C and a focus on staff wellbeing.
- **2.2)** Acute health protection incident responses undertaken, in liaison with Public Health Wales and neighbouring health boards.
- **2.2)** Powys signed the Paris Declaration to become a FastTrack area with the ambition to eliminate new HIV transmissions in Wales by 2030.
- **2.3)** Covid-19 spring vaccination campaign delivered through a blended delivery model. Outreach clinics held across county in 8 locations to increase accessibility, along with housebound patients by District Nurses and inpatients by ward staff. Covid-19 vaccination Autumn programme delivered to eligible cohorts.

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- Respiratory Syncytial Virus (RSV) catchup campaign completed for residents aged 75-79, with regular communication to stakeholders to increase awareness of the new programme.
- **2.4.2)** 'Flu vaccination programme 2025-26 commenced in September for children and pregnant women, and adult programme commenced 1 October until 31st March 2026. Considerable work undertaken to ensure implementation of the significant process changes to the programme from 2025/26, including central procurement of vaccines. All 16 GP practices and 22 of the 23 community pharmacies in Powys participated in delivery of the adult flu vaccinations and School Nursing delivered to school aged children.
- **2.4.2)** Teenage immunisation uptake action plan developed and implemented, including a catchup campaign for secondary age children during Summer 2025.

Commentary on red rated actions: N/A

Achievements:

- Health Board participation in Exercise Pegasus.
- An internal review of the operational business continuity arrangements gained 'substantial assurance' (NHS Wales Shared Services Partnership) in April 2025.
- Care Home Health Protection Champion training delivered 2nd October in Newtown, 5th November in Llandrindod Wells, 20th November in Brecon and 2nd December in Ystradgynlais. Further training online has taken place March 2026.
- 3 targeted Blood Borne Virus testing outreach sessions undertaken in Ystradgynlais in September and October. Then in November, in collaboration with Swansea Bay University Health Board, two weeks of dedicated testing. In addition, monthly sessions in Ystradgynlais to support the wider community.
- Fast Track HIV testing 17th-21st November across Powys with partners.
- Covid-19 spring vaccination 2025 uptake = 56.89% (highest in Wales) with over 13,000 doses administered. 700 care home residents (78.97%) vaccinated (third highest in Wales) [as at 05/08/2025].
- Covid-19 Autumn vaccination uptake – All identified eligible cohort = 61.09% (highest for all eligible groups in Wales; Wales average = 58.3%) 14,000+ doses administered. 742 care home residents (81.6%) vaccinated (2nd highest in Wales; Wales average = 76.8%) [as at 18/02/2026].
- Flu Uptake (Data taken from National Influenza Summary Update 26, 19/03/2026, GP registered population) – Adults 65+ years = 72.2% (Wales = 73.0%), At Risk 6 months-64 years = 44.9% (Wales = 42.6%), Age 2 & 3 years = 56.5% (Wales = 47%), Primary School children = 56.4% (Wales = 57.6%), Secondary School Children = 40.3% (Wales = 46.1%), PTHB staff 44.7% (Wales = 43.1%).
- Respiratory Syncytial Virus (RSV) uptake [as at 26/02/2026]:
  - Pregnant women consistently reaching over 50% uptake
  - Routine cohort (people turning 75 years of age) = 59.2%
  - Catchup cohort (75-79 year olds) = 67.0% (Wales = 64.8%) (Data for GP registered population uptake is 72.2%)
- 91.1% of children are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and MMR2) Oct-Dec 2025 Quarterly Cover report (highest in Wales; Wales = 87.5%). By age 5 this is 92.2% MMR2 and 91.9% '4-in-1', Hib/MenC 94.6%.

Powell Nathan 20/03/2026 09:13:38

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*		*Status*	*Year End Delivery Confidence Assessment*

		Lead Executive	Q1	Q2	Q3	Q4	O = Original O	Q1	Q2	Q3	Q4
2.1) Ensure emergency preparedness and organisation resilience and compliance against Civil Contingencies Act	2.1.1) Review of civil contingency response plans - including participation in training and exercises Q1-Q4	ED PH	Green	Green	Green	Blue	H	H	H	H	High
2.2) Provide Health Protection response to all hazards in line with Communicable Disease Outbreak Plan for Wales	2.2.1) Deliver proactive and reactive health protection to protect the population and vulnerable groups from communicable disease Q1-Q4		Green	Green	Green	Blue	M	H	H	H	High
2.3) Implement respiratory vaccination programme in line with Welsh Government directives, narrowing inequities and maximising uptake in all groups	2.3.1) Plan and deliver annual respiratory vaccination programmes Q1, Q3, Q4		Green		Green	Blue	H	H	H	H	High
	2.3.2) Plan and deliver central contracting of Influenza vaccine Q3				Green	Blue		H	H	H	High
2.4) Implement immunisation schedule in line with National Immunisation Framework and Welsh Health Circulars, narrowing inequities and maximising uptake in all groups	2.4.1) Plan and deliver vaccination programmes Q1-Q4		Green	Green	Green	Blue	H	H	H	H	High
	2.4.2) Plan for changes to childhood routine immunisation schedule (MMR2) Q4					Blue		M	M	H	High
2.5) Promote uptake of national screening programmes in partnership with Welsh Government and Public Health Wales	2.5.1) Deliver Making Every Contact Count training (includes screening) Q1 (recorded in 1.2.5)		Blue	Blue	Blue	Blue	H	H	H	H	High
	2.5.2) Ensure PTHB is represented in planning for proposed lung cancer screening in Wales Q1-Q4		Green	Green	Green	Blue		M	M	M	High
	2.5.3) Annual assurance update to committee regarding adult screening programme performance in Powys delivered by Public Health Wales Q4					Blue		H	H	H	High

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	N/A	**Change in Timescale**	N/A

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Executive Director Sign Off	Mererid Bowley (Executive Director of Public Health)

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Focus on Wellbeing

Strategic Priority 3: Women, Family and Children's health Executive Lead - Executive Director of Nursing, Quality, Women and Family Health

Intended Outcome/ Impact

Population and system outcomes:

- Improved outcomes for children, young people, women and families through holistic care tailored to their needs and earlier targeted interventions for those in need of support, with equitable access to services and improved citizen experience
- Contributing to addressing health inequalities
- Delivery against NHS Wales Performance Framework – in particular improvement in access to Neurodevelopment services for children and young people

Commentary on Progress in this Quarter:

- **3.1)** Sustained improvements as set out in the Plan. More progress to be made and has been included in next years Plan.
- **3.1.3)** The children neurodevelopment workforce model is in place and funding has been agreed with recruitment to some remaining posts under way.
- **3.2.1)** Year 1 of Welsh Government Plan has been achieved with a new online Women's Health Hub, which will enable women of all ages across Powys to quickly find helpful information and advice on a whole range of female health topics, launched on 12 March in Builth Wells. The hub covers a wide range of topics including Period and pelvic health, Sexual health & contraception, Breast and cervical screening, Pregnancy, Termination, Endometriosis and menopause, Pain management, Bladder & continence services and Mental health and wellbeing. Drawing on user insights from over 300 women in Powys, clinicians from the health board have developed the content for the new Powys online webpage www.pthb.nhs.wales/womens-health. The website supports the ten-year NHS Wales Women's Health Plan which was launched in December 2024. The plan focuses on investment in a preventative approach to reduce health inequalities across Wales and create a health and care system that listens to and works for all women across their life.
- **3.3.1)** The Children's Continuing Health Care (CHC) service funding has been agreed and workforce model approved with recruitment to some remaining posts under way.

Commentary on red rated actions: N/A

Achievements:

- **3.2.1)** A new online Women's Health Hub which will enable women of all ages across Powys to quickly find helpful information and advice on a whole range of female health topics was launched on 12 March in Builth Wells. The hub covers a wide range of topics including Period and pelvic health, Sexual health & contraception, Breast and cervical screening, Pregnancy, Termination, Endometriosis and menopause, Pain management, Bladder & continence services and Mental health and wellbeing. Drawing on user insights from over 300 women in Powys, clinicians from the health board have developed the content for the new Powys online webpage www.pthb.nhs.wales/womens-health. The website supports the ten-year NHS Wales Women's Health Plan which was launched in December 2024. The plan focuses on investment in a preventative approach to reduce health inequalities across Wales and create a health and care system that listens to and works for all women across their life.

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Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
3.1) Develop, design and implement a Children's Neurodevelopment (ND) service that is family and child centred in line with national standards **CRITICAL ACTION**	3.1.1) Embed and sustain improvements in the Children's ND Improvement Plan Q1	ED NQW&FH	Green	Green	Green	Blue	H	H	H	H	High
	3.1.2) Ensure a clear delivery model is in place aligned to demand and capacity modelling along with population need and mapping for future prevalence Q2			Green	Green	Blue		H	H	H	High
	3.1.3) Ensure a robust workforce model is in place Q2			Green	Green	Blue		H	H	H	High
3.2) Implementation of Welsh Government Strategy for Women's Health	3.2.1) Develop, design and commence implementation of the Powys Women's Health Plan, including scoping the Women's Health Hub model for Powys (dependent on Welsh Government funding) informed by the All-Wales Strategy and Plan for Women's Health Q1-Q4		Green	Green	Green	Blue	H	H	H	H	High
3.3) Implement a robust and safe Children's Continuing Health Care (CHC) service	3.3.1) Implement PTHB Children's Continuing Health Care service with a robust workforce plan Q1-Q3		Green	Green	Green	Blue	H	H	M	M	High
3.4) Commence intention to become a UNICEF Baby Friendly Organisation	3.4.1) Undertake commitment of intent with UNICEF Baby Friendly Initiative UK Q1		Blue	Blue	Blue	Blue	H	H	H	H	High
	3.4.2) Completion of Stage 1 Accreditation Q3				Blue	Blue		H	M	H	High

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	N/A	**Change in Timescale**	N/A

Executive Director Sign Off	Paul Hooton (Executive Director of Nursing, Quality, Women and Family Health)

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Early Help and Support

Strategic Priority 4: Enhanced Primary & Community Care Executive Lead - Executive Director of Primary Care, Community and Mental Health, Executive Medical Director

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- Work in this area will contribute to the development of a sustainable model of care longer term, particularly in relation to the enhanced community care developments
- Longer term, this will create a value based approach across all services, optimising use of resources for greatest impact and outcomes
- Improving equity of access and supporting the shift to a preventive approach, contributing to addressing health inequalities
- Delivery against NHS Wales Performance Framework for measures relating to community and primary care
- Delivery against People's Experience Framework in relation to patient and carer reported outcomes and experience
- Ensures implementation of the WG Hospital Pharmacy review recommendations

Specific improvements in services and pathways including:

- Those relating to the community model i.e. Integrated Community Teams
- GP Out of Hours service provision
- Co-ordination of the last year of life
- Coherent and engaged cluster groups across Powys working together to provide quality and timely services for patients closer to home
- Committed primary care workforce working to top of competencies leading to resilient sustainable and engaged primary care services
- Primary care services operating in line with contracts and regulations with focus on clinical activity

Commentary on Progress in this Quarter:

- **4.1.2)** Work to confirm the baseline position has continued through Quarter 4 as part of the Better Together accelerated community model development. Further variations in the model are still being explored, with ongoing scoping activity undertaken across community teams. Finalisation of a consolidated baseline has not yet been achieved, and this work will therefore continue into early Quarter 1 2026/27 to ensure alignment with the emerging Phase 1 model and associated demand and capacity outputs.
- **4.1.5)** During Q4, further testing and refinement of the proposed Enhanced Community Care Model has taken place. Building on the Quarter 3 check-and-challenge assurance process, early implementation activity has now begun across several localities, including the soft launch of the Single Point of Access (SPoA), enhanced in-reach to Emergency Departments, and extensions to the community frailty offer. These activities have provided real-world feedback to strengthen the emerging model. Additional assurance has also been supported through the completion of Phase 1 of the Clinical Oversight Model and commencement of business case development for Phase 2. Updated demand, capacity and workforce modelling, aligned with SP4/SP9 and Six Goals deliverables, has continued to inform refinement of the care model. Cross-border pathway workshops and partner engagement have further contributed to the testing of assumptions and system alignment ahead of formal consultation in 2026/27.
- **4.1.6)** Light-touch implementation activity has begun across several localities, with early testing of elements of the integrated model now in place. This includes operation of the Single Point of Access, enhanced in-reach to Emergency Departments through community teams, and extensions to the community frailty offer.

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While these represent positive early steps, full implementation has not yet been achieved and will continue into 2026/27 as the model is further developed, tested and resourced.

- **4.2)** The current Shropdoc Alternative Provider Medical Services (APMS) contract has been extended to 30th June 2026. Work is underway to progress a Direct Award for the period 1st July 2026 to 30th September 2027. The open market procurement (from 1st October 2027) has commenced under the Out of Hours (OOH) Model Design and Implementation Board. This will help ensure the future service delivery model is fit for purpose and considers any potential interdependencies with the Better Together programme regarding the future model of adult physical and mental health community services and urgent care.
- **4.3.1)** Development of the model has continued through Quarter 4, although progress has been impacted by capacity constraints. Work has been aligned to the accelerated Better Together Adult Physical and Mental Health programme, ensuring coherence with the wider organisational review of end-of-life care. The Medication Task & Finish group has been stood down following agreement of required service improvement actions, with the option to reconvene as Better Together develops. The Education Task & Finish group has completed a comprehensive mapping exercise aligned to the All Wales Competency Framework, which will be considered at the next Last Year of Life workstream to agree organisational education priorities. A detailed mapping exercise against the All Wales Service Specification is also underway to identify gaps and inform organisational priorities. In addition, work is progressing to develop an options appraisal for future Palliative Medicine Consultant support in response to current risks within Ystradgynlais and emerging risks linked to changes in Wye Valley Trust provision for Mid Powys. Short-term mitigations are being put in place while the longer-term model is developed. Further refinement of the overall model will continue into 2026/27.
- **4.3.2)** The model has not yet been fully developed, implementation has not commenced. The phased rollout has therefore been deferred to 2026/27, with preparatory work continuing to ensure partner alignment and strengthened governance ahead of adoption next year.
- **4.4.1)** The business case for Fracture Liaison Service posts has been finalised and will be considered as part of the 2026/27 plan. Recruitment has not yet commenced, however, the Job Description has been approved and finalised, ensuring recruitment can begin promptly once the business case is approved by executive. This deliverable will therefore be carried forward into the 2026/27 plan.
- **4.5.2)** The Level 2 community-based falls response model remains linked to delivery through existing community teams via the developing Single Point of Access (SPOA) for Urgent and Emergency Care [10.1]. During Q4, SPoA soft launch activity commenced, with initial services and pathways beginning to go live. Preparatory work for the Level 2 falls response pathway is largely complete, with formal SPoA go-live now expected in early Q1 and formalisation of the falls pathway expected shortly thereafter. Delivery of the full Level 2 pathway will therefore continue into 2026/27 and is reflected within the forward plan.
- **4.6)** To support the future model, cluster development team workforce has been reviewed to improve resilience and create sustainability, and recruitment is being progressed. Pan Powys Cluster meetings are now embedded following stakeholder feedback, and relationships have developed, fostering transparency, respect, trust and honesty; and the shared learning across Clusters directly benefits the population. Mid & South Clusters have merged, resulting in two more equal population-based Clusters in the North, and Mid & South. Cluster priorities align with Community by Design, and Better Together ambitions; and prioritising chronic conditions was realised in a diabetes focused cluster Protected Learning Time that was supported by the Primary and Community Care Academy providing tailored training across all General Medical Service staff groups – including clinical updates on medication, eye screening, prevention, dietetic services and the 8 care processes to help improve management of diabetes in line with current evidence-based practice.
- **4.7)** The Unified Contract Assurance Framework (UCAF) has seen four visits complete, and actions monitored to ensure robust GMS delivery. Sustainability analysis has identified one higher risk single-handed practice, with support continuing. Last year's Quality Improvement projects were approved, and all practices are now nearing completion of the three further projects: Cardiovascular Disease (CVD), Chronic Kidney Disease (CKD) and Continuity of Care. Progress on the Access Standards was strong, and the final 2025–26 reflective report, due by the end of April 2026, will feed into the patient experience analysis already underway. Supplementary Service audits took place including a reflective audit on the Community Resource Team which aided in the review of the service, a Lithium audit and a Care Homes audit.

Commented [RM1]: @Victoria Deakins (PTHB - Therapies) for approval

Commented [DF2R1]: Approved by @David Farnsworth (PTHB – Corporate Hub) as Vic on leave

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- **4.8)** Enhanced Optometry pathways (Independent Prescribing, Medical Retina and Glaucoma) now implemented across the Health Board. As we look ahead to 26/27 this will increase care closer to home, freeing up capacity in secondary care and more timely assessments for patients. There is systematic tracking of contractual requirements and delivery via the Optometry Monitoring Group and internal assurance mechanisms. During Q4 there has been the addition of 2 Independent Prescriber Optometrists and a Higher Certificate Glaucoma Optometrist. This will support increased provision of Wales General Ophthalmic Services (WGOS) 4/5 pathways within Powys.
- **4.9)** Urgent access is challenging in terms of managing demand against capacity, but arrangements were put in place during Q1 to increase capacity. The Welsh Enhanced Recruitment Offer (WERO) scheme for foundation dentists has continued in 2025/26 and will continue into 2026/27, this scheme also helps to stabilise workforce in the practices that run the scheme. Around 1900 patients have been transferred from the Dental Access Portal into a practice – but this is likely to look different in 2026/27, due to anticipated contract hand backs, however the new contract regulations state that there should be additional new patient availability. 2026/27 is when the new regulations come into force which will change the contractual requirements. The development of the Intravenous (IV) sedation service will continue into 2026/27.
- **4.10)** Prudently executed the use of Health Education and Improvement Wales (HEIW) & Welsh Government Womens Health Hub funding to deliver 87 different training offers to both clinical and non-clinical staff working in Primary & Community Care, including GMS, Optometry, Dental Community Pharmacy Settings, resulting in 2,161 learner contacts. Training across Primary Care strengthened skills in areas such as menopause care, contraception in community pharmacies, antimicrobial prescribing, vaccinations, safeguarding and health promotion, which means patients now receive safer, faster and evidence-based care, closer to home. Practices also developed stronger systems in quality improvement, inspection readiness, managing violence and aggression, clinical coding, red flag recognition, medicines co-ordination and dental practice management, helping teams prevent errors, anticipate risk and provide more reliable care and reducing avoidable appointments. Upskilling optical assistants improves access to eye screening and identifying early issues with eye health

Commentary on red rated actions:

- **4.6.4)** Develop the professional nursing collaborative delayed due to changes in the senior and executive nurse leadership team. Discussions recommenced February 2026 with a view to progressing 2026/27.
- **4.9.5)** Number of referrals remain low, oral surgery IV referrals have been seen - to be re-visited when new consultant is in post
- **4.9.8)** Commissioning to scope formal Services Level Agreements/Long Terms Agreements, no update on progress, interim arrangements is for commissioning to seek care on a case by case basis.

Achievements:

- **4.11.1)** Successfully implemented a structured programme aligned to the Value & Sustainability Board priorities, focusing on high-cost and high-variation prescribing areas. Delivered measurable cost avoidance through optimisation initiatives (e.g. formulary adherence, switching programmes, and deprescribing where appropriate), supporting system financial sustainability. Strengthened engagement with GP practices and clusters, with Medicines Management teams providing targeted support, data insights, and clinical leadership. Established a more consistent, data-driven approach to prescribing efficiency across Powys, improving benchmarking and reducing unwarranted variation.
- **4.12.2)** Continued delivery of the Antimicrobial Stewardship (AMS) programme in line with national and Public Health Wales expectations. Improved prescribing quality through audit, feedback, and education—particularly in primary care settings. Strengthened governance via the AMS Group, with regular review of prescribing trends, resistance risks, and compliance with guidelines. Contributed to reducing inappropriate antimicrobial use, supporting wider efforts to tackle antimicrobial resistance (AMR).

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- **4.15.2)** Progressed implementation of self-administration schemes across community hospital settings, supporting patient independence and medicines understanding. Developed supporting SOPs, training materials, and governance frameworks to ensure safe and consistent practice. Enabled a more patient-centred approach to care, improving experience and preparing patients for discharge and ongoing self-management. Early feedback indicates positive impact on patient confidence and reduced medicines-related delays at discharge.
- Foundational model design progressed into early implementation testing, including SPoA rollout, frailty in-reach and enhanced Emergency Department support.
- During Q4 there has been the addition of 2 Independent Prescriber Optometrists and a Higher Certificate Glaucoma Optometrist. This will support increased provision of WGOS 4/5 pathways within Powys.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
4.1) Enhanced Community Care Model Develop and implement a new Enhanced Community Care model incorporating Frailty, Virtual Ward and Hospital @ Home in a Powys context and the development of Integrated Community Teams **CRITICAL ACTION**	4.1.1) Carry out a strategic assessment of community provision including delivery of MDTs, Community Resource Team/Virtual Ward, Directed Supplementary Service (DSS), outcomes, variation, best practice and opportunities Q1	ED PCC & MH	Green	Blue	Blue	Blue	H	H	H	H	High
	4.1.2) Confirm the baseline activity workforce, performance and finance metrics for services in scope of phase 1 to measure the impact of service improvement and transformation Q4		Amber	Red	Green	Amber	H	M	M	M	Medium
	4.1.3) Design a new model for Enhanced Community Care with stakeholders Q1		Green	Blue	Blue	Blue	H	H	H	H	High
	4.1.4) Develop and agree with partners (primary care, social care and third sector) the workforce scope and geographical structure Q1		Green	Blue	Blue	Blue	M	M	M	H	High
	4.1.5) Check, challenge and test the proposed model through engagement with staff, stakeholders and partners Q2			Blue	Blue	Blue	M	H	H	H	High
	4.1.6) Commence implementation of the integrated community model across all localities in Powys Q4					Amber	M	M	M	M	Medium

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4.2) GP Out of Hours (OOH) **CRITICAL ACTION**	4.2.1) Extend the Shropdoc contract to sustain existing services subject to the assessment of delivery Q1	Blue	Blue	Blue	Blue	M	H	H	H	High
	4.2.2) Re-tender for an Out Of Hours service provision Q2-Q3		Blue	Blue	Blue	M	M	H	H	High
	4.2.3) Resolve and commission Swansea Bay University Health Board to deliver service for Ystradgynlais Q3	Amber	Amber	Blue	Blue	L	L	M	H	High
4.3) Last Year of Life Improve coordination for Powys patients	4.3.1) Finalise the model to improve the coordination of the Last Year of Life Q1-Q2	Green	Amber	Amber	Amber	M	M	M	M	Medium
	4.3.2) Implement the new model through a phased approach with partners Q3-Q4			Amber	Amber		M	M	L	Low
4.4) Fracture Liaison Improve access to Fracture Liaison Services for Powys patients	4.4.1) Subject to approval, recruit to new posts to better coordinate access to Fracture Liaison Services for Powys patients Q4	Amber	Amber	Red	Amber	H	M	M	M	Medium
	4.4.2) ~~Work with partners in primary care and acute care to improve the performance of the core Fracture Liaison Service Q3-Q4~~ (Removed - moved to 26/27)			Red			M	M	L	
4.5) Falls Response Design and deliver a community-based falls response service in a Powys context	4.5.1) Scope and design a community-based falls response service with partners that meets the needs of a rural population Q1-Q2	Green	Blue	Blue	Blue	M	M	M	H	High
	4.5.2) Implement the phased delivery of the community-based falls response service Q3-Q4			Green	Green			M	H	Medium
4.6) Cluster Development Develop a robust planning and delivery framework at a cluster and collaborative level, capable to deliver at scale for the population	4.6.1) Cluster and Collaborative Lead engagement and maturity development Q1-Q4	Green	Green	Green	Blue	H	H	M	M	High
	4.6.2) Develop Powys-wide Cluster reporting, governance and engagement with Regional Partnership Board Executive Q1-Q4	Green	Green	Green	Blue	H	H	M	M	High
	4.6.3) ~~Implementation of Dental Collaborative (pending national negotiation outcome) Q2-Q4~~ (Removed - moved to 26/27)		Red			L	L	L		
	4.6.4) Develop the Professional Nursing Collaborative Q2-Q4		Amber	Amber	Red	M	M	M	L	Low

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	4.6.5) Develop the Optometry Collaborative Q1-Q4		Green	Green	Blue	Blue	H	H	H	H	High
	4.6.6) Continue to identify services best delivered at cluster or pan-cluster level Q1-Q4		Green	Green	Green	Blue	H	H	H	H	High
	4.6.7) Develop Accelerated Cluster Development delivery programme with focus on streamlining, outcomes and benefits realisation to support 'shift left' Q1		Green	Green	Green	Blue	H	H	M	M	High
4.7) General Medical Services (GMS) Ensure an equitable, robust and sustainable model of core GMS across Powys to enable broader primary and community development	4.7.1) GMS Practice Sustainability analysis, review, and action planning Q3			Amber	Green	Blue	H	H	H	H	High
	4.7.2) Monitor GMS provision in mid cluster, and if appropriate scope alternative models to support patient access Q1-Q4		Green	Blue	Blue	Blue	H	H	H	H	High
	4.7.3) Access Standards analysis, review and action planning Q1		Green	Blue	Blue	Blue	H	H	H	H	High
	4.7.4) Unified Contract Assurance Framework assurance and outcome management Q2-Q4			Green	Green	Blue	H	H	H	H	High
	4.7.5) Quality Improvement Framework – project analysis and action planning Q1-Q2		Green	Blue	Blue	Blue	H	H	H	H	High
	4.7.6) Supplementary Service audit review, analysis and feedback Q2-Q3			Green	Green	Blue	H	H	H	H	High
	4.7.7) Review and analysis of patient experience accessing general medical services Q4					Blue			M	M	High
4.8) Optometry Ensure continued growth of community optometric services to enable a wider range of eye care services to be delivered within Powys	4.8.1) Systematic tracking of core hour provision Q2			Blue	Blue	Blue	H	H	H	H	High
	4.8.2) Support and track access in relation to IPOS (Independent Prescribing Optometrists) Q1		Green	Blue	Blue	Blue	H	H	H	H	High
	4.8.3) ~~Implement Special School Primary Eyecare (SPECS) pathway following national agreement Q3~~ (Removed - moved to 26/27)						M	M	L		

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	4.8.4) Implement pathways with outreach Ophthalmology Services, clusters and Optometry practices for Glaucoma and Medical Retina pathways Q1-Q2		Amber	Blue	Blue	Blue	M	H	H	H	High
	4.8.5) Support and track access to specialist services in relation to Welsh Government Optometry Services (WGOS4) (Medical Retina and Glaucoma) and WGOS 5 Q1-Q4		Green	Green	Blue	Blue	H	H	H	H	High
4.9) Dental Services Grow capacity and sustainability of dental, orthodontic and special care dentistry services across Powys	4.9.1) Maintain urgent access in General and Community Dental Service to balance demand and capacity Q1		Green	Amber	Green	Blue	M	M	M	M	High
	4.9.2) Welsh Enhanced Recruitment Offer enhanced offer for Dental Foundation dentists Q1-Q4		Green	Blue	Blue	Blue	H	H	H	H	High
	4.9.3) Continue to transfer patients from the Dental Access Portal to salaried General Dental Practitioner (GDP) in line with contract reform Q1		Blue	Blue	Blue	Blue	H	H	H	H	High
	4.9.4) Development of remote specialist in special care post Q1-Q4		Green	Blue	Blue	Blue	M	H	H	H	High
	4.9.5) Develop IV sedation service in the Community Dental Service Q4					Red	H	H	H	H	Low
	4.9.6) Enhance specialist services within Community Dental Service by developing consultant led restorative and paediatrics Q4					Blue	H	H	H	H	High
	4.9.7) Utilization of digital technology to improve efficiency and patient experience Q4					Blue	M	M	M	M	High
	4.9.8) Formalise special care dentistry pathways with external providers for special care patients who are unable to be treated safely in Powys Q4					Red	M	M	M	M	Low
	4.9.9) Systematic review and contractual change to enhance capacity for dental & orthodontic care Q1-Q4		Green	Green	Green	Blue	H	H	H	H	High
4.10) Primary & Community Care Academy Develop educational offer across primary and community services to ensure improving leadership,	4.10.1) Continue to support the new to General Practice Nursing foundation programme Q1-Q4		Green	Blue	Blue	Blue	H	H	H	H	High
	4.10.2) Develop workshops to support Primary Care Nursing & Allied Health Professionals to access advanced and extended practice skills Q1 & Q4		Green			Blue	H	H	H	H	High

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collaborative, administrative and clinical skills	4.10.3) Deliver scenario-based training for non-clinical staff in primary care Q2-Q4			Blue	Blue	Blue	H	H	H	H	High
	4.10.4) Develop cluster & collaborate lead workshops Q2			Green	Blue	Blue	H	H	H	H	High
	4.10.5) Provide a range of training for Practice Managers to upskill and improve sustainability and business continuity Q1-Q4		Green	Green	Green	Blue	H	H	H	H	High
	4.10.6) Expand range of training for clinical support workers in primary care Q1-Q4		Green	Green	Green	Blue	H	H	H	H	High
4.11) Medicines Management/Pharmacy: Optimising Medicines Use	4.11.1) Improve Prescribing Efficiency: Implement the 10 Medicines priorities identified by Value and Sustainability Board Q1-Q4	EMD	Green	Green	Green	Blue	H	H	H	H	High
	4.11.2) Implement the roll out of Bluteq Q1-Q4		Green	Green	Green	Blue	M	M	H	H	High
	4.11.3) Support Deprescribing: working with frailty teams, promote polypharmacy reviews, develop deprescribing pathways for patients on unnecessary or potentially harmful medications, particularly in elderly and multimorbidity patients Q1-Q4		Amber	Amber	Amber	Amber	M	M	M	M	Low
4.12) Enhancing Patient Safety & Medicines Governance	4.12.1) Improve Medicines Safety Culture: Promote reporting and learning from medication incidents to reduce avoidable harm Q1-Q4		Green	Green	Green	Blue	M	H	H	M	High
	4.12.2) Deliver improvement in antimicrobial prescribing Q1-Q4		Green	Green	Green	Blue		H	H	H	High
	4.12.3) Deliver improvement in opiate prescribing Q1-Q4		Green	Green	Green	Blue		H	H	M	High
	4.12.4) Deliver improvement in gabapentin prescribing Q1-Q4		Green	Green	Green	Blue		H	H	M	High
	4.12.5) Provision of pharmacy professional support for Mental Health wards and service Q2-Q4			Amber	Amber	Amber		L	M	M	Low
4.13) Expanding Community Pharmacy & Primary Care Integration	4.13.1) Develop Community Pharmacy Services: Expand services including needle and syringe exchange, blood borne virus testing, minor ailment consultations Q1-Q4		Green	Green	Green	Blue	H	H	H	H	High
	4.13.2) Implement Electronic Prescribing and Medicines Administration (ePMA) Q2-Q4			Amber	Amber	Amber		H	M	M	Low

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	4.13.3) Implement Electronic Prescription Service (EPS) in GP practices Q1-Q4		Amber	Amber	Amber	Amber		M	M	M	Low
4.14) Workforce Development & Sustainability	4.14.1) Increase pharmacy work based training places to support new schools of pharmacy and collaboration with HEIW Q2			Green	Green	Blue	M	M	H	H	High
	4.14.2) Support for development of portfolio roles Q1-Q4		Green	Green	Green	Blue	H	H	H	H	High
	4.14.3) Support Continuing Professional Development (CPD): Focus on supporting development of Independent Prescribers Q1-Q4		Green	Green	Green	Blue	H	H	H	H	High
4.15) Public Health & Preventative Medicine	4.15.1) Expand Vaccination & Public Health Roles: Strengthen pharmacy-led vaccination programmes, smoking cessation, and weight management Q1-Q4		Green	Green	Green	Blue	M	M	H	H	High
	4.15.2) Support for roll out of self-administration of medicines Q1-Q4		Green	Green	Green	Blue	H	H	H	H	High

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	N/A	**Change in Timescale**	N/A

Q1 Change request

- **4.7)** New additional request: Review and analysis of patient experience accessing general medical services Q4. 20.08.25 - Approved at Executive Committee.

Q2 Change request

- **4.13.3)** Change wording to implement Electronic Prescription Service (EPS) – wrong terminology used. Suggestion: Electronic Prescription Service (EPS) in GP practices. 15.10.2025 – Approved at Executive Committee.
- **4.1.2)** Change request to deadline to be completed in Q4 2025/26. 15.10.2025 – Approved at Executive Committee.
- **4.1.2)** Change in scope – requested rewording to "Confirm the baseline activity workforce, performance and finance metrics for services in scope of phase 1 to measure the impact of service improvement and transformation". 15.10.2025 – Approved at Executive Committee.
- **4.6.3)** It is not possible to implement as tied in with national contract negotiations. Change request submitted to remove and include in 2026/27. 15.10.2025 – Approved at Executive Committee.
- **4.8.3)** Implement Special School Primary Eyecare (SPECS) pathway following national agreement Q3 – request to remove as national pathway deferred to 2026/27. 15.10.2025 – Approved at Executive Committee.
- **4.7.1)** GMS Practice Sustainability analysis, review, and action planning Q2 – request to move to Q3. 15.10.2025 – Approved at Executive Committee.

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• **4.2.3)** New request: Resolve and commission Swansea Bay University Health Board to deliver service for Ystradgynlais to be changed from Q1 to Q3. 15.10.2025 – Approved at Executive Committee. <u>Q3 Change request</u> • **4.4.1)** Change request to Q4 – A delay in approval of business case for funding of posts at Investment Benefits Group. 04.10.26– Approved at Executive Committee. • **4.4.2)** Change to Q1 26/27 – due to delay in 4.4.1. 04.10.26– Approved at Executive Committee.	
Executive Director Sign Off	Elaine Lorton (Executive Director of Primary Care, Community and Mental Health) Kate Wright (Executive Medical Director)

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Early Help and Support

Strategic Priority 5: Planned Care and Diagnostics **Executive Lead - Executive Director of Primary Care, Community and Mental Health, Executive Director of Planning, Performance and Commissioning, Executive Director of Allied Health Professions, Health Sciences and Digital**

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- Work in this area will contribute to the development of a sustainable model of care longer term, particularly in relation to planned care
- Longer term, this will create a value based approach across all services, optimising use of resources for greatest impact and outcomes
- Improving equity of access and supporting the shift to a preventive approach, contributing to addressing health inequalities
- Delivery against NHS Wales Performance Framework including access measures for Referral to Treatment (RTT) and Diagnostics
- Delivery against People's Experience Framework in relation to patient and carer reported outcomes and experience

Specific improvements in services and pathways including:

- Improved resilience and utilisation of provider services capacity where appropriate
- Facilitate coordination of services across sectors to deliver more holistic and joined up pathways of care.
- Delivery of outcomes in line with GIRFT recommendations
- Recovery of access times and waiting lists
- Reduction in RTT waiting times for patients requiring planned surgery or diagnostic tests
- Delivery of service closer to patients home reducing unnecessary travel and number of appointments

The recommendations set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) have also been cross referenced in the appropriate delivery areas in this section of the Delivery Plan, where these apply to Health Boards (there are further recommendations for Welsh Government, HEIW and Regional fora which will require collective input and have potential implementation implications for Health Boards, a watching brief will be kept via the PTHB Planned Care Board as part of the Better Together Portfolio- see full MAG report for further detail).

Commentary on Progress in this Quarter:

- **5.4)** Endoscopy although not re accredited the service is developing in line with national programme requirements on-going development.
- **5.5)** Pre-operative service implementation phase is complete as per the priority will be on-going service development.
- **5.6.1)** Theatre Dashboard is part of national dashboard requires further refinement.
- **5.6.2)** All day lists via insourcing on-going development in terms of in reach aligns to Getting It Right First Time (GIRFT) transformation.
- **5.6.3)** Speciality lead resource identified recruitment in train.
- **5.6.5)** Day case review forms part of GIRFT recommendations for 2026/27.
- **5.8)** Incorporated into GIRFT review Q1 2026/27.
- **5.4.2)**, **5.5.2)**, **5.5.3)**, **5.6.1)**, **5.6.2)**,**5.6.3)** , **5.6.5)** ,**5.8.1)** To be considered within PTHB commissioned GIRFT review

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Commentary on red actions:

- **5.9.1)** WPOCT has not yet been implemented as DHCW were unable to secure engagement from Siemens until 17.03.26. As a result, this work is expected to move into 2026/27.
- **5.9.4)** Relationships with Primary are continuing to develop but establishing an agreed model is taking longer than anticipated**.**
- **5.9.5)** This work has not yet commenced due to capacity limitations**.**

Achievements:

- Preoperative assessment service operational with health screening questionnaire roll out across specialities in line with national priorities
- Dr Helen Griffiths PTHB Clinical Endoscopist awarded British Society of Gastroenterology Presidents Medal for outstanding achievement and service to gastroenterology, Helen has been instrumental in service JAG development and in the establishment of Transnasal Endoscopy (TNE)/sponge capsule in Powys – only the 2nd time in the awards 90 year history that its been awarded to a nurse.
- 8 cataracts per list being undertaken by insourcing - this has given assurance to the flow and efficiency transformation work undertaken by the theatre service.
- Community optometrist in post in Planned Care to support triaging of referrals and management of follow ups in line with ophthalmology optimisation framework capacity to be further developed in 2026/27.
- GIRFT review complete with initial findings/recommendations presented to PTHB Executive March 2026 for on-going development in 26/27, community health pathways business case agreed for investment to establish Community Health Pathways in PTHB 2026/27.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
5.1) Delivery of prioritised strategic planned care improvements	5.1.1) Implementation of Clinically led referral optimisation model for Planned Care (Ophthalmology and Orthopaedics) – joint work across Transformation, Operational teams, Commissioning and Digital **CRITICAL ACTION** Q1-Q3	ED PCC&MH/ ED PP&C	Green	Green	Green	Green	H	M	M	H	High
	5.1.2) Strategic assessment of provided and commissioned planned care including scoping the opportunity for eyecare surgical hub in Powys Q4					Green		M	M	H	High
	5.1.5) Continued development of Planned Care Quality & Safety Framework Q1-Q4		Green	Green	Green	Green		H	H	H	High
	5.1.6) Development of 3Ps Waiting Well Service, business case for recurrent funding Q2-Q4			Green	Green	Blue		M	M	M	High

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	5.1.7) Continued participation and response to National Planned Care Programme Q1-Q4		Green	Green	Green	Green		H	H	H	High
5.2) Pathway Development Muscular Skeletal / Orthopaedics	5.2.1) Implementation of MSK/orthopaedic pathways transformation business case, service development in line with Orthopaedic Optimisation Framework Q1-Q4		Green	Green	Green	Green	H	M	M	H	High
5.3) Eyecare (ophthalmology)	5.3.1) Develop business case for ophthalmology pathway transformation Q1-Q4		Green	Green	Green	Blue	H	M	M	M	High
	5.3.2) Service development in line with Ophthalmology Optimisation Framework Q1-Q4		Green	Green	Green	Green		M	M	M	High
5.4) Continue the development/transformation of Endoscopy/Colorectal pathways in Powys	5.4.1) Cost plan for appointment of lead via SLA or speciality sessions pan Powys Q2			Green	Blue	Blue	L	L	M	H	High
	5.4.2) Development of Endoscopy service in line with National Plan including work to maintain and scope opportunity to improve against JAG standards Q1-Q4		Amber	Amber	Amber	Green		L	L	L	High
5.5) Develop pre-operative pathways of care	5.5.1) Development of environment at Brecon Hospital for preoperative assessment Q3				Blue	Blue	H	H	H	H	High
	5.5.2) Plan for collaboration with Primary Care to enable whole system approach Q2			Amber	Amber	Green		H	H	H	High
	5.5.3) Development of specialist workforce to deliver peri operative care Q4					Green		M	H	M	High
5.6) Theatres: Development of key day case pathways **Cross reference to MAG Report 2025 recommendations:** - All Health Boards should adopt best practice in theatre management (GIRFT), local Theatre Optimisation Boards and increased productivity i.e. cases per session (see MAG for specifics)	5.6.1) Development of theatre dashboard in line with national programme Q3				Amber	Green	H	H	H	M	High
	5.6.2) Implementation of all day lists ophthalmology/orthopaedics 2025/26 Q4					Green		M	M	L	High
	5.6.3) Anaesthetics specialty lead for PTHB resourced from SLA underperformance Q2			Amber	Amber	Green		M	M	M	High
	5.6.4) ~~Digitalisation – costed proposal for theatre management system Q1~~ (Removed)		Amber	Amber	Red			M	L	L	
	5.6.5) Review of day case procedures to identify opportunities for repatriation Q2			Amber	Amber	Green		M	L	M	High

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- (further recommendation on accreditation of Surgical Hubs which WG propose they lead)												
5.7) Outpatients: Develop a single management system and oversight **Cross reference to MAG Report 2025 recommendations:** - All Health Boards should within three months develop a plan to reduce referrals to traditional outpatients in high volume specialities / unwarranted variation - Models that offer alternatives should be rapidly identified and scaled - Reduce variation in OP waiting times using best practice inc. GIRFT/ Further faster/ triage/ pathways	5.7.1) Development of Outpatients in core specialities aligned to Planned Care optimisation frameworks with focus on discharge pathways SOS/PIFU, digital and MDT development Q1-Q4		Green	Green	Green	Green	H	M	M	M	High
	5.7.2) ~~Develop business case and delivery model for clinical room booking system Q1-Q4~~ (Removed – moved to 26/27)		Green	Green	Red			M	M	L	
5.8) Diagnostics transformation	5.8.1) Strategic assessment and implementation of plan for diagnostics Q3			Amber	Amber	Amber	M	M	L	L	Medium
5.9) Point of Care Testing (POCT) Improved assurance and governance	5.9.1) Add all connectable devices to WPOCT Q1-Q4	ED AHPHS&D	Amber	Amber	Amber	Red	H	M	M	M	Low
	5.9.2) Expand POCT in support of clinical pathway development and governance Q1-Q4		Amber	Green	Green	Blue		H	H	H	High
	5.9.3) Monitor Internal Quality Control (IQC) & External Quality Assurance (EQA) Q2-Q3			Green	Blue	Blue		H	H	H	High
	5.9.4) Establish model for working with Primary Care Q4		Amber	Amber	Green	Red		M	M	H	Low
	5.9.5) Review and develop existing POCT provision and governance: Develop QA Compliance framework including audits and KPIs for all devices in use Q4			Red	Amber	Red		M	L	M	Low
	5.9.6) Monitor training and develop collaborative model with Suppliers and Clinical Education teams for all POCT devices currently in use Q1-Q4		Green	Green	Green	Blue		H	H	H	High

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	5.9.7) Identify further opportunities for POCT within PTHB Q2-Q4			Green	Green	Blue		H	H	H	High
	5.9.8) Identify opportunities in primary & community care Q2			Green	Blue	Blue		H	M	H	High

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	N/A	

Q1 change in scope

- **5.1.3) / 5.1.4)** could be removed as is duplicate/contained within 5.1.2. 20.08.25 - Approved at Executive Committee.

Q2 change in timescale

- **5.8.1)** Phase 1 (adult physical & mental health community services, including urgent care) in progress and anticipated completion Q3. Planned Care and Womens & Children to follow with alignment of diagnostics assessment. 15.10.2025 – Approved at Executive Committee.
- **5.9.4)** – Taking longer than planned due to Primary Care engagement and changes to working process – timescale change to Q4. 15.10.2025 – Approved at Executive Committee.
- **5.9.5)** – Not delivered due to capacity (sickness/absence) request extension to Q4. 15.10.2025 – Approved at Executive Committee.

Q3 Change in Timescale

- **5.3.3)** Eyecare surgical hub opportunities will form part of GIRFT Strategic Prioritisation work programme, request to merge this with 5.1.2. 04.02.26 - Approved at Executive Committee.
- **5.6.4)** National Theatre system not yet agreed currently utilising functionality within PAS – request remove. 04.02.26 - Approved at Executive Committee.
- **5.7.2)** Clinical room booking system work on business case has been delayed operationally as superseded by other critical national digital work programmes NHS App, Open Eyes, request to defer into 2026/27. 04.02.26 - Approved at Executive Committee.
- **5.9.1)** Taking longer than planned due to lack of capacity at DHCW and with IT Supplier Siemens to assist with testing request extension to Q4. 04.02.26 - Approved at Executive Committee.

Executive Director Sign Off	Elaine Lorton (Executive Director of Primary Care, Community and Mental Health) Nicola Johnson (Executive Director of Planning, Performance and Commissioning) Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)

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Early Help and Support

Strategic Priority 6: Complex and Continuing Healthcare (CHC) Executive Lead - Executive Director of Primary Care, Community and Mental Health

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- Delivery of, and compliance with, the National Framework for NHS Continuing Healthcare
- Clear arrangements in place with other NHS organisations, independent or voluntary sector partners to ensure effective operation of the Framework
- Implement improvements recommended by external support including finance, audit and national targets
- Delivery against National Framework for NHS Continuing Healthcare

Specific improvements in services and pathways including:

- Improved process for CHC applications and understanding of trends within PTHB through work with NHS Executive
- Governance arrangements for NHS Continuing Healthcare eligibility processes and commissioning NHS Continuing Healthcare packages
- System in place to record assessments undertaken and their outcomes, and the costs of NHS Continuing Healthcare packages
- Implementing and maintaining good practice; ensuring that quality standards are met and sustained

Commentary on Progress in this Quarter:

- **6.2.3)** Review completed and development plan expected for Q1.
- **6.4.2)** Performance intermittently achieved. Further opportunities arising from the external review.
- **6.4.3) & 6.6.4)** Further service development expected in coming year.

Commentary on red rated actions: N/A

Achievements:

- In year delivery of expected efficiencies and financial savings. Strengthening of service model for Adult pathways with improved support for assessing teams in place and supporting improved discharge performance. Participation in external evaluation, with good recognition of performance. Operational sign off for preferred digital solution and submission of recommendation.

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Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment*				
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3	Q4
6.1) External expertise will be commissioned to fully appraise any further improvements and develop a new model **CRITICAL ACTION**	6.1.1) Expertise commissioned and appraisal completed Q3-Q4	ED PCC&MH	Amber	Red	Red	Blue	M	M	M	M	High
	6.1.2) Outputs of appraisal used to inform further improvement plan Q3-Q4			Red	Red	Blue		M	M	M	High
6.2) Systematic review of high growth commissioned activity – cost and volume, to determine further improvement activity	6.2.1) Review of private providers, specifically for adult mental health needs Q1		Green	Blue	Blue	Blue	M	M	M	M	High
	6.2.2) Review of high growth activity – specifically Learning Disability and Elderly Mentally Infirm (EMI) Q1-Q2		Green	Green	Blue	Blue		M	M	H	High
	6.2.3) Design of alternative opportunities for care provision which offers sustainability, value and experience Q3-Q4				Red	Amber		H	H	M	Medium
6.3) Improve Health Board processes to support effective and efficient commissioning	6.3.1) Process scrutiny of diverse funding applications - Number of Continuing Healthcare (CHC) & Funded Healthcare (FNC) applications approved at Panel Q1-Q4		Green	Green	Green	Green	H	H	H	H	High
	6.3.2) Chase details of individual patients to evidence eligibility for care - Number of Fast Track and Joint/Section 117 applications approved at Panel Q1-Q4		Green	Green	Green	Green		H	H	H	High
	6.3.3) Progress patient flow from hospital - Number of Reviews undertaken on time Q1-Q4		Green	Green	Green	Green		H	H	H	High
	6.3.4) Monitor care setting availability daily to secure care provision and match with patient need - Patient need is matched with care setting availability in the community Q1-Q4		Green	Green	Green	Green		H	H	H	High
6.4) Develop robust mechanism for capturing data and processing	6.4.1) Maintaining over 85% of reviews within time Q1-Q4		Green	Green	Amber	Amber	H	H	H	H	Medium

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information in order to support better commissioning and care	6.4.2) Clear analysis of changes and trends which supports planning for Years 3-5 Q3-Q4				Amber	Green		H	H	H	High
6.5) Progress Retrospective CHC Claims	6.5.1) Complete Retrospective Claims within mandatory timescale to divert from interest on payments Q1-Q4	Amber	Amber	Blue	Blue	H	H	H	H	High
6.6) Enhance complex care commissioning against regional and national standards	6.6.1) NHS Executive work with Hywel Dda UHB - To benchmark and gain understanding of trends within PTHB Q1	Green	Blue	Blue	Blue	H	H	H	H	High
	6.6.2) Work with Public Health - Learn from the outcomes of public health demographics Q1	Blue	Blue	Blue	Blue		H	H	H	High
	6.6.3) Internal Audit Action Plan - Implement Internal Audit Action Plan responses Q3	Green	Green	Blue	Blue		H	H	H	High
	6.6.4) Value & sustainability – to ensure learning and delivery against the 7 national recommendations Q1-Q4	Amber	Amber	Amber	Amber		H	H	M	Medium

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	N/A	**Change in Timescale**	N/A

Q2 Change in Timescale

- **6.1.1) and 6.1.2)** Behind schedule, primarily due to the external expertise only being commissioned and assigned at the end of Q2. This late assignment has delayed the commencement of key deliverables and without the appraisal, outputs are not available. To address this, it is recommended that the delivery timeframe be revised to Q3/Q4, allowing adequate time for onboarding, planning, and completion of the required audit work. 15.10.2025 – Approved at Executive Committee.
- **6.6.3)** Change to Q3 - Once outputs are received, further improvements to the plan will be developed. 15.10.2025 – Approved at Executive Committee.

Executive Director Sign Off	Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)

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Tackling The Big Four

Strategic Priority 7: Major conditions (Cancer, Respiratory, Circulatory, Cardiac, Stroke, Diabetes) Executive Lead - Executive Medical Director / Executive Director of Allied Health Professions, Health Sciences and Digital / Executive Director of Nursing, Quality, Women and Family Health / Executive Director of Planning, Performance and Commissioning

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- Work in this area will contribute to the development of a sustainable model of care longer term, particularly in relation to planned care
- Longer term, this will create a value based approach across all services, optimising use of resources for greatest impact and outcomes
- Improving equity of access and supporting the shift to a preventive approach, contributing to addressing health inequalities
- Delivery against NHS Wales Performance Framework including access measures for Referral to Treatment (RTT) and Diagnostics
- Delivery against People's Experience Framework in relation to patient and carer reported outcomes and experience

Specific improvements in services and pathways including:

- Improved resilience and utilisation of provider services capacity where appropriate
- Facilitate coordination of services across sectors to deliver more holistic and joined up pathways of care.
- Delivery of outcomes in line with GIRFT recommendations
- Recovery of access times and waiting lists
- Reduction in RTT waiting times for patients requiring planned surgery or diagnostic tests
- Delivery of service closer to patients home reducing unnecessary travel and number of appointments

The recommendations set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) in relation to Cancer have been cross referenced in the appropriate delivery areas in this section of the Delivery Plan. There are no specific recommendations for Health Boards at this stage, however there may be requirements for collective action and implementation implications at a later stage, of the recommendations set out for Welsh Government and HEIW. A Watching brief will be kept via the lead Executive on any implications arising for PTHB.

Commentary on Progress in this Quarter:

- **7.1.1)** Updates across Q1–Q4 have been developed following a review of current diabetes outcomes and existing care pathways. While this work is well progressed, it is not yet finalised. Agreed improvement actions will be carried forward into 2026–27, following the final 2025–26 workstream meeting on 31st March. Diabetes remains a key deliverable for 2026–27; however, delivery during 2025–26 was constrained by capacity, workforce, and financial pressures.
- **7.1.3) & 7.1.6)** A situation report outlining PTHB's ability to deliver Hybrid Closed Loop (HCL) has been developed and is scheduled for presentation to the Diabetes and Integrated Planning 2025–26 Workstream on 31st March 2026. Subject to workstream endorsement, the report will progress to next destination for approval. Delivery of HCL by PTHB will require investment to support this deliverable.
- **7.1.4)** Further Faster review in reach general medical endocrinology (Links to eye care referral management diabetic retinopathy pathway) Q2: Some overlap with Strategic transformation Planned Care (GIRFT) review and to be continued into Q1 26/27.

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- **7.1.5)** Cluster-based approaches are being used to enhance delivery of the 8 Care Processes, including cluster Protected Learning Time led training for healthcare support workers, which has contributed to an improvement in overall performance since November. Significant variation between clusters has been identified, reinforcing the need for targeted cluster-level support. Work is underway to use cluster audit data to identify workforce and skills gaps, alongside exploring standardised templates and alternative workforce models at cluster level to improve consistency and data quality in delivery of the 8 Care Processes.
- **7.1.7)** Some elements of this action have been complete during 25-26, a plan is in place for business case to develop further capacity within the specialist nursing team to enhance capacity for local delivery of Hybrid Closed Loop in Q1 26/27. Ongoing work will continue in 26-27 to further enhance the primary & community diabetes pathway with monitoring to continue through diabetes workstream which will meet on a bi-monthly basis.
- **7.4.1)** Some overlap with strategic review of planned care in Q4 (GIRFT) and will continue into Q1 26/27.
- **7.4.2)** Business case developed and supported. Further consideration to be given following completion of strategic review of planned care (GIRFT) in Q1 26/27.
- **7.4.3)** Following further deterioration of SLA delivery, some changes to the commissioned pathway have been requested. Continuing to work with neighbouring Health Boards on optimising the model, including strengthening role of medicines management.
- **7.5.2)** Limitations on clinical capacity remain, however Consultant therapist engagement continues to be supported.

Commentary on red rated actions: N/A

Achievements:

- Hybrid Closed Loop was approved at workstream meeting held on 31st March 2026, a small task and finish group will now implement an implementation plan during Q1 26-27 to bring HCL management closer to home for PTHB patients.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O= Original*				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
7.1) Deliver improvements in High Value High Impact pathways (Diabetes) CRITICAL **ACTION**	7.1.1) Implement improvements in the High Value High Impact pathways aligned to Value & Sustainability Board priorities – Diabetes Q1-Q4	ED PCC&MH	Amber	Amber	Amber	Green		H	H	M	High
	7.1.2) Review the outcomes in Powys of existing Diabetes care and pathways Q1		Amber	Blue	Blue	Blue	M	M	H	H	High
	7.1.3) Scope the potential to provide elements of the hybrid closed loop pathway closer to home Q1-Q2		Amber	Green	Amber	Amber	H	M	H	M	Medium
	7.1.4) Further Faster review in reach general medical endocrinology			Amber	Amber	Amber	H	H	H	M	Medium

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	(Links to eye care referral management diabetic retinopathy pathway) Q2											
	7.1.5) Develop cluster model to enhance the 8 care process outcomes Q2-Q3			Amber	Green	Green	M	M	M	M	Medium
	7.1.6) Implement changes to the hybrid closed loop pathway Q3-Q4				Amber	Amber	H	M	M	M	Medium
	7.1.7) Implement enhanced primary & community Diabetes pathway Q4					Amber	M	M	M	M	Medium
7.2) Cancer **Cross reference to MAG Report 2025 recommendations:** No health board specific however note the recommendation for NHS Wales to identify single highest impact pathway change for five tumour types and incentives; and associated data development (see MAG for detail)	7.2.1) Delivery against Cancer Improvement plan Q1-Q4	EMD	Green	Green	Green	Green	H	H	H	H	High
	7.2.2) Continue to work with Commissioned Service Providers to identify areas of the suspected Cancer pathway which could be improved Q1-Q4		Green	Green	Green	Green		H	H	H	High
	7.2.3) Work with the National Cancer Team to implement innovations to support earlier diagnosis and reduce waiting times Q1-Q4		Green	Green	Green	Green		H	H	H	High
	7.2.4) Continue the Improving the Cancer Journey Programme Phase 2 Q1-Q4		Green	Green	Green	Green		H	H	H	High
	7.2.5) Annual review of the PTHB Cancer Improvement Plan Q1-Q4		Green	Green	Green	Green		H	H	H	High
7.3) Respiratory	7.3.1) Further Faster review of in reach respiratory provision Q2	ED AHPHS&D		Green	Green	Green	H	H	H	H	High
7.4) Cardiac	7.4.1) Further Faster review of in reach cardiology consultants Q2	ED PCC&MH		Blue	Blue	Blue	M	M	H	H	High
	7.4.2) Develop sustainable solutions and county wide options for echocardiology & baseline against standards Q3				Amber	Green		M	M	M	High
	7.4.3) Rheumatology – scope opportunities for Multi-Disciplinary Team (MDT) different approach with medicines management Q4					Amber		M	M	M	Medium
7.5) Stroke	7.5.1) Continue to work with commissioned service providers to ensure neighbouring Health Board and NHS Trust plans appropriately reflect provider	ED PP&C	Green	Green	Green	Green	M	H	H	H	High

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	responsibilities to Powys residents (including Hereford and Worcestershire Stroke Service Changes) Q1-Q4										
	7.5.2) Ensure clinical engagement on the National Stroke Programme (including future option for current temporary changes in place at Cwm Taf Morgannwg University Health Board) Q1-Q4		Amber	Amber	Amber	Amber		L	L	L	Medium

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	N/A	

Q1 change in scope

This request is to remove the following Key Deliverables from the Integrated Plan:

- **7.3.2)** and **7.3.3)** Following a review of the evidence base, NICE guidance indicates that a telehealth solution should not be used for routine monitoring of COPD patients. The proposed remote monitoring system to be piloted is not appropriate for the current PTHB community respiratory patient cohort (non-acute chronic respiratory conditions) and a current, approved self-management/education app exists and is currently utilised in the form of COPD Hub. Therefore, it would appear not cost effective or possibly ethical for the PTHB Community Respiratory Team to pursue using or trialling the proposed remote monitoring, or any other telehealth platform to monitor stable COPD patients. Given the lack of clinical evidence base for this work, these key deliverables will not be taken forward. 20.08.25 - Approved at Executive Committee.

Q2 change in scope

- **7.2.3)** Request for the wording to be changed from 'Cancer Network' to 'National Cancer Team'. Request to change due to it being renamed. 15.10.2025 – Approved at Executive Committee.

Executive Director Sign Off	Elaine Lorton (Executive Director of Primary Care, Community and Mental Health) Kate Wright (Executive Medical Director) Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)

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Tackling The Big Four

Strategic Priority 8: Mental Health Executive Lead - Executive Director of Primary Care, Community and Mental Health

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- A shift to prevention of major conditions, contributing to addressing health inequalities and equity of access
- Improved support for those living with major conditions and associated with that, more effective and higher value use of healthcare
- Delivery against NHS Wales Performance Framework including access measures for Referral to Treatment (RTT) and Diagnostics
- Delivery against People's Experience Framework in relation to patient and carer reported outcomes and experience
- Delivery of outcomes in line with condition specific requirements i.e. single cancer pathway, quality statements, GIRFT recommendations

Service and Pathway improvements:

- Delivery of principles of prehabilitation to rehabilitation
- Enhanced coordination of services across sectors to deliver more holistic care for people living with major conditions in Powys
- Improved resilience and utilisation of provider services capacity where appropriate
- Improved value based evidence (outcomes, variation, cost, programme budgeting and high cost user data) to guide pathway improvements, to drive system efficiency and improve clinical outcomes and patient experience

Commentary on Progress in this Quarter:

- **8.1.1)** Previous scope and responsibility of this deliverable was reset in Q3, via change request. Baseline data and current metrics have been collated for appropriate services in scope. This work will be refined as phase 1 enters design phase during 2026-27. (Also, this work will be conducted as a new task in 2026-27, for services in scope for phase 2).
- **8.1.2)** Transformation work has continued, alongside establishing 'business as usual' service, ongoing resolution of phase 1 issues and implementation of phase 1 internal audit recommended actions. Initial discussions for 'phase 2.1 Assessment' have identified many interdependencies with services and external partners across Mental Health, presenting further opportunities to be considered during analysis and design phases, which are also interdependent with the design of the Community Model for Mental Health as part of the Better Together programme. National Strategic Programme for Mental Health has also introduced 'Demonstrator Area' projects for PTHB including 'Open Access', 'One at a Time (OAAT)' and 'Stepped Care 2.0', all of which have very large impact upon the ongoing vision and design of the Single Point Of Access aligned to 111(2), and design of the wider Community Model for Mental Health. This deliverable will continue into the Integrated Plan for 2026-27.
- **8.1.3)** Resource was diverted to the accelerated scope for Better Together Accelerated Community Model (& Inpatient Model) earlier in the year, which led to the submission of a change request to reschedule this deliverable into Q4 (approved). Whilst discussions have begun with Primary Care and within Cluster Meetings, this work has not progressed as planned. This deliverable requires scoping in line with forthcoming electronic system and process changes and will continue into 2026-27. It is hoped that this deliverable will benefit from much improved digital integration between primary and secondary care following the planned implementation of an improved community services electronic system, (Welsh Community Care Information System WCCIS replacement).
- **8.1.4)** Task completed in Quarter 3 however, scope increased during Q4 with a new ask for demand & capacity modelling assumptions for Mental Health Adult Community Model, (due to interdependency with inpatient model), to be submitted by end Q4. Adult Community Model is out of scope for phase 1 of Better

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Together programme and is included in phase 2 (2026-27). However key modelling assumptions have been supplied to external modelling supplier for inclusion in final report due April 2026. Demand & capacity modelling for Adult Community Model will be reviewed within design phase of Community Model within Integrated Plan 2026-27.

- **8.1.5)** Much work has taken place during 2025-2026, however ongoing work has been carried on into the 2026-27 Integrated Plan, especially within the design of Community Model. Core offer and care & treatment pathways have been considered during modelling of (phase 1) Older Adult Community team, Interim Part 1 Scheme and at high level within the Mental Health Inpatient and Community Model service level model of care document. Also feedback from the recent NHS Performance & Improvement Inpatient Supportive Assessment has been incorporated into care and treatment pathways design. Within Q4, recent initiatives from the National Strategic Programme has resulted in PTHB Mental Health leading demonstrator projects for 'Open Access' and 'One at a Time (OAAT)', both will inform entry into future care and treatment pathways.
- **8.1.6)** The Older Adult Community Model has been described within the Inpatient & Community Model Service Level Model of care. More detailed service specification will be completed within the 2026-27 Integrated Plan as part of phase 2 Community Model design. The community model has interdependencies with future development of the Single Point of Access (SPOA) and various national projects. Workforce modelling has been completed to include 3 regional bases, one Older Adult Community Team (as part of wider future community team), with subsequent revised staffing requirements. This work has linked with ongoing modelling for Physical Health Inpatient and Community Model leading to greater service alignment.
- **8.1.7)** The next steps towards future implementation have been captured within the Better Together 'Journey to Consultation' plan, which has been formalised within Q4, with a 2026 timeline to progress options for public consultation. Post consultation actions will inform the project lifecycle and future implementation plan timeline.
- **8.1.9)** The Better Together programme has provided opportunities for enhancing joint working across mental and physical health to address comorbidities and complex needs, e.g. increased consultation & liaison, Ready to Go Home Units (RTGH), planning Mental Health in-reach teams for physical & mental health comorbidity ward. The modelling work for Older Adult Community Model captures greater alignment of teams. In addition, a business case has been approved by PTHB Investment & Benefits Group, for an enhanced Cognitive Behaviour Therapy based psychology offer within inpatient settings and provision of advice for community teams working with people with complex emotional needs, (CENs). Also, multi-disciplinary, ward-based teams now have input from complex needs teams within Powys Housing service.
- **8.1.10)** Alignment of teams pan-Powys has been considered throughout the work completed and will continue to be considered throughout future service design. During Q3&4 specifically the Dementia Home Treatment Teams have been aligned to act as a pan-Powys team with a common operational policy. The refreshed policy is being embedded, and a new reporting Business Intelligence (BI) dashboard is being implemented.
- **8.1.11)** Digital opportunities are considered routinely throughout project work and exploited wherever possible. Examples include: ongoing implementation of Welsh Patient Admin System (WPAS) into Dementia Home Treatment Team to facilitate improved data capture and subsequent BI dashboard reporting; scoping of a virtual offer for patient assessment from the Mental Health Single Point Of Access as part of phase 2 development; continual improvement of existing BI reporting dashboards; implementation of national work for Patient Related Outcome Measures (PROMS) and Patient Reported Experience Measures (PREMS) – rolled out within wards and community; implementation of Welsh Community Care Information System (WCCIS) WCCIS into inpatient wards; requirements specification for new community electronic system (WCCIS replacement); ongoing data cleansing work.
- **8.1.12)** Recommendations within the Supportive Assessment report have been incorporated into the Inpatient and Community Model service level model of care and workforce modelling. Defynnog ward has been identified for redevelopment to provide additional beds which will increase service resilience and improve performance against the Mental Health Measures.
- **8.1.13)** Modelling of Mental Health services, including bed numbers and workforce requirements, in line with Mental Health Better Together options, has informed strategic priority 9 as far as possible at this time. Mental Health services anticipate further involvement throughout 2026-27, with environment and configuration of inpatient and community facilities.

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- **8.1.15)** The operational policy and previous standard operational procedure, (SOP), for the Dementia Home Treatment Teams has been reviewed with teams and co-redesigned to provide a common approach and SOP for Powys. Subsequent implementation has achieved a consistent and equitable service for Powys residents. To facilitate improved reporting requirements, WPAS system is being implemented within the Dementia Home Treatment Teams (DHTT), replacing paper and manual spreadsheet reporting with creation of a Business Intelligence reporting dashboard.
- **8.2.1)** This year has seen extensive work undertaken within Suicide and Self Harm. This deliverable retains a green status, as work relates to an ongoing 10-year strategy, (2024-2034) and will continue. Pathways development for people who self-harm has seen knowledge transfer and collaboration between partners for training and awareness, consideration of existing support groups and enhanced risk management processes. 'On the job' training has been provided within the Mental Health Single Point Of Access, with increased clarity for signposting appropriate pathways as per patient triage. Specialist postvention support includes an assertive outreach and communication strategy, designed to encourage engagement with service. Evidence suggests significant uptake of families and communities accessing the service. Real Time Suicide Surveillance (RTSS), and Rapid Response is robustly administered in partnership framework on ongoing basis. Work associated with this 10-year strategy will continue, with partners, into 2026-27, with focus on prevention.

Commentary on red rated actions:

- **8.1.8)** Alternative to hospital admission e.g. Sanctuary, has been included within Mental Health options for public consultation. However, scope of the sanctuary offer will be informed by both forthcoming national guidance regarding alternatives to admission, and outcome of public consultation of recommended Better Together options. Therefore, this deliverable has red status for Q4 and will be continued forwards to 2026-27 Integrated Plan, where the above interdependencies can be addressed during Better Together wider design.

Achievements:

- Creation of a Mental Health Data repository and improved data capture and subsequent Business Intelligence reporting.
- Completion of roll out of WCCIS in inpatient settings.
- PTHB adopted as Demonstrator Area for developing Open Access Model of Care for community mental health services as part of National Strategic Programme of priorities to share learning with other Health Boards. The Open Access approach includes consideration of models of care including a One at a Time and Stepped Care approach and builds on the work undertaken in 2025/26 to develop the SPOA aligned to 111 press 2.
- Completed Demand and Capacity work for Older Adult Community and Inpatient Settings.
- Development of an interim Part 1 (Mental Health Measure) to reflect core offer of interventions and treatment made available for Powys (local primary mental health treatment).
- Improved opportunities for enhanced joint working across mental and physical health to address comorbidities and complex needs. Improved MDT working with Local Authority Housing and Homelessness colleagues supporting smoother admission and discharge pathways.
- Approval of an investment business case to increase psychological input and Dialectical Behaviour Therapy for inpatients settings to support recovery of people with complex emotional needs and trauma.
- Dementia Home Treatment Teams have been aligned to act as a pan-Powys team with a consistent operational response.
- Capital works to support flexibility of patient flow in inpatient settings.
- Extensive work with partner agencies to deliver the priorities of the national suicide and self-harm strategy at local level including training and awareness raising, signposting and support. Proactive postvention work to support families and communities bereaved and impacted by suicide.

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Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O= Original*				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
8.1) Mental Health Transformation Programme CRITICAL ACTION	**Community Model Re-Design for Mental Health Services**	ED PCC&MH					H	H	M	M	High
	8.1.1) Confirm the baseline activity workforce, performance and finance metrics for services in scope of Phase 1 to measure the impact of service improvement and transformation Q4		Amber	Red		Blue					
	8.1.2) Continue transformation of front door building on Single Point of Access (SPOA) aligned to 111(2) Q1-Q4		Green	Green	Green	Blue	H	H	H	H	High
	8.1.3) Implement electronic GP referral to SPOA Q4					Amber	M	M	M	L	Low
	8.1.4) Undertake demand and capacity modelling (health and care) Q1-Q2		Green	Amber	Blue	Blue	L	M	M	H	High
	8.1.5) Redefine core offer / care and treatment pathways with new recovery focused model Q3-Q4				Green	Green	M	M	M	M	High
	8.1.6) Design community model to deliver core offer, aligned to wider community model Q3-Q4				Green	Blue	M	M	M	M	High
	8.1.7) Develop phased implementation plan Q4					Blue	M	M	M	M	High
	8.1.8) Rescope Sanctuary model in above context, in North Powys Q4			Amber	Amber	Red	L	M	M	L	Low
	8.1.9) Align teams to address co-morbidities and complex needs across health and care Q3-Q4				Green	Blue	L	L	L	M	High
	8.1.10) Align specialist teams (including Complex Emotional Needs service) Pan Powys Q3-Q4				Green	Blue	L	L	L	M	High
	8.1.11) Leverage digital opportunities e.g. access to information, virtual appointments, data collection and reporting Q1-Q4		Green	Green	Green	Blue	M	M	M	M	High
	Acute Inpatient Model of Care 8.1.12) Further planning and design following recommendations of Supportive Assessment by NHS Executive in March 2025 Q1		Amber	Blue	Blue	Blue	H	H	H	H	High

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	8.1.13) Consideration of optimum bed / ward configuration in line with Strategic Priority 9 (which includes period of engagement for any proposed redesign and service change) Q1-Q4		Green	Green	Green	Blue	H	H	H	M	High
	Older Adult Mental Health Services 8.1.14) ~~Clinical review of existing model and demand / capacity analysis (linked to work above) Q1~~ (Removed)		Amber	Amber			L	M	M		
	8.1.15) Service improvement learning from Phase 1 Dementia Home Treatment Team (Design / implementation of model part of wider work noted above) Q3		Amber	Red	Blue	Blue	H	H	H	H	High
8.2) Suicide and Self Harm Prevention & Postvention	8.2.1) Deliver the Suicide and Self Harm Prevention Strategy 2024-2034 with particular focus on: ○ Developing the pathways for people who self-harm ○ Further aligning crisis support with the Single Point of Access ○ Promoting the provision of specialist postvention support ○ Ongoing suicide surveillance and rapid response to suspected suicides Work with partners to implement strategy, building resilience of communities and responding to learning Q1-Q4		Green	Green	Green	Green	H	H	H	M	High

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	N/A	**Change in Timescale**	N/A

Q1 Change in Scope

- **8.1.3)** Implement electronic GP referral to SPOA Q2: Due to staff capacity available for Q1 deliverables being diverted to the Accelerated scope for Better Together Accelerated Community Model (& Inpatient Model), this deliverable has been identified as a piece of work that could be deferred to Q4. Whilst a large scope of work has been accelerated, it is proving difficult to identify further deliverables, that do not have interdependency with the accelerated work, that could be deferred to later in the programme, which would allow rationalisation of staff capacity. 20.08.25 – Approved at Executive Committee.

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Q2 change in timescale

- **8.1.1)** Change in scope, requested wording to "Confirm the baseline activity workforce, performance and finance metrics for services in scope of Phase 1 to measure the impact of service improvement and transformation". Timescale request change to Q4. 15.10.2025 – Approved at Executive Committee.
- **8.1.8)** 'Alternative to admission, e.g. Sanctuary', work has been included within mental health community model options for Better Together Accelerated Community Model (& Inpatient Model) programme. This impacts upon current Q3 delivery deadline as work needs to align with wider programme, hence request for later delivery to allow this to take place. Change request for delivery in Q4 2025/26. 15.10.2025 – Approved at Executive Committee.
- **8.1.14)** This deliverable is amber for Q1 delivery, however this work has been incorporated into '8.1.4) Undertake demand and capacity modelling (health and care) Q1-Q2', and recent workforce analysis and planning (including financial costing) for Better Together mental health short list options, therefore it is proposed that this deliverable is now redundant. Change request that this deliverable has been superseded and is no longer relevant. 15.10.2025 – Approved at Executive Committee.
- **8.1.15)** Due to staff capacity available for Q2 deliverables being diverted to the Accelerated scope for Better Together Accelerated Community Model (& Inpatient Model) programme, this Q2 deliverable requires re- planning for delivery within Q3. Work has continued in this area throughout Q2, however staff capacity has not been available to achieve completion. Change request for delivery in Q3 2025/26. 15.10.2025 – Approved at Executive Committee.

Q3 change in timescale

- **8.1.9)** Align teams to address co-morbidities and complex needs across health and care Q3: This deliverable has interdependencies with phase 1 community model design taking place in Q4 and with phase 2 community model design, which will be included in 2026-27 Integrated Plan. Change request for this deliverable to be extended through Q4 and into Integrated Plan 2026-27, to allow consideration of co-morbidities and complex needs alongside Better Together community model and team design. 04.02.26 - Approved at Executive Committee.

Executive Director Sign Off	Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)

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Joined Up Care

Strategic Priority 9: Community Hospital Model and Rural Regional Centres Executive Lead - Executive Director of Primary Care, Community and Mental Health

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- Work in this area will contribute to the development of a sustainable model of care longer term, particularly in relation to infrastructure
- Longer term, this will create a value based approach across the use of the estate, optimising use of resources for greatest impact and outcomes
- Improving equity of access and supporting the shift to a use of resource for the greatest impact, contributing to addressing health inequalities
- Improve stakeholder understanding of the challenges and changes needed in the system as a result of continued engagement
- Lead to greater co-production of the design and delivery of the model of care
- Enable risk stratification and improved intelligence about population need
- Environments in which care is delivered are also important for delivery against the People's Experience Framework/ patient and carer reported outcomes and experience / quality of care across all six domains of the framework

Specific improvements in services and pathways including:

- Improved resilience and utilisation of provider services capacity where appropriate
- Enabling progression against the local Health and Care Strategy and Cabinet Secretary priority to further enhance community capacity
- Improved patient flow, reduction in delayed transfers and reduced length of stay
- Reduction in emergency activity / admission avoidance where appropriate
- Increased activity in relation to preventative and wellbeing interventions
- Optimised utilisation of community based care
- Improved co-ordination of care including end / last year of life
- Improved join up of physical and cognitive frailty approach
- Prevention of deconditioning

Commentary on Progress in this Quarter:

- **9.1.2)** All rostering practices optimised in quarter, recognising that temporary changes remain in place and preclude permanent rostering changes. Separately, a Nursing establishment review has been completed, with expected reporting in Q1 2026/27.

Commentary on red rated actions: N/A

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Achievements:

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*				
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3	Q4
9.1) Optimising inpatient care and bed utilisation **CRITICAL ACTION**	**Colocation by clinical need** 9.1.1) Complete the evaluation of Temporary Service Changes (Ready to Go Home Units and Rehabilitation Units) with learning to be considered in developing future models of care (as part of SP4 Community Model) Q1	ED PCC&MH	Green	Blue	Blue	Blue	H	H	H	H	High
	9.1.2) Implement recommendations including any rostering improvements (reflected in Workforce Futures and as part of SP4 Community Model) Q2-Q4			Green	Green	Blue		H	H	H	High
9.2) Review and develop the Community Hospital, Community Wellbeing Hub and Rural Regional Centre model across all service groups including ongoing development of the North Powys Wellbeing Programme	9.2.1) Develop and engage with public, staff and stakeholders on the Case for Change and emerging solutions to respond to the issues identified including development of the SOC/ OBC for Phase 1 for the North Powys Wellbeing Programme Q1		Green	Blue	Blue	Blue	H	H	H	H	High
	9.2.2) Engage with public, staff and stakeholders on the development of options to improve quality of services and make better use of resource Q2			Blue	Blue	Blue		H	H	H	High
	9.2.3) ~~Commence formal consultation on the options (if required) Q3~~ (Removed – moved to 26/27)				Red			H	H	L	
	9.2.4) ~~Confirm the new model Q4~~ (Removed – moved to 26/27)							H	H	H	

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	N/A	**Change in Timescale**	N/A

Q3 Change request

- **9.2.3)** A change request required for formal consultation on the options due to delays in the workforce and financial modelling and its impact on preparing the pre consultation business case. A revised timetable has been agreed by Portfolio Board for Phase 1 Consultation which is likely to be following conclusion of the general elections in 2026/27. This will also impact on delivery of 9.2.4 - confirm new model. 04.02.26 - Approved at Executive Committee.

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Executive Director Sign Off	Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)

Powell Bethan
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Joined Up Care

Strategic Priority 10: System Resilience Executive Lead - Executive Director of Primary Care, Community and Mental Health

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- System resilience is a key priority given the challenges and constraints placed on the health board by system pressures – the PTHB Six Goals plan is a component of delivery to improve system efficiency and flow (locally and in neighbouring systems)
- Improving system effectiveness and efficiency (locally and across all neighbouring systems) is key to achieving the longer term shift to a prevention based model of care and associated shift to value based use of resources for population health
- Supporting delivery across the NHS Wales People's Experience Framework and Six Domains of Quality

Specific improvements in services and pathways including:

- Delivery against National Six Goals Urgent and Emergency Care Programme requirements
- As a provider, continued excellence in performance of urgent care services (i.e. Minor injuries measures)
- Improved patient flow, reduction in delayed transfers and reduced length of stay as a provider and in relation to PTHB role in wider systems
- Improvements in performance in key areas of high impact and value – notably Discharge to Recover and Assess
- Reduction in emergency activity / admission avoidance where appropriate
- Increased efficiency of bed base utilisation – greater value based approach to care to improve outcomes and experience

The recommendations set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) that relate to Health Boards have been cross referenced in the appropriate delivery areas in this section of the Delivery Plan. It is recommended in the MAG report that progress against the Six Goals programme should be reported publicly (which is discharged through existing PTHB Progress against Plan and Performance reporting, further development of metrics to be led nationally).

Commentary on Progress in this Quarter:

- **10.1.3)** Soft launch of the Single Point of Access has taken place and has been integrated within the Integrated Flow Hub, with initial delivery focused on step-up and step-down processes and admission avoidance. This represents completion of the revised approach identified for 2025/26, with further strengthening and expansion of the model planned through 2026/27 and reflected within the forward plan.
- **10.1.4)** Full assessment of the revised Integrated Flow Hub has not been completed during Q4, as implementation through soft launch of the Single Point of Access commenced during the quarter and has not yet allowed sufficient operating time for full evaluation. Early operational feedback is positive, with several examples of avoided admissions indicating emerging effectiveness of the revised model. Formal evaluation is planned for Q2 2026/27 to allow sufficient operating time before lessons learned and longer-term sustainability are fully assessed.
- **10.2.1)** Total numbers of Pathways of Care Delays (POCD) have decreased. Number of POCDs throughout Q4 represent a 7% decrease when compared to with Q3 (188 [Q3]: 175[Q4]), and a 2% decrease when compared to the same period in the previous year (179 [Q4 24/25]: 175 [Q4 25/26]). This however represents an 10% increase of the monthly average compared to the Mar '25 baseline (58.3 [Q4 Avg.]: 53 [Mar '25]). The year-end position remains positive, with the

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month-to-month comparison, and 12-month aggregate performance both representing a 6% decrease in total POCDs compared to the year prior (50 [Mar '26]: 53 [Mar '25]), (700 [25/26]: 743 [24/25]).

- **10.2.2)** The number of super-stranded patients has decreased throughout Q4 and remains low. Number of super-stranded patients within March represent a 25% decrease when compared with the Mar '25 baseline (3 [Mar '26]: 4 [Mar '25]). It should be noted that the low incidence rate of super-stranded patients has a disproportionate impact to target performance when viewed as a percentage.
- **10.2.3)** Joint POCD Action Plan with Powys County Council remains in place and up to date. The escalation action plan and monthly escalation meetings with the Powys County Council Hospital Social Worker Team Lead have continued throughout Q4, working well through integrative working partnerships. Performance has improved/remained stable/worsened, with the average time to Social Worker allocation having decreased from 4.5 days [Q3 Avg.] to 4 days [Q4 Avg.]
- **10.2.4)** Total numbers of Days Delayed as a result of Pathways of Care Delays have decreased. Number of days delayed throughout Q4 represent an 19% decrease when compared to with Q3 (7694 [Q3]: 6523 [Q4]), and a 9% decrease when compared to the same period in the previous year (6859 [Q4 24/25]: 6523 [Q4 25/26]). This also represents a 4% decrease of the monthly average compared to the Mar '25 baseline (2174 [Q4 Avg.]: 2265 [Mar '25]). The year-end position is positive, with the month-to-month comparison demonstrating a 14% decrease from the year prior (1950 [Mar '26]: 2265 [Mar '25]), and 12-month aggregate performance representing an 8% decrease in total days delayed due to POCDs compared to the year prior (27111 [25/26]: 29544 [24/25]).
- **10.4.4)** Development of the future service vision continues through the Better Together Portfolio, which is leading the transformation of urgent care clinical pathways in Powys. The outputs from this work are informing future service design and will underpin the next phase of urgent care service transformation, with the wider portfolio serving as the primary delivery mechanism for the future vision of urgent and emergency care transformation in Powys.
- **10.5.4)** In response to the barriers identified through the NHS Performance and Improvement Team review during Q3, a revised approach has been taken focusing on re-embedding Optimal Hospital Flow principles, recognising that the primary challenge relates to operational application rather than data entry itself. Targeted training sessions were delivered throughout Q4 to support this, alongside the introduction of automated prompts for patient-facing teams to support D2RA pathway allocation and weekly reporting to operational leads. This forms the basis of the targeted action plan, with activity continuing into 2026/27 through a broader body of work to support deeper embedding.
- **10.6.2)** Outcomes of the pilot have been incorporated into an evaluation and benefits framework during Q4, assessing impact on patients awaiting repatriation to Powys from Wye Valley Trust (WVT), financial implications of WVT community hospital bed occupancy, discharge outcomes, and overall patient experience for those transferring into Discharge To Assess (D2A) beds (Cottage View).
- **10.6.3)** In line with Ministerial priorities, next steps for the Trusted Assessor model have been scoped, resulting in a co-designed Joint Discharge Memorandum of Understanding with Powys County Council. This includes application of the Trusted Assessor model within discharge planning, including Mental Capacity Act/Best Interest decision-making and assessment for D2A step-down beds. Further development work is planned to extend this approach to discharge home with domiciliary care, with Social Care assessment undertaken post-discharge to ensure care is right-sized to patient need.
- **10.7.3)** Initial training has now been delivered across all three Mental Health wards, with broad user access granted to Mental Health staff to support routine use of Powys DigiFLO. Early utilisation is increasing, indicating progress in adoption following the earlier rollout delays. Full embedding into standard practice remains a longer-term objective and will continue into 2026/27 as operational use and confidence continue to develop.
- **10.7.5)** Several core Powys DigiFLO processes have now been transitioned to business as usual, including establishment of automated data flows into the data warehouse in line with standard system arrangements. Automated prompts to wards and units, alongside weekly reporting to operational leads, have also been established to support routine operational use. Access requests and monitoring are now incorporated into standard clinical application requests and new starter processes. Full transition to business as usual is not yet complete, with some project-phase elements and governance arrangements still requiring completion throughout 2026/27.

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Commentary on red rated actions: N/A

Achievements:

- Delivered SPOA soft launch and integrated with the Integrated Flow Hub, strengthening coordination of existing step-up and step-down pathways and providing a strong foundation for further development
- Achieved a 12-month improvement in POCD performance compared to the previous year
- Enhanced visibility of patient flow metrics through Powys DigiFLO, including D2RA pathway allocation and changes across inpatient stay
- Extended availability of the Powys DigiFLO system into mental health settings, with early rollout positively received by clinical teams

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O= Original*				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
10.1) Refine the Integrated Flow Hub to develop a sustainable model that enhances system-wide coordination and patient flow **CRITICAL ACTION**	10.1.1) Scope and define the role and priorities of the Integrated Flow Hub, including the development of a resource plan Q1	ED PCC&MH	Blue	Blue	Blue	Blue	H	H	H	H	High
	10.1.2) Subject to scoping, secure necessary resourcing including workforce and digital technologies for effective and sustainable implementation Q2-Q3			Amber	Blue	Blue		M	M	H	High
	10.1.3) Implement a revised approach to the Integrated Flow Hub, ensuring alignment with identified role and priorities Q3				Amber	Blue		M	M	H	High
	10.1.4) Assess the effectiveness and impact of the revised Integrated Flow Hub, identifying lessons learned and opportunities to support long-term sustainability Q4					Amber		M	M	M	Low
10.2) Improved approach to Pathways of Care Delays (POCD) through escalation and tracking and working in partnership to deliver the recommendations of the Newton Europe diagnostic report.	10.2.1) Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking Q1-Q4		Green	Green	Amber	Green	H	H	H	M	High

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Cross reference to MAG Report 2025 recommendations: - Health Boards should make improvement in processes, partnerships and investment in specific community pathways to reduce delayed pathways of care (6 months) - Delays by pathways to be published in 3 months • Also note recommendation for WG to carry out Rapid study of longest delays to target investment, with Health Board input • Also note ambulance handovers included (see MAG for detail)												
	10.2.2) Reduce the number of super-stranded patients through escalation and tracking Q1-Q4		Green	Green	Amber	Green		H	H	M	High
	10.2.3) Work in partnership with PCC to improve social care delays through the recommendations of the Newton Europe diagnostic report Q1-Q4		Amber	Green	Green	Green		M	M	H	High
	10.2.4) Reduce the total number of days delayed due to Pathways of Care delays Q1-Q4		Green	Green	Amber	Green		H	H	M	High
10.3) Evaluation and Next Step relating to Temporary Service Changes	10.3.1) Evaluate temporary service changes for Minor Injury Units Q1		Blue	Blue	Blue	Blue	H	H	H	H	High
	10.3.2) Based on evaluation, recommendation to be made to PTHB Board meeting in July regarding next steps for Minor Injury Units Q2			Blue	Blue	Blue		H	H	H	High
10.4) Enhance the provision of PTHB Urgent Care Services	10.4.1) Conduct a review of current clinical practices and processes to establish key insights to inform the transformation of Urgent Care services Q2			Blue	Blue	Blue	H	H	H	H	High
	10.4.2) Establish a clear framework and criteria to optimise access and streamline processes Q3				Blue	Blue		H	H	H	High
	10.4.3) Review and scope key clinical pathways to improve the delivery of Urgent Care and inform future service design Q3				Blue	Blue		H	H	H	High
	10.4.4) Advance pathway development - define vision for the future service Q4					Blue		H	H	H	High
10.5) Further develop PTHB's utilisation of the Optimal Hospital	10.5.1) Develop R2G and D2RA Information and Performance dashboards Q1		Red	Red	Blue	Blue	H	M	M	H	High

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Flow Framework and associated tools, with a focus on D2RA and Red2Green **Cross reference to MAG Report 2025 recommendations:** - Hospitals must ensure all admitted patients are placed on D2RA pathways	10.5.2) Monitor and review data outputs and identify barriers Q2			Red	Blue	Blue		M	M	H	High
	10.5.3) Scope and assess means to address identified barriers Q3				Blue	Blue		M	M	H	High
	10.5.4) Develop targeted action plan to address identified barriers Q4					Blue		M	M	H	High
10.6) Further strengthening the approach to Trusted Assessment **Cross reference to MAG Report 2025 recommendations:** • Audit of Trusted Assessors May & Sept (WG lead, Health Boards to provide justification and timescales)	10.6.1) Pilot of Trusted Assessment approach Q1		Blue	Blue	Blue	Blue	L	H	H	H	High
	10.6.2) Review outcomes of the pilot Q4			Amber	Amber	Blue		H	H	H	High
	10.6.3) Scoping of next steps Q4				Amber	Blue		H	H	H	High
	10.6.4) ~~Implementation of Trusted Assessment Q4~~ (Removed – moved to 26/27)							H	M	H	
10.7) Enhance and expand the use of the Digital Patient Flow System: Powys DigiFLO	10.7.1) Scope the expansion of Powys DigiFLO onto Mental Health Wards Q1		Blue	Blue	Blue	Blue	H	H	H	H	High
	10.7.2) Rollout of Powys DigiFLO to Mental Health Wards Q2			Amber	Blue	Blue		H	H	H	High
	10.7.3) Embed Powys DigiFLO into standard practice for Mental Health Q3-Q4				Amber	Amber		H	H	H	Medium
	10.7.4) ~~Refine based on lessons learned from Mental Health implementation Q4~~ (Removed – moved to 26/27)							H	H	M	
	10.7.5) Embed all DigiFLO processes into business as usual Q4					Amber		M	H	M	Medium

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	N/A	**Change in Timescale**	N/A

Q2 - Change in Timescale

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- **10.1.2)** Subject to scoping, secure necessary resourcing including workforce and digital technologies for effective and sustainable implementation Q2 – (Timescale change to Q2-Q3). 15.10.2025 – Approved at Executive Committee.
- **10.6.2)** Suggest change to Q4 - This is to align with the revised pilot timeline, which has been extended to allow a longer running period, providing more robust data to inform the outcome review. 15.10.2025 – Approved at Executive Committee.

Q3 - Change of Timescale

Original Milestones:
- **(10.6.3)** Scoping of next steps Q3
- **(10.6.4)** Implementation of Trusted Assessment Q4
- **(10.7.3)** Embed Powys DigiFLO into standard practice for Mental Health Q3
- **(10.7.4)** Refine based on lessons learned from Mental Health implementation Q4

Revised Timescale:
- **(10.6.3)** Change to Q4 - This is to align with the revised pilot timeline, which has been extended to allow a longer running period, providing more robust data to inform the outcome review. Evaluation to be completed prior to scoping of next steps. 04.02.26 - Approved at Executive Committee.
- **(10.6.4)** Change to Q1-Q2 2026/27 – This is to align with the extended running period and revised evaluation timeline (10.6.3) 04.02.26 - Approved at Executive Committee.
- **(10.7.3)** Change to Q3-Q4 - This is due to earlier delays in rollout and to allow sufficient time to support effective embedding into routine practice. 04.02.26 - Approved at Executive Committee.
- **(10.7.4)** Change to Q1-Q2 2026/27 – This is to align with the extended embedding timeline for Mental Health (10.7.3) and to reflect learning from previous refinement phases, which demonstrated the need for additional time to implement lessons learned effectively. 04.02.26 - Approved at Executive Committee.

Executive Director Sign Off	Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)

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Joined Up Care

Strategic Priority 11: Commissioning for Value Executive Lead - Executive Director of Planning, Performance and Commissioning

Intended Outcome/ Impact

The Commissioning for Value work programme aims to review services PTHB provides and those services it commissions to ensure that:

- Resources are used wisely to get the best possible outcomes (individual, service, organisation and community) and experience for the population.
- We understand what matters to the population, with an evidence-base for effective interventions, unwarranted variation, outcomes, costs and value.
- Focus on quality outcomes, experience and cost to help ensure that resources are allocated and managed to have the greatest positive impact.
- Discharge commissioning within available resources considering need; resource allocation; service review and gap analysis; demand and capacity.
- Achieve NHS Wales enabling actions including productivity and efficiency measures, and evidence base compliance.
- Robust service specifications underpinning contracted activity levels.
- Focus on resource allocation and management to have the greatest positive impact and on the systems in processes to deliver value.
- A citizen centred approach, putting patients, safety, outcomes and experience as well as safeguarding above all other considerations.
- Development of an annual commissioning and contracting work programme which will support PTHB sustainability and recovery.
- Supporting and driving forward the Better Together Portfolio and sustainable model of care, including Planned Care and Community Model.
- Integrated approach to performance, commissioning and contracting and business intelligence for secondary and specialised services.
- Ensuring local commissioning takes into account NHS Wales and NHS England performance and outcomes frameworks/ productivity and efficiency
- Responding to PTHB accountability conditions and escalation status of Level Four, delivering against associated action plan.
- Working closely with NHS England Integrated Care Boards to align commissioning approaches and reviewing contract design.
- Working with the Joint Commissioning Committee (JCC) as a preferred partner to assess options for pathway and referral optimisation

Commentary on Progress in this Quarter:

- **11.6)** Between September 2025 and December 2025, a review was undertaken of third sector services commissioned by PTHB spanning 24 services. The Review report and recommendations were submitted to, and supported by, the Executive Committee in December 2025. The Review and recommendations (which included commercially sensitive information) were then submitted to Planning Partnership and Population Health Committee In-Committee. The Health Board has written to each commissioned provider about next steps, including ensuring compliance with The Health Service Procurement (Wales) Act 2024 or, where applicable, The Health Services (Provider Selection Regime) (Wales) Regulations 2025.

Commentary on red rated actions:

- **11.2)** Pathway development/redesign – aligned to Getting It Right First Time (GIRFT) strategic assessment of planned care, therefore actions have not proceeded to original timescale and will be taken forward upon receipt of the report and implemented in 2026/27.
- **11.3)** Delay in work being led by Joint Commissioning Committee not aligned with original timescales planned.
- **11.4)** Linked to GIRFT strategic assessment of planned care timescales.

Achievements:

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Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*				
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3	Q4
11.1) Commissioning development Framework **CRITICAL ACTION**	11.1.1) Develop Strategic Commissioning Framework for tactical commissioning and contracting for 2025/26 based on population health and evidence based practice to improve outcomes and value for population, in context of escalation and plan status. Includes underpinning work on reducing variation and implementing national INNU policies and supporting referral optimisation and coordination of Last year of Life Q1	ED PP&C	Amber	Blue	Blue	Blue	H	M	M	H	High
11.2) Pathway development/redesign Through the application of the PTHB commissioning cycle, Identify and redesign/recommission 2 pathways through clinically led Commissioning Approach; including gynaecology and General Medicine	11.2.1) Establish and secure clinical leadership Q4		Amber			Red	M	L		L	Low
	11.2.2) Review of population need, current and intended outcomes Q4					Red		M		M	Low
	11.2.3) Review existing service provision, undertake gap analysis in context of identified need and relevant national benchmarking data (including evidence base) Q4					Red		M		M	Low
	11.2.4) Determine current provider/commissioner budget, performance and contract frameworks for each pathway Q4					Red		M		M	Low
	11.2.5) Develop proposed service specifications Q4					Red		M		M	Low
	11.2.6) Detail proposed clinical pathways and models of care based on the service specifications Q4					Red		M		M	Low
	11.2.7) Translate clinical pathways and models of care into final specification (including tender documentation if service to be procured) Q4					Red		M		M	Low
	11.2.8) Plan demand and capacity requirements to ensure timely, effective and equitable delivery of the pathway Q4					Red		M		M	Low

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	11.2.9) Develop pathway implementation plans Q4					Red		M		M	Low
	11.2.10) Develop performance monitoring and assurance framework Q4					Red		M		M	Low
11.3) Specialised services Work with JCC as a preferred partner to analyse and scope opportunities to improve value; take forward JCC Transformation priorities 2025-26	11.3.1) Establish with JCC preferred partner arrangement Q1		Blue	Blue	Blue	Blue	L	H	H	H	High
	11.3.2) Scope opportunities for pathway and referral optimisation (linking to the Critical action set out in SP5) – Q1-Q4		Amber	Red	Amber	Green		L	L	H	Medium
	11.3.3) Develop implementation plan for identified options – Q1-Q4		Amber	Red	Amber	Amber		L	L	M	Low
11.4) Develop Fragile Service Risk Assessment methodology to guide strategic commissioning of in reach	11.4.1) Using national work, agreed methodology to review existing in-reach services and determine options for future commissioning arrangements Q4		Red			Red	M	M	L	H	Low
11.5) Strengthen Integrated Quality and Performance Framework for PTHB as both provider and commissioner	11.5.1) Revised IQPF reflects NHS Wales Planning and Performance Frameworks for 2025-26; revised PTHB internal performance monitoring structure; and revised commissioned service quality and performance review mechanisms Q1		Blue	Blue	Blue	Blue	H	H	H	H	High
11.6) Review the Third Sector services commissioned by Powys Teaching Health Board, providing an appraisal of the key dimensions of the existing services and the opportunities for improvement to inform future planning and commissioning	11.6.1) Establish review group, clinical and managerial leadership Q2			Blue	Blue	Blue	H	M	H	H	High
	11.6.2) ~~Updated service specifications and agreement of SLAS with providers Q2-Q3~~ (Removed)			Red				M	L		
	11.6.3) ~~Develop KPI's and agree new reporting metrics Q2~~ (Removed)			Red				M	L		
	11.6.4) ~~Review of Provider Selection Regime and National Commissioning Framework for Hospices, Mental Health and other third sector services in support of future commissioning approach Q4~~ (Removed)							M	L		
	11.6.5) ~~Review opportunities for reallocation of funding streams Q2-Q3~~ (Removed)			Green				M	M		
Formal change request (Please tick as applicable and provide explanation below)											

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Change in Scope	N/A	**Change in Timescale**	N/A

Q1 change in timescale

- **11.2.1)** Due to requirement to focus resources on NHS England Commissioning and implementing referral management and the Strategic Commissioning Framework, agreed via the Better Together Portfolio Board to reprofile to Q4. 20.08.25 - Approved at Executive Committee.
- **11.4)** Timescale has been updated to align with 5.1, target of Q4.1. 20.08.25 - Approved at Executive Committee.

Q2 Change in Scope

- **11.6)** Change to wording of Key Area of delivery to - Review the Third Sector services commissioned by Powys Teaching Health Board, providing an appraisal of the key dimensions of the existing services and the opportunities for improvement to inform future planning and commissioning. 15.10.2025 – Approved at Executive Committee.
- **11.6.2, 11.6.3 and 11.6.5)** – To be removed from Plan as these are considerations that need to follow the completion of the review. 15.10.2025 – Approved at Executive Committee.
- **11.6.4)** - To be removed from Plan as this is a matter for the JCC and NWSSP. 15.10.2025 – Approved at Executive Committee.

Executive Director Sign Off	Nicola Johnson (Executive Director of Planning, Performance and Commissioning)

Powell Bethan
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Workforce Futures

Strategic Priority: Transformation and Sustainability Executive Lead – Executive Director of People and Culture

Intended Outcome/ Impact

- Meeting Welsh Government 30% agency reduction spend target
- Zero agency spend on Agency Healthcare Support Worker, Admin & Clerical, and Estates & Ancillaries
- Reduction in Whole Time Equivalent vacancies
- Increase workforce pipeline routes
- Restorative supervision Trained clinical managers
- Sustainable workforce model with associated reduction in vacancies, agency usage and a greater pipeline of potential recruits
- Home grown capability in rural healthcare, with associated improvements in patient care and experience

The recommendations set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) in relation to Workforce which are specific to Health Boards have been cross referenced in the appropriate delivery areas in this section of the Delivery Plan. There are further recommendations for Welsh Government and HEIW which may also require collective action / health board implementation at a later stage. A Watching brief will be kept via the lead Executive on any implications arising for PTHB.

Commentary on Progress in this Quarter:

- **12.1.1)** To support the Better Together Programme, Transformation and Value Programme Managers and Organisational Development Facilitators have all undertaken Change Management Practitioner training and guides have been published on the intranet as a resource for anyone involved in change. Change management is also included in management and leadership programmes. Work continues and remains an ongoing action to identify specific individuals who need change management training to directly deliver Phase 1 elements of Better Together.
- **12.2.1)** The final cohort of International Nurses have been onboarded and have travelled to Wales. After sitting their Objective Structured Clinical Examination (OSCE) exam on 23rd March, the 4 x Mental Health Nurses will travel to their allocated workplaces, 2 to Clywedog ward in Llandrindod Wells, 1 to Felindre Ward in Bronllys, and 1 to Tawe Ward in Ystradgynlais, to commence their employment with PTHB. As reported last Quarter, both International Medics have completed onboarding and commenced employment within PTHB.
- **12.3.1)** Bank recruitment activity continued throughout Q4, with routine publication of Registered Nurse (RN) and Healthcare Support Worker (HCSW) adverts to maintain a consistent pipeline of Bank staff. Onboarding has progressed across both Mental Health and General nursing workforces, covering registered and unregistered roles. Targeted recruitment has also been undertaken for key priority posts, particularly those with associated agency spend, including Mental Health Practitioners for the 111 #2 Service, a Cardiac Physiologist to support Cardiology, and a Service Improvement Manager. During Q4, a total of 43 individuals were fully onboarded, including 12 substantive staff joining the Bank. A further 56 new Bank workers are currently progressing through pre-employment clearances and mandatory training.
- **12.5.1)** The Vacancy Scrutiny and Justification Process, strengthened in October 2025 and further reinforced through the refreshed Establishment & Vacancy Control Process in January 2026, continues to deliver sustained impact, with year on year recruitment activity between September and February reducing

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consistently by 19-38% as directorates apply tighter prioritisation and explore alternative workforce solutions before seeking Executive approval to recruit. This strengthened multidisciplinary scrutiny is improving establishment discipline, enhancing transparency and risk identification, and ensuring decisions align with affordability, patient safety and organisational priorities. The sustained downward trend in posts progressing to recruitment is contributing directly to financial recovery by reducing recurrent cost pressures, limiting unfunded establishment growth and preventing avoidable recruitment.

- **12.6.1)** The People and Culture Resourcing Team is delivering a targeted programme focused on clinical vacancies that are currently driving agency expenditure. Recruiting managers in these areas are being proactively engaged to accelerate substantive recruitment and reduce reliance on temporary staffing. This work is aimed at improving workforce stability, strengthening financial control, and ensuring that posts with the highest cost impact are prioritised for prompt action.
- **12.7.1)** Local review of skill mix is ongoing, incorporating Band 2, Band 3 and the proposed new Band 4 RNA role, informed by the outcomes of the B2/3 review. Implementation of the RNA role remains paused, as the necessary UK Government legislation related to the role to operate in Wales has not yet been enacted.
- **12.8.1)** To date, the primary focus has been on implementing the national job descriptions for Healthcare Support Workers and completing the associated validation exercise. This work has resulted in approximately 200 colleagues being validated against the new job description, with recognition and corrective payments issued in March 2026. A national timeline for the release of nationally mandated job descriptions has not been provided to Health Boards, which means we are currently unable to plan a structured implementation schedule for the release of any further national job descriptions. However, a local approach to review any national JD's and agree implementation is in place.
- **12.9.1)** PTHB's investment in its "grow our own" nursing pathways is now yielding significant results, with 36 newly qualified Registered Nurses (RN)/Registered Mental Health Nurses (RMN)due to enter the workforce in 2026 from internal training pipelines; the largest single year supply of registered nurses the organisation has ever generated. This milestone demonstrates the success and maturation of the Aspiring Nurse Programme and associated development routes, providing strong early evidence of return on investment. Emerging evaluation findings show that each newly qualified RN/RMN is expected to deliver an estimated £73k reduction in agency expenditure per annum, generating a net financial gain of approximately £33k per WTE once salary costs are accounted for. This represents a major opportunity to secure a sustainable nursing workforce for Powys, reduce reliance on temporary staffing, and embed long term workforce resilience. A formal report is due to be presented to the Executive Committee to support the transition of all 36 aspiring nurses into Band 5 roles.
- **12.10)** ACEES achieved substantial reach in 2025/26, engaging almost 6,000 learners across Powys and neighbouring areas through its Whole School, Enhanced, Additional Learning Needs and new Primary School Pilot programmes. Delivery was strengthened by an increase in bilingual (Welsh medium) sessions, ensuring equitable access for learners across dual stream and Welsh medium schools. This year also marked the successful launch of the Primary School Pilot, delivered in 10 schools and receiving exceptionally positive feedback from both pupils and teachers.
- **12.11.1)** 33 registered staff have been trained as practice assessors and a further 69 are trained as practice supervisors to support students on placement.

Commentary on red rated actions:

- **12.12.1)** PTHB has 6 staff members trained as Royal College of Surgeons (RCS) supervisors (below the Chief Nursing Officer target of 15%). An RCS Implementation Group meets monthly to continue to develop the offer and grow the number of trained staff. RCS is now offered regularly to Preceptees as part of their Preceptorship program.
- **12.4.1)** Although recruitment to substantive and fixed term HCSW roles has helped reduce agency spend for HCSWs, spend has not been completely eliminated. This action will be moved forward in to next year's plan.
- **12.6.1)** There continues to be delays with some Recruiting Managers advertising vacant roles that attract agency spend. A targeted piece of work is being undertaken by the People & Culture Business Partners and the Resourcing Team to support escalate any areas of concern alongside a wider review of all long

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term vacancies to determine whether skill mix or redesign opportunities could address any longstanding recruitment challenges. This action will be moved forward in to next year's plan.

Achievements:

- Agency hours are forecast to reduce by 38% by year end, compared to 2024/25.
- Bank shifts hours are forecast to increase by 17% by year end, compared to 2024/25.
- 100% of Internationally Educated Nurses were successfully supported to pass their OSCE training.
- PTHB's investment in its "grow our own" nursing pathways is now yielding significant results, with 36 newly qualified RNs/RMNs due to enter the workforce in 2026 from internal training pipelines; the largest single year supply of registered nurses the organisation has ever generated.
- ACEES achieved substantial reach in 2025/26, engaging almost 6,000 learners across Powys and neighbouring areas through its Whole School, Enhanced, ALN and new Primary School Pilot programmes.
- Implementation of the national job descriptions for Healthcare Support Workers and completing the associated validation exercise; this work has resulted in approximately 200 colleagues being validated against the new job description, with recognition and corrective payments issued in March 2026.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment*				
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3	Q4
12.1) Transformation skills and development Focused on targeted support for transformation, including leadership, change management, training and capability for transformation and new ways of working **CRITICAL ACTION** **Cross reference to MAG Report 2025 recommendations:** • Health Boards to report workforce headcount, FTE staffing and productivity data to public Board meeting (see MAG report and WG response for further detail/ timescale)	12.1.1) Working with the Transformation and Improvement team, assess and prioritise the development of transformation and improvement training, skills and capacity at all levels of the organisation Q1-Q4	ED P&C	Green	Green	Green	Blue	M	H	H	H	High

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• also note recommendation for HEIW in relation to Leadership programmes										
12.2) Variable pay: On board a further 3 cohorts of internationally trained Adult Nurses, Mental Health Nurses and 2 Medics	12.2.1) Successful on-boarding of cohorts of Internationally Educated Nurses (IENs) and Medics Q1-Q4	Green	Green	Green	Blue	M	H	H	H	High
12.3) Undertake targeted recruitment to Bank, prioritising services with variable pay spend	12.3.1) Increased recruitment to Bank Q4				Blue	H	H	H	H	High
12.4) Introduce arrangements to temporarily realign establishments to remove the use of Healthcare Support Workers (HCSW) agency staff	12.4.1) Increase in temporary/fixed term HCSWs to remove HCSW agency use Q2		Amber	Amber	Red	H	H	H	M	Low
	12.4.2) Cease Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary agency use by September 2025 Q2		Amber	Amber	Blue	M	H	M	M	High
12.5) Ensure Executive approval to enhance vacancy controls	12.5.1) All vacancies are reviewed by Executives to support in year savings through delayed recruitment Q1-Q4	Green	Green	Green	Blue	H	H	H	H	High
12.6) Enhanced monitoring of clinical vacancies to ensure timely advertising of posts that would otherwise attract variable pay	12.6.1) All clinical vacancies attracting variable pay are advertised Q1-Q4	Amber	Amber	Amber	Red	H	M	H	H	Low
12.7) Work with clinical and operational directorates, ensure staffing models are reviewed where appropriate to recognise ongoing national work relating to health care support worker roles and the Nurse Associate role	12.7.1) Schedule of reviews operationalised Q1-Q4	Green	Amber	Green	Blue	H	H	H	H	High
12.8) Ensure that local job descriptions are reviewed in line with changes to the national agenda for change profiles	12.8.1) Develop a timetable of activity to ensure that local job descriptions are reviewed in line with changes to the national agenda for change profiles Q1-Q4	Green	Green	Green	Blue	H	H	H	H	High
12.9) Pipeline: Launch the third cohort of the Aspiring Nurse	12.9.1) Evaluate impact and Return on Investment (ROI) of pipeline workforce Q2-Q4		Amber	Green	Blue	H	H	H	H	High

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Programme with HEIW and University partners	12.9.2) Advertise, recruit and onboard 15 aspiring nurses Q1-Q3		Green	Blue	Blue	Blue		H	H	H	High
12.10) Continue to deliver and evaluate the Academy Career and Education Enterprise Scheme (ACEES) with Powys County Council Education service	12.10.1) Provide an ACEES offer to schools Q2-Q4			Green	Green	Blue	M	H	H	H	High
	12.10.2) Evaluate impact of programme 2024/25 Q1		Blue	Blue	Blue	Blue		H	H	H	High
12.11) Students: Train registered Nursing staff as Practice Assessors and Supervisors to support Students on placement	12.11.1) Number of registered nurses that have received the Practice Assessors/ Practice Supervisors training Q1-Q4		Green	Green	Green	Blue	H	H	H	H	High
12.12) Train eligible registered nurses in restorative supervision	12.12.1) Number of registered nurses trained in restorative supervision Q1-Q4		Amber	Red	Red	Red	H	M	L	L	Low

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	N/A	
Executive Director Sign Off	Debra Wood Lawson (Executive Director of People and Culture)			

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Workforce Futures

Strategic Priority: A Great Place to Work Executive Lead – Executive Director of People and Culture

Intended Outcome/ Impact

- Turnover percentage in terms of retention
- A great place to work, with positive organisational and team climates, high levels of staff satisfaction, engagement and wellbeing
- Associated improvements in recruitment and retention and reductions in workplace absences
- Staff are able to raise concerns and speak up safely

Commentary on Progress in this Quarter:

- **13.2.1)** Speaking up safely routes have continued to be communicated through the Our Voice portal, there has been some technical challenges with the external provider around ensuring that concerns raised are communicated back to the organisation, but these have been rectified. In Q4 3 concerns have been raised through the dedicated route. The steering group is currently being refreshed to have greater focus on the wider range of data available that evidence where staff raise concerns (e.g. DATIX, Workforce, Safeguarding etc).
- **13.5.1)** The Clinical Leadership Immersion Programme (CLIP) Level 2 programme continues to be delivered bi-monthly with 15 attendees in Q4. The course also continues to have demonstrable outcomes in terms of individual behavioural change and as a result stories of improved team leadership.
- **13.6.1)** The CLIP level 1 programme has been trialled and content adjusted to better suit the needs of the organisation. This course focuses on enabling participants to gain confidence in team working and finding their professional voice amongst their peers. It has been specifically delivered to whole cohorts of Aspiring Nurses as part of their programme. In Q4, 3 programmes have been delivered to 31 attendees.
- **13.7.1)** HEIW have commissioned activity to spread the CLIP Level 2 programme into Primary Care. This had led to two courses, one in Powys and another in Carmarthen. A total of 20 participants mainly from GP surgeries have attendee who ranged from Practice Managers to GPs. Initial feedback has been highly positive.

Commentary on red rated actions: N/A

Achievements:

- Continued targeted actions have contributed to workforce turnover reducing by a further 1.7% during 2025/26 to 9.47%.
- The Health Board improved on the response rates for the Staff Survey from 30.3% in 2024 to 34.7% in 2025.
- The Staff Engagement Index remained the highest of all Health Boards in Wales and 4th for all NHS Wales organisations.
- The CLIP Level 2 programme continues to be delivered bi-monthly with 15 attendees in Q4. The course also continues to have demonstrable outcomes in terms of individual behavioural change and as a result stories of improved team leadership.
- HEIW have commissioned activity to spread the CLIP Level 2 programme into Primary Care. This had led to two courses, one in Powys and another in Carmarthen. A total of 20 participants mainly from GP surgeries have attendee who ranged from Practice Managers to GPs. Initial feedback has been highly positive.

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Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O= Original*				
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3	Q4
13.1) Continue to address actions within the HEIW Nurse Retention Plan	13.1.1) Pilot 'Stay Conversations' template Q2	ED P&C		Blue	Blue	Blue	H	H	H	H	High
	13.1.2) Develop a leavers toolkit, to include exit interview guidance Q3				Blue	Blue		H	H	H	High
13.2) Embed Speaking up Safely framework	13.2.1) Promote the SUS routes; quarterly SUS steering group to monitor impact Q1&Q4		Amber		Amber	Blue	H	H	H	M	High
	13.2.2) ~~Evaluate Vivup SUS offer Q2~~ (Removed – moved to 26/27)			Red	Amber			M	L	L	Select
13.3) Promote the findings and themes emerging from the 2024 NHS staff survey	13.3.1) Communicate 2024 findings and themes - "you said we have/ did" model Q1-Q2		Green	Blue	Blue	Blue	H	H	H	H	High
13.4) Undertake 2025 NHS staff survey	13.4.1) Promote 2025 NHS staff survey retaining a 30% or higher return Q3				Blue	Blue	H	H	H	H	High
13.5) Development: Deliver B6 and 7 (expanding to 8A) Clinical Leadership Immersive Programme (CLIP)	13.5.1) Run CLIP programmes once every two months Q1-Q4		Amber	Amber	Amber	Blue	M	M	M	M	High
13.6) Develop a one-day CLIP for B5's	13.6.1) Pilot and then implement a 1 day CLIP programme Q1-Q4		Green	Green	Blue	Blue	M	M	H	H	High
13.7) Support HEIW to Scale up PTHBs CLIP programme pan Wales	13.7.1) Run monthly CLIP sessions for HEIW ** subject to RIF funding Q1&Q2		Green	Amber	Green	Blue	M	M	M	M	High
13.8) Integrate the Managers Charter within the existing managers programme	13.8.1) Number of Managers programmes held /participants Q1-Q2		Amber	Green	Green	Blue	H	M	M	H	High
13.9) Evaluate Reverse mentoring pilot	13.9.1) Evaluate the first reverse mentoring cohort and promote 2nd round Q1-Q2		Green	Amber	Amber	Blue	M	M	M	M	High
13.10) Develop a People strategy	13.10.1) ~~Create a people strategy with feedback from staff that describes structures, systems, skills,~~						M	M	L	L	Select

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	~~behaviour, leadership, and culture Q4~~ (Removed – moved to 26/27)														

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	N/A	

Q2 Change in timescale

- **13.2.2)** Timescale of evaluation changed to Q3 as no concerns have been raised by users through VIVUP so evaluation not possible. 15.10.2025 – Approved at Executive Committee.

Q3 Change in timescale and scope

- **13.10.1)** Develop a people strategy – Request to move this action into Q1/2 2026/27 as we will be developing the content of it through Q4. 04.02.26 - Approved at Executive Committee.
- **13.2.2)** Speaking up Safely – Evaluate VIVUP offer – due to limited uptake request to move this action into Q1/2 2026/27. 04.02.26 - Approved at Executive Committee.
- **13.5.1)** Change in scope – requested re wording to: Run CLIP programmes once every two months. 04.02.26 - Approved at Executive Committee.

Executive Director Sign Off	Debra Wood Lawson (Executive Director of People and Culture)

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Workforce Futures

Strategic Priority: Employee Health and Wellbeing Executive Lead – Executive Director of People and Culture

Intended Outcome/ Impact

- Reduction in sickness absence, whole time equivalent turnover and recruitment & retentions / grievances, self and Management Occupational Health referrals relating to Sickness, Depression, and Anxiety (SAD)
- Staff report positively about their health and wellbeing at work, feel supported and have access to wellbeing initiatives that meet their needs
- Managers are able to utilise workforce policy, guidance and wellbeing initiatives to support staff to remain in/return to work

Commentary on Progress in this Quarter:

- **14.1.1)** The annual programme of wellbeing roadshows has been delivered across the county during Q3 and Q4. This includes roadshows at the main hospital and office sites that is attended by a range of services including the PTHB Charity, Equalities and Welsh Language service, Silvercloud, Occupational health, Libraries, and Organisational Development, as well as being supported by some external organisations such as the Bracken Trust, and Powys Mind. Road runs we also delivered which involved a couple of Organisational Development staff attending all the smaller sites to raise awareness of the wellbeing support on offer. Wellbeing roadshows were delivered across 10 sites in total, plus road runs to a further 13 sites, engaging with a total of 424 staff (75% of numbers of staff available on site during those visits).
- **14.1.2)** The employee assistance programme continues to be actively promoted across the organisation.
- **14.1.3)** Working carers in PTHB have the option to join the Working Carers network, which is a source of peer support and information for carers at any stage of their caring journey. In Q4 progress has been made in expanding the network to include local authority colleagues, widening the pool of peer support available. PTHB colleagues have had the opportunity to attend the Exploring Caring programme. In Q4, work has commenced on a bitesize approach to sharing information from the programme with colleagues with caring responsibilities. Work will continue through 2026/27.
- **14.2.1)** The 1.5 Hour Introduction to Compassionate Leadership course continues to be delivered online both as a stand-alone programme and as part of the pre-requisites for CLIP Level 2. In Q4, 42 participants attended the course, totalling 127 for the year.
- **14.5.1)** Regular reviews of long-term sickness absence continues to be embedded across the organisation, with sustained support provided to managers through structured case review processes, advisory input from the People & Culture team, and clear signposting to wellbeing and occupational health services. While the Health Board has seen a sustained reduction in long term sickness absence levels, this progress has been offset by increases in short term sickness absence during the period. Focused work will therefore continue into 2026–27 to support managers in addressing patterns of short-term absence and in strengthening early intervention approaches.
- **14.6.1)** Targeted activity has also taken place during the year to enhance managerial capability, including delivery of tailored training and enhanced advisory support within areas experiencing frequent or complex absence. This has included, for example, focused work in the Felindre area which has included, support through the Mindfulness Acceptance Commitment (MAC) practitioners, ensuring managers receive practical guidance, improved confidence in managing absence, and timely signposting to the full range of supportive services. This targeted, holistic approach will continue to form a key part of sickness absence plans for 2026–27.

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Commentary on red rated actions: N/A

Achievements:

- Wellbeing roadshows were delivered across 10 sites in total, plus road runs to a further 13 sites, engaging with a total of 424 staff (75% of numbers of staff available on site during those visits).
- The 1.5 Hour Introduction to Compassionate Leadership course continues to be delivered online both as a stand-alone programme and as part of the pre-requisites for CLIP Level 2. In Q4, 42 participants attended the course, totalling 127 for the year.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O=Original*				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
14.1) Provide access to a range of wellbeing initiatives which support the health of the workforce	14.1.1) Deliver wellbeing roadshows across the county ** subject to RIF funding Q1-Q4	ED P&C	Green	Green	Green	Blue	H	H	H	H	High
	14.1.2) Promote the Employee assistance platform offers Q1-Q4		Green	Green	Green	Blue	H	H	H	H	High
	14.1.3) Develop and promote the offer for working carers Q1-Q4		Green	Green	Green	Blue	M	M	M	M	High
14.2) Deliver the Compassionate Leadership model to underpin approach to staff wellbeing	14.2.1) Deliver monthly Compassionate leadership intro sessions for both Health and Care staff ** subject to RIF funding Q1-Q4		Amber	Green	Green	Blue	M	M	M	M	High
14.3) Provide a range of offers that deliver on the HEIW Staff Health and Wellbeing Framework (SHWF)	14.3.1) Complete Match and Gap of PTHBS Wellbeing plan/ staff experience framework against HEIW's SHWF Q1		Blue	Blue	Blue	Blue	M	H	H	H	High
	14.3.2) Develop plan and implementation for addressing the gaps Q1-Q2		Green	Blue	Blue	Blue		H	H	H	High
14.4) Targeted Support for managers to reduce short term absence through Managing attendance at work policy	14.4.1) Pilot and evaluate a mindfulness / wellbeing programme of offers to support return to work /stay in work ** subject to RIF funding Q1		Blue	Blue	Blue	Blue	H	H	H	H	High
14.5) Introduce regular case reviews for all long-term absentees	14.5.1) Rolling programme of case reviews in place Q4					Blue	H	H	M	M	High
14.6) Develop capability of managers on Managing Attendance	14.6.1) Rolling programme of capability improvement Q4					Blue	H	H	M	M	High
14.7) Re- tender Occupational Health Employee Assistance Platform (EAP)	14.7.1) Write tender specification and go out to the market Q1-Q2		Green	Blue	Blue	Blue	H	H	H	H	High

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	14.7.2) Award and implement EAP Q2-Q3			Blue	Blue	Blue		H	H	H	High

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	N/A	

Executive Director Sign Off	Debra Wood Lawson (Executive Director of People and Culture)

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Workforce Futures

Strategic Priority: Equalities and Welsh Language Executive Lead – Executive Director of People and Culture

Intended Outcome/ Impact

- Performance – Strategic Equality Plan/ Workforce Race Equality Standard plan
- The health board is dynamic in promoting and achieving equality as an employer and employees report positive experiences and support
- The health board takes a pro-active wider role as an anchor institution, leveraging its importance in the Foundational Economy
- There is an 'Equality Friendly' culture with a well-trained workforce and effective utilisation of assistive technology, translation and interpretation

Commentary on Progress in this Quarter:

- **15.1.1)** Progress against the Strategic Equality Plan continues as planned, with delivery evidenced across all eight equality objectives. Key achievements include improved accessibility through expanded communication support (e.g., Convo/SignLive rollout and portable hearing loops); strengthened anti-harassment work, including implementation of the NHS Wales Anti-Sexual Harassment Policy.
- **15.4.1)** Implementation of the Anti-Racism Action Plan remains on largely on track, with delivery recorded across recruitment, progression, training, data quality and lived-experience engagement. Achievements include a full review of recruitment and progression policies, improved flexible-working and ethnicity data capture, delivery of bias-awareness training and continued targeting to maintain ethnicity data completeness above 90%. Updates have been provided on progress as part of the Equalities and Welsh Language Updates to People and Culture Committee. Work is underway on the next stage of internal consultation processes which will continue into the next financial year.
- The planned equality training sessions for Board members was delayed during 2025–26 and will now be rescheduled and reviewed as part of the 2026–27 programme along with two further actions; the review of the internal governance framework from an antiracism perspective to ensure alignment and integration with other organisational decision making forums; and the review of internal incident reporting policies to ensure that incidents of racism are captured effectively, monitored robustly, and reported through clear and accessible processes.
- **15.7.1)** Compliance with the Welsh Language Vacancy Assessment Tool has remained low during 2025–26. In response, a full review of the Welsh Language Service Leads Group and its role in driving improvement is planned for 2026–27 to strengthen ownership, accountability and consistency across services. Additionally, further signposting and reinforcement of the Welsh Language Vacancy Assessment requirements have now been embedded into the Health Board's vacancy control process to support improved compliance going.
- **15.8.1)** The Health Board has successfully expanded Convo (formerly Sign Live) to all Primary Care providers, resulting in the best coverage in Wales for this service.

Commentary on red rated actions:

- **15.5.1)** Gender awareness training was paused during 2025–26 pending updated European Human Rights Court guidance following the Supreme Court ruling. In light of this, the organisational training offer in this area will be reviewed as part of the 2026–27 work programme to ensure that any future provision is fully aligned with national guidance and reflects best practice in supporting an inclusive and legally compliant approach to sex and gender within the workplace. The continued absence of this guidance has effectively halted this objective during the year.

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Achievements:

- The rollout of Convo across Primary Care means that PTHB have the highest coverage of any part of Wales.
- Health Board became a signatory to the Hate Crime Charter, signalling a zero-tolerance stance and achieved Disability Confident Level 2
- Accreditation with an aim to achieve Disability Leader status in 2026-27.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O= Original*				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
15.1) Continue the implementation of the objectives set out in the Strategic Equality Plan (SEP)	15.1.1) Achievements set out with the SEP are met Q4	ED P&C				Blue	H	H	H	M	High
15.2) Explore certification / kite mark schemes and accreditation e.g. Diverse Cymru Competence scheme; hate crime charter	15.2.1) Exploration completed and implemented plan in place Q3				Blue	Blue	H	H	H	H	High
15.3) Develop and implement policy and approach to sexual safety in the workplace, linking with National programmes	15.3.1) Policy implemented and promoted, monitoring in place Q3		Amber	Amber	Blue	Blue	H	H	H	H	High
15.4) Implement updated Anti racism plan which includes actions relating to recommendations arising from the WRES report	15.4.1) Achievements set out within the Plan are met Q1-Q4		Green	Green	Red	Blue	H	H	H	M	High
	15.4.2) Half yearly updates against the Anti Racism action Plan Q2&Q4			Green	Green	Blue		H	H	H	High
15.5) Continue to rollout the Gender awareness training	15.5.1) Number of cohorts and participants Q2&Q4			Red	Red	Red	H	H	L	L	Low
15.6) Development of a reasonable adjustment guidance for staff and a reasonable adjustment passport	15.6.1) Guidance issued and passport in place Q4					Blue	H	H	H	H	High
15.7) Monitor and evaluate the usage and impact of the Welsh Language Vacancy Assessment Tool	15.7.1) Review compliance of use of tool. Consider improvement target if required Q2&Q4			Amber	Amber	Blue	H	H	M	M	High

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15.8) Monitor the use and uptake of Online translation, including exploration of sign live within primary care services	15.8.1) Sign live introduced within Primary Care settings Q4					Blue	H	H	H	H	High
	15.8.2) Continued utilisation of online translation Q1-Q4		Green	Green	Green	Blue			H	H	High

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	N/A	

Q2 change in timescale

- **15.3.1)** Timescale changed to Q3 as national policy only received in September. 15.10.2025 – Approved at Executive Committee.

Executive Director Sign Off	Debra Wood Lawson (Executive Director of People and Culture)

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Digital First

Strategic Priority: Leadership and Planning for Digital Executive Lead - Executive Director of Allied Health Professions, Health Sciences and Digital

Intended Outcome / Impact

- Staff and patients will improve their digital skills and confidence, enabling them to adopt technology and use systems effectively. This will foster a culture of continuous learning and adaptation, which is crucial for successful digital transformation.
- Embedding accountable digital clinical leadership will ensure that digital initiatives are aligned with clinical priorities and that there is accountability for the outcomes of these initiatives. This approach will improve the quality and safety of care.
- Implementing AI-driven clinical decision support systems will assist healthcare providers in diagnosing and treating patients, leading to better clinical outcomes.
- The creation and implementation of dashboards to track efficiency metrics will support the Business Efficiencies programme to reduce waste. This initiative will provide real-time insights into various operational metrics, enabling the organisation to identify inefficiencies and areas for improvement quickly. Increasing the use of virtual consultations across services for follow-ups by 10% will significantly improve accessibility and convenience for patients, reducing the need for in-person visits and allowing for more flexible care options as the redesign the digital model of care.
- Developing predictive analytics models will help anticipate patient needs and optimise resource allocation. This could involve using historical data to predict patient admissions, identify high-risk patients, and improve care management. Expanding the use of natural language processing (NLP) will extract valuable insights from unstructured data, such as clinical notes and patient feedback. This can help identify trends, improve patient care, and streamline administrative processes
- Overall, these efforts will lead to a more digitally competent workforce, improved care quality and safety, increased operational efficiency, and a culture of innovation within the organisation.

There are no specific recommendations for Health Boards at this stage, set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025). However there may be requirements for collective action and implementation implications at a later stage, of the recommendations set out for Welsh Government and DHCW. A Watching brief will be kept via the lead Executive on any implications arising for PTHB.

Commentary on Progress in this Quarter**:**

Commentary on red rated actions:

- **16.1.3)** Scope of this board session was changed to Introduction to digital services, therefore the big data management awareness did not take place
- **16.9.1)** Delayed due to national delays in delivering Structured Medication Review. Revised Electronic Prescribing Medicines Administration rollout schedule begins in May 26. Scheduled for completion by Q3 25/26
- **16.3.3)** Work is actively underway to transition from WCCIS to TAG:RIO Product. Detailed mapping and normalisation of flows will deliver this by Q4 26/27
- **16.3.4)** A proof of concept has been tentatively agreed by Welsh Government, to identify opportunities to integrate with English referral system. Tentatively scheduled for Q4 25/26 subject to agreement and further planning of dependant organisations.

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- **16.9.7)** Linked to 16.3.4. Engagement with DHCW and Primary Care will form part of the proposal for cross border referrals. Tentatively scheduled for Q4 25/26 subject to agreement and further planning of dependant organisations.

Achievements:

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment O = Original				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
16.1) DSF Strategic Theme - Leadership, Partnership and Alliances ○ Schedule Board Development sessions to embed digital thinking at the leadership level CRITICAL ACTION	16.1.1) To ensure digital transformation is a continuous focus at the highest levels of leadership plan two Digital Board Awareness Sessions in year Q2-Q4	ED AHPHS&D	Green	Green	Blue	Blue	M	H	H	H	High
	16.1.2) Schedule and present a Cyber/Information Governance Awareness Board Session Q2-Q4			Green	Blue	Blue		H	H	H	High
	16.1.3) Schedule and present a Big Data Management Awareness Board Session Q4					Red		M	H	L	Low
16.2) DSF Strategic Theme - Enabling Efficiency and Effectiveness ○ Embed Accountable Digital Clinical Leadership to improve quality and safety of care, and efficiency of Health Board assets	16.2.1) Embed accountable Digital Clinical Leadership to improve quality and safety of care, & efficiency of Health Board information and assets Q1-Q4		Green	Green	Green	Blue	M	H	H	H	High
	16.2.2) Monitor attendance by stakeholders at the Digital Clinical Transformation Board and assess for increase in use of digital adoption Q1-Q4		Green	Green	Green	Blue		H	H	H	High
	16.2.3) In collaboration with services, create and implement dashboards to track efficiency metrics such as unused licenses, highest printing and franking users. This will optimise resources and reduce waste Q2			Green	Amber	Blue		H	H	M	High
	16.2.4) Collect patient feedback on the access to digital tools and services Q3				Blue	Blue		H	L	H	High

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	16.2.5) Increasing use of Virtual Consultations for Follow Ups by 10% to improve accessibility and convenience with more flexible care options Q4					Blue		H	H	H	High
16.3) DSF Strategic Theme - Citizen Centred Care and Support - Patient Health Care Pathway Mapping and encouraged use of the NHS Wales	16.3.1) Identify two priority pathways that must improve current waiting times, reduce duplication and inefficiency in administrative tasks in line with the Business Efficiencies priorities Q2			Blue	Blue	Blue	M	H	H	H	High
	16.3.2) Collaborate across identified services to map those pathways identified and identify any gaps in the NHS Wales App and NHS App that will impact patients Q3				Blue	Blue		H	H	H	High
	16.3.3) Create an improvement plan in collaboration with services with a view to standardising processes and documentation, reduce data collection and input duplication and support the design of new requirements Q4					Red		H	H	M	Low
	16.3.4) Aim to achieve a reduction in referral processing times, within 12 months through an integrated digital referral system for identified priority services Q4					Red		H	M	M	Low
16.4) DSF Strategic Theme - Leadership, Partnership and Alliances - System Integration with providers and commissioners in NHS Wales and NHS England, with robust Data Sharing Agreements	16.4.1) Information Sharing agreements in place across providers and commissioners Q3				Green	Blue	L	M	L	H	High
	16.4.2) Collectively continue to deliver digital transformation to support sharing of information and standardisation across pathways, with cross border providers Q4	Red	Red	Blue	Blue			M	M	M	High
16.5) DSF Strategic Theme - Leadership, Partnership and Alliances - Develop a Supportive and Inclusive Digital Training Function to improve Digital Skills and Confidence for staff and patients to adopt technology and use systems effectively	16.5.1) To implement an interim solution to provide a training function specifically to support the implementation of the ministerial digital programme priorities DMC and EPMA Q2		Blue	Blue	Blue		L	H	M	H	High
	16.5.2) Increase the number of Clinical Safety Officer Training sessions and increase digital confidence Q4				Blue			H	L	H	High

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16.6) DSF Strategic Theme - Enabling Efficiency and Effectiveness ○ Workforce Planning for Digital and Clinical Informatics services through a Demand and Capacity exercise to support Digital Transformation across the organisation	16.6.1) Conduct a Demand and Capacity exercise to identify workforce needs for Digital Transformation and Enablement, considering current and future business as usual activities and prioritising programmes to support transformation, efficiency, safety, and quality Q1-Q4		Amber	Green	Blue	Blue	M	H	M	H	High
16.7) DSF Strategic Theme - Infrastructure and Security CRITICAL ACTION ○ Cyber and Infrastructure	16.7.1) Complete the Cyber Assurance Framework (CAF) and establish a process for reducing the cyber risk and managing the incidents in a timely manner Q1-Q4		Green	Blue	Blue	Blue	M	H	H	H	High
16.8) DSF Strategic Theme - Big Data and Artificial Intelligence ○ Put the use of data, insight and analytics, used safely and securely, at the core of the health and care system	16.8.1) Creation of clear project plans and actions to adopt innovative approaches to improving patient care and reducing waiting times or improving administrative processes using Artificial Intelligence and Robotic Process Automation technology, prioritising technologies that have undergone successful assessments by partners (robust case studies) Q1-Q4		Green	Green	Red	Blue	M	H	M	L	High
16.9) Strategic Theme - Leadership, Partnership and Alliances ○ DSF National Programme Alignment	16.9.1) Commence the implementation of Electronic Prescribing Medicines Management to meet the Welsh Government Milestone Funding agreement Q4			Red	Red	Red	M	H	M	M	Low
• Electronic Prescribing • Maternity system and app • Radiology Information System • Connected Care (WCCIS), Mental Health and Community Health Solution replacement connected to Primary Care CRITICAL ACTION - Deploy with industry partners, proven clinical systems such as for Maternity, Mental Health and Community Health Systems,	16.9.2) Submit the Digital Maternity Solution Business Case for internal Approval Q1		Green	Blue	Blue	Blue		H	H	H	High
	16.9.3) Radiology Information System Programme Upgrade Go Live Q4					Blue		H	H	H	High
	16.9.4) Draft the Community Care solution replacement (WCCIS) Business Case, ready for submission for internal approval Q3				Blue	Blue		H	H	H	High
	16.9.5) Collaborate with Betsi Cadwaladr University Health Board on the specification requirements for procuring a new Mental Health Solution Q3				Blue	Blue		H	H	H	High

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electronic care records and medical technologies	16.9.6) Complete a full WPAS review to evidence Data Quality, duplication and gaps in functionality, as part of the whole system review Q4					Blue	H	H	M	High
	16.9.7) Commence a Referral Management System review in collaboration with Primary Care and Services from a System application perspective i.e. findings to evidence if referrals are made electronically and consistently Q4					Red	H	M	M	Low

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	N/A	**Change in Timescale**	N/A

Q2 change in timescale and scope

- **16.1.1)** Change from Q2 to Q2-Q4 - Board Development session booked for Q3 (original plan to complete by Q2). 15.10.2025 – Approved at Executive Committee.
- **16.1.2)** Change from Q2 to Q2-Q4 - Board Brief session booked for Q3 (original plan to complete by Q2). 15.10.2025 – Approved at Executive Committee.
- **16.4.2)** Change in scope (wording specific to Cross border) and change in Timescale from Q1-Q4 to Q4. 15.10.2025 – Approved at Executive Committee.
- **16.5.1)** Change in scope (wording) To implement an interim solution to provide a training function specifically to support the implementation of the ministerial digital programme priorities DMC and EPMA. 15.10.2025 – Approved at Executive Committee.
- **16.6.1)** Change from Q2 to Q4. New process for capturing demand is complete but request further extension to allow time to report against the information gathered and measure against current capacity for Q3 and Q4. 15.10.2025 – Approved at Executive Committee.
- **16.9.1)** Change from Q2 to Q4 to allow for slippage in go lives, due to a number of technical, application, and 3rd party related delays. 15.10.2025 – Approved at Executive Committee.

Executive Director Sign Off	Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)

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Innovative Environments

Strategic Priority: Strategic Capital Executive Lead - Associate Director of Estates, Facilities and Support Services

Intended Outcome/ Impact

- Delivery of Capital Programme enhancements to the estate including compliance improvements
- Strategic Capital Programme progressed to support delivery of 'A Healthy Caring Powys' and PTHB Integrated Plan / Strategic Priorities
- Programme of works to address urgent compliance risks and infrastructure improvements
- Underpinning Better Together and Routemap to Sustainability change programmes
- Capital delivery is monitored against time, cost and quality for each project
- Fit for purpose estate – reduces backlog maintenance and improves building energy performance
- Improved environmental benefits for patients, staff and visitors

There are no specific recommendations for Health Boards at this stage, set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) for Capital. However there may be requirements for collective action and implementation implications at a later stage, of the recommendations set out for Welsh Government. A Watching brief will be kept via the lead Executives on any implications arising for PTHB.

Commentary on Progress in this Quarter:

- **17.1)** The North Powys Health, Care and Wellbeing Integrated Hub combined Strategic Outline Case/Outline Business Case was submitted to Welsh Government on 18th December following approval by PTHB Board and Powys County Council Cabinet. Scrutiny comments addressed and the business case was reviewed at Integrated and Rebalancing Capital Fund Panel on 11th February with approval for the Full Business Case to progress received on 12th March 2026.
- **17.2)** In line with Welsh Government advice, a Business Justification Case (BJC) was submitted for the next phase of Llandrindod development to complete works to the front of the hospital whilst the larger business case is developed for the back of the hospital in line with 'Better Together'. The BJC has subsequently been approved for £2.7M to commence in March 2025/26 and works completing in Q2/3 2026/7.
- **17.3)** The Discretionary Capital programme has progressed well. This is the largest capital programme (in terms of number of projects) to date – so does pose some challenges in terms of resources. Budget increased from £1.4M to £2.7M this financial year with a further increase to £3.0M confirmed for 2026/27.

Commentary on red rated actions:

- **17.5)** Llanfair Caereinion - the timescales of the project progression are in the remit of the Developer until such time as a formal contract is enacted.

Achievements:

- A number of projects have been successfully completed under the Discretionary Capital programme.
- Integrated Rebalancing Capital funding was granted (£90K) in order to develop a business case for the Spa Road, Llandrindod Integrated Hub.
- Planning application has been submitted for Bronllys Chapel and BJC is being developed to secure IRCF funding.

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Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
17.1) North Powys Wellbeing Programme	17.1.1) Develop Strategic Outline Case / Outline Business Case for funding in support of an integrated health, care and wellbeing hub (phase 1) Q3	AD EF&SS			Blue	Blue	H	H	H	H	High
17.2) Llandrindod Wells Rural Regional Centre	17.2.1) Business Case submission in format as outlined by Welsh Government as part of endorsed Programme Business Case Q3				Amber	Blue	H	H	H	L	High
17.3) Discretionary Capital Programme including Targeted Estates Funding (TEF) etc	17.3.1) Discretionary Capital Programme (circa 25 projects) Q1-Q4		Green	Green	Green	Blue	H	H	H	H	High
	17.3.2) Secure funding and deliver projects within TEF categories; Decarbonisation, Infrastructure, Fire, Decontamination, Infection Prevention Control & Mental Health Q4					Blue		H	H	H	High
17.4) Development of RPB Strategic Capital Plan, project pipeline	17.4.1) Health and Social Care, Integration and Rebalancing Capital Fund (IRCF); capital project programme Q1		Blue	Blue	Blue	Blue	H	H	H	H	High
17.5) Llanfair Caereinion GP Practice and community hub	17.5.1) Identify project delivery and procurement pathway, secure funding and site and progress development of the project with commencement of construction phase Q1-Q4		Green	Green	Amber	Red	M	M	M	M	Low

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	N/A	**Change in Timescale**	N/A

Executive Director Sign Off	Wayne Tannahill (Associate Director of Estates, Facilities and Support Services)

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Innovative Environments

Strategic Priority: Environmental Management and Decarbonisation Executive Lead - Associate Director of Estates, Facilities and Support Services

Intended Outcome/ Impact

- Delivery of Capital Programme enhancements to the estate including compliance improvements
- Strategic Capital Programme progressed to support delivery of 'A Healthy Caring Powys' and PTHB Integrated Plan / Strategic Priorities
- Programme of works to address urgent compliance risks and infrastructure improvements
- Underpinning Better Together Portfolio
- Creating enhancements to workplace making working environments more comfortable
- Supporting workforces transition to low carbon solutions
- Green space management and biodiversity plans will deliver on social and green prescribing to help delivery of care
- Public Service Board coordination of response to climate change and development of climate adaptation.
- 12.6% scope 1 & 2 carbon emissions reduction
- Electricity reduction across the programme
- Gas reduction across the programme
- Revenue savings from reduced energy consumption (revenue available direct to health board post 'invest to save' payback)
- Improved air quality and energy network capacity from reduced consumption

Commentary on Progress in this Quarter:

- **18.1.1)** ISO14001 re-certification successfully completed, with zero non-conformances and only minor observations for improvement.
- **18.2.1)** Refreshed Decarbonisation Strategic Delivery Plan published in November by Welsh Government. The programme will see a refreshed set of 25 initiatives which will be measured with 6 monthly reporting against a set of Key Performance Indicators. Programme of work to mirror management and governance arrangements completed for the original Decarbonisation Strategic Delivery Plan. Climate mitigation (decarbonisation) will feed into a Climate Response Plan under 'Climate Adaptation' for the organisation from 2026.
- **18.3.1)** Biodiversity continues to be well supported with funding and community volunteering for protection and improvements to biodiversity across all sites. The mandated 3-year Biodiversity Report was published in December and describes the Health Board activity.
- **18.4.1)** The £4.2M Re:fit programme completed the construction phase of the programme and is presently under the Measurement & Verification phase, monitoring the energy savings promised by the programme.

Commentary on red rated actions: N/A

Achievements:

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Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
18.1) Environmental Management System accreditation	18.1.1) Maintain external accreditation to ISO14001 standards Q3	AD EF&SS		Green	Blue	Blue	H	H	H	H	High
18.2) Decarbonisation	18.2.1) Decarbonisation Strategic Delivery Plan – actions as set out by WG for 2025/2026 Q1-Q4		Green	Green	Green	Blue	H	H	H	H	High
18.3) Biodiversity	18.3.1) Enhancement and protection of biodiversity including community group engagement. Publication of statutory 3-yr Biodiversity Report. Development of Biodiversity Plan Q4					Blue	H	H	H	H	High
18.4) Energy Efficiency	18.4.1) Implementation of energy efficiency interventions pan-Powys: Re:fit programme / Invest to Save Q2			Blue	Blue	Blue	H	H	H	H	High

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	N/A	**Change in Timescale**	N/A

Q2 change in timescale

- **18.1.1)** Timescale change - Expected completion Q3. 15.10.2025 – Approved at Executive Committee.

Executive Director Sign Off	Wayne Tannahill (Associate Director of Estates, Facilities and Support Services)

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Innovative Environments

Strategic Priority: Estates and Facilities Executive Lead - Associate Director of Estates, Facilities and Support Services

Intended Outcome/ Impact

- Fit for purpose estate – reduces backlog maintenance and improves building energy performance
- Improved environments benefits patients, staff and visitors
- Identify and explore any potential savings on revenue and productivity
- Investigate collaborative working options
- Reduce revenue spend
- Improve service delivery
- Upskill existing workforce
- Improve productivity
- Ensure a more streamlined self-sufficient service
- Enhance cost effectiveness and resilience, reduce reliance on contractors and outside providers. Look at upskilling of existing staff to improve cross over work streams and joint working

Commentary on Progress in this Quarter:

- **19.1)** Joint working between Estates and Facilities continues to strengthen, with positive engagement across teams and early evidence of effective collaboration delivering improved efficiency and coordination. Examples include a combined ventilation contract to now include kitchen ventilation cleaning, little use water outlets flushing, winter resilience arrangements (snow and ice clearance and gritting), pest control measures and the management of grounds and gardens. Risks on continued progress associated with management team resourcing gaps.
- **19.2)** Some further work will be required in respect of catering implementation aligned to all Wales procurement approach for further modules of Symbiotix and changes to menu protocols – this will be reflected in the 2026/27 plan.
- **19.3)** Re-introduction of Environmental Cleanliness and Infection Prevention and Control Standards Group. The new National Cleaning Standards have been published late in Q4 with the impact on Facilities resource being assessed in response to enhanced cleaning requirements.

Commentary on red rated actions: N/A

Achievements:

- Further investment in electric vehicles and Electric Vehicle charge point network.
- NHS Wales Shared Services Partnership Internal Audit Substantial outcome for Catering Audit.

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Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
19.1) Develop synergies between Estates and Facilities work streams	19.1.1) Identify and develop joint working synergies and efficiencies for Estates and Facilities department Q4	AD EF&SS				Blue	H	H	H	H	High
19.2) Facilities to implement the Symbiotix system for auditing and monitoring of assurance for catering and cleaning	19.2.1) Improved Assurance and the monitoring of quality Q3				Blue	Blue	H	H	H	H	High
	19.2.2) Improve data collection for cleaning and catering standards Q3				Blue	Blue		H	H	H	High
19.3) Implementation of all Wales Cleaning Standards	19.3.1) Improved cleaning standards which are measured and matched across Wales Q3				Blue	Blue	H	H	H	H	High

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	N/A	
Executive Director Sign Off	Wayne Tannahill (Associate Director of Estates, Facilities and Support Services)			

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Transforming in Partnership

Strategic Priority: Partnership Development Executive Lead- Executive Director of Planning, Performance and Commissioning / Director of Strategic Improvement and Transformation, Executive Director of Public Health

Intended Outcome/ Impact

- Collaboration across partners in Powys is central to delivery of a whole system approach to prevention for the population of Powys
- The work on a wider Mid Wales basis and other regional / national footprints have the potential to leverage improvement at greater scale and value
- Surveillance of Strategic Changes within and outside Powys provides intelligence which assists with the appraisal of risk and opportunity

Commentary on Progress in this Quarter:

- **20.1.1)** Following the first stage of the Evaluation, Prioritisation and Assurance (EPA) process a multiagency Regional Partnership Board (RPB) Executive Working Group developed recommendations for the Regional Partnership Board (RPB) to achieve a reprioritisation focused on the greatest system pressures. In June 2025 the RPB approved the reprioritisation and the Regional Integration Fund (RIF) Delivery and Resource Plan for 2025/26. Key Executive Directors and Assistant Directors then worked with partners in the RPB to develop the Delivery and Resource Plan for 2026/27 focused on the streamlined priorities to address the greatest system pressures. The RPB approved the plan in December 2025, followed by endorsement from the Executive Committee in January 2026. It was then submitted to Planning Partnership and Population Health (PPH) Committee in February 2026.
- **20.1.2)** Funding for the Ready To Go Home Units, subject to the PTHB Board decision in July 2025, was included in the reprioritised RIF Delivery and Resource Plan approved by the RPB. Following a six-month evaluation of the temporary service changes, the evaluation report recommended that the temporary changes remain in place for the time being, whilst work continues on the Better Together Programme to shape the future of adult physical and mental health community services for Powys. The RPB Executive was updated on the 12th September 2025. The RPB Delivery and Resource Plan for 2026/27 includes funding for this purpose.
- **20.2.1)** A Framework for Partnership Development was developed and approved in Quarter 1.
- **20.2.2)** A series of self-assessments were undertaken across the RPB in the summer and early Autumn of 2025 to inform partnership development. Partnership Development was then built into the RPB Delivery and Resource Plan for 2026/27 (approved by the RPB in December 2025 and submitted to the Executive Committee in January 2026 and to PPPH Committee in February 2026). An update was also included in the Partnership Governance and Assurance High Level Report for the Executive Committee in January 2026 and PPPH Committee in February 2026.
- **20.3.1)** Work was undertaken in Q1 to strengthen implementation, risk and exit plans in line with the EPA recommendations.
- **20.3.2)** The EPA work helped to inform the re-prioritisation, which was the basis of the development of the RPB Delivery and Resource Plan for 2026/27, including new projects. The plan was approved by the RPB in December 2025, endorsed by the Executive Committee in January 2026 and submitted to PPPH Committee in February 2026. The EPA also provided early warning of the need to strengthen RIF exit planning. The health board then worked closely with the RPB to strengthen the approach to exit management. The RPB documentation and approach has been strengthened; specific actions have been built into the 2026/27 plan; an updated "heat map" has been produced. The Health Board worked with the RPB to ensure Budget holders received clear information about the actions needed for effective RIF Exit Management. Early warning of the risk was given through the Partnership Governance and Assurance Framework Highlight Report. As a result PTHB added RIF Exit to its organisational risk register and will monitor progress of mitigating actions and regular update reports.
- **20.5.1)** A Partnership Governance and Assurance Framework was developed and updated, spanning 19 partnerships, the majority of which are statutory. This was submitted to the Executive Committee in January 2026 and PPPH Committee in February 2026. The Framework includes the planning and business cycles

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for each partnership. Key Partnership Co-ordinators are working together to strengthen collaboration. Steps are being taken to draw together work on assessments; to align plans; to share data; and to enable people with lived experience to influence wider partnerships and programmes. Engagement and insight reports are shared through the Engagement and Insight Network. In December 2025 the RPB agreed to extend the Health and Care Strategy to March 2029. Work on the population needs assessment, wellbeing assessment and market stability report will be undertaken by March and May 2027. This will enable improved alignment with the Joint Area Plan, Powys Cluster Plans, the Powys Wellbeing Plan, Better Together, Sustainable Powys and the North Powys Wellbeing Programme.

Commentary on red actions: N/A

Achievements:

- The RPB resource plan was refocused on the greatest system pressures and the Delivery and Resource Plan was approved in December 2025. The approved Delivery and Resource Plan for 2026/27 also includes partnership development actions.
- A Partnership Governance and Assurance Framework has been developed, spanning 19 partnerships including their business and planning cycles – together with bi-annual high level reports.

There are no specific recommendations for Health Boards at this stage, set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025). However there will be requirements for collective action and implementation implications at a later stage, of the recommendations set out for NHS Wales and Regional Fora in relation to Operating Model / Accountability Frameworks / Fragile Services. A Watching brief will be kept via the lead Executives on any implications arising for PTHB.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
20.1) Work with the Regional Partnership Board to prioritise the greatest system issues and impacts i.e. pathways of care delays and prevention of inappropriate admission to hospital, using the recommendations of the Newton Europe diagnostic report **CRITICAL ACTION**	20.1.1) Strengthened prioritisation and utilisation of RIF funded delivery to target greatest system pressures Q4	ED PP&C				Blue	M	M	M	H	High
	20.1.2) Agreement on RPB support for Ready to Go Home Units subject to the PTHB Board decision in July 2025 Q2			Blue	Blue	Blue		M	H	H	High

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20.2) Work with the Regional Partnership Board (RPB) to develop, agree and implement a shared approach to partnership development	20.2.1) Work with the Regional Partnership Board to develop and agree a framework for partnership development Q1		Blue	Blue	Blue	Blue	H	H	H	H	High
	20.2.2) Work with the Regional Partnership Board to implement the agreed partnership development framework Q4					Blue		H	H	H	High
20.3) Work with the RPB to implement the findings and learning from the Evaluation, Prioritisation and Assurance Framework and agree the arrangements for the next round	20.3.1) Work with the Regional Partnership Board to ensure strengthened implementation plans, risk management plans and exit plans for the time-limited Regional Integration Fund (fund ending 2027) Q1		Blue	Blue	Blue	Blue	M	H	H	H	High
	20.3.2) Work with the Regional Partnership Board to ensure the Evaluation, Prioritisation and Assurance approach is applied to new proposals and planning for the subsequent financial year (2026/27) Q4					Blue		M	M	H	High
20.4) Work with the PSB to implement the PSB Wellbeing Plan	20.4.1) Lead the Powys Healthy Weights Strategic Steering Group to implement the Powys whole system approach to healthy weights action plan Q1-Q4	ED PH	Green	Green	Green	Blue	M	H	H	H	High
20.5) Align partnership planning across the Powys region for health and wellbeing, via development and delivery of PSB Wellbeing Plan, RPB Area Plan (Health and Care Strategy) and Mid Wales Joint committee work programme	20.5.1) Annual cycle of delivery via respective Partnership arrangements Q1-Q4	ED PP&C	Green	Green	Green	Green	H	H	H	H	High
20.6) Work with the Marches Forward Partnership to develop and implement a plan to address shared priorities	20.6.1) ~~Work with the health group to influence other Marches Forward Partnership programmes to implement a population health and preventative approach -including within external funding bids Q4~~ (Removed) 20.6.2) Work with the Marches Forward Partnership and key decision makers to assess the viability of a prevention at scale proposal involving external funding and to agree the way forward Q1		Blue	Blue	Blue	Blue	L	H	H	H	High
20.7) Systematic tracking and surveillance of external Strategic	20.7.1) Annual cycle with quarterly production of Stocktakes Q1-Q4		Green	Green	Green	Green	H	H	H	H	High

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Change programmes and developments with a potential impact on healthcare for Powys residents												
20.8) Embed Research & Innovation as a key enabler of change across the organisation	20.8.1) Delivery of RIC Hub workplan in partnership through the RPB with a focus on supporting and enabling progress of Better Together including the Business Efficiencies programme Q1-Q4	DI&T	Green	Green	Green	Blue	M	H	H	H	High

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	N/A	**Change in Timescale**	N/A

Q1 change in scope

- **20.6.1)** A request is made for action 20.6.1 to be removed from the plan. The four border local authorities of The Marches Partnership are refocusing and are not holding the Health Subgroup at present, so PTHB cannot take this action forward. The existing governance arrangements of The Marches Forward Partnership would not be sufficient to manage the specific (secondary) prevention at scale proposal put forward by a leading University. (The University also presented to Welsh Government, but there is not a viable way forward at this time.) Members of the Health Subgroup were willing to continue to influence other Marches Forward Partnership programmes to assist in implementing a population and prevention approach, but the overarching Marches Forward Partnership (involving the four border local authorities) is refocusing, and the Health Subgroup is not meeting at present. Thus, PTHB cannot take forward this action. 20.08.25 - Approved at Executive Committee.

Executive Director Sign Off	Nicola Johnson (Executive Director of Planning, Performance and Commissioning) Mererid Bowley (Executive Director of Public Health) Lucie Cornish (Director of Improvement and Transformation)

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Transforming in Partnership

Strategic Priority: Governance incorporating Corporate Business, Information Governance & Records Management Executive Lead - Director of Corporate Governance / Board Secretary

Intended Outcome/ Impact

As an enabling function, these activities support the achievement of wider finance, performance, quality and population outcome indicators through support across the organisations Strategic Priorities. Contribution to the achievement of the health board's Strategic Priorities is tracked through the quarterly engagement and communication delivery and assurance report.

Enabling contribution across all health board outcomes (as agreed/prioritised) Specifically:

- Critical contribution to effective organisational governance; decisive and effective decision making supported by assurance, oversight and effective management of risks
- Appropriately skilled, trained and informed Board
- Excellent Board and Executive administration and governance advice and support
- Provide pro-active assurance to the Board and key stakeholders of on-going alignment with relevant legislation and legislation; ensuring all staff have sufficient knowledge and training to comply with governance and data protection legislation
- Ensure consistent awareness and education communications deliver a single corporate message around information governance and records management issues
- Effective engagement to aid in implementation of robust measures to protect digital data and ensure up to date protections and compliance with data protection legislation, contribute to the transition from paper based to electronic management systems
- A streamlined records management system that ensures proper creation, storage, retention and disposal of both digital and paper health records
- Increased trust and confidence from stakeholders, including clients, partners and regulatory bodies in the health board's governance and data handling practices
- Efficient and effective corporate business systems and processes
- Effective collaboration with key stakeholders to facilitate secure and compliant information sharing
- Contribution to staff engagement, great place to work, recruitment and retention

Commentary on Progress in this Quarter:

- **21.1)** Implementation of the Board Assurance Framework (BAF) has been completed as of Q4. From Q3 the BAF Dashboard was embedded on a x3 annual reporting to the cycle to the Board with the last update of 2026/27 provided in March 2026. The final element on BAF development planned was the detailed analysis of assurance in relation to the strategic risks, which was fully developed and reported to the Audit Risk Assurance Committee in March 2026.
- **21.2) & 21.3)** Work programmes and Board Development – actions complete as previously reported with 2026/27 schedules fully developed and undergoing final review prior to approval/publication.
- **21.6)** The Strategy has been reframed into a three year Development Plan to better underpin the existing objectives and strategic direction of the Health Board. This approach ensures alignment with current local and national priorities while providing a phased and deliverable framework for improvement with the options to update should the Information Governance and Records Management landscape change. The Plan has been developed and will be implemented from April 2026.

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- **21.7)** Work has remained ongoing to address the final few outstanding actions from the 26/26 Improvement Plan; however some actions have remained incomplete due to questions with the national team and local resource and capacity to complete. 2026 submission is complete and preparatory work has already commenced to produce the outturn report and improvement plan for 2026/27 with engagement with key services to work on actions.
- **21.9**) The digital security system is scheduled for installation within Llandrindod and Bronllys facilities. Once installed, a phased plan will be implemented to relocate records into these secured areas; however, ongoing maintenance of these facilities will sit with the relevant operational service teams. The Embargo Impact Analysis Report has been rescheduled for presentation to the Executive Team in May. This change is to ensure the report fully reflects and incorporates the emerging findings from the Transformation workstream, along with any wider Digital considerations that directly influence the future records management model.
- **21.10)** Continue to operate effectively, supporting legislative compliance. The team has continued to support many national and local programmes of work. Fixed term contracts within the team have been extended for a limited period to maintain capacity. However, if these posts are not sustained beyond their current timeframe, this will have a significant impact on the team's ability to deliver core functions. IG or Records Management have not been audited this quarter.

Commentary on red rated actions:

- **21.4)** The 2025-26 Risk Management Framework has largely been implemented and operationalised in year however full implementation has not been achieved at year end due to ongoing technical/functional issues with the Datix Risk Management System outside of the Health Board's control
- **21.7)** Work has remained ongoing to address the final few outstanding actions from the 26/26 Improvement Plan; however some actions have remained incomplete due to questions with the national team and local resource and capacity to complete.
- **21.9)** This work is due to complete in May and has been delayed due to the late 2025 lockdown issued nationally on the destruction of infected blood related records which was implemented to all patient records.

Achievements:

- Board and Committee schedule for 2025/26 fully delivered and achieved compliance with work programmes actively monitored throughout the year
- Board Assurance Framework priority development areas have been fully delivered, the BAF dashboard alongside the strategic and organisational risk registers play active roles in Board and Committee agenda planning and meetings and the detailed review of Strategic Risk Assurance was received by the ARAC in March 2026
- Board development and briefing programmes delivered and determined effective through annual effectiveness survey feedback
- Active work underway with the Board to review Risk Management arrangements (Risk Appetite, Risk Management Framework, Strategic Risks) into Q1 of 2026/27 in alignment with the Annual Plan.
- Communications Plan and timetable programme of alerts delivered and achieved, actively monitored throughout the year.

Progress against key actions and milestones

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Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4

21.1) Further develop and implement the Board Assurance Framework	21.1.1) Board Assurance Framework (BAF) is an integrated part of every Board meeting and informing the Boards (and Committees) work programme Q1-Q4	DCG	Green	Green	Green	Blue	M	H	H	H	N/A
21.2) Design Board and Committee work plans ensuring alignment to the organisational strategic plan, Board Assurance Framework and Corporate Risk Register	21.2.1) Board and Committee work plans are agreed Q1		Green	Blue	Blue	Blue	H	H	H	M	N/A
	12.2.2) Work plans delivered Q4					Blue		H	H	H	N/A
	12.2.3) Evaluation of work plans (Q4 into 2026/27 Q1) Q1-Q4		Green	Green	Green	Blue		H	H	H	N/A
21.3) Design & deliver a Board Development programme that supports the Board in fulfilling its role	21.3.1) Board development programme x10 sessions; board briefings x12 sessions reflecting the needs of the Board Q1-Q4		Green	Green	Green	Blue	H	H	H	H	N/A
21.4) Review the Boards Risk Management Framework further embedding effective risk management	21.4.1) Risk management framework reviewed Q1		Blue	Blue	Blue	Blue	H	H	H	H	N/A
	21.4.2) Fully implemented (Q4) Q1-Q4		Amber	Amber	Red	Red		M	M	L	N/A
21.5) Ensure corporate business systems maximising efficiency and effectiveness	21.5.1) High quality corporate business systems and support in place across all corporate portfolios Q1-Q4		Amber	Amber	Amber	Blue	M	M	L	L	N/A
21.6) Information Governance and Records Management Strategy	21.6.1) Finalise strategy including improvement plan Q1-Q4		Red	Red	Green	Blue	H	M	M	M	N/A
21.7) Develop the PTHB elements of the NHS Wales Information Governance Toolkit – Improvement Plan 2025/26	21.7.1) Engagement with Service leads to progress identified actions to improve compliance in readiness for next submission Q1-Q4		Green	Green	Amber	Red	H	H	H	H	N/A
21.8) Develop a communications/awareness plan	21.8.1) Develop and deliver a plan that co-ordinates the communication/training and awareness plan which includes a review of effectiveness Q1-Q4		Green	Green	Green	Blue	H	H	H	H	N/A
21.9) Records Management – Align and strengthen the Storage of Archive Health Records against legislation	21.9.1) Identify the resourcing strategy to support the effective on-going management to store archive health records over 4 designated facilities Q1-Q4		Amber	Amber	Amber	Red	H	L	L	L	N/A

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21.10) Ensure effective Information Governance and Records Management systems and processes are implemented to maintain and improve legislative compliance	21.10.1) Reduction in number of data and Information Governance breaches Q1-Q4		Green	Amber	Green	Blue	H	H	M	M	N/A
	21.10.2) Successful completion of regulatory audits with no major non compliance issues Q1-Q4		Green	Green	Green	Blue		H	H	H	N/A

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	N/A	

Q2 change in timescale

- **21.6)** Change of timescale requested to end Q4, the change request is based on resourcing requirements and other priorities, confidence of completion by end of Q4 is high. 15.10.2025 – Approved at Executive Committee.

Executive Director Sign Off	Helen Bushell (Director of Corporate Governance)

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Transforming in Partnership

Strategic Priority: Engagement, Communication and Corporate Affairs Executive Lead - Director of Corporate Governance / Board Secretary

Intended Outcome/ Impact

Enabling contribution across all health board outcomes (as agreed/prioritised). Specifically:

- Better informed public and stakeholders
- Better engagement and alignment between organisational goals and wider community/economy assets and skills
- Compliance with key legislation and guidance relation to communication, engagement, service change, accessibility, Welsh Language etc.
- Help to "Ensure the people of Wales have a strong voice to inform the ongoing development of an effective, joined up health and social care system" (A Healthier Wales Refresh, December 2024)
- Effective stakeholder relations and corporate affairs both to inform and to supportive achievement of organisational goals on behalf of the people of Powys
- Effective and compliant operation of the Powys Health Charity in line with agreed strategy

Commentary on Progress in this Quarter:

- **22.1)** Key marketing and communication activities have included continued support for the health board's commissioning intentions in relation to waiting times, for which there has been continued proactive and reactive communication following implementation from July 2025 and expansion of these measures to include outpatients from Q3. There has continued to be a very high level of public and political focus including Senedd questions and debates. Attention has also been on planning for development and consideration of the Annual Plan at the end of Q4. A specific area of focus in Q4 has been the Women's Health Hub for which the Engagement and Communication Team has led on the creation of a new online hub to provide information and signposting for women on a wide range of health issues, engagement insights to support this area of work (alongside a programme of work commissioned from Powys Association of Voluntary Organisations), development of a suite of marketing materials, and planning and delivery of a launch event. Some of the design and installation services were temporarily unavailable pending the arrival of a new wide format printer which was successfully installed in March 2026.
- **22.2)** A key focus during Q4 has been the continued design and delivery of the programme of engagement on Better Together. A series of 13 locality events has concluded, alongside community outreach to groups across the equality spectrum. This has included gathering insights to support future work on Planned Care, Diagnostics and Women & Children's services as well as on continuous engagement on Temporary Service Changes which will now be in place longer than had originally been anticipated. There have been no major engagement or consultation processes in neighbouring health boards during this period although decisions have now been made by Hywel Dda UHB following their consultation earlier in the year, and this includes the decision to proceed with the downgrading of stroke services at Bronglais General Hospital. A further period of engagement is anticipated during Q1 2026/27 given that new proposals have been identified that were not directly included in the original consultation.
- **22.3)** Resourcing is now in place once more for the RPB participation work programme and this work is now being refreshed. A workshop to identify key insights required for the development of the next Population Needs Assessment and Wellbeing Assessment in 2026/27 will now take place in Q1.
- **22.4)** Ongoing review of the stakeholder map remains in place in the context of Better Together. Regular meetings with Members of the Senedd and Member of Parliament continue, meeting on an individual basis replacing the previous group sessions. Weekly editions of The Week continue to inform Board Members of current media and political issues. Participation in the national Senedd Elections Senior Responsible Officer group convened by Welsh NHS Confederation

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supports the collective approach to planning ahead of the next elections. Guidance is in place for the pre-election period. Key stakeholder visits have included Cabinet Secretary Jeremy Miles visiting Brecon War Memorial Hospital.

- **22.5)** Remaining COVID Inquiry activity is now "business as usual". The Module 3 Inquiry report was published during March.
- **22.6)** The Charity Strategy has been presented by Charitable Funds Committee and is being finalised for implementation. Since the last report the Festive Fundraiser has been fully delivered, and work has continued to develop Charity Ambassadors. A key focus during Q4 has also been on planning for activities linked to the Charity 30th birthday during 2026/27.

Commentary on red rated actions: N/A

Achievements:

- Women's Health Hub website, marketing materials and launch event.
- Procurement and installation of new wide format printer.
- Continued engagement on Better Together and Temporary Service Changes.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
22.1) Design and delivery of a programme of marketing and communication	22.1.1) Design and deliver annual programme of communication and marketing activity focusing on those issues offering greatest strategic benefit and/or management of principal risks Q1-Q4	DCG	Green	Green	Green	Blue	H	H	H	H	N/A
22.2) Design and delivery of a programme of continuous engagement	22.2.1) Design and deliver compliant programmes of continuous engagement as well as targeted engagement and/or consultation reflecting the strategic requirements of the health board (e.g. Better Together), local partnerships (e.g. Sustainable Powys), regional programmes (e.g. cross-border / commissioned service changes) and national programmes (e.g. all Wales, specialised services) Q1-Q4		Green	Green	Green	Blue	M	M	M	M	N/A
22.3) Delivery of shared PSB/RPB Engagement and Participation Plan priorities	22.3.1) Continue to embed shared approach to coproduction across RPB and PSB partners including through the development and		Green	Green	Amber	Amber	M	M	M	M	N/A

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	implementation of the Coproduction Journey Tracker Q1-Q4										
22.4) Ensure effective corporate affairs systems and processes that support the organisation to achieve its goals	22.4.1) Undertake quarterly review and update of principal stakeholder map, including specifically readiness for Senedd Reform 2026 Q1-Q4		Green	Green	Green	Blue	H	H	H	H	N/A
22.5) Ensure effective and appropriate contribution to COVID learning through the UK COVID Inquiry and Senedd Special Purpose Committee	22.5.1) Continue organisational learning including proactive and reactive engagement with the UK COVID Inquiry and the Senedd Special Purpose Committee Q1-Q4		Green	Green	Blue	Blue	M	M	H	H	N/A
22.6) Development and delivery of the Powys Health Charity strategy	22.6.1) Conclude delivery of current Powys Health Charity Strategy and develop and agree Powys Health Charity Strategy 2026-29 Q1-Q4		Green	Green	Green	Blue	M	M	H	H	N/A

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	N/A	**Change in Timescale**	N/A

Executive Director Sign Off	Helen Bushell (Director of Corporate Governance)

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

Agenda item: 3.4a

Board	**Date: 20 May 2026**
Subject:	**Risk Management Framework and Board Assurance Framework**
Approved and presented by:	Helen Bushell, Director of Corporate Governance & Board Secretary
Prepared by:	Deputy Board Secretary
Other Committees and meetings considered at:	Executive Committee – 06 May 2026 who endorsed both frameworks. Audit and Risk Assurance Committee, 12 May 2026 – who endorsed the frameworks to the Board.

PURPOSE:

To provide the Board with the revised CGP 005 Risk Management Framework and CGP 014 Board Assurance Framework which has been recommended to the Board by ARAC for approval.

RECOMMENDATION(S):

The Board is asked to **APPROVE** the revised:

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

Approve/Take Assurance	Discuss	Note
Y	N	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The effective management of risk is a key enabler of the achievement of the Health Board's wellbeing objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

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EXECUTIVE SUMMARY:

CGP 005 The Risk Management Framework (RMF) sets out the Health Board's vision for managing risk. Through the management of risk, the Health Board seeks to minimise, although not necessarily eliminate, threats, and maximise opportunities. A fundamental review of the RMF was undertaken in 2024 and a revised version was subsequently approved by the Board in March 2025.

CGP 014 The Board Assurance Framework (BAF) is a structured means of identifying and mapping the main sources of assurance in the organisation, and co-ordinating them to best effect. It is intended that through appropriate utilisation of the BAF, the Board can have confidence that it is providing thorough scrutiny of its role and is able to identify any gaps in assurance and take appropriate action as a result. The BAF was first published following approval by the PTHB Board in May 2024.

The Health Board recognises the BAF as a complex system comprising of a number of key elements including:

- CGP 005 the Risk Management Framework and the supporting documents produced under the auspices of the BAF to provide effective strategic risk assurance;
- The Integrated Quality and Performance Framework; and
- The overall system of governance deployed by the Board and the Chief Executive to ensure good governance within the organisation.

A review of both documents has been undertaken to ensure:

- both documents remain fit for purpose in the organisation's current context;
- consistency and read across between both documents as fundamental elements of the health board's overall governance, risk and assurance framework;
- currency with any revised organisational structures, systems and processes; and
- alignment with current risk management and assurance guidance and best practice.

NEXT STEPS:

If recommended by the Committee, CGP 005 the Risk Management Framework and CGP 014 the Board Assurance Framework will be presented to Board for approval on 20 May 2025.

APPENDICES

a. CGP 005 Risk Management Framework
b. CGP 014 Board Assurance Framework

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IMPACT ASSESSMENT

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

QUALITY:

	No impact	Negative	Positive	Both	
Safe			X		Effective management of risk enables proactive and preventative use of actions and mitigations to reduce undesired effects and promote a culture continuous improvement.
Timely			X		
Effective			X		
Efficient			X		
Equitable					
Person Centred			X		
Workforce			X		
Leadership			X		
Culture					
Information			X		
Learn, Improve, Research			X		
Whole Systems Approach			x		

EQUALITY:

	No impact	Negative	Positive	Both	
Age	X				There are no identified impacts on equality.
Disability	X				
Gender reassignment	X				
Marriage / civil partnership	X				
Pregnancy / maternity	X				
Race	X				
Religion or Belief	X				
Gender	X				
Sexual Orientation	X				
Welsh Language	X				
Socio-economic status	X				
Social exclusion	X				
Carers	x				

RISK ASSESSMENT:

	Level of risk identified				
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)	
Clinical	X				The Risk Management Framework sets out the Health Board's vision for managing risk. Through the management of risk, the Health Board seeks to minimise, although not necessarily eliminate, threats, and maximise opportunities.
Financial	x				
Corporate	X				
Operational	X				
Reputational	X				

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Risk Management Framework

Document Reference No:	CGP 005
Version No:	6
Publication Date:	To be completed by Corporate Governance Team. (This is the date published on Corporate Governance SharePoint dd/mm/yyyy)
Review Date:	February 2027
Expiry Date:	May 2027
Author:	Deputy Board Secretary
Document Owner:	Director of Corporate Governance/Board Secretary
Accountable Executive:	Director of Corporate Governance/Board Secretary
Approved By:	Board
Approved Date:	TBC
Document Type	Policy

Powys Teach Health Board is the operational name of Powys Teaching Local Health Board

To ensure that you are always using the latest version of this corporate policy, please refer to the version on the Corporate Governance SharePoint site

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Associated Policies and Written Control Documents
CGP014 Board Assurance Framework
PTHB Strategic Commissioning Framework and Commissioning Assurance Framework
PTHB Integrated Quality and Performance Framework

Version Control

Version	Summary of Changes/Amendments	Publication Date
2.2	2017 Version Updated to reflect changes in risk management arrangements and organisational realignment	September 2019
3.0	2019 Version Updated to reflect changes in risk management arrangements and	November 2021

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	organisational realignment	
4.0	2021 Version Updated to reflect changes in risk management arrangements and organisational realignment	November 2022
5.0	2022 version updated to reflect changes in risk management arrangements and organisational realignment	March 2025
6.0	2025 version updated to improve alignment with Board Assurance Framework and transferred into new template	TBC

1. Scope

This framework applies to all employees of the Health Board; Board members; agency staff; contractors brought in to undertake work on behalf of the Health Board, for example capital and estates works; students; locums; volunteers; individuals employed on honorary contracts; and, other third parties engaged in Powys Teaching Health Board business. It applies to all activities of the Health Board, including those related to the commissioning of services.

Managers at all levels within the Health Board must take an active lead to ensure that risks are managed effectively and to support the development of a risk aware culture within the Health Board.

2. Policy Statement

This document aims to set out the organisational arrangements for developing and embedding risk management processes in Powys Teaching Health Board.

3. Purpose

This document sets out the Health Board's vision for managing risk. Through the management of risk, the Health Board seeks to minimise, although not necessarily eliminate, threats, and maximise opportunities.

The Framework seeks to ensure:

- that risk management is an integral element of the Health Board's culture;
- that the Health Board's risks in relation to the delivery of services (provided and commissioned) and care to patients are minimised through effective risk management practices;
- that the wellbeing of patients, staff and visitors is optimised;
- that the resources of the Health Board are protected;
- the implementation and ongoing management of a comprehensive,

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integrated (clinical and non-clinical) approach to the management of risk across the organisation;
- that the Board receives adequate assurance to ensure that strategic and operational risks are being managed effectively; and
- clarity in regard to respective responsibilities for strategic and operational risk management for the Board, Board Committees, relevant groups and staff throughout the organisation.

Should you have any queries in relation to this framework or an associated document please contact:
powysdirectorate.corporategovernance@wales.nhs.uk

4. The Board's Statement

The Board is committed to the principles of good governance and recognises the importance of effective risk management as a fundamental element of the Health Board's governance framework and system of internal control.

The Board is committed to having an integrated risk management culture that underpins and supports the business of the Health Board; providing and securing high quality care in a safe environment, that is compliant with legal and regulatory requirements; meeting objectives; and, promoting its values.

The Board intends to demonstrate an ongoing commitment to improving the management of risk throughout the organisation by:
- Ensuring a dynamic approach to strategic risk management to support achievement of the Health Board's vision, aims, and strategic priorities;
- Promoting considered risk taking, within authorised and defined limits in-line with the Board's Appetite for Risk (see Risk Appetite Statement at Appendix A);
- Adopting an integrated approach to risk management that includes risks related to clinical care, professional standards, health and safety, staff wellbeing, financial and business planning, workforce planning, corporate and information governance, performance management, project / programme management, research and development;
- Embedding effective risk management systems and processes within the organisation and promoting the ethos that risk management is **everyone's** business, with clearly defined roles and responsibilities;
- Creating an environment that is as safe as is reasonably practicable, by ensuring that risks are continuously identified, assessed and appropriately managed, i.e. where possible terminate, transfer or treat risks to an acceptable level;
- Fostering an organisational culture of openness and willingness to

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report risks, incidents and near misses that is used for organisation-wide learning;
- Establishing clear and effective communication and escalation mechanisms that enable a comprehensive understanding of risks at all levels of the organisation by the use of directorate, specialist and organisational-wide risk registers; and
- Providing appropriate training to staff to ensure effective implementation of risk management arrangements.

5. The Board's Appetite for Risk

The Board recognises that risk is inherent in the provision and commissioning of healthcare services, and therefore a defined approach is necessary to articulate risk context, ensuring that the organisation understands and is aware of the risks it is prepared to accept in the pursuit of its aims and objectives. The Health Board will continue its open and transparent approach to risk management.

The Board places fundamental importance on the delivery of its strategic objectives and its relationships with its patients, the public and strategic partners in achieving delivery of the ten-year Health and Care Strategy: *'A Healthy, Caring Powys'*.

The Health Board should make a strategic choice about the style, shape and quality of risk management and should lead the assessment and management of opportunity and risk. The Board should determine and continuously assess the nature and extent of the principal risks that the organisation is exposed to and is willing to take to achieve its objectives - its risk appetite – and ensure that planning and decision-making reflects this assessment. Effective risk management should support informed decision-making in line with this risk appetite, ensure confidence in the response to risks and ensure transparency over the principal risks faced and how these are managed.

The Board will seek to balance all categories of risk appetite, in reality complex decisions contain components that fall across the range of risk categories, for example financial sustainability, performance and service sustain ability and workforce could all be contained within any one decision.

The Board's Risk Appetite Statement, which is included at Appendix A, has been defined following consideration of key risks, issues and consequences. Appetite levels will vary, in some areas. Some areas risk appetite may be cautious, in others we may be eager for risk and are willing to carry risk in the pursuit of important strategic priorities. The Health Board will always aim to operate organisational activities within the levels defined within the Risk Appetite Statement. Where activities are projected to exceed the defined levels, this will be escalated through the appropriate escalation and

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governance mechanisms to the Board for ratification.

6. The Risk Management Process

Risk Management is the systematic application of management policies, procedures and processes to support the identification, analysis, assessment, treatment and monitoring risk in a way that enables us to minimise losses and maximise opportunities.

The aim of risk management is not to remove risk altogether, but to manage risk to an acceptable level, considering the cost of minimising the risk and reducing risk exposure (the level of risk that the organisation is exposed to, either in regard to an individual risk or the cumulative exposure to the risks faced by the organisation).

The Board has adopted a structured approach to risk management, whereby risks are identified, assessed and controlled, and if appropriate, escalated or de-escalated through the governance mechanisms of the organisation. The process is defined in four key steps:



The Orange Book (2023)

a. Risk Identification and Assessment

The Health Board cannot manage risk effectively unless it knows what the risks are. Risk identification is therefore vital to the success of the organisation's risk management process, and ultimately the safe delivery of care.

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Assessment and scoring of risk are used to determine the level of risk, using the Health Board's risk matrix to ensure a consistent approach is adopted across the organisation.

b. Treatment

Treatment is how the risk will be managed, and how we will modify our behavior or approach to achieve an acceptable level of risk. The actions introduced to mitigate (reduce the impact or likelihood of a risk materializing) are known as controls. Those additional actions that are underway to further increase control are known as planned actions. All risks are recorded on an appropriate risk register, which is a formal record of the risks that the Health Board has identified.

c. Monitoring

Part of managing risk is to continually review and update, and to capture the changes and progress of mitigation.

d. Reporting

Risk reporting supports the organisation to assess whether decisions are being made within its risk appetite to successfully achieve objectives, to review the adequacy and effectiveness of internal controls, and to decide whether any changes are required to re-assess strategy and objectives, revisit or change policies, reprioritise resources, improve controls, and/or reconsider their risk appetite/tolerance.

At a strategic level the Board Assurance Framework provides key tools for monitoring and reporting against the effectiveness of the management of our strategic risks.

Operationally, the Health Board's detailed guidance in support of the risk management process is included in the risk management toolkit on the staff intranet and includes guidance on how to identify, assess, treat and monitor risks. The toolkit remains extant but will continue to be revised in order to align to our maturing Risk Management and Board Assurance Frameworks.

7. Levels of Risk

The Risk Management Framework defines three levels of risk:

a. **Strategic Risks** – Risks that represent a threat to achieving the Health Board's strategic priorities or its continued existence. Strategic risks are recorded in the Board's Strategic Risk Register (SRR). The SRR provides an organisation-wide summary of significant risks that have the potential to hinder achievement of one or more of the Health Board's strategic objectives. Strategic Risks are owned by the Board, and are reviewed and monitored by the Executive Committee

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b. **Operational Risks** – Risks that represent a threat the day-to-day activities of the Health Board. Operational risk registers may include risks to the achievement of directorate or service objectives; the day-to-day operation of the directorate or service, i.e., delivering a safe and sustainable service for patients; and risks in regard to any legislation or standards that the directorate or service should be compliant with.

   The Health Board is currently in a period of transition, with the transition to a digital system for recording, and reporting on operational risks.

   There are three levels of operational risk register within the organisation:

   - Organisational
   - Directorate
   - Service Level

Further information on the hierarchy of operational risk registers, and the relationship with strategic risk is included on pages 9 – 13 of this Framework.

c. **Project/Programme Risks** – Risks that may impact on the delivery of a programme of work or project. All significant projects must be risk assessed before they are progressed, with each project required to have a separate risk register.

Powys Teaching Health Board is predominantly a commissioning organisation, procuring services on behalf of the population from a wide range of providers including primary care contractors; independent sector care homes; ambulance services; district general hospitals; and other specialist hospitals. The Health Board's **Integrated Quality and Performance Framework** helps to identify and escalate and mitigate emerging patterns of poor performance and risk in health services used by Powys patients. Through this process, risks may be identified for recording in Service or Directorate risk registers or the Organisational Risk Register, dependent upon the level and type of risk.

8. Risk Architecture and Escalation routes

Risk architecture is the organisations structures established around risk management detailing the roles, responsibilities and the lines of communication for reporting on risk. A risk register provides an agreed, standardised approach to recording of the significant risks that have been identified through the risk assessment process, ownership of those risks, and will also serve as a record of the controls that are currently in place to manage or mitigate the risk. It will also provide a record of the additional

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actions that are proposed to improve 'control' of risks (i.e., to treat the risk further), including responsibility and timescales for implementation. Effectively used, a risk register will not only drive risk management but should be integrated to inform decision-making, prioritisation and assurance processes. Risk registers are also used to provide assurance that risks are being managed appropriately and effectively.



Fundamentals of Risk Management (2020)

Recording of Strategic Risk

Strategic risks are recorded in the Board's Strategic Risk Register (SRR). The SRR provides an organisation-wide summary of significant risks that have the potential to hinder achievement of one or more of the Health Board's strategic priorities.

The risks contained in the SRR are further scrutinised via the Health Board's Board Assurance Framework (BAF) mechanisms such as the BAF Dashboard and Annual Review of Strategic Risk Assurance. In the risk management context the Board Assurance Framework provides a structure and process that enables the Health Board to focus on ensuring the effectiveness of Strategic Risk Management techniques by identifying the key control gaps, assurance gaps and risks that may compromise the delivery of its strategic objectives. The BAF Dashboard provides assurance on the effectiveness and adequacy of the controls in place to manage the Health Board's Strategic Risks. It should support effective decision-making and inform Board agendas in addition to providing assurance on the system of internal control. It also ensures that the assurance mechanisms operating across the Health Board are fully aligned to support the Chief Executive as the Accountable Officer, and the Board, to deliver the organisation's objectives. Further detail can be found in the Board Assurance Framework.

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The SRR (alongside the BAF Dashboard) is reviewed by the Executive Committee in advance of presentation to the Board at each of its meetings. The Executive Committee is responsible for recommending risks for escalation to / de-escalation from the SRR for approval by the Board. The Executive Committee may also recommend to the Board the 'acceptance' of risks that cannot be brought within the Board's risk appetite/tolerance.

Each strategic risk is currently allocated to a Committee of the Board for additional scrutiny and oversight. Committee Risk Registers based on the most recent iteration of the SRR approved by the Board are reported to each Committee as a standing item. In 2026/27 it is the intention to integrate Organisational Risks into the Committee Risk Register, given the greater ability to influence and manage organisational level risks.

The Annual Review of Strategic Risk Assurance provide a more detailed analysis of each strategic risk, and its associated controls will be reviewed by the Executive Committee in advance of presentation to the Audit, Risk and Assurance Committee on an annual basis.

Recording of Operational Risk

The Health Board is currently in a period of transition, with the transition to a digital system for recording and reporting on operational risks.

There are three levels of operational risk register within the Health Board:

Organisational Risk Register (ORR)

The Organisational Risk Register is a log of significant risks to the organisation that have been identified from a top-down and bottom-up approach (for example these may be identified by the Board or an individual Executive Director or escalated through the organisation's risk architecture).

These are significant risks that affect the organisation's ability to achieve organisational/directorate objectives and significant operational risks affecting the delivery of healthcare services. Individual Executive Directors are responsible for identifying risks potentially requiring escalation from Directorate Level to the ORR. Whilst the Executive Committee is responsible for approving risks proposed for escalation to the SRR and subsequent de-escalation/closure of risks on the ORR.

Whilst each Director will be responsible for the ownership of their respective risk(s) and identifying current controls and developing action plans, it will be the role of the Executive Committee to review controls and ensure appropriate action plans are in place, which might include the development and agreement of corporate risk management strategies to manage risk(s).

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The Organisational Risk Register will be reported to the Board as an appendix to the detailed BAF.

It will be the role of the Executive Committee to report by exception any risks on the ORR which require sightedness and/or additional scrutiny by the Board or Board Committees. The primary mechanism for reporting matters pertaining to risks to the Board will be the Risk Management and Board Assurance Framework report provided to each Board meeting by the Director of Corporate Governance, though information in regard to operational risks may also be included in individual papers and Committee Chairs Assurance Reports.

As noted above, in 2026/27 it is the intention to integrate Organisational Risks into Committee Risk Registers, given the greater ability to directly influence and manage organisational level risks.

Directorate Risk Registers (DRR)
Directorate level risks are any risks that affect the directorate and its objectives, or risks that have been escalated from service level.
The relevant Executive Director is responsible for approving the inclusion and closure of risks on directorate risk registers and de-escalation to the Service Level Risk Register (SLRR). Executive Directors may also highlight risks for possible escalation to ORR or request for acceptance of risk above appetite/tolerance.

Each Executive Director is responsible for ensuring appropriate representation and attendance at the Operational Leadership Group (OLG), a sub-group of the Executive Committee. The OLG provides the opportunity to collectively review of the ORR and DRRs, discussing any subsequent urgent, emerging or materialising risks, identifying potential thematic risks arising across Directorates and recommending potential actions for management and/or mitigation where appropriate.

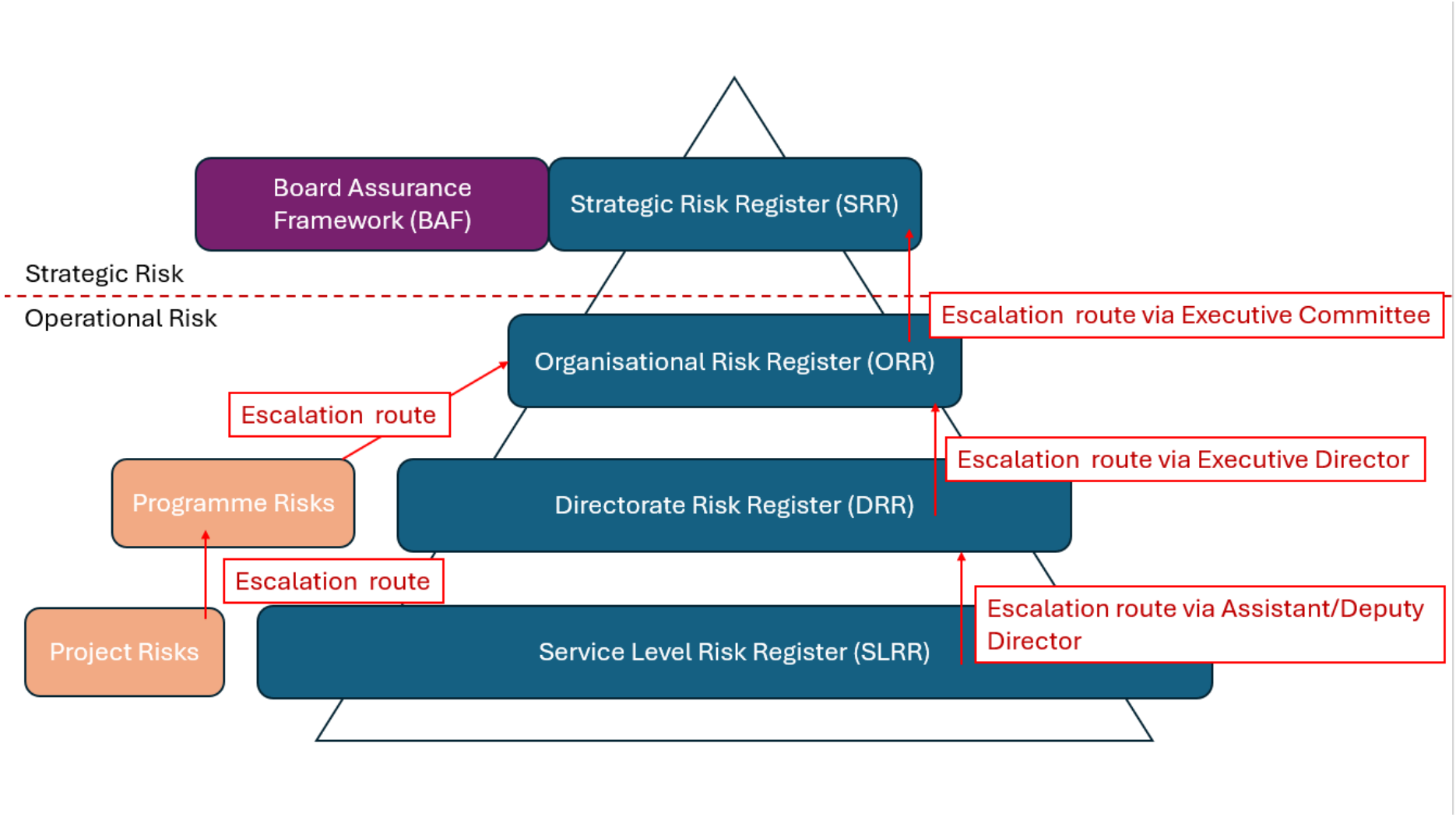
Whilst recognising that the primary mechanism for the escalation of risk is through management channels, as part of the ORR process managed by the Corporate Governance Team the OLG may identify risks for consideration for escalation and de-escalation from/to the ORR and make a recommendation to the Executive Committee as appropriate.

Service Level Risk Registers (SLRR)
Service level risks are risks which affect a service; the Deputy/Assistant Director/Head of Service is responsible for approving the inclusion and closure of operational risks on to the service risk register, as well as highlighting risks to the relevant Executive Director for possible escalation. The relevant Executive Director is responsible for approving service level risks that require escalation to directorate level.

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The risk architecture used in the Health Board and the relationship between strategic and operational risk registers is provided below:

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9. Risk Escalation

The risk management system includes the opportunity for escalation through the levels of the organisation's risk architecture as outlined above. Risks should be managed by the identified owner, or a person otherwise appointed by the risk owner. There may however, be circumstances where the ability to manage a risk may exceed the authority of the risk owner.

Where significant risks have been identified which are deemed too challenging to manage, consideration should be given for the escalation of these risks to the next level of responsibility for additional consideration. These could include decisions for additional resources, increased oversight, review or the acceptance of the risk. Escalation also allows the opportunity for a risk to be considered against other risks at that level in terms of its potential individual and cumulative impact(s) e.g. organisation/directorate wide perspective. This allows for a higher level of authorisation to sanction continued tolerance or undertake additional actions to manage increasingly higher levels of risk.

Potential Reasons for escalation

- A risk is above appetite level and there is nothing that the risk owner can do to reduce it to within appetite
- Risk treatments are outside of the delegation of the risk owner
- A risk is shared by other areas of the organisation and risk treatment cannot be agreed
- Significant threat to patient safety, the achievement of the Health Board's plans, targets or the Health Board's reputation
- A risk is assessed to be of significant concern (for example a risk score of 20+ at Directorate Level or 16+ at Service Level)

To enable dynamic escalation and empowerment of risk owners and managers there are no minimum scoring requirements for escalation. Some risk owners may however find scoring useful as a guide when considering whether to escalate a risk.

De-escalation

Risks can be de-escalated when the higher-level risk register owner is satisfied with the management of the risk, e.g. the risk has been reduced or the risk has been accepted above appetite and there is no further benefit of higher-level oversight.

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10. Roles and Responsibilities

Effective risk management requires a reporting and review structure to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place. Specific duties and responsibilities are set out below. This includes governance bodies, individuals and staff groups with specific responsibility, accountability and authority for risk management, as part of their existing roles:

a. All PTHB Employees

All PTHB employees will:

- accept personal responsibility for maintaining a safe environment, which includes being aware of their duty under legislation to take reasonable care of their own safety, and all others that may be affected by the Health Board's business;
- be responsible for attending mandatory and relevant education and training events;
- participate in the risk management system, including the risk assessments within their area of work, and the notification to their line manager of any perceived risk that may not have been assessed; and
- be aware of the Health Board's Risk Management Framework and any local processes and procedures and comply with them.

b. The Board

The Board (made up of our Executive Directors and Independent Members) have collective responsibility for the setting and ensuring delivery of strategic priorities, as detailed with our Annual Plan. Key strategic risks against the plan are identified and monitored by the Board. The BAF and SRR provide a central record of risks to the delivery of our strategic priorities. It is the duty of the Board to discuss and advise on the format and content of the RMF, BAF and SRR. It is also the duty of the Board to appropriately monitor the Health Board's significant risks, associated controls and assurances.

The Board is also responsible for ensuring that the Health Board consistently follows the principles of good governance; ensuring that the systems, policies and people in place to manage risk are operating effectively, focused on key risks and driving the delivery of the Health Board's strategic priorities.

The workplans for the Board and each of its committees will be aligned to the BAF and SRR, ensuring appropriate focus on areas of most significant risk.

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In the context of this Framework the Board will:

- demonstrate its continuing commitment to risk management through the endorsement of this Framework;
- ensure, through the Chief Executive, that the responsibilities for risk management outlined in this document are communicated, understood and maintained;
- take a lead role in 'horizon scanning' for emerging threats/risks to the delivery of the Health Board's strategic priorities, and ensuring that controls put in place in response, manage risks to an acceptable level;
- oversee and participate in the risk assurance process;
- ensure communication with partner organisations on problems of mutual concern including risks;
- ensure that appropriate structures are in place to implement effective risk management;
- commit financial, managerial, technological and educational resources necessary to adequately control identified risks;
- ensure that lessons are learned and disseminated into practice from complaints, claims and incidents, and other patient experience data; and
- receive reports from the committees of the Board in line with terms of reference and workplans of those committees.

The Terms of Reference for the committees that report to the Board are included on the Health Board's website:
Powys Teaching Health Board Committees - Powys Teaching Health Board (nhs.wales)

c. The Audit, Risk and Assurance Committee

The Audit, Risk and Assurance Committee is responsible for overseeing the Health Board's governance framework and system of internal control, including risk management processes across the organisation. The Committee has a particular focus on seeking assurance that effective systems are in place to manage risk; that the organisation has an effective framework of internal controls to address strategic risks (those likely to directly impact on achieving strategic objectives); and, that the effectiveness of that framework is regularly reviewed.

The Committee is responsible for monitoring the assurance environment and challenging the levels of assurance in respect of key risks across the year, ensuring that the Internal Audit Plan is based on providing assurance that controls are in place and can be relied upon, and reviewing the internal audit plan in-year as the risk profiles change.

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d. Chief Executive Officer (CEO)

The CEO is the Accountable Officer of the Health Board and has overall

accountability and responsibility for ensuring it meets its statutory and legal requirements and adheres to guidance issued by the Welsh Government in respect of governance. This responsibility encompasses risk management; health and safety; financial and organisational controls; and governance. The CEO has overall accountability and responsibility for:

- ensuring the Health Board maintains an up-to-date Risk Management Framework endorsed by the Board;
- promoting a risk management culture throughout the Health Board;
- ensuring that there is a framework in place, which provides assurance to the Board in relation to the management of risk and internal control;
- ensuring that risk issues are considered at each level of business planning, from the corporate process to the setting of staff objectives;
- setting out their commitment to the risk management principles, which is a legal requirement under the Health and Safety at Work Act 1974.

The Welsh Government requires the Chief Executive to sign a Governance Statement annually on behalf of the Board. This outlines how risks are identified, evaluated and controlled, together with confirmation that the effectiveness of the system of internal control has been reviewed.

e. Director of Corporate Governance / Board Secretary

The Director of Corporate Governance / Board Secretary is the delegated lead for risk management in the Health Board, and is accountable for leading on the design, development and implementation of the Board Assurance and Risk Management Frameworks. The Director of Corporate Governance/Board Secretary will:

- lead the embedding of an effective risk management culture throughout the Health Board;
- work closely with the Chair; Chief Executive; Chair of the Audit, Risk and Assurance Committee; and, Executive Directors, to oversee an appropriate Risk Management Framework and related processes, ensuring that effective governance systems are in place;
- develop and communicate the Board's risk awareness, appetite and tolerance;
- lead and participate in risk management oversight at the highest level, covering all risks across the organisation on a Health Board basis;
- work closely with the Chief Executive and Executive Directors to support the development and maintenance of Strategic, Organisational and Directorate level risk registers;
- oversee the effective execution of the Health Board's Assurance Framework and Risk Management Framework; and
- produce the Health Board's Annual Governance Statement.

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f. The Executive Committee

The Executive Committee has responsibility for ensuring implementation of the risk management process and has responsibility for agreeing the risks on the SRR and ORR, prior to consideration and approval by the Board.

The Executive Committee has the responsibility to discuss the BAF Dashboard and any amendments, to ensure there is appropriate scrutiny and challenge of strategic risks, the current controls and assurances in place and the actions to address any gaps in these, prior to the dashboard being submitted to the Board for consideration and assurance.

It is also the role of the Executive Committee to agree that strategic and organisational risks are being managed to an acceptable level, balancing priorities, resources and the risk to the Health Board, and recommending the best course of action to manage the risks, to the Board. The Board must be provided with assurance that all proportionate actions to reduce the risk are progressed, and that there are effective plans and controls in place to manage the situation should the risk materialise. This will help limit damage, control loss and contain costs for the Health Board. Whilst a risk may be accepted by the Board, the risk owner must ensure that the current control measures will be regularly reviewed to ensure that they remain effective.

g. Operational Leadership Group (OLG)

The Operational Leadership Group is a sub-group of the Executive Committee. The Group reports to the Executive Committee and advises on a range of cross organisational issues, including any risk management and all significant operational risks.

The Group is responsible for supporting the implementation of the risk, control and assurance processes established within the organisation. The Group will review the processes and report on any weaknesses identified to ensure that the Board has in place effective systems for the reporting of risk, and the management of risk registers (service level, directorate and organisational) and the Board's SRR and BAF.

Specifically, the Group is responsible for:

- Embedding risk management promoting the integration of risk and assurance management.
- Regularly reviewing the Organisational Risk Register and Directorate Risk Registers, discussing any subsequent urgent, emerging or materialising risks, identifying potential thematic risks arising across Directorates and recommending potential actions for management and/or mitigation where appropriate.

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- maintaining clear links with the Board Assurance Framework;
- Discussing and recommending the escalation and de-escalation of risks from/to the ORR for Executive Committee consideration when appropriate by ensuring significant risks are appropriately prioritised. Reviewing and monitoring closely risks that are identified by members as of potential significance organisationally however are not deemed to meet the criteria for inclusion within the ORR.
- Supporting the establishment of a 'Risk Champions' forum for support in relation to all aspects of risk management including sharing best practice and providing appropriate peer review and challenge to enable cross organisation consistency in the application of the Risk Management Framework and its supporting documents.

h. Deputy Board Secretary

The Deputy Board Secretary is accountable to the Director of Corporate Governance / Board Secretary, and in relation to risk management will specifically:

- provide specialist advice in relation to controls and assurances for a range of functions at all levels in the organisation to support the effective management of clinical and non-clinical risk and governance;
- ensure a central system is in place to collate risk registers across the Health Board, which link to the Health Board's Assurance Framework;
- develop and implement the Health Board's Assurance Framework;
- develop and implement the Health Board's Risk Management Framework; and
- lead the development of, and Chair, the Risk Champions Forum.

i. Corporate Governance Team

The Corporate Governance Team is accountable to the Deputy Board Secretary, and in relation to risk management will specifically:

- support the management and development of the Health Board's Assurance Framework and Risk Management Framework;
- work with directorates and Heads of Service to ensure risks are escalated in accordance with the Risk Management Framework;
- compile the Strategic Risk Register, Organisational Risk Register and Board Assurance Framework Dashboard, for Executive Committee and Board;
- support the development and functioning of the Risk Champions Forum;
- engage with Directorates to enable effective implementation of the Risk Management Framework and associated processes;
- and
- provide training, information and advice to operational staff and corporate functions on risk management and risk registers.

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j. Executive Directors

Executive Directors are accountable and responsible for ensuring that their respective directorates are implementing this Framework, and related procedures and processes. Each Director is accountable for the delivery of their particular area of responsibility, and will therefore ensure that the systems, policies and people are in place to manage, eliminate or transfer the key risks related to the Health Board's strategic priorities.

Specifically, they will:

- lead the embedding of an effective risk management culture throughout the Health Board;
- communicate to their directorate, the Board's strategic objectives; and ensure that directorate, service and individual objectives and risk reporting are aligned to these;
- ensure that a mechanism for discussing risk and risk management is maintained within their area, which will encourage integration of risk management;
- co-ordinate the risk management processes which include risk assessments; incident reporting; the investigation of incidents/near misses; and the management of the risk register;
- ensure there is a system for monitoring the application of risk management within their area, and that risks are treated as required;
- provide reports to the appropriate committee of the Board that will contribute to the monitoring and auditing of risk;
- ensure staff attend relevant mandatory and local training programmes;
- Identify and manage risks that cut across delivery areas;
- Communicate downwards what the Health Board's strategic risks are;
- ensure a system is maintained to facilitate feedback to staff on risk management issues and the outcome of reporting; and
- ensure the specific responsibilities of managers and staff in relation to risk management are identified within the job description for the post, and that those key objectives are reflected in the individual performance review/staff appraisal process.

In addition, **Clinical Executive Directors** (Executive Medical Director, Executive Director of Nursing, Quality, Women and Family Health, Executive Director of Allied Health Professions, Health Science and Digital, and the Executive Director of Public Health) have collective responsibility for clinical quality governance, which will include patient safety, incident management and patient experience, and will therefore have a responsibility to ensure that clinical risks are appropriately managed in-line with this framework.

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k. Independent Members

Independent Members have an important role in risk management. This role is restricted to seeking assurance on the robustness of processes and the effectiveness of controls through constructive, robust and effective challenge to Executive Directors and senior management. The role of Independent Members is not to manage individual risks, but to understand and question risk on an informed and ongoing basis.

Additionally, Independent Members chair Board level committees, and in line with the relevant committee Terms of Reference, should provide assurance to the Board that risks within its remit (determined by the SRR), are being managed effectively by the risk owners, and report any areas of concern to the Board.

l. Clinical Directors, Deputy/Assistant Directors and Heads of Service

Clinical Directors, Deputy/Assistant Directors and Heads of Service are responsible for implementation of the Risk Management Framework and relevant policies and procedures, which support the Health Board's risk management approach.

As Senior Managers of the organisation, Clinical Directors, Deputy/Assistant Directors and Heads of Service take the lead on risk management and set an example through visible leadership of their staff. These responsibilities include:

- Taking responsibility for managing risk;
- Maintaining a Service Level Risk Register for their area of responsibility;
- Ensuring that risks are assessed where they are:
    - Identified within the working activities carried out within their management control or area of professional oversight;
    - Identified within the environment within their control;
    - Reported from the staff within their management control, or area of professional oversight.
- Identifying and managing risks that cut across delivery areas;
- Ensuring all incidents/accidents and near misses are reported;
- Monitoring mitigating actions and ensuring action owners are clear about their roles, and what they need to achieve;
- Discussing risks on a regular basis with staff, and through discussions at meetings to help improve knowledge about the risks faced; increasing the visibility of risk management and moving towards an action focused approach;
- Ensuring risks are updated regularly and acted upon;
- Communicating downwards what the Health Board's strategic risks are;
- Using the risk management process to support prioritisation and

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decision making;
- Ensuring staff are suitably trained in risk management;
- Promoting a risk aware culture in which staff are encouraged to identify and escalate risk;
- Ensuring that risk management is included in appraisals and development plans where appropriate;
- Ensuring the adoption and operation of the risk management framework across their work area.
- Escalating risks for further consideration where the ability to manage a risk exceeds the authority of the individual or the Board's risk appetite.

m. Line Managers

The identification and management of risk requires the active engagement and involvement of staff at all levels, as staff are best placed to understand the risks relevant to their areas of responsibility and must be supported and enabled to manage these risks within a structured risk management framework. Managers at all levels of the organisation are therefore expected to take an active lead to ensure that risk management is embedded into the way their service/team/ward operates. Managers must ensure that their staff understand and implement this framework and supporting processes, ensuring that staff are provided with the education and training to enable them to do so.

Managers play an important role in managing and escalating operational risks and as such, must be fully conversant with the Health Board's and respective Directorate's approach to risk management and governance. They will support the application of this framework and its related processes and participate in the monitoring and auditing process.

n. Contractors employed by the Health Board e.g. capital and estates specialists

It is the responsibility of each contractor employed by the Health Board to ensure that any staff working on their behalf is fully conversant with both PTHB's and their own organisations risk management requirements for the activity for which they are engaged.

11. The Risk Management Toolkit and Training

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To support delivery of the Risk Management Framework, a toolkit is available for staff on the intranet. The toolkit is a means by which the Risk Management Framework is operationalised to put into effect the full range of activities outlined. The toolkit includes:

- Risk Management Process

- Risk Assessment Procedure
- Risk Scoring Matrix
- Risk Register Procedure
- Risk Register Template & Guidance

The Risk Management Toolkit remains extant but will be periodically updated to align to the organisation's maturing risk management processes. For any queries in relation to the Risk Management Toolkit or its content please contact:

powysdirectorate.corporategovernance@wales.nhs.uk

Knowledge of how to manage risk is essential to the successful embedding and maintenance of effective risk management. To support this, a programme of training will be delivered as follows:

Staff Group	Training Need	Frequency
Board Members	Review of Risk Appetite Risk Awareness Training	Annual Every 2 years
Risk and Assurance Group /Risk Register Coordinators	Risk Awareness Training, including Risk Assessment and Risk Register Training	Every 3 Years
Service Managers / Risk Owners	Bespoke training delivered on a needs-based approach	Ad hoc / as required
All Staff	Open invite Risk Awareness Training	Annual

12. Implementation Monitoring Compliance, Audit & Review

Compliance with this Framework is monitored by the Board, Executive Committee and the Audit, Risk and Assurance Committee.

The Annual Governance Statement is signed by the CEO and sets out the organisational approach to internal control. This is produced at the end of the financial year and is scrutinised as part of the annual accounts process and presented to the Board with the accounts, as part of the Annual Accountability Report.

The Head of Internal Audit will also provide an opinion together with the summarised results of the internal audit work performed during the year. The Health Board's risk management arrangements are also subject to review annually, as part of the Audit Wales Structured Assessment process.

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APPENDICES

Appendix A

Glossary of terms	
Term	**Definition**
Risk	The effect of uncertainty on objectives. An effect may be positive, negative, or a deviation from the expected. In addition, a risk is often described as an event; a change in circumstance; or a consequence.
Risk management	The process which aims to help organisations understand, evaluate and take action on all their risks, with a view to increasing the probability of success and reducing the likelihood of failure.
Risk management framework	Organisational arrangements for designing, implementing, monitoring, reviewing and continually improving risk management processes throughout the organisation.
Risk architecture	Risk architecture is the organisational arrangements for risk management detailing the roles, responsibilities and the lines of communication for reporting on risk management.
Risk assessment	A systematic process of assessing the likelihood of something happening (frequency or probability) and the consequence if the risk actually happens (impact or magnitude).
Risk treatment	The development, selection and implementation of risk treatment strategies and controls.
Risk appetite	The amount of risk that an organisation is willing to pursue in order to meet its strategic objectives.
Risk tolerance	Whilst risk appetite is about the pursuit of risk, risk tolerance is about what an organisation can actually cope with.
Risk owner	The person with the authority and accountability to make the decision to treat, or not to treat the risk.
Strategic risks	Risks that represent a threat to achieving the Health Board's strategic objectives or its continued existence.
Operational risks	Risks that are by-products of the day-to-day running of the Health Board and may include risks such as to the achievement of directorate or service objectives; the day-to-day operation of the directorate or service, i.e. delivering a safe and sustainable service for patients; and risks in regard to any legislation or standards that the directorate or service should be compliant with.

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Equality Impact Assessment

EIA is not optional, it is embedded in Equality legislation and therefore all policies must undergo an impact assessment as part of development and/or review.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65			
Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes			

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People of different genders: Consider men, women, people undergoing gender reassignment **NB** Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical			

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts**	**Recommendations for improvement/ mitigation**	**Action taken** Make reference to where the mitigation is included in the document, as appropriate
procedures. Sometimes referred to as Trans or Transgender			
People who are married or who have a civil partner.			

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Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.			
People of a minority race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers			

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief			
People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)			
People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language			

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health			
People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities. This also may include wifi poverty, travel poverty and fuel poverty.			
Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service			

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How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities Well-being Goal - A more equal Wales			
People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support			

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disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc Well-being Goal – A healthier Wales			

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts and any particular groups affected**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate** Make reference to where the mitigation is included in the document, as appropriate
People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions Well-being Goal – A prosperous Wales			

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces Well-being Goal – A resilient Wales			

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People in terms of social and community influences on their health:			

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts and any particular groups affected**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate** Make reference to where the mitigation is included in the document, as appropriate
Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos Well-being Goal – A Wales of cohesive communities			
People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate			

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A globally responsible Wales			

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Board Assurance Framework

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Document Type	Policy

Powys Teach Health Board is the operational name of Powys Teaching Local Health Board

To ensure that you are always using the latest version of this corporate policy, please refer to the version on the Corporate Governance SharePoint site

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Associated Policies and Written Control Documents
CGP 005 Risk Management Framework
Integrated Quality and Performance Framework (IQPF)

Version Control

Version	Summary of Changes/Amendments	Publication Date
1	Initial Issue	May 2024
2	2025 version updated to improve alignment with Risk Management Framework and transferred into new template	May 2026

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1. Scope

This framework applies to Board members and all employees of the Health Board.

The framework is informed by the Strategic and Operational plans of the organisation together with the Risk Management Framework which apply to all staff, agency staff; contractors brought in to undertake work on behalf of the health board, works; students; locums; volunteers; individuals employed on honorary contracts; and, other third parties engaged in Powys Teaching Health Board business.

The predominant users of the Board Assurance Framework will be the Board and its Committees.

2. Policy Statement

This document aims to set out the principles and components that provide the foundation and organisational arrangements for the Board Assurance Framework (BAF) within Powys Teaching Health Board.

3. Purpose

The purpose of the Board Assurance Framework (BAF) is a structured means of identifying and mapping the main sources of assurance in the organisation, and co-ordinating them to best effect. It is intended that through appropriate utilisation of the BAF, the Board can have confidence that it is providing thorough scrutiny of its role and is able to identify any gaps in assurance and take appropriate action as a result.

The Health Board recognises the BAF as a complex system comprising of a number of key elements including:

- CGP 005 the Risk Management Framework and the supporting documents produced under the auspices of the BAF to provide effective strategic risk assurance;
- Quality and Performance Framework; and
- The overall system of governance deployed by the Board and the Chief Executive in ensuring good governance within the organisation.

The BAF has been developed in conjunction with the Health Board's risk management arrangements, as documented in the Health Board's CGP 005 Risk Management Framework and this document. The organisation remains committed to developing and maturing it's board assurance arrangements as a process of continuous development.

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The effective application of board assurance arrangements to produce and maintain a BAF will help the Board to consider collectively the process of securing assurance that promotes good organisational governance and accountability. The specific benefits include:

- Gaining a clear and complete understanding of the risks faced by the organisation in the pursuit of its strategic objectives, the types of assurance currently obtained, and consideration as to whether they are adequate and effective;
- Identifying areas where assurance activities are not present, or are insufficient for our needs (assurance gaps);
- Identifying areas where assurance is duplicated, or is disproportionate to the risk of the activity being undertaken (i.e. there is scope for efficiency gains, reduction of duplication of effort and/or a freeing up of resource);
- Identifying areas where existing controls are failing and as a consequence the risks that are more likely to occur;
- The ability to better focus existing assurance resources; and
- Providing an evidence base to assist the organisation in the preparation of its annual governance statement.

4. The Board's Statement

The Board is committed to the principles of good governance and recognises the importance of effective assurance and risk management as a fundamental element of the Health Board's governance framework and system of internal controls.

The Board recognises the crucial link between risk management, strategic priorities and plans and the role the Board Assurance Framework has in providing an overview of assurance.

The Board is committed to having a risk management culture that underpins and supports the business of the health board; providing and securing high quality care in a safe environment, that is complying with legal and regulatory requirements; meeting objectives; and promoting its values.

Further information regarding the Health Board's approach to risk as an organization, including the Board's Appetite for Risk can be found in CGP 005 the Risk Management Framework.

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5. The Board Assurance Framework

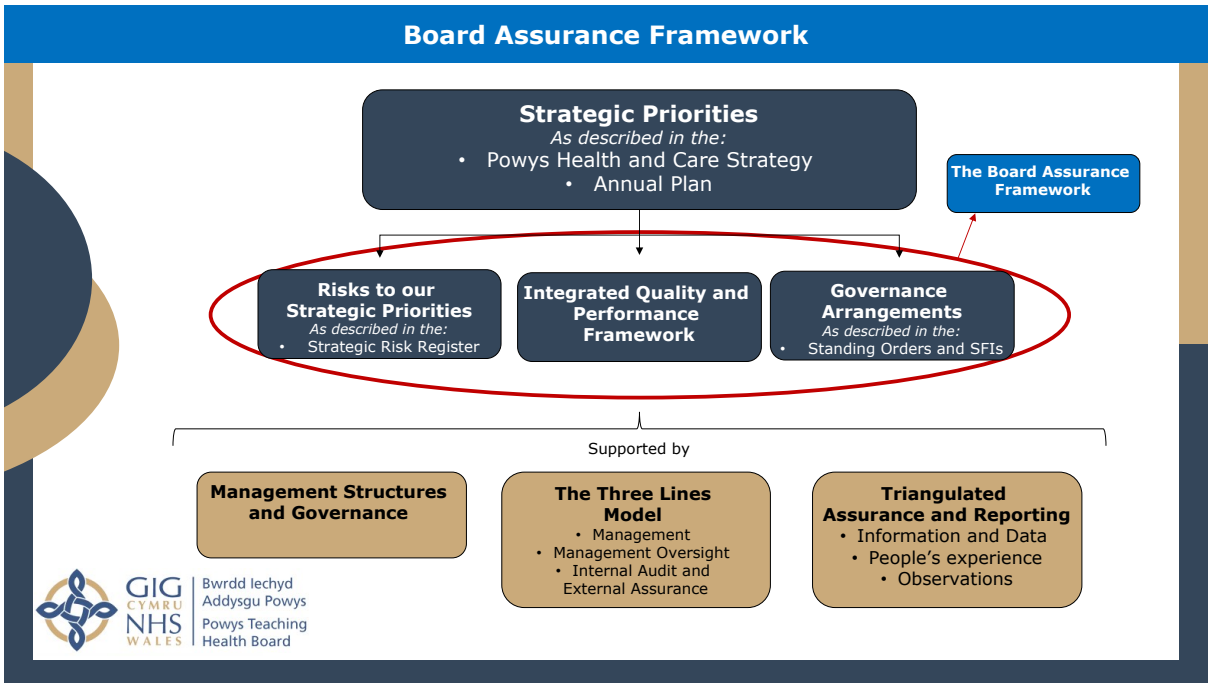
The PTHB Board Assurance Framework (BAF) is designed to provide the

Board with:

1. a systematic and coherent picture of the assurances in place to support the delivery of the organisation's strategic objectives. It essentially maximises the links between assurance, performance management and risk management;
2. an overview of assurance in relation to its governance framework;
3. the opportunity to undertake thematic reviews of assurance to support the Board in its role. For example, a thematic review of 'planning'.

The BAF includes the integration of the Three Lines Model. The Health Board recognises that there is no singular Three Lines Model and that there are several interpretations of the model from difference professional sources. Details of the Health Board's agreed approach to the Three Lines Model can be seen in section seven.

The key components of the BAF are outlined in the diagram below:



There are six steps to supporting the development of the BAF:

1. Identify key priorities
2. Identify key risks to the delivery of priorities
3. Identify key controls in place to ensure delivery of priorities and manage/mitigate risks
4. Assess and monitor the adequacy and effectiveness of controls
5. Assess gaps in controls and gaps in assurance
6. Develop (Board) action plans to address gaps in controls and

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assurance

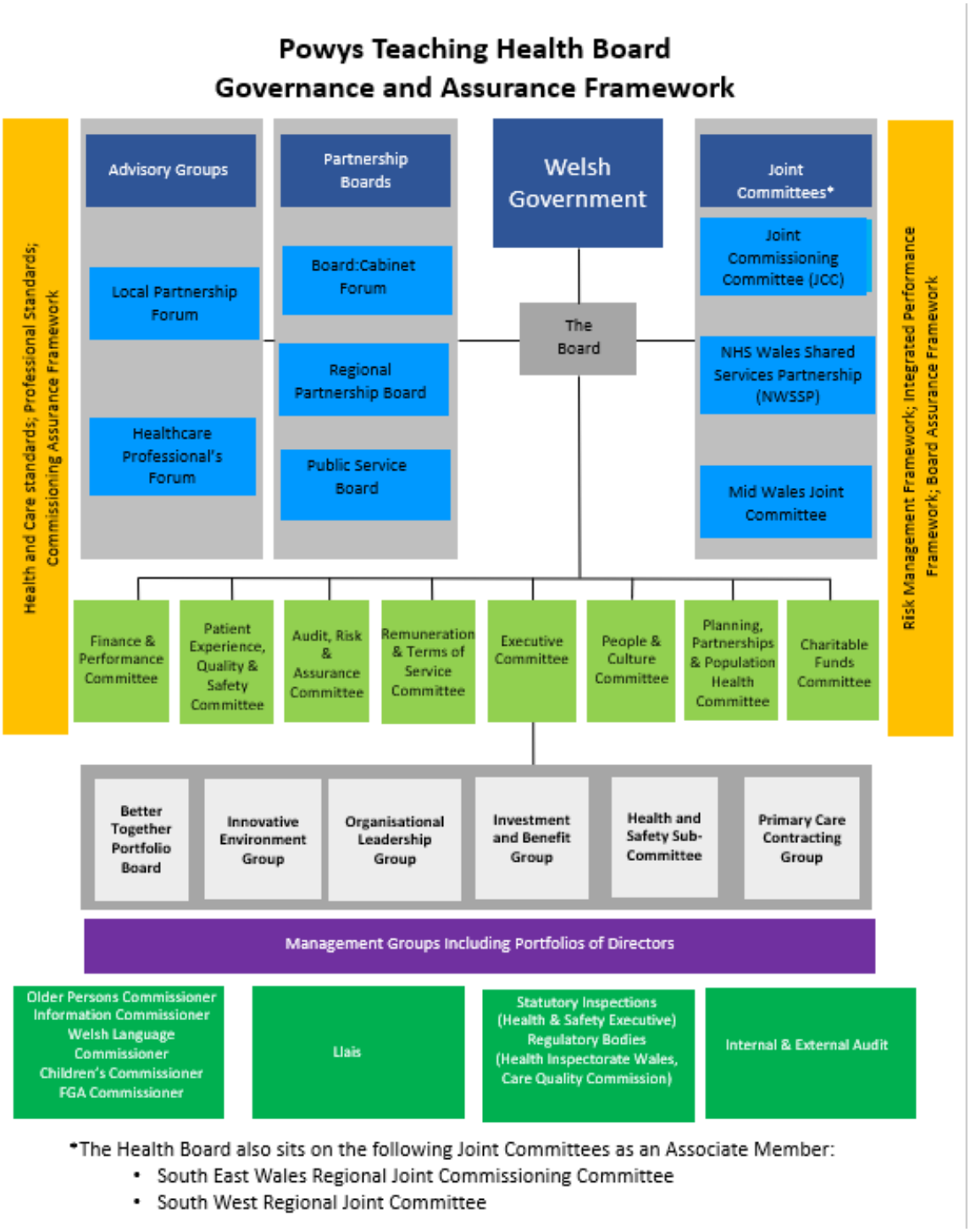
The quality of assurance received by the Board is a key enabler as regards the Board's ability to effectively determine the best use of its resources and the effective achievement of strategic objectives. The BAF articulates the level of assurance required by the Board for each element, identifies gaps in controls and/or assurance and provides structured assurance in relation to risks which are being managed effectively and objectives that are on track to be delivered.

Scrutiny of the quality of assurances received is the responsibility of all Board Members and assessment of the effectiveness of internal controls and assurances will be a continuous process. As part of the development of the BAF, a review of assurance effectiveness will be undertaken.

The Health Board's **Integrated Quality and Performance Framework** helps to identify and escalate emerging patterns of poor performance and risk in health services used by Powys patients. Through this process, risks may be identified for recording in local or directorate risk registers or the Corporate Risk Register, dependent upon the level and type of risk.

The BAF contributes to the whole system of governance of the Health Board which is summarised below :

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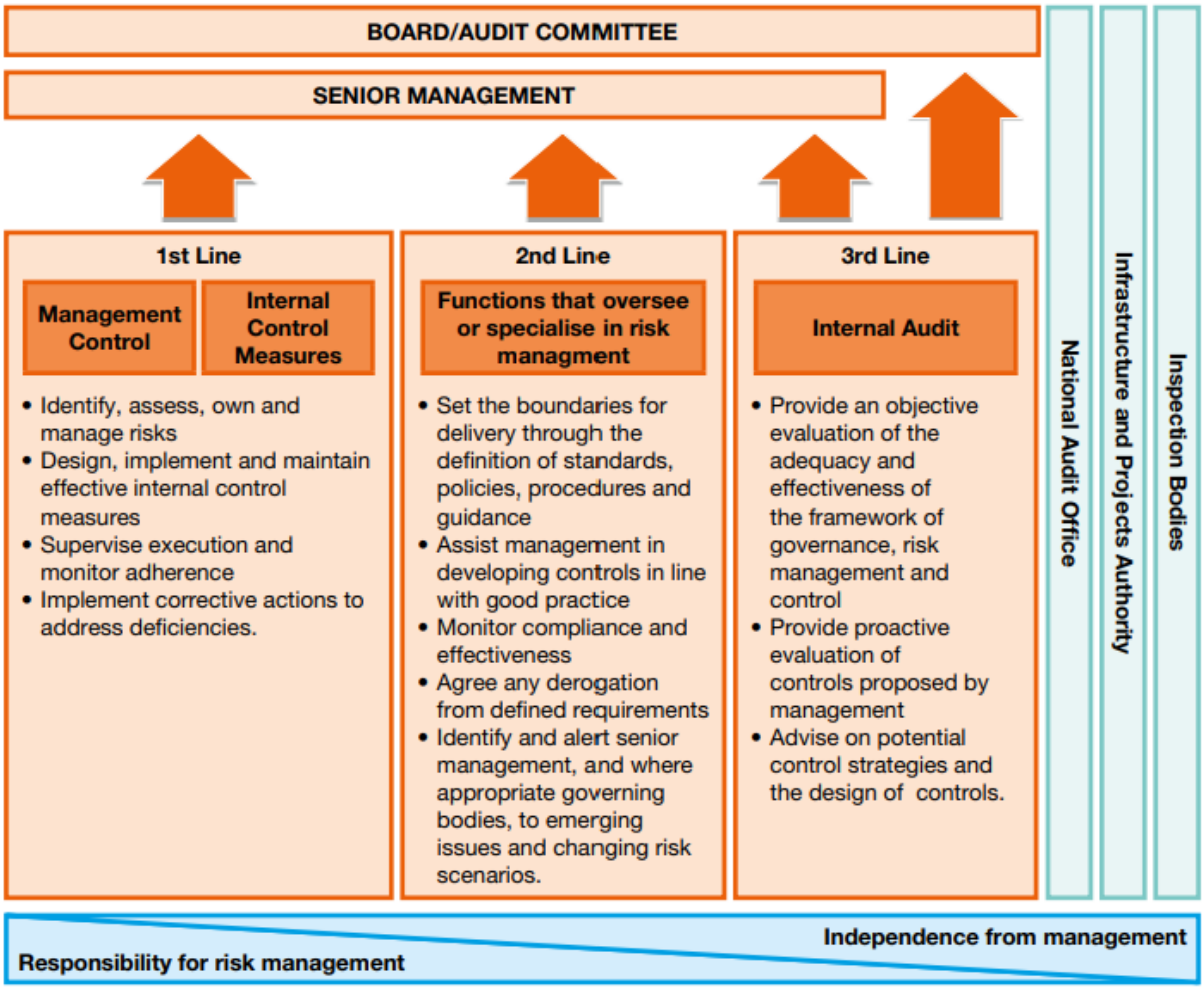


6. Three Lines Model

In accordance with the Orange Book (UK Government, 2023) The 'three lines model' provides a simple and effective way to help delegate and coordinate risk management
roles and responsibilities within and across an organisation.
The model is not intended as a blueprint or organisational design, but may provides a flexible structure that can be implemented in support of the risk management framework. Functions within each of the 'line roles'

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may vary from organisation to organisation and may operate differently. Therefore, the BAF plays a key role in seeking an optimum mix of assurance. An overview of the Three Lines Model as described in the Orange Book is included below:



First line – Management

Under the 'first line role', management have primary ownership, responsibility and accountability for identifying, assessing and managing risks. Their activities create and/or manage the risks that can facilitate or prevent an organisation's objectives from being achieved.

The first line 'own' the risks and are responsible for execution of the organisation's response to those risks through executing internal controls on a day-to-day basis and for implementing corrective actions to address deficiencies. Through a cascading responsibility structure, managers design, operate and improve processes, policies, procedures, activities, devices, practices, or other conditions and/or actions that maintain and/or modify risks and supervise effective execution.

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There should be adequate managerial and supervisory controls in place to ensure compliance and to highlight control breakdown, variations in or inadequate processes and unexpected events, supported by routine performance and compliance information

Second line– management oversight

The second line role consists of functions and activities that monitor and facilitate the implementation of effective risk management practices and facilitate the reporting of adequate risk related information up and down the organisation. The second line should support management by bringing expertise, process excellence, and monitoring alongside the first line to help ensure that risks are effectively managed.

Third line– Audit and regulators (adapted for PTHB framework)

Internal and External audit is the third line of defence. An effective audit function through a risk-based approach to its work, provides an objective evaluation of how effectively the organisation assesses and manages its risks. The effectiveness of audit will depend on the extent of its terms of reference. These could be wide-ranging, covering operational efficiency and effectiveness, compliance and reliability of reporting. As well as looking at systems overall, audit can also focus on specific risks, particularly risks which the first two lines of defence identify gaps in assurance or control. Audit's role is also valuable if there are changes affecting the first two lines of defence, or changes in organisational structures, reporting processes and information systems.

Audit work has the significant benefit of being done by staff who are independent and separate from line management, who are not involved in operational work and, in the case of PTHB, are not employees of the Health Board. Auditors' independence is strengthened by being able to report directly to the Board, Audit, Risk and Assurance Committee (ARAC) and other board committees and being able to discuss issues with the Board and ARAC without operational management being present where required.

PTHB is also regulated by a number of regulators including Health Inspectorate Wales (HIW) and Care Inspectorate Wales (CIW) and the Medicines and Healthcare Products Regulatory Agency (MHRA), as well as being subject to a number of other compliance and legislative requirements by Welsh Government and other Commissioners, for example the Welsh Language Commissioner and the Future Generations Commissioner. All regulators will also be considered as the third line of defence.

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**NB - in other sectors internal and external audit are separated into the*

third and fourth line of defence, mainly due to internal audit being employees of the organisation. For the purpose of the PTHB BAF, internal and external audit have been combined into the third line of defence given the Health Board does not employee any auditors.

7. Assurance Reporting

7.1 Risk Management

A key area of focus is the assessment and reporting of the adequacy of the risk control and assurance mechanisms in place. The BAF will advise the Board on the control environment surrounding the Strategic Risks, as contained with the Strategic Risk Register based on the following criteria:

Adequacy of Controls	Effectiveness of Controls	Control Assurance
Are we doing enough to manage the risk?	*Is what we're doing working?*	*Based on what evidence?*
GREEN: Multiple controls	GREEN: Controls largely effective	GREEN: Assurance largely substantial
AMBER: Some controls	AMBER: Some control weaknesses	AMBER: Assurance largely reasonable
RED: Limited/no controls	RED: Significant control weaknesses	RED: Assurance largely limited
		GREY: Insufficient assurance available

There are two main reporting elements of the BAF in regard to risk, the BAF Dashboard and the Annual Review of Strategic Risk Assurance.

The BAF Dashboard supports the Board's Strategic Risk Register (SRR) and 'closes the loop' of the risk management process by seeking/providing assurance that the controls deployed by the Health Board to manage/mitigate its key risks are adequate and effective. It also provides an opportunity to undertake further scrutiny of risks and identify where gaps or weaknesses require further action.

The SRR and BAF Dashboard is reported to the Board three times per year and is reviewed by the Executive Committee in advance of presentation to the Board. The Board receives:

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Three-times per year	• BAF dashboard • Strategic Risk Register • Summary of the Organisational Risk

	Register
Annually	• Risk appetite statement review

The Annual Review of Strategic Risk Assurance build upon the analysis of the BAF Dashboard and is reported to the Audit, Risk and Assurance Committee (ARAC) due to it's detailed and technical nature. The report provides an opportunity to consider whether controls and assurance are effective, adequate and well balanced.

The BAF Dashboard reports provides an analysis of control adequacy and effectiveness, this report also draws out the balance of controls, utilising the below categorisations provided within the Orange Book and assigning a category to each control:

- Preventative Controls: seek to prevent the risk from materialising, reducing the likelihood
- Corrective Controls: seek to mitigate the risk when it has materialised, reducing impact
- Detective Controls: seek to identify a risk or issue

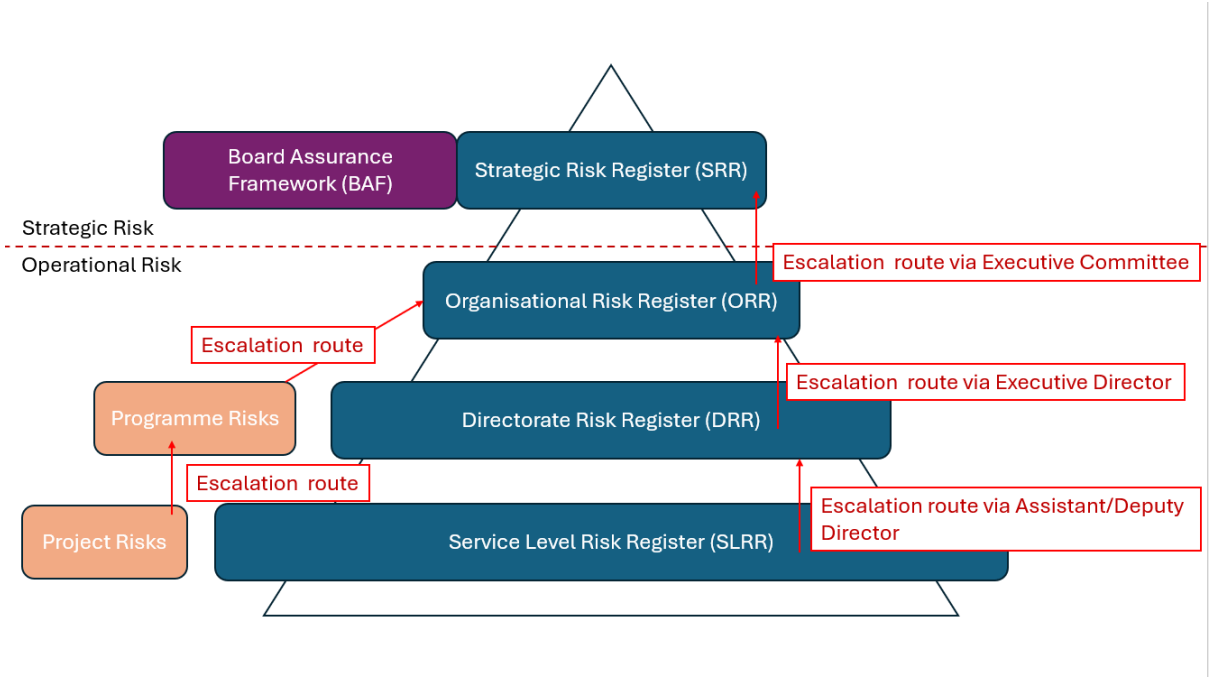
The report also assesses controls against the Three Lines model, as outlined in Section 6. To aid in simplicity of analysis for the purposes of the report Board and Committee oversight is included in Line 2 (L2) Risk Oversight, and all external assurance, including of internal audit will be categorised as L3 – Audit and External Assurance.

Effective assurance should be balanced across the three lines, whilst recognising that it is entirely appropriate that the availability assurance decreases from lines 1 to 3. Management generated assurance is more plentiful than oversight function assurance, which in turn is more plentiful than external assurance.

Finally the report provides the opportunity to assess the level of gaps on control and assurance for the ARAC to consider whether are comfortable with the level of control improvement actions or whether more or less should be done, thus providing a clear steer to the organisation.

The hierarchy of risk registers as described CGP 005 the Risk Management Framework is provided below:

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7.2 Quality and Performance

The Health Board's Integrated Quality and Performance Framework (IQPF) is designed to drive improvement in health board performance and health outcomes for those patients that Powys is responsible for.

The Integrated Quality & Performance Framework (IQPF) aims to report holistically at service, directorate or organisation level the performance of the resources deployed, and the outcomes being delivered. Overall performance assessed via intelligence gathered across key domains including activity, finance, workforce, quality, safety, outcomes and performance indicators.

The IQPF is reviewed and refreshed on a yearly basis ensuring modernisation and compliance with developing aspects of health care. Key for the framework is the icsystem review, reporting, escalation and assurance process that aligns especially to the NHS Performance measures and any priority trajectories.

The Integrated Quality and Performance Report (IQPR) uses key NHS Performance Framework measures updated annually which include further timely local measures to provide robust assessment of the health boards performance as both a provider and commissioner of care focusing on key challenge and success. This process utilises both quantitative and qualitative measurements which are backed by statistical process, business rules, and narrative provided by leads of the service area.

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7.3 Governance

The Health Board is committed to a culture of good governance and a complex programme of work regarding the development of and assurance regarding organisations governance framework is well established in the Health Board, including but not limited to:

- Annual Review of Standing Orders
- Annual Review of Board and Committee Effectiveness
- Annual Review of Committee Work Programmes and Terms of Reference
- Audit Wales Structured Assessment
- Regular internal audit

As the BAF continues to mature and develop assurance and reporting mechanisms will also be developed to provide an singular overview of assurance in relation to its governance framework and enable the Board to undertake thematic reviews of assurance in key focus areas.

8. Roles and Responsibilities

The roles and responsibilities in regards to Board Assurance are referenced within Section 10 of CGP 005 the Risk Management Framework.

9. Operational and Training Implications

The operational and training requirements regarding the Board Assurance Framework are integrated with those requirements in relation to Risk Management, as reported in CGP 005 the Risk Management Framework.

As Risk Management Training and the Risk Management Toolkit continues to be developed, the offering will be expanded to include risk and control assurance mapping.

Knowledge of how to ensure effective assurances are in place and to manage risk are essential to the successful embedding and maintenance of both this framework and effective risk management. To support this, and complement the Risk Management Framework, a programme of training will be delivered as follows:

Staff Group	Training Need	Frequency
Board Members	Governance and Assurance Training	Every 2 years
	Review of Risk Appetite	Annual
Audit, Risk and Assurance Committee	Risk and Assurance Training (as part of induction)	Every 2 years
Senior Managers and Risk Owners	Risk and Assurance Awareness Training, including Risk Assessment, Risk Register and Assurance Training	Every 3 Years

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10. Monitoring the effectiveness of the Board Assurance Framework

The Board will receive the Board Assurance Framework and its relevant constituent parts at each of its meetings. as a regular feature of its annual programme of business.

Compliance with this Framework is also monitored by the Executive Committee and the Audit, Risk and Assurance Committee.

The Annual Governance Statement is signed by the CEO and sets out the organisational approach to internal control. This is produced at the end of the financial year and is scrutinised as part of the annual accounts process and presented to the Board with the accounts, as part of the Annual Accountability Report, for the Boards approval.

The Health Board's Risk Management and Board Assurance arrangements are reviewed by Internal Audit annually and the Head of Internal Audit will also provide an opinion together with the summarised results of the internal audit work performed during the year. The Health Board's assurance and risk management arrangements are also subject to review annually, as part of the Audit Wales Structured Assessment process.

APPENDICES

Appendix A

Glossary of terms	
Term	**Definition**
Assurance	Assurance is confidence based on objective information or evidence.
Re-assurance	Re-assurance is often based on professional opinion and is the process of telling others that risks are controlled without providing supporting information/evidence.
Controls	Controls are actions we have implemented to maintain or modify the likelihood and or impact of a risk.

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Internal Control	Internal Control is the dynamic and iterative framework of processes, policies, procedures, activities, devices, practices, or other conditions and/or actions that maintain and/or modify risk. Internal controls permeate and are inherent in the way the organisation operates and are affected by cultural and behavioural factors.
Risk	The effect of uncertainty on objectives. An effect may be positive, negative, or a deviation from the expected. In addition, a risk is often described as an event; a change in circumstance; or a consequence.
Risk management	The process which aims to help organisations understand, evaluate and take action on all their risks, with a view to increasing the probability of success and reducing the likelihood of failure.
Risk assurance	The process of seeking to 'close the loop' of the risk management process by seeking/providing assurance that the controls deployed by the Health Board to manage/mitigate its key risks are adequate and effective.
Risk management framework	Organisational arrangements for designing, implementing, monitoring, reviewing and continually improving risk management processes throughout the organisation.
Risk architecture	Risk architecture is the organisational arrangements for risk management detailing the roles, responsibilities and the lines of communication for reporting on risk management.
Risk assessment	A systematic process of assessing the likelihood of something happening (frequency or probability) and the consequence if the risk actually happens (impact or magnitude).
Risk treatment	The development, selection and implementation of risk treatment strategies and controls.
Risk appetite	The amount of risk that an organisation is willing to pursue in order to meet its strategic objectives.
Risk tolerance	Whilst risk appetite is about the pursuit of risk, risk tolerance is about what an organisation can actually cope with.
Risk owner	The person with the authority and accountability to make the decision to treat, or not to treat the risk.
Strategic risks	Risks that represent a threat to achieving the Health Board's strategic objectives or its continued existence.
Operational risks Powell,Bethan 20/05/2026 09:12:38	Risks that are by-products of the day-to-day running of the Health Board and may include risks such as to the achievement of directorate or service objectives; the day-to-day operation of the directorate or service, i.e. delivering a safe and sustainable service for patients; and risks in regard to any legislation or standards that the directorate or service should be compliant with.

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ISO 31000:2018: ISO 31000:2018(en), Risk management — Guidelines

Academi Wales (2017) The Pocket Guide to Governance in NHS Wales. Available at: Pocket Guide for NHS Wales Boards English.pdf

UK Government (2023) The Orange Book – Management of Risk – Principles and Concepts

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Equality Impact Assessment

EIA is not optional, it is embedded in Equality legislation and therefore all policies must undergo an impact assessment as part of development and/or review.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65			
Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes			

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People of different genders: Consider men, women, people undergoing gender reassignment **NB** Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical			

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts**	**Recommendations for improvement/ mitigation**	**Action taken** Make reference to where the mitigation is included in the document, as appropriate
procedures. Sometimes referred to as Trans or Transgender			
People who are married or who have a civil partner.			

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Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.			
People of a minority race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers			

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief			
People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)			
People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language			

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health			
People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities. This also may include wifi poverty, travel poverty and fuel poverty.			
Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service			

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How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts and any particular groups affected**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate** Make reference to where the mitigation is included in the document, as appropriate
People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities Well-being Goal - A more equal Wales			
People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support			

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disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc Well-being Goal – A healthier Wales			

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts and any particular groups affected**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate** Make reference to where the mitigation is included in the document, as appropriate
People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions Well-being Goal – A prosperous Wales			

Powell, Siobhan
20/05/2026 09:12:38

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces Well-being Goal – A resilient Wales			

Powell, Bethan
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People in terms of social and community influences on their health:			

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts and any particular groups affected**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate** Make reference to where the mitigation is included in the document, as appropriate
Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos Well-being Goal – A Wales of cohesive communities			
People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate			

Powell Rhiannon
20/05/2022 09:42:38

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A globally responsible Wales			

Powell Bethan
20/05/2026 09:12:38

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.4b

Board	**Date: 20 May 2026**
Subject:	**Risk Appetite Statement**
Approved and presented by:	Helen Bushell, Director of Corporate Governance
Prepared by:	Deputy Board Secretary
Other Committees and meetings considered at:	Board Development – 12 March 2026 ARAC – 12 May 2026 who endorsed the report to the Board.
Appendices :	Appendix A – Risk Appetite Statement

PURPOSE:

The report provides the proposed revisions to the Board's risk appetite statement following review and refinement by the Board at the Board Development session on 12 March 2026, and consideration by ARAC on 12 May 2026.

RECOMMENDATION(S):

The Committee is asked to:

- **APPROVE** the revised Board's Risk Appetite Statement.

Approve/Take Assurance	Discuss	Note
x		

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The corporate risks are a reflection of the significant risks to the delivery of the health board's strategic objectives and therefore underpin all wellbeing objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

Bethan Bethan 20/05/2026 09:12:38

BACKGROUND

Public sector organisations cannot be culturally risk averse and be successful. Effective and meaningful risk management in government remains more important than ever in taking a balanced of risk and opportunity in delivering public services. Risk management is an integral part of good governance and corporate management mechanisms.

The concept of risk appetite is challenged in public sector organisations by the need to demonstrate, often over a spending period, that public funds achieve value for money. Risk appetite helps organisations establish a threshold of impacts they are willing and able to absorb in pursuit of objectives, which may include but is not limited to financial loss. If properly applied and maintained, however, understanding risk appetite can result in improved organisational health, as trade-offs are made allowing resources to be prioritised and allocated where most needed to support the management of risks to achieving objectives, whilst maintaining performance and demonstrating value for money.

Following engagement at a Board Development session on 12 March 2026 proposed updates to the Board's Risk Appetite Statement are presented which have been developed in alignment with the Orange Book Risk Appetite Guidance Note.

There are no suggested changes to Risk Appetite level descriptors or the allocation of level against risk categories for 2026/27, however the statement had been updated to reflect the challenging operational context of the organisation and the resulting need for the Board to accept a level of risk in order to delivery services and value for money, as oppose to the active pursuit of risk. The full Risk Appetite Statement is appended to this paper as **Appendix A.**

NEXT STEPS:

If supported, the revised Risk Appetite Statement will be presented to the Board in May 2026 for approval and adoption.

It will then:

- be published to the Health Board's internet and integrated into key risk mechanisms and documents such as the Strategic Risk Register, risk register templates and the Risk Management Toolkit.
- The Risk Appetite Statement will be reviewed regularly, particularly in support of decision making.
- The Risk Appetite Statement will be reviewed by the Board at a Board Development session in the autumn, in the context of preparation for the Annual Plan 2026-27.

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Appendix A – Risk Appetite Statement

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

RISK APPETITE STATEMENT – MAY 2026

The Board recognises that risk is inherent in the provision and commissioning of healthcare services, and therefore a defined approach is necessary to articulate risk context, ensuring that the organisation understands and is aware of the risks it is prepared to accept in the pursuit of its aims and priorities. The Health Board will continue its open and transparent approach to risk management.

The Board places fundamental importance on the delivery of its strategic priorities and its relationships with its patients, the public and strategic partners in achieving delivery of the ten-year Health and Care Strategy: '*A Healthy, Caring Powys'*.

The Health Board should make a strategic choice about the style, shape and quality of risk management and should lead the assessment and management of opportunity and risk. The Board should determine and continuously assess the nature and extent of the principal risks that the organisation is exposed to and is willing to take to achieve its priorities - its risk appetite – and ensure that planning and decision-making reflects this assessment. Effective risk management should support informed decision-making in line with this risk appetite, ensure confidence in the response to risks and ensure transparency over the principal risks faced and how these are managed.

In response to a number of complex pressures including demand for our services, system pressures, cost of living and inflation as well as national and international economic pressures the Board has, in principle, adopted an overall **'open'** appetite to risk, with the exception of Safety, in order to balance a complex risk environment with the need to deliver and commission services. Risk categories have been scrutinised in more detail against this baseline position and as a result risk appetite levels have been assigned to specific risk categories as detailed below.

In reality complex decisions contain components that fall across the range of risk categories, for example financial sustainability, performance and service sustain ability and workforce could all be contained within any one decision.

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The Board also recognises that whilst the term 'appetite' may infer the pursuit of risk i.e. the level of risk with which an organisation aims to

operate, in several instances the Health Board is operating in a scenario where the Board must make decisions regarding the level of risk the organisation is able to accept given the challenging operational context. This approach enables the Board to balance risks and opportunities, and act in the best interests of the population of Powys.

The risk appetite statement should be read in conjunction with the Health Boards Risk Management Framework which can be found here – PTHB Risk Management Framework March 2025

The Board has adopted the following Risk Appetite Matrix:

Risk Appetite	Description
Averse	Avoidance of risk and uncertainty in achievement of key deliverables or initiatives is key objective. Activities undertaken will only be those considered to carry very limited or virtually no inherent risk.
Minimal	Preference for very safe business delivery options that have a low degree of inherent risk with the potential for benefit/return not a key driver. Activities will only be undertaken where they have a low degree of inherent risk.
Cautious	Preference for safe options that have low degree of inherent risk and only limited potential for benefit. Willing to tolerate a degree of risk in selecting which activities to undertake to achieve key deliverables or initiatives, where we have identified scope to achieve significant benefit and/or realise an opportunity. Activities undertaken may carry a high degree of inherent risk that is deemed controllable to a large extent.
Open	Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of benefit. Seek to achieve a balance between a high likelihood of successful delivery and a high degree of benefit and value for money. Activities themselves may potentially carry, or contribute to, a high degree of residual risk.
Eager	Eager to be innovative and to choose options based on maximising opportunities and potential higher benefit even if those activities carry a very high residual risk.

The Board is not open to risks that materially impact on the quality or safety of services the Health Board provides or commissions; or risks that could impact on the quality of the Health Board's financial governance arrangements.

In recent years the Board has taken an increasingly open appetite to risk in respect of service sustainability, public confidence and financial investment and disinvestment in order to effectively balance the increased pressure in relation to financial position with the provision of safe healthcare for the population of Powys.

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The Board has greatest appetite to pursue innovation and challenge current working practices in terms of its willingness to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environment.

The Health Board's risk appetite has been defined following consideration of organisational risks, issues and consequences. Appetite levels will vary, in some areas our risk appetite may be cautious in others we may be eager for risk and are willing to carry risk in the pursuit of important strategic priorities. The Health Board will always aim to operate organisational activities at the levels defined below. Where activities are projected to exceed the defined levels, this will be escalated through the appropriate governance mechanisms to the Board for ratification.

Risk Category	Description
APPETITE FOR RISK: Averse	
Safety	We consider the safety of patients and staff to be paramount and core to our ability to operate and carry out the day-to-day activities of the organisation. We have a low appetite to risks that result in, or are the cause of, incidents of avoidable harm to our patients or staff. We will not accept risks, nor any incidents or circumstances which may compromise the safety of any staff members and patients or contradict our values i.e., unprofessional conduct, underperformance, bullying or an individual's competence to perform roles or tasks safely nor any incident or circumstances which may compromise the safety of any staff members or group.
Financial Governance	We will not accept risks, nor any incidents or circumstances which may compromise to the integrity of financial reporting and associated processes; and risks relating to financial impropriety our fraud. We will maintain robust controls to ensure compliance with our Standing Financial Instructions financial propriety, to prevent fraud or error; and we will ensure remedial actions are enacted diligently should any concerns be identified.
APPETITE FOR RISK: Minimal	
Quality	The provision of high-quality services is of the utmost importance for the health board. The Board acknowledges that in order to achieve individual patient care, treatment and therapeutic goals there may be occasions when a low level of risk must be accepted. Where such occasions arise, we will support our staff to work in collaboration with those who use our services, to develop appropriate and safe care plans. We therefore have a low appetite for risks which may compromise the Duty of Quality and/or the quality of the care we deliver / could result in poor

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Risk Category	Description
	quality care, non-compliance with standards of clinical or professional practice or poor clinical interventions. Our service is underpinned by clinical and professional excellence and any risks which impact on quality could adversely affect outcomes and experiences of our patients, service users and communities.
APPETITE FOR RISK: Cautious	
Regulation & Compliance	We are cautious when it comes to compliance and regulatory requirements. Where the laws, regulations and standards are about the delivery of safe, high quality care, or the health and safety of the staff and public, we will make every effort to meet regulator expectations and comply with laws, regulations and standards that those regulators have set, unless there is strong evidence or argument to challenge them.
Workforce	The Health Board is committed to recruit and retain staff that meet the high-quality standards of the organisation and will provide on-going development to ensure all staff reach their full potential. This key driver supports our values and priorities to maximise the potential of our staff to implement initiatives and procedures that seek to inspire staff and support transformational change whilst ensuring it remains a safe place to work. Our work will continue to be undertaken in partnership with our Trade Union colleagues.
Financial Sustainability	We recognise we have been entrusted with public funds and must remain financially viable. Our financial deficit means that robust controls are required to manage our exposure to risks which might increase our expenditure – this may mean the Board have to balance decisions from a number of perspectives to achieve financial balance. We will make the best use of our resources for patients and staff ensuring maximum value is achieved. Though we recognise that some risk is inherent to achieving our priorities.
APPETITE FOR RISK: Open	
Performance and Service Sustainability	We have a low-moderate risk appetite for risks which may affect our performance and service sustainability. We are prepared to accept managed risks to our portfolio of services if they are consistent with the achievement of patient/donor safety and quality improvements as long as patient/donor safety, quality care and effective outcomes are maintained. Whilst these will both be at the fore of our operations; we recognise there may be unprecedented challenges (such as Covid-19, workforce availability and limited resources) which may result in lower performance levels and unsustainable service delivery for a short period of time. We will also consider impacts on both short and long term performance and service sustainability in our decision making.

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Risk Category	Description
Financial Investment	Risks associated with investment or increased expenditure will only be considered when linked to delivery of core patient services supporting innovation and strategic change and/or legal or regulatory compliance. Though we are open to evidence-based innovations and investments which will significantly impact the drivers behind our financial deficit position, provided that these are aligned to our financial governance arrangements.
Reputation & Public Confidence	We will maintain high standards of conduct, ethics and professionalism at all times, championing our Values and Behaviours Framework, and will not accept risks or circumstances that could unduly damage the public's confidence in the organisation. Our reputation for integrity and competence should not be compromised with the people of Powys, Partners, Stakeholders and Welsh Government. Our communication and engagement will remain open and transparent. In light of the challenging environment related to public sector funding, we have a more open appetite for risks that may impact on the reputation of the Health Board when these arise as a result of the Health Board taking opportunities to improve the quality and safety of services, within the constraints of the regulatory and financial environment.
Partnerships	The Health Board is committed to working with its stakeholder organisations to bring value and opportunity across current and future services through system-wide partnership. We are open to developing partnerships with organisations that are responsible and have the right set of values, maintaining the required level of compliance with our statutory duties at a local, regional and national level. We therefore have a high risk appetite for partnerships which may support and benefit the patients in our care. For example, the Health Board has a high appetite for risks associated with innovation and partnership with the third sector, industry and academia in order to realise the provision of new models of care, new service delivery options, new technologies, efficiency gains and improvements in clinical practice. However, the Health Board will balance the opportunities with the capacity and capability to deliver such opportunities and is confident that there will be no adverse impact on the safety and quality of the services provided.
APPETITE FOR RISK: Eager	
Innovation & Strategic Change	We wish to maximise opportunities for developing and growing our services by encouraging entrepreneurial activity and by being creative and pro-active in seeking new initiatives, consistent with the strategic direction set out in the Integrated Plan, whilst respecting and abiding by our statutory obligations. We will consider risks associated with innovation, research and development to enable the integration of care, development of

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Risk Category	Description
	new models of care and improvements in clinical practice that could support the delivery of our person and patient centred values and approach. We will only take risks when we have the capacity and capability to manage them, and are confident that there will be no adverse impact on the safety and quality of the services we provide or commission.

This Statement will be regularly reviewed and modified so that any changes to the organisation's strategy, priorities or our capacity to manage risk are properly reflected. It will be communicated throughout the organisation in order to embed sound risk management and to ensure risks are properly identified and managed.

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

Agenda item: 3.5

BOARD	**20 May 2026**
Subject:	**Director of Corporate Governance Report**
Approved and presented by:	Helen Bushell, Director of Corporate Governance / Board Secretary
Prepared by:	Director of Corporate Governance / Board Secretary Deputy Board Secretary
Other Committees and meetings considered at:	Committee work programmes – considered at relevant Committees between Feb and May 2026 Committee Effectiveness – Board development 12 Feb and PTHB Chairs Forum 28 April 2026

PURPOSE:

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

RECOMMENDATION(S):

The BOARD is asked to:

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

Approve/Take Assurance	Discuss	Note
Y	N	Y

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

Bushell Helen (PTHB) 20/05/2026 09:01:38

7. Put Digital First	N	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

Board Activity since the last in routine meeting public meeting held on the 25 March 2026

In-Committee meetings of the Board
The Board aims to conduct as much of its business in public as possible. There are occasions where the Board will need to meet In-Committee (in private session) to discuss matters that are confidential at the time of meeting. The Board has approved an In-Committee meeting protocol to guide what type of business is considered In-Committee.

On the 25 March 2026, the Boards In-Committee agenda included:

- Chief Executives briefing
- In-Committee Strategic Risk Register
- Procurement decisions - General Dental Services and Microsoft Digital contracts
- The Chair's report from the Pharmaceutical Applications Committee.

Additional Board meetings
No additional In-Public or In-Committee Board meetings have been held since the last meeting on the 25 March 2026.

Board Development Sessions
The Board holds informal Board Development sessions on a monthly basis. The focus of Board Development sessions centre around four key themes:

1. Developing the (Board) team
2. Developing the Organisation
3. Engaging with the Organisation
4. Engaging with Strategic Partners

The Board held Board Development sessions on the 16 April and 7 May 2026.

Board Committee Membership
The Board is required to agree the membership of its sub Committees on an annual basis. In reviewing the membership for 2026/27, the Chair with support from the Director of Corporate Governance and Chief Executive has set out and agreed revised membership, including Committee Chair and Vice Chair roles. Membership has taken account of Independent Member annual reviews and feedback, the skills of individual Board members and the size and scale of each Committees annual work programme.

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Membership for 2026/27 is set out below:

	ARAC	PEQS	F&P	PPPH	P&C	Charitable Funds	RaTS
Carl Cooper (Chair)						✓	✓
Rhiannon Beaumont-Wood		✓	✓		✓		✓
Ian Thomas	✓	✓			✓	✓	
Ronnie Alexander	✓		✓	✓			
Rhobert Lewis	✓		✓	✓			
Cathie Pointon			✓		✓	✓	
Simon Wright		✓			✓		
Jennifer Owen Adams		✓		✓	✓		✓ (as Chair P&C)
Chris Walsh				✓	✓	✓	
Steve Elliot	✓		✓	✓			✓ (as Chair ARAC)
Mick Giannasi	✓	✓					

Key :

✓ = Chair

✓ = Vice Chair

The Chief Executive will remain the Chair of the Executive Committee, the Deputy Chief Executive being the Vice Chair.

Board Committee Terms of Reference

Under the Standing Orders of the Health Board, Board Committees are required to review their Terms of Reference on an annual basis.

The existing Terms of Reference for the Health Board's Committees as approved by the Board in 2025/26 can be found here: pthb.nhs.wales/about-us/the-board/1/standing-orders-schedule-4/ (or available on request from the Corporate Governance team)

Each Committee of the Board has received, reviewed and endorsed the proposed updates to their Terms of Reference. In advance of this the Corporate Governance Team met with Committee Chairs and Executive Leads for each Committee to undertake a detailed review of the Terms of Reference to identify and consider proposed amendments.

The following changes are recommended to the terms of reference:

Committee	Section of Terms of Reference	Updates
Audit, Risk and Assurance	3 – Delegated Powers and Authority	Strengthened to reflect the oversight of digital and information management and technology (IM&T) systems within section 3. Inclusion of periodic reporting on policies and written control documents.
Charitable Funds	6 – Committee meetings	Updates to reflect changes operation of the Committee

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		Operating the Committee in Public session with the option to hold In-Committee (private) meetings as required.
Executive Committee	Appendix 1	Updated schematic to reflect revised sub-group structure
Finance and Performance	3 – Delegated Powers and Authority	Inclusion of Organisational Escalation Status in accordance with the Wesh Government Escalation Framework.
Patient Experience, Quality and Safety	3 – Delegated Powers and Authority	Updated to reflect changes in regulations and the move to the Peoples Experience Framework
People and Culture		No material changes.
Planning, Partnerships and Population Health	3 – Delegated Powers and Authority	Inclusion of specific reference to the Population Health Strategic Framework, Primary Care and Decarbonisation.
All Committees	Tidying up	All documents have undergone general tidying up to ensure correct formatting, currency of job titles etc.

Board and Committee Work Programmes

Board work programme

In line with the organisations Standing Orders and good governance practice, the Boards annual work programme has been developed and is attached to the paper. The plan has been developed taking into account the Boards Standing Orders and scheme of delegation, the Strategic risk register, the organisations escalation status, topical and relevant matters identified by the executive team and Committee Chairs through Committee work plans and the carry forward of relevant annual requirements of the Board.

The work programme will continue to be provided at each meeting of the Board, progress against the plan will be tracked and relevant adjustments made throughout the year to ensure the Boards fulfils its responsibilities.

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The Board work programmes are provided at paper 3.5a.

Committee work programmes
As with the Board work programme and in line with Standing Orders, Committee work programmes have been developed and agreed with each Committee as follows:

- Audit and Risk Assurance
- Finance and Performance
- Patient Experience, Quality and Safety
- People and Culture
- Planning, Partnerships and Population Health (due to Committee 18 May)

The Committee work programmes are provided at paper 3.5b.

The work programme for the Executive Committee is also in place but not provided due to the operational and sensitive nature of some items.

The Remuneration and Terms of Service Committee does not have a separate work programme due to the limited nature of the meeting schedule and so its terms of reference act as the work programme.

Board and Committee Effectiveness

Committee Effectiveness
The Board and each of its Committees is required to assess its effectiveness at the end of each year and to report its views to the Board on how governance arrangements might be improved. This is a key principle of good corporate governance which demonstrates a Committee's understanding of its remit and oversight responsibility and a culture of continuous development.

The approach for 2024/25 comprised of a questionnaire followed by discussion at each Committee. This in turn led to a governance development plan for financial year 2025/26 for each Committee as well as a Committee wide plan with overarching development actions. Each Committee considered its progress at the end of 2025/26 and a summary of these is included in Committee Annual Reports, provided to the Board in the Consent agenda for this meeting.

For the 2025/26 effectiveness reviews, a revised approach has been adopted – this included a Board wide facilitated workshop within a Board development session (Feb 2026) which has led to the production of cross cutting committee actions. The themes and supporting governance development plan was considered by the Chairs Forum in April 2026 and is summarised below:

- **Organisational Learning:** Key area for development arising in the 2024/25 review, some action taken but further development to be made in reporting, benchmarking and shared experience.

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- **Committee Focus:** Area of continuous development, ensuring the best use of Committee time and appropriate risk-based focus across the breadth of the organisation.
- **Board Member training:** Ensuring proportionate time for learning and ensuring members are equipped to effectively seek assurance and provide scrutiny in key areas.
- **Board out and about:** Financial constraints around Board visits noted however recognition of the value of on-site presence, in some format.

The actions will form part of the governance action plan for 2026/27 with progress reported back to Committees and the Board later in 2026/27.

The Committee Effectiveness review cycle will continue to operate on a two-year cycle with year 1 (next 2026/27) including a formal survey to each Committee followed by facilitated sessions and year 2 (next 2027/28) including a whole Board facilitated session. This has been judged to be more agile and proportionate to the Board, its Committees and our governance assurance.

Board Effectiveness
As in 2024/25, a formal survey has been completed by Board members across the following themes:

- Strategy
- Accountability
- Culture
- Board Building Blocks

The survey is currently being analysed and will be reported to the Board at a future meeting.

The survey will continue to be undertaken annually.

Petitions Protocol Update: Powys County Council Motion to Declare a Powys Health Crisis Emergency As reported to the Board in March, following a full Council meeting of Powys County Council on the 5 March, an amended motion was passed to declare a Powys Health Crisis Emergency. The Chair of the Board has since received and replied to correspondence from the Chair of Powys County Council. Colleagues from the Health Board will be joining Powys County Council at its Health and Social Care Scrutiny Committee in June 2026.

We will keep the Board updated with any further information.

Petitions Protocol Update primary care services: Llanfyllin Group Practice

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This petition had reached 1327 signatures (an increase of 1 since the March Board report) when Senedd petitions closed for the pre-election period. Senedd

petitions have not yet re-opened following the election on 7 May: Reinstate Welsh Government funding to ensure Llanrhaeadr-ym-Mochnant surgery stays open. - Petitions

We will keep the Board updated in line with our Petitions Protocol.

NEXT STEPS:

The Director of Corporate Governance will continue to provide a relevant report to the Board at each meeting.

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

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Board 2025-26											
Theme	**Item Title**	**Public/Private**	**Exec Lead**	**20/05/2026**	**24 June 2026 (Annual Accounts)**	**29/07/2026**	**16/09/2026 Extra Board (Better Together)**	**29/09/2026**	**25/11/2026**	**27/01/2027**	**24/03/2027**
Governance	Minutes of previous meeting	Public	Chair	✓		✓		✓	✓	✓	✓
Governance	Declaration of Interests	Public	Chair	✓	✓	✓	✓	✓	✓	✓	✓
Governance	Board Action Log	Public	DCG	✓		✓			✓	✓	✓
Listening and Learning	Patient Experience Story	Public	ED NQW&FH	✓		✓		✓	✓	✓	✓
Listening and Learning	Staff Experience Story	Public	ED P&C	✓		✓		✓	✓	✓	✓
Governance	Update from Chair (inclu PSOW in Sept update)	Public	Chair	✓		✓		✓	✓	✓	✓
Governance	Update from Vice-Chair	Public	Vice-Chair	✓		✓		✓	✓	✓	✓
Governance	Update from Chief Executive	Public	CEO	✓		✓		✓	✓	✓	✓
Governance	Assurance Reports of Board Committees	Public	Committee Chairs	✓		✓		✓	✓	✓	✓
Partnerships	Llais Regional Director Report	Public	RD Llais	✓		✓		✓	✓	✓	✓
Governance	Assurance Reports of Board Partnership Arrangements	Public	CEO	✓		✓		✓	✓	✓	✓
Governance	Assurance Reports of Joint Committees	Public	CEO	✓		✓		✓	✓	✓	✓
Governance	Assurance Report of Boards Advisory Groups	Public	Chair of LPF	✓		✓		✓	✓	✓	✓
Governance	Committee Terms of Reference	Public	DCG	✓							
Governance	Committee Work Plans	Public	DCG	✓							
Governance	Board Work Programme	Public	DCG	✓		✓		✓	✓	✓	✓
Governance	Standing Orders (as needed)	Public	DCG	✓		✓					
Governance	Scheme of Delegation (as needed)	Public	DCG	✓		✓					
Governance	JCC Standing Orders	Public	DCG								
Governance	Common Seal (as needed)	Public	DCG								
Governance	Committee Membership Annual Review	Public	DCG	✓							
Governance	Annual Assessment of Committee and Board Effectiveness (within DCG report)	Public	DCG	✓							
Governance	Committee Annual Reports	Public	DCG	✓		✓					
Governance	Speaking Up Safely and Raising Concerns Report	Public	DPC								
Risk	Strategic Risk Summary	Public	DCG	✓				✓		✓	
Risk	Organisational Risk Register	Public	DCG	✓		✓			✓		✓
Risk	Organisational Risk Register summary							✓		✓	
Risk	Risk Appetite	Public	DCG	✓							
Governance	Risk Management Framework and Board Assurance Framework Policy	Public	DCG	✓							
Governance	Strategic Risk Register and BAF Dashboard	Public	DCG			✓			✓		✓
Governance	Structured Assessment (when received)	Public	DCG							✓	
Governance	Review of Consent Agenda Protocol (next due May 2027)	Public	DCG								
Governance	Organisational Escalation - Finance and Performance Monitoring (Planning Maturity Matrix to Nov)	Public	CEO			✓			✓		✓
Planning	Integrated Plan Approach to development	Public	CEO						✓		
Planning	Draft Integrated Plan	Public	CEO							✓	
Planning	Integrated Plan 2027-30	Public	CEO								✓
Planning & Finance	Annual Delivery Plan 2027/28 including budget allocation and framework	Public	CEO								✓
Performance	Annual Delivery plan - by quarter	Public	ED PP&C	✓				✓	✓		✓
Performance	Primary Care Summary Report	Public	ED PCCMH								✓
Planning	Winter Planning/Resilience	Public	ED PP&C						✓		
	Winter vaccination programme		ED PH					✓			
Partnerships	RPB Annual Report	Public	CEO					✓			

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Partnerships	RPB Delivery (6 monthly update)	Public	CEO					✓			
Partnerships	PSB Wellbeing Plan (Future Generations Act). Next due 2027	Public	ED PH								
Population Health	Annual Report of Director of Public Health	Public	ED PH						✓		
Performance	Integrated Performance & Quality Report	Public	ED PP&C	✓		✓		✓	✓	✓	✓
Finance	Annual Report and Financial Statements	Public	FC&SS		✓						
Finance	Financial Performance	Public	ED FC&SS	✓		✓		✓	✓	✓	✓
Finance	Charitable Funds Annual Accounts and Report	Public	ED FC&SS/DCG							✓	
Finance	Approve contracts and financial delegations above the CEOs limit (as needed)	Public/Private	Lead Director								
Equality, Diversity & Inclusion	Equality, Diversity and Inclusion Annual Report 2025/26	Public	ED P&C			✓					
Equality, Diversity & Inclusion	Strategic Equality Report	Public	ED P&C			✓					
Equality, Diversity & Inclusion	Welsh Language Annual Report	Public	ED P&C								
Listening and Learning	People's Experience Framework	Public	ED NQW&FH					✓			
Listening and Learning	Listening and Learning Regulations	Public	ED NQW&FH	✓							
Civil Contingencies	Major Incident and Emergency Response Plan (Taken In-Committee)	Public	ED PH			✓					
Civil Contingencies	NHS WALES EMERGENCY PLANNING, RESILIENCE & RESPONSE ANNUAL REPORT 2024/25 (taken In-Committee)	Public	ED PH			✓					
Planning	Corporate Business Continuity Plan (taken In-Committee)	Public	ED PH			✓					
Capital and Estates	Health and Safety Annual Report	Public	ED P&C					✓			
Digital	Digital First Annual Plan (date TBC)	Public	ED AHPHS&D								
Workforce	Nurse Staffing Levels					✓					
Transformation / Change	Better Together	Public	ED PC&T				✓				
Governance	Annual summary of petitions received under Petitions Protocol		DCG					✓			
Governance	Standards of Behaviour Policy (Next due March 2027)		DCG								
	Duty of Quality Annual Report	Public	ED NQW&FH					✓			
	Strategic Commissioning Framework Review (Date TBC)							✓			
	North Powys Programme Full Business Case										✓
	Pharmaceutical Needs Assessment		EMD					✓			
IN-COMMITTEE	SRR (IC risks)	Private	DCG	✓		✓			✓	✓	✓
	Minutes of previous IC meeting	Private	Chair	✓		✓		✓	✓	✓	✓
	RaTS Committee Annual Report	Private	DCG			✓					
	Emergency Preparedness, Resilience and Response Annual Report		DPH			✓			✓		
Contracting and procurement approvals	Requested authorisations will be presented as needed	Private	Various								
Transformation / Change	Better Together	Private	ED PC&T			✓					✓

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Audit, Risk and Assurance Committees 2026-27

Theme	Item Title	May 12/05/2026	June 23/06/2026 (Annual Accounts)	July 07/07/2026	Oct 06/10/26	Jan 12/01/2027	09-Mar
Governance	Minutes of previous meeting	✓		✓	✓	✓	✓
Governance	Declaration of Interests	✓		✓	✓	✓	✓
Governance	Action Log	✓		✓	✓	✓	✓
Governance	Committee Risk Register						
Governance	Annual Work Programme	✓		✓			
Governance	Work Programme (updated through year)			✓	✓	✓	✓
Governance	Annual Assessment of Committee Effectiveness			✓			
Governance	Committee Governance Action Plan			✓	✓		✓
Governance	Committee Annual Report	✓					
Governance	Audit Findings Tracker			✓			✓
Governance	WHC/MD Tracker			✓			✓
Governance	Organisational Register of Interests			✓			✓
Governance	Orgsanisational Register of Gifts and Hospitality			✓			✓
Governance	Board Assurance Framework	✓					
Governance	Review of Terms of Reference						✓
Governance	Review of Standing Orders and Standing Financial Instructions						✓
Governance	Confirmation of Clinical Audit Programme			✓			
Annual Accounts	Approach to the Annual Accounts						✓
Annual Accounts	PTHB Draft Accountability Report and Financial Accounts (Invite D&P Members)	✓					
Annual Accounts	PTHB Final Accountability Report and Financial Accounts and Letter of Representation		✓				
Internal Audit	Head of Internal Audit Opinion Draft	✓					
Internal Audit	Head of Internal Audit Opinion Final			✓			
Internal Audit	Internal Audit Annual Plan						✓
Internal Audit	Internal Audit Progress Report	✓ **25/26**	✓ **26/27**	✓	✓	✓	✓
Internal Audit	Internal Audit Reports (as required)	✓	✓	✓	✓	✓	✓
Internal Audit	Internal Audit Trend Report					✓	
External Audit	Enquiries of Management and Those Charged with Governance		✓				
External Audit	External Audit Annual Plan	✓					✓
External Audit	External Audit Progress Report	✓		✓	✓	✓	
External Audit	External Audit Reports (as required)	✓	✓	✓	✓	✓	✓
External Audit	Structured Assessment						✓
Counter Fraud	Counter Fraud Annual Plan	✓					✓

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Counter Fraud	Counter Fraud Update	✓		✓	✓	✓	
Counter Fraud	Counter Fraud Reports (as required)	✓		✓	✓	✓	✓
Finance and Proc	Single Tender Waivers Annual Report	✓					
Finance and Proc	Single Tender Waivers (including extensions to contracts)	✓		✓	✓	✓	✓
Finance and Proc	Losses and Special Payments Annual Report	✓					
Finance and Proc	Losses and Special Payments	✓			✓		✓
Finance and Proc	Post payment Verification Yr End May, Mid Yr Jan	✓				✓	
Finance and Proc	Financial Controls			✓		✓	
Risk	Review of Risk Management Framework	✓					
Risk	Assurance of Risk Management arrangements inc. revised Risk Management Toolkit						✓
Hosted Bodies	Hosted Body annual report (HCRW)	✓					✓
Information Gove	Information Governance and Records Management Annual Report			✓			
Information Gove	IG Toolkit (National Audit replaces Caldicott Principles)	✓					
Information Gove	Information Governance and Records Management Performance and Assurance Monitoring Report					✓	
Digital First	Strategic risk deep dive: Digital Assurance Monitoring Report					✓	
Digital First	Strategic risk deep dive: Digital Infrastructure (In-Commiittee)			✓		✓	
Digital First	Digital First Annual Plan					✓	
Digital First	Digital First 6monthly monitoring report (including cyber security)	✓			✓		
	SFI executive financial delegation limits				✓		
	WCCIS Update			✓		✓	✓
	Policy Management Assurance Report				✓		
	Grip and Control	✓					

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Finance and Performance Committee 2026-27

Theme	Item Title	May 14/05/2026	June 25/06/2026	September 10/09/2026	October 13/10/2026	December 03/12/2026	February 18/02/2027
Governance	Minutes of previous meeting	✓	✓	✓	✓	✓	✓
Governance	Declaration of Interests	✓	✓	✓	✓	✓	✓
Governance	Action Log	✓	✓	✓	✓	✓	✓
Governance	Committee Reflections	✓	✓	✓	✓	✓	✓
Governance	Committee Risk Register	✓	✓	✓	✓	✓	✓
Governance	Annual Work Programme	✓					
Governance	Work Programme (updated through year)		✓	✓	✓	✓	✓
Governance	Annual Assessment of Committee Effectiveness		✓				
Governance	Committee Governance Action Plan		✓				✓
Governance	Committee Annual Report (including IC elements)	✓					
Governance	Review of Terms of Reference						✓
Performance	Integrated Quality and Performance Report	✓ **mnth 11**	✓ **mnth 01**	✓ **mnth 03 Q1**	✓ **mnth 05 Q2**	✓ **mnth 07 Q3**	✓ mnth 09
Performance	Ministerial Enabling Actions (included within IQPR)		✓			✓	
Performance	Annual Delivery Progress Report	✓		✓ **Q1**	✓ **Q2**		✓ **Q3**
Finance	Finance Report	✓	✓	✓	✓	✓	✓
Finance	Savings - (Six monthly report on Continuing Heath Care costs)			✓			✓
Finance	Variable Pay			✓			
Innovative Environments	Capital Programme Delivery & Decarbonisation programme					✓	
Innovative Environments	Capital and Estates Compliance Report						✓
Innovative Environments	Capital and Estates Strategy Monitoring			✓			
Innovative Environments	Capital Pipeline Overview					✓	
Innovative Environments	Powys PSB Climate Working Group Update				✓		
Primary Care	GMS (to include access)			✓			
Primary Care	GDS				✓		
Primary Care	Out of Hours Performance review		✓				
Primary Care	Community Pharmacy Annual Report					✓	
Primary Care	Optometry Annual Report to include performance		✓				
Primary Care	Mental Health Services						
Audit Reports	Any Internal Audit/Wales Audit reports received - for information	N/A	N/A	N/A	N/A	N/A	N/A
Communications	Comms and Engagement Report					✓	

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Performance	Organisational Escalation Status Presentation Finance and Performance Monitoring	✓	✓	✓	✓	✓	✓
Finance	Deep Dive - CHC savings track growth on case numbers.		✓				
Performance	Endoscopy Update to include JAG accreditation			✓			✓
Health and Safety	Health and Safety Dashboard (Annual Report)			✓			
Health and Safety	Health & Safety 6 monthly report					✓	
Planning	Integrated Plan 2026/2027 Development & Draft Performance Report (of Annual Report) - Joint PPPH and F&P meeting March 2026						
Actions	MIU Deep Dive - from Performance report (Action at Sept 25 meeting)	✓					
Actions	Review the effectiveness of clusters in achieving their purpose on an Annual basis (consent agenda)		✓				
Actions	Community Hospital Delays & Flow		✓				
Actions	Private Providers- Mental Health	✓				✓	
Governance	Public Sector Prompt Payment (PSPP) Performance'					✓	
External Audit	Cancer Services Improvement Plan and Performance Update			✓			
Governance	In-reach fragility					✓	
Actions							
Governance	Deep Dive on Hospital Delays	✓					
	Finance and Performance Committee to investigate the position in relation to long waits at RJAH	✓					
Governance/As requested	HSE Investigation action plan	✓					

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Planning, Partnerships and Population Health Committee					
Theme	Item Title	May 18/05/2026	September 15/09/2026	November 19/11/2026	February 02/02/2027
Governance	Minutes of previous meeting	✓	✓	✓	✓
Governance	Declaration of Interests	✓	✓	✓	✓
Governance	Action Log	✓	✓	✓	✓
Governance	Committee Reflections	✓	✓	✓	✓
Governance	Committee Risk Register	✓	✓	✓	✓
Governance	Annual Work Programme	✓			
Governance	Work Programme (updated through year)	✓	✓	✓	✓
Governance	Annual Assessment of Committee Effectiveness	✓			
Governance	Committee Governance Action Plan		✓		✓
Governance	Committee Annual Report	✓			
Governance	Review of Terms of Reference				✓
Planning	Approach for development of 27/28 Annual Plan, Health and Care Strategy update			✓	
Planning	Integrated Plan 2025/2026 Development and Draft Maturity Matrix			✓	
Planning	Strategic Change Report and Engagement Report	✓	✓	✓	✓
Planning	Primary Care Cluster Reporting against delivery **2025/26**		✓		
Partnerships	Regional Partnership Board - (Annual Report Aug) and (Annual Delivery Plan Feb 2027) -Invite JW		✓		✓
Partnerships	Public Service Board Annual Report			✓	
Estates / Environment	PTHB climate change / Decarbonisation				
Partnerships	North Powys Wellbeing Programme		✓		✓
Partnerships	NWSSP Performance Report	✓ Year-end		✓ Mid-year	
Partnerships	Transformation and Change	X (direct to Board)	✓	✓	✓
Partnerships	Partnership Governance Framework	✓	✓		
Population Health	Whole Systems Approach to prevention of obesity	✓			
Statutory Compliance	Pharmaceutical Needs Assessment - Kate Wright		✓		
Population Health	Adult Weight Management Pathway Update	✓			
Population Health	Healthy Child Wales Programme (CR) Health visiting programme	✓			
Population Health	Summary of screening programmes (uptake of screening programmes) *When published by PHW. Timeframe TBC				✓
Partnerships	Partnership Governance and Assurance Framework Report		✓		✓
Population Health	Annual Report of Director of Public Health (including reducing inequalities)			✓	
Population Health	Health Protection Summary Report				✓
Population Health	Child Immunisation Annual Report			✓	
Population Health	Additional Learning Needs (ALN)		✓		✓
Population Health	Winter Plan 2026/27		✓		
Population Health	Substance Misuse Review with deep dive on Alcohol and Controlled Drugs and Tobacco Control Plan Update				✓
Audit Reports	Any Internal Audit/Wales Audit reports received - for information	✓			
JCC Report	Any updates from JCC Planning, Performance and Finance Sub-Committee	✓			
Transformation & Value	Specific projects from the Transformation programme would be brought back to future meetings to look at financial innovation and transformation.				

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Planning	Final Integrated Annual Plan 2025/2026				
Population Health	Eye Health Needs Assessment publication		✓		
Items to be included:					
Primary Care	Planning and Development Plans				
IN COMMITTEE					
Primary Care	Deep Dive into Individual GP Practices linked to Risk Register				

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Patient Experience, Quality and Safety Committee 2026-27

Theme	Item Title	April 30/04/2026	August 04/08/2026	October 15/10/2026	February 04/02/2027
Governance	Minutes of previous meeting	✓	✓	✓	✓
Governance	Declaration of Interests	✓	✓	✓	✓
Governance	Action Log	✓	✓	✓	✓
Governance	Committee Risk Register	✓	✓	✓	✓
Governance	Annual Work Programme	✓			
	Board Out and About Programme	✓		✓	
Governance	Committee Work Programme (updated through year)		✓	✓	✓
Governance	Items to be brought to the attention of the Board and/or other Committees	✓	✓	✓	✓
Governance	Annual Assessment of Committee Effectiveness				✓
Governance	Committee Governance Action Plan		✓		✓
Governance	Committee Annual Report	✓			
Governance	Review of Terms of Reference PEQS				✓
Governance	Review of Terms of Reference Power of Discharge Group				✓
	Chairs Report (update on PoDGp, out and abouts and aob relating to PEQS)		✓	✓	✓
Quality	Integrated Quality Report to include:	✓	✓	✓	✓
Quality	PSOW Annual Letter (within IQR - when received)			✓	
Quality	Integrated Quality and Performance Framework (timing to be confirmed)				
Quality	Maternity Services reporting	✓	✓	✓	✓
Safeguarding	Safeguarding Annual Report		✓		
	PHW Test and Post incident	✓			
Research, Development and Improvement	Quality based improvement / learning		✓		✓
Research, Development and Improvement	Research, Development and Innovation			✓	
Patient Experience	Patient Experience Framework	✓			
Patient Experience	Patient Story		✓	✓	✓
Primary Care	Patient Experience in Primary Care		✓		
Primary Care	Primary Care - dental quality			✓	
MH Compliance	MH Power of Discharge Annual Report including MH compliance with legislation and update				✓
Clincial Audit	Annual Programme Clinical Audit	✓			
Clincial Audit	Progress Report Clinical Audit			✓	
Audit Reports	Any Internal Audit/Wales Audit reports received - for information	✓	✓	✓	✓
Medicines Management	Annual Report of Accountable Officer for Controlled Drugs				✓
Annual Reports	Medicines Management Annual Report			✓	
	Duty of Quality Annual Report		✓		
	Annual Report Medical Devices and Point of Care Testing			✓	
	Transition of Care Annual Report		✓		
Infection Prevention and C	Chief Nursing Officer IPC statement	✓			

Rhiannon Evans
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Infection Prevention and C	IPC Annual Report		✓		
Other	Corporate Parenting Charter update			✓	✓
	Staff experience of ND Services in escalation (post escalation)				
	JCC Quality Safety and Outcomes Sub-Committee Hightlight Report (as held)	✓	✓	✓	✓
	EPMA update		✓		
	Monitoring ongoing improvement and barriers to implementation re WHC 37 Infected Blood Inquiry (Blood Transfusions)		✓		
	Six-monthly update on Antimicrobrial resistance		✓		✓
	Monitoring Report Mental Health Services post escalation	✓			
Escalated Items:					
	Civica (Patient Experience - see above)	✓	✓	✓	✓
	Neurodiversity (referred from D&P Oct 2024)	✓	✓	✓	✓
In Committee					
	Report on suicides	✓			
	Transition of Care Report (to each meeting until agreed can be bi-annual)	✓	✓	✓	✓
	PHW Test and Post Sexual Health Service Incident	✓			

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People & Culture Committee 2026-27

Theme	Item Title	June 11/06/2026	September 08/09/2026)	December 08/12/2026	March 04/03/2027
Governance	Minutes of previous meeting	✓	✓	✓	✓
Governance	Declaration of Interests	✓	✓	✓	✓
Governance	Action Log	✓	✓	✓	✓
Governance	Committee Risk Register	✓	✓	✓	✓
Governance	Committee Reflections	✓	✓	✓	✓
Governance	Annual Work Programme	✓			
Governance	Work Programme (updated through year)		✓	✓	✓
Governance	Annual Assessment of Committee Effectiveness				✓
Governance	Committee Governance Action Plan		✓		✓
Governance	Committee Annual Report	✓			
Governance	Review of Terms of Reference				✓
Performance	Workforce Performance Report	✓	✓	✓	✓
Performance	Director of People and Culture Report	✓	✓	✓	✓
Workforce Futures	Theme 1 - Staff Health and Wellbeing	✓		✓	
Workforce Futures	Theme 2 Great Place to Work		✓		✓
Workforce Futures	Theme 3 Workforce Sustainability and Transformation	✓		✓	
Primary Care	Primary Care Workforce Sustainability			✓	
Workforce Futures	Theme 4 Welsh Language, Equality, Diversity and Inclusion		✓		
Equality, Diversity & Inclusion and Welsh Language	Equality, Diversity and Inclusion Annual Report	✓			
Equality, Diversity & Inclusion and Welsh Language	Welsh Language Annual Report	✓			
Equality, Diversity & Inclusion and Welsh Language	Strategic Equality Report		✓		
Communications	Comms and Engagement Report for P&C				
Governance	Speaking Up Safely and Raising Concerns Report	☒	✓		
Innovative Environments	Workforce Measure to Support Financial Recovery		✓		
Staff Story	Staff Story (TBC if at each meeting)			✓	
Health & Safety and Fire Safety	Violence and aggression incidents.		✓		
Equality, Diversity & Inclusion and Welsh Language	Anti Racism Plan				✓
Statutory Compliance	Internal Processes for Revalidation	☒	✓		
Workforce	Primary & Community Care Academy	✓			
Workforce	Staff Development Programme Final Internal Audit Report			✓	
Workforce	Workforce Race Equality Standard - Analysis of local PTHB Workforce Data			✓	
IN COMMITTEE					
Internal Audit Reports					
Workforce	Anti Racism Plan	✓			

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.6

BOARD	**15tMay 2026**
Subject:	**Listening to People (LTP)**
Approved and presented by:	Paul Hooton, Executive Director Nursing, Quality, Women and Family Health
Prepared by:	Head of Professional Practice & Standards (Nursing); Interim Head of Quality & Safety
Other Committees and meetings considered at:	Aspects of report considered at Executive Committee and Patient Experience, Quality and Safety Committee

PURPOSE:

To provide Board with an overview of Listening to People (LTP), its strategic importance, and an update on local implementation and next steps.

The approval of the health boards complaints policy/approach is a Board retained decision as per the Health Boards Standing orders (Board scheme of delegation).

RECOMMENDATION(S):

The BOARD is asked to:

- **RATIFY** the All Wales Listening to People Framework as the Health Boards mechanism complaints, incidents and redress process.

Approve/Take Assurance	Discuss	Note
Y	Y	Y

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

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EXECUTIVE SUMMARY:

Listening to People (LTP) is the NHS Wales single, integrated approach for managing concerns, complaints, incidents and redress. It replaces multiple historical processes with a unified, person-centred framework designed to ensure that individuals are listened to once, responses are proportionate, and learning is systematically embedded across organisations.

LTP represents a significant cultural shift from transactional complaint handling towards meaningful engagement, openness and continuous learning. Its focus extends beyond process compliance to improving patient experience, strengthening safety, and ensuring that concerns lead to measurable improvements in care.

For the Board, LTP is a key enabler of assurance. It provides a clearer line of sight from individual concerns through to organisational learning and improvement. This requires Board oversight to extend beyond activity metrics to include the quality and timeliness of responses, consistency of decision-making, and evidence that learning is embedded and leads to change.

Within Powys Teaching Health Board, LTP was implemented from 1 April 2026, with all concerns now aligned to the new framework. Current work is focused on embedding consistent practice, strengthening governance arrangements, and building workforce capability to support delivery.

Key deliverables include the development of a Standard Operating Procedure (SOP) to define governance, escalation and sign-off arrangements, alongside enhanced training programmes and improved use of digital systems (e.g. Beacons and Civica) to strengthen oversight and reporting.

The next phase will focus on embedding LTP across all services, strengthening assurance through improved data and governance, and providing confidence to the Board that concerns are managed effectively and that learning is driving improvement.

1. BACKGROUND AND CONTEXT

Listening to People (LTP) introduces a single, integrated system across NHS Wales for managing concerns, complaints, incidents and redress. It is designed to simplify access for patients and families, remove duplication across systems and ensure a consistent organisational response. LTP supports wider organisational priorities including patient experience, quality, safety and Duty of Candour. It reinforces expectations that organisations respond to concerns with openness, compassion and transparency, and that feedback is routinely used to inform service improvement.

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2. Key Changes Introduced by LTP

LTP represents a fundamental shift in how concerns are managed and how organisations learn:

- **Integrated system**: All concerns managed through one framework, improving consistency and reducing fragmentation.
- **Person-centred approach**: Emphasis on early, meaningful engagement and resolution
- **Culture of openness**: Supporting transparency and reducing defensiveness
- **Focus on outcomes**: Success measured through quality of response and demonstrable improvement rather than process alone

These changes require sustained leadership focus, supported by clear processes and workforce capability.

3. Board Assurance and Governance

LTP strengthens accountability and requires Board oversight. Board assurance mechanisms incudes:

- Concerns are identified, escalated and managed appropriately
- There is clarity and consistency in roles, decision-making and sign-off
- Responses are timely, proportionate and of high quality
- Learning is captured, shared and translated into service improvement

Assurance should be based on triangulation across patient experience, safety, workforce and quality intelligence, moving beyond volume-based reporting towards a more insight-driven approach.

Clear governance arrangements, supported by structured reporting, are essential to provide this line of sight from operational activity to Board-level assurance. The Executive and Patient Experience, Quality and Safety Committees will continue to receive relevant reports, who in turn report to the Board. The Board will also continue to receive the annual Duty of Quality report directly.

4. Local Implementation Update

LTP was implemented across the Health Board on 1 April 2026, with all concerns transitioned to the new framework. Progress to date includes:

Governance and Processes

- Development of a draft Standard Operating Procedure (SOP) (currently in consultation)
- Definition of roles, responsibilities and escalation pathways
- Alignment with existing quality, safety and governance structures

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Workforce Capability

- Delivery of enhanced training on LTP principles and application
- Inclusion of local considerations such as commissioning and shared care concerns
- Additional training on patient experience systems and Civica

Systems and Reporting

- Strengthening data capture and consistency
- Development of reporting mechanisms to support oversight, including early thematic analysis

5. Embedding and Organisational Maturity

The organisation is now transitioning from implementation to embedding LTP in routine practice. Key priorities include:

- Ensuring consistent application across all services and care settings
- Strengthening clinical and managerial ownership of concerns
- Improving the quality and consistency of responses to patients and families
- Enhancing learning loops, ensuring that insights from concerns lead to demonstrable change

This phase is critical to ensuring that LTP delivers its intended benefits and becomes fully integrated within organisational culture and governance.

NEXT STEPS:

- Finalise and approve SOP (by end of May 2026)
- Issue continued supporting guidance and communications to staff
- Embed consistent practice across all services
- Strengthen reporting and triangulation of data for assurance
- Provide ongoing updates to Board and Committees on progress and impact

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

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GIG CYMRU NHS WALES

Llywodraeth Cymru
Welsh Government

Listening to People

The NHS Wales Complaints, Incidents and Redress Process

- People's Guidance

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Mae'r ddogfen hon ar gael yn Gymraeg hefyd / This document is also available in Welsh
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg / We welcome correspondence and telephone calls in Welsh

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This guidance is aimed at Patients, Service Users, their families and carers and is based upon the Listening to People: The NHS Wales Complaints, Incidents and Redress Process – Guidance (2026) The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 (S.I. 2011/704 (W.108)) as amended by the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) (Amendment) Regulations 2023 and 2025.

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Foreword by Jeremy Miles MS, Cabinet Secretary for Health and Social Care



I am pleased to introduce this guide to Wales' updated system for making a complaint about NHS services – *Listening to People: NHS Wales Complaints, Incidents and Redress process*. It provides you with information about the process and what to expect from NHS Wales at every stage.

Raising a concern if something goes wrong with your care is not just your right, it helps the health service to learn and improve. *Listening to People* has been developed with the help of patients, families, NHS staff, and other organisations. It builds on the *Putting Things Right* process, which was place for 15 years to ensure that you are listened to when raising a concern about healthcare. I want to thank everyone who has contributed by sharing their experiences with us.

Listening to People is designed to make the often-daunting process of raising a concern simpler and easier by prioritising clear and compassionate communication. You will be listened to and respected; support will be offered throughout the process, and any complex legal or medical terms are properly explained.

Our NHS is based on the key principle that people must be at the heart of everything we do. Listening to the experience of people who have raised concerns about their care helps us to drive positive change, strengthens accountability, and contributes to building an NHS that is safer and fairer for everyone. An NHS that is always listening, learning and improving.

Foreword by Sue Tranka, Chief Nursing Officer for Wales.



I am pleased to introduce *Listening to People*, Wales' national approach to handling NHS concerns, complaints, incidents and redress. This guidance has been shaped with a single purpose in mind: ensuring that every person who raises a concern about their care is treated with dignity, fairness, compassion and respect. Putting into practice the principle that *every voice matters*.

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Across Wales, patients, families and carers have told us that raising a concern can be daunting. Many people only come forward at moments of distress, uncertainty or loss. Others worry they will not be taken seriously, or that speaking up might affect their future care. I want to reassure you that raising a concern is not only your right -

it is an essential part of how we make our NHS safer, fairer and better for everyone. You will not be treated differently for speaking up. Instead, your voice will help us improve the care we provide.

Listening to People strengthens and simplifies the way concerns are handled across all NHS-funded services in Wales. It introduces clear standards, a single point of access, and a consistent commitment to openness, timely communication and compassionate support. Central to this is the *Listening Discussion* - a dedicated opportunity for you to explain what happened, what matters most to you, and what you need to feel heard and supported. We recognise that retelling difficult experiences can be emotional, so organisations must offer support, advocacy, reasonable adjustments and sensitive communication every step of the way.

This strengthened approach also ensures that people receive meaningful answers. Whether your concern is resolved early or requires a detailed investigation, you should expect a clear explanation, an apology where things have gone wrong, and information on the actions that will be taken to prevent the same issue happening again and minimise harm to patients. When harm is identified, Welsh NHS bodies must consider redress, which may include further care, remedial action or financial compensation.

This guidance forms part of a wider approach to understanding and improving people's experiences of NHS care in Wales, ensuring that feedback, concerns and lived experiences are consistently used alongside other sources of insight to shape safer, kinder and more responsive services.

Importantly, *Listening to People* strengthens accountability. NHS organisations must learn from concerns, report openly on what has changed as a result, and demonstrate how they will improve services for the future.

Thank you to every individual, family member, carer and staff member who contributed to the development of this new guidance. Your experiences and insights have shaped a system that puts people first. I hope this guidance gives you confidence that, whenever you need to raise a concern, you will be listened to, supported and treated with kindness and empathy.

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Introduction

Patients, service users, their loved ones and carers have the right to raise concerns about the care they receive under the NHS in Wales. This can be done through the Listening to People NHS Wales Complaints, Incidents, and Redress process.

Raising a concern can be difficult and distressing. People often come forward because something has had a real impact on them or their loved ones. This guidance explains what support you can expect and what will happen when you raise a concern.

A concern can include a complaint, patient-safety incident or any other issue relating to an organisation's health services.

Responsible bodies, which are organisations that are legally responsible for your care, have a duty to listen to, act on, investigate and respond to concerns, and to learn from them to improve care and reduce the risk of harm re-occurring in the future.

Responsible bodies can be an NHS organisation, a GP practice, dental practice or an Independent Provider delivering NHS funded care.

Raising a concern often follows upsetting or traumatic experiences and NHS organisations in Wales aim to respond in ways that are compassionate, respectful and sensitive to the impact on you and your loved ones.

The People's Pledge on NHS Wales Concerns

The People's Pledge sets out a clear, public promise about how people can expect their concerns to be listened to, taken seriously, and responded to across NHS Wales. It explains, in plain language, the values of fairness, respect, openness and timeliness that underpin the handling of concerns, and the rights people have when raising them.

The Pledge is supported by the Principles (Annex 1) and Standards (Annex 2) and provides practical guidance and consistent standards responsible bodies, and staff should follow in their day-to-day practice, ensuring the promise made to the public is delivered in a clear, accountable and consistent way across all services.

1. Easy Access, Support and Early Resolution

Our promise to you

- You can raise a concern easily through a single, clear point of access.
- You will be offered advocacy support from the start.
- We will make reasonable adjustments and respect your language choice (Welsh, English or other).
- We will actively consider resolving your concern early, where appropriate, while making sure this does not prevent or delay a formal investigation, if one is needed.

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2. Respect, Compassion and a Person-Centred Approach

Our promise to you

- You will be treated with respect, dignity and compassion at every stage.
- We will listen to what matters to you and will involve you in how your concern is managed.
- You will be offered a listening discussion, so your concerns, wishes and expectations are clearly understood.
- We will be open, honest and accountable in our approach.

3. Clear Information, Communication and Updates

Our promise to you

- We will explain how the concerns process works, the options available, and what to expect.
- You will be given a named contact who is responsible for your dealing with your concern.
- We will tell you how long things are likely to take and keep you informed if timescales change.
- Your privacy and confidentiality will be respected, and we will explain if information needs to be shared, with whom and why.

4. Timely, Fair and Evidence-Based Handling

Our promise to you

- Your concern will be assessed carefully and handled proportionately, without unnecessary delay.
- If there is a serious risk of future harm, we will act and escalate appropriately.
- We will consider your concern fairly and without bias, based on the evidence.
- Where appropriate, we may jointly instruct an independent medical expert.
- Any decision to limit how a concern is handled because it is considered vexatious or frivolous will be exceptional, justified, recorded and explained to you.

5. Clear Outcomes, Meaningful Responses and Redress

Our promise to you

- We will say sorry when things have gone wrong and explain what will be done to address and resolve the issues identified.
- You will receive a clear written response that addresses each issue you raised.
- We will offer an outcome meeting to explain what we found and how decisions were reached.

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- If redress is being considered, we will signpost you to funded legal support, where appropriate.

6. Learning, Improvement and Independent Scrutiny

Our promise to you

- We will use your concern to learn and improve services, helping to reduce future harm.
- We will explain what has been learned and what has changed, as a result of your concern. We will consider whether independent medical or other advice is needed as part of an investigation into moderate or severe harm or death. We will record clearly our reasons if it is not needed.

7. Accountability, Transparency and Your Right to Review

Our promise to you

- NHS organisations will be accountable for how your concern is handled.
- Accurate records will be kept, and learning will be shared openly through annual reporting.
- If you remain unhappy, we will clearly explain how to seek further review, including your right to approach the Public Services Ombudsman for Wales.

Raising a concern about your care or someone else's care

It is vitally important that if you have a concern about your care or that of another, you raise this concern at the earliest opportunity. This should be with a member of staff who belongs to the organisation, to ensure that every opportunity is given to resolve this safely and satisfactorily. This is especially important where you consider harm has or may be occurring. You will not be treated differently for raising a concern. Support and advocacy are available at every stage.

Staff will try to resolve your concerns immediately. If this does not help, or you do not want to speak to the staff, you can contact the Health Board or Trust's concerns team.

Each Health Board or Trust has their own concerns team. To find details for your Health Board or NHS Trust visit www.nhs.wales/hpb/local-services/

If you have a concern about services that you have received from your General Practitioner (GP), Dentist, Pharmacist or Optician you should normally ask the practice to look into it for you, but if you prefer, you can ask your Health Board to do so.

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Who can raise a concern

Almost anyone can raise a concern and the organisation providing the care will be under a duty to consider how it can be investigated. However, it might not always be possible to share the full details of the investigation with the person raising the concern. This may be the case, if they are not the patient or not their next of kin and where this would otherwise contravene the UK GDPR (Data Sharing laws).

Concerns can be raised by patients or service-users receiving care, or by representatives acting on their behalf (such as for young children, individuals lacking capacity, or those who have passed away). You may raise a concern with any staff member within the organisation.

What does Listening to People cover?

Concerns, complaints, or patient safety incidents can be raised about any matter connected to the organisation carrying out its duties, such as delays in treatment, miscommunication between staff, or the omission of necessary care.

This includes all NHS-funded care, whether provided directly by the NHS, by primary care providers, or by independent providers on behalf of the NHS, including services provided in prisons or forensic settings. Concerns may relate to the care itself or how it was delivered, such as delays in treatment, communication issues, or omissions in care and should normally be raised within 12 months. If a longer time has passed and there are good reasons for the delay, the concerns team may still be able to look into it.

What it does not cover

Not all concerns can be addressed through the Listening to People arrangements. The legislation governing the Listening to People process specifies which matters are excluded. These include:

- Any concern resolved to the satisfaction of the person who reported it, by the end of the early resolution stage, unless an organisation considers it needs to look into the issue again. It must then follow the process for handling and investigation of concerns.
- Concerns that are the subject of civil proceedings: If court proceedings are issued when a concern is already under investigation, any further investigation of the concern must be paused until civil proceedings have concluded.

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- Where a concern relates to an individual patient funding treatment request (IPFR), that is, requests for funding of services not usually provided on the NHS in Wales. These concerns will be dealt with under a separate all-Wales process for decision and review.

- Where the concern is being or has been investigated by the Public Services Ombudsman for Wales (PSOW); except where the PSOW recommends, following their investigation, that a responsible body considers the concern for redress.

- Concerns raised by a primary care provider regarding their contract or the arrangements for delivering primary care services are addressed through alternative processes. These issues are managed under the regulatory framework that governs primary care.

- Concerns where a member of staff has an issue with their employment contract. These matters would be dealt with under the organisation's HR policies and procedures.

- Where the responsible body has not complied with the Freedom of Information (FOI) Act 2000. Such concerns would be dealt with by the Information Commissioner's Office (ICO).

- Disciplinary proceedings identified because of an investigation. These would be managed under local HR processes and remain confidential to the member of staff involved.

- Where the responsible body is Health Education and Improvement Wales (HEIW), a concern which does not relate to the provision of health care by that body.

- When a concern is deemed "vexatious". This is a legal term used in the legislation. It means a concern that has no clear basis or is raised in a way that repeatedly prevents us from being able to deal with it fairly. It does not mean that someone is being difficult on purpose, and it does not apply to people who are upset, anxious or frustrated. It is only used in very rare situations, and only after careful consideration. Responsible bodies recognise that people may often have strong emotions, such as frustration, anger and upset. These emotions are acceptable, and do not, in themselves, constitute reasons for exclusion.

If your concern cannot be handled under the Listening to People process, the organisation should explain why and direct you to the right process.

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- The Medical Examiner Service (MES) and primary care providers (for example GP, dental, pharmacy and optometry services), independent providers, and some cross-border or externally commissioned services must still listen to concerns, investigate what happened, explain their findings,

apologise where appropriate and learn from concerns — but they cannot offer NHS redress through the Listening to People process.

How to raise a concern

You can raise concerns in a variety of ways to any member of staff employed by the organisation in the provision of health care services either verbally by telephone or in-person or in writing (by letter, on a concern form or electronically).

All responsible bodies are to clearly advertise the single point of access for all concerns and complaints, however any member of staff approached should be able to explain how you can raise a concern. Information will be shared with you, in a form that is accessible and appropriate to your needs. This information is also available on the Welsh Government's Listening to People webpage.

You can also raise a concern directly with Llais (the independent citizens' voice body) at **www.llaiswales.org**, or with Healthcare Inspectorate Wales (HIW) at **www.hiw.org.uk**. You may also choose to contact your local Member of the Senedd via **www.senedd.wales**

If you raise a concern verbally, then a member of the organisation must record this concern, and a written record must be shared with you. This must be provided in an accessible version.

We recommend you make notes of key points to the concern or complaint and keep any supporting evidence including names, dates and times as far as possible. Support and advice of how to do this, can be accessed through https://www.llaiswales.org/ or on tel:02920235558 or enquiries@llaiscymru.org.

When you raise a concern, you can expect to receive an acknowledgement no later than 5 working days after the day on which the organisation receives the concern.

The Listening Discussion

On receipt of a concern, the organisation must offer the person who has raised the concern the opportunity for an In-Person[1] 'Listening discussion'.

This is your opportunity to explain what happened and what matters most to you. We understand that retelling experiences can be distressing. You only need to share what you feel able to. Staff should work sensitively with you to avoid unnecessary repetition.

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You may:

[1] In-person meeting refers to telephone conversation or a face-to-face meeting via video link or physically meeting.

- bring a friend, family member or advocate
- ask for reasonable adjustments or language support
- take breaks or pause the discussion if needed

Some people find it important to have support from a friend, family member, loved-one or a professional advocate.

The organisation should check their records to see if you have indicated a preferred method of communication or where Welsh (or any other language) is your preferred language. If no record exists, an enquiry must be made during the listening discussion of your preferred method for ongoing communication. This information should be recorded on file.

The offer to meet with you, at an agreed time, is to provide an opportunity to discuss more fully the nature of their concern or complaint and for the organisation's representative to clarify any facts or points raised in the concern.

The offer for a listening discussion should also include the establishment of any advocacy or accessibility adjustments required such as using a language line or signposting to Llais support. A representative from Llais may join the listening discussion, or alternatively a family member, friend or other representative if desired.

During the listening discussion the member of staff must:

- Allow you to explain the concern they have and keep records of these details.
- Seek clarity from you what your desired resolution to the concern is.
- Provide an explanation of the options for resolution which may include early resolution or via an investigation stage, and what these entail.
- Provide you with the choice to select either early resolution or investigation through the investigation stage.
- Gain consent from you to attempt early resolution, if indicated as the desired approach.
- Consider and agree the desired approach and record this.
- If the investigation stage is selected then the manner and time in which the investigation of the concern will be handled should be communicated, including consent to the use of medical records.
- Ensure you are aware of the availability of advocacy and support services which may be of assistance.
- Outline the expected period within which the investigation of the concern is likely to be completed and the likely timeframe that a response will be sent to you.
- Explain that the organisation should inform you that an assessment for qualifying liability will be undertaken, if the investigation demonstrates harm has occurred. An explanation of this must be provided if the investigation stage is your preferred option. You must be made aware that considerations for redress cannot be undertaken in the early resolution stage, as they require detailed investigation.
- If you choose not to take part in a listening discussion, the organisation will write to you to clarify how you would like your concern handled.

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- If you do not accept the offer of a listening discussion the organisation must write to you asking you to consider these things and make a decision upon what matters to you to resolve the concern.

Stage 1 - Early Resolution

Early resolution must always be considered and offered, where appropriate before moving to the second stage (which is an investigation stage).

You will be asked during the listening discussion, the offer of which is mandated, as to whether you consent to early resolution being attempted. You are able to accept or decline the offer. Early resolution is often a much swifter process and enables staff to act on the issues raised in the listening discussion and resolve them in a timely manner.

Early resolution consists of fact and records checking, to understand what has happened or what the causes may be in relation to the concern raised. It is important that the focus is on the implementation of solutions and actions to meet the specified desired outcome and resolution expressed by you during the listening meeting. Consideration should always include a sincere apology for any distress or harm caused.

It is essential that the organisation reports back to you on the outcomes and verifies with you if the resolution has been achieved satisfactorily. Accurate documentation of the outcome must be kept, including actions taken and the reported resolution being satisfactorily met or not. This can be done verbally but the organisation must write to you to confirm the closure of the complaint was agreed.

In the event that the outcome is not achieved satisfactorily, the concern should move to stage 2. The time allocated to achieve early resolution is no longer than 10 working days from the date the concern is acknowledged.

Stage 2 - Investigation phase including the consideration of redress.

Stage 2 or the investigation stage is usually reached when stage 1 or early resolution has been explored and has been unsuccessful or if you preferred not to use early resolution. Sometimes we may also decide from the start that early resolution isn't the best option for your concern. At this stage, we take a closer, more detailed look to understand what happened and how we can help resolve your concern.

This stage is informed by the content of the listening discussion or, where the offer of a listening discussion was not accepted, the content of the concern and any subsequent correspondence providing further details.

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It is important to recognise that the level of investigation being undertaken in this stage is often much more detailed and therefore the time taken to undertake this stage will be much longer.

You should be given an estimated length of time for the initial investigation to be concluded and when you can expect the initial response summarising the findings, actions to be taken and next steps.

Once the initial investigation has been completed and the initial response has been written, the organisation must share this with you. They must also offer the opportunity for a listening meeting to go over the contents of the report.

Where personal injury or loss has occurred or is alleged to have occurred, the legislation requires the organisation to assess if the standard of care provided was below the accepted standard of care and if this is the case, whether that then directly caused the harm or injury to occur. This would lead to consideration of whether an offer of redress would be made to you if you have suffered personal injury or loss. Redress can be in the form of further or alternative treatment or care, an offer of financial compensation or another appropriate measure.

Occasionally additional independent medical advice from an expert is required to help assess whether the standard of care provided was below the expected level and/or whether the harm or injury sustained was caused by the care provided. In these circumstances the organisation is required to instruct an expert jointly with you.

In these circumstances the organisation should choose, with your input, an external expert in the field from the list of approved (appropriately trained and experienced) experts. It is expected that the organisation communicates this information to you.

The final outcome summarised in the response sent to you will then include, a sincere letter of apology, the outcome of the investigation, any relevant medical or care records, any external or independent expert report, actions that have been undertaken by the organisation to prevent the same issue causing harm to patients in the future and the learning that has been achieved.

These are often very complex and confusing documents and organisations are expected to use accessible language and explain complex legal or medical terminology to overcome this. The offer of the in-person meeting to go through the findings is, therefore, seen as essential to ensure that questions can be answered, and explanations can be given, as well as a reiteration of the sincerity of the apology.

The Listening to People process applies to all NHS-funded care in Wales, including care provided by NHS organisations, GP practices, dental practices, pharmacies, optometrists, independent providers and services commissioned from outside Wales.

However, not all NHS-funded services are able to offer NHS redress. Under the law in Wales, only Welsh NHS bodies (such as local health boards and NHS trusts) can consider and offer NHS redress, including financial compensation.

If you are dissatisfied with the response

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It is sometimes the case that, even after an investigation has concluded and a response has been provided, you may still feel worried, upset or feel that your concerns have not been fully addressed. If this happens, there are further steps you can take. Support and advocacy remain available to you throughout.

Step 1 – Speak to the organisation again

If anything in the response is unclear or you feel something has been missed, you can contact your named concerns contact to:

- ask questions about the findings
- request clarification or further explanation
- discuss whether any additional review is appropriate

Sometimes concerns can be resolved at this stage through further discussion or explanation. You do not have to do this before going to the Ombudsman, but many people find it helpful.

If independent expert advice was not used and you believe it may help clarify what happened, you can ask the organisation to reconsider this option.

Step 2 – Public Services Ombudsman for Wales

If you remain unhappy after the organisation has completed its investigation, you have the right to ask the **Public Services Ombudsman for Wales (PSOW)** to independently review your concern.

The Ombudsman is independent of the NHS.

The PSOW will usually expect that:

- you have given the organisation the opportunity to investigate first, and
- you contact them within the Ombudsman's time limits (normally within 12 months of becoming aware of the issue).

The Ombudsman can:

- review how your concern was handled
- decide whether the response was reasonable
- recommend further action if appropriate

The organisation is required to provide you with PSOW contact details in its final response.

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Step 3 – Considering legal advice or a redress claim

If your concern involves possible harm, injury or financial loss, you may wish to seek independent legal advice.

Under the Listening to People process, organisations must assess whether the standard of care fell below what was reasonably expected and whether this caused harm. Where appropriate, they will consider an offer of redress.

Redress may include:

- further treatment or care
- remedial actions
- financial compensation (within the NHS redress arrangements)

If redress is being considered, the organisation will signpost you to funded legal support, where this applies.

You are free to seek independent legal advice at any time. However, please note:

- if formal civil court proceedings begin, the Listening to People investigation must stop
- taking legal action is separate from the Ombudsman process

If you are unsure which route is right for you, advocacy services such as Llais can help you understand your options

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Glossary

Acknowledgement
The confirmation you will receive within 5 working days of the concern being received by the organisation.

Duty of Candour
A legal duty requiring NHS organisations to be open and honest with patients when care has caused, or may have caused, significant harm or death.

Qualifying Liability
The legal test the NHS uses to decide whether care fell below the expected standard and caused harm, which may lead to an offer of redress.

Learning from concerns
The requirement for NHS organisations to use concerns to improve services and reduce the risk of similar problems happening again.

Advocacy
Free, independent support to help you raise or understand a concern. Advocacy services can help you communicate your views and understand your options.

Concerns
A general term used in NHS Wales that includes complaints, patient safety incidents and, where appropriate, requests for redress.

Early Resolution (Stage 1)
The first stage of the Listening to People process. It focuses on understanding what happened and trying to resolve issues quickly where appropriate.

Independent expert advice
Advice from a qualified professional who was not involved in your care. This may be used during investigations to help assess what happened.

Listening Discussion
An optional meeting (in person, by phone or video) where you can explain your concerns in detail and discuss what outcome you are hoping for.

Llais
The independent citizen voice body in Wales that provides free advocacy and support to people using health and social care services.

Public Services Ombudsman for Wales (PSOW)
An independent organisation that can review complaints about public services in Wales, including the NHS, if you remain dissatisfied after the NHS investigation.

Redress
Actions taken by the NHS to put things right when care has fallen below the expected standard and caused harm. This may include further treatment, remedial actions or financial compensation within NHS arrangements.

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Responsible Body
The NHS organisation, primary care provider or independent provider responsible for the care that is the subject of your concern.

Stage 2 Investigation
The detailed investigation stage of the Listening to People process, used when early resolution is not appropriate or has not resolved the concern.

Trauma informed approach
An approach that recognises people may have experienced distress or trauma and aims to respond in a compassionate, sensitive and supportive way.

Welsh language standards
Legal requirements that ensure people can access NHS services and information in Welsh where they choose to do so.

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Annex 1 -The four principles of Listening to People

It is important to people raising concerns about NHS funded care that the process for raising a concern is through a single simplified accessible point e.g. email address, phone number, postal address or through face-to-face representation. People can raise concerns in a variety of ways (see reg 11(1) (a) in writing; (b) electronically; or (c) verbally, either by telephone or in person, to any member of the staff of the responsible body, the exercise of whose functions is the subject of the concern), and they are able to select the method that is most suitable to them. The responsibility for making this available and effectively communicated resides with the responsible body where there is a clear expectation to consider the accessibility needs of the entire population they serve, including those who are digitally excluded.

The **first principle** is that people raising concerns are actively listened to; are treated with respect, courtesy and in a compassionate manner, and have their rights and options explained to them in a way that they can understand and that is accessible to their specific needs.

These rights and options include the right to appropriate advocacy and support throughout the process and that this is actively considered and offered and is free at the point of access. In addition, people are made aware they can clearly state their desired outcome and where appropriate, are offered this solution via a timely early resolution.

The **second principle** is that concerns will be effectively investigated in a proportionate manner and the timeframe for this to be completed will be discussed and communicated at the start of the process keeping people informed on progress and any delays and involving them in the investigation process where practicable. The results of this investigation must be clearly communicated to the person who raised the concern in writing, and using a language that can be easily understood, including explanations of any complex medical or legal terms used.

The **third principle** is that organisations are under a duty to learn from these concerns and report back. They must develop effective actions to prevent reoccurrence. These actions must be shared with the people raising a concern.

The **fourth principle** is that the leaders of organisations must provide assurance that the way in which the organisation handles every concern meets these regulatory requirements effectively and provides evidence of the learning undertaken. It also demonstrates that actions are taken to strengthen the quality and safety of care following the Listening to People process.

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Annex 2 -As a provider of NHS funded Health care in Wales these are our standards

1. Access, Support and Early Resolution

Responsible bodies must provide clear and accessible routes for raising concerns with a single point of access. They must actively offer advocacy from the start of the process and reasonable adjustments and language choice (Welsh/English/other). Responsible bodies are required to demonstrate that where appropriate to the concern, Early Resolution has been actively considered as the initial approach, while ensuring that this does not restrict or delay access to a formal investigation when necessary.

2. Respectful, Compassionate and a Person-Centred Approach

Responsible bodies must handle concerns in a respectful, compassionate way at all stages, with the emphasis on person-centred communication and a culture of openness and accountability. People involved in raising concerns are expected to be respectful in their behaviour to staff listening to and investigating their concern. Responsible bodies must offer people the opportunity of a listening discussion to ensure that their concerns and wishes are considered throughout the process.

3. Clear Information, Communication and Updates

Responsible bodies must clearly explain the concerns process and options available, provide a named contact, communicate likely timescales, and give progress updates if these change. Confidentiality and privacy must be maintained, and individuals should be informed of any information-sharing requirements.

4. Timely, Fair and Evidence-Based Approach

Responsible bodies must assess and grade concerns accurately and manage them proportionately within expected timescales. They must escalate matters where there is serious risk of harm occurring. Responsible bodies must investigate concerns fairly, without bias, ensuring decisions are evidence-based and where appropriate, to jointly instruct a medical expert. The responsible body must ensure that any exclusion of a concern on the grounds that it considers it to be vexatious or frivolous is justified, proportionate and recorded.

5. Clear Outcomes, Meaningful Responses and Redress

Responsible bodies must provide a clear written response addressing each issue raised, and offer an outcome meeting, explaining the findings and decisions. They must offer apologies where appropriate and explain any remedial action to be taken. If redress is being considered, signposting to funded legal support must be provided.

6. Learning, Improvement and Independent Scrutiny

Responsible bodies must identify learning from concerns and take action to improve services in order to reduce future harm. They must report on themes and outcomes and share these with the person raising the concern. A responsible body must consider whether independent medical advice is needed during investigations and where it determines that such advice is not needed in relation to a concern involving the death of, or moderate or severe harm to a patient, the responsible body must record its reasons for that determination.

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7. Accountability, Transparency and Right to Review

Responsible bodies must be accountable for how concerns are handled and maintain accurate records that comply with new requirements for annual reporting and shared learning duties. Responsible bodies must clearly explain escalation and review routes to the Public Services Ombudsman for Wales (PSOW).

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BOARD

UNCONFIRMED MINUTES OF THE MEETING HELD ON 25 MARCH 2026 AT 09:30 HELD VIA MICROSOFT TEAMS

MEMBERS		
Carl Cooper	CC	Chair
Hayley Thomas	HT	Chief Executive Officer
Mererid Bowley	MB	Executive Director of Public Health
Steve Elliot	SE	Independent Member (Finance)
Paul Hooton	PHo	Executive Director of Nursing, Quality, Women and Family Health
Pete Hopgood	PH	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Rhobert Lewis	RL	Independent Member (General)
Elaine Lorton	EL	Executive Director of Primary Care, Community and Mental Health
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Ian Thomas	IT	Independent Member (General)
Chris Walsh	CW	Independent Member (Local Authority)
Debra Wood-Lawson	DWL	Executive Director People, Culture and Transformation
Kate Wright	KW	Executive Medical Director
Simon Wright	SW	Independent Member (University)
IN ATTENDANCE		
Katie Blackburn	KB	Regional Director Llais
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
Nina Davies	ND	Associate Member (Director of Social Services, Powys County Council)
Hayley Hughes	HH	Corporate Business Manager (Minutes)
Jayne Lawrence	JL	Assistant Director Primary Care Services
Adrian Osborne	AO	Deputy Director of Communication, Engagement and Corporate Governance
Liz Patterson	LP	Head of Corporate Governance (meeting support)
APOLOGIES FOR ABSENCE:		
Ronnie Alexander	RA	Independent Member (General)
Mick Giannasi	MG	Independent Member (General)
Cathie Poynton	CP	Independent Member (Trade Union)

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1. PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB/25/152)

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

CC welcomed RBW as the Health Board's new Vice Chair and noted that RBW brings a wealth of clinical, executive and non-executive experience.

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

1.2 DECLARATIONS OF INTEREST (PTHB/25/153)

RBW confirmed that her declarations of interest had been submitted and outlined the following interests:

- Current role with Dorset Integrated Care Board,
- Registrant Member of the Nursing and Midwifery Council and
- Role as a coach within the Health Education and Improvement Wales (HEIW) framework.

1.3 BOARD ACTION LOG (PTHB/25/154)

HB presented the action log and advised that there was one outstanding action relating to the 'Peoples Experience Framework'. A request was made to amend the timetable, as the Framework is now expected to be considered by the Patient Experience, Quality and Safety (PEQS) Committee in August, prior to submission to the Board in September 2026.

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

1.4 PATIENT EXPERIENCE STORY (PTHB/25/155)

PHo introduced a video presenting a patient's personal experience of postnatal support provided by Health Visitors in relation to breastfeeding and expressed gratitude to the patient for sharing their story.

PHo reflected that the video highlighted key messages, challenges and successes, particularly the importance of professional expertise, patience and time in delivering compassionate, high-quality support. The video also highlighted the challenges associated with breastfeeding and the critical role of effective support for patients and new mothers, with multiple learning points identified from the patient's experience.

1.5 QUESTIONS TO THE BOARD FROM THE PUBLIC (PTHB/25/156)

HB noted that 14 questions had been received from the Better Lives in Powys (BLIP) community group, some building on previous correspondence that had been received. It was advised that due to time constraints, not all questions could be addressed at this meeting. HB summarised the key themes covered, including cross-border commissioning, use of data and evidence, equity and equality considerations, patient engagement, governance arrangements and commissioning assumptions for the Annual Plan. It was noted that a constructive meeting had taken place with BLIP representatives on the 20 March 2026, and that patient feedback continues to inform the Health Board's work.

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HB advised the Board that a written response to the questions would be sent to BLIP and would also be published on the Health Board's website alongside the Board papers.

1.6 UPDATES FROM: (PTHB/25/157)

REPORT FROM THE CHAIR

CC presented the report and invited questions.

REPORT FROM THE VICE CHAIR

RBW presented the report and invited questions.

RBW noted being impressed by the commitment of the Leadership Team and staff, particularly in the context of current challenges; and highlighted the establishment of the Frailty Team as an important development for Powys.

REPORT FROM THE CHIEF EXECUTIVE

HT presented the report and drew attention to the following areas:

- Covid-19 Inquiry: It was noted that Module 3 of the UK Covid-19 Inquiry was published on 19 March 2026, setting out ten recommendations for governments on the healthcare response to the pandemic, including urgent and emergency care, surge capacity, infection prevention and control, advance care planning, critical care and workforce support. Governments are required to respond within six months, with NHS organisations contributing as appropriate. Further updates will be provided to the Board in due course.
- Welsh Government (WG) Oversight Arrangements: It was noted that revised WG oversight and interface arrangements will take effect from the 01 April 2026. The Health Board's position in relation to Level 4 escalation for finance and performance will be discussed, monitored throughout the year, and reported to the appropriate Committee and to the Board.
- Primary Care Developments: HT noted the positive developments in primary care, including confirmation from WG that the Outline Business Case for the North Powys Wellbeing Programme had been supported and the launch of the Women's Health Hub.
- Partnership Working: It was noted that Shrewsbury and Telford Hospital NHS Trust (SaTH) has exited NHS England's special measures, representing a significant milestone for the organisation.

Independent Members asked the following questions for assurance:

Can assurance be provided that sufficient progress is being made at pace on the Joint Commissioning Committee (JCC) Recommendation 4, in light of revised timescales now indicating proposals will return later in 2026?

HT confirmed that the work will return later in the year and advised that a detailed timeline has been requested. HT noted that these points have been raised with the JCC and are consistent with previous Board discussions.

Could the £2.7m capital investment in radiography be revisited in one year's time to assess the impact and benefits realised, recognising this as a positive and significant investment?

HT confirmed that there is an established process for tracking and monitoring benefits. It was agreed that a review of benefits realisation for the radiography

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investment will be scheduled into the Finance and Performance Committee work programme to enable assurance to be provided.
Action: Executive Director Allied Health Professions, Health Sciences and Digital

Could an update be provided on the meningitis outbreak, specifically whether any cases have occurred in Powys and what actions have been taken? In addition, could the latest position be outlined regarding the sexual health post and test issues, noting that investigations are currently underway?
MB confirmed that currently there were no meningitis cases linked to Wales and thanked colleagues across the local authority and primary care for their proactive approach in alerting relevant staff and taking any necessary actions. In relation to the Public Health Wales sexual health test and post service issues, MB provided assurance that the Health Board's Sexual Health Team and Safeguarding Team are working to support the PHW look-back exercise and confirmed that a full report will be presented to the PEQS Committee in April.

How will individuals who may lack digital access or confidence be supported to access information and services through the Virtual Women's Health Hub, particularly in relation to ageing well and women's health?
PHo acknowledged the importance of supporting individuals who may lack digital access or confidence, confirming that access to information will continue to be available through community care hubs, GP practices and community and district nursing services. PHo emphasised that while the digital hub provides an important access route, it did not replace traditional channels for patients.

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

1.7 ASSURANCE REPORTS OF THE BOARD'S COMMITTEES (PTHB/25/158)

The following Chair's Assurance Reports were received:

Audit Risk and Assurance Committee (ARAC)
SE presented the item which provided an overview of matters considered by the Committee on the 13 January and 10 March 2026. Attention was drawn to the following matters:

- The Audit Wales Structured Assessment was considered, with confirmation that all recommendations have since been accepted; management responses and timescales will be reviewed at the next Committee meeting, and the report has been appended to the Chair's report for Board visibility and assurance.

Charitable Funds Committee (CFC)
CC presented the item which provided an overview of matters considered by the Committee on the 16 March 2026.

Finance and Performance Committee (F&P)
HB presented the item in RA's absence which provided an overview of matters considered by the Committee on the 26 February 2026. Attention was drawn to the following matters:

- The Committee considered the organisational escalation status report and reviewed the Month 10 Financial Performance and Month 9 Integrated

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Quality and Performance reports, noting that updated versions are included in the Board papers.
- Two deep dives were undertaken, focusing on Continuing Health Care costs and In-Reach fragility.

Patient Experience, Quality and Safety Committee (PEQS)
SW presented the item which provided an overview of matters considered by the Committee on the 05 March 2026. Attention was drawn to the following matters:
- Two items remain escalated: Children's Neurodevelopment Services (with progress noted) and the People's Experience Framework (due to delays to finalisation).
- The Antimicrobial Resistance report was removed from the consent agenda to allow discussion and provide assurance.
- Concerns regarding secondary care patient experience in General Medical Services, including digital inequality for Powys patients treated in England, were noted and escalated to ARAC for oversight.

People and Culture Committee (P&C)
IT (who had chaired the last Committee in JAO's absence) presented the item which provided an overview of matters considered by the Committee on the 05 March 2026.

Joint Finance and Performance and Planning, Partnerships and Population Health Committee
RL presented the item which provided an overview of matters considered by the Committee on the 16 March 2026. Attention was drawn to the following matters:
- The Committee confirmed that the 2026/27 Plan is aligned with 'A Healthy Caring Powys' and provided assurance that provider and commissioning performance, including delivery of ministerial targets, will not be materially impacted by the Plan or proposed savings.
- The Committee scrutinised the 2026/27 financial planning approach, including development of the route map to sustainability and was assured it was reasonable, noting that the impact of savings decisions by other Health Boards on commissioned services remains uncertain while system-wide planning continues.

Planning, Partnerships and Population Health Committee (PPPH)
RL presented the item which provided an overview of matters considered by the Committee on the 03 February 2026.
- The Regional Partnership Board (RPB) Annual Delivery Plan was noted, with recognition that increasing financial pressures may require a greater focus on exiting projects.

Executive Committee (EC)
HT presented the item which provided an overview of matters considered by the Committee between 21 January to 04 March 2026.

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Escalation and Information to the Board
HB presented the four escalated items to the Board and advised that these would continue to be monitored and reported; and that Committee reports have been refined to be more concise and focused on key issues.

NHS Wales app - Cross Border Functionality: CC advised that issues relating to cross-border functionality of the NHS Wales App have been escalated and referred to the Executive Committee. HB confirmed that the Executive Committee will report on this matter to both the Board and the ARAC Committee to ensure clear and transparent reporting.

Action: Director of Corporate Governance; Executive Director Allied Health Professions, Health Sciences and Digital

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

1.8 REPORT OF THE REGIONAL DIRECTOR OF LLAIS (PTHB/25/159)

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

- Engagement on the 2025/26 programme concluded with a public forum held in Welshpool.
- The team attended the majority of the Health Board's recent engagement events.
- Forthcoming changes to the Advocacy service was noted.
- An additional member of staff had now commenced in South Powys, resulting in a full complement of Llais regional staff.

Independent Members asked the following questions for assurance:

Could future reports include information on the number of people engaged at events and the frequency of recurring themes, to provide a clearer sense of scale and enable trends in issues raised by the public to be tracked over time?

KB advised that the review would consider both quantitative data and qualitative impact, recognising that a small number of cases can have a significant effect on individuals and families.

Now that the Community Engagement Officer roles are fully staffed, has the role been refreshed; could clarity be provided on the work being undertaken and how feedback from the public is captured and escalated to the Health Board and partners?

KB described the Community Engagement Officers as frontline staff working directly with community groups to listen to public feedback and noted that work is underway to better align community engagement with complaints advocacy to enable a more targeted and impactful approach. The focus for the year will be on impact rather than volume of activity and it was noted that having officers based in both the north and south of the county will improve reach and effectiveness.

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

KB provided some key observations for other Board agenda items:

- 3.1 Annual Plan: It was noted that, while the detail of the Plan will be critical, there is an important role for communication, engagement and where appropriate, consultation in line with relevant guidelines.
- 3.3 Temporary Service Change: it was noted that strong concerns remain within the community, including perceptions that the temporary service changes may become permanent, particularly as the arrangements will have been in place for over two years by the Autumn; noted a lack of community understanding regarding why the services cannot be reinstated and how the

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changes align with the Better Together programme. It was also noted that Llais is unable to comment on matters relating to clinical need.
- 3.4 Primary Care: noted significant concern regarding the fragility of dental services in Powys. It was also noted that the use of the ACCUREX system by dental clusters has had a positive impact on patient engagement within Powys.
- 3.7 Integrated Quality and Performance Report: concerns were raised that ambulance response data may not reflect patient behaviour, with more people choosing to self-present and that reported compliance with access standards reflects system processes rather than capacity, meaning access pressures remain despite apparent performance compliance.

2. CONSENT AGENDA BUSINESS

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

3. ITEMS FOR APPROVAL/RATIFICATION/ASSURANCE

3.1 ANNUAL PLAN 2026/27 (PTHB/25/160)

HT introduced the item, with Executive colleagues delivering a presentation to the Board.

CC noted it had been considered at a joint meeting of the Finance and Performance and Planning, Partnerships and Population Health Committees at an earlier meeting.

It was noted that the Plan is set within a challenging financial context, including Level 4 escalation and includes the organisations response to the escalation status independent review and a three-year route map to sustainability that has been developed. Quality remains the golden thread throughout, quality is embedded within an integrated quality and performance framework and guides all service and financial decisions. A strong focus is placed on improving efficiency and productivity, modernising planned care and strengthening community-based services to deliver care closer to home and reduce out-of-area activity. The Plan also reinforces the commitment to prevention and population health to address long-term demand and health inequalities. Workforce sustainability, wellbeing and engagement are recognised as critical enablers, alongside close partnership working with staff, trade unions, the public and system partners. Delivery of the plan will require collective leadership, robust governance and disciplined financial management to balance quality, access and affordability.

ND provided the below comments:
- Strong support was noted for the programmes of work, particularly those focused on community services, reducing unscheduled care admissions and delivering more planned care closer to home.
- Strategic Priority One, the whole-system prevention approach, was welcomed, especially actions relating to healthy ageing and community-based falls prevention, with a commitment from Powys County Council (PCC) to continue and extend joint working.
- In response to the Grant Thornton recommendations, support was expressed for efficiency targets and planned clinical commissioning reviews, alongside an emphasis on avoiding cost-shunting between organisations.
- A request was made for joint policy development on Continuing Health Care (CHC), aligned with national CHC work, the fast-track review and the

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Association of Directors of Social Services (ADSS) Cymru report, including consideration of joint standard operating procedures.
- It was highlighted that PCC has achieved a significant increase in domiciliary care capacity and an offer was made to share learning and work jointly to address any remaining gaps in provision.
- While supporting the review of commissioning policies and procedures, concerns were raised about the achievability of CHC efficiency targets given Powys' demographics, with a request for further discussion on the evidence underpinning these targets.
- A continued commitment to joint working between PCC and the Health Board.

HT emphasised the importance of a whole-system partnership approach to addressing shared challenges, confirming that delivery actions, particularly in relation to CHC and the Grant Thornton report recommendations, will be tested for achievability and brought back through to the appropriate Committees and Board for assurance. HT reaffirmed the importance of working in partnership with PCC.

Independent Members asked the following questions for assurance:

What is the current level of delivery confidence in achieving the £22.9m savings requirement for 2026/27?
PH advised that delivery confidence is not yet fully assured, though progress is reasonable and informed by the delivery of £21m savings in the current financial year. Further work is underway to strengthen confidence, including actions arising from the Grant Thornton review, with enhanced governance and monitoring arrangements to be reported through to Committees and to the Board.

How is the potential financial impact of recent global events, particularly energy price increases, being considered and mitigated?
It was noted that the Plan was developed at a point in time and that emerging global pressures may require further mitigation. Ongoing engagement is taking place at a national level, particularly through energy-related groups, to understand impacts and agree mitigating actions, with flexibility built into monitoring and escalation arrangements.

What actions within the Plan address ambulance performance and response times, given patient concerns about access?
NJ confirmed that ambulance services are commissioned through the JCC and that performance is monitored on a monthly basis. The Plan focuses on reducing demand for urgent and emergency care through preventative and community-based interventions, alongside continued national advocacy through commissioning arrangements, recognising the challenges rurality presents for response times.

How is assurance being provided that the Quality Management System (QMS) is embedded and effective in supporting service change and early identification of impacts, and can progress in shifting resources towards prevention be clearly tracked over time?

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PHo noted that QMS is at an early stage of development across NHS Wales and in Powys, but that robust quality assurance arrangements are already in place. Work is underway with Welsh Government to bring provider and commissioning oversight into a single framework, supported by planned Board development activity and a position paper to NHS Wales. Progress on prevention is being tracked through a five-year mapped Prevention Framework, with a clear baseline established, year-on-year actions identified, and delivery embedded within current plans and the Better Together programme.

How does the Health Board intend to achieve savings across the other two cross-border providers where agreement has not yet been secured, noting that an agreement is already in place with Wye Valley Trust (WVT) to adhere to NHS Wales waiting times standards?
NJ advised that the planned care cost improvement programme aligns with NHS Wales waiting time requirements and supports the financial plan, with savings delivered through existing contractual arrangements. Ongoing disputes with WVT and SaTH remain unresolved but are being managed constructively and all providers continue to work collaboratively with the Health Board on transformational, efficiency-focused initiatives to improve care closer to home.

How will the Annual Plan and its implications be shared with stakeholders, including WG, partners and the public?
HT advised that the first step was for the Board to consider and agree submission of the Plan to WG, which would prompt further scrutiny and discussion. It was noted that WG had already been advised that the Plan does not currently balance, and that ongoing engagement would continue over the coming weeks. HT advised that a public-facing version of the Plan would be developed in a more accessible and shareable format. Engagement with key partners across the wider NHS and provider organisations would continue through existing commissioning discussions. HT also noted that all Health Boards are due to submit their plans by the end of the month, followed by a system-wide assessment. Ongoing communication and engagement activity will continue to be tracked and reported through Committees, with further assurance to be provided following the Board's consideration.

Given that the Grant Thornton external review recognises rurality as a material issue for the Health Board but does not quantify its financial impact, what assurance can be provided that the Health Board will continue to work with WG to ensure the implications of rurality are fully understood, particularly in the context of progressing towards financial balance and noting that no additional in-year actions were identified by the review?
HT acknowledged the importance of the rurality factor and provided assurance that further work would continue to identify and strengthen the evidence base to support ongoing discussions with WG and partners. HT noted that strategic discussions had taken place with PCC regarding opportunities to consolidate this work across the public sector. It was recognised that demographics, including an ageing population and the rural nature of services, remain key considerations and HT confirmed that the profile of these issues would continue to be raised with WG, including with the incoming administration after May.

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The Board:

- **RECOGNISED** an Accountable Officer letter was submitted to Welsh Government in February 2026, setting out that the health board is unable to meet the statutory financial duty to break even over a three-year period, therefore, an Annual Plan has been developed for 2026/27 in line with the NHS Wales Planning Framework.
- **RECOGNISED** the plan seeks to balance the quality, performance and finance duties placed on the Board to deliver health services as well as improving the population health and wellbeing of our local population.
- Took **ASSURANCE** that the process of development of the plan is robust and based on best practice, and that the Annual Plan continues to deliver against the Health Board's agreed Strategy 'A Healthy, Caring Powys', the NHS Wales Planning and Performance Frameworks and responds to the Health Board's Escalation Status (Level 4 for Finance, Planning and Strategy) and the associated independent review carried out by Grant Thornton.
- **NOTED** the Annual Plan outlines the short, medium and longer-term actions to deliver, supported by the Better Together transformation programme. It includes, for the first time, the medium-term Routemap to Sustainability and Balance which responds to the Grant Thornton report and includes the total opportunities available to the health board.
- **ACCEPTED** the financial plan of a £44.7m deficit, **RECOGNISING** that it contains an ambitious savings target of £22.9m whilst acknowledging it does not meet the requirements of the statutory financial duty to break even over a three-year period.

Taking the above into account, the Board:

- **ACCEPTED** the Annual Plan, as the Organisational Plan for the year ahead, and **SUPPORTED** its submission to Welsh Government.
- **DELEGATED** the final sign off of the plan to the CEO and Chair acknowledging that minor amendments will be made prior to submission to Welsh Government.
- **RECEIVED** the Annual Delivery Plan as part of the Annual Plan and took **ASSURANCE** that this forms the basis of the quarterly review, monitoring and reporting cycle of progress against plan.

3.2 CAPITAL PROGRAMME 2026/27 (PTHB/25/161)

PH presented the report to the Board noting it had been considered by the Finance and Performance Committee at an earlier meeting. The report provided an update on the general Capital Funding status including risks and opportunities, the position on All Wales Capital Funding and its impact on the project programme and a general update on funding streams available and associated capital delivery risks.

Independent Members asked the following questions for assurance:

How will the Annual Plan be managed in response to potential cost pressures arising from recent global events, including how prioritisation decisions will be made if elements become unaffordable, while ensuring legal and statutory duties continue to be met?

PH advised that the Plan would be subject to regular and ongoing monitoring and that any significant price changes would trigger a review of plans, options and mitigations. PH noted that small contingencies had been built into the Plan and confirmed that legal and regulatory requirements would be prioritised. PH added

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that the Innovative Environments Group and the Capital Group would continue to review developments and take action on an ongoing basis to respond to any emerging pressures.

Has an assessment been undertaken of the £69m backlog maintenance position, including whether proposals have been considered for the use of Targeted Estates Funding (TEF) to improve this position?
PH advised that any action taken would help to improve the backlog maintenance position. While a detailed analysis has not yet been completed, it was confirmed that this could be brought back to the relevant Committee, with updates provided on a regular basis.

The Board **APPROVED** the Discretionary Capital Programme, 2026/2027-2027/28.

3.3 TEMPORARY SERVICE CHANGE REPORT (PTHB/25/162)

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

- Extensive public and stakeholder engagement has taken place since November 2025, including community events, targeted outreach and feedback from health, social care and third sector partners.
- Minor Injuries Units (MIU): Ad hoc closures have reduced significantly (one unplanned closure only), with no incidents of harm, good patient feedback, improved staff experience, reduced costs and no increase in Emergency Department attendances.
- Benefits of MIU changes have been maintained and it is recommended these remain in place pending wider decisions under the Better Together programme.
- Co-location changes (rehab and ready-to-go-home units) show a continued reduction in length of stay, sustained decrease in bank/agency costs and no reduction in GP direct or palliative care admissions.
- Significant financial benefit noted from reduced out-of-county delays, with estimated savings of around £870k over 18 months; travel times comparable to pre-change arrangements.
- No evidence found to support concerns raised around patient harm, workforce turnover, therapy access, bed utilisation or discharge delays, though perceptions remain and continued engagement and communication will be undertaken.
- Overall conclusion: no evidence of harm and sustained benefits, with a proposal to continue monitoring by exception and cease routine formal reporting unless concerns arise.

Independent Members asked the following questions for assurance:
Could the analysis of delayed transfers of care, specifically bottlenecks to repatriation from the service, be reviewed through the F&P Committee to maintain visibility and assurance on why patients who are ready for discharge are not progressing as expected?
KW agreed and emphasised the quality, outcomes and cost impacts of delayed transfers of care, including out-of-county delays, confirming that this issue is already a key focus, which is being actively addressed and supported the proposal to maintain oversight of out of county delays and financial impacts through to the Finance & Performance Committee to ensure all relevant actions are being taken.

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Action: Director of Corporate Governance.

Are there additional factors affecting the impact of the 'ready to go home' model, particularly in relation to patient and community communication and could behavioural science approaches be considered to help support and strengthen this?
KW advised that staff have positively embraced the model and have become more proactive in supporting patients to mobilise and return home. It was acknowledged that further work is needed to understand why some patients who are ready for discharge are not returning home, noting the importance of continued engagement, listening to feedback and ongoing communication. KW confirmed that ongoing presentation of evidence and outcomes is key to influencing behaviour among both staff and the population and agreed that behavioural science perspectives could be helpful in shaping future communication approaches.

Has progress been made on digitising the collection of patient feedback; and how is the learning and evidence from public engagement events being used to improve communication and inform future service changes, including the Better Together programme?
KW noted that engagement events have continued, with variable attendance, but with an emphasis on ongoing listening and dialogue with communities. Learning from the engagement events has been rich and is informing the development of the Better Together model, with further engagement planned as the model is refined and finalised.

The Board:

- **RECEIVED** the further review of the Temporary Service Changes.
- **AGREED** based on the review, that the evidence continues to support the retention of the current temporary service changes until decisions are made through Phase 1 of Better Together.

3.4 PRIMARY CARE SUMMARY REPORT (PTHB/25/163)

12.36 JL joined

EL presented the report to the Board which provided an overview of the governance and monitoring processes in place with all four independent contractors (general medical services, general dental services, general ophthalmic service and community pharmacy) together with other areas of primary care including out of hours, primary and community care academy and clusters.

Independent Members asked the following questions for assurance:

Has the patient survey data been considered previously by the PEQS Committee?
EL confirmed that the patient survey data is routinely reported to the PEQS Committee.

Can the timeline for Enhanced Primary Care (bullet point 3) be accelerated, as the current Q3–Q4 timing risks pushing subsequent actions into the following year?
EL advised that the current timeline is intentional, as delivery depends on a national data feed linked to the annual review and patient feedback, which is typically received in Q2–Q3. This data is necessary to respond fully to the wider

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access requirements. The timeline can be reviewed, but it is constrained by the availability of this national data.

What is the current position on 56-day prescribing, given previous obstacles to implementation?
EL advised that in Powys, a high proportion of GP practices are dispensing practices, particularly in rural areas. Contractual arrangements make the 56-day prescribing less favourable for dispensing practices compared to community pharmacies. This remains a challenge and is raised regularly with WG.

When will the impact of longer secondary care waiting times on GP workload be assessed, particularly in light of upcoming NHS changes?
EL noted that the issue had been raised previously by GP colleagues and impacts vary across Powys depending on location and referral pathways. At present, there is no data quantifying the additional workload for general practice. This will be taken forward for further discussion, including engagement with cluster leads, to explore how the impact might be identified and articulated.

Given the focus on contract management and reporting, is sufficient attention being given to patient experience across primary care, and are there further actions that could be taken to strengthen understanding of patient experience, including timescales?
JL advised that patient experience reporting was considered by the PEQS Committee in February, noting that a new initiative has been introduced to analyse the raw data from general practice patient experience surveys. At the time of the report, around 5,000 patient responses had been analysed. Further surveys have since been received following the 31 March contract deadline, and the next report to the PEQS Committee will provide a fuller picture of patient experience across general practice over the past six months.

Noting the positive progress on patient experience and the Primary Care Academy, could you provide an overview of the 'Community by Design' national programme and what this means for Powys, including where we are starting from?
EL advised that 'Community by Design' is an early-stage national programme structured around three workstreams: prevention and population health; urgent and same-day care; and chronic and multiple long-term conditions. The Health Board is actively engaged and represented on the national programme board. Further work will clarify how consistent approaches will be developed across Wales, with a focus on strengthening primary and community-based services. In Powys, existing commissioned services provide a strong foundation for care closer to home, and consideration will be given to how these align with national direction and support local priorities, including collaborative and cluster-based working.

The Board took **ASSURANCE** that robust governance and monitoring processes are in place across the primary care portfolio, including relevant reporting to both Executive Committee and other relevant Board Committees.

12:56 JL left

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3.5 ORGANISATIONAL ESCALATION (PTHB/25/164)

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

- The Health Board remains at Level 4 escalation for finance strategy and planning, with routine monitoring continuing across all other domains.
- There is a focus within the report on demonstrating grip and control, oversight of risk and progress against de-escalation criteria.
- Continued improvement of the financial position remains a key priority, aligned with the annual plan and route map submitted to WG.
- The Health Board is working closely with WG to ensure transparency and assurance, including actions taken in response to the Grant Thornton independent review. HT noted that the majority of the 34 recommendations from the review have been accepted; those not fully accepted relate to actions requiring wider NHS Wales or national system changes.
- Arrangements are in place to ensure clear line of sight from planning through to delivery, monitoring and escalation via Committees and the Board.
- Revised governance and oversight arrangements introduced by WG from 01 April will continue to be monitored and reported publicly; and the focus remains on further de-escalation and addressing remaining challenges.

The Board **RECEIVED** the report and took **ASSURANCE** that appropriate mechanisms are in place to monitor and report to the Board (and its Committees) against the Level 4 de-escalation criteria.

3.6 FINANCIAL PERFORMANCE 2025/26 - MONTH 11 (PTHB/25/165)

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

- Confirmed that the Health Board remains on track to deliver the revised forecast deficit of £33.3m at Month 11, with limited scope to materially change the year-end position, and on track to deliver the capital position within the capital resource limit of £8.392m.
- Key pressures continue to relate to services commissioned from other bodies and private providers, including CHC, which is experiencing ongoing growth.
- Agency spend remains broadly flat and is on track to deliver the mandated 30% reduction, with this target continuing into the next financial year.
- Additional cost pressures include NHS tariff increases and variability in private provider placements, particularly within mental health and learning disability services.
- Delays across health, joint and social care continue to present a significant cost pressure, while prescribing performance remains strong and savings delivery stands at £20.385m.

Independent Members asked the following questions for assurance:
Can assurance be provided on the year-end financial position, the significant shift between health and social care delays and the actions being taken to achieve the capital outturn given the level of spend required in the final month?
PH advised that the Health Board remains on track to meet its revised deficit and achieve its capital resource outturn. In relation to capital, the position reflects work in progress, with significant payments due in the final weeks of the year and the position is being closely managed with assurance from the capital and finance teams. EL advised that the apparent shift from social care to health delays largely reflects a change in the configuration of the reablement service, meaning delays previously attributed to social care are now recorded as health delays. Despite this reclassification, the overall cost of delays has reduced year-on-year.

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Could clarification be provided on the identified risk relating to responsibility for prescribing versus accountability for the prescribing budget, and what assurance can be given that robust processes are in place to monitor prescribing activity?
PH explained that while prescribing decisions sit primarily within primary care, the Health Board holds the associated budget, which can create a challenge. PH confirmed that prescribing remains an area of close attention, supported by multiple dashboards and detailed reporting. KW added that there is very close working with primary care colleagues, with pharmacy teams sharing data, dashboards, learning and feedback with practices. This approach has been well received and has contributed to a continued downward trend in prescribing costs and the delivery of significant savings.

The report states a 19% vacancy rate within Mental Health and Learning Disability services; how is this position being managed?
PH advised that a detailed recruitment and retention approach is in place and is regularly reported through to the Committees; noting that the vacancies largely reflect staff turnover and that there is a focus on achieving full establishment in these clinical areas, which in turn supports a reduction in agency spend. DWL added that vacancy levels in Mental Health are closely monitored and that targeted work is underway across both clinical and non-clinical roles, including the development of aspiring nurses, some of whom will progress into Mental Health roles. DWL also noted that this approach has already contributed to a 30% reduction in agency spend, with further work planned to deliver required improvements during the year.

The Board:

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

3.7 INTEGRATED QUALITY AND PERFORMANCE REPORT 2026/26 - MONTH 10 (PTHB/25/166)

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

- The Health Board continues to meet the 52 week and 104 week waiting times target; and perform well in the MIUs on the 4-hour waiting times target.
- Deterioration in diagnostics performance, with issues around sickness in small teams.
- The children and young people mental health care and treatment plan measure is not being met, through remediation plans are in place.
- Improvement reports across several provider services, including therapies, with adult mental health performance stabilising and improving.
- No patients waiting over 104 weeks for children and young people's neurodevelopmental assessments, meeting the agreed recovery milestone.
- A reporting issue relating to national reportable incidents was identified and escalated to WG, with correction planned for the next report.
- In commissioned services, planned care waiting times across NHS Wales continue to improve due to central funding.

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- Data highlights a particular challenge at Robert Jones and Agnes Hunt (RJAH) Hospital relating to long-waiting, complex spinal patients, which is a national capacity issue.
- An agreed cohort of 63 long-waiting spinal patients is being managed with the provider. Fortnightly meetings are held with the provider to monitor progress, with projections to exceed delivery targets by year-end.
- A trial clinic for earlier-stage patients on the waiting list has been successfully delivered in collaboration with the provider.
- Planning is underway for 2026/27 to address very long-waiting patients while aligning commissioning intentions with NHS Wales waiting time standards.

Independent Members asked the following questions for assurance:
For commissioned services next year, will partner Health Boards be able to indicate whether waiting times are expected to improve or worsen in light of their financial positions? In addition, could a more meaningful Welsh Ambulance Services NHS Trust (WAST) measure for Powys, such as time from emergency call to hospital arrival ("call to door"), as used for stroke patients, be considered for future reporting?
NJ advised that other Health Boards had indicated they expected to struggle to meet planned care waiting times from 01 April, largely due to reliance on central funding that would not be available next year. On the WAST measure, NJ confirmed the stroke "call-to-door" metric existed through JCC arrangements and said this would be taken back to JCC and WAST for consideration.

Is there sufficient confidence in securing in-reach diagnostic capacity by year-end and whether planned Child and Adolescent Mental Health Services (CAMHS) recruitment in North Powys will be supported by a more resilient, sustainable model of care?
EL advised that diagnostic performance is expected to achieve zero breaches by year-end, despite a short-term staffing risk. Children and young people's mental health performance has been strong overall, with a minor dip below target linked to a single vacancy and short-term sickness, which is not expected to be ongoing. It was acknowledged that small and geographically dispersed teams remain a challenge but continue to be closely monitored.

Could the dashboard presentation (on page 9) be improved to make the RAG status clearer and easier to interpret?
NJ acknowledged the comment regarding the clarity of RAG ratings, noting the table's length and confirming it can be appended to future reports.

How is the underperformance in ophthalmology, linked to the fragility of in-reach arrangements with WVT in mid-Powys, being addressed and are there opportunities for financial recompense where performance is not delivered?
NJ advised that ophthalmology forms part of the wider planned care transformation work. The forthcoming Getting It Right First Time (GIRFT) report, expected in April, will inform a review of options to modernise how clinical input is secured for Powys services. This work will consider alternative approaches for the future, including potential changes to existing delivery models.

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The Board **DISCUSSED** the content of the report and took **ASSURANCE** that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.

3.8 STRATEGIC RISK REGISTER AND BOARD ASSURANCE DASHBOARD (PTHB/25/167)

HB presented the Strategic Risk Register and Board Assurance Dashboard to the Board for review, assurance and approval. The Organisational Risk Register summary was also provided for Board awareness.

Independent Members asked the following questions for assurance:

Despite updates to mitigating actions and controls against the strategic risks, why has there been no change in risk scores? Does this indicate that the controls and mitigations are operating effectively?
HB acknowledged that strategic risk scores are unlikely to change frequently due to their long-term nature but agreed that greater attention is needed on assessing the effectiveness of controls and assurances over time. HB advised this should be considered on a longitudinal basis through the Board Assurance Framework, with further review as part of the annual risk review to ensure risks are appropriately positioned at strategic and organisational levels.

How has the Structured Assessment of strategic risks supported clearer understanding and evidence to quantify those risks?
HB noted that the structured assessment has helped stimulate further discussion of strategic risks and the evidence required to quantify them. This has supported improved consideration of assurance and strengthened how risks are understood and evidenced at committee level.

How will strategic and organisational risks be reviewed to ensure they are captured at the right level, supported by appropriate trajectories and aligned with Committee oversight?
HB advised that the strategic and organisational risks will be reviewed to ensure they are positioned at the appropriate level and considered within the right governance forums. This will include clearer consideration of trajectories over time and maintaining alignment between strategic risks and committee structures. HB noted that risk management continues to mature across the organisation, with improved integration into reporting and governance arrangements.

Given that three strategic risks remain outside the Board's risk appetite (particularly emergency preparedness and incident response) what confidence is there that this risk can be brought within appetite?
MB noted that the risk score had already been reduced to reflect existing preparedness and response plans, with a target score of six. Work is ongoing and continuous, involving the Health Board, the Local Resilience Forum and WG. Progress is dependent on national plans, including outcomes from recent pandemic exercises. MB advised that the risk is kept under regular review in light of emerging global factors.

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The Board:

- **REVIEWED** the March 2026 Strategic Risk Register update, included at Appendix A ensuring that it is a complete and a true reflection of the health board's current high-level risks.
- **REVIEWED** the March 2026 BAF Dashboard update, included at Appendix B ensuring that it is a complete and a true assessment of the health board's confidence in its strategic controls and assurance.
- Took **ASSURANCE** on the development of an Organisational Risk Register (ORR) encompassing the most significant operational risks the organisation, a high-level summary of which is included at Appendix C.
- Took **ASSURANCE** on the controls and assurances to manage strategic risks and there are actions to address any identified gaps.

3.9 DIRECTOR OF CORPORATE GOVERNANCE REPORT (PTHB/25/168)

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

- Two Chair's Actions (in relation to Dental Services in Llandrindod Wells and the procurement and awarding of contract for the electronic healthcare record system).
- The first meeting of the Healthcare Professionals Forum was held on the 20 March 2026.

The Board:

- **RECEIVED** the Director of Corporate Governance report.
- **RATIFIED** the two Chair's Action taken since the last meeting of the Board held on the 28 January 2026;
- **NOTED** the update provided in relation to the Health Boards Petitions protocol.

3.10 MINUTES OF PREVIOUS MEETING HELD ON 28 JANUARY 2026 (PTHB/25/169)

The minutes of the meeting held on the 28 January 2026 were **CONFIRMED** as an accurate record.

4 CONSENT AGENDA (PTHB/25/170)

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

- **FOR ASSURANCE:** 4.1 Assurance Report of the Board's Joint Committees.
- **FOR ASSURANCE:** 4.2 Assurance Report of the Board's Partnership Arrangements.
- **FOR ASSURANCE:** 4.3 Assurance Report of the Board's Advisory Groups (LPF 19.01.2026 and HPF 20.03.2026).
- **FOR ASSURANCE:** 4.4 Annual Delivery Plan 2025/26 Q3.
- **FOR ASSURANCE:** 4.5 Board Work Programme.
- **FOR INFORMATION:** 4.6 Glossary.

5 OTHER MATTERS

5.1 ANY OTHER URGENT BUSINESS (PTHB/25/171)

None raised.

5.2 DATE OF NEXT MEETING (PTHB/25/172)

20 May 2026.

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Meeting closed at 14.21



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

Agenda item: 4.1

BOARD	**20 MAY 2026**
Subject:	**SUMMARY OF JOINT COMMITTEE ACTIVITY**
Approved and presented by:	Hayley Thomas, Chief Executive
Prepared by:	Head of Corporate Governance
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant joint committees.

PURPOSE:

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

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

RECOMMENDATION(S):

It is recommended that the Board:

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

Approve/Take Assurance	Discuss	Note
Y	Y	Y

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

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EXECUTIVE SUMMARY:

This report provides an update of the recent activities of the Joint Commissioning Committee of the PTHB Board.

The report also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC) and the Regional Committees in both South East and South West Wales.

DETAILED BACKGROUND AND ASSESSMENT

Joint Commissioning Committee (JCC)

The Joint Commissioning Committee held virtual meetings on 17 March and 23 March 2026. The papers for these meetings are available at Meeting Dates and Papers - NHS Wales Joint Commissioning Committee

The highlights report from the meetings held on 17 and 23 March 2026 are attached at **Appendix A**.

Mid Wales Joint Committee for Health and Social Care (MWJC)

The Mid Wales Joint Committee for Health and Social Care have not met since the last meeting of Board. An update from April 2026 is attached at **Appendix B**The papers MWJC are available at: Joint Committee Meetings - Mid Wales Joint Committee.

South East Wales Regional Joint Commissioning Committee (SEWRJC)

The Health Board is an Associate Member of the South East Wales Regional Joint Commissioning Committee. The Executive Director of Planning, Performance and Commissioning is the identified PTHB representative for the Committee.

The SEWRJC last met on the 24 February 2026. Papers for meetings of the SEWRJC are available at: South-East Wales Regional Joint Committee - Aneurin Bevan University Health Board

South West Regional Joint Committee (SWRJC)

The South West Regional Committee has been established for some time. PTHB has joined this Committee as an Associate Member, the Chair of the Board is the identified PTHB representative for the Committee.

The Committee last met on the 22 January 2026, papers are available here - Regional Joint Committee (RJC) - Swansea Bay University Health Board

NEXT STEPS:

Updates will continue to be brought to each scheduled meeting the Board.

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IMPACT ASSESSMENT – NOT REQUIRED

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

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

Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee

Dyddiad y Cyfarfod / Date of Meeting	17/03/2026
Statws Cyhoeddi / Publication Status	Open/Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Helen Tyler, Head of Governance and Risk, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Huw George, Chief Commissioner, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Huw George, Chief Commissioner, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Health Boards	April 2026	Noted

1. SITUATION/BACKGROUND

This report has been prepared to provide Health Board (HB) Chief Executive Officer Members of the Joint Committee with a summary of the key issues considered by the NHS Wales Joint Commissioning Committee (JC) at its public meeting on 17 March 2026.

Key highlights from the meeting are reported in Section 3.

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2. PURPOSE

The Purpose and Role of the JC is set out in Paragraphs 2.18 and 2.20 of the NWJCC Standing Orders (SOs).

3. HIGHLIGHT REPORT

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

Status	Update
Alert / Escalate	**Director of Commissioning for Specialised Services** • An update was provided on the increased Obesity Surgery Services Risk (Risk 61 - Current score red 20). Members noted that an interim arrangement was in place with Swansea Bay University Health Board (SBUHB) for access to obesity services for patients based in North Wales and efforts continued to find an alternative provider in North Wales. • Members also noted the on-going risk concerning Joint Accreditation Committee of the European BMT Society (JACIE) certification for BMT and CAR-T services at Cardiff and Vale University Health Board (CVUHB) and SBUHB, with an early July 2026 deadline for meeting accreditation requirements. Assurance on revenue needs was required from a commissioning standpoint. A review of previous funding will be conducted, and a business case will be submitted through the NWJCC governance processes to confirm whether the necessary revenue for the production facility was available. There is a requirement for capital plans to be approved by July 2026. CVUHB continued to collaborate closely with Welsh Government to meet this timeline. This remains a significant risk, noted in the organisational risk register (Risks 80 and 81 – red 15), and as the capital situation evolves, ongoing review of the risks will be required. • Inconsistent Health Board attendance at Individual Patient Funding Request (IPFR) Panel meetings had led to more Chair's Actions, which affected how decisions were made. CEOs will review their HB participation, to ensure improved attendance.
Advise	**Recommendation 4: Rural Response Options** - The report provided an update and options regarding Recommendation 4 – Rural Response. Previous updates had highlighted the need for public engagement, considering operational improvements such as ambulance handover times and availability. - The earliest projected timeframe for establishing a new consolidated air ambulance base was the first quarter of the 2027/2028 financial year.

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Status	Update
	- The report outlined three options and the JCC approved **Option 3** which included re-engaging with the public and providers to revisit and potentially revise commissioning intentions, given the extended planning window before the consolidated base becomes operational. - The work will be brought into the organisations planning structures and would feature in prioritisation discussions and the development of the next Integrated Medium-Term Plan (IMTP). A standalone report containing a proposal will be scheduled for the November 2026 JCC meeting and in the meantime updates on progress will continue to be provided in the Director of Commissioning for Ambulance Services and 111 reports. - **Approach to the Commissioning of Hospices Services in Wales** - The co-produced report aimed to establish a consistent baseline and explore national, local, or regional commissioning models. The report set out options to be considered during the next year about where commissioning sits, whether that's nationally, locally, or regionally. Committee members acknowledged the complexity of the hospice sector, the patchwork of providers, and the unpredictability of voluntary income, with the JCC's role as a system leader and convener highlighted. The JCC endorsed the commissioning approach outlined in the report.
Assure	The Committee received the following sub-committee assurance reports: - **Quality, Safety and Outcomes Sub-Committee** - **Planning, Performance and Finance Sub-Committee** - **CTMUHB Audit & Risk Committee** IPFR HB attendance was highlighted as a concern. See Alert/Escalate section above. **Governance & Risk Management:** - The **Organisational Risk Register** as of 31 January 2026 was received. Risks had been reviewed and scrutinised by the NWJCC Sub-Committees prior to the JC. Members noted a reduction in reported risks. This progress was attributed to a comprehensive re-basing exercise and improved risk descriptions as opposed to a reduction in the risk held by the NWJCC.

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Status	Update
	- An intention was shared to present the NWJCC Joint Commissioning Assurance Framework, an updated Risk Appetite Statement, and a revised Risk Management Procedure (aligned to the Cwm Taf Morgannwg University Health Board policy) at the July JC meeting. See Alert/Escalate section for updates on two specialised services commissioning risks that were highlighted as areas of concern. The **Corporate Governance Report** including updates on the internal audit programme, hosting arrangements and Welsh Health Circulars was shared. The JC endorsed QSOC and PPF Terms of References for HB approval; and approved JC Annual Effectiveness Survey questions and QSOC, PPF and JC Forward Plans of Business.
Inform	The **Chair's Report** summarised the JC Strategy Session held on 16 February 2026, which covered topics including the development and key issues emerging through the development of the NWJCC IMTP. The **Chief Commissioner's Report** included updates on: - The NWJCC Welsh Government Scrutiny Session - Collaborative Commissioning Leadership Group (CCLG) IMTP Development sessions and the approach to in-year Financial Risk. - The progress made in relation to implementing the new organisational structure for the NWJCC; and - National Programmes of Work, including the Sexual Assault Referral Centre programme. Reports from each of the Commissioning Directors: **Director of Commissioning for Ambulance Services and 111** Members noted: - An update on the implementation of the new ambulance performance framework and the independent evaluation by Edge Hill and Swansea Universities, with plans for health board input into the evaluation methodology and interim evaluations to monitor both short-term and long-term outcomes. **Director of Commissioning for Specialised Services** Members noted:

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Status	Update
	- In addition to the update provided in relation to the JACIE and Obesity Surgery risks, plastic surgery waiting times in South Wales had improved significantly, with SBUHB treating all patients waiting over 104 weeks by March 2026. The need for appropriate commissioning of this service was recognised. **Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups** Members noted: - The NWJCC's continuing oversight of the St Andrew's mental health facility which included attendance at weekly Gold and Silver meetings and multi-agency involvement to manage service quality. Eleven Welsh patients currently remain in St Andrew's, with no concerns reported, and coordination remained ongoing between the NWJCC, alternative providers, and health boards in Wales to repatriate these patients. - The Welsh Gender Service review will proceed in two phases: an internal review beginning in quarter one of 2026/2027, followed by an independent external review in quarter three, subject to funding and alignment with English reviews, with patient involvement and the selection of a credible specialist reviewer highlighted as essential. - Members discussed delays in the Royal College of Psychiatrists' review of eating disorder inpatient care, emphasising the need for system-wide cooperation and forthcoming meetings with Welsh Government and service leads. The JC received the **Month 10 and 11 Finance Reports** and the **Operational Performance Report.** The month 11 financial position forecast a £6.7 million overspend, improved from earlier in the year, with all known risks and opportunities included, and efforts underway to ensure a stable year-end outcome. Members also welcomed on-going and continued improvements to performance reporting, including enhanced data quality, user friendly formats and the integration of key metrics. New key performance metrics for 2026/27 will significantly impact Welsh providers, with modelling underway to assess implications and ensure shared understanding of risks, to be fed back to the JC. The **NWJCC Foundation Plan update for Quarter 3** was received and members noted that most priorities were moving

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Status	Update
	forward as intended, albeit some areas had experienced delays due to capacity limitations and dependence on external organisations. There were plans to in place to strengthen delivery confidence assessments and improve early risk identification in upcoming reports.
Appendices	None.

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC **Link to JCC Strategic Objectives(s)**	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals** 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Enablers of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Domains of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Effective
	Efficient; Equitable; Person-centred; Timely; Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd	Yes: ☐	No: ☒

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

5. RECOMMENDATIONS

The Health Board is asked to:

- **Note** the highlights outlined in Section 3 of this report.

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Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee

Dyddiad y Cyfarfod / Date of Meeting	23/03/2026
Statws Cyhoeddi / Publication Status	Open/Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Helen Tyler, Head of Governance and Risk, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Huw George, Chief Commissioner, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Huw George, Chief Commissioner, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Health Boards	April 2026	Noted

1. SITUATION/BACKGROUND

This report has been prepared to provide Health Board's with a summary of the key issues considered by the NHS Wales Joint Commissioning Committee (JC) at its public Extraordinary meeting on 23 March 2026.

Key highlights from the meeting are reported in Section 2.

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2. HIGHLIGHT REPORT

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

Status	Update
Alert / Escalate	Since the 23 March 2026 Extraordinary public meeting wording for the recommendation approving the Annual Plan has been agreed via Chair's Action. **The NWJCC Annual Plan for 2026-27 has been approved subject to the requirement for the JCC to work collaboratively with Local Health Boards to urgently develop the 2026/27 priorities to maximise cost improvement efficiencies and savings to improve the additional financial requirement of £16.2m in year.**
Advise	The NWJCC Annual Plan for 2026-2027 was presented for approval. Welsh Government (WG) had initially required the preparation a full three-year Integrated Medium-Term Plan, however clarification had been received that a one-year plan set within a three-year context should be submitted. This resolved the previous governance concerns about committing to multi-year plans when Health Boards (HBs) were only submitting one-year plans. Financial Overview - • The year started with a major deficit that was reduced through the efforts of NWJCC and HB colleagues. • Activity growth, especially in specialist and NHS England services, increased costs which were addressed in the Plan. • A 1.1% funding pass-through (non-pay) had been passed to providers. • The NWJCC would expect providers to deliver 2% efficiency savings equating to £12 million. • Commissioners would collectively contribute a £16.2 million uplift across seven HBs. • The Plan contained inherent risk, and Members noted that work would continue with HBs during 2026/27 to mitigate commissioning risks and to identify further savings opportunities. Members discussed how to describe and present the £16.2m in year risk. Various options were proposed in relation to the

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Status	Update
	wording, but members opted to approve the plan in principle subject to allowing a short period to refine the wording around the treatment of the £16.2 million risk for consistency across HBs. There was a commitment to engage all Lay Members and HB representatives in the decision-making process, with the objective of reaching a conclusion within the following 48 hours. The Joint Commissioning Committee resolved to: • **Approve** the Annual Plan for 2026-27 in principle, subject to urgent further discussion and consensus on the wording regarding the £16.2 million deficit.
Assure	N/A
Inform	N/A
Appendices	None.

3. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC **Link to JCC Strategic Objectives(s)**	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals** 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Enablers of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Domains of Quality**	Effective
	Efficient; Equitable; Person-centred; Timely; Safe

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(Duty of Quality Statutory Guidance (gov.wales))	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

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

4. RECOMMENDATIONS

The Health Board is asked to:

- **Note** the highlights outlined in Section 3 of this report.

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Cyd-bwyllgor Iechyd a Gofal y Canolbarth ar gyfer Iechyd a Gofal / **Mid Wales Joint Committee for Health and Care**	
***Cadeirydd Arweiniol* / Lead Chair**	Dyfed Edwards, Chair, Betsi Cadwaladr University Health Board
***Prif Weithredwr Arweiniol* / Lead Chief Executive**	Prof. Phil Kloer, Chief Executive, Hywel Dda University Health Board
Cyfarwyddwr y Rhaglen* / *Programme Director	Keith Jones, Director of Operational Planning and Performance, Hywel Dda University Health Board
***Dyddiad y Cyfarfod Diwethaf* / Date of Last Meeting**	13 October 2025 (Mid Wales Joint Committee sub-groups have continued to meet regularly over the reporting period)
***Cyfnod Adrodd* / Reporting Period**	October 2025 to April 2026

***Penderfyniadau allweddol a Materion a ystyriwyd gan y Cyd-bwyllgor* / Key Decisions and Matters considered by the Joint Committee**

Review of the Mid Wales Joint Committee (MWJC)
Since the publication of the Mid Wales Healthcare Study in 2015, the health and care system has undergone significant change. This includes the establishment of Regional Partnership Boards and Regional Joint Committees, the development of national digital and clinical programmes, and increasing financial and workforce pressures. The COVID-19 pandemic also had a major impact, delaying progress and prompting a 2021 review of the Joint Committee, which confirmed its continued value but highlighted the need for more flexible, place-based approaches across Mid Wales.

These changes, alongside new leadership appointments in 2025, have led to a reconsideration of the MWJC's role, priorities, and governance. Key work has included reviewing and refreshing the Strategic Intent to align with current organisational plans, assessing governance arrangements (including the role of the Mid Wales Strategic Commissioning Group and integration with social care), and developing an agreed Mid Wales priorities and a delivery plan for 2026/27.

In response, the Chief Executives of the three Mid Wales Health Boards have commissioned a review of the MWJC to assess its ongoing relevance, reflect on progress and learning to date, and consider future requirements for the Mid Wales population. A workshop was held on 20 April 2026 brought together Lead Chair for the MWJC, Chief Executives, Medical Directors, and Directors of Planning from the three Mid Wales Health Boards, along with Directors of Social Services from the three Local Authorities serving Mid Wales*, to evaluate achievements, explore whether the MWJC remains fit for purpose, and identify opportunities for future collaboration and added value.
*Welsh Ambulance Services University NHS Trust (WAST) representatives were invited but unable to attend.

A written summary of the workshop discussions has been produced which is due to be shared with participants. Accompanying this will be a set of proposed options for the future direction of the MWJC, covering its scope and purpose. These options will be considered through the MWJC's existing governance structure to enable formal decision-making on the preferred approach.

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Mid Wales Priorities and Delivery Plan 2025/26 – Update (October 2025 to March 2026)
The Mid Wales Planning and Delivery Executive Group (MWPDEG) oversees delivery of the Mid Wales Priorities and Delivery Plan for 2025/26 and progress made for the period October 2025 to March 2026 builds on the position reported previously (April to September 2025). Overall, progress has been mixed but broadly positive, with a number of workstreams demonstrating tangible delivery and others requiring continued focus into 2026/27.
By the end of March 2026 key areas of progress included:

- Completion of urology and cross-border workforce workstreams, reflecting progress in pathway development and collaborative workforce approaches.
- Development of regional clinical pathways, particularly within urology and colorectal services.
- Progressing business cases and service models, including:
  - Progressing the establishment of the North Powys Wet Age-Related Macular Degeneration (AMD) service for Powys Teaching Health Board (PTHB) residents who currently travel to the North Road Clinic, Aberystwyth, for treatment.
  - Progressing the provision of the PTHB Endodontic service at Llandrindod Wells for patients residing in the 'SY' postcode area of Hywel Dda University Health Board (HDdUHB).
- Strengthening of cross-organisational workforce arrangements.
- Support for collaborative commissioning discussions, including oncology and dental services.

A number of workstreams have experienced delays and have been impacted by workforce and capacity constraints, delays in governance approvals and challenges associated with cross-organisational coordination. As a result, several workstreams have been carried forward into 2026/27, with revised timelines and continued oversight required.

Mid Wales Priorities and Delivery Plan 2025/26 (Appendix A) – Update (April 2026)
For 2026/27, a flexible approach to setting priorities has been adopted, with those priorities and workstreams still in progress from 2025/26 continuing into the new planning cycle. A new workstream has also been introduced under the Workforce priority: Rural Health and Care Workforce. Further areas of work may be introduced once the Joint Committee review has concluded and organisational health and care annual plans have been approved. As such, the Mid Wales priorities for 2026/27 will remain under continuous review throughout the year.

As at the end of April 2026, all workstreams are rated green ('on track'), with the following three workstreams expected to be completed by their target date of 30 June 2026:

- PTHB nurse-led wet AMD service
- Networking opportunities and joint pathway development
- Endodontic services

Mid Wales Clinical Advisory Group (MWCAG)
The Mid Wales Clinical Advisory Group (MWCAG) has continued to provide clinical oversight and advice to support delivery of the Mid Wales priorities, with a particular focus on pathway development, strategic service change, and system-wide issues affecting the Mid Wales population. Progress has been made in closing key urology workstreams (Prostate-Specific Antigen (PSA) and Trial Without Catheter pathways), which have supported shared learning and informed local implementation, although some elements—particularly PSA monitoring—remain constrained by lack of national agreement, leading to recommendations for local solutions.

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MWCAG has contributed to wider system developments, including the North Powys Wellbeing Programme and major strategic service change programmes across Health Boards. The group has supported forward planning for 2026/27 priorities and contributed to the broader review of the MWJC, reflecting on its effectiveness and future role within an evolving system landscape.

The group has also played a central role in overseeing the Mid Wales Stroke Services Steering Group which MWCAG established in response to a request from the MWPDEG to consider both existing and proposed changes to stroke services across the region. The group was tasked with assessing the impact of regional service changes on the Mid Wales population and identifying associated risks, challenges, and potential mitigations. It found that services are currently fragile, with key issues including workforce shortages, infrastructure limitations, and underperformance against targets. Changes already made to acute stroke services—many involving relocation further away from Mid Wales—have increased travel times for patients and placed additional pressure on ambulance services, while also offering potential improvements in clinical outcomes through more sustainable staffing and specialist care. Significant challenges also exist in rehabilitation capacity, repatriation processes, and gaps in community provision, which may prolong hospital stays further away from home. The group identified opportunities relating to clinical technology, mobile stroke units, and strengthened rehabilitation pathways, and has proposed evolving into a more operational group to improve coordination, communication, and oversight of ongoing service changes and their impacts. MWPDEG has endorsed the continuation of a stroke group under the MWCAG, with a refreshed and flexible approach to membership and engagement, enabling members to contribute as specific issues arise rather than relying solely on standing meetings.

Mid Wales Strategic Commissioning Group (MWStCG)
The MWStCG has continued to support joint commissioning discussions across the Health Boards, alongside progressing work aligned to the Joint Committee's priorities and key workstreams. This includes Ophthalmology (notably the North Powys wet AMD service), Endodontic, Oncology, and Colorectal services.

The group is also overseeing a mapping exercise to analyse the strategic plans of the three Mid Wales Health Boards, the WAST, and the three Local Authorities. This work aims to identify shared objectives and common themes across organisations. The findings will inform the development of a refreshed Mid Wales Strategic Intent and will be compared with the original aims of the Joint Committee to assess whether its vision and principles remain valid.

Rural Health and Care Wales (RHCW)
The MWPDEG and RHCW Stakeholder Group have continued to oversee delivery of the Rural Health and Care Wales work programme for 2025/26, including the year-end position and the development of the work programme for 2026/27.

The annual RHCW conference, themed "Innovation and Improvement – advances in the delivery of rural health, care and wellbeing services," was held on 11 and 12 November 2025 at the Royal Welsh Showground, Builth Wells. The 2026 annual RHCW conference has been scheduled for 10 and 11 November 2026.

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Materion sydd angen eu cytuno new trafod ymhellach gan y Bwrdd / **Items to be referred to the Board for agreement or discussion**
The Board is asked to **NOTE**: • The update on the review of the MWJC which is currently in progress. • The progress made in delivering the Mid Wales Priorities and Delivery Plan for 2025/26 for the period October 2025 to March 2026. • The Mid Wales priorities and workstreams for 2026/27 and the progress made in delivering the Mid Wales Priorities and Delivery Plan for 2026/27 up until April 2026.

Dyddiad y Cyfarfod Nesaf / **Date of Next Meeting**	Time and date of the next meeting of the MWJC to be confirmed.

Agenda, papers and minutes of the Mid Wales Joint Committee meeting are available on its website: English - https://mwjc.nhs.wales, Welsh - https://cbbc.gig.cymru

Acronyms / Glossary of Terms	
AMD	Age-Related Macular Degeneration
BCUHB	Betsi Cadwaladr University Health Board
GA	General Anaesthesia
HB	Health Board
HEIW	Health Education and Improvement Wales
HDdUHB	Hywel Dda University Health Board
MDT	Multidisciplinary Team
MWCAG	Mid Wales Clinical Advisory Group
MWJC	Mid Wales Joint Committee
MWPDEG	Mid Wales Planning and Delivery Executive Group
MWStCG	Mid Wales Strategic Commissioning Group
PSA	Prostate-Specific Antigen
PTHB	Powys Teaching Health Board
RHCW	Rural Health and Care Wales
SWDP	Support Worker Development Programme
WAST	Welsh Ambulance Services University NHS Trust

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Mid Wales Priorities 2026/27		
Priority	**Workstream**	**Aim**
Ophthalmology	Powys Teaching Health Board (PTHB) nurse led wet age-related macular degeneration (AMD) service.	Progress the proposal for a PTHB nurse led wet AMD service in North Powys (Newtown) with Hywel Dda University Health Board (HDdUHB) medical oversight / District General Hospital pathway.
	Networking opportunities and joint pathway development	Develop opportunities for PTHB staff to work at the North Road clinic in order to inform PTHB pathway development and repatriation opportunities with eyecare Multidisciplinary Team (MDT) in Powys.
	Mid Wales Clinical Leadership	Develop a proposal for clinical leadership for Mid Wales ophthalmology services.
	Primary care eye care services for the South Gwynedd area	Explore options to strengthen primary care eye care provision in the South Gwynedd area.
Cancer	Radiotherapy pathway	Identify opportunities to improve access to radiotherapy across Mid Wales by minimising unnecessary travel for patients and ensuring that suitable transport and accommodation options are available when treatment closer to home is not possible.
	Chemotherapy pathway	Identify opportunities to improve access to, and increase provision of, chemotherapy services across Mid Wales.
Dental	Endodontic services	Develop a pathway enabling HDdUHB Ceredigion patients residing in the Mid Wales catchment area to access endodontic treatment delivered by PTHB at Llandrindod Wells Hospital.
	Paediatric General Anaesthesia (GA) service	Explore the feasibility of establishing an integrated Paediatric GA service for Mid Wales.
Strategic Service Change programmes	Strategic Service Change programmes	Review pathways affected by organisational Strategic Service Change programmes and support the development of regional and cross-border solutions.
Colorectal	Colorectal service development and expansion	Explore the opportunities for expanding the HDdUHB colorectal service to include patients from other areas of PTHB and Betsi Cadwaladr University Health Board (BCUHB).
Dermatology	Dermatology	Review the current Dermatology service provision across Mid Wales and identify opportunities to increase capacity and improve access.

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Mid Wales Priorities 2026/27		
Priority	**Workstream**	**Aim**
Rural Health and Care workforce	Support Worker Development Programme (SWDP)	Expand the Mid Wales SWDP beyond the initial Health Board (HB) partnership, enabling full regional integration and cross-sector participation.
	Cross-Sector Population Health, Wellbeing and Prevention Capability Development	Establish a baseline position across Mid Wales of workforce capabilities in prevention, population health and community-based wellbeing support, to identify opportunities for collaboration.
	Workforce Health, Wellbeing and Psychological Support	Establish a regional baseline position of workforce health, wellbeing and psychological support needs across Mid Wales Health Boards (HB), enabling improved access, reduced duplication and strengthened resilience for staff.
	National Management & Leadership Competency Framework	Support early development activity related to the national Management & Leadership Competency Framework in partnership with Health Education and Improvement Wales (HEIW), ensuring that emerging proposals are aligned across Mid Wales and duplication is avoided between the three Mid Wales HBs.

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Agenda item: 4.2

BOARD	DATE OF MEETING: 20 MAY 2026
Subject:	**SUMMARY OF PARTNERSHIP BOARD ACTIVITY**
Approved and presented by:	Hayley Thomas, Chief Executive
Prepared by:	Head of Corporate Governance
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant partnership board.

PURPOSE:

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings, including the following:

- NHS Wales Shared Services Partnership Committee (NWSSPC).
- Powys Public Services Board (PSB).
- Regional Partnership Board (RPB).

RECOMMENDATION(S):

It is recommended that the Board:

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

Approve/Take Assurance	Discuss	Note
Y	Y	Y

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

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8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

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

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

The Shared Services Partnership Committee met on 14 May 2026. The papers for these meetings are available at: Shared Services Partnership Committee (SSPC) - NHS Wales Shared Services Partnership. The assurance report from the meeting on 19 March 2026 is attached at **Appendix 1.** The report from the meeting on 14 May 2026 will be presented to the July Board meeting.

The next meeting is scheduled for 16 July 2026.

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

The PSB has not met since the last meeting of Board. The PSB are next scheduled to meet on 25 June 2026.

The Powys Regional Partnership Board (RPB): established under the Social Services and Well-being (Wales) Act 2014, which came into force in April 2016. Its key role is to identify key areas of improvement for care and support services in Powys and to identify opportunity for integration between Social Care and Health.

The RPB last met on the 26 March 2026 where the following matters were considered:

- National updates including the Integrated Community Care System
- Updates on:
  - RPB Executive
  - Regional Integrated Funding exit management
  - Trusted Assessor
  - RPB Capital
  - Population Needs Assessment and Market Stability Report

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The next meeting of the RPB is scheduled for 24 June 2026.

NEXT STEPS:
Updates will continue to be brought to the Board and where necessary, specific decision-making matters will be scheduled.

IMPACT ASSESSMENT – NOT REQUIRED

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ASSURANCE REPORT
NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	**Shared Services Partnership Committee**
Chaired by	Professor Tracy Myhill OBE, NWSSP Chair
Lead Executive	Neil Frow OBE, Managing Director, NWSSP
Author and Contact Details	Roxann Davies, Corporate Services Manager and James Quance, Assistant Director of Corporate Services
Date of Meeting	19 March 2026

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

Chair's Report - The Chair updated the Committee on her activities since the meeting held on 22 January 2026. This included attendance at Chairs' meetings in January and February, with detailed discussion at the February meeting on the Welsh Risk Pool and its associated financial challenges. She also reported progress on the Governance and Accountability Review, attendance at Welsh Risk Pool meetings, and her contribution to Welsh Government work to develop a procedure for the performance management, removal and suspension of non-officer members across NHS Wales, drawing on her HR expertise. Additional activity included attendance at the NWSSP Audit Committee with Velindre, engagement with Welsh Government, Velindre and NWSSP on the Review Implementation Group, one-to-one meetings with the Chief Executive, and participation in the NWSSP Health and Wellbeing Conference, where she spoke on resilience. Forthcoming commitments were outlined, including further Chairs' and governance meetings and a joint session with Chairs, Chief Executives and the Director General.

Chair reflected on her 4.5-year tenure and thanked the Committee, Vice Chair, Senior Leadership Group and colleagues for their support and constructive challenge. She highlighted a number of key achievements and NWSSP's contribution during and beyond the COVID-19 pandemic, confirmed her intention to continue supporting NHS Wales in a different capacity, and expressed confidence in NWSSP's future. Committee Members formally recorded their thanks, noting the Chair's leadership, partnership working and the positive culture established during her tenure.

The Committee **NOTED** the Chair's Report.

Chair's Action – Ratification of All Wales e-Rostering Solution - The Committee **RATIFIED** the Chair's Urgent Action taken between meetings to approve the expansion of the All Wales e-Rostering contract to include Cardiff and Vale University Health Board medical and dental staff. It was confirmed that the action was taken in line with the Scheme of Delegation, that all necessary approvals had been secured, and that appropriate governance processes had been followed. For assurance, it was noted that Velindre Trust Board approval had also been sought and would be ratified via Chair's Action at the Trust Board meeting on 26 March 2026, and that a further paper would address the on-boarding of additional Health Boards.

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Managing Director Update - The Managing Director presented a comprehensive update on key developments across NWSSP since the previous meeting. This included progress on the Governance and Accountability Review, with the Implementation Group meeting regularly and the review confirming the governance framework as fundamentally sound, with recommendations in hand to strengthen assurance. An update was provided on the Welsh Risk Pool, noting that the £49m Welsh Government support for 2025–26 is non-recurrent, creating future financial pressure. Work is underway to strengthen forecasting, data quality, transparency and mitigation, alongside a renewed focus on prevention, clinical learning and reducing patient harm as the root cause of risk. Committee Members emphasised the need for clearer response planning, improved intermediate-level intelligence and stronger system learning, with assurance provided on actions underway to address these issues.

Updates were also provided on the implementation of the Resident Doctor contract, highlighting complexity and risk, with a comprehensive update and future deep dive scheduled; workforce streamlining and supply challenges, including data gaps and funding constraints, with coordinated oversight in place; recent senior leadership appointments for the Medical Director and the Director of Pharmacy Technical Services; emerging work on the future hosting of NHS Employers; and accommodation challenges linked to the TrAMS programme, with a proposal submitted to Welsh Government.

The overarching report provided the Committee with updates across a range of service areas, including Transforming Access to Medicines (TrAMs), Radiopharmacy and the Hub Programme; the NHS Wales Influenza Vaccination Programme; a Procurement Services overview (including the potential impact of the Middle Eastern conflict and issues relating to Hi-Fatigue G bone cement); Primary Care Services and the Medical Examiner Service (including the Workforce Intelligence System and misdirected mail); Laundry Services; decarbonisation and adaptation activity; accommodation; engagement and leadership activity; and awards and recognition.

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

Items for Approval

Chair's Recruitment - The Committee **APPROVED** the recruitment arrangements for the appointment of the next NWSSP Chair by the SSPC, informed by the Governance and Accountability Review and ongoing engagement with Welsh Government, and Velindre as host. It was noted that further discussions had resulted in a revised and proportionate approach that aligns with a public appointment process, whilst remaining deliverable within the required timescales. The Committee agreed to proceed with Option 3, including the proposed composition of the appointment panel, the establishment of a stakeholder panel, and the progression of a minor amendment to the SSPC Standing Orders in collaboration with Velindre colleagues. It was confirmed that the recommendation of the appointment panel would return to the full Committee, for discussion.

All Wales e-Rostering System - The Committee **APPROVED** the award relating to the expansion of the All Wales e-Rostering contract to include Medical and Dental staff and to novate current local Medical and Dental contracts for Betsi Cadwaladr, Cwm Taf Morgannwg, Hywel Dda and Swansea Bay University Health Boards. It was noted that other NHS organisations may join the arrangements at a future point in time, requiring a Change Control Notice. Assurance was provided that the expansion aligns with the implementation of the Resident Doctor contract, is anticipated within the original procurement, complies with contractual and governance requirements, presenting no financial risk to NWSSP or Velindre, with corresponding approval to be sought from the

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Velindre Trust Board.

Oversight Arrangements for NHS Wales Energy Procurement and Contract Management - The Committee **APPROVED** the revised Terms of Reference for the Wales Energy Group (WEG) and Wales Energy Operational Group (WEOG), following a review requested by the Committee to ensure proportionate and effective oversight. Assurance was provided that the arrangements are streamlined, reflect mature procurement and contract management processes, retain flexibility to respond to market volatility, and that arrangements had been supported by Directors of Finance.

Overarching Service Level Agreement (SLA) for 2026–27 - The Committee **APPROVED** the annual update to the overarching SLA for 206-27, noting that it had been reviewed by NWSSP Legal and Risk Services and that no fundamental changes were proposed. Assurance was provided that amendments were limited to clarification and incremental improvements, and that the SLA had been uplifted by 1.1% in line with the unequivocal pass-through expectation set by Welsh Government, reflecting ongoing engagement with Service Leads throughout the year, alongside end-of-year clarification.

All Wales Laundry Services Service Level Agreement (SLA) for 2026–27 - The Committee considered **APPROVED** revised All Wales Laundry Services SLA, noting that it provides the operational framework and performance metrics for the service. Assurance was provided that the document had been developed through stakeholder consultation, remains broadly consistent with the previous SLA, includes targeted amendments to improve clarity and alignment with standards, and had received positive feedback from customers.

Provision of Radiopharmaceutical Products Service Level Agreement (SLA)for 2026–29 - The Committee **APPROVED** the SLA for the provision of radiopharmaceutical products from NWSSP Pharmacy. Assurance was provided that the SLA had been developed through extensive stakeholder engagement and multi-stage review, sets out service scope, quality, performance and pricing arrangements, and supports readiness for service go-live in summer 2026, including transition arrangements with Swansea Bay University Health Board.

Items for Noting and Discussion

NWSSP Integrated Medium-Term Plan (IMTP) 2026–2029 – Financial Position Update - The Committee received the update to the financial position underpinning the NWSSP IMTP, relating to the underlying £0.744m deficit arising from unfunded employer national insurance costs had now been fully mitigated through the identification of recurrent savings. Assurance was provided that the IMTP has been updated to reflect a balanced position, with no other changes from those previously agreed, and remains on track for submission in line with planning deadlines. Opportunities to further support NHS Wales through an opportunities pipeline will be developed and brought back as part of the 2026–27 work plan. The Committee **NOTED** the amendments and continued to **ENDORSE** submission of the IMTP to Welsh Government.

Future NHS Workforce Solution Briefing - The Committee received an update on progress with the Future NHS Workforce Solution, noting confirmation of early adopter status for NWSSP alongside DHCW, Hywel Dda and HEIW, intended to ensure strong Welsh influence over system design. Committee Members noted ongoing risks and challenges associated with data quality, system design and delivery, and the scale of change involved. Assurance was provided that governance, reporting and escalation arrangements are in place, with continued engagement at national level and further detailed updates

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scheduled. The Committee **NOTED** the progress made and **ENDORSED** the early adopter status for NWSSP.

Transforming Access to Medicines Services (TrAMS) Programme and Service Management Board Update - The Committee **NOTED** the update provided, noting the six-month review of the Programme Board Terms of Reference and confirmation that full representative membership from across NHS Wales is now in place. It was noted that no further changes are planned at this stage, with the next review aligned to the phased opening of the South-East Radiopharmacy and the establishment of a Service Management Board to oversee delivery and performance.

Finance, Performance, People, Programme and Governance Updates

Finance Report – The Committee noted the financial position as break-even at the end of February 2026, with the full-year forecast also at break-even following agreed distributions of £6m and the offsetting of the National Insurance savings. Capital expenditure remains within the approved allocation and agreed with Welsh Government, with minor in-year profile adjustments for Radiopharmacy and TrAMS schemes. An update on the Welsh Risk Pool confirmed the forecast position at £194.5m, requiring the full £49m Welsh Government allocation, with the risks at the upper end of the range not yet having materialised. The focus was now on year-end closure and review of the position for 2026–27.

People and Organisational Development (POD) Report – The Committee noted the latest workforce position as at February 2026. The report confirmed staff turnover remains slightly above the NHS Wales average, with further analysis underway, sickness absence remains stable, and progress continues across wellbeing, inclusion, leadership development and employee experience initiatives.

Performance Information Report – The Committee noted strong performance against agreed KPIs from October 2025 to January 2026, with two indicators below target and appropriate explanations and improvement actions in place. Committee Members welcomed the positive performance position while challenging whether current targets remain sufficiently ambitious, with assurance provided that this will be reviewed to ensure measures continue to drive improvement and value.

Outcome Measures Report – The Committee noted the report focused on outcomes aligned to NWSSP's strategic objectives across services, people and value, continuing to demonstrate NWSSP's value and impact. Strong performance across customer satisfaction, workforce engagement, professional influence and decarbonisation was reported. Committee Members noted enhancements to reporting and confirmed that outcome measures will continue to evolve, including greater benchmarking and trend analysis in future reports.

Transformation Management Office (TMO) Update Report – The Committee noted the update on the breadth of programme activity underway within the TMO. Oversight of a portfolio of 20 live initiatives was reported and generally positive delivery status across major programmes. Improvements in project RAG status were noted, alongside the addition of new projects. Committee Members reiterated the need to ensure delivery pace and challenge remain appropriate given the consistently positive position.

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Integrated Medium-Term Plan (IMTP) Quarter 3 of 2025–26 Update - The Committee noted the latest progress update for quarter 3 of 2025-26, providing assurance on delivery of the plan and the effectiveness of quarterly monitoring arrangements. Most

objectives remain on track, with a small number at risk due to capacity or external factors. Committee Members highlighted the need for greater pace in specific areas, including Scan4Safety, with further benchmarking and costing work underway to inform future planning. **NWSSP Corporate Risk Register** – The Committee noted the latest update with the current risk profile, including six red-rated risks relating to cyber security, pharmaceutical supply, TrAMS and Radiopharmacy delivery, financial and workforce pressures, the Future Workforce Solution and Welsh Risk Pool forecasting. It was noted that several risks are stable or reducing, due to management actions, with one new risk escalated relating to Resident Doctor terms and conditions. The Committee **DISCUSSED** and **NOTED** the above Reports.
Items for Information
The Committee received the following items for information: • Finance Monitoring Returns (Months 9, 10 and 11) • Personal Protective Equipment (PPE) Report • NWSSP Audit Committee Assurance Report from 10 February 2026 • SSPC Forward Plan 2026-27
Part B - Private
The Committee **APPROVED** the proposals for Future Workforce Solution Charges, Linen Products and Microsoft Enterprise Agreement.
Matters requiring Board/Committee level consideration and/or approval
The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

Date of Next Meeting	Thursday 14 May 2026, 10.00am to 12.00pm

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20/05/2026 09:12:38

Agenda item: 4.3

BOARD	20 MAY 2026
Subject:	**Summary of Activity of the Board's Advisory Groups**
Approved and presented by:	Helen Bushell, Director of Corporate Governance / Board Secretary
Prepared by:	Head of Corporate Governance
Other Committees and meetings considered at:	N/A

PURPOSE:

The purpose of this report is to provide the Board with an update on the work of the Board's Advisory Groups.

RECOMMENDATION(S):

The Board is asked to:

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

Approve/Take Assurance	Discuss	Note
Y	N	N

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

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EXECUTIVE SUMMARY:

Powys Teaching Health Board has a statutory duty to take account of representations made by persons who represent the interests of the communities it serves, its officers and healthcare professionals. To help discharge this duty, a Board may be supported by Advisory Groups to provide advice to the Board in the exercise of its functions.

PTHB's Advisory Groups include:

The **Local Partnership Forum (LPF)** whose role is to provide a formal mechanism where PTHB, as employer, and trade unions/professional bodies representing PTHB employees work together to improve health services for the citizens served by PTHB - achieved through a regular and timely process of consultation, negotiation and communication.

The Local Partnership Forum last met on the 21 April 2026. A full Chair's Report from this meeting is attached at **Appendix A**.

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

The HPF held its inaugural meeting on 20 March 2026. A short report from this meeting was given to March Board, a full written report is attached at **Appendix B**.

IMPACT ASSESSMENT – NOT REQUIRED

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

Powell,Bethan
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Reporting Committee:	**Local Partnership Forum**
Committee Chair	Debra Wood-Lawson
Date of last meetings:	21 April 2026
Paper prepared by:	Corporate Governance Officer
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	

1. SITUATION/BACKGROUND

This report had been prepared to provide Board Members with a summary of the key issues considered by the Local Partnership Forum meeting on 21 April 2026.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

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

3. HIGHLIGHT REPORT

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

Escalate/Alert	There were no matters to escalate/alert.
Advise	There were no matters to advise.
Assure	**BETTER TOGETHER UPDATE INCLUDING TEMPORARY SERVICE CHANGES** The Local Partnership Forum took ASSURANCE on the Better Together Update including Temporary Service Changes.

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	FINANCE REPORT MONTH 11 The Local Partnership Forum RECEIVED the financial report and took ASSURANCE that the organisation has effective financial monitoring and reporting mechanisms in place. **DIRECTOR OF WORKFORCE AND OD SUMMARY REPORT AND WORKFORCE ANALYSIS REPORT (P&C)** The Local Partnership Forum took ASSURANCE on the Director of Workforce and OD Summary Report and Workforce Analysis Report (P&C) **WORKFORCE PERFORMANCE REPORT** The Local Partnership Forum took ASSURANCE on the Workforce Performance Report **CHIEF EXECUTIVES REPORT FROM BOARD (MARCH 2026)** The Local Partnership Forum RECEIVED the report.
Inform	The Local Partnership Forum received and discussed the following items: • Integrated Plan – A focus on workforce elements • NHS Staff Survey 2025/26
NEXT MEETING: 26 February 2026	

Key:

Alert / Escalate	Alert to matters that the Board need to be aware of, such as an area of non-compliance, or a major threat to safety/ to the delivery of strategy
Advise	Advise the Board of areas subject to on-going monitoring or development or where there is negative assurance
Assure	Assure the Board where positive assurance has been received
Inform	Inform the Board of any other relevant information

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Reporting Committee:	**Healthcare Professionals Forum**
Committee Chair	To be appointed
Date of last meetings:	20 March 2026
Paper prepared by:	Head of Corporate Governance
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	

1. SITUATION/BACKGROUND

This report had been prepared to provide Board Members with a summary of the key issues considered by the Healthcare Professionals Forum meeting on 20 March 2026.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the Healthcare Professionals Forum is set out the Terms of Reference pages 3-8.

3. HIGHLIGHT REPORT

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

Escalate/Alert	There were no matters to escalate/alert.
Advise	There were no matters to advise.
Assure	There were no matters to assure.
Inform	**INTRODUCTION TO THE WORK OF THE FORUM**

	• The Health Board Chair gave a presentation to the Forum outlining where the forum sat in the Governance Framework and its advisory role to Board. The Chair of the group would be appointed by Welsh Government as an Associate Board Member, and the work of the group would strengthen the clinical voice of the Board. Further work to encourage attendance would be undertaken ahead of the next planned meeting. The proposed dates were shared with the group.
NEXT MEETING: 09 July 2026	

Key:

Alert / Escalate	Alert to matters that the Board need to be aware of, such as an area of non-compliance, or a major threat to safety/ to the delivery of strategy
Advise	Advise the Board of areas subject to on-going monitoring or development or where there is negative assurance
Assure	Assure the Board where positive assurance has been received
Inform	Inform the Board of any other relevant information

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Strategic Risk Register

This report is a summary report from data provided to the March 2026 Board, it is provided for Board information and ease of reference in relation to the Board agenda.

The next planned update to the Board is scheduled for July 2026.

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STRATEGIC RISK DASHBOARD

PTHB Board
20 May 2026
Agenda Item: 4.4a
Appendix A

Risk Lead	Risk ID	Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Trend	Board Risk Appetite	At Target ✓/✗	Lead Board Committee	Link to Strategic Priorities:
EDoFC &E	SRR 001	**Financial Sustainability**	The Health Board is unable to achieve its duty to achieve financial breakeven (and therefore sustainability).	**4 x 5 = 20**	➔	Cautious	✗	Finance and Performance	Cross-cutting (All SPs and WBOs)
EDP&C	SRR 002	**Innovation and Strategic Change**	The Health Board is unable to successfully deliver and realise the benefits of transformation	**4 x 4 = 16**	➔	Eager	✗	Planning, Partnerships and Population Health Committee	Several SPs and WBOs 4 and 8
EDPP&C	SRR 003	**Performance and Service Sustainability**	The Health Board is unable to respond to the demand for commissioned services	**5 x 4 = 20**	➔	Open	✗	Patient Experience, Quality and Safety	SP 11 and WBO 8
EDPCCMH	SRR 004	**Performance and Service Sustainability**	The Health Board is unable to respond to the demand for provided services.	**4 x 4 = 16**	➔	Open	✗	Patient Experience, Quality and Safety	Several SPs and WBOs 4 and 8
EDPCCMH	SRR 005	**Performance and Service Sustainability**	Primary Care is unable to respond to demand.	**4 x 4 = 16**	➔	Open	✗	Planning, Partnerships and Population Health Committee	Several SPs and WBOs 4 and 8
EDP&C	SRR 006	**Workforce**	The Health Board is unable to recruit and retain an appropriate workforce.	**4 x 4 = 16**	➔	Cautious	✗	People and Culture	Cross-cutting (All SPs and WBOs)

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

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KEY:

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

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RISK HEAT MAP



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Unlikely 2					
Rare 1					
LIKELIHOOD X IMPACT	**Insignificant 1**	**Minor 2**	**Moderate 3**	**Major 4**	**Catastrophic 5**

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Powys Teaching Health Board

Organisational Risk Register

Summary

May 2026

This report is a summary report from data provided to the March 2026 Board, it is provided for Board information and ease of reference in relation to the Board agenda.

The next planned update to the Board is scheduled for July 2026.

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Risk Lead	Risk ID	Initial Score	Risk Description There is a risk that:	CURRENT SCORE (Likelihood x Impact)	Trend	Associated SRR	At Target Y/N
EDFC&SS	ORR 001	**20**	failure to deliver financial forecast and savings target for the current financial year (2025/26)	**5 x 4 = 20**	→	SRR 001	N
EDPCCMH	ORR 002	**16**	NHS APP Implementation	**4 x 4 = 16**	→	SRR 011	N
EDPCCMH	ORR 003	**16**	Urgent care flow	**3 x 4 = 12**	→	SRR 003	N
EDPCCMH	ORR 004	**16**	Sustainability of service models	**3 x 4 = 12**	→	SRR 004	N
EDPH	ORR 006	**16**	A significant public health event/emergency	**4 x 4 = 16**	→	SRR 010	N

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Risk Lead	Risk ID	Initial Score	Risk Description There is a risk that:	CURRENT SCORE (Likelihood x Impact)	Trend	Associated SRR	At Target Y/N
EDPH	ORR 007	**15**	A national power outage	**3 x 5 = 15**	→	SRR 011	N
EDPPC	ORR 008	**12**	A deterioration in partnership working	**4 x 4 = 9**	→	SRR 012	N
EDPCC MH	ORR 009	**16**	General Medical Services (GMS) sustainability is compromised due to lengthy procurement processes, impacting continuity of primary care provision.	**2 x 5 = 10**	↓	SRR 005	N
EDPCC MH	ORR 010	**12**	Insufficient staffing capacity within MH&LD services leads to increased pressure on service delivery and potential quality concerns.	**3 x 4 = 12**	→	SRR 004	N
EDPCC MH	ORR 011	**16**	Limited acute service capacity results in increased reliance on private sector providers, with associated cost and quality implications.	**3 x 4 = 12**	→	SRR 004	N

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Risk Lead	Risk ID	Initial Score	Risk Description There is a risk that:	CURRENT SCORE (Likelihood x Impact)	Trend	Associated SRR	At Target Y/N
DCG/ EDPCC MH & EDAHPH S&D	ORR 012	**20**	National Data Architecture (NDA) will operate without sufficient legal clarity, governance structures, or public and stakeholder engagement	**4 x 5 = 20**	*		N
EDPCC MH	ORR 013	**16**	Reduced GDS access to meet population demand. Routine and urgent GDS access insufficient	**3 x 4 = 12**	*		N
EDPPC	ORR 014	**16**	Risk that RIF funding on the 31st March 2027 will have an adverse impact.	**4 x 4 = 16**	*		N
EDPCC MH	ORR 015	**12**	Further vulnerability for the IAS creating additional waiting times	**4 x 3 = 12**	*		N
EDPCC MH	ORR 016	**16**	Transition from WCCIS to RIO in not being delivered effectively	**4 x 3 = 12**	*		N

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Risk Lead	Risk ID	Initial Score	Risk Description There is a risk that:	CURRENT SCORE (Likelihood x Impact)	Trend	Associated SRR	At Target Y/N
EDNQ&PE	ORR 017	16	CHC Direct Payments	3 x 4 = 12	*		N

KEY:

Executive Lead	
EDoFC&E	Executive Director of Finance, Capital and Estates
EDP&C	Executive Director of People, Culture and Transformation
EDPP&C	Executive Director of Planning, Performance and Commissioning
EDPCCMH	Executive Director of Primary Care, Community and Mental Health
EDPH	Executive Director of Public Health
EDAHPHS&D	Executive Director of Allied Health Professionals, Health Sciences and Digital
EDNQ&PE	Executive Director of Nursing, Quality and Patient Experience

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DCG	Director of Corporate Governance/Board Secretary
CEO	Chief Executive
Trend	
*	**New risk**
➔	**Risk score unchanged since last report**
↓	**Risk score decreased since last report**
↑	**Risk score increased since last report**

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Powys Teaching Health Board

Agenda item: 4.5

BOARD	**20 May 2026**
Subject:	**Board Committee Governance – Committee Annual Reports**
Approved and presented by:	Helen Bushell, Director of Corporate Governance
Prepared by:	Head of Corporate Governance
Other Committees and meetings considered at:	Each Annual Report provided has been considered at the relevant Committee meeting between April and May 2026.

PURPOSE:

The paper provides copies of Committee Annual Reports to the Board.

RECOMMENDATION(S):

The Board is asked to:

- **RECEIVE** Annual Reports from the following Committees:
  - Audit and Risk Assurance (ARAC)
  - Finance and Performance (F&P)
  - Patient Experience, Quality and Safety (PEQS)
  - Planning, Partnerships and Population Health (PPPH)
- Take **ASSURANCE** that those four committees are operating effectively in fulfilling their terms of reference.

Approve/Take Assurance	Discuss	Note
Y	N	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	Committees support the breadth and depth of the Health Boards activities are per their terms of reference.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

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SUMMARY:

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

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

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

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

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

Included in this report are reports for the following Committees:

- Audit and Risk Assurance (ARAC)
- Finance and Performance (F&P)
- Patient Experience, Quality and Safety (PEQS)
- Planning, Partnerships and Population Health (PPPH)

Each of the above Committees have considered their Annual Reports and have all:

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

NB – the PPPH meeting does not meet until the 18 May so a verbal update will be provided if the Committee raises any issues with its annual report.

NEXT STEPS:

At the July Board, the following reports will be provided:

- Remuneration and Terms of Service Committee
- People and Culture Committee.

IMPACT ASSESSMENT – NOT REQUIRED
Not required

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Powys Teaching Health Board

2025/26 ANNUAL REPORT OF THE AUDIT, RISK AND ASSURANCE COMMITTEE

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1. Introduction

The Audit, Risk and Assurance Committee has been established by the Board in order to enable the scrutiny and review of matters related to audit, financial accounting, assurance and risk management, to a level of depth and detail not possible in Board meetings.

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

2. Roles and Responsibilities

The Terms of Reference for Committee were reviewed and agreed by the Board in March 2025.

The purpose of the Committee is to support the Board and Accounting Officer by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report by:

- independently monitoring, reviewing and reporting to the Board on the processes of governance, risk management and internal control in accordance with the standards of good governance determined for the NHS in Wales;

- advising the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further;

- Maintaining an appropriate financial focus demonstrated through robust financial reporting and maintenance of sound systems of internal control; and

- Working with the other committees of the Board to provide assurance that governance and risk managements arrangements are adequate and part of an embedded Board Assurance Framework that is 'fit for purpose'.

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2.1 Membership of the Committee

The membership of the Committee during 2025/26 was:

Name	Role	Attendance
Steve Elliot	Independent Member and Chair of the Committee	5/5
Christopher Walsh	Independent Member (until 03 June 2025)	1/1
Mick Giannasi	Independent Member (from 03 June 2025)	2/4
Ronnie Alexander	Independent Member	5/5
Rhobert Lewis	Independent Member	4/5
Ian Thomas	Independent Member	5/5
Kirsty Williams	PTHB Vice Chair (Until 30 September 2025)	2/2

2.2 Others in Attendance

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

Name	Role	Attendance
Pete Hopgood	Director of Finance, Capital and Support Services	5/5
Hayley Thomas	Chief Executive Officer	5/5
Carl Cooper	PTHB Chair	5/5
Helen Bushell	Director of Corporate Governance/Board Secretary	5/5

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

2.3 Meeting frequency

During 2025/26 the Committee met five times and was quorate on all occasions.

The terms of reference for the Committee require meetings to be held four times a year and otherwise, as the Chair of the Committee deems necessary, consistent with the annual plan of Board and Committee Business. The Committee holds a planned additional meeting each year to review the Draft Annual Report and Accounts, this was held on 17 June 2025.

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3. Activity in 2025/26

3.1 Main Areas of Committee Activity 2025/26

ITEMS FOR ASSURANCE	
Internal Audit Update and Reports (as required)	Each Meeting
External Audit Progress Report and Annual Report	May 2025 and July 2025
External Audit Update and Reports (as required)	Each Meeting
Counter Fraud Update and Reports (as required)	Each Meeting
Single Tender Waivers (including extensions to contracts) (as required)	Each Meeting
PTHB Draft Accountability Report and Financial Accounts	May 2025
Internal Audit Progress Report	May 2025 and March 2026
Audit Findings Tracker	October 2025 and March 2026
Head of Internal Audit Opinion Draft	May 2025
Welsh Health Circular (WHC) Tracker	May 2025 and March 2026
Counter Fraud Annual Report	May 2025
Information Governance Records Management and Annual Report	May 2025
Losses and Special Payments Annual Report	May 2025
Post Payment Verification Year End	May 2025 and January 2026
Head of Internal Audit Opinion Final 2024/25	June 2025
Hosted Body annual report (HCRW)	June 2025
Structured Assessment Management Response	June 2025
Confirmation of Clinical Audit Programme	July 2025
Digital First Quarterly Monitoring (including Cyber Security)	July 2025
Information Governance Toolkit (National audit replaced Caldicott Principles)	July and October 2025
Board Assurance Framework and Strategic Risk Register	July 2025 and March 2026
Learning from Annual External Audit of Accounts & Annual Report 2024/25.	October 2025
Risk and Assurance Update	October 2025

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Losses and Special Payments	October 2025
Information Governance Performance Report	October 2025
Digital First Quarterly Monitoring	October 2025
SFI Executive Financial Delegation Limits	October 2025
Standards of Behaviour: Declarations / Register of Interests and Gifts and Hospitality	October 2025 and March 2026
Financial Controls	October 2025
Internal Audit Trend Report	January 2026
Assurance of Risk Management arrangements	January 2026
Digital First Annual Plan	January 2026
Approach to the Annual Accounts	March 2026
ITEMS FOR APPROVAL / RECOMMENDATION TO THE BOARD	
Committee Annual Report	May 2025
PTHB Final Accountability Report and Financial Accounts (letter of representation)	June 2025
Enquiries of Management and those charged with Governance	June 2025
Risk Appetite (Financial Sustainability)	June 2025
Losses and Special payments	March 2026
Internal Audit Annual Plan 2026/27	March 2026
External Audit Annual Plan 2026/27	March 2026
ESCALATED ITEMS	
Digital – NHS Wales App	January 2026
ITEMS FOR INFORMATION	
Information Governance and Records Management Report	January 2026
Review of Standing Orders and Standing Financial Instructions	March 2026
Committee Governance Action Plan	March 2026

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IN-COMMITTEE ITEMS	
Committee Risk Register	October 2025 and March 2026
Committee Risk Register and Strategic Risk deep dive	January 2026
WCCIS Assurance Update	March 2026
CORPORATE GOVERNANCE	
Review of Committee Terms of Reference	May 2025 and March 2026
Annual Review of Committee Effectiveness	May 2025
Committee Annual Report	May 2025
Committee Annual Work Programme	May 2025
Committee Work Programme	Each Meeting
Annual Corporate Governance Development plan	July 2025

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3.2 Work programme and action log

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

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

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

4. Assurance to the Board

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

The Chair of the Committee reports into the Board via a report from Committee Chairs, where any significant issues are brought to the attention of the Board. The reporting template was developed in year and made consistent across all committees.

5. Committee Effectiveness

During the year the Committee has continued to review and revise its ways of working to optimise the need for a robust governance approach balancing the need to reduce pressure on staff where possible, whilst ensuring the Committee fulfils its responsibilities.

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

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The key adaptations made this year included:

- The construct of the Committee meeting agendas remained flexible, and the application of a risk-based approach to the selection of agenda items.
- The use of the consent agenda where appropriate to ensure the timeliness of information to the Committee given the fast-moving pace of some agenda areas.
- The introduction of circulation of final internal audit reports to members when received rather than with the papers to lessen the length of papers to be absorbed in the lead up to the Committee.

The Committee has undertaken its annual effectiveness review process. The outcome and recommendations following this review will be reported to the Board in May 2026.

6. Planned Activity in 2026/27

The Committee has developed its annual work programme and is committed to continuing to develop its function and effectiveness as per its terms of reference. The Committee welcomes any feedback from the Board in relation to its annual work programme when it is presented to the Board in May 2025.

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Powys Teaching Health Board

2025/26 ANNUAL REPORT OF THE FINANCE AND PERFORMANCE COMMITTEE

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6. Planned Activity in 2026/27 11

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1. Introduction

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

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

2. Roles and Responsibilities

The Terms of Reference for the Finance and Performance Committee were reviewed and agreed by the Board in March 2025. The purpose of the Finance and Performance Committee is to:

a. provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Framework for Improving Performance.
b. Committee will seek assurances:
    - on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets, for directly provided and commissioned services;
    - on performance against national and locally set quality and safety measures of care together with compliance to legislative requirements ensuring services are safe, personal, effective and continuously improving;
    - that services are improving efficiency and productivity and financial plans are being delivered;
    - risks are suitably identified, mitigated and residual risks controlled and corrective actions are taken as required to sustain or improve performance.

The Committee will play a key role in monitoring the achievement of the Board strategic aims, objectives and priorities and will:

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a. seek assurance that arrangements for financial management and financial performance are sufficient, effective and robust,
b. seek assurance that arrangements for the performance management and accountability of directly provided and commissioned services are sufficient, effective and robust,
c. assurance that arrangements for compliance with Health and Safety Regulations and Fire Safety Standards are sufficient, effective and robust,
d. assurance that arrangements for information management are sufficient, effective and robust,
e. assurance that arrangements for the performance management of digital and information management and technology (IM&T) systems are sufficient, effective and robust, and
f. assurance that performance management of capital, estates and support services related standards and systems are sufficient, effective and robust,

The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Committee Risk Register.

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

2.1 Membership of the Committee

The membership of the Committee during 2025/26 was:

Name	Role	Attendance
Ronnie Alexander	Independent Member and Chair of the Committee	6/6
Rhobert Lewis	Independent Member and Committee Vice Chair	5/6
Kirsty Williams	Independent Member	3/3

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Cathie Poynton	Independent Member	6/6
Mick Giannasi	Independent Member	0/1
Steve Elliot	Independent Member	5/6
Simon Wright	Independent Member Attended to ensure quorum	3/3

2.2 Others in Attendance

During 2024/25, the following staff attended the Committee:

Name	Role	Attendance
Pete Hopgood	Director of Finance, Capital and Support Services (Joint Executive Lead)	6/6
Nicola Johnson	Director of Planning, Performance and Commissioning (Joint Executive Lead)	3/6
Paul Hooton	Director of Nursing, Quality, Women and Family Health (From 29/09/2025)	1/3
Claire Madsen	Director of Allied Health Professions, Health Science and Digital	3/6
Debra Wood Lawson	Director of People, Culture and Transformation	1/6
Claire Roche	Director of Nursing, Quality, Women and Family Health (Until 10/10/2025)	2/3
Elaine Lorton	Director of Primary, Community Care and Mental Health	5/6
Kate Wright	Medical Director	5/6
Helen Bushell	Director of Corporate Governance/Board Secretary	4/6
Hayley Thomas	Chief Executive Officer	3/6
Carl Cooper	PTHB Chair	4/6

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

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

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

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

2.3 Meeting frequency

During 2025/26 the Committee met six times and was quorate on all occasions.

The terms of reference for the Committee require meetings to be held no less than bi-monthly and in line with the annual plan of Board and Committee Business.

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3. Activity in 2025/26

3.1 Main Areas of Committee Activity 2025/26

Assurance	
Financial Performance Report	Every meeting
Integrated Quality and Performance Report	Every meeting
Annual Delivery Plan Q4	May 2025
In-reach fragility update	May 2025 & February 2026
Health and Safety Annual Report	May 2025
Community Hospital Delays and Flow update	June 2025
Ambulance Response	June 2025
Committee Continuous Development Plan	September 2025
Annual Delivery Progress Report Q1 (including Enabling actions)	September 2025
6 monthly Report on Continuing Healthcare Costs	September 2025 & February 2026
Deep Dive – Private Providers- Mental Health Provision	September 2025
Deep Dive – Variable Pay	September 2025
Primary Care: General Medical Services (GMS)	September 2025
Capital and Estates Strategy Monitoring	September 2025
Annual Delivery Progress Report Q2	October 2025
Primary Care: General Dental Services	October 2025
Deep Dive – Cancer Performance and Diagnostics	October 2025
Six monthly Report on Catering Services	October 2025

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Powys PSB Climate Working Group update	October 2025
Public Sector Prompt Payment (PSPP) Performance'	December 2025
Primary Care: Out of Hours Report	December 2025
Community Pharmacy Annual Report	December 2025
Health and Safety 6 monthly report	December 2025
Capital Programme Delivery & Decarbonisation Programme	December 2025
Integrated Quality & Performance Framework – 2025/26 Reporting Challenges	February 2026
Q3 Annual Delivery Progress Report	February 2026
Endoscopy Update to include JAG accreditation	February 2026
Capital and Estates Compliance Report	February 2026
Escalated Items	
Organisational status (NHS Wales escalation framework) - Level 4 monitoring report	Every meeting
Items for Information	
Internal Audit Reports: • Community Cardiology • Patient Flow and Discharge Management • Pharmacy Stores • Primary Care GMS Unified Contract	May 2025
JCC Planning, Performance & Finance Sub-Committee Highlight Report	May 2025
Internal Audit Reports: • Llandrindod Phase 2	June 2025
Planning, Performance & Finance Sub-Committee Highlight Report	June 2025
Cluster Achievement Review	June 2025
Internal Audit Reports: • Contract Management	September 2025
Tackling the Planned Care Challenges	October 2025
Mid Wales Joint Committee (MWJC) Highlight Report	December 2025

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Internal Audit Reports: • Primary Care Clusters Project Management Final Report • Core Financials Final Report	December 2025
Getting it Right First Time (GIRFT) Report	December 2025
Highlight Report: Planning, Performance and Finance Sub-Committee 23.10.2025 & 27.01.2026	December 2025
Corporate Governance	
Committee Annual Programme of Business/Committee Frequency	May 2025
Committee Risk Register	Every meeting
Annual Assessment of Committee Effectiveness	May 2025
Review Terms of Reference	May 2025
Committee Work Programme	Every meeting
In-Committee Items	
Capital Programme Delivery & Decarbonisation programme	February 2026

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3.2 Work programme and action log

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

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

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

4. Assurance to the Board

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

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

5. Committee Effectiveness

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

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

The key adaptations made this year included:

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- The construct of the Committee meeting agendas remained flexible, and the application of a risk based approach to the selection of agenda items.
- The use of verbal updates and presentations where appropriate to ensure the timeliness of information to the Committee given the fast moving pace of some agenda areas.
- The circulation of relevant material outside meetings where appropriate.

The Committee is in the process of undertaking its annual effectiveness review process. The outcome and recommendations following this review will be reported to the Board in Quarter 1 of 2026/27.

6. Planned Activity in 2026/27

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

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

2025/26 ANNUAL REPORT OF THE PATIENT EXPERIENCE, QUALITY AND SAFETY COMMITTEE

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1. Introduction

The Patient Experience, Quality and Safety Committee has been established by the Board in order to provide advice and assurance to the Board on the effectiveness of arrangements in place for securing the achievement of the Board's aims and objectives, in accordance with the standards of good governance determined for the NHS in Wales.
This report summarises the key areas of business activity undertaken by the Patient Experience, Quality and Safety Committee ('the Committee') over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

2. Roles and Responsibilities

The Terms of Reference for the Committee were agreed by the Board in September 2021 and revised in May 2025. The purpose of the Committee is to:

- provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the development of the following matters, consistent with the Board's overall strategic direction
    a. Citizen Experience; and
    b. Quality and Safety of directly provided and commissioned services.

- Committee will seek assurances:
    a) The robustness of the Board's Clinical Quality Framework;
    b) the experience of patients, citizens and carers ensuring continuous learning;
    c) the provision of high quality, safe and effective healthcare within directly provided and commissioned services;
    d) the effectiveness of arrangements in place to support Improvement and Innovation and
    e) compliance with mental health legislation, including the Mental Health Act 1983 (amended 2007) and the Mental Capacity Act 2005.

Noting the scope of the Committee extends to the full range of PTHB responsibilities. This encompasses all areas of patient experience, quality and safety relating to patients, carers and service users, within directly provided services and commissioned services. The Committee will embrace the Health and Care Quality Standards as the Framework in which it will fulfil its purpose:

- Safe
- Effective

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- Timely
- Person Centred
- Efficient
- Equitable

The Committee is responsible for providing advice to the Board and Committees on:

A. Seek assurance that the Health Board's has relevant total quality management frameworks in place (via the Integrated Quality and Performance Framework and other associated plans) to ensure quality is central to health board activity, is aligned to national standards and is embedded in practice.

B. Seek assurance that arrangements for capturing the **experience of patients, citizens and carers** are sufficient, effective and robust, including:
    - the delivery of the Patient Experience Framework;
    - patient experience in primary care; and
    - the implementation of Putting Things Right regulations (to include patient safety incidents, complaints, compliments, clinical negligence claims and inquests) reporting trends, with particular emphasis on ensuring that lessons are learned.

C. Seek assurance that arrangements for **the provision of high quality, safe and effective healthcare** are sufficient, effective and robust, including:
    - the systems and processes in place to ensure efficient, effective, timely, dignified and safe delivery of directly provided services;
    - the commissioning assurance arrangements in place to ensure efficient, effective, timely, dignified and safe delivery of commissioned services;
    - the arrangements in place to undertake, review and act on clinical audit activity which responds to national and local priorities;
    - the recommendations made by internal and external review bodies, ensuring where appropriate, that action is taken in response;
    - the arrangements in place to ensure that there are robust

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infection, prevention and control measures in place in all settings; receipt of the Medical Appliances Annual Report;
- the development of the board's Duty of Quality Annual Report; and
- performance against key quality focussed performance indicators and metrics.

D. Seek assurance on the arrangements in place to support **Improvement and Innovation**, including:
- an overview of the research and development activity within the organisation;
- alignment with the national objectives published by Health and Care Research Wales (HCRW);
- an overview of the quality improvement activity within the organisation.

E. Seek assurance that arrangements for **compliance with mental health legislation** are sufficient, effective and robust, including:
- the Mental Health Act 1983 Code of Practice for Wales and associated regulations;
- the Mental Capacity Act 2005 Code of Practice and associated regulations;
- the Mental Capacity Act 2005 Deprivation of Liberty Safeguards Code of Practice and associated regulations; and
- the Mental Health Measure (Wales) 2010.

3.1 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

3.2 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Strategic Risk Register.

The committee annually review their terms of reference and report any changes to the Board for ratification.

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2.1 Membership of the Committee

The membership of the Committee during 2025/26 was:

Name	Role	Attendance
Kirsty Williams (to 30/09/2025)	Chair	2/2
Simon Wright	Interim Chair from 01/10/2025	2/4
Mick Giannasi	Independent Member (from 09/06/2025)	3/3
Jennifer Owen Adams	Independent Member	4/4
Ian Thomas	Independent Member	3/4
Chris Walsh	Independent Member (from 09/06/2025)	2/3

2.2 Others in Attendance

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

Name	Role	Attendance
Claire Roche (to 05/10/2025)	Executive Director of Nursing, Quality, Women and Family Health	2/2
Paul Hooton (from 06/10/2025)	Executive Director of Nursing, Quality, Women and Family Health	2/2
Nicola Johnson	Executive Director of Planning, Performance and Commissioning	1/4
Elaine Lorton	Executive Director Primary Care, Community and Mental Health	4/4
Claire Madsen	Executive Director of Allied Health Professions, Health Science and Digital	4/4
Kate Wright	Executive Medical Director	3/4
Helen Bushell	Director of Corporate Governance / Board Secretary	3/4

Where officers were unavailable substitutes attended on their behalf. Other officers attended during the year to present reports which related to their areas of responsibility as required.

The Chief Executive, Hayley Thomas, was also invited to attend every meeting, and attends at least annually, attending twice during the year.

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

2.3 Meeting frequency

During 2025/26 the Committee met four times and was quorate on all occasions.

The terms of reference for the Committee require meetings to be held four times a year and otherwise, as the Chair of the Committee deems necessary, consistent with the annual plan of Board and Committee Business.

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3. Activity in 2025/26

3.1 Main Areas of Committee Activity 2025/26

ITEMS FOR ASSURANCE	
PATIENT STORIES	
Parents of children accessing neuro-diversity services	April 2025
Maternity Story	July 2025
Mr Brown's stroke story	February 2026
Quality, Safety and Patient Experience	
Integrated Quality Report	At every meeting October 2025 (included Public Services Ombudsman for Wales Annual Letter 2024/25)
Duty of Quality Annual Report 2024/25	July 2025
Infection Prevention and Control Annual Assurance Report	July 2025
Medical Devices and Point of Care Testing Annual Report 2024-25	October 2025
Medicines Management Annual Report	October 2025
Annual Report of Accountable Officer for Controlled Drugs	February 2026
Electronic Prescribing and Medicines Administration system update	July 2025
Patient Experience – dental quality	October 2025
Patient Experience – primary care	February 2026

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Maternity Assurance Report	February 2026
Six monthly report on antimicrobial resistance	February 2026
Child Protection / Safeguarding	
Joint Inspection on Child Protection Arrangements – monitoring Health Board actions	April 2025
Annual Safeguarding Report 2024-25	July 2025
Services previously in local escalation	
Maternity Service assurance report	October 2025
Mental Health	
Mental Health Services – staff experience of service in escalation	April 2025
Mental Health Services Act Hospital Managers Power Of Discharge Group Terms of Reference	July 2025
Clinical Audit and Regulatory Reports	
Clinical Audit Annual Programme	April 2025
Clinical Audit Annual Report	July 2025
Clinical Audit Progress Report	October 2025
Monitor implementation of actions regarding Deprivation of Liberty Safeguards Internal Audit Report	July 2025 and February 2026
ITEMS FOR APPROVAL	
There were no items for approval	
ITEMS CONSIDERED IN-COMMITTEE	
Briefing on suicides	April 2025
Report on unexpected deaths	July 2025
Transition of Care - update	February 2026

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ESCALATED ITEMS	
Civica – Patient Experience – now called People's Experience Framework	Committee escalated to Board in May 2023. A report was included within the Integrated Quality Report in April and July 2025S, and separate reports on People's Experience Framework received in October 2025 and February 2026
Children's Neuro Developmental Services	Escalated by Executive Committee in October 2024 – Committee advised in November 2024 and monitoring reports received in April 2025, July 2025, October 2025 and February 2026
CORPORATE GOVERNANCE	
Committee Annual Report	April 2025
Committee Annual Work Programme	April 2025
Committee Risk Register	Each meeting
Committee Work Programme	Each meeting
Annual Assessment of Committee Effectiveness	April 2025
Review of Committee Terms of Reference	April 2025
Committee Governance Action Plan	July 2025
ITEMS FOR INFORMATION	
Internal Audit Reports: • Patient Flow and Discharge Management Final Report • Additional Learning Needs Legislation • Cancer Services • Pharmacy Stores (Reasonable) • Quality, Safety and Governance (Reasonable Assurance)	 April 2025 April 2025 April 2025 July 2025 July 2025

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• Business Continuity Planning (Substantial Assurance) • Risk Management (Reasonable Assurance) • Mattresses Final Report (Limited Assurance) • Duty of Candour • Decontamination (Reasonable Assurance) • Continuing Health Care (Reasonable Assurance) • MH and LD Triage and Assessment Process (Reasonable Assurance)	July 2025 July 2025 July 2025 October 2025 February 2026 February 2026 February 2026
Audit Wales Report: Cancer Services	April 2025
JCC Quality Patient Safety Committee Chairs Report: • 03 February 2025 • 20 May 2025 • 06 October 2025	 April 2025 July 2025 February 2026
Corporate Parenting Charter update	February 2026
Committee Governance Action Plan	February 2026

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3.2 Work programme and action log

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

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

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

4. Assurance to the Board

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

The Chair of the Committee reports into the Board via a report from Committee Chairs, where any significant issues are brought to the attention of the Board. The reporting template was developed in year and made consistent across all Committees.

5. Committee Effectiveness

During the year the Committee has continued to review and revise its ways of working to optimise a robust governance approach balancing the need reduce pressure on staff where possible, whilst ensuring the Committee fulfils its responsibilities.

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

The key developments/adaptations made this year included the production of a Continuous Development Committee Effectiveness Plan which outlined the following areas of action:

- Review and confirm committee membership – agreed in May 2025 but remain under review as Board membership alters

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- Develop a standardised reporting template for clear upwards assurance - Alert, Advice, Assurance, Inform (AAAI) Reports have been introduced for all Committees for reporting to the Board from March 2025
- Schedule opportunity to actively consider evidence of learning and improvement in each Committee – to be progressed
- Apply risk-based approach to planning agendas, prioritising high-risk/high-impact items – undertaken during agenda setting process
- Develop induction information and training needs analysis for each Committee – undertaken for Audit, Risk and Assurance Committee, to be progressed for other Committees
- Incorporate risk lens in committee discussions and papers – to be progressed

Committee effectiveness reviews are undertaken on two year cycle with a detailed qualitative review undertaken in 2024/25 and a facilitated review completed in March 2026, focusing on composition, functioning, assurance, leadership and culture. The outcomes and any agreed development actions will be reported in Q2 2026/27

Planned Activity in 2026/2027

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

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2025/26 ANNUAL REPORT OF THE PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE

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1. Introduction

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

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

2. Roles and Responsibilities

The Terms of Reference for the Planning, Partnerships and Population Health Committee were reviewed and agreed by the Board in May 2025. The purpose of Committee is to:

Provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of development of the following matters consistent with the Board's overall strategic direction:

a. Strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the board's overall strategic direction;
b. Business cases and service planning proposals;
c. the alignment of supporting and enabling strategies, including workforce, capital, estates digital;
d. The implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board; and
e. The Health Board's priorities and plans to improve population health and wellbeing.

Committee will seek assurances:

a. that Health Board planning arrangements are appropriately designed and operating effectively to monitor the provision of high quality, safe healthcare and services across the whole of the Health Board's responsibilities (directly provided and commissioned);

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b. plans and arrangements for the following matters are adequate, effective and robust and achieving intended outcomes:

(i) Joint committee and partnership planning;
(ii) Engagement and communication; and
(iii) Civil Contingencies and Business Continuity;

c. that partnership governance and partnership working is effective and successful; and
d. that those arrangements in place to improve population health and wellbeing are robust and effective and delivering intended outcomes.

The Committee will play a key role in the development of the Health Board's aims, objectives and priorities, and in doing so will:

Strategic Planning

a. Seek assurance that the health board's Planning Framework is robust and fit for purpose, including the approach to developing the Integrated Medium-Term Plan and Annual Plan
b. Seek assurance that the health board has sufficient enabling plans to support the achievement of strategic objectives
c. Seek assurance that the health board's arrangements for engagement and consultation in respect of service change matters are robust and effective
d. Seek assurance that national and regional planning guidance is used to inform the development of strategic plans;
e. Seek assurance on the process for the development of the Board's Capital Discretionary Programme and Capital Business Cases;
f. Seek assurance that the Health Board's Strategic Commissioning Framework is robust and fit for purpose;
g. Seek assurance on the effectiveness of the Health Board's Civil Contingency Plans and Major Incident Planning;
h. Seek assurance that plans respond to the Wellbeing of Future Generations Act (Wales) 2015; and
i. Seek assurance that the Health Board's plans give due regard to the Socio-economic Duty for Wales.

Partnership Working

a. consider the development of strategies and plans developed in partnership with key strategic partners
b. monitor work undertaken with partner organisations and stakeholders to influence the provision of services to meet current and future population need

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c. seek assurance that partnership governance and partnership working is effective and successful.

Population Health

a. consider population health needs assessments and other key information that underpins the strategic planning process to ensure the robustness and best fit of developing plans;
b. consider plans for whole-system pathway development and re-design;
c. seek assurance on the adequacy of programmes to promote healthy lifestyles to the Powys population;
d. seek assurance on the work of the Health Board to reduce health inequalities.

The Committee reviews its terms of reference at least annually, and an updated iteration, as supported by the Committee on 3 February 2026, is due to be presented to the Board in May 2026 for approval and adoption into 2026/27.

2.1 Membership of the Committee

The membership of the Committee during 2025/26 was:

Name	Role	Attendance
Rhobert Lewis	Independent Member (General) and Committee Chair	4/5
Stephen Elliot	Independent Member (Vice Chair) (from 09/06/2025)	4/4
Simon Wright	Independent Member (to 09/06/2025)	1/1
Kirsty Williams*	Independent Member	1/1
Jennifer Owen Adams	Independent Member	5/5
Ronnie Alexander	Independent Member (General)	4/5

* attended to ensure meeting was quorate.

2.2 Others in Attendance

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

Name	Role	Attendance

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Pete Hopgood	Executive Director of Finance, Capital and Support Services	4/5
Nicola Johnson	Executive Director of Performance and Commissioning	4/5
Hayley Thomas	Chief Executive Officer	2/5
Mererid Bowley	Executive Director of Public Health	5/5
Helen Bushell	Director of Corporate Governance/Board Secretary	2/5*

* All meetings are attended by the Board Secretary or, in their absence, the Deputy Board Secretary, to ensure appropriate governance advice is provided.

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

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

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

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

2.3 Meeting frequency

During 2025/26 the Committee met four times with a fifth meeting joint with Finance and Performance Members and was quorate on all occasions.

The terms of reference for the Committee require meetings to be held four times a year and in line with the Health Board's annual plan of Board Business.

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3. Activity in 2025/26

3.1 Main Areas of Committee Activity 2025/26

ITEMS FOR ASSURANCE	
Strategic Change Report and Engagement Report	Each meeting
Whole Systems Approach to prevention of obesity	May 2025
Adult Weight Management Pathway	May 2025
Healthy Child Wales Programme Evaluation Health Visiting Programme	May 2025
Partnership Governance and Assurance Framework	May 2025
Primary Care Cluster Plans	May 2025
Organisational Escalation Status: Planning and Strategy	August 2025
Partnership Governance and Assurance Framework	August 2025
Transformation and Change: Better Together	August 2025
Winter/System Resilience Planning	August 2025
Approach to the Annual Report of the Director of Public Health	August 2025
Regional Partnership Board Annual Delivery Plan 2025/26	August 2025
Additional Learning Needs	August 2025
Integrated Plan 2025/26 Development and Draft Maturity Matrix	November 2025
Approach for development of 2026/27	November 2025
Child Immunisation Annual Report	November 2025
Vaping Deep Dive/Tobacco Control Action Plan	November 2025
Public Service Board Annual Report	November 2025
Organisational Status (NHS Wales Escalation framework) Level 4 Planning Component	November 2025
Regional Partnership Board - Annual Delivery Plan	November 2025
Health Protection Summary Report	November 2025
Summary of screening programmes (uptake of screening programmes)	November 2025

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Additional Learning Needs (ALN)	November 2025
ITEMS FOR INFORMATION	
Internal Audit Reports: • NWSSP Performance Report • Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Highlight Report • Additional Learning Needs (ALN) Legislation • Partnership Governance Framework • Primary Care Optometry Eye Health Needs Assessment • Primary Care Clusters Final Internal Audit Report	 May 2025, November 2025 May 2025 May 2025 May 2025 August 2025 November 2025
CORPORATE GOVERNANCE	
Committee Risk Register	Every meeting
Committee Work Programme	Every meeting
IN-COMMITTEE ITEMS	
North Powys Wellbeing Programme	August 2024
Third Sector Commissioning Review	November 2025

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3.2 Work programme and action log

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

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

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

4. Assurance to the Board

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

The Chair of the Committee reports into the Board via a report from Committee Chairs, where any significant issues are brought to the attention of the Board. The reporting template was developed in year and made consistent across all committees.

5. Committee Effectiveness

During the year, the Committee has continued to review and revise its ways of working to ensure its effectiveness. Including a robust governance approach, the effective use of time and ensure it fulfilled its role to provide assurance to the Board. The Committee received regular updates tracking the implementation of actions arising from the 2024/25 Committee effectiveness review process. The key adaptations made this year included:

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- Risk-based approach to planning agendas, prioritising high-risk/high-impact items.
- Revised Committee Membership and Terms of Reference, with specific action to ensure clarity of the role of the Committees role in relation to the Better Together Programme.
- Standardised reporting template for clear upwards assurance to the Board.
- Greater focus on partnerships, partner presence and use of external evidence to be further developed into 2026/27.

The Committee annual effectiveness review for 2025/26 was undertaken via an informal, facilitated discussion at the Board Development held in March 2026. The findings and actions arising from the discussion are due to be reported to the Board in Q1 2026/27, with a further report due to be presented to the Committee in Q2 2026/27.

6. Planned Activity in 2026/27

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

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Powys Teaching Health Board Glossary (Last updated April 2026)

Acronym	
ADoECP	Associate Director of Estates, Capital & Property
CEO	Chief Executive Officer
DCG	Director of Corporate Governance
DIT	Director of Improvement & Transformation
EMD	Executive Medical Director
ED PH	Executive Director of Public Health
ED P&C	Executive Director of People and Culture
ED PP&C	Executive Director of Planning, Performance and Commissioning
ED FCSS	Executive Director of Finance, Capital & Support Services
ED AHPHSD	Executive Director of Allied Health Professions, Health Sciences and Digital
ED NQW&FH	Executive Director of Nursing, Quality, Women and Family Health
EDPCCMH	Executive Director of Primary Care, Community & Mental Health
ABUHB	Aneurin Bevan University Health Board
AFC	Agenda for Change
AGW	The Auditor General for Wales
AHPs	Allied Health Professionals
ALN	Additional Learning Needs
AO	Accountable Officer
ARAC	Audit, Risk and Assurance Committee
ASM	Accelerated Sustainable Model
AR	Audit Recommendations
APB	Area Planning Board
BAF	Board Assurance Framework
BCUHB	Betsi Cadwaladr University Health Board
BMA	British Medical Association
CAAP	Clinical associate in applied psychology
CAMHS	Child and Adolescent Mental Health Services
CCN	Childrens Community Nursing
CEMT	Chief Executive Management Team
CHC	Continuing Health Care
CIW	Care Inspectorate for Wales
CLIP	Collaborative Learning in Practice
CNO	Chief Nursing Officer

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CPD	Continued Professional Development
CPR	Child Practice Review
CRR	Corporate Risk Register
CSP	Clinical Service Plan
CTMUHB	Cwm Taff Morgannwg University Health Board
CV	Curriculum Vitae
CVUHB	Cardiff and Vale University Health Board
CWMPAS	Mid and West Wales Regional Safeguarding Adults Board
CYSUR	Mid and West Wales Regional Safeguarding Children Board
CTC	Care Transfer Co-ordinator
CCOMG	Complex Care Operational Management Group
DATIX	Incident Management System
D&P	Delivery and Performance Committee
DCG	Delivery Co-ordination Group
DGH	District General Hospital
DHCW	Digital Health and Care Wales
DNA	Did not Attend
DNACPR	Do Not Attempt Cardio-Pulmonary Resuscitation
DPA	Data Protection Act
DToC	Delayed Transfer of Care
D2RA	Discharge to Recover and Assess
DST	Decision Support Tool
EASC	Emergency Ambulance Services Committee
EOG	Executive Oversight Group
EOY	End of Year
EMRTS	Emergency Medical Retrieval & Transfer Service
EPMA	Electronic Prescribing and Medicines Administration
ESR	Electronic Staff Record
EMI	Elderly Mentally Infirm
FBC	Full Business Case
FOI	Freedom of Information
FFT	Friends and Family Test
FTE	Full Time Equivalent
F&P	Finance and Performance Committee
GDS	General Dental Services
GIRFT	Getting It Right First Time
GMC	General Medical Council
GMS	General Medical Services
GP	General Practitioner
GNCC	General Nursing Complex Care Team

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H&S	Health and Safety
HCA	Health Care Assistant
HCS	Health and Care Standards
HCSW	Health Care Support Worker
HDUHB	Hywel Dda University Health Board
HEIW	Health Education and Improvement Wales
HIW	Healthcare Inspectorate Wales
HP	Health Protection
HPF	Healthcare Professionals Forum
IBG	Investment Benefit Group
ICF	Integrated Care Funding
IEN	Internationally Educated Nurse
IG	Information Governance
IM	Independent Members
IMTP	Integrated Medium Term Plan
IP&C	Infection Prevention and Control
IQPF	Integrated Quality Performance Framework
IQPG	Integrated Quality & Performance Group
IQPR	Integrated Quality Performance Report
IT	Information Technology
JAG	Joint Advisory Group (on Gastrointestinal Endoscopy)
JCC	Joint Commissioning Committee
JD	Job Description
JET	Joint Executive Team
JIPCA	Joint Inspection of Child Protection Arrangements
JLT	Joint Leadership Team (PTHB and PCC)
JR	Judicial Review
KPI	Key Performance Indicator
LoF	League of Friends
LA	Local Authority
LHB	Learning Health Board
LMC	Local Medical Committee
LPF	Local Partnership Forum
LRF	Local Resilience Forum
LTA	Long Term Agreement
MAC	Mindfulness, Acceptance and Compassion Team
MD	Ministerial Direction
MD's	Minimum Data Set
MDTs	Multi-Disciplinary Teams
MEG	Medical E-Governance System

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MEG	Main Expenditure Group
MH	Mental Health
MHD	Mental Health & Learning Disability
MIU	Minor Injury Unit
MOU	Memorandum of Understanding
MOA	Memorandum of Agreement
MSK	Musculoskeletal
MV	Mass Vaccination
NHSE	National Health Service England
NHS	National Health Service
NHSWE	NHS Wales Executive
NICE	National Institute of Health and Clinical Excellence
NRI	Nationally Reportable Incidents
NWSSP	NHS Wales Shared Services Partnership
NNA	Nursing Needs Assessment
OBC	Outline Business Case
OCP	Organisational Change Process
ODEC	Organisational Development, Engagement and Communications
OOC	Out of County
OOH	Out of Hours
ORS	Opinion Research Services
OSCE	Objective Structured Clinical Examination
OT	Occupational Therapy
PA	Physician Associate
PADR	Personal Appraisal Development Review
PAVO	Powys Association of Voluntary Organisations
PET CT	Positron Emission Tomography Computed Tomography
PCC	Powys County Council
PEQS	Patient Experience, Quality and Safety Committee
PHE	Public Health England
PHW	Public Health Wales
PMVA	Prevention and Management of Violence and Aggression
PPPH	Planning, Partnerships and Population Health Committee
PSB	Public Service Board
PSOW	Public Services Ombudsman for Wales
PTHB	Powys Teaching Health Board
PTR	Putting Things Right
P&C	People and Culture Committee
QA	Quality Assurance

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RaTS	Remuneration and Terms of Service Committee
RCN	Royal College of Nursing
RIIC	Research, Innovation & Improvement Coordination
RIF	Regional Investment Fund
RISP	Radiology Information System Procurement
RJAH	Robert Jones and Agnes Hunt
RN	Registered Nurse
RPB	Regional Partnership Board
RTT	Referral to Treatment
RTS	Routemap To Sustainability
Q1 Q2 Q3 Q4	Quarter 1 (April, May, June), Quarter 2 (July, August, September), Quarter 3 (October, November, December), Quarter 4 (January, February, March)
QSEG	Quality, Safety and Experience Group
SAR	Subject Access Request
SAS	Specialty and Specialist
SBAR	Situation, Background, Assessment, Recommendation
SBUHB	Swansea Bay University Health Board
SDEC	Same Day Emergency Care
SLA	Service Level Agreement
SOC	Strategy Outline Case
SOP	Standard Operating Procedure
SaTH	Shrewsbury and Telford Hospital NHS Trust
SPB	Strategic Programme Board
SRO	Senior Responsible Owner
TaODEC	Tactical Organisation Development, Engagement and Communication
TI	Targeted Intervention
ToR	Terms of Reference
TRAC	Online Recruitment Management System
T&V	Transformation & Value
TUPE	Transfer of Undertakings Protection of Employment
VERS	Voluntary Early Release Scheme
WAST	Welsh Ambulance Services NHS Trust
W&C	Workforce and Culture Committee
WCCIS	Welsh Community Care Information System
WG	Welsh Government
WHC	Welsh Health Circular
WHSSC	Welsh Health Specialised Service Committee
WNB	Was Not Brought
WOD	Workforce and Organisational Development

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WPAS	Welsh Patient Administration System
WPOCT	Welsh Point of Care Test System
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
WVT	Wye Valley Trust
YTD	Year to Date

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