PTHB Board

Wed 25 March 2026, 09:30 - 16:00

Agenda

09:30 - 09:30
0 min

1. PRELIMINARY MATTERS

Board_Agenda_25Mar26 FINAL.pdf (4 pages)

1.1. Welcome and apologies for absence

Chair

1.2. Declarations of interest

All

Board_1.2_Declarations of Interest Mar26.pdf (3 pages)

1.3. Board Action Log

Chair

Board_1.3_Board Action Log Mar26.pdf (1 pages)

1.4. Experience Story

1.4.1. Patient Experience Story

1.5. Questions to Board from the public

1.6. Update from the:

1.6.1. Chair

Chair

Board_1.6a_Chair's Report to Board March 2026.pdf (5 pages)

1.6.2. Vice-Chair

Board_1.6b_Vice-Chair's Report March 2026 (003).pdf (3 pages)

1.6.3. Chief Executive

Chief Executive

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

1.7. Assurance Reports of Board Committees

Board_1.7_Committee Chair Reports_Mar26.pdf (12 pages)
Board_1.7ai_AppAi_ARAC AAAI Chairs Report Full.pdf (5 pages)
Board_1.7aii_App Aii_ARAC_AAAI Chairs Report 10March 2026.pdf (7 pages)
Board_1.7aiii_AppAiii_Powys THB 2025 Structured Assessment Final.pdf (47 pages)
Board_1.7b_AppB_AAAI Chairs Report CFC Mar26.pdf (3 pages)
Board_1.7c_AppC_AAAI Chairs Report F&P 26Feb2026 LP.pdf (3 pages)
Board_1.7d_AppD_AAAI Chairs Report PEQS Feb26.pdf (4 pages)

Patterson, Liz
23/03/2026 11:03:13

- Board_1.7e_AppE_AAAI Chairs Report_P&C_05 March 2026.pdf (3 pages)
- Board_1.7f_AppF_AAAI Chairs Report_Joint F&P-PPPH_16 March 2026.pdf (2 pages)
- Board_1.7g_AppG_AAAI Chairs Report_PPPH_03 February 2026.pdf (3 pages)
- Board_1.7h_AppH_EC Chair's Assurance Report MAR26.pdf (14 pages)

1.8. Report of the Regional Director of Llais

Regional Director of Llais

- Board_1.8_RD Llais Report Mar26.pdf (3 pages)

09:30 - 09:30
0 min

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.

09:30 - 09:30
0 min

3. ITEMS FOR APPROVAL/RATIFICATION/ASSURANCE

3.1. Annual Plan 2026/27

Executive Director of Planning, Performance and Commissioning

- Board_3.1_ Annual Plan_Board 25Mar26 cover paper.pdf (16 pages)
- Board_3.1a_App1_FINAL DRAFT FOR BOARD Annual Plan 2026 - 2027.pdf (50 pages)
- Board_3.1b_App2_Locked Draft Master Delivery Plan 2026-27 19.03.pdf (48 pages)
- Board_3.1c_App3_PTHB Level 4 Escalation Report Final 26022026 - Summary Report FINAL.pdf (21 pages)

3.2. Capital Programme 2026/27

- Board_3.2_Capital Programme 2026-2028.pdf (11 pages)

3.3. Temporary Service Change Report

- Board_3.3_TSC Review.pdf (15 pages)

3.4. Primary Care Summary Report

- Board_3.4_Primary Care Assurance report - achievement and governance 250326.pdf (29 pages)

3.5. Organisational Escalation

Chief Executive

- Board_3.5_Organisational Escalation Report.pdf (10 pages)

3.6. Financial Performance 2025/26 Month 11

Executive Director of Finance, Capital and Support Services

- Board_3.6_Financial Performance Report Month 11.pdf (21 pages)

3.7. Integrated Quality and Performance Report 2025/26 Month 10

Executive Director of Planning, Performance and Commissioning

- Board_3.7_20260316_IQPR_Mth10.pdf (13 pages)
- Board_3.7a_20260316_IPR_25-26_Month_10.pdf (46 pages)

Patterson,Liz
23/03/2026 11:23:1

3.8. Strategic Risk Register and Board Assurance Framework

Director of Corporate Governance

- Board_3.8_SRR and BAF Dashboard Cover_March 2025.pdf (3 pages)
- Board_3.8a_ Appendix A - Strategic Risk Register.pdf (75 pages)

Board_3.8b_Appendix B - Board Assurance Framework (BAF) Dashboard, March 2026.pdf (8 pages)
Board_3.8c_ Appendix C - Organisational Risk Register Summary - March2026.pdf (4 pages)

3.9. Director of Corporate Governance Report

Director of Corporate Governance

Board_3.9_DCG report.pdf (3 pages)

3.10. Minutes of the previous meeting held on 28 January 2026, for approval

Chair

Board_3.10_Minutes 28JAN2026 Unconfirmed.pdf (15 pages)

09:30 - 09:30
0 min

4. CONSENT AGENDA

Chair

4.1. Assurance Reports of the Board's Joint Committees

Board_4.1_Joint Committee Reports_Mar26.pdf (2 pages)
Board_4.1a_AppA_JC Highlight Report - 27 Jan 2026.pdf (5 pages)

4.2. Assurance Report of the Board's Partnership Arrangements

Board_4.2_Summary of Partnership Board Activity Mar26.pdf (3 pages)
Board_4.2a_App1_SSPC Assurance Report 22 January 2026.pdf (5 pages)

4.3. Assurance Report of the Board Advisory Groups

Board_4.3_Assurance Report of Boards Advisory Group Mar26.pdf (2 pages)
Board_4.3a_AAAI Chairs Report_LPF_19 January 2026.pdf (3 pages)

4.4. Annual Delivery Plan 2025/26 Q3

Board_4.4_Q3 2025-26 Delivery Plan Cover Paper.pdf (19 pages)
Board_4.4a_Q3 Progress against Plan 2025-26.pdf (139 pages)

4.5. Board Work Programme

Board_4.5_Work Programme Mar26.pdf (3 pages)

4.6. GLOSSARY

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

09:30 - 09:30
0 min

5. OTHER MATTERS

5.1. Any Other Urgent Business

Chair

5.2. Close

Patterson,Liz
23/03/2026 11:23:

5.3. Date of the Next Meeting: 20 May 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 28 January 2026 and Action Log

8.2. CEO update

8.3. Microsoft Enterprise Agreement

8.4. General Dental Service contract update and future commissioning proposal

09:30 - 09:30
0 min

9. In-Committee Consent Agenda

9.1. In-Committee Strategic Risk Register

09:30 - 09:30
0 min

10. OTHER MATTERS

10.1. Any other urgent business

10.2. Close

Patterson,Liz
23/03/2026 11:23:13

POWYS TEACHING HEALTH BOARD
BOARD MEETING
WEDNESDAY 25 MARCH 2026
09:30 – 15:50
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 **Purpose:** Information	Attached	Executive Director of Nursing, Quality, Women and Family Health
	1.5	Questions to Board from the public	Verbal	Director of Corporate Governance
09.50	**1.6**	Update from the: a) Chair b) Vice-Chair c) Chief Executive	 Attached Attached Attached	 Chair Vice-Chair Chief Executive
10.10	**1.7**	Assurance Reports of the Board's Committees **Purpose:** Assurance	Attached	Committee Chairs Chief Executive
10.35	**1.8**	Report of Regional Director of Llais **Purpose:** Information	Attached	Llais Regional Director

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.

3: ITEMS FOR APPROVAL/RATIFICATION/ASSURANCE

10.45	**BREAK 15 minutes**			
11.00	**3.1**	Annual Plan 2026/27 **Purpose:** Approval/Assurance	Attached	Executive Director of Planning, Performance and Commissioning /All Directors
12.00	**3.2**	Capital Programme 2026/27 **Purpose:** Approval	Attached	Executive Director of Finance, Capital and Support Services
12.10	**3.3**	Temporary Service Change Report **Purpose:** Approval	Attached	Executive Medical Director

Patterson,Liz 23/03/2026 11:23:13

12.30	**3.4**	Primary Care Summary Report **Purpose:** Assurance	Attached	Executive Director Primary, Community Care and Mental Health
12.55	**3.5**	Organisational Escalation Report **Purpose:** Assurance	Attached	Chief Executive
13.10	**LUNCH – 30 minutes**			
13.40	**3.6**	Financial Performance: 2025/26 - Month 11 **Purpose**: Assurance	Attached	Executive Director of Finance, Capital and Support Services
14.10	**3.7**	Integrated Quality and Performance Report 2025/26 month 10 **Purpose**: Assurance	Attached	Executive Director of Planning, Performance and Commissioning /All Directors
14.40	**3.8**	Strategic Risk Register and Board Assurance Dashboard **Purpose**: Assurance	Attached	Director of Corporate Governance
14.55	**3.9**	Director of Corporate Governance Report: **Purpose**: Assurance / Ratification	Attached	Director of Corporate Governance
15.00	**3.10**	Minutes of Previous Meeting held on 28 January 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 **Purpose**: Assurance	Attached	Executive Director of People and Culture / Director of Corporate Governance
	4.4	Annual Delivery Plan 2025/26 Q3 **Purpose**: Assurance	Attached	Executive Director of Planning, Performance
	4.5	Board Work Programme 2025/26 **Purpose:** Assurance	Attached	Director of Corporate Governance
	4.6	Glossary **Purpose:** Information	Attached	Director of Corporate Governance
5: OTHER MATTERS				

Patterson,Liz
23/03/2026 11:23:13

15.05	**5.1**	Any Other Urgent Business	Verbal	Chair
	5.2	Close		
	5.3	Date of the Next Meeting: ▪ 20 May 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
15.20	**6.1**	Welcome and Apologies for Absence	Verbal	Chair
	6.2	Declarations of Interest	Verbal	All
7: CONSENT AGENDA BUSINESS				
The Chair will ask if there are any items from the In-Committee Consent Agenda (Item 9) that Board Members wish to bring forward to the main agenda.				
8: FOR APPROVAL/ASSURANCE				
	8.1	Minutes of Previous In-Committee Meetings held on 28 January 2026 and Action Log **Purpose**: Approval	Attached	Chair
15.25	**8.2**	CEO update **Purpose:** Information	Verbal	Chief Executive
15.40	**8.3**	Microsoft Enterprise Agreement **Purpose**: Approval	Attached	Executive Director of Allied Health Professions, Health Science and Digital
15.45	**8.4**	General Dental Services **Purpose**: Approval	Attached	Executive Director of Primary, Community Care and Mental Health
	8.5	In-Committee Strategic Risk Register **Purpose:** Assurance	Attached	Director of Corporate Governance
9: IN-COMMITTEE CONSENT AGENDA				
	9.1	Pharmaceutical Applications Committee Chair's Report **Purpose:** Assurance	Attached	Director of Corporate Governance
10: OTHER MATTERS				

Patterson, Liz
23/03/2026 11:23:13

	10.1	Any other urgent business	Verbal	Chair
16.00	**10.2**	Close		

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

Patterson,Liz
23/03/2026 11:23:13

POWYS TEACHING HEALTH BOARD - REGISTER OF DECLARATION OF INTERESTS 2025-26

Updated: November 2025

Position	Name	Interest Category	Interest Situation	Relevant Dates from	Relevant Dates to	Description of Declaration	Comment	Date Returned
INDEPENDENT MEMBERS								
PTHB Chair	**Carl Cooper**	Indirect Interests	Loyalty Interests	2018	Ongoing	Sole Trader, Mandy Williams, Consulting	NIL	29/05/2025
		Indirect Interests	Loyalty Interests	2025	Ongoing	Family member is an employee of Cardiff & Value University Health Board (non Director).	Nil	
Vice Chair	**Kirsty Williams**	Non Finanical personal interests	Loyalty Interests	Feb-25	Current	Co Director of Samaritans Powys	None	22/04/2025.
		Non Finanical personal interests	Loyalty Interests	Nov-22	Current	Director of ILEP Ltd a subsiduary of Cardiff University	None	Left the Health Board on 30 September 2025
		Indirect Interests	Outside Employment	Feb-24	Ongoing	Commissioner for South Wales Fire and Rescue	Ministerial Appointment	
		Non Finanical personal interests	Loyalty Interests	2024	Current	Vice Chair of Brecknock YFC Board of Management	NIL	
Independent Member (General)	**Rhobert Lewis**	Non Financial professional interests	Outside Employment	Nov-21	Current	Chair NPTC Group of Colleges	NIL	30/05/2025
		Indirect Interests	Outside Employment	Nov-21	Current	External member Cross-party STEMM Group Welsh Government	NIL	
Independent Member (Trade Union)	**Cathie Poynton**	NIL	NIL	NIL	NIL	NIL	NIL	01/05/2025
Independent Member (finance)	**Steve Elliot**	Non Financial professional interests	Outside Employment	04/02/2024	Current	Spouse Directorship of Oshi's World Private Limited Company and a Trustee of Oshi's World Charity	NIL	17/04/2025
Independent Member (General)	**Ronnie Alexander**	Indirect Interests	Outside Employment	01/10/2018	Current	Lay Observer to HEIW Participation in ARCPs and Pharmacy Advisory Board	Small half-day or daily payment dependant on booking availability	15/05/2025
		Indirect Interests	Outside Employment	2012	Current	Partner-Director of RA and CJ Consulting Limited	Dividend Payment only	
		Indirect Interests	Outside Employment	2017	Current	Member of Finance, Risk and Audit Committee Hafod/Hendre Housing Association	Remunerated	
		Indirect Interests	Outside Employment	Mar-21	Current to Dec-27	Independent Monitoring Authority (IMA) – Non Executive Director	Remunerated	
		Indirect Interests	Shareholdings and other ownership interests	2012	Current	Director of RA and CJ Consulting Limited	Dividend Payment only	
Independent Member (University)	**Simon Wright**	Financial Interests	Outside Employment	2015	Current	Personal: Academic Registrar, Cardiff University-Various Healthcare Programmes	Salaried Employment	18/06/2025
		Indirect Interests	Loyalty Interests	2001	Current	Sister: Senior Operational Manager, Milestone Trust, Bristol	Salaried Employment	
		Indirect Interests	Loyalty Interests	2021	Current	Spouse: District Nurse, Cardiff and Vale UHB	Salaried Employment	
Independent Member (Third Sector)	**Jennifer Owen Adams**	Non Financial professional interests	Loyalty Interests	Jun-16	Ongoing	Member (not a NED) of Glas Cymru the holding company of Dwr Cymru/Welsh Water	None	10/06/2025
		Non Financial professional interests	Loyalty Interests	07.02.2025	09.02.2028	PAVO-Vice Chair	None	
		Non Financial professional interests	Loyalty Interests	01.09.2024	01.06.2028	Coopted Member of PAVO	None	

Patterson,Liz
23/03/2026 11:23:13

		Non Financial professional interests	Loyalty Interests	Jul-05	Ongoing	Chair Public Services Board Scrutiny Committee	None	
		Non Financial professional interests	Loyalty Interests	2013	Ongoing	Brother - Senior Manager Freedom Leisure (Lead responsibility for Swansea and South Powys).	NIL	
Independent Member (Local Authority)	**Christopher Walsh**	Non Financial professional interests	Loyalty Interests			Member of Community Speed Watch Group Member of Society Genealogists Associate Member of the Association of Genealogists and Registered Archivists	NIL	19/06/2025
		Financial Interests	Shareholdings and other ownership interests		Ongoing	Sole Trader/Owner of Celebratory Gifts Heraldic Names Sole Trader/Owner:CTW Genealogy Research and Owner:Property in the County of Powys	NIL	
		Non Financial professional interests	Loyalty Interests		Ongoing	Elected Member Powys County Council •Trustee/Chair: Brecon University Scholarship Fund •Brecon Town Council Elected Member •Governor of Priory Church in Wales School •Member Brecon Beacons National Park Authority SDF & Grant Advisory Panel	NIL	
		Non Financial professional interests	Loyalty Interests		Ongoing	•Member of Royal College of Nursing •Registered Member of Nursing and Midwifery Council	NIL	
		Non Financial professional interests	Loyalty Interests		Ongoing	Labour Party member	NIL	
Independent Member (Capital)	**Michael Giannai**	Indirect Interests	Loyalty Interests	2019	Current	Chair of the Board of Social Care Wales (Welsh Government Sponsored Body).	Remunerated	01/04/2025
Independent Member	**Ian Thomas**	Non Financial Personal Interests	Outside Employment	Apr-23	01/03/2024	Worked with a team of consultants as an independent associate in the past. I worked alongside HICO from April 2023 to March 2024. I was self employed during this time as a sole trader. I have not worked with HICO since this time and have withdrawn my associate status	NIL	09/04/2025
EXECUTIVE MEMBERS								
Chief Executive Officer	**Hayley Thomas**	NIL	NIL	NIL	NIL	NIL	NIL	30/05/2025
Executive Director of Finance, Capital and Support Services	**Pete Hopgood**	Non Financial Interests	Loyalty Interests	18/06/2018	Ongoing	Partner is Finance Manager working in SBUHB	Not Relevant	22/05/2025
Executive Director of Allied Health Professions, Health Science and Digital	**Claire Madsen**	Financial Interests	Outside Employment	07-Jan-19	Current	Occasional Lecturer for University of West of England.	Hourly rate	02/06/2025
		Non Financial professional interests	Loyalty Interests	10-Jun-05	Current	Member of the The Chartered Society of Physiotherapy	NIL	
Executive Director of Nursing, Quality, Women and Family Health	**Claire Roche**	Non Financial Professional Interests	Outside Employment	2018	Current	Member of the Royal College of Nursing	NIL	10/06/2025 Left the Health Board on 10 October 2025
		Non Financial Professional Interests	Outside Employment	1994	Current	Member of the Royal College of Midwifery		
Executive Medical Director	**Kate Wright**	Non-Finanical professional Interest	Outside Employment	01-Aug-91	Current	Member of the British Medical Association	NIL	10/06/2025
Executive Director of People and Culture	**Debra Wood Lawson**	Indirect Interests	Outside Employment	01-Nov-24	Current	Non Executive Board Director - Cadarn Housing Group Limited (Powys is a zonal partner)	Remunerated	29/05/2025
			Outside Employment	01-Sep-25	Current	Relative employee and training in Aneurin Bevan Univeristy Health Board (non Director)	NIL	

Patterson
23/05/2026 11:23:13

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	14/05/2025
		Financial Interest	Shareholdings and other Ownership interests	NIL	NIL	Husband works for Mitie Engineering who hold contracts/work with some NHS bodies/organisations. Shares held by husband and myself and Mitie Company	Previously annually since start of employment through completion of declarations of interest form issued by corporate team annually.	
Director of Corporate Governance/ Board Secretary	**Helen Bushell**	Non-Finanical professional Interest	Outside Employment	Nov-21	Current	Self - School Governor – Langynwyd primary school (Bridgend)	Not remunerated	18/06/2025
		Indirect Interests	Outside Employment	Aug-16	Current	Partner is the Chair of a Housing Association who provide social housing across a large geographical area (including Powys).	Remunerated part time role, 2-4 days per month	
		Indirect Interests	Outside Employment	Jul-24	Oct-24	Partner is listed on the Bank for PTHB - working occasionally for the organisation by dual agreement.	Paid per hour/day of work	
		Indirect Interests	Outside Employment	Sep-22	Current	Parnter - Public Appointment - Youth Work strategy and implementation Board - Oct 22 - Sept 24	Remunerated 2-4 days per month	
Director of Strategic Improvement and Transformation	**Lucie Cornish**	Nil	Nil	Nil	Nil	Nil	Nil	13/11/2024
Executive Director of Planning, Performance & Commissioning	**Nicola Johnson**	Nil	Nil	Nil	Nil	Nil	Nil	30/05/2025
Executive Director of Primary, Community Care and Mental Health	**Elaine Lorton**	Financial Interests	Outside Employment	Apr-24	Current	Independent Member – ateb - housing Association	Remunerated	30/05/2025
		Non Financial professional interests	Outside Employment	Nov-19	Current	Chair of the Board - Wet Wales Care and Repair	Voluntary	
		Indirect Interests	Outside Employment	Mar-23	Current	Family Member is an employee of Hywel Dda University Health Board (non Director)	Nil	
		Indirect Interests	Outside Employment	Sep-23	Current	Family Member employee of Aneurin Bevan Univeristy Health Board (non Director)	Nil	
Executive Director of Nursing, Quality, Women and Family Health	**Paul Hooton**	Non Financial Professional Interests	Outside Employment	2018	Current	Member of the Royal College of Nursing	Nil	25/10/2025 Started with PTHB October 2025

Patterson Liz
23/03/2026 11:23:13

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							
Board								
Meeting Date	**Item Reference**	**Lead**	**Meeting Item Title**	**Details of Action**	**Update on Progress**	**Original target date**	**Revised Target Date**	**RAG status**
OPEN ACTIONS - FOR REVIEW (25 March 2026)								
27/11/2024	PTHB/24/131	DCG	Assurance Reports of Board's Committees	Peoples Experience Framework to be brought to future Board for discussion	**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 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	Mar-25	Sep-26	At risk
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE (25 March 2026)								
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	May-26		On track
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.	Nov-26		On track
ACTIONS RECOMMENDED FOR CLOSURE (25 March 2026)								
28/01/2026	PTHB/25/133	Chair	Chair's update report	Reference to consideration of population of Powys in Terms of Reference of South West Regional Joint Committee	**25.03.2025 update:** Chair has written to the Joint Chairs of the Regional Committee to request a change to the terms of reference.			Completed

Patterson Liz
23/03/2026 11:23:13

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

Agenda item: 1.6a

BOARD	**25 MARCH 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 September 2024.

RECOMMENDATION(S):

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

Approve/Take Assurance	Discuss	Note
N	Y	N

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

Patterson,Liz
23/03/2026 11:23:13

CHAIR'S REPORT:

Board Membership

It is a great pleasure to welcome our new Vice-Chair, Rhiannon Beamont-Wood to her first Board Meeting. Rhiannon started her role at the beginning of February. Her professional and wider expertise is already strengthening our effectiveness as a Board, and we look forward to her ongoing involvement and participation.

My four-year term as Chair of Powys Teaching Health Board comes to an end later this year. I recently had my final end-of-year appraisal with the Cabinet Secretary, and he subsequently informed me that he has appointed me for second four-year term. We know the next few years are full of serious challenges and exciting opportunities. I am delighted that I will be able to continue to work alongside Board members, and colleagues across our organisation, as we take things forward together.

Staff Excellence Awards

Following the online Staff Excellence Awards Ceremony, it has been a privilege to visit some of the winners to present the awards in person. Recently this included visits to the Estates Team and to Mark Stafford Tolley, Community Liaison Officer. Such visits are a great source of encouragement and an important reminder of the significant achievements being made by staff colleagues across our organisations every day.

PTHB Colleague Achievements

Our Certificate of Appreciation events are a welcome highlight, taking place every three months. The Certificate of Appreciation provides an opportunity for everyone in PTHB to express their gratitude and thanks for a colleague who has gone the extra mile and makes the workplace better. Our most recent event on 5 March 2026 recognised individuals and teams making a positive impact on the working lives of others, as well as those achieving qualifications and external awards.

Before the Board next meets in May, we will also have held our next Long Service Awards acknowledging those with continuous NHS service of 30 years. The event is supported by our Powys Health Charity. All Board members are welcome to attend and share in the expression of gratitude for the noteworthy commitment of hundreds of years of service to patients and communities.

Healthcare Professionals Forum

I was pleased to attend the inaugural meeting of the Healthcare Professionals Forum on Friday 20th March. This is an advisory group of the Board alongside the Staff Partnership Forum. It will be an important source of clinical voice for us as we continue to shape and implement our plans for the future.

Senedd Elections

With the dissolution of the Sixth Senedd due on 8 April 2026, I take this opportunity to thank the outgoing Powys representatives for their commitment to patients and communities. Constituency members James Evans MS and Russell

Papur i'w nodi/Paper to note
23/03/2026 14:23:13

George MS, together with regional members Cefin Campbell MS, Eluned Morgan MS, Jane Dodds MS and Joyce Watson MS, have provided support and constructive challenge to the health board on behalf of local citizens.

We look forward to working with newly elected members after the elections on 7 May 2026 based on the new Senedd constituency areas of Brycheiniog Tawe Nedd and Gwynedd Maldwyn.

Normal business of the NHS will continue during the pre-election period, and arrangements will be put in place to ensure that the political impartiality of the health board is maintained.

The NHS Wales Confederation has arranged a Hustings involving all the political parties. At the time of writing, I intend to attend the event. Many of the parties have published their manifestos and/or initial priorities.

Listening and Learning

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

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

- In our February 2026 session we spent time with external consultants, Grant Thornton, to consider the findings of their work and the content of their draft report.
- In our March 2026 session, we held useful discussions with Audit Wales following the finalisation of their Structured Assessment report. It was good to receive positive affirmation of our governance arrangements, together with recommendations as to how these can be further strengthened in the future.

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:

- Community Frailty Team
  The Vice Chair and I spent time with the Community Frailty Team in Mid Powys, based in Spa Road. I was particularly struck by the level of effective, multi-disciplinary cooperation within the team and with wider primary care services. I came away with an impression of integrated working that is having a positive impact on supporting patients' independence and wellbeing.
- *CAMHS Crisis Support*

Patterson,Liz 23/03/2026 11:26:13

The Vice-Chair and I also visited the CAMHS Crisis Support service in the newly furbished centre at Spa Road. Of particular note are the ways in which this service is providing alternatives to hospital admission. I was struck by colleagues' creative, 'can-do' approach, which is making an important difference for people in crisis.

- Wye Valley NHS Trust
  The Chief Executive and I met with senior managers and leaders in Wye Valley. We were able to reinforce the mutual importance of our partnership and cooperation. We also committed ourselves to addressing issues of shared interest and concern, particularly those matters arising as a result of the policy divergence between Wales and England.
- Health Care in Residential and Nursing Homes
  I am about to start a round of visits to a range of care homes in Powys to meet staff and residents. It will be helpful to learn more about our provision of healthcare in such settings and our partnership with other agencies and sectors.

Strategic Contacts and Involvement

Together with the Chief Executive, I have continued to meet regularly with elected representatives from all parties that represent Powys. In addition

- **Powys County Council Member Briefing**
  Executive colleagues and I attending a briefing session for members of Powys County Council. We shared information and benefitted from a helpful discussion on out transformation programme, Better Together.
- **Cabinet Secretary Visit**
  It was good to welcome the Cabinet Secretary for Health and Social Care, Jeremy Miles MS, to Brecon hospital. During his visit he heard about the significant benefits derived from the new scanning facilities in the radiology suite, the positive impact of the restructured rehabilitation provision and the newly established pre-operative assessment service enabled by the significant, positive impact of the Scan4Safety initiative. The visit highlighted the crucially important work and contributions of Allied Health Professionals.
- **Board to Cabinet Meeting**
  Some time ago we agreed formal arrangements to enable and facilitate bilateral cooperation between ourselves and Powys County Council. These included a Joint Leadership Team (JLT) bringing together our respective executive teams, and a Board to Cabinet Forum involving members of our respective governing bodies. The former is working well and proving useful. The latter has found it more difficult, party due to the large numbers involved, to establish itself. We recently met as a much smaller group including PTHB Chair, Vice Chair & CEO together with PCC Leader, Deputy Leader & CEO. We were supported by our Director of Corporate Governance and PCC's Head of Legal Services and the Monitoring Officer.

Patterson,Liz 23/03/2026 11:30:13

This proved a much more focussed and useful engagement and enabled very useful and mutually important discussion. We propose to amend the

	Terms of Reference for this forum to reflect the effectiveness of the smaller group. These will be presented to the Board at a future meeting for consideration.

Patterson,Liz
23/03/2026 11:23:13

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 1.6b

BOARD MEETING	**DATE: 26 MARCH 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 commencing in post on the 09 of February 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
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	

Patterson,Liz
23/03/2026 11:23:13

VICE CHAIR'S REPORT

Induction period

I am delighted to have commenced in the role of Vice Chair for Powys Teaching Health Board and am looking forward to working with staff and partners on behalf of people living and visiting Powys.

Since starting in the role of Vice Chair on the 09 February 2026, this initial period has been predominantly about familiarisation with the Health Board operating and partnership arrangements, and introductory meetings with the Executive Team, some of the Deputy/Assistant Directors, particularly those who lead on key areas identified with the remit of the Vice Chair role. Individual introductions with Independent Member colleagues are also underway.

A number of external stakeholder meetings are scheduled to happen in due course, and of course this will be ongoing. I have been able to recently meet some of the key stakeholders involved with the Regional Partnership Board.

It has been helpful to have board briefings on some of our Health Board challenges, the balancing of financial pressures and provision of quality, safe services in Powys. What has come across strongly to me during my conversations thus far, is that people working in Powys Teaching Health Board, are committed to serving the population of Powys in providing the range of services and functions, while recognising there is a need for flexibility and adapting to ever changing constraints, demands and needs.

Out and About visits

Spa Road Llandrindod

On the 17 of February, I had the opportunity with the Chair, to visit the Spa Road building, and had the opportunity to learn from team members. It was good to hear about the establishment of the Frailty Team, which although a small team, is providing coverage across Powys. We heard how relationships and awareness with GPs in primary care and in the clusters, is building and the investment in time spent helping primary care teams to understand the added value of the frailty Teams, is starting to have an impact. This service provides opportunities for earlier intervention and sign posting to other services, such as reablement and rehabilitation.

We were also able to have conversations with staff in the Mental Health 111 press 2 service.

We also spent some time talking with two of the managers within the Community Adolescent Mental Health Service (CAMHS Sanctury). It was pleasing to see how a relatively small amount of grant funding has been invested to create a positive safe environment for Children, Young People and their families to support them with their mental wellbeing, at times of need. We were informed about the

Attestation 23/07/2026 12:23:13

evidence in the data, in terms of the positive impact that this service is having, in terms of providing care close to home, as opposed to inappropriate transfer of care to emergency acute care settings. Recognising that this funding stream is short term, there is a question post evaluation, about opportunities to work in partnership to consider longer terms plans for a provision such as this.

I recently had the opportunity to be introduced to the Public Health Directorate. I look forward to learning more about how the different functions within the Directorate undertake their work on prevention, health improvement and health protection, an important component of the Powys Health and Care Strategy.

Llandrindod Hospital
I was also able to join the Chair in an opportunistic visit to Llandrindod Hospital, having a brief tour supported by the Charge Nurse, providing an overview of out-patients, and opportunity to speak to some of the Community Dental team.

All Wales Vice Chairs
I was able to attend both the February and March Vice Chair's meetings. Those meetings included:

February

- Mental Health, with a focus on Lived Experience and Peer support arrangements, highlighting expectations placed on Health Boards, in this area through the implementation of the Mental Health Strategy.
- Updates from NHS Confed on the political landscape.
- Cross Boarder Health Care Committee, comments invited.

March

- Update from Public Health Wales (PHW) on sexual health test and post service previously identified concerns, as reported in the public domain by PHW on 24 February 2026.

- Update from PHW on roll out of Respiratory Syncytial Virus and improved surveillance capability on this, and Flu vaccine impact.

- Update from NHS Performance and Improvement on Community by Design, a health transformation programme intended to deliver better outcomes through integrated services in the community. The Health Board lead for this in Powys, is Elaine Lorton who is a member of all Wales programme Board.

Patterson,Liz
23/03/2026 11:23:13

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 1.6c

BOARD MEETING	**25 March 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:

- Vaccination and health protection update
- Joint Commissioning Committee / EMRTS update
- National Assurance Assessment of Maternity and Neonatal Services in Wales
- COVID-19 Public Inquiry
- Welsh Government oversight and interface arrangements
- Primary Care Updates
- PHW Sexual Health Test and Post Service
- Continuous engagement with our communities
- PTHB Service Developments
- Commissioned Services Updates

A number of other key matters are contained within the Board's agenda for the 25 March 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

Patterson,Liz
23/03/2026 11:23:13

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

CEO REPORT:

VACCINATION AND HEALTH PROTECTION UPDATE

Expanded Vaccination Programme

The Spring 2026 Vaccination Programme will deliver both the expanded RSV catch-up offer and the COVID-19 Spring campaign to eligible groups across Powys, in line with JCVI and Welsh Government guidance.

From 01 April 2026, RSV vaccination will be extended to care-home residents and all adults aged 80+, creating approximately 11,000 newly eligible individuals, alongside those routinely offered COVID-19 vaccination. Delivery will use a blended model across Vaccination Centres, community clinics, and District Nursing Teams to maximise accessibility in a rural county, with co-administration offered wherever possible.

The programme will prioritise equity, with enhanced monitoring of uptake and targeted outreach to narrow differences in uptake between the most and least deprived communities.

Meningitis awareness

On 15 March 2026, the UKHSA announced an outbreak of invasive meningococcal disease (IMD) in Kent involving young people aged between 18 and 26 years of age.

The UKHSA is leading the management of the outbreak which has been confirmed as being due to the Meningococcus group B strain (MenB), and therefore the affected cohort of cases will not have been eligible for the routine MenB vaccination under the UK NHS Immunisation Framework which was introduced for infants in 2015.

While the response for this outbreak is being delivered locally in the Kent area by the UKHSA, proactive public health actions have been initiated in Powys to support partners with queries, reduce risk, and ensure a coordinated response across PHW and Health Boards across Wales. Actions taken include:

- On 18 March, a PHW briefing was circulated by the Health Board to clinicians to provide advice on immediate actions to take for individuals with recent

links to the Canterbury area, who may be affected by the outbreak, but who may now be in Wales. There is a potential for students from the University of Kent to have already returned to Wales (or be returning to Wales over the coming weeks), or for other individuals with recent travel to the Canterbury area to be ordinarily resident in Wales.

- Guidance was also distributed to educational settings across Powys through the Local Educational Authority, and directly by the Public Health Team to private schools, to ensure awareness and including resources to support schools. This includes links to current vaccination recommendations in the UK which help protect against some strains of the disease.
- Communication through Health Board channels to stay alert for symptoms of meningitis and sepsis with messaging aligned with national public health guidance.

JOINT COMMISSIONING COMMITTEE / EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS)

As previously reported, recommendation 4 was the development of a commissioning proposal for bespoke road based enhanced and / or critical care services in rural and remote areas to enhance the core service model.

The Joint Commissioning Committee held on 17 March 2026 approved to re-engage the rural communities and Llais during the period before the consolidated EMRTS base opens to clarify Recommendation 4 is about improving rural ambulance response, not EMRTS bases. And to further understand current and emerging rural concerns.

A comprehensive rural ambulance improvement proposal will be developed drawing on WAST rural response assessment, National Ambulance Performance Framework, potential enhancements to recruitment, deployment, pathways, workforce mix, and clinical support. The work programme and timetable will be shared at the next Joint Commissioning Committee, and a fully developed proposal will be presented to the JCC later this year.

NATIONAL ASSURANCE ASSESSMENT OF MATERNITY AND NEONATAL SERVICES IN WALES

The Cabinet Secretary for Health and Social Care commissioned an assessment in May 2025 following significant concerns raised in recent reviews. An independent expert panel oversaw the work and led a whole-system, multi-method approach across Wales. The panel met between September 2025 and January 2026. The report can be viewed here - National assurance assessment of maternity and neonatal services in Wales | GOV.WALES

The Health Board will be considering this report and its own services, a report will be provided to the Patient Experience, Quality and Safety Committee in April 2026.

Private 23/03/2026 11:23:13

COVID-19 PUBLIC INQUIRY

On 19 March 2026, the UK COVID-19 Inquiry will publish its Module 3 report on Healthcare Systems, followed by the publication of the Module 4 report on Vaccines and Therapeutics on 16 April.

Whilst the recommendations from these reports normally focus on issues of national strategy and policy, the shared commitment across the NHS is clear: we will continue to reflect, to learn and to improve. That is how we honour what we have all been through, and how we strengthen our services for the future.

WELSH GOVERNMENT/NHS WALES NATIONAL OVERSIGHT AND INTERFACE ARRANGEMENTS

Welsh Government have reviewed and updated their arrangements; the changes are a result of recent discussions at NHS Leadership Board and the responses to the two Ministerial Advisory Group (MAG) reports MAG Accountability and MAG Performance and Productivity. The first phase of the changes is to simplify the current interface arrangements and align assurance meetings with the organisational levels of escalation.

NHS Wales organisations will be expected to meet the following requirements to support these changes:

- Provide timely, accurate data and updates via the common reporting pack.
- Utilises the single reporting pack within Board papers and discussions.
- Maintain delivery plans (IMTP/annual plan) and corrective action plans aligned to escalation requirements.
- Participate in risk-based CEO/Executive Review Meetings with the NHS Wales CEO (cadence set by escalation level) to reinforce earned autonomy.

As a result, monthly IQPD meetings and the twice-yearly JET meetings will be removed and replaced with an NHS Wales CEO led Executive review meetings.

The escalation and intervention framework will set out the criteria and align the support provided to organisations through Welsh Government and NHS Performance & Improvement. The Framework's intent is to simplify the interface, with NHS Performance & Improvement acting as the single operational conduit for Welsh Government.

The role of NHS Performance & Improvement in the NHS Wales system is set out below:

- Acts as the single operational assurance interface with each NHS organisation.
- Consolidates data and narrative against the four pillars (quality, workforce, finance, performance).
- Operates a structured support offer (diagnostic, targeted support, improvement plans) matched to escalation level.

Patterson, Liz
23/03/2026 11:23:13

- Provides monthly system synthesis to Welsh Government, including risks, mitigations and recommended actions.

I will update the Board further as the new arrangements come into place during 2026/27.

PRIMARY CARE UPDATES: Llanfyllin Pharmacy
Work is progressing well to secure a new community pharmacy service in Llanfyllin, and a recommendation has been made by our Pharmaceutical Applications Committee.

It is essential that we follow due process in line with National Health Service (Pharmaceutical Services) (Wales) Regulations 2020 and related legislation. Due to commercial sensitivities, we are not able to share further details at this take but look forward to updating you further once the contractual process has concluded.

In the meantime, we are grateful to Llanfyllin Group Practice who continue to offer dispensing services for all their patients until the new pharmacy is established.

We continue to keep our website updated at https://pthb.nhs.wales/llanfyllin-pharmacy

PRIMARY CARE SERVICES: DENTAL SERVICES
We are aware of 3 dental practices in the north of Powys who have communicated with their patients indicating that from 01 April they will cease NHS dental care. We have recently been in discussion with all three, none of which have formally served contractual notice. We understand that this is causing a high level of concern for the population and we are in the process of preparing for immediate procurement should this be necessary.

The dental contract is changing on 01 April 2026. The new contract model does not allow for child only contracts so two very small contracts will cease, one in Crickhowell and one in Builth Wells, and we have put in place replacement activity with another contractor and our Community Dental Service.

The Health Board have taken delivery of the second Mobile Dental Unit and recruitment is underway to enable services to be delivered where most required in the mid and north areas of Powys.

PUBLIC HEALTH WALES SEXUAL HEALTH TEST AND POST SERVICE
The Public Health Wales Sexual Health Test and Post Service enables people in Wales to request sexual health tests and receive advice about sexually transmitted infections through the post. The service has operated across Wales

Page 5 of 9
23/03/2026 11:23:13

since 2020 and is provided by the Health Protection Division of Public Health Wales. The service currently processes around 100,000 tests annually.

Since carrying out a review at the end of 2025, Public Health Wales has identified a number of operational issues in the Sexual Health Test and Post Service. The response to these issues is currently being pursued internally by Public Health Wales with support and assistance from Health Boards.

A statement was published by Public Health Wales on 24 February 2026. The statement contains information for anyone with concerns, including a frequently asked questions and details of a helpline. This can be found at: https://phw.nhs.wales/news/statement-sexual-health-test-and-post-service/.

CONTINUOUS ENGAGEMENT WITH OUR COMMUNITIES

We are committed to listening and learning from our communities in Powys. Between November 2025 and February 2026 our engagement team visited each of the thirteen localities in Powys. As well as attending local community groups, they held a series of "Your Health Services" drop in events for residents to find out more about current developments in local health services. This included our listening programme relating to our Temporary Service Changes (https://pthb.nhs.wales/temporary-2025) as well as gathering insights for our Better Together programme (https://pthb.nhs.wales/bettertogether)

Together these events have provided an opportunity to hear first hand from nearly 1000 voices. Insight reports have been developed for Better Together, Temporary Service Change, Pharmaceutical Needs Assessment and wider service developments.

PTHB SERVICE DEVELOPMENTS: North Powys Wellbeing

We are delighted to share that Welsh Government has approved our Outline Business Case (OBC) for a new health and wellbeing hub in Newtown.

This is a major milestone and an important vote of confidence in the need for modern, integrated facilities to support people's health and wellbeing in Powys. It brings nearly £30m of Welsh Government investment in North Powys a step closer.

The next stage will include seeking community views on detailed plans for the building ahead of submitting a planning application later this year. Subject to planning approval and Welsh Government approval of the Full Business Case, the hub could be open to the public in 2028/29.

More information about the North Powys Wellbeing programme can be found at: North Powys Wellbeing Programme | Have Your Say Powys.

Parkinson,Liz
23/03/2026 11:23:13

In other developments in North Powys, our Cone Beam CT scanner in Newtown is now full operational. This is the first NHS Cone Beam CT scanner in mid Wales and reduces the need to travel to Cardiff for these specialised scans used across dental, ENT, orthopaedic, and head-and-neck services, and enabling faster, more accurate diagnosis and treatment. The installation was part of our £2.7m capital investment programme in radiography equipment across the county.

PTHB SERVICE DEVELOPMENTS: Llandrindod Wells Memorial Hospital
The Health Board has secured a further £2.5m Welsh Government investment to continue improvements across the site. This will improve dental facilities, patient-facing areas, kitchen and dining.

This follows our previous phases of work which have seen upgrades to clinical spaces, new windows, roof repairs, significant improvements to backlog maintenance and improvements to visitor safety and access.

Construction will begin on site on in March 2026 and is due to be completed in August 2026.

£2.5m investment in Llandrindod Wells Memorial Hospital - Powys Teaching Health Board

PTHB SERVICE DEVELOPMENTS: Breconshire War Memorial Hospital
During his recent visit to Breconshire War Memorial Hospital, the Cabinet Secretary for Health and Social Care was able to see first hand some of the recent developments and improvements at the hospital.

As well as meeting the radiography team to see the impact of £2.7m investment in radiography upgrades, he met the theatres team to hear how they are transforming care for patients. Progress on Scan4Safety isn't just making surgery safer for patients and improving stock control, but has also freed up a room previously used for storage to provide a dedicated pre-operative assessment clinic. Today the clinic provides local assessment for PTHB patients, but with a new all-Wales Health Screening Questionnaire being rolled out there are plans to offer local assessment for people waiting for surgery outside the county which will reduce health miles for Powys patients.

PTHB SERVICE DEVELOPMENTS: Women's Health
Women's voices have shaped a new virtual women's health hub in Powys, helping to improve access to advice, guidance and definitive care for women across the county. Our unique geography requires unique solutions, so rather than establishing a physical hub – which could risk delaying rather than improving access to specialist services – our teams have focused on bring core information together in one place, developing new self-referral options to help women access the care they need, and skilling up teams across primary and community care to aid diagnosis and treatment.

Page 24 of 44 - 23/03/2026 11:23:13

The hub was launched on 12 March with user representatives, Welsh Government, NHS Performance and Improvement, PAVO, primary care, local authority and PTHB colleagues.

The new virtual women's health hub is available at https://pthb.nhs.wales/womens-health

Maternal health is also being improved through the introduction of the Digital Maternity Cymru (DMC) BadgerNet system across Powys. This is a transformational shift that brings maternity documentation, communication, and clinical workflows into a fully digital, safer, and more connected future.

It offers a fully digital maternity record, better connected care (locally and across borders), tools that give midwives "more time to care" and an inclusive digital experience. There is also a new self-referral online form to make it easier for women who are pregnant to refer themselves to maternity services.

COMMISSIONED SERVICES: The Shrewsbury and Telford Hospital NHS Trust

Work is progressing on The Shrewsbury and Telford Hospital NHS Trust's (SATH) Hospital Transformation Programme. The most recent development includes the opening of the third phase of the Royal Shrewsbury Hospital (RSH) Emergency Department refurbishment. The redesigned area now houses Ambulatory Majors, providing timely assessment and treatment for patients who are stable, able to walk, and do not require an overnight stay. The full redevelopment of the emergency department is set for completion in 2027, with RSH fully established as the Trust's emergency and critical care site by 2028. These developments will see services such as consultant maternity, neonatology, paediatrics and acute stroke services relocated from Princess Royal Hospital in Telford to RSH

In an important for the safety and sustainability of the services we commission for Powys residents, SATH has exited NHS England special measures. It follows a review by NHS England, which recognised the Trust has delivered significant, sustained and demonstrable improvements including in finance, performance and governance. We continue to work with SATH through our Strategic Commissioning Framework and welcome this positive progress
www.sath.nhs.uk/news/milestone-as-sath-exits-special-measures-after-sustained-improvement/

The Boards of Shropshire Community Health NHS Trust (Shropcom) and SATH are forming a new Group model from April 2026. The two organisations have appointed a Chief Executive (CEO) in Common, Jo Williams, who will lead both organisations working with Andrew Morgan, as Chair in Common. The trusts will remain as separate statutory organisations, while having a shared leadership to oversee strategy and service delivery.

Prepared by Liz 23/03/2026 11:23:13

COMMISSIONED SERVICES: Hywel Dda University Health Board Clinical Services Plan

At an extraordinary Board Meeting on 19 February 2026, Hywel Dda University Health Board (HDUHB) made decisions on the next steps for its Clinical Services Plan.

A key area of interest and impact for Powys residents has been proposals relating to stroke services. At their meeting, HDUHB decided that Bronglais General Hospital (BGH) will change from an acute stroke unit to "treat and transfer" whereby following initial treatment for stroke, patients would be transferred to Glangwili Hospital in Carmarthen or onward for specialist thrombectomy care. The proposed location of the acute stroke unit has changed from their original consultation proposals which saw the acute stroke unit in Llanelli or Withybush. The updated proposals also see a stroke rehabilitation unit at BGH, although for Powys patients the rehabilitation pathway would continue to be to our stroke rehabilitation service in Newtown.

HDUHB acknowledged that further public engagement would be required before a final decision could be made.

As acute stroke services are returning to Royal Shrewsbury Hospital (above), PTHB will be reviewing its overall approach to commissioning of stroke services in the context of forthcoming changes in neighbouring health boards and Trusts.

Patterson,Liz
23/03/2026 11:23:13

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

Agenda item: 1.7

BOARD	**25 MARCH 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	

Patterson,Liz
23/03/2026 11:23:12

EXECUTIVE SUMMARY:

ASSURANCE REPORTS FROM COMMITTEE CHAIRS

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

Audit, Risk and Assurance Committee

- The Committee Chair's report of the meetings held on 13 January and 10 March 2026 are attached at Appendix Ai and Aii. The Audit Wales PTHB Structured Assessment is attached at Appendix Aiii.

Charitable Funds Committee

- The Committee Chair's report of the meeting held on 16 March 2026 is attached at Appendix B.

Finance and Performance Committee:

- The Committee Chair's report of the meeting held on 26 February 2026 is attached at Appendix C.

Patient Experience, Quality and Safety Committee:

- The Committee Chair's report of the meeting held on 05 February 2026 is attached at Appendix D.

People and Culture Committee:

- The Committee Chair's report of the meeting held on 05 March 2026 is attached at Appendix E.

Pharmaceutical Applications Committee:

- The Committee Chair's report of the meeting held on 05 February 2026 is attached at Appendix F.

Planning Partnership and Public Health Committee:

- The Committee Chair's report of the meeting held on 03 February 2026 is attached at Appendix G.

Joint Planning, Partnership and Public Health & Finance and Performance In-Committee:

- The Committee Chair's report of the meeting held on 16 March 2026 is attached at Appendix H.

Executive Committee:

- The Committee Chair's report of the meetings held from 21 January to 04 March 2026 is attached at Appendix I.

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

Pattinson Liz 25/03/2026 11:11:13

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**.

Patterson,Liz
23/03/2026 11:23:12

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 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. **Item remains escalated.**
PEQS - transferred from D&P	Neurodiversity Services – has been placed into level 3 local escalation	Oct 2024	For Board awareness, no specific action requested	**PEQS 05/02/2026** PEQS received assurance that the implementation of the IQPF Escalation oversight mechanism is providing robust oversite and that ongoing monitoring and evaluation mechanisms are in place. PEQS will continue to receive updates on this matter to its quarterly meetings. **Item remains escalated.**
F&P	Organisational Status	Feb 2025	For Board awareness, no specific action requested	**F&P 26/02/2026** F&P received assurance that the appropriate mechanisms are in place to monitor and report to Board and

Patterson,Liz
23/03/2026 11:23:13

				Committees against the level 4 de-escalation criteria. **Item remains escalated.**
ARAC	Lack of cross border functionality within the NHS Wales app	Jan 2026	For Board awareness, no specific action requested	**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 **ARAC 10 March 2026:** ARAC heard as this matter had been escalated to the Board updates would be received at each Board from the 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 26 May 2026.
IMPACT ASSESSMENT – NOT REQUIRED
This section must be completed for all strategic organisational decisions including approval of health board policies.

Patterson,Liz
23/03/2026 11:23:13

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.

Patterson,Liz
23/03/2026 11:23:13

		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 (transferred from Delivery and Performance Committee) 22 October 2024	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:** • 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:**

Paterson,Liz
23/03/2026 11:23:13

		• 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.
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:**

Patterson,Liz
23/03/2026 11:23:13

		• 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. **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. **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:**

Patterson,Liz
23/03/2026 11:23:13

		• The Board received a substantive update at its November 2025 meeting. The Committee will continue to consider at each meeting.

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:**

Patterson,Liz
23/03/2026 11:23:13

		• 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:** • 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

Page 36 of 706
23/07/2026 11:23:13

		and ARAC will receive a lessons learnt report at its meeting on the 07 October.

Patterson,Liz
23/03/2026 11:23:13

Reporting Committee:	**Audit, Risk and Assurance Committee**
Committee Chair	Stephen Elliot
Date of last meetings:	13 January 2026
Paper prepared by:	Corporate Governance Business Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

1. SITUATION/BACKGROUND

This report had been prepared to provide Board Members with a summary of the key issues considered by the Audit, Risk and Assurance Committee (ARAC) at its meeting on 13 January 2026.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

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

3.HIGHLIGHT REPORT

(Links to agenda and reports: 13 January 2026 - Powys Teaching Health Board

Meeting: 13 January 2025

Alert / Escalate	The Committee ALERTED the Board to ongoing compatibility issues within the NHS Wales App at its meeting in January 2026. Powys continues to actively promote the adoption of the NHS Wales App, emphasising the benefits it offers by providing users with direct access to advice and guidance. However, a significant cross-border limitation persists for Welsh patients receiving care in England and English patients receiving care in Wales, as they are unable to access their records via the app. This issue has been escalated nationally to DHCW. WG has noted the ongoing issue for Powys residents and will consider what actions to take. The item will remain within the Boards oversight.
Advise	Nothing to advise.
Assure	**INTERNAL AUDIT PROGRESS REPORT** The Committee received an overview of the progress with the delivery of the audit plan was provided as follows: • Two audits had been planned but were delayed

Patterson,Liz 23/03/2026 11:22:13

- One report was in draft,
- Seven reports had been finalised, with five included in the meeting's agenda with two included within the consent agenda. T
- Two adjustments to the plan were Approved:
    - Digital Operating Model – Identified for removal from the plan due to duplication of coverage with the Structured Assessment Deep Dive into Digital Systems being undertaken by Audit Wales.
    - Community Care – Proposed that the timing of this audit is moved from Quarter 2 to Quarter 4 due to discussions required to agree the scope and the availability of Internal Audit resources to deliver the work.

The Committee NOTED the Internal Audit Progress Report, including the findings and conclusions from the finalised audit reports, and APPROVED the proposed adjustments to the 2025/26 plan.

INTERNAL AUDIT REPORT:

The Committee NOTED and DISCUSSED the following Internal Audit reports.

a) digital systems uptake
b) continuing healthcare
c) mental health & learning difficulties triage & assessment process
d) core financials
e) decontamination

INTERNAL AUDIT TREND REPORT

The Committee received an overview of the report where the following matters were highlighted:

- Outcomes of Powys Audits from 2019/20 to date, benchmarked to the All-Wales position;
- Assurance ratings of Powys Audits from 2019/20 to date, benchmarked to the All-Wales position;
- Assurance ratings by domain for Powys from 2019/20 to date, benchmarked to the All-Wales position;
- Powys findings 2019/20 to date;
- Top 10 themes for Powys from 2019/20 to date benchmarked to the All-Wales position; and definitions and key observations for consideration.

Patterson, Liz
23/03/2026 11:23:13

The Committee RECEIVED the presentation as a basis to consider data trends over the reported period and where appropriate inform future Internal Audit Planning.

EXTERNAL AUDIT PROGRESS REPORT

The Committee received the report and it was highlighted that the Charitable Funds Accounts audit had been completed and had reached an unqualified opinion. The accounts would be submitted to the Auditor General for Wales by the end of January 2026. MJ also noted that the review of the Health Board's accounts had begun, with Audit Wales and the Health Board in joint agreement to commence the audit early for 2025/26.

The Committee NOTED the External Audit progress report.

COUNTER FRAUD UPDATE

The Committee RECEIVED the update report for discussion and took ASSURANCE that appropriate counter fraud systems were in place.

ASSURANCE OF RISK MANAGEMENT ARRANGEMENTS

The Committee received the report and Took ASSURANCE regarding the progress made in the implementation of the RMF and BAF, RECEIVED the proposed template for the Annual Review of Strategic Risk Assurance provided; and NOTED the current risks associated with the implementation of all aspects of the RMF and BAF.

POST PAYMENT VERFICATION MID YEAR REPORT 2025

The Committee RECEIVED the report and took ASSURANCE that effective PPV management was in place.

DIGITAL FIRST ANNUAL PLAN

The Committee received an overview of the report which provided a summary of Year 2 of 3 of the Digital Strategic Framework (2023–2027). Committee members raised concern regarding the integration of the NHS Wales App with NHS England. It was highlighted that the issue had been ongoing for several years, and the need to ensure that the Powys population was not at a disadvantage.

Please find escalation within the Alert section to the Board.

Patterson,Liz
23/03/2026 11:23:13

	The Committee Took ASSURANCE that appropriate arrangements were in place to ensure ongoing delivery of the Digital Strategic Framework, with considerable progress made to align with Ministerial digital priorities. • Took ASSURANCE that relevant actions and workstreams were being implemented to enhance and modernise the Digital Services offering as outlined in the Framework. • RECOGNISED that alongside these assurances and achievements, significant challenges remain; while digital solutions should enable faster discharge and more accurate transfer notes, delays with the Cross Border programme, competing national and local priorities, workforce pressures, and capacity constraints are slowing adoption across the organisation. **SINGLE TENDER WAIVERS (INCLUDING EXTENSIONS TO CONTRACTS)** The Committee NOTED the five Single Tender Waiver requests made between 25 September 2025 and 31 December 2025; and Took ASSURANCE relevant reporting and review mechanisms were in place. 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)*
Inform	The following items were RECIEVED as part of the consent agenda: • Internal Audit Reports: a) Primary Care Clusters Project Management Final Report *(Substantial Assurance)* b) Staff Development Programme Final Report *(Substantial Assurance)* • Information Governance and Records Management Report • Committee Work Programme (for Information).
Appendices	None
NEXT MEETING 10 March 2026	

Patterson
23/3/2026 11:23:13

Key:

Alert / Escalate	Alert to matters that the Board need to be aware of, such as an area of non-compliance, or a major threat to safety/ to the delivery of strategy (list not exhaustive)

Advise	Advise the Board of areas subject to on-going monitoring or development or where there is negative assurance
Assure	Assure the Board where positive assurance has been received
Inform	Inform the Board of any other relevant information

Patterson,Liz
23/03/2026 11:23:13

Reporting Committee:	**Audit, Risk and Assurance Committee**
Committee Chair	Steve Elliot
Date of last meetings:	10 March 2026
Paper prepared by:	Corporate Governance and Risk 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 at its meeting on 10 March 2026.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the Audit, Risk and Assurance Committee 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 Agenda and Papers 10 March 2026

Escalate/Alert	There were no matters to escalate.
Advise	There are no matters to advise
Assure	**INTERNAL AUDIT PLAN 2026/2027**

Papur 1.7aii
23/03/26 11:23:13

The Committee received an overview of the plan for 2026/2027 where it was noted that it aimed to ensure an even flow of audits throughout the year.

The Committee APPROVED the Internal Audit Plan for 2026-27, APPROVED the Internal Audit mandate and charter, and NOTED the associated Internal Audit resource requirements and key performance indicators.

LOSSES AND SPECIAL PAYMENTS

The Committee received the report and were advised of the proposed debt write-off related to historic invoices dating back as far as 2006–07, and not a single financial year. The following themes were highlighted:

- The debt was considered irrecoverable despite all reasonable recovery actions.
- The write-off would have no financial impact on the 2025–26 position.
- A review of historic debt would be undertaken more regularly going forward.

The committee emphasised the need to ensure strong debt-recovery and write-off processes by reinforcing the responsibilities of budget holders and line managers, whose actions directly influence salary overpayments and the accuracy of invoices issued to other organisations.

The Committee APPROVED the write off debts totalling £210,474.75 and NOTED the submission to Welsh Government for approval for the loss's element of the Band 2/3 recognition payment for Health Care Support Workers.

APPROACH TO THE ANNUAL ACCOUNTS 2025/2026

The Committee received the report, and it was highlighted that areas where estimates would be required. It was noted that significant capital valuations would take place this year, including formal revaluations of Llandrindod and Brecon Hospitals following substantial works.

Patterson Liz
23/03/2026 11:23:13

The Committee NOTED the report and TOOK ASSURANCE a plan was in place to deliver the annual accounts and report, NOTED the planned approach to accounting areas, including use of estimates where needed as outlined within the paper.

INTERNAL AUDIT PROGRESS REPORT

An overview of the progress with the delivery of the audit plan was provided:

- Five Audits had been completed since the previous meeting and were on the agenda to be discussed including one under the consent agenda.
- 25 audits were planned for 2026/27 (13 had been finalised)
- Two audits were in draft.
- Seven audits were due to be delivered in year and would be presented at the May meeting
- Two adjustments to the plan were requested:
    - Three deferred audits from the 2025/26 plan were anticipated for: Discretionary Capital, Community Care and Site Coordination. Discussion had been held with relevant leads regarding deferrals. These audits had been included within the 2026/2027 audit plan.
    - A follow-up audit on the previously limited-assurance mattresses review had been added to the plan, an omission now corrected to provide assurance on progress over the next couple of months.

The Committee NOTED the Internal Audit Progress Report, including the findings and conclusions from the finalised audit reports, and APPROVED the proposed adjustments to the 2025/26 plan.

INTERNAL AUDIT REPORTS:

- Clinical Supervision (reasonable)
- Anti Racism Action Plan (reasonable)
- Policy Management (reasonable)
- Follow-up Deprivation of Liberty Standards.
- Catering Services (substantial) – received within Consent agenda

Patterson Liz
23/03/2026 11:23:13

	The Committee NOTED and DISCUSSED the Internal Audit reports. **EXTERNAL AUDIT REPORT AND STRUCTURED ASSESSMENT** The Committee received the final Structured Assessment report for 2025 and noted the Management response was not included due to timing. This would be presented to the Committee in March. Board Development were also scheduled to receive a presentation from Audit Wales on the Structured Assessment report on the 12 March 2026. The Committee RECEIVED and DISCUSSED the External Audit Report and Structured Assessment. **COUNTER FRAUD ANNUAL PLAN AND REPORTS** The Committee RECEIVED a verbal update on the current position and would receive further assurance outside of the meeting on Counter Fraud reporting. This was due to staff absence. **WELSH HEALTH CIRCULAR TRACKER** The Committee received the report and provided and overview of the current position of Welsh Health Circulars and Ministerial Directions. The committee raised concerns regarding several WHCs which remained partially complete or No progress. Further concerns were raised by members about the report's value as an assurance tool, highlighting a lack of explanation, timescales, follow-up, or analysis, concluding that the process needed strengthening. The Committee RECEIVED the report and REVIEWED those Welsh Health Circulars and Ministerial Directions reported as No Progress. The Committee NOTED that the position would be reported to Audit Wales, Internal Audit and Welsh Government for scrutiny and review as part of the Annual Report 2025/26. **AUDIT FINDINGS TRACKER** The Committee received the report and were advised that the current position showed an improvement.

Patterson Liz
23/03/2026 11:23:13

The Committee raised concern around the proportion of audit actions currently off track, noting that although the position had improved, having around a third delayed was not acceptable. The Committee highlighted further thematic analysis would be helpful to aid prioritisation and clarity on underlying barriers. While the report was helpful for understanding the status, it could provide further insight into the reasons behind delays or the steps needed to improve the position going forward.

The Committee CONSIDERED the position of outstanding Audit Findings and took ASSURANCE that the organisation has an appropriate system for tracking and responding to Audit Recommendations, with a particular focus on those findings given high priority ratings.

ORGANISATIONAL REGISTER OF INTERESTS, GIFTS AND HOSPITALITY

The Committee RECEIVED the contents of register of interests for Powys Teaching Health Board members and those staff with budget oversight and the PTHB Gifts and Hospitality Register and took ASSURANCE that the organisation has appropriate processes to support the collection management and reporting of declarations of interest.

BOARD ASSURANCE FRAMEWORK AND STRATEGIC RISK REGISTER

The Committee RECEIVED the report agreed to DEFER the Board Assurance Framework and Strategic Risk Register to a future Committee due to time constraints.

REVIEW OF TERMS OF REFERENCE

The Committee received the report, and it was confirmed that no material changes were proposed, aside from strengthening references to digital within the committee's purpose.

The Committee RECEVIED the report and ENDORSED the proposed amendments subject to further comments to be finalised for onward submission to the Board in March.

SINGLE TENDER WAIVER (INCLUDING EXTENSION TO CONTRACTS)

The Committee received the report, and it was confirmed that One single tender waiver had been enacted since the previous meeting, relating to Healthcare Research Wales (HCRW), a hosted body of the Health Board responsible for R&D across NHS Wales.

Patterson Liz
23/03/2026 11:23:13

	It was noted that procurement specialists had already been involved in the single tender waiver process, but further assurance on the procurement route would be helpful. Broader concerns were also raised about the principle of the investment, including whether Powys might be "double-paying" for a service already commissioned externally. Further discussion was therefore agreed. The Committee RECEIVED the report and TOOK ASSURANCE that an effective system of monitoring and reporting single tender waivers was in place. <u>The following matters were discussed as part of the In-Committee meeting</u>: **COMMITTEE RISK REGISTER: SRR011 – FAILURE OF DIGITAL AND ELECTRICAL INFRASTRUCTURE** The Committee RECEIVED the strategic risk deep dive (SRR011) and took ASSURANCE that relevant management actions were in place to monitor, manage and where appropriate mitigate the risk. **WCCIS ASSURANCE UPDATE** The Committee: • NOTED the current procurement position and anticipated contract award in March 2026. • NOTED the significant organisational, clinical safety, and operational risks associated with continued reliance on WCCIS beyond its end-of-life in March 2027 • RECOGNISED the programme's success was dependent on sustained clinical and operational capacity to support readiness activities; competing pressures would increase delivery and clinical safety risk and TOOK ASSURANCE that governance, risk management, and organisational readiness arrangements were in place and actively managing programme risks.
Inform Patterson,Liz 23/03/2026 11:23:13	The following documents were received for information: • **INTERNAL AUDIT REPORT: CATERING SERVICES (Substantial Assurance)** • **PTHB GLOSSARY** • **REVIEW STANDING ORDERS AND FINANCIAL INSTRUCTIONS** • **COMMITTEE GOVERNANCE ACTION PLAN**

	• **COMMITTEE WORK PROGRAMME 2025/2026**
NEXT MEETING: 12 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

Patterson,Liz
23/03/2026 11:23:13

Archwilio Cymru
Audit Wales

Structured Assessment 2025

Powys Teaching Health Board

February 2026

Patterson,Liz
23/03/2026 11:23:13

About us

We have prepared and published this report under section 61(3) (b) of the Public Audit Wales Act 2004.

© Auditor General for Wales 2026

You may re-use this publication (not including logos except as an integral part of the document) free of charge in any format or medium.

If you re-use it, your re-use must be accurate and must not be in a misleading context. The material must be acknowledged as Auditor General for Wales copyright, and you must give the title of this publication. Where we have identified any third-party copyright material you will need to obtain permission from the copyright holders concerned before re-use.

If you need any help with this document

If you would like more information, or you need any of our publications in an alternative format or language, please:

- call us on 029 2032 0500
- email us at info@audit.wales

You can use English or Welsh when you contact us – we will respond to you in the language you use.

Corresponding in Welsh will not lead to a delay.

Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

Audit Wales follows the international performance audit standards issued by the International Organisation of Supreme Audit Institutions (INTOSAI).

Patterson,Liz
23/03/2026 11:23:13

Contents

Audit snapshot	4
Key facts and figures	7
Our findings	8
Recommendations	30
1 About our work	33
2 Previous audit recommendations	36
3 Key terms in this report	42

Patterson,Liz
23/03/2026 11:23:13

Audit snapshot

What we looked at

1 We looked at how well Powys Teaching Health Board (the Health Board) is governed and whether it makes the best use of its resources. We looked at four areas in particular:

- how well its board works;
- how it keeps track of risks, performance, service quality, and recommendations;
- how it produces key plans and strategies; and
- how it manages its finances.

2 We also looked at the Health Board's progress in implementing recommendations from:

- previous structured assessment reports; and
- our 2024 report on cost savings.

Why this is important

3 NHS bodies continue to face a wide range of challenges associated with the need to modernise and transform services to deal with constrained finances, growing demand, treatment backlogs, workforce shortages, and an ageing estate. It is therefore more important than ever for the boards of NHS bodies to have strong corporate and financial governance arrangements in place. This helps provide assurance to themselves, the public, and key stakeholders that they are taking the right steps to deliver safe, high-quality services and to use public money wisely.

Patterson,Liz
23/03/2026 11:23:13

What we have found

4 The Board and its committees run effectively and transparently. Meetings are well managed, and information continues to be of a good standard. There remains a continued commitment to hearing from patients and service users and Board walkarounds have developed positively. However, the Health Board could do more to ensure the level of scrutiny at meetings remains at a consistently high standard to address the challenges the Health Board faces.

5 Performance reporting continues to be good and escalation arrangements have worked well for services which have been subject to them. Producing plans and strategies remains a collaborative effort and there is evidence the Health Board is mapping partnership working more effectively. However, the Health Board would benefit from ensuring the Integrated Quality Report presents a clearer narrative and ensuring greater clarity on the links between corporate plans. Although the Health Board has recently developed its risk management process, the current risk register arrangements would benefit from review to ensure a clearer distinction between strategic and operational risks.

6 The Health Board's financial position continues to be of concern. A substantial year-end deficit is forecast for 2025-26 and delivery of the Health Board's current savings plan remains a challenge. Both the Board and Welsh Government were unable to approve the Health Board's Annual Plan due to the financial position. The Health Board continues to have a good understanding of its cost pressures but moving to a more affordable service model is being affected by delays with the implementation of the 'Better Together' transformation model due to complexity and resource capacity.

What we recommend

7 We have made seven recommendations to the Health Board

- Clarifying referrals in committee action logs;
- Further refining the strategic and organisational risk registers;
- Updating the format of the Integrated Quality Report;

Patterson, Liz
23/03/2026 11:23:13

- More clearly linking corporate plans;
- Including actual savings to date in finance reports;
- Reporting activity and impacts of financial working groups, and
- Arranging further financial training for Independent Members.

Patterson,Liz
23/03/2026 11:23:13

Key facts and figures

Under the Welsh Government's escalation and intervention arrangements, the Health Board is at Level 4 for Finance, Strategy and Planning.

The Health Board does not have a Welsh Government approved Annual Plan or Integrated Medium-Term Plan for 2025-26.

The Health Board did not meet its financial duty to break even on its revenue spend over the three-year period 2022-25, reporting a cumulative deficit of £34.7 million for 2022-25.

In 2024-25, the Health Board delivered savings of £11.7 million, against a savings target of £9.9 million. Over £6 million were recurrent.

The Health Board is forecasting a year-end deficit of £28.3 million for 2025-26, against a Welsh Government expectation of £16.5 million and a control total deficit of £12 million.

At month seven, the Health Board was forecast to deliver £18.2 million of savings against an annual target of £23.1 million

The Health Board has fully implemented seven out of 16 outstanding recommendations from past structured assessment reports. Six are partially implemented, with three where no action has been taken.

Paterson Liz
23/03/2026 11:23:13

Our findings

Board effectiveness and openness

The Board and its committees continue to work well, but more action is needed to review outdated policies and track referred actions.

Public openness of board business

8 The Board continues to promote openness and transparency. As in previous years, all Board meetings are livestreamed, and the public can access recordings of previous meetings via the Health Board website, promoting accessibility. Committee meetings also continue to be held virtually, and agendas and minutes are available publicly online.

9 Board and committee agenda papers are available to the public in advance of meetings. Agendas also invite members of the public to raise questions to the Board.

10 The Board conducts most business in public sessions. The Board and committees make appropriate use of private sessions, using these for confidential and sensitive matters only in line with the Board approved protocol. The Board continues to provide a high-level overview of items discussed in private, through the Director of Corporate Governance Report, at the following public Board meeting to support transparency.

Patterson,Liz
23/03/2026 11:23:13

Supporting effective board conduct

11 The Health Board has good arrangements for monitoring and updating its core control frameworks. The Board approved a revised Scheme of Delegation in March 2025. Standing Financial Instructions are also up to date and available to the public on the Health Board's website.

12 Since our previous structured assessment, the Health Board has strengthened its declarations of interest arrangements. The Board approved an updated Standards of Behaviour Policy in 2025 requiring Assistant Directors, Consultants and staff members with significant budget or commissioning oversight to be included on the Declarations of Interest register. This has been actioned, and the Board received the latest copy of the Declaration and Register of Board Interests in November 2025.

13 The Health Board has also now made some policies and procedures available on its website. This includes the Register of Interests and the Standards of Behaviour Policy and Framework. Whilst there is a policies page on the Health Board's website, the majority of policies are available on request, rather than being directly accessible from the website. This limits public access to policies such as 'Putting Things Right' and the 'Equality, Diversity and Human Rights Policy' and is not in line with all other Health Boards in Wales. The Health Board has indicated that it will not be looking to make all policies public at this time due to capacity issues.

14 The Board approved its Management of Policies and Other Written Control Documents policy in May 2025. Internal Audit will assess compliance and effectiveness of this policy periodically. However, the Health Board has not presented an update either to the Board or to relevant committees regarding how many policies are out of date or which policies these relate to. This does not allow Board and relevant committees to have oversight of this important area.

Patterson,Liz
23/03/2026 11:23:13

Assurance on Joint Commissioning Committee effectiveness

15 The Joint Commissioning Committee (JCC) was set up in April 2024 as a joint committee of the seven Health Boards in Wales. It plans and commissions a range of specialised services and other healthcare services including emergency medical services, on behalf of the seven Health Boards.

16 As part of this year's structured assessment, we reviewed whether the Board is receiving the right level of assurance on JCC business, as well as on the Health Board's involvement in JCC meetings and activities. We found that the Board, Finance and Performance Committee and Patient Experience, Quality and Safety Committee routinely receive assurance on the work of the JCC. This is via a written summary provided by the Chief Executive, which also includes a link to the public JCC minutes. In January 2025, both the JCC Chair and Chief Commissioner also delivered a presentation to Board members, providing an overview of the Committee's work.

Board and committee meeting effectiveness

17 The Board and committees continue to use the consent agenda well, freeing up time for oversight of other more pressing agenda items. We also saw consent agenda items brought into the main agenda for discussion if required. This was the case for the committee workplan in the May 2025 Audit, Risk and Assurance Committee meeting.

18 Each committee revised and endorsed its terms of reference before approval at Board in May 2025. The Delivery and Performance Committee adjusted its terms of reference to update the committee's name to Finance and Performance Committee. This better reflects the activity within the workplan and the increased focus on financial management. Other updates include:

- transferring oversight of Information Management and Technology Systems to the Audit, Risk and Assurance Committee from the Finance and Performance Committee; and

Patterson, Liz
23/03/2026 11:23:13

- the Planning, Partnerships and Population Health Committee becoming the sole committee to seek assurance on compliance with the Well-being of Future Generations Act (Wales) 2015.

19 The Health Board updated committee membership in July 2025. This was in response to annual self-assessments and member feedback, and included the appointment of a new Audit, Risk and Assurance Committee chair to update interim Chair arrangements. The updates also considered individual skillsets and future requirements of each committee, including the size and scale of work programmes. This shows an agile approach to making best use of Independent Member capacity. We also saw some improved scrutiny as a result.

20 Chairs manage meetings well and include polite and consistent challenge and support. However, as the Health Board faces increasing challenges to delivery, especially financially, it will need to maintain its high levels of scrutiny. This would provide further assurance against the increasing risks the Health Board faces.

21 The Health Board has strengthened its escalation processes from the committees to the Board. The Committee Chairs Reports have been updated into a new Alert/Advise/Assure/Inform format. This approach ensures consistent, structured reporting and strengthens oversight by highlighting key issues, actions, and assurance levels.

22 Committee action logs however could be clearer. Currently, action logs are presented on spreadsheets at each committee and include dates, the relevant lead, progress updates and whether actions are on track. Action logs also note when an action is transferred to another group. However, they do not include the name of the group the action has been transferred to or what is expected of the group.

Patterson,Liz
23/03/2026 11:23:13

Quality and timeliness of Board information

23 Board and committee information remains of a good standard and is constantly being reviewed. Reports are generally presented in a standard format and include a mix of narrative and graphic information. However, some reports remain very narrative in nature and would benefit from better summarisation.

24 Papers are generally distributed on time, but there are still occasions where there are late papers which the Health Board recognises could affect the Board Members ability to undertake effective challenge and scrutiny. If Independent Members receive late papers, the Health Board specifies which items will be late and when they can expect to receive them. Members are conscious of the volume of papers, particularly in the Audit, Risk and Assurance Committee, although the Health Board is addressing this. This includes giving members sight of Internal Audit reports as soon as they become available and not waiting until the next meeting.

Hearing from staff and service users

25 The Board continues to be committed to hearing from staff and patients. Staff have been invited to attend Board Development and Board Briefing sessions to raise Board member awareness on how services operate. Patient stories also appear on committee agendas where relevant to understand the impact of services. Patient stories now present a broader spectrum of experiences, both positive and negative, and are generally linked with other agenda items.

26 The People and Culture Committee[1] received one staff story in 2024 and one staff story in 2025. The Health Board should consider whether more regular information about staff experience would help the committee triangulate information and better understand staff wellbeing.

Patterson, Liz
23/03/2026 11:23:13

[1] Previously Workforce and Culture Committee

27 The People and Culture Committee receive routine updates on the Health Board's 'Great Place to Work' strategic priority, including staff retention, 'Speaking up Safely,' and the Clinical Leadership Immersive Programme. The Committee also received the results of the 2024 NHS Staff Survey in February 2025. The Health Board had the highest response rate of all health boards at 30%, although this is still low.

28 The Health Board recognises measuring and gathering patient and staff feedback needs more capacity. The Health Board appointed a Peoples Experience Framework Coordinator in June2025, with the intention to strengthen its ability to gather and triangulate people's experiences and report this information to the relevant committee. The Health Board expects to see outputs from this before end of March 2026.

29 Since our previous structured assessment, the Health Board has made positive progress on Board member walkarounds. The Health Board has developed a forward programme for 'Out and About' visits. This covers a six-month period with a two monthly review. The programme is informed by several factors such as risk, major service change, or new areas of innovation, and visits have included the Planning Team, Therapies and Health Science Management Team and Ystradgynlais Hospital. The Chair invites Independent Members to attend based on availability and interest.

30 The Chair reports on the visits via the Chairs Report to Board. The Health Board has developed guidelines for walkarounds which includes governance and reporting. The Health Board will summarise and report trends and themes from walkarounds to the Patient Experience, Quality and Safety Committee on a bi-annual basis with the first report due in April 2026. An annual review of the walkaround programme will take place as part of the annual Board effectiveness evaluation.

Board cohesion and continuous improvement

31 The Board continues to experience some change in both Executive Director and Independent Members but manages this process well.

Patterson,Liz
23/03/2026 11:23:13

32 The Health Board appointed two new independent members in 2025.The Vice Chair left the organisation in October 2025, and a new Vice Chair is due to take up post in early 2026. The Executive Director of Nursing, Quality, Women and Family Health retired in October 2025 after a handover period to support the new officer in this role.

33 The Health Board continues to undertake committee effectiveness reviews for each of its committees, with the results reported annually to Board. Following the reviews, each committee receives a Continuous Improvement Plan for the year, which includes identified actions and associated owners and timescales for completion. Agendas continue to provide opportunity for members to reflect on meetings and give feedback, which demonstrates continuous development.

34 However, the Health Board needs to be assured that each Independent Member is demonstrating the appropriate range of skills and scrutiny to satisfy the requirements of the role. Our observations across various committee meetings over the last 12 months has indicated that Independent Member scrutiny would benefit from being more consistent across the cohort, by offering tailored individual support where appropriate.

35 The Board continues to hold monthly Board Development sessions, and during our interviews we heard how these have been valuable.

Patterson,Liz
23/03/2026 11:23:13

Providing board assurance

The Health Board has strengthened arrangements for oversight of performance and recommendation tracking but the current approach to risk management needs review and information regarding quality could be clearer

Managing strategic risks

36 In our previous structured assessment, we noted the Health Board did not identify strategic risks separately to corporate risks. As part of the work to further develop the Board Assurance Framework (BAF), the Health Board has now assessed and separated risks in an updated Risk Management Framework approved by the Board in March 2025.

37 The Health Board now records strategic risks on the Strategic Risk Register (SRR) and the BAF. The Board own and oversee the strategic risks, and these are reviewed and monitored by the Executive Committee in advance of Board meetings. The Executive Committee is also responsible for escalating and de-escalating risks from the SRR.

38 Each risk within the SRR has been allocated a committee for oversight and assurance, and each committee meeting receives an update on the relevant risk(s) in a committee risk register. The Audit, Risk and Assurance Committee also maintains effective oversight of how the revised risk management arrangements are embedding.

Patterson,Liz
23/03/2026 11:23:13

39 The Board receives the full SRR three times per year which includes details against each strategic risk including review date, risk causes, controls, mitigations, and risk owner. It also includes the risk score and trajectory over a four-month period. Some strategic risks are however more detailed than others, with some gaps in information. The SRR also has a section to list any associated organisational risks which align with a strategic risk. This section is in development alongside the Risk Management Tool which the Health Board is currently updating.

40 The Board receives a Strategic Risk Summary Report at those meetings where the Health Board does not present the full SRR. This report provides summary data including the risk score and risk appetite for each strategic risk. The intention is the BAF dashboard will seek and provide assurance that actions to manage the strategic risks are both adequate and effective. This is an ongoing and developing piece of work.

Managing corporate risks

41 Corporate risks are now called organisational risks and held on the Organisational Risk Register (ORR). The Executive Committee oversee and monitor these risks via a comprehensive risk register document. The Health Board has set up an Operational Leadership Group consisting of the Assistant and Deputy Directors to oversee cross-organisational issues on behalf of the Executive Committee. The Group is also responsible for developing the most significant risks within the organisation for inclusion in the Organisational Risk Register. These risks include those de-escalated from the previous corporate risk register and those escalated in line with the Risk Management Framework.

42 The Health Board presented its first high level summary of the ORR to Board in November 2025. However, it is so high level it is unclear what assurance the Board could take from it. The terms “operational” and “organisational” are sometimes used interchangeably and consistent terminology would be helpful.

Patterson,Liz
23/03/2026 11:23:13

43 The Health Board would benefit from reviewing the arrangements of the SRR and ORR. The SRR should include only high-level strategic risks which the Health Board has limited ability to impact but needs to oversee set points throughout the year. The ORR should include the risks the Health Board can have more impact and mitigation over. These should have more frequent scrutiny than the SRR. The Health Board should allocate organisational risks, not strategic risks to relevant committees. This would allow committees to manage and monitor the risks in their remit which may impact achievement of the Health Board's plans.

44 Although the Health Board has made some progress, it has not yet fully moved the recording of risks from spreadsheets onto the Datix system. This is due to capacity and resources, as well as functionality within the Datix system. The Health Board is currently reviewing the most appropriate way of recording risks going forward.

Managing performance

45 The Health Board's Integrated Quality and Performance Framework (IQPF) continues to support organisational performance. The Board reviews the framework annually, with the last update in May 2025. The purpose of the IQPF is to align quality and performance monitoring under one integrated system.

46 The IQPF is comprehensive and sets out clear roles for committees and leadership in overseeing performance management. It also sets out the oversight and accountability arrangements and the frequency and coverage of performance at specific meetings. Performance is reported to the Finance and Performance Committee via the Integrated Quality and Performance Report (IQPR).

47 The IQPR report includes a 'Performance Challenges' section which clearly highlights any consistent failure to meet agreed performance improvements and trajectories. This includes any reasons for escalations, performance drivers, and actions. The full IQPR includes detailed updates against each NHS performance measure including the lead officer, challenges, actions and mitigations, and some data analysis.

Papakura.govt.nz 23/03/2026 11:23:13

48 The Health Board have also developed a summary IQPR. This useful document provides an accessible narrative summary position of performance for both services provided by the Health Board and services commissioned from others. This provides the reader assurance on these areas and strengthens oversight of commissioned services which has been a concern for Independent Members.

49 The summary IQPR is presented periodically to the Finance and Performance Committee. It provides dashboards to highlight performance compliance with a full version of the report presented at alternative meetings.

50 Going forward, the Health Board want to move to a digital system for presenting performance with Power BI dashboards but recognise the current capacity restraints in undertaking this activity.

Monitoring quality and safety

51 The Health Board has generally effective arrangements for maintaining oversight of quality and safety and has continued to embed arrangements to oversee the Duties of Quality and Candour. At the time of our work, we were undertaking a follow up of our 2021 Review of Quality Governance Arrangements.

52 The Health Board approved its Strategic Commissioning Framework (SCF) in September 2025. The SCF outlines the Health Board's approach to commissioning services including quality of commissioned services for Powys residents. The measures to accompany the SCF are still in development.

53 The Health Board's IQPF replaced its Clinical Quality Framework 2020-23 in March 2024. While the IQPF sets out the measures to be used to monitor quality and safety, it still does not set out the Health Board's ambitions for the quality and safety of its services and how it will go about achieving them.

Patterson,Liz
23/03/2026 11:23:13

54 Performance is reported to the Finance and Performance Committee through the Integrated Quality and Performance Report (IQPR). A separate and standalone Integrated Quality Report (IQR) is presented quarterly to the Patient Experience, Quality and Safety Committee.

55 The IQR provides a more detailed picture regarding the quality and safety agenda across the Health Board. The report includes information on 'Putting Things Right,' complaints, information on compliance with the Duty of Candour (including the number of cases each quarter and trend data) and patient experience data.

56 The IQR is very narrative and interspersed with some useful data, but the report needs to be clearer in identifying areas of concern. It is not obvious what information in the report is part of the regular quality update and what information is reported as an exception item which requires further attention. The structure and therefore purpose of this report would benefit from being reviewed. This would ensure it is clearly and consistently presenting relevant information.

57 Over the last two years the Health Board placed Mental Health Services and Children's Neurodevelopmental Services into internal escalation in line with the IQPF. Relevant staff have presented regular and detailed updates of the escalated services to the Patient Experience, Quality and Safety Committee providing good oversight. Updates include action plans and progress reports including a report update when Mental Health services were deescalated.

58 The Health Board presented its Duty of Quality Annual Report 2024-25 to the Patient Experience, Quality and Safety Committee in July 2025 and Board in September 2025. The report is an informative mix of narrative, case studies, and data. It also updated on the de-escalation and key improvements made within Mental Health Services. However, there is no mention in the annual report of the escalation status in Children's Neurodevelopmental Services which creates an incomplete picture.

Patterson,Liz
23/03/2026 11:23:13

Tracking and monitoring recommendations

59 The Health Board has good arrangements to monitor and track recommendations, which are continuing to develop. The Health Board continues to report progress against internal and external recommendations twice a year to the Audit, Risk and Assurance Committee via an Audit Recommendation Tracker report. But this report is extensive and can become unwieldy and difficult to navigate.

60 The report usefully includes a cover paper which provides a summary update of internal and external audit recommendations either completed since the last update, not due for implementation or overdue. The report also includes a breakdown of outstanding recommendations by directorate and how old the recommendation is. This provides a useful insight into directorates which may have particularly complex recommendations to address or may need help due to a capacity issue.

61 We previously recommended the Health Board should strengthen its approach to closing recommendations. There was limited information provided to give assurance that actions taken had adequately addressed recommendations, allowing them to be closed. The Audit Recommendation Tracker report now includes more narrative to explain why the recommendation has been marked as complete.

62 Despite the arrangements described above, our review of the Health Board's progress to address previous recommendations has found a mixed position, with:

- only eight out of 16 recommendations from past structured assessment reports are now complete. Five are partially complete, with three where no action has been taken; and
- three of recommendations from our cost savings report are complete and five in progress.

Patterson,Liz
23/03/2026 11:23:13

Preparing strategies and plans

The Health Board collaborates well to develop plans, and there are good processes for monitoring delivery, but links between plans could be clearer

Producing key strategies and plans

63 The Health Board continues to work to its long-term strategy 'The Health and Care Strategy for Powys 2017-27', developed in partnership with Powys County Council. A refresh of the strategy will be done through the Regional Partnership Board prior to the 2027 end date. The Health Board intend to report updates to the Board and the Planning, Partnerships and Population Health Committee as work progresses.

64 The Health Board is currently working to an Annual Plan. Due to financial challenges, the Health Board was unable to submit an approvable three-year Integrated Medium-Term Plan (IMTP). The Health Board has continued to demonstrate good engagement in development of the Annual Plan, with planning discussions taking place at Board Development sessions.

65 The draft Annual Plan 2025-26 was scrutinised at a joint session of the Planning, Partnerships and Population Health Committee and Finance and Performance Committee in March 2025 prior to Board approval. However, the plan did not meet the financial targets set by Welsh Government and at the time of our work, remained unapproved by Welsh Government due to the forecast deficit for 2025-26. We discuss the Health Board's financial position in paragraph 81.

Patterson,Liz
23/03/2026 11:23:13

66 The Health Board's Annual Plan is set in the context of the five-year Integrated Plan 2024-29, which in turn supports the delivery of the long-term strategy. However, it is not clear how the Annual Plan supports the delivery of the Integrated Plan. The Health Board needs to have greater clarity about how the priorities set out in the Annual Plan supports the priorities in the Integrated Plan.

67 The Integrated Plan includes the Health Board's wellbeing objectives. There is a statutory requirement to review well-being objectives annually to ensure they remain appropriate. The Health Board intends to do this as part of the Regional Partnership Board workplan and communicate this to relevant Health Board committees as part of the IMTP planning process in Spring 2026.

68 The Integrated Plan also sets out the plans to develop a financially sustainable model for health and care with its 'Better Together' transformation model. However, the Health Board have decided to delay planned public consultations on changes to service provision until after the Senedd elections in May 2026 to give time for consultation and analysis. This delays the Health Board's ability to progress important work on development of a financially sustainable service model.

Board assurance on partnership working

69 The Board receives regular updates on partnership work. This includes the Regional Partnership Board and Public Services Board. Reports to Board highlight both the opportunities and challenges of working in partnership.

70 The Board also receives regular updates on partnership with other health boards, including the two Regional Joint Committees recently set up in Southeast and Southwest Wales.

Patterson,Liz
23/03/2026 11:23:13

71 Updates are also received from the Mid Wales Joint Committee, which is a collaborative with Betsi Cadwaladr University, Hywel Dda University Health Board, Welsh Ambulance Services University NHS Trust and the three relevant local authorities. Whilst it is not a formal committee of the Board, it aims to strengthen the planning and delivery of health care services in mid-Wales. Priorities include urology and rheumatology services and addressing challenges like delayed pathways of care.

72 The Health Board has a good working partnership with Llais[2]. The Regional Director presents a report at each Board meeting. The report includes the engagement they have had with Powys residents and any planned engagement sessions. Feedback on any health-related themes from members of the public and updates on the number of advocacy cases in the Powys region is also included.

73 The Health Board produced a Partnership Governance and Assurance Framework in May 2025. The framework provides a comprehensive overview of the Health Board's statutory partnerships, partnerships by choice and partnerships as a way of working. The framework includes the terms of reference, leadership, and budget information, and usefully outlines the reporting processes and cycle for each of the partnerships.

Monitoring delivery of strategies/plans

74 The Health Board has good arrangements for monitoring delivery of plans. Progress against the Integrated Plan 2024-29 is reported to Board through quarterly Delivery Plan updates. Overall, the updates provide a good overview of progress against strategic objectives and set out key deliverables, actions, and milestones including delivery confidence.

75 The Health Board recognises that producing SMART objectives has been a work in progress, but the Annual Plan 2025-26 is much more explicit. The Key Activities, Key Deliverables and Timescale sections are 'specific,' 'measurable' and 'timed.' This has produced a more focused and meaningful section for key areas of delivery.

Patterson, Liz
23/03/2026 12:23:13

[2] Llais Cymru

76 During the year, the Board and committees received routine statutory updates on the delivery of wider corporate strategies and plans such as the Welsh Language Annual Report 2024-25, and Health and Safety Annual Report 2024-25. The Health Board also reports updates on enabling strategies to relevant committees. These include an update on the Capital and Estates Strategy to the Finance and Performance Committee in September 2025 and an update on the Workforce Transformation and Sustainability priority to the People and Culture Committee in December 2025.

77 We have previously reported that the Health Board lacked clarity about the actions it intends to take to deliver its well-being objectives and the strategic performance measures to demonstrate the long-term impact. This remains the case as noted in Recommendation 5.1 2024.

Patterson,Liz
23/03/2026 11:23:13

Managing finances

Although oversight and controls are in place, the financial position is a concern, and more information is needed to strengthen scrutiny

Meeting financial objectives and duties

78 The Health Board did not meet all its financial duties for 2024-25. Of the three duties, it met its capital resource limit, reporting a small underspend of £50,000. However, it did not:

- spend within its revenue resource limit for the period 2022-25; and
- have an agreed three-year Integrated-Medium Term Plan for 2024-27.

79 The Welsh Government set the Health Board a target deficit of £12 million for 2024-25. The Health Board did not meet this, reporting a year-end deficit of £15.8 million. This was after a further allocation by Welsh Government of £7 million. The Health Board reported a three-year cumulative deficit of £34.7 million.

80 The Health Board does not have a balanced financial plan for 2025-26. The Health Board submitted an annual plan to Welsh Government in March 2025 for 2025-26 which set out a predicted year-end deficit of £38.4 million. The Health Board revised its predicted year-end deficit to £28.3 million in month two This is against a Welsh Government control total target deficit which had remained at £12 million.

81 At month seven, the Health Board's year end forecast position is still a deficit of £28.3 million. However, operational pressures and run rates to date are above the planned trajectory, largely due to factors affecting commissioning costs. The Health Board reported a year-to-date deficit of £19.4 million compared to a planned deficit of £16.5 million.

Patterson,Liz
23/03/2026 11:23:13

82 The Health Board continues to forecast that it will remain within its capital resource limit of £6.5 million with a year to date spend at month seven of £1.97 million.

83 As a result of the Health Board's escalation status, Welsh Government gave additional funding to the Health Board to commission external support from Grant Thornton in July 2025. Grant Thornton have been working with the Health Board to assist them in three predominant areas of work: financial sustainability, commissioning, and Continuing Health Care. The Health Board received the draft report setting out the findings of the Grant Thornton work in December 2025 and was considering its findings at the point of preparation of this structured assessment report.

Financial planning arrangements

84 The Health Board has a clear process for developing its financial plan. Board members scrutinised the development of the plan and the plan itself prior to submission to the Welsh Government.

85 The 2025-26 financial plan sets out several risks which the Health Board needs to manage. As well as commissioning activity, these also include demand for agency use, and an increasing number of adult mental health and learning disability placements with private providers which are creating financial pressure for the Health Board.

86 The Health Board delivered its savings plans in 2024-25. It achieved £11.7 million of savings against its target of £9.9 million. However, the Health Board intended that £9.9 million were recurrent savings. Only £6.6 million were recurrent with a shortfall of £3.2 million against the target. As a result, these savings were non-sustainable, and the Health Board will need to ensure recurrent savings are achieved for longer term sustainability.

Patterson,Liz
23/03/2026 11:23:13

87 The Health Board is currently off-track on its savings schemes for 2025-26. The Health Board's 2025-26 plan is based on a £23.1 million savings requirement. At month seven, the Health Board has identified £18.2 million of savings for 2025-26, with a gap of £4.8 million still to find. Half of the identified savings are recurrent. The biggest area for target savings is commissioning.

88 There continue to be risks associated with the capacity of teams to deliver the required savings. At month seven, the Health Board had delivered £8.5 million, with £14.6 million still to deliver over the remaining five months of the year.

89 Savings performance continues to be scrutinised by the Finance and Performance Committee and Board, but the focus is purely on the identification of savings schemes. Although the finance report sets out the planned savings targets by area, the report does not include actual savings delivered to date. Nor does the report set out where savings delivery is off track, and any mitigating actions. This means actual achieved savings are not reported until year end making it difficult to scrutinise the reality of the financial position throughout the year.

90 In 2024, Audit Wales reviewed the Health Board's approach to cost savings. Of the eight recommendations in that report, the Health Board has made progress but has more to do. All eight recommendations are still in progress. Areas in which further progress is required are set out in **Appendix 2**.

Financial management arrangements

91 The Health Board has the expected financial controls in place. The Audit, Risk and Assurance Committee regularly reviews the Standing Orders and Standing Financial Instructions. The Committee also receives assurance that appropriate financial controls are in place, and routinely reviews losses, special payments, single tender actions, and post payment verification reports. In November 2024, Internal Audit provided substantial assurance on the Health Board's treasury management as part of its four-year cycle to review the core financial systems.

Patterson Liz
23/03/2026 11:23:13

92 The Health Board also continues to have good counter-fraud arrangements. There is an agreed annual workplan and routine reports to the Audit, Risk and Assurance Committee show delivery against the plan.

93 The Health Board however continues to overspend. There continues to be enhanced reporting on key areas of expenditure at Board and committee levels. Working groups, such as the Variable Pay Reduction Group, are also in place to control spend, and deep dives on each of the groups have been provided. The most recent finance report to the November 2025 Board meeting highlights that overall agency spend is reducing.

94 Whilst this is positive, it is unclear what the impact of the Variable Pay Reduction Group has been. The report notes the group is implementing a detailed action plan but presents no information for assurance about what the action plan is, what difference it should make and how the Health Board will measure and report this. This is also the case for working groups focused on other areas of financial pressure such as commissioning and mental health.

95 The Health Board submitted draft financial statements for external audit within the required timescales. Our audit found no material misstatements but did find some areas where corrections needed to be made. Our audit also found issues with Continuing Health Care (CHC) accruals which did require additional work and resulted in the final accounts not being certified until 1 August 2025.

96 We issued an unqualified opinion in respect of the truth and fairness of the accounts, but a qualified regularity opinion due to the Health Board breaching its revenue resource limit over the three-year rolling period 2022-25. The Health Board has helpfully undertaken a learning exercise on the CHC accrual issue and reported the lessons learnt and actions underway to Audit, Risk and Assurance Committee in October 2025.

Monitoring financial performance

97 The Health Board has good arrangements for reporting financial performance, although more information is needed.

Peterson, Liz
23/03/2026 11:23:13

98 The Health Board reports financial performance at each Board and Finance and Performance Committee meeting. Finance and performance reports are now listed together on agendas for Board meetings to ensure that any quality and performance risks are considered alongside the financial challenges. Senior officers are present at meetings to update on any relevant information regarding the financial position and to answer any queries.

99 In last year's structured assessment report, we commented that whilst reports to board and committee continue to highlight key financial risks to the financial position, there was a need to be clearer on the impact of mitigating actions. This continues to be the case. As highlighted in paragraph 89, the finance report also needs to include more information on the savings delivery position.

100 Notwithstanding the issues identified in the paragraph above, Independent Members continue to regard finance reports as clear and explanatory. Our observations found that scrutiny and challenge on the Health Board's financial performance have increased. However, we heard that Independent Members would value more training on finance to allow them to enhance scrutiny further in line with the developing financial pressures, challenges around delivering savings and managing risks.

Patterson,Liz
23/03/2026 11:23:13

Recommendations

101 The following table details the recommendations arising from our work.

Recommendations

R1	The Health Board's committee action logs should clearly set out which group actions have been referred to and what they expect the group to do because of the referral (**paragraph 22**).
R2	The Health Board should further refine the management of its strategic and organisational risk registers. The Health Board should review what is a strategic risk and what is an organisational risk. Organisational risks should then be allocated to a relevant committee for scrutiny and monitoring (**paragraph 43**).
R3	The Health Board should review and update the structure of the Integrated Quality Report to ensure that areas which require further attention are clearly identified (**paragraph 56**).

Patterson,Liz
23/03/2026 11:23:13

R4 The Health Board should make it clearer how the priorities set out in the Annual Plan supports the priorities in the Integrated Plan. (**paragraph 66**).

R5 The Health Board should ensure its finance reports contain information on actual savings delivered to date. This should include where savings delivery is off track, and any mitigating actions. (**paragraph 89**).

R6 The Health Board should ensure it regularly reports more explicitly on the activity and impact of working groups which have been established to mitigate financial pressures. This includes the Variable Pay Working Group, Commissioning Working Group and Mental Health Working Group which should be formalised within governance reporting structures. This would enhance the assurance at Finance and Performance Committee and Board about the difference the groups are making (**paragraph 94**).

R7 The Health Board should arrange for more training on finance for Independent Members to allow them to enhance scrutiny further in line with the developing financial pressures challenges. (**paragraph 100**)

Patterson,Liz
23/03/2026 11:23:13

Appendices

Patterson,Liz
23/03/2026 11:23:13

1 About our work

Scope of the audit

We looked at the following areas for the period August to November 2025:

- How well the board works.
- How well the board oversees risks, performance, and the quality and safety of services and tracks recommendations.
- How well the body prepares key strategies and plans.
- How well the body manages its finances.

We did not look at the body's operational arrangements.

Audit questions and criteria

Questions

Our audit addressed the following questions:

- Does the Board conduct its business appropriately, effectively, and transparently?
- Is there a sound corporate approach to managing risks, performance, and the quality and safety of services?
- Is there a sound corporate approach to producing strategic plans and overseeing their delivery?
- Is there a sound corporate approach to financial planning, management, and performance?

Criteria

Our audit questions were shaped by:

- Model Standing Orders, Reservation and Delegation of Powers;
- Model Standing Financial Instructions;

Personal
23/03/2026 11:23:13

- Relevant Welsh Government health circulars and guidance; and
- The Good Governance Guide for NHS Wales Boards (Second Edition).

Methods

We reviewed a range of documents, including:

- Board and committee papers and minutes;
- Key governance documents, including Standing Orders and Standing Financial Instructions;
- Key strategies and plans, including the IMTP;
- Key risk management documents, including the Board Assurance Framework;
- Annual Report, including the Annual Governance Statement;
- Relevant policies and procedures; and
- Reports prepared by other relevant external bodies.

We interviewed the following key stakeholders:

- Chief Executive;
- Executive Director of Finance, Capital and Support Services and Deputy Chief Executive;
- Director of Corporate Governance/Board Secretary;
- Executive Director of Planning, Performance & Commissioning;
- Board Chair;
- Vice Chair and Chair of Patient Experience, Quality and Safety Committee;
- Chair of Audit, Risk and Assurance Committee;
- Chair of Finance and Performance Committee; and
- Chair of Planning, Partnerships and Population Health Committee.

We observed Board meetings as well as meetings of the following committees:

- Audit, Risk and Assurance Committee;

Page personnelle
03/03/2026 11:23:13

- Finance and Performance Committee;
- Planning, Partnerships and Population Health Committee; and
- Patient Experience, Quality and Safety Committee

Patterson,Liz
23/03/2026 11:23:13

2 Previous audit recommendations

Outstanding recommendations from previous structured assessment reports

The table below sets out the progress made by the Health Board in implementing outstanding recommendations from previous structured assessment reports.

2022 Recommendations	
R3	The Health Board does not have an updated Board Assurance Framework that maps all the opportunities and risks to achieving strategic objectives, identifies gaps in assurance, and informs Board and committee workplans. The Health Board needs to update its Board Assurance Framework (**Complete, paragraph 37**).
R4	There is currently a disconnect between directorate risk registers and the Corporate Risk Register (CRR). The Health Board needs to review all high risks on directorate risk registers to ensure the relevant ones are escalated to the CRR, and that the Board is aware of wider risks that may materialise (**Complete, paragraph 41**).
R5	Opportunities exist to improve public access to key Health Board documents. The Health Board should ensure that: a) policies and procedures, and the register of interest on the public website are accessible (**In part, paragraph 13**)

Patterson,Liz
23/03/2026 11:23:13

2023 Recommendations

R3 The Health Board should strengthen its board walkaround arrangements by:

3.1. Developing a forward programme which involves both Independent Members and Executive Directors and covers a broad range of Health Board services (**Complete, paragraph 29**); and

3.2. Developing a framework setting out how the walkaround should operate, and the mechanisms for reporting key themes (**Complete paragraph 30**)

R5 The Health Board should increase the pace in which risks currently recorded on spreadsheets are moved across to the Datix risk module. (**In part, paragraph 44 -** The Health Board has acknowledged that it will not be looking to address this recommendation.)

2024 Recommendations

R1 The Health Board should require staff with significant budget oversight and/or significant influence on commissioning arrangements to provide information on any relevant interests and include this information on the Register of Interests (**Complete, paragraph 12**).

R2 The Health Board should set out its ambitions for the quality and safety of its services and how it will go about achieving them (**No action, paragraph 56**).

Patterson,Liz
23/03/2026 11:23:13

R3 The Health Board should strengthen recommendation tracking by ensuring information is provided to assure the Audit, Risk and Assurance Committee that actions taken have effectively addressed the recommendations (**Complete, paragraph 61**).

R4 The Health Board should:

4.1. Ensure annual reviews of its well-being objectives are clearly communicated (**In part, paragraph 67**)
4.2. Ensure a review of its long-term strategy to confirm its continued appropriateness post pandemic, and, in light of the financial challenges is communicated and contributes to future strategy review plans (**In part, paragraph 63**)

R5 As part of its core planning arrangements, the Health Board should clearly set out and monitor:

5.1. The actions it intends to take to deliver its well-being objectives over the lifespan of its long-term strategy (**No action, paragraph 77**); and
5.2. Strategic performance measures to accompany its well-being objectives that capture the long-term impact it is seeking to achieve (**No action, paragraph 77**)

R6 The Health Board should strengthen reports setting out progress against wider corporate strategies and plans by clearly articulating where delivery is off-track, mitigating actions, and revised delivery timescales (**Complete, paragraph 76**).

Patterson,Liz
23/03/2026 11:23:13

R7	The Health Board should identify, monitor, and manage any immediate quality and performance risks that may arise because of the ongoing financial challenges (**Complete, paragraph 99**).

R8	The Health Board should provide greater assurances within finance reports on the impact of mitigating actions to address key financial risks (**In part, paragraph 99**).

Patterson,Liz
23/03/2026 11:23:13

Recommendations from our 2024 Review of Cost Savings Arrangements

The table below sets out the progress made by the Health Board in implementing recommendations from our 2024 Review of Cost Savings Arrangements.

R1	The Health Board should accelerate the work of introducing the Accelerated Sustainable Model and fully quantify the potential costs and savings that will arise through its introduction in order to place its finances on a more sustainable footing (**In progress, paragraph 68**).
R2	The Health Board should make greater use of Getting it Right First-Time (GIRFT) reviews that directly apply to the Health Board as a further source of potential intelligence to inform its savings identification arrangements (**Complete**)
R3	The Health Board should set challenging but realistic targets for its individual savings schemes. It should also develop robust but achievable action plans for its schemes accompanied by suitable delivery arrangements to ensure they achieve their intended aims (**In progress, paragraph 89**).
R4	The Health Board should broaden its assessment of capacity beyond its Finance Team to identify and develop plans to address any shortfall or gaps in available resource in its wider operational teams (**In progress, paragraph 83**).

Patterson,Liz
23/03/2026 11:23:13

R5	The Health Board should rapidly ensure it has a complete and thorough understanding of the skills, capacity, and resources (including in the fields of innovation and improvement) to effectively deliver the Accelerated Sustainable Model (**In progress, paragraph 83**).
R6	The Health Board should clearly identify savings delivery risks and mitigating actions within in its corporate and operational risk management arrangements (**In progress, paragraph 89**).
R7	The Health Board needs to prioritise how best to turn its red savings schemes into recurrent green and amber schemes that have a realistic chance of delivering the identified savings (**Complete, paragraph 87**).
R8	The Health Board should identify the key lessons from its approach to identifying and delivering savings at pace during 2023-24 and apply the learning to its future approach with the aim of placing less reliance on non-recurrent savings (**Complete, paragraph 86**).

Patterson,Liz
23/03/2026 11:23:13

3 Key terms in this report

Term	Description
Board Assurance Framework	A Board Assurance Framework sets out the risks linked to the organisation's strategic objectives, and the controls and assurances in place to manage those risks.
Clinical Strategy	A Clinical Strategy is a long-term plan that helps shape how healthcare services are designed and delivered to meet the needs of patients and communities.
Corporate Risk Register	A Corporate Risk Register sets out the organisation's significant risks (either those with high scores or organisation-wide impact) and the actions in place to manage them.
Counter Fraud	Counter fraud refers to the activity undertaken by the organisation to prevent, detect, and investigate fraud, bribery, and corruption. This work is led by the NHS Counter Fraud Service (CFS) Wales, which operates under the NHS Wales Shared Services Partnership.

Patterson,Liz
23/03/2026 11:23:13

Term	Description
Integrated Medium-Term Plan	An Integrated Medium-Term Plan is a three-year plan that sets out how the organisation will deliver its services, manage its workforce, and meet its financial duties to break even. The organisation submits its plan to the Welsh Government for approval.
Losses	Losses include things like theft, fraud, overpayments, or damage to property.
Quality Governance	Quality governance is the combination of structures, processes, and behaviours used by an organisation, particularly its board, to lead on and ensure high-quality performance, including safety, effectiveness, and patient experience.
Register of Interests	The Register of Interests helps ensure transparency by recording any personal or business interests of Board members and staff that could influence decisions.
Scheme of Reservation and Delegation	The Scheme of Reservation and Delegation sets out which responsibilities stay with the Board, and which are passed to committees and executives, along with reporting arrangements to ensure proper oversight.

Patterson,Liz
23/03/2026 11:23:13

Term	Description
Single Tender Action	A Single Tender Action is when an organisation buys goods or services from one supplier without going through a competitive process, usually because there is only one suitable option or urgent need.
Special Payments	Special payments are one-off payments made in unusual situations – like compensation or goodwill gestures – that fall outside of the organisation's normal business activity.
Standing Financial Instructions	Standing Financial Instructions set out the financial responsibilities, policies, and procedures adopted by the organisation.
Standing Orders	Standing orders set out the rules and procedures by which the organisation operates and make decisions.
Target Control Total	A Target Control Total is a budget or deficit target set by the Welsh Government that an NHS body is expected to meet or better by year-end for the respective financial year.

Patterson,Liz
23/03/2026 11:23:13

Term	Description
Well-being of Future Generations Act (2015)	This Act requires public bodies in Wales to work sustainably and collaboratively to improve well-being across social, economic, environmental, and cultural areas, by setting long-term goals (called well-being objectives), involving citizens, and making decisions that consider the impact on future generations.

Patterson,Liz
23/03/2026 11:23:13

About us

The Auditor General for Wales is independent of the Welsh Government and the Senedd. The Auditor General's role is to examine and report on the accounts of the Welsh Government, the NHS in Wales and other related public bodies, together with those of councils and other local government bodies. The Auditor General also reports on these organisations' use of resources and suggests ways they can improve.

The Auditor General carries out his work with the help of staff and other resources from the Wales Audit Office, which is a body set up to support, advise and monitor the Auditor General's work.

Audit Wales is the umbrella term used for both the Auditor General for Wales and the Wales Audit Office. These are separate legal entities with the distinct roles outlined above. Audit Wales itself is not a legal entity.

Patterson,Liz
23/03/2026 11:23:13

Archwilio Cymru
Audit Wales

Audit Wales

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.

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

Datganiad Liz
23/09/2026 11:23:13

Reporting Committee:	**Charitable Funds Committee**
Committee Chair	Carl Cooper
Date of last meeting:	16 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 Charitable Funds Committee (CFC) at its meeting on 16 March 2026. Key highlights from the meeting are reported in Section 3. **2. PURPOSE** The Purpose and Role of the CFC Committee is set out in Schedule 4 (pages 66 - 76) of Standing Orders. **3. HIGHLIGHT REPORT** Links to agenda: 16 March 2026 - Powys Teaching Health Board	
Escalate/Alert	There are no matters to escalate/alert.
Advise	There are no matters to advise
Assure	**Applications for support from the General Fund** The Committee **APPROVED** the application by Cysur Natur of funding of £140,397 for a three year period (of up to £147,322 to account for inflation). **Charity Strategy Development** The Committee:

Patterson,Liz 23/03/2026 11:23:13

- **RECEIVED** the draft Charity Strategy discussing the content and providing feedback
- **CONSIDERED** the proposed way forward and next steps (this would include a Board Development session to engage the whole Board).

The Strategy and supporting Annual Plan would return to the next Committee in June 2026.

Head of Charity Report
The Committee:

- **RECEIVED** the report and took **ASSURANCE** the work of the Charity continues to be delivered.
- **In terms of fundraising approaches, APPROVED**
  - **NHS CT lottery** - Option 4 - to join the NHS CT lottery, and
  - **Run for Charity** - Option 3 - Become a member of Run For Charity

Charity Operational Budget
The Committee **APPROVED** in principle the operational budget of £18k for 2026/27 noting that a further budget report will be brought to Committee in June 2026 outlining budget alignment with the Annual Plan.

Financial Report
The Committee:

- **DISCUSSED** and **NOTED** the financial summary.
- **NOTED** the current level of income received and expenditure of funds from 01 April 2025 to 31 January 2026
- **NOTED** any actions or recommendations linked to the financial position of the funds.

Investment Manager Portfolio Update and Report
The Committee **NOTED** the Investment Report and Investment Manager update.

Terms of Reference Review
The Committee:

- **ENDORSED** the proposed amendments to the Terms of Reference;

Patterson,Liz
23/03/2026 11:23:13

	• **IDENTIFIED** any further potential amendments; • **AGREED** that the Chair of the Committee and Director of Corporate Governance will finalise the revised Terms of Reference for presentation to the Board in May 2026 for approval.
Inform	The following documents were received for assurance: • Projects approved under delegated authority
NEXT MEETING: 30 April 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

Patterson,Liz
23/03/2026 11:23:13

Reporting Committee:	**Finance and Performance Committee**
Committee Chair	Ronnie Alexander
Date of last meetings:	26 February 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 Finance and Performance Committee (F&P) at its meeting on 26 February 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: 26 February 2026 - Powys Teaching Health Board	
Escalate/Alert	There are no matters to alert/escalate.
Advise	There are no matters to advise.
Assure Patterson Liz 23/03/2026 11:23:13	**ORGANISATIONAL STATUS (NHS WALES ESCALATION FRAMEWORK) LEVEL 4 MONITORING REPORT** The Committee **RECEIVED** the Organisational Status Level 4 Monitoring report and took **ASSURANCE** that appropriate mechanisms were in place to monitor and report to the Board and its Committees against the level 4 de-escalation criteria.

FINANCE PERFORMANCE REPORT MONTH 10

The Committee

- **RECEIVED** the Finance Report month 10 and
- **TOOK ASSURANCE** that the organisation has effective financial monitoring and reporting mechanisms in place. The financial forecast was **CONSIDERED** and **DISCUSSED.**

SIX MONTHLY REPORT ON CONTINUING HEALTH CARE COSTS

The Committee

- **RECEIVED** the report and **TOOK ASSURANCE** that plans are in place to effectively manage CHC and evolve the service based on the expected national changes.
- **SUPPORTED** future reports to include focus on actions critical to achieving traction on the deficit position across CHC.

INTEGRATED QUALITY AND PERFORMANCE REPORT MONTH 09

The Committee **RECEIVED** the report and **TOOK ASSURANCE** that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.

INTEGRATED QUALITY AND PERFORMANCE FRAMEWORK 2025/2026 REPORTING CHALLENGES

The Committee **RECEIVED** and report and took **ASSURANCE** that appropriate systems were in place to manage reporting and recording performance data.

Q3 ANNUAL DELIVERY PROGRESS REPORT

The Committee

- **RECEIVED** the report and took **ASSURANCE** that there are appropriate mechanisms in place for monitoring progress against the plan and
- **SUPPORTED** the report for onward submission to the Board in March.

ENDOSCOPY UPDATE TO INCLUDE JAG ACCREDITATION

The Committee RECEIVED and report and TOOK **ASSURANCE** that JAG accreditation remains a priority for the service and work had progressed.

Patterson,Liz
23/03/2026 11:23:13

	IN-REACH FRAGILITY The Committee **RECEIVED** the In-reach Fragility report and **TOOK ASSURANCE** that the appropriate mechanisms were in place to monitor compliance. **CAPITAL AND ESTATES COMPLIANCE REPORT** The Committee **RECEIVED** the report and **TOOK ASSURANCE** that mechanisms were in place to monitor compliance. **COMMITTEE RISK REGISTER** The Committee **RECEIVED** the Committee Risk Register and **TOOK ASSURANCE** that the risks are being managed in line with the risk management framework.

Inform	The following documents were received for assurance:
	• Internal Audit Reports (Substantial Assurance)
	  ○ Primary Care Clusters Project Management
	  ○ Core Financials (Reasonable Assurance)
	• Getting it Right First Time (GIRFT) Report
	• Highlight Report: Planning, Performance and Finance Sub-Committee report from 23.10.2025 and 27.01.2026
	• Committee Governance Action Plan
	The following documents were received for information:
	• Committee Work Programme.

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 (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

Page 3 of 3
27/03/2026 11:23:13

Reporting Committee:	**Patient Experience, Quality and Safety Committee**
Committee Chair	Simon Wright
Date of last meeting:	05 February 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 05 February 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: 05 February 2026 - Powys Teaching Health Board

Escalate/Alert Patterson.Liz 23/03/2026 11:23:13	**CHILDREN'S NEURODIVERSITY SERVICES** The Committee: • Took **ASSURANCE** that the implementation of the Integrated Quality and Performance Framework (IQPF) Escalation Oversight mechanism is providing robust oversight of the quality improvement and risk mitigation work being undertaken within Neurodevelopmental Services.

	• **NOTED** and **DISCUSSED** the contents of the report including the progress made on the implementation plan, and updated maturity assessment. • Took **ASSURANCE** that ongoing monitoring and evaluation mechanisms are in place as part of the Integrated Quality and Performance Framework. **PEOPLE'S EXPERIENCE FRAMEWORK UPDATE** The original escalation related to Civica and the organisation's ability to mobilise and implement it. A paper will be brought to the next meeting of PEQS specifically on this matter. In the meantime, the Committee: • **RECEIVED** the report updating on progress in developing the PTHB Peoples Experience Framework **NOTED** the later than anticipated timescale to finalise the Framework; • Took **ASSURANCE** that People's Experience is appropriately monitored and reported and that continued actions are in place to further develop People's Experience implementation, monitoring, and reporting.
Advise	There are no matters to advise
Assure	**INTEGRATED QUALITY 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. **MATERNITY ASSURANCE REPORT** The Committee: • **RECEIVED** the report **NOTING** the updates provided in relation to the All-Wales Maternity and Neonatal Assurance Assessment is pending and agree to receive a further update once published, most likely in time for the next PEQS Committee meeting. • Took **ASSURANCE** in relation to the progress made, the risks identified, and the actions underway, and to take largely reasonable assurance that maternity services in Powys are being overseen through robust governance, aligned to national direction and responsive to both staff and women's experiences.

Patterson Liz
23/03/2026 11:23:13

PATIENT EXPERIENCE IN PRIMARY CARE
The Committee RECEIVED the report taking ASSURANCE appropriate mechanisms are in place to collect and monitor patient access and experience.

ANNUAL REPORT OF ACCOUNTABLE OFFICER FOR CONTROLLED DRUGS
The Committee:

- **RECEIVED** the contents of the Controlled Drugs Accountable Officer (CDAO) Annual Update for October **2024** to September 2025, and
- Took ASSURANCE that appropriate governance arrangements are in place for the safe and secure management and use of controlled drugs across Powys Teaching Health Board, in line with statutory requirements.

SIX MONTHLY UPDATE ON ANTIMICROBIAL RESISTENCE
The Committee **RECEIVED** the report and took ASSURANCE the organisation has appropriate structures and reporting in place with regards to Antimicrobial Stewardship.

TERMS OF REFERENCE REVIEW
The Committee:

- **ENDORSED** the proposed amendments to the Terms of Reference;
- **IDENTIFIED** no further potential amendments; and
- **AGREED** that the Chair of the Committee and Director of Corporate Governance will finalise the revised Terms of Reference for presentation to the Board in May 2026 for approval.

COMMITTEE RISK REGISTER
The Committee **RECEIVED** the corporate risks within the committee's remit, and took ASSURANCE that risks are being managed in line with the Risk Management Framework.

ITEMS CONSIDERED IN-COMMITTEE:

- **TRANSISTION OF CARE ANNUAL REPORT 2024/25**

Patterson,Liz
23/03/2026 11:23:13

Inform	The following documents were received for information:
	• Internal Audit Reports on:
	  ○ Decontamination (Reasonable Assurance)
	  ○ Continuing Health Care (Reasonable Assurance)
	  ○ MH and LD Triage and Assessment Process (Reasonable Assurance)
	
	The following documents were received for assurance:
	• Corporate Parenting Charter update
	• Update on implementation of management actions for Deprivation of Libert Standards (DoLS) Internal Audit Report
	• Joint Commissioning Committee highlight report from the Quality, Safety and Outcomes Sub-Committee 06 October 2025
	• Committee Governance Action Plan
	• Work Programme

NEXT MEETING: 30 April 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

Patterson,Liz
23/03/2026 11:23:13

Reporting Committee:	**PEOPLE AND CULTURE COMMITTEE**
Committee Chair	Ian Thomas
Date of last meetings:	05 March 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 People and Culture Committee meeting on 05 March 2026.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the People and Culture Committee is set out in Schedule 4 (page 45 – 54) of Standing Orders.

3. HIGHLIGHT REPORT

(Links to agenda and reports: People and Culture Committee - Powys Teaching Health Board

Escalate/Alert	There are no matters to Escalate
Advise	There are no matters to Advise.
Assure	**DIRECTOR OF PEOPLE AND CULTURE REPORT** The Committee took **ASSURANCE** against delivery of those priorities. The paper also provided an update on any workforce areas identified nationally. **RECEIVED** the report as an update on priorities

Robertson.Liz
03/03/2026 11:23:13

within the Workforce section of the Integrated Plan 2025/26 since December 2025, which are not part of the Committee's agenda and took ASSURANCE against delivery of those priorities.

WORKFORCE PERFORMANCE REPORT
The Committee

- **RECEIVED** the information provided in the update and took **ASSURANCE** the organisation collects, analyses and monitors relevant People and Culture data.

THEME 2 – GREAT PLACE TO WORK INCLUDING WORKFORCE RETENTION AND STAFF SURVEY
The Committee

- **REVIEWED** the information provided in the update and took **ASSURANCE** of delivery against the plan

THEME 4 WELSH LANGUAGE, EQUALITY, DIVERSITY AND INCLUSION
The Committee

- **REVIEWED** the information provided in the update and took **ASSURANCE** of delivery against the plan.

REVIEW OF TERMS OF REFERENCE
The Committee

- **ENDORSED** the proposed amendments to the Terms of Reference.
- **IDENTIFIED** any further potential amendments
- **AGREED** that the Chair of the Committee and Director of Corporate Governance will finalise the revised Terms of Reference for presentation to the Board in May 2026 for approval.

COMMITTEE GOVERNANCE ACTION PLAN
The Committee

- **RECEIVED** the Committee wide and P&C specific Continuous Development Plan 2025-26 and took **ASSURANCE** that the implementation of continuous development actions has been monitored throughout the year as a key principle of good corporate governance.

Patterson,Liz
23/03/2026 11:23:13

	COMMITTEE RISK REGISTER The Committee • **RECEIVED** the corporate risks within the Committee's remit and **DISCUSSED** any relevant issues. • Took **ASSURANCE** that risks are being managed in line with the Risk Management Framework.
Inform	The following documents were received for information: • Staff Development Programme – Final Internal Audit Report 2025-26
NEXT MEETING: 11 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

Patterson,Liz
23/03/2026 11:23:13

Reporting Committee:	**Joint Finance and Performance and Planning, Partnerships and Population Health In-Committee**
Committee Chair	Rhobert Lewis
Date of last meetings:	16 March 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 Joint Finance and Performance and Planning, Partnerships and Population Health Committee meeting on 16 March 2026.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

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

The Purpose and Role of the Finance and Performance Committee is set out in Schedule 4 (pages 18 – 27) of Standing Orders.

3. HIGHLIGHT REPORT

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

Pack Page 90 of 261 - 23.03.26 - 1.7f - Appendix F

Escalate/Alert	There are no matters to escalate/advise.
Advise	There are no matters to advise.
Assure	**ANNUAL PLAN 2026/27** The Joint meeting of the Finance and Performance and Planning, Partnerships and Population Health Committees: • took **ASSURANCE** that the 2026/27 Plan has been developed in line with the Powys Health and Care Strategy 'A Healthy Caring Powys' and the NHS Wales Planning Framework 2026-29, aligned to the draft Level 4 De-escalation Criteria. • **REVIEWED** and **SCRUTINISED** the PTHB provider and commissioner performance assessment and draft plans. • **REVIEWED** and **SCRUTINISED** the 2026/27 financial assessment and approach taken to developing the Route map to Sustainability and balance.
Inform	Nothing to report from this meeting
NEXT MEETING: March 2027 tbc	

Key:

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

Patterson,Liz
23/03/2026 11:23:13

Reporting Committee:	**Planning, Partnerships and Population Health Committee**
Committee Chair	Rhobert Lewis
Date of last meetings:	03 February 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 Planning, Partnerships and Population Health Committee meeting on 03 February 2026.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

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

3. HIGHLIGHT REPORT

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

Escalate/Alert	**ORGANISATIONAL STATUS (NHS WALES ESCALATION FRAMEWORK – LEVEL 4 PLANNING COMPONENT** The Committee **RECEIVED the** report and took ASSURANCE that appropriate mechanisms are in place to monitor and report to the Board (and its Committee's) against the Level 4 de-escalation criteria (planning and strategy aspects).
Advise	There are no matters to advise.
Assure	**ANNUAL PLAN**

Patterson.liz 23/03/2026 21:23:43

	The Committee took **ASSURANCE** from the update provided by the Director of Planning on the Annual Plan **STRATEGIC CHANGE REPORT AND ENGAGEMENT REPORT** The Committee **NOTED** the report and **DISCUSSED** the content. **PARTNERSHIP GOVERNANCE AND ASSURANCE FRAMEWORK REPORT** The Committee took **ASSURANCE** from the report. **REGIONAL PARTNERSHIP BOARD – ANNUAL DELIVERY PLAN** The Committee • took **ASSURANCE** that the approach and process in developing the robust RPB Delivery and Resource Plan aligns with the jointly agreed health and social care priorities. • **NOTED the** key delivery and resource commitments of the plan in 2026/27, including and the focus on exit planning. **HEALTH PROTECTION SUMMARY REPORT** The Committee • **RECIEVED the** contents of the report regarding health protection incidents/outbreaks responded to during the last 12 months. • **Took ASSURANCE that** a process is in place to collect and report the information. NOTED the proactive work undertaken to respond to wider health protection threats. **SUMMARY OF SCREENING PROGRAMMES (UPTAKE OF SCREENING PROGRAMMES)** The Committee • **CONSIDERED** the uptake of adult population screening programmes and • took **ASSURANCE** from the actions being undertaken to maintain and/or further increase uptake and reduce inequality. **ADDITIONAL LEARNING NEEDS (ALN)** The Committee

Patterson,Liz
23/03/2026 11:23:13

	• **RECEIVED** the report as an accurate overview of activity from the Health Board to meet the requirements of the ALN Act. • Took **ASSURANCE** regarding the activity to date and plans moving forward to meet the requirements of the ALN Act **COMMITTEE GOVERNANCE ACTION PLAN** The Committee **RECEIVED** the PPPH Continuous Development Plan 2025-26 and took **ASSURANCE** that the implementation of continuous development actions has been monitored throughout the year as a key principle of good Corporate Governance. **COMMITTEE TERMS OF REFERENCE REVIEW (ToR)** The Committee • **ENDORSED** the proposed amendments to the Terms of Reference. • **IDENTIFIED** any further potential amendments. • **AGREED** that the Chair of the Committee and Director of Corporate Governance will take any comments and finalise the revised Terms of Reference for presentation to the Board in May 2026 for approval.
Inform	The following documents were received for information: • Primary Care Clusters Final Internal Audit Report
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 (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

Paper 2026/03/1.7g
2026-03-26 11:23:13

Reporting Committee:	**Executive Committee**
Committee Chair	Hayley Thomas, Chief Executive
Date of last meeting:	04 March 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 21 January, 29 January, 04 February, 11 February, 18 February and 04 March 2026. Meetings following these dates will be reported to the Board in May 2026. Key highlights from the meeting are reported below.	

Patterson,Liz
23/03/2026 11:21:19

Alert/ Advise/ Assure/ Inform	Topic	Purpose	Additional Comments	Onward to Committee /Board	Date of Executive Committee
Alert	Nothing to report.				
Advise	Nothing to report – all content captured in either assure or inform sections below.				
Assure	Financial Performance Report Month 09	Assurance	The Committee RECEIVED the financial report and took assurance that the organisation has effective financial monitoring and reporting mechanisms in place. It was NOTED that an Accountable Officer letter was sent to Welsh Government on 29 December formally amending the financial forecast by £5m to £33.3m. The Committee also CONSIDERED and DISCUSSED the revised financial forecast for 2025/26 of £33.3m and the revised underlying deficit of £44.7m.	Board	21.01.26
	NHS Wales and England Elective Commissioning Update	Assurance	The Committee took ASSURANCE on the approach and progress of the Health Board Commissioning Intentions with NHS England providers for 2025/26. The Committee also NOTED the learning for the implementation of the Commissioning Intentions for 2026/27.	Planning, Partnerships and Population Health Committee	21.01.26
	Suicide Review Report	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. The Committee took ASSURANCE that real time surveillance, rapid reviews, all joint working to monitor and respond is in place and 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	21.01.26

Patterson.Liz 23/03/2026 11:21:19

			The Committee will receive a further report with the additional information requested at year end.		
	Monitoring report on Mental Health Services Post Escalation	Assurance	The Committee NOTED sustained improvement despite ongoing challenges for services; and took ASSURANCE that improvement in performance against quality and safety indicators has been sustained and approved. That staff go above and beyond to ensure MH&LD services are safe and effective	Patient Experience, Quality and Safety Committee	21.01.26
	GMS Sustainability and Procurement Process	Assurance	The Committee DISCUSSED the recommended future strategic approach to vacant practices NOTING more work was required and the Board would need to consider the approach in due course. The Committee took ASSURANCE that the Health Board is following national guidance when considering how best to procure GMS providers.	Board (in future)	21.01.26
	GMS Access and Patient Experience	Assurance	The Committee RECEIVED the report taking ASSURANCE appropriate mechanisms are in place to collect and monitor patient access and experience.	Patient Experience, Quality and Safety Committee	21.01.26
	Integrated Quality Report	Assurance	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	21.01.26
	Consent Agenda Items	Assurance	FOR ASSURANCE: MCA/DOLS update. FOR ASSURANCE: Strategic Change and Engagement Report. FOR ASSURANCE: Partnership Governance and Assurance Framework Report.	PEQS PPPH PPPH	21.01.26

Patterson,Liz
23/03/2026 11:21:19

			FOR INFORMATION: Community by Design Transformation Programme - summary of meeting. FOR ASSURANCE: Antimicrobial Stewardship Report.	PEQS	
	Maternity Assurance	Assurance	The Committee RECEIVED the report and NOTED the updates provided in relation to the All-Wales Maternity and Neonatal Assurance Assessment is pending and agree to receive a further update once published, anticipated end of February. The Committee IDENTIFIED any further assurance, analysis or information required for future reporting.	Patient Experience, Quality and Safety Committee	29.01.26
	Additional Learning Needs Update	Assurance	The Committee RECEIVED the report as an accurate overview of activity from the Health Board to meet the requirements of the ALN Act and took ASSURANCE regarding activity to date and plans in place moving forward to meet the requirements of the ALN Act.	Planning, Partnerships and Population Health Committee	29.01.26
	Transition of Care	Assurance	The Committee RECEIVED and DISCUSSED the proposed future approach and APPROVED the Organisational Transition Policy. The Committee APPROVED that progress against the Transition Improvement Programme is reported to the Executive Committee (PEQS) on a monthly basis *(from April 26),* until sufficient assurance is gained that improvement actions are embedded and delivering sustained compliance with national standards. It also APPROVED that, subject to progress and assurance, reporting transitions to a six-monthly midpoint update ahead of the 2026/27 annual report, at	Patient Experience, Quality and Safety Committee	29.01.26

Patterson,Liz
23/03/2026 11:21:19

			which point good performance and compliance with the Welsh Government Transition and Handover Guidance should be demonstrably embedded as business as usual.		
	People's Experience Framework	Assurance	The Committee RECEIVED the report and took ASSURANCE that People's Experience is appropriately monitored and reported and that continued actions are in place to further develop People's Experience implementation, monitoring, and reporting. The Committee also NOTED that the initial timescale of developing the PTHB Peoples Experience Framework/Strategy has not been met and the revised timescale for Board consideration is September 2026	Patient Experience, Quality and Safety Committee	29.01.26
	Neurodevelopment Services Escalation Oversight Group 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. It also NOTED and DISCUSSED the contents of the report and including the progress made on the implementation plan, and updated maturity assessment. The Committee then took ASSURANCE from the ongoing monitoring and evaluation mechanisms in place as part of IQPF.	Patient Experience, Quality and Safety Committee	04.02.26
	Q3 Delivery Against the Annual Plan Report	Assurance	The Committee CONSIDERED the report and took ASSURANCE that there is a process in place for monitoring progress against plan. The Committee DISCUSSED and STRENGTHENED the report with any additional information provided to the Planning Team for	Finance and Performance Committee and Board	04.02.26

Patterson, Liz
23/03/2026 11:21:19

			inclusion. The Committee CONSIDERED the change requests that had been submitted by leads.		
	Progress against the Data Improvement Plan	Assurance	The Committee received an update on progress to date; NOTED and DISCUSSED the contents of the paper and took ASSURANCE on progress.	Finance and Performance Committee	04.02.26
	CHC: Performance and System Challenges	Assurance	The Committee REVIEWED and DISCUSSED the content of the report and took ASSURANCE that plans are in place to effectively manage CHC and evolve the service based on expected national changes.	Finance and Performance Committee	04.02.26
	Performance - MIU Deep Dive	Assurance	The Committee RECEIVED the report and took ASSURANCE on progress.	Finance and Performance Committee	04.02.26
	Endoscopy inc JAG Accreditation	Assurance	The Committee took ASSURANCE that JAG accreditation remains a priority for the service and all the underpinning work is being progressed.	Finance and Performance Committee	04.02.26
	Update on Planned Care In-Reach Commissioned Services Fragility	Assurance	The Committee DISCUSSED, NOTED and took ASSURANCE from the contents of the report.	Finance and Performance Committee	04.02.26
	Better Together Portfolio Updates	Assurance	The Committee RECEIVED updates from the Better Together Portfolio Board meetings held in December and January. The Committee NOTED the update.		18.02.26
	Capital and Estates Compliance Report	Assurance	The Committee RECEIVED the position for Capital and Estates Compliance for ASSURANCE.	Finance and Performance Committee	18.02.26

Patterson,Liz
23/03/2026 11:21:19

	Capital Programme 2026/27	Assurance	The Committee DISCUSSED and ENDORSED the Discretionary Capital Programme, 2026/2027–2027/28 for onward consideration by Finance and Performance Committee and presentation for approval at PTHB Board.	Finance and Performance Committee & Board	18.02.26
	Finance Performance Report Month 10	Assurance	The Committee RECEIVED the financial report and took ASSURANCE that the organisation has effective financial monitoring and reporting mechanisms in place. The Committee CONSIDERED and DISCUSSED the financial forecast for 2025/26 of £33.3m and the underlying deficit of £44.7m.	Finance and Performance Committee	18.02.26
	Integrated Quality and Performance Report Month 09	Assurance	The Committee DISCUSSED the content of the report and took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.	Finance and Performance Committee	18.02.26
	NHS Wales and England Commissioned Services 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.		18.02.26
	A Great Place To Work	Assurance	The Committee REVIEWED the information provided in the update and took ASSURANCE of delivery against the plan.	People and Culture Committee	18.02.26
	Workforce Retention Update	Assurance	The Committee RECEIVED the update for information.		18.02.26
	Consent Agenda Items	Assurance	FOR ASSURANCE: 7.1 Director of People and Culture Report. FOR ASSURANCE: 7.2 Organisational Register of Interests, Gifts and Hospitality.	People and Culture Committee, Audit Risk	18.02.26

Patterson,Liz 23/03/2026 14:21:19

				and Assurance Committee	
	Integrated Annual Plan	Assurance	The Committee took ASSURANCE that extensive further work has been carried out to inform the Plan, since receipt of the NHS Wales Planning Framework, Financial Allocation and Performance Framework including inputs from Executive leads individually and collectively in January and February 2026. The Committee NOTED and DISCUSSED the further stage of work to be completed at pace this week, to be able to finalise the Plan, including the addition of information on the Routemap to Balance that is proceeding concurrently with the Annual Plan development.	Board Development	04.03.26
	Digital Systems Update	Assurance	The Committee took ASSURANCE on progress from the updates in the Action Tracker against the limited internal audit report earlier in 2025.	Audit, Risk and Assurance Committee	04.03.26
	WCCIS Assurance Update	Assurance	The Committee NOTED the current procurement position and anticipated contract award in March 2026 and NOTED the significant organisational, clinical safety, and operational risks associated with continued reliance on WCCIS beyond its end-of-life in March 2027. The Committee RECOGNISED the programme's success is dependent on sustained clinical and operational capacity to support readiness activities; competing pressures would increase delivery and clinical safety risk and took ASSURANCE that governance, risk management and organisational readiness	Audit, Risk and Assurance Committee	04.03.26

Patterson, Liz
23/03/2026 11:21:19

			arrangements are in place and actively managing programme risks. The Committee SUPPORTED organisational prioritisation of resources required to deliver safe and timely implementation and SUPPORTED escalation, where necessary, to secure timely confirmation of national funding and integration support. The Committee ENDORSED the programme and communication approach and continued progression toward implementation.		
	Primary Care Assurance Report	Assurance	The Committee 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.	Board	04.03.26
	Information Governance Q3 Performance Report	Assurance	The Committee RECEIVED the report and took ASSURANCE on areas of good compliance, acknowledging efforts and successes. The Committee NOTED areas of poor or non-compliance and took ASSURANCE a programme of work is in place to improve compliance and took appropriate Executive action where required to support improvement.	Audit, Risk and Assurance Committee	04.03.26
	Strategic Risk Register and Board Assurance Framework	Assurance	The Committee 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. The Committee REVIEWED the March 2026 BAF Dashboard update, included at Appendix B ensuring that	Board	04.03.26

Patterson,Liz
23/03/2026 11:21:19

			it is a complete and a true assessment of the health board's confidence in its strategic controls and assurance. The Committee took ASSURANCE on the controls and assurances to manage strategic risks and there are actions to address any identified gaps.		
	Audit Findings	Assurance	The Committee CONSIDERED the current position of outstanding Audit Findings and took ASSURANCE that the organisation has an appropriate system for tracking and responding to audit recommendations. The Committee CONSIDERED and discussed the current position of all Internal and External Overdue Audit Findings with a particular focus on those findings given High Priority ratings.	Audit, Risk and Assurance Committee	04.03.26
	WHC Tracker	Assurance	The Committee RECEIVED the contents of the report; and CONSIDERED and REVIEWED those WHCs and MDs reported on slide 2 of this report as No Progress, in recognition that this position will be reported to Audit Wales, Internal Audit and Welsh Government for scrutiny and review as part of the Annual Report 2025/26.	Audit, Risk and Assurance Committee	04.03.26
	Consent Agenda Items	Assurance	FOR ASSURANCE: Annual Review of Severe Weather Arrangements Ratification of reports considered at its Informal Executive meeting held on the 25 February 2026: FOR ASSURANCE / PRIORITISATION: Internal Audit Plan FOR ASSURANCE: People and Culture Performance Report FOR ASSURANCE: Welsh Language, Equality, Diversity and Inclusion Update	 ARAC P&C P&C	04.03.26

Patterson,Liz
23/03/2026 11:21:19

Inform	Vacancy Freeze Management	Approval	The Committee REVIEWED and APPROVED applications submitted for advertising.		21.01.26 29.01.26 04.02.26 11.02.26 18.02.26 25.02.26 04.03.26
	Band 2 / 3 Update staff	Information	The Committee RECEIVED and NOTED an update on Band 2/3.		29.01.26
	Better Together: Women and Children Scope	Approval	The Committee DISCUSSED and AGREED Work Priorities for Q4 2025/26 and Q1 onwards 2026/27 (subject to agreement on Phase 2 timetable); DISCUSSED and AGREED Resource Requirements. The Committee AGREED Establishment of the Programme Board for WC&F Programme and DISCUSSED and AGREED Vice Chair for the Programme Board for WC&F Programme. The Committee NOTED interdependencies with Planned Care Programme (Gynaecology and Consultant Paediatrics Strategic Assessment).		04.02.26
	Better Together: Options Appraisal Methodology	Approval	The Committee APPROVED the following changes to part 2 of the appraisal, this includes: - Removing the workforce ranking - Removing the overall ranking of options from the financial appraisal given this is based on preliminary financial analysis - Not undertaking a combined non-financial and financial appraisal but to review and assess the information together to support with recommended options being put forward for consultation.		04.02.26

Patterson,Liz
23/03/2026 11:21:19

	British Pregnancy Advisory Service SLA 26/27	Approval	The Committee APPROVED the recommendation to award a new contract from 01 April 2026 – 31 March 2029 with a 2-year optional extension		04.02.26
	LIMS 2.0 National Programme Implementation Delays 26/27 and Financial Risk	Approval	The Committee RECEIVED the update report identifying the financial risk and programme challenges and AGREED an appropriate response from the Health Board.		04.02.26
	Arts in Health Pledge	Approval	The Committee APPROVED the PTHB Arts in Health Pledge and the aims and objectives for 26/27. The Committee NOTED the contents of the paper and the financial benefits to date of the Arts in Health Co-ordinator role.		04.02.26
	Infection Prevention and Control FIT testing Recommendations	Approval	The Committee NOTED, DISCUSSED and APPROVED the recommendations within the report.	Health and Safety Committee	04.02.26
	Llandrindod General Dental Services Contract Tender	Approval	The Committee RECOMMENDED to the PTHB Board to APPROVE progressing the 'most suitable provider process' under The Health Services (Provider Selection Regime) (Wales) Regulations.	Board / Chair's Action	11.02.26
	Children Services Neurodevelop	Approval	The Committee DISCUSSED the business case and asked for further work to be undertaken prior to it		18.02.26

Patterson,Liz 23/03/2026 11:21:19

	ment Business Case		returning to Executive Committee, ensuring alignment with the Board direction to maintain 104 week waits.		
	Senedd Election Update	Information	The Committee RECEIVED updated government guidance for the pre-election period had been issued		18.02.26
	Staff Survey Results	Information	The Committee RECEIVED an update on the results of the recent Staff Survey.	Board Development	04.03.26
	Clinical Informatics Led Digital Training Function Business Case	Approval	The Committee APPROVED to establish three substantive Band 5 Digital Support Trainer roles, forming a permanent Digital Training Function, based on the strengthened business case and Finance Business Partner assurance.		04.03.26
	Community Health Pathways Business Case	Approval	The Committee APPROVED to proceed with implementation of Community Health Pathways (CHP) in Powys as outlined in the business case.		04.03.26

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: 18 March 2026

Key:

Alert / Escalate	Alert to matters that the Board need to be aware of, such as an area of non-compliance, or a major threat to safety/ to the delivery of strategy (list not exhaustive)

Patterson,Liz
23/03/2026 11:21:19

Advise	Advise the Board of areas subject to on-going monitoring or development or where there is negative assurance
Assure	Assure the Board where positive assurance has been received
Inform	Inform the Board of any other relevant information

Patterson,Liz
23/03/2026 11:21:19

Region:	**Powys**
Report:	**Regional Directors Report**
Period Covered:	**20 January 2026 – 17 March 2026**
Author:	**Katie Blackburn**
Status:	**For Information**
Date:	**25th March 2026**

No. engagement activities	No. visits	No. consultations	No. service changes	No. representations	No. open advocacy cases	No. people engaged with
10	4	5	11	10	107	136

Engagement:

Llais Local – Llanfyllin: February 2-13 2026	Llanfyllin High School
	Cross Keys Cafe
	Llanrhaedr ym Mochnant Branch Surgery
	Llanfyllin Library
	Four Crosses Branch surgery
	Llanfyllin Medical Centre
Coffee Morning	Llanfyllin Public Institute
	Llanfyllin Men's Shed
	Llanfyllin Charity Shop
RTGH co-location: 23rd February 2026	Llanidloes
Rehabilitation co-location: 23rd February 2026	Newtown
RTGH co-location: 27thFebruary 2026	Bronllys
Rehabilitation co-location: 27th February 2026	Brecon
Public Forum: 9th March 2026	Machynllyth

Advocacy:

Total no. new cases opened	16
Total no. cases closed	31
Total no. open advocacy cases	107

Scattered to iz 23/03/2026 1:23:13

Recurring Themes: Health and Social Care 2025-2026

- Poor GP Access
- Mental Health Support Gaps
- Transition from children's to adult services
- Lack of NHS Dental Care
- Hospital Discharge & Dignity
- Access & Transport Barriers
- Cross- Border Care Confusion
- Delayed Referrals & Disjointed Care
- Long Travel for Basic Services
- Inadequate Discharge Planning
- Lack of Support for Carers
- Limited Awareness of Available Services
- Communication Problems
- Financial Barriers
- Lack of Awareness of Support Services
- Communication

2026-2027 Priorities

2026-27 represents a disciplined and focused year for Llais Powys.

The plan is grounded in what people in Powys have consistently told us, including:

- Mental health communication needs to improve.
- Carers need earlier identification and clearer support.
- Young people should not face a cliff edge at transition points.
- Urgent care and discharge processes must be clearer.
- Cross-border services must work better together.

These concerns are reflected in complaints, advocacy cases and engagement activity across the county.

They are not isolated stories; they are recurring themes. They are not new, their persistence is the concern.

The work plan responds directly to these priorities through five structured deep-dives, follow-up sessions in each locality, two Targeted Improvement Workshops and a formal review of Same Day Urgent Care.

Patterson, Liz
23/03/2026 10:23:13

In doing so, it also supports the wider Llais Annual Plan by:

- Contributing evidence on Mental Health, Children and Young People, inequalities and urgent care.
- Strengthening integration between complaints, advocacy and engagement.
- Aligning with the Better Together programme.
- Improving tracking, follow-up and accountability.

It reflects the People's Priorities by focusing on equity, prevention, person-centred communication and better co-ordination between services.

This plan is not measured by how much we will do, but by what changes as a result.

The measure of success will be whether recurring concerns are responded to clearly, tracked properly and, where necessary, escalated until improvement is evidenced.

The intention is straightforward: to ensure that what people in Powys tell us leads to visible and measurable change.

Staffing Updates:

Ffion Simmonds joins us as Head of Complaints Advocacy and Engagement; Ffion joins us from CQC and will be based in the Newtown office.

Alison Landridge joins us as a Regional Community Engagement Officer and will also be based in the Newtown office.

We are excited that a second Regional Community Engagement Officer will be joining us in the next two weeks and will be based in the Brecon office.

National Updates:

https://www.llaiswales.org/news-and-reports/news/llais-welcomes-engagement-future-meddygfa-sarn

https://www.llaiswales.org/news-and-reports/news/060226-update-keeping-you-informed-emergency-medical-retrieval-and-transfer

https://www.llaiswales.org/news-and-reports/news/silly-rules-campaign-identifies-everyday-procedures-which-may-inadvertently

https://www.llaiswales.org/news-and-reports/news/llais-responds-publication-all-wales-maternity-and-neonatal-assurance

Patterson, Lisa
23/03/2026 11:29:13

Katie Blackburn

Regional Director – Llais Powys

17 March 2026

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.1

Board	**25 March 2026**
Subject:	**Annual Plan 2026/27**
Approved and presented by:	Nicola Johnson, Executive Director of Planning, Performance & Commissioning Pete Hopgood, Executive Director of Finance, Estates and Support Services
Prepared by:	Assistant Director of Planning with support from relevant colleagues.
Other Committees and meetings considered at:	The approach and process for the development of a plan for 2026 -2027 have been considered at: • Planning, Partnerships and Public Health Committee in November 2025 • Board in October 2025, November 2025 and January 2026 • A Joint session of the Finance and Performance Committee and Planning, Partnerships and Public Health Committee on 16 March 2026 • Collective review and moderation has been undertaken through formal and informal Executive Committee and Executive Team Timeout sessions • This has also been a key feature of Board Development sessions throughout the period October 2025 to March 2026

PURPOSE:

This report provides:

- Assurance in relation to the process undertaken to develop the plan, notably alignment with i) the health board's agreed Strategic Framework ii) the NHS Wales Planning and Performance Frameworks and Allocation Letter and iii) the health board's Escalation status, taking into account the review carried out by Grant Thornton and partners
- Assurance in relation to governance and risk management, noting in particular corporate and partnership governance, consideration of risk

Patterson, Liz 23/03/2026 11:23:12

appetite, committee and board ownership of the plan, Accountable Officer correspondence and a Scrutiny session held on 3 March 2026

- Assurance that the complex, interlinked components within the plan, have been comprehensively appraised, and finalised into an integrated, Annual Plan, in line with Committee and Board considerations and choices. Key to these being assessments of Quality, Performance, Commissioning, Financial and Workforce positions.
- This report also summarises the new 'Routemap' component within the plan this year, which sets out the intention to return to financial balance and sustainability, focusing immediately on stabilising the financial position, with focused intervention and a focus on financial turnaround, and then subsequently improving, through the appraisal and implementation of a pipeline of opportunities.
- In conclusion, given the above, the Annual Plan serves a dual purpose, being i) the Organisation's Strategic and Tactical Plan for the year ahead and ii) the first iteration of a Routemap to financial balance and sustainability (noting that further work will continue in year on the latter).

The report also seeks Board support of the following, prior to submission to Welsh Government, for the deadline of the end of March 2026:

- Annual Plan 2026 - 2027
- Delivery Plan 2026 – 2027

The Minimum Data Set and Ministerial Templates, which will also be submitted to Welsh Government with the Plan, has been assured by the Executive Committee which is a formal sub-Committee of the Board.

RECOMMENDATION(S):

The Board is asked to:

- **RECOGNISE** 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 years period, therefore, an Annual Plan has been developed for 2026/27 in line with the NHS Wales Planning Framework.
- **RECOGNISE** 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.
- Take **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,

Patterson Liz
23/03/2026 11:23:17

Planning and Strategy) and the associated independent review carried out by Grant Thornton.

- **NOTE** 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.
- **ACCEPT** 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 is asked to:

- **ACCEPT** the Annual Plan, as the Organisational Plan for the year ahead, and **SUPPORT** its submission to Welsh Government.
- **DELEGATE** 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.
- **RECEIVE** the Annual Delivery Plan as part of the Annual Plan and take **ASSURANCE** that this forms the basis of the quarterly review, monitoring and reporting cycle of progress against plan.

APPROVE/ASSURANCE	DISCUSS	NOTE
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y/~~N~~	This report provides the Board with an updated stocktake of Strategic Change programmes around Wales and England which may have an impact on Powys residents.
2. Provide Early Help and Support	Y/~~N~~	
3. Tackle the Big Four	Y/~~N~~	
4. Enable Joined up Care	Y/~~N~~	
5. Develop Workforce Futures	Y/~~N~~	
6. Promote Innovative Environments	Y/~~N~~	
7. Put Digital First	Y/~~N~~	
8. Transforming in Partnership	Y/~~N~~	

EXECUTIVE SUMMARY:

This report provides:

1) UPDATE

Patterson,Liz
23/03/2026 11:23:17

BACKGROUND:

1) Annual Plan 2026/27 Development

The health board has an audit rating of substantial assurance on its integrated planning process and has built on this good practice to develop this year's Plan.

The Annual Plan has been developed to ensure alignment with the health board's agreed Strategic Framework, the NHS Wales Planning and Performance Frameworks and Financial Allocation and the health board's Escalation Status (Level 4 for Finance, Planning and Strategy) – taking into account the associated review carried out by Grant Thornton.

2) Strategic Alignment and Framework

At its meeting on 28th January 2026, the Board ratified the extension of the Regional Partnership Board Health and Care Strategy, 'A Healthy, Caring Powys' to 2029.

This is key to both the health board's delivery against the shared long term strategy, and the associated Wellbeing Objectives, and the organisation's response to the Well-being of Future Generations (Wales) Act 2015.

This provides alignment with partnership strategy across the Powys region and with the national ambition set out in 'A Healthier Wales', first published in 2018 and refreshed in 2024. Further detail on wider partnership working and strategic change across Mid Wales, other regions, neighbouring health boards and trusts in Wales and England, and national organisations, is included in the appended Annual Plan. There has been targeted work in this planning cycle to ensure awareness and alignment across partner plans, including those for 'Sustainable Powys' (led by Powys County Council), and the Powys Clusters, as well as through the Regional Partnership Board and Public Services Board.

The strategic framework provides the foundation for the health board's transformation programme 'Better Together' and has been enhanced in 2025 with the approval of a new Population Health Strategic Framework, which deepens the understanding of the evidence base for 'Preventing the Preventable', and how this applies across the work of the health board.

The health board's Strategic Priorities are refreshed annually in this context, as explained in more detail in the appended plan document. This takes into account the strategic developments noted above, and any changes in the external 'PESTLE' factors (political, economic, social, technological, legislative or environmental).

In addition, it allows for the refresh of priorities in the light of insights gained from engagement with staff, partners, Llais and our communities. The development of the plan is considered at the Local Partnership Forum and is communicated with staff through internal channels including the regular Staff Briefings.

The development of the plan also includes consideration of the complex interdependencies and engagement that has taken place to align with the

Personal data
23/03/2026 07:23:12

commissioning arrangements, peer networks and planning mechanisms (these include NHS Wales Performance and Improvement and Joint Commissioning Committee, Shared Services Partnership, DHCW, HEIW, WAST, Velindre Cancer Centre and Health Boards) and touchpoints with Welsh Government.

3) NHS Wales Planning and Performance Frameworks and Financial Allocation

The Board has carefully considered the assessments against the NHS Wales Planning and Performance Frameworks and the Financial Allocation, since their release in December 2025 and January 2026. In the light of the Board's published Risk Appetite and all of its the statutory duties, particularly regarding population health, quality, equality and finance the Board has made balanced choices against the parameters of quality, performance and finance that are reflected in the Plan.

This Plan has been developed based on the key strategic considerations arising from this appraisal and reflects the final choices which were scrutinised and assured at the joint session of the Finance and Performance Committee and Planning, Partnerships and Public Health Committee on 16 March 2026.

The appended Plan documents contain a summary of the frameworks and an assessment against the key requirements.

The financial section of the Plan sets out the assessment against the financial allocation and outlines the financial plan of the organisation in response.

The Delivery Plan also clearly links the organisation's key areas of delivery to the requirements within the Frameworks, notably, the Cabinet Secretary Priorities & Metrics and Enabling Actions.

4) Organisational Escalation Status and Independent Escalation Report

The escalation status of the Health Board remained unchanged at Level 4 for Strategy, Planning and Finance at the latest review by the Cabinet Secretary for Health and Care in December 2025.

With the support of Welsh Government, associated external support was procured and awarded to Grant Thornton, to assist in three predominant areas of work:

1. Financial sustainability
2. Commissioning
3. Continuing Health Care

The external review is now complete and the executive summary of the report is appended to this paper. The executive team on behalf of the health board accepts the report and has welcomed the recommendations provided. The report contains 34 recommendations across the three areas of work outlined above. Of those 34 recommendations, 20 have been accepted, 11 partially accepted and 3

Page 5 of 16
23/03/2026 11:23:17

not accepted. The three recommendations not accepted are either actions already in place or which are not within the control of the health board.

The Annual Plan responds to the recommendations from the report and they are therefore included throughout the Plan. Monitoring arrangements are also in place to track progress against the report recommendations and further information is available on this within the Escalation Status agenda item also on the Board agenda for the 25 March 2026.

The importance of the Annual Plan in responding to the organisation's Escalation Status has been emphasised throughout the process and is clear within the Plan documents that are appended. The actions correlate to the approach set out in the plan for 'Risk, Recovery and Sustainability'.

There are comprehensive governance and oversight arrangements in place in relation to Escalation status and progress against de-escalation status in its entirety. The Board has full ownership of the Escalation position and related financial position, strategy and maturity of planning processes.

As noted previously through the planning process the Board has carefully considered the balance of choices and opportunities available and is planning to remain in routine monitoring for the other domains of the NHS Wales Escalation Framework, notably quality, performance and governance.

In relation to the maturity of the planning process, a detailed self assessment against a 'Maturity Matrix' provided by Welsh Government was first completed in 2024 and subsequently reviewed and reconsidered, to take into account changes made to the guidance and template by Welsh Government in 2025. This was considered at Executive Committee, Planning, Partnerships and Population Health Committee and Board in November 2025, and is responded to in both our planning process and the Plan.

5) Governance and Risk Management

There are continued significant and complex challenges and opportunities to be managed in the year ahead, as the Plan sets out in some detail. These have been carefully considered by the Board during the production of the Plan.

The organisation will continue to require robust corporate and partnership governance to be able to optimise delivery and support transformation in the year ahead, given significant and complex system pressures.

Governance and assurance arrangements are well established, with a track record of positive Structured Assessments from Audit Wales, which has continued in the 2025 report. An Internal Audit was undertaken on planning processes in 2024 which also noted that the Health Board has good processes in place for monitoring and reporting on the delivery of the Plan to the Board on a quarterly basis, with the reports also being submitted to Welsh Government in line with national guidance.

Papers Uploaded 23/01/2026 11:23:12

The Board has undertaken a thorough consideration of risk management including setting and reflecting on its risk appetite throughout the 2025/26 year. The Strategic Risk Register and Board Assurance Framework will continue to be developed in line with the new Annual Integrated Plan Strategic Priorities. The Board Assurance Framework will continue to ensure the Board has a robust and comprehensive view of the required assurances on the Plan and Strategic Priorities, supporting the Board to fulfil its responsibilities.

In addition to the assurances above, the planning process has also taken into account the requirements set out by Welsh Government in relation to Committee and Board scrutiny and ownership of the plan. This has been delivered through extensive formal and informal engagement, including a series of Board Development sessions which have provided the opportunity for in depth consideration of the key contextual and strategic matters. These have covered the appraisal of the NHS Wales Planning and Performance Frameworks and Allocation Letters, and the assessment of the health board's strategic and tactical positions and choices in light of these. All the positions included in the final plan have been arrived at jointly as a unitary Board.

An Accountable Officer letter was sent on 14 February 2026, setting out the position of the health board in relation to being unable to meet the statutory financial duty to break even over three years.

A further Accountable Officer letter was sent on 28 February 2026, confirming that the health board has met the requirement for agreement of the NHS Wales Long Term Agreements.

The health board then attended a Welsh Government Scrutiny Session, held on 3 March 2026, providing an overview of the current position, in line with key areas of focus requested by Welsh Government. This covered the areas below:

- Current position, noting the shared long term Health and Care Strategy, extended to 2029, which aligns to A Healthier Wales and Community by Design (NHS Wales national programme)
- Better Together programme, noting progression across this ambitious whole system portfolio
- The Performance Assessment with overall good provider performance and an update on commissioned services performance in England and Wales
- The Financial Plan which remains in deficit, with clear understanding of the drivers, the Total Opportunities Pipeline, informed by the work of Grant Thornton, and an overall Routemap to financial balance and sustainability
- Risks and mitigations including the unique pattern of commissioned and provided healthcare needed for the rural area of Powys, and challenges associated with the workforce and age of the estate

Patterson,Liz
23/03/2026 11:23:17

- Escalation status for Finance, Planning and Strategy, and ambition to de-escalate, and to maintain routine monitoring for all other areas
- The health board also noted that is has stable leadership with strong board ownership of the strategy and plan throughout the planning process, including the choices for inclusion in the final plan.

The discussion covered the health board's careful consideration of choices from the perspective of performance, quality and governance, whilst acknowledging the challenging financial position (covered in more detail in the section of this paper below and in the appended plan document).

6) Integration of the complex, interdependent components of the Plan

The complex components of the plan have been comprehensively appraised, scrutinised, and finalised, into an integrated Annual Plan, in line with Committee and Board considerations and choices, in light of all the statutory duties of the health board.

Key to these have been i) the Quality, Performance and Commissioning Assessment and Choices, with a consideration of Population Health and equity throughout ii) the Financial Assessment and Choices iii) the Routemap to finance balance and sustainability and iv) the Workforce Position.

i) Service, Quality, Performance and Commissioning Assessment

The health board takes an integrated approach to Quality and Performance (delivering against the PTHB Integrated Quality and Performance Framework and the Strategic Commissioning Framework).

The plan is informed by an assessment of quality, performance and delivery for both PTHB Provider services and commissioned services, with a consideration of population health and equity throughout.

Overall current delivery in relation to quality and performance is in line with national goals as a provider, and the health board is not in escalation for these domains.

The Plan includes a range of improvement and transformation actions to improve population health through tackling obesity, smoking and vaccination status as well as improving the underlying drivers of ill-health in Powys regarding cardiology, respiratory disease and mental health. There are also significant programmes of work included to improve community services, reduce unscheduled care admissions and improve local planned care to deliver more care closer to home, in line with the engagement and feedback received from the public in Powys. The associated enabling actions across the workforce, digital services, capital and infrastructure are also included.

Patterson,Liz
23/03/2026 11:23:17

Performance in commissioned services is more complex, across secondary, planned and specialist care in England and Wales, as reported at each Board meeting via the Integrated Quality and Performance Reports.

An assessment has been carried out across the key quality, performance, and delivery expectations in the NHS Wales Planning and Performance Frameworks for 2026 - 2027, encompassing:

- An assessment against the NHS Wales Performance Framework key measures, this has included detailed modelling of scenarios for planned care trajectories in line with Board consideration and choices
- Assessment of delivery against the Cabinet Secretary priorities
- Current position and projected position against the 'Enabling Actions' set out in the NHS Wales Planning Framework for 2026-27

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

Alignment to the recommendations arising from the external review carried out by Grant Thornton was also considered throughout the planning process, by operational and delivery leads, including input from the Better Together Programme team.

This enabled a thorough consideration of the key performance positions in the context of the organisation's strategic intentions, the quality of care and transformation ambitions, and the imperative to commission within resources given the financial challenges set out in this plan. As noted in January, the Health Board will continue to commission to NHS Wales waiting times for all of the Powys population in 2026/27.

These positions are broadly in line with Welsh Government requirements in relation to performance, quality and governance and therefore the intention to remain in routine monitoring for these domains.

The final positions can be found in the Appendices to the Annual Plan and the provider summary against the key metrics of the performance Framework is included below.

Patterson,Liz
23/03/2026 11:23:17

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

ii) the Financial Assessment and Choices

The health board faces a significant financial challenge, due to a combination of pressures that are not unique to this organisation. A detailed appraisal of key financial assumptions has been made during the six month period of Plan Development.

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

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

There has been a thorough interrogation of the financial position, in particular the drivers of the organisation's financial deficit and the mitigations and opportunities to address this, taking into account both

Patterson,Liz
23/03/2026 11:23:17

internal appraisal and external review carried out by Grant Thornton and partners.

This has included comprehensive Board engagement through development sessions and more formally through Committee and Board processes. This has ensured a detailed cost pressure analysis and review of opportunities, as well as appraisal against the Financial Allocation released in December 2025.

There is a determination to tackle the health board's financial position and in this year an ambitious savings programme of £22.9m, equivalent to 6% of the HCHS allocation, is being developed, which enables the health board to manage its in-year financial cost pressures and not worsen the underlying deficit. Achieving this plan sets the platform to make inroads into reducing the underlying deficit in subsequent years.

The savings programme comprises of actions in the following areas:

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

The detailed Financial Plan is included in the appended documents, and the summary is shown in the following table.

Patterson,Liz
23/03/2026 11:23:17

Summary 2026/27 Financial Plan	2026/27 (£m)	2026/27 (£m)
Underlying deficit		**44.7**
Inflationary cost pressures	7.1	
Growth and demand cost pressures	17.0	
Net allocation increase	(1.2)	
In year 2026/27 position before savings	**22.9**	**22.9**
2026/27 position before savings		**67.6**
Savings and mitigating actions – 3% of HCHS Allocation	(11.8)	
Additional ambition to manage in-year financial cost pressures – further 3%	(11.1)	
Recurrent savings target	**(22.9)**	**(22.9)**
In year 2026/27 position	**0**	
Financial Plan – maintains the underlying deficit		**44.7**
WG conditional recurrent cost pressures funding provided in 2024/25		5.0
Financial Plan without conditional funding		**49.7**

Inevitably, there are recognised risks to the financial plan, such as variation in the assumptions underpinning cost pressures, for example, reporting difficulties in English providers means that cost pressure could be understated and the delivery risk of an ambitious 6% savings programme.

The financial section of the appended Annual Plan emphasises that the organisation is in financial Turnaround. This is due to the organisation experiencing significant financial pressures resulting from a complex set of factors, notably inflationary and demand growth on healthcare, demographic and geographic characteristics with a growing burden of ill health and increases in multiple health conditions. Additionally, the legacy of the pandemic on access to healthcare and significant backlogs in treatment create cyclical system pressures. This is a plan in one of the most challenging periods of the NHS, as recognised in the NHS Wales Planning Framework 2026 – 2029.

The plan sets out how the organisation will work with stakeholders to build a financially sustainable approach and implement the financial turnaround.

Therefore, the final Annual Plan, whilst it remains a deficit financial plan, provides the necessary immediacy, grip and control, in relation to financial recovery, and immediate actions are clearly aligned with the work required across the short, medium and long term, on risk, recovery and sustainability.

Patterson,Liz
23/03/2026 11:23:17

iii) Routemap to Financial Balance and Sustainability

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

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

Therefore, a new section has been added to the plan this year, which provides the first iteration of a Routemap to financial balance and sustainability. This by its nature, will be iterative and will be reviewed and updated on a live and agile basis going forward.

It does not supersede the plan, but is a component within it. The plan as a whole is clear how the immediate actions align to further work in the short, medium and long term to firstly return back to a 'Target Control Total' and then achieve financial sustainability.

The immediate and urgent focus is to arrest the deterioration in the financial position, by purposefully implementing significant intervention and moving into a focus around financial turnaround.

- In 2026/27, the health board will stabilise the position, with focused intervention and a focus on financial turnaround, and then subsequently improving, through the continued implementation of savings, acceleration of transformation and the appraisal and implementation of a pipeline of opportunities.

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

  Grant Thornton Opportunities

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

  Better Together Programme Opportunities

  - Improved utilisation of estate

Patterson,Liz
23/03/2026 11:23:17

- Workforce modernisation
- Reduced length of stay (LOS)

Cross-system and NHS Wales Opportunities

- Addressing system capacity constraints
- National efficiency programmes
- Productivity improvements
- Converting non-recurrent savings into recurrent change

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

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

The trajectory over three years does not provide the necessary whole solution to reach sustainability longer term. That is inextricably linked to the progress across the planned transformation and improvement noted in the Annual Plan as a whole.

The Routemap does provide a clear, transparent pathway for Powys Teaching Health Board over the next three years. It represents a realistic financial assessment of the scale of the challenge, an early but robust set of opportunities, a disciplined approach to delivery and a commitment to openness with staff, partners and the public.

iv) Workforce Position

National workforce shortages, especially for clinical and specialist roles, continue to impact on recruitment for the Health Board. This is further compounded by our rurality, the working age population (within our communities) and our aging workforce profile. We have and will continue to focus on interventions to support our improved levels of workforce turnover.

Patterson, Lisa 23/03/2026 16:14:23:12

Historically, the impact of these workforce challenges has had a significant impact on our capacity and an over reliance on agency workers. We will

continue to look to substantiate the workforce in key areas and further improve on the success of a 30% reduction in agency spend. However, we will concentrate on variable pay reductions more broadly and beyond our ward settings. There will need to be a careful balance on workforce deployment, growth and our operating model/s.

We continue to put in place actions to enable the health board to maintain the 'great place to work' and 'grow our own' programmes for our existing staff, as well as being an attractive employer for new recruits. We will embed the results of the NHS Staff Survey into plans to support the organisation more broadly, as well as targeted work with certain team and will ensure that 'staff health and wellbeing' continues to be a priority.

Working in partnership with our staff and Trade Unions, the emerging workforce plans to support the Better Together programme will require innovative approaches to workforce numbers, models, roles and deployment options on a more integrated approach across the whole health and care system

A strong commitment to local partnership working with Powys County Council, the third sector and other partners continues to be in place. We acknowledge the need to prepare for the potential ending of RIFF funding and what this might mean for services and those supported by this funding source.

These partnership arrangements include working on a regional level to widen employment access through pioneering education pathways, enhancing service delivery through new models of working, increased opportunities for volunteering, the digital learning experience to reduce the carbon footprint and a range of wellbeing initiatives for the people who contribute to the delivery of health and care services.

7) Conclusion

Given the above, the Annual Plan 2026 – 2027 serves a dual purpose, being i) the Organisation's Strategic and Tactical Plan for the year ahead and ii) the first iteration of a Routemap to financial balance and sustainability.

The paper outlines the Board oversight and direction of the planning process, the alignment with the Health Board's Strategy, the NHS Wales Planning and Performance Frameworks and escalation status. The Plan includes the health board's delivery and improvement actions across the full breadth of the organisational responsibilities, with particular focus on the critical actions to address the key themes of Risk, Recovery and Sustainability, noting that an Annual Plan has been developed due to the health board's inability to meet the statutory planning duty to balance.

Options and choices to deliver the health board's strategic priorities and manage the key strategic, quality and performance risks in alignment with

Paterson, Liz 23/03/2026 12:23:17

the development of the Better Together portfolio to move towards sustainability are included.

These underpin the financial assessment and financial plan for 2026/27 as well, for the first time, the health board's Routemap to financial balance and sustainability which is also included. The Plan has been discussed with Welsh Government, most recently through the formal Scrutiny meeting, and there will be ongoing dialogue and scrutiny to support delivery of the Plan, through the Welsh Government Accountability Framework.

NEXT STEPS:

The Final Annual Plan will be submitted to Welsh Government at the end of March 2026 including the following:

- Covering letter from Accountable Officer
- Annual Plan
- Delivery Plan
- Technical Templates i.e.
  - Minimum Data Set (MDS)
  - Ministerial Templates

The Annual Plan document will also be translated into Welsh following submission, and subsequently published to the Health Boards website.

IMPACT ASSESSMENT

This section must be completed for all strategic organisational decisions including approval of health board policies.

The actions within the Annual Delivery Plan will, where appropriate, be subject to impact assessment.

Patterson,Liz
23/03/2026 11:23:17

FINAL DRAFT

ANNUAL PLAN 2026 - 2027

Year Three of Five Year Integrated Plan 2024 - 2029

Patterson,Liz
23/03/2026 11:23:13

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

Foreword

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

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

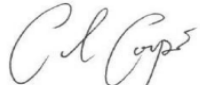
These actions are based in part on the recommendations of the escalation external report by Grant Thronton and Partners. The report confirmed that we have firm grip and control, which enabled us to deliver an ambitious plan with historic levels of savings in 2025/26; and we will maintain this focus in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

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

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

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

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



Dr Carl Cooper, Chair

Hayley Thomas, Chief Executive Officer

Pattern 23/03/2026 11:43:14

Contents

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

Patterson,Liz 23/03/2026 11:23:13

Introduction

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

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

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

KEY ACTIONS FOR RISK, RECOVERY & SUSTAINBILITY

Risk:

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

Recovery:

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

Sustainability:

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

Patterson, L
23/03/2026 12:23:39

Strategic Framework

"**A Healthy Caring Powys**", is the long term shared Health and Care Strategy for Powys. This strategy embeds the **Wellbeing Objectives** which were identified following extensive engagement with communities and stakeholders and ensures that these, are central to the health board's Plan. This is key to the organisation's response to the Well-being of Future Generations (Wales) Act 2015.

Given the importance of the strategy, it has been agreed by all partners in the Regional Partnership Board that it will be extended until 2029.

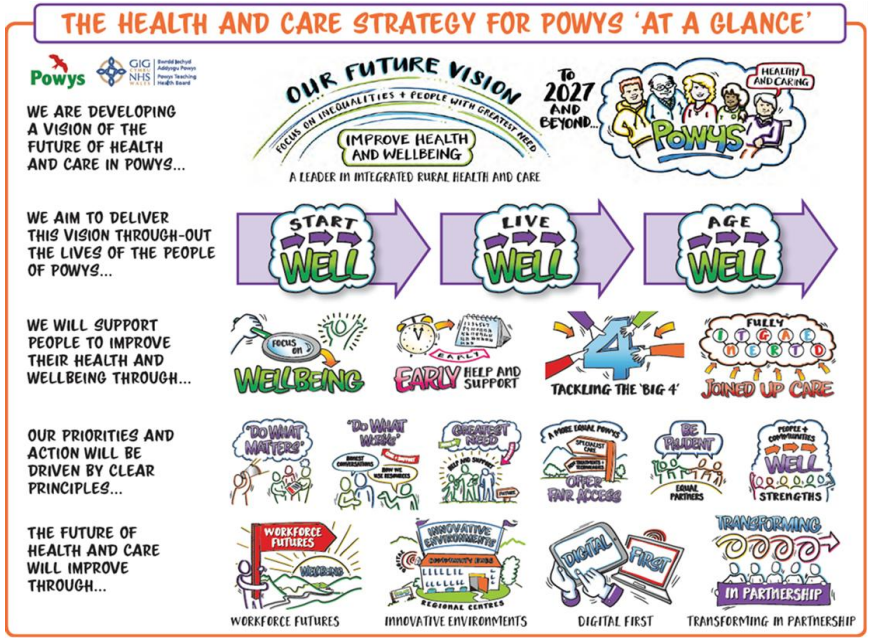
This continues to support alignment with other key Powys and regional plans including the **Powys Cluster Plans**, the **Powys Wellbeing Plan.** This incorporates local steps consistent with the 'sustainable development' principle in the Future Generations Act and the Five Ways of Working:

It also provides alignment across the transformation programmes of both the health board and Powys County Council, individually via **Better Together** and **Sustainable Powys** respectively, and collectively via the flagship **North Powys Wellbeing Programme**.

Population health and wellbeing is a unifying factor across all the above and the health board agreed a **Population Health Strategic Framework** this year, setting out an evidence based approach to 'preventing the preventable'.

This strengthens the focus on the '**Marmot principles'** which set out the need to address the wider economic, social and environmental determinants of wellbeing, driving greater equity and improving health outcomes. It also responds to the changing profile of population need (as set out for example in the 'NHS in 10+ Years' report published by Welsh Government in 2023 (known as the Orford Report).

There is strong alignment with the national goal and renewed actions of '**A Healthier Wales**' as well as the NHS Wales Planning Framework 2026-2029 (and associated Ministerial Priorities and requirements set out in 'Improving Performance Together').



Pattes 23/03/2026 12:21:13

Strategic Intentions

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

Key Strategic Intentions:

- To maintain and improve **Quality** and the delivery of safe, timely, effective, efficient, equitable and person-centred care.
- To deliver exceptional **efficiency and productivity**, including an ambitious level of savings, which will require difficult choices, in order to mitigate immediate financial pressures
- To set out a clear **Routemap to Sustainability** (which is necessary to achieve full de-escalation and return to Integrated Medium-Term Plans), responding to the Grant Thornton report
- As part of the above, to ensure a clear vision and long term strategy, through the transformational work of **Better Together** which will deliver the equivalent of a Clinical Services Plan fit for the rural heartland of Wales
- To build the capacity and capability of the organisation to become an **exemplar provider and commissioner**, leading the way on rural healthcare across **unscheduled and planned care**, with a shift to prevention and 'Community by Design'

Patterson,Liz
23/03/2026 11:23:23

- To strengthen **strategic and tactical commissioning** to maximise the power of the Powys pound, building on the first year of the Strategic Commissioning Framework
- To build greater **system resilience**, working with partners in the Powys region and other systems in both England and Wales, responding to neighbouring strategic changes and regional plans, to fully consider the needs of the rural population of Wales
- To make an impact by **reducing demand** in commissioned providers, to help unlock broader changes in the medium to longer term, for example:
  - Optimising the use of resources through **Enabling Actions** including workforce, digital and the environment, to release productivity gains and capacity, improving access to high value care, and supporting transformation
  - **Increasing value**: minimising or eradicating suboptimal use of resources, including avoidable Emergency Medical Admissions, Lengths of Stays; Out of County community beds including those for end of life care, to support high quality, local pathways of care within Powys
- In the longer term, **preventing the preventable**, addressing health inequalities and improving key outcomes for the population of Powys

Population Assessment

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

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

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

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

Pattesham Ltd
23/03/2026 11:23:13

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

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

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

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

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

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

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

SPOTLIGHT on Population Health: Preventing the Preventable

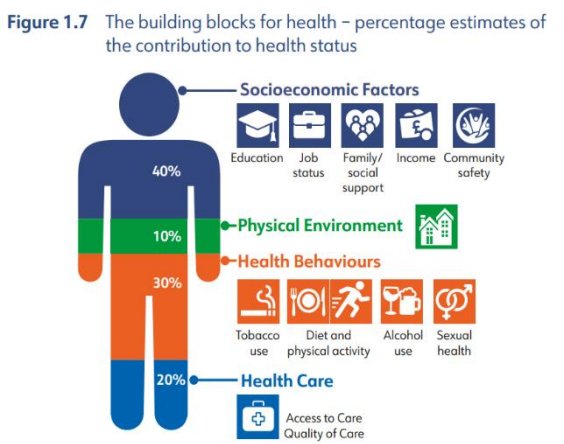
The health board has approved a new Population Health Strategic Framework 2025 – 2035, 'Preventing the Preventable' and this plan includes the key actions for the 2026 – 2027 period.

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

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

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

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



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

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

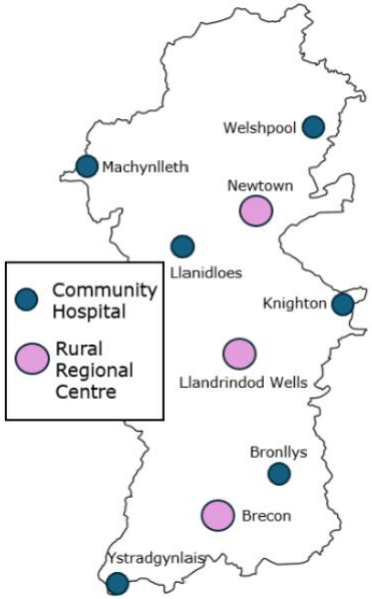
This also frames the transformational work being taken forward via 'Better Together' and the North Powys Wellbeing Programme.

Challenges, Opportunities and Strengths

Challenges

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

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



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

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

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

Opportunities and Strengths

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

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

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

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

Patterson, Liz
23/03/2026 11:23:13

SPOTLIGHT on the Better Together Programme

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

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

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

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

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

Pattesdown 23/03/2026 14:13:36

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

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

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

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

Gwella Gyda'n Gilydd ✓ Better Together

Progress to Date – Better Together Programme

Patterson,Liz
23/03/2026 11:23:13

Achievements 2025 - 2026

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

Focus on Wellbeing

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

Early Help and Support

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

Patterson, Liz
23/03/2026 12:23:13

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

Tackling the Big Four

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

Joined Up Care

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

Achievements 2025 – 2026 (continued)

Workforce Futures

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

Digital First

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

Innovative Environments

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

Transforming in Partnership

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

Patterson,Liz
23/03/2026 11:23:13

SPOTLIGHT on Successes in Primary Care and Powys Clusters

Clusters

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

General Practice

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

Patterson,Liz 23/03/2026 11:23:13

Dental

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

Optometry

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

Primary & Community Care Academy

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

Quality and Engagement

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

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

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

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

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

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

Pattern on 23/03/2026 18:13:3

Insights from Llais

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

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

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

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

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

Patterson, Liz 23/03/2026 12:23:13

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

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

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

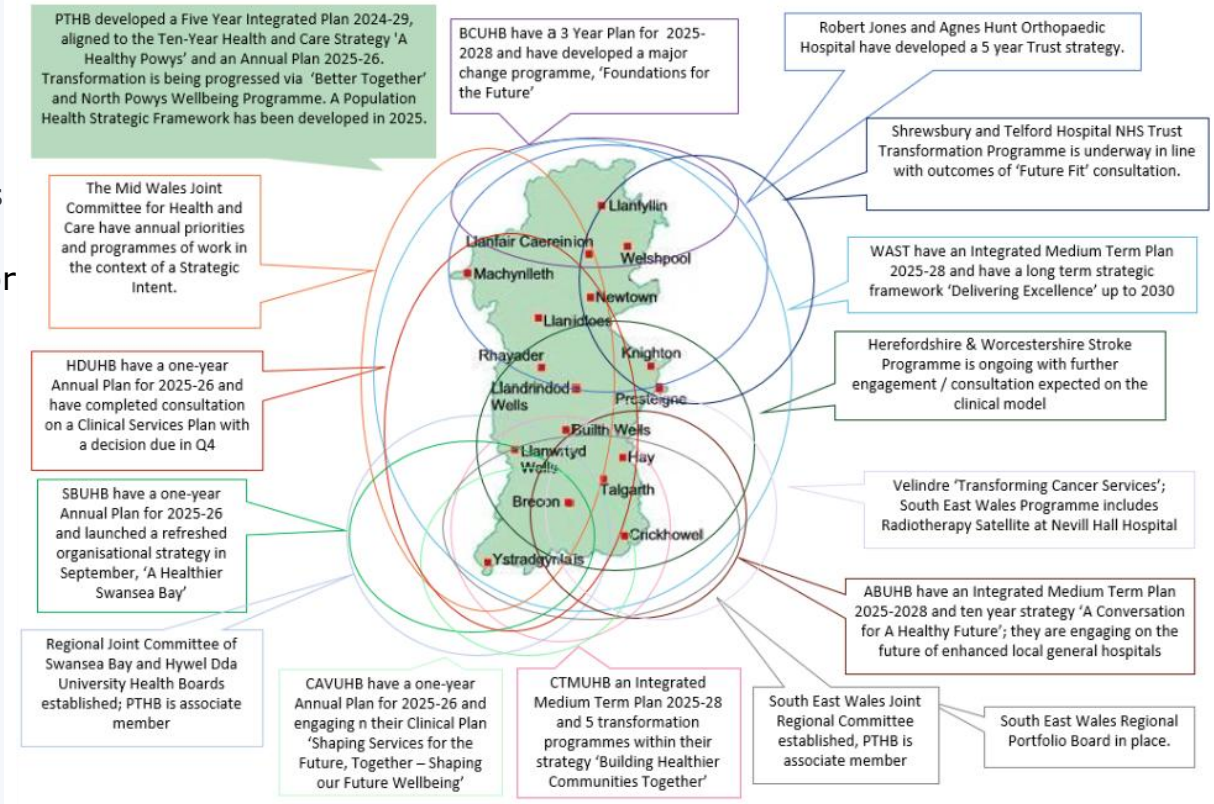
SPOTLIGHT on Regional and National Planning

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

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

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

Pattern 23/03/2026 11:13:13



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

Performance and Commissioning Assessment

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

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

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

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

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

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

Patterson,Liz 23/03/2026 11:23:13

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

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

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

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

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

Workforce Assessment

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

- Growth in the overall workforce of the health board which contributes to efforts to stabilise delivery and performance, however further structural change is necessary to ensure that the workforce profile is affordable and sustainable, and matched to future need (in line with the Better Together Programme)
- Significant progress has been made in agency utilisation with a consistent downward trend (35% reduction in agency hours excluding medical), a shift towards cost-effective use of bank and a positive rebalancing of solutions.
- Staff turnover has reduced but remains above the NHS Wales average with a trend around early leavers (in first two years employment)
- The age of the workforce is also a factor with 26% of the workforce aged 55+, and one in six likely to retire within five years.
- Workforce wellbeing and sickness absence compares favourably to the NHS Wales rolling average; however the impact is magnified by small team sizes and rural service models.
- Encouragingly, headcount stability stands at 90%, reflecting a more settled workforce; mandatory and statutory training compliance has improved to 88%, and PADR compliance stands at 80%.
- Colleagues report strong pride in serving Powys communities, high levels of teamwork, and deep community connection. However, staff also report rising fatigue, pressure from vacancies, rural isolation, variable access to leadership visibility, and a desire for clearer progression routes and development opportunities.
- It is also recognised that workforce equality, psychological safety, and respectful behaviours are essential and local staff voice and workforce metrics show that experiences of leadership visibility, development access, and support can vary significantly by geography and service area.

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

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

Patterson Liz
23/03/2026 11:23:13

Financial Assessment and Plan

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

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

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

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

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

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

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

Pattern Date 23/03/2026 11:12:12

Financial Assessment and Plan (continued)

Financial Plan for 2026/27

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

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

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

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

Patterson, Liz 23/03/2026 12:23:13

Key financial assumptions

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

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

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

Financial Assessment and Plan (continued)

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

Baseline and Forecast Position

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

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

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

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

Pattern Recognition
23/03/2026 09:11:14

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

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

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

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

Financial Assessment and Plan (continued)

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

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

There are risks to the financial plan, such as:

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

Patterson Liz
23/03/2026 21:23:13

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

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

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

Mitigation of Financial Risks

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

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

Routemap to Financial Balance & Sustainability

Introduction

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

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

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

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

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

Pattes Sophie (HDUHB) 23/03/2026 11:20:13

Purpose

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

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

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

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

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

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

Routemap to Financial Balance & Sustainability (continued)

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

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

The Scale of the Challenge

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

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

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

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

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

Plan to stabilise in 2026/27 then improve

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

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

Routemap to Financial Balance & Sustainability (continued)

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

Strategic Approach

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

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

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

The Routemap focuses on:

- Delivering savings and efficiency opportunities across key operational and commissioning areas.
- Implementing recommendations from the Grant Thornton review.
- Accelerating the Better Together Programme to modernise services, optimise space and improve workforce efficiency.
- Strengthening programme management, grip and control, and turnaround governance.
- Ensuring each lead is accountable for delivery and reporting progress against agreed milestones.
- Delivery, monitoring and updating will be an iterative process and will be dependent on the actual delivery against targets as set.

Savings and Opportunity Pipeline

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

These include:

<u>Grant Thornton Opportunities</u>

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

<u>Better Together Programme Opportunities</u>

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

Patterson, Liz 23/03/2026 11:23:23

Routemap to Financial Balance & Sustainability (continued)

Cross-system and NHS Wales Opportunities

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

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

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

Opportunity Pipeline

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

Opportunity Pipeline (continued)

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

Patterson,Liz
23/03/2026 11:23:13

Routemap to Financial Balance & Sustainability (continued)

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

Savings Programme 2026 - 2027

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

Patterson,Liz
23/03/2026 11:23:13

Three Year Financial Trajectory

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

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

Further work

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

Routemap to Financial Balance & Sustainability (continued)

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

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

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

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

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

Pattesonl
23/03/2026 11:37:13

Governance and Delivery Framework

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

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

<u>Delivery Expectations and Accountability</u>

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

Routemap to Financial Balance & Sustainability (continued)

Governance and Delivery Mechanisms

Turnaround Governance Structure

A formal financial recovery governance approach will oversee:

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

Programme Monitoring Office (PMO)

A strengthened PMO will be established to:

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

Conclusion

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

It represents:

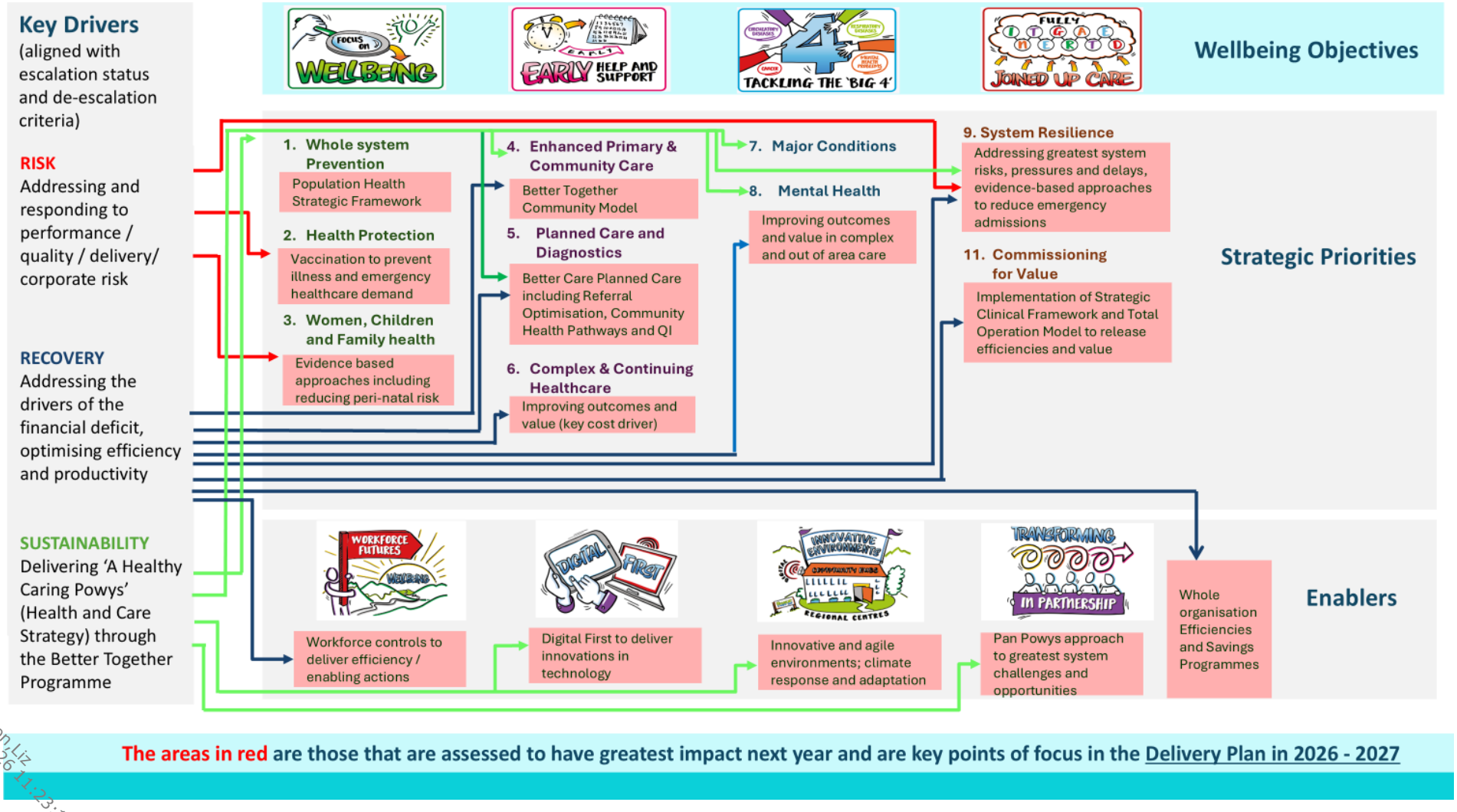
- a realistic assessment of the scale of the challenge
- an early but robust set of opportunities
- a disciplined approach to delivery
- a commitment to openness with staff, partners and the public

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

Patterson,Liz
23/03/2026 11:23:13

High Impact Areas of Delivery

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



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

Patterson,Liz
23/03/2026 11:23:13

SUMMARY OF PTHB ANNUAL PLAN

DELIVERY PLAN 2026 - 2027

Patterson,Liz
23/03/2026 11:23:13

What difference will this Plan make?

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

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

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

Pattersons Ltd
23/03/2026 11:13:14

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

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

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

How was the Plan developed?

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

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

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

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

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

Pattesson.nz
23/03/2026 11:23:13

How to navigate the Delivery Plan

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

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

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

Plan on a page 2026/2027

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

A whole system approach to wellbeing & prevention

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

A responsive community based model of care

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

Effective care across the Big Four

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

Sustainable and resilient health care

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

Wellbeing Objectives

Strategic Priorities

Enablers

WORKFORCE FUTURES

DIGITAL FIRST

INNOVATIVE ENVIRONMENTS

TRANSFORMING IN PARTNERSHIP

Jackson,Liz
23/03/2026 11:23:13

Summary of Delivery Plan 2026 - 2027

Wellbeing Objective - Focus on Wellbeing

Strategic Priority 1: Whole System Prevention approach	Strategic Priority 2: Health Protection Response inc. Vaccination and Screening	Strategic Priority 3: Women, Children and Families
Key Areas of Delivery Implementation of Population Health Strategic Framework 'Preventing the Preventable' • Training and resources to support population health prevention • Making Every Contact Count • Prevention embedded in re-designed Planned Care pathways • Develop Cluster Profiles for agreed Prevention bundle • Targeted Healthy Ageing Programme • Winter Wellness Campaign Delivery of Health Board led population level health improvement ensuring an equity focus • Healthy Weights and Obesity Plan • Smoking cessation, Smoke Free plan, Tobacco and vaping control • Business Cases for other improvement actions North Powys Wellbeing Programme • Place Based Community Wellbeing model supporting delivery of the Integrated Hub in Newtown (linked to Regional Partnership Board Social Model for Health and Wellbeing Pan Powys)	**Key Areas of Delivery** Emergency Preparedness and Health Protection • Ensure emergency preparedness and organisational resilience and compliance against Civil Contingencies Act • Provide health protection response to all hazards in line with Communicable Disease Outbreak Plan for Wales Vaccination, Immunisation and Screening • Implement respiratory vaccination programme in line with Welsh Government directives, narrowing inequities and maximising uptake in all groups • Implement immunisation schedule in line with National Immunisation Framework and Welsh Health Circulars, narrowing inequities and maximising uptake in all groups • Promote uptake of national screening programmes in partnership with Welsh Government and Public Health Wales	**Key Areas of Delivery** Better Together and Partnership Priorities • Progress the future model for Better Together Women, Children and Families Workstream - interdependent with North Powys Wellbeing Programme • Progress key partnership priorities (Regional Partnership Board and Public Services Board) for women, children and families Women's Health • Implementation of Year 2 actions against National Women's Health Strategy Family and Children's Health • Progress to Stage 2 Unicef Baby Friendly • Embed Healthy Weight advice and referral pathway for women, children and families • Improvement plan for Neurodevelopment services for children and young people • Implement Year 2 Business case for Complex and Continuing Healthcare for children and young people aligning to recommendations by Grant Thornton • Maternity Quality and Safety: Implementation of systems and processes known to improve quality and peri-natal mortality rates

Alignment to NHS Wales Planning Framework

Cabinet Secretary Priorities and Metrics

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

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

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

Powell, Liz
23/03/2026 11:23:13

Summary of Delivery Plan 2026 - 2027

Wellbeing Objective - Early Help and Support

Strategic Priority 4: Enhanced Primary and Community Care

Key Areas of Delivery

Better Together
- Develop Clinical Oversight Model
- Commence implementation of Integrated Community Model
  - Proactive prevention including enhanced community capacity and polypharmacy
  - Intermediate care including urgent community response, reablement, inpatient care, integrated physical and mental health and fracture liaison service, last year of life
- Evaluate temporary service changes to inform next stages of Better Together
- Journey to consultation

North Powys Wellbeing Programme
- Integrated wellbeing hub and multidisciplinary team approach
- Primary care model

Cluster Development and Primary Care
- Cluster Collaborative Development

Enhanced Primary Care
- General Medical Services
- Out of Hours
- Optometry
- Dental
- Primary and Community Care Academy
- Medicines Management & Pharmacy

Patterson, Liz
23/03/2026 11:23:13

Strategic Priority 5: Planned Care and Diagnostics

Key Areas of Delivery

Better Together
- Getting It Right First Time (GIRFT) Strategic Assessment of Planned Care
  - Update Case for Change Chapter
  - Assessment on top ten specialities
  - Recruit to clinical speciality leads and transformation expertise
  - Develop phased implementation plan to deliver benefits of pathway re-design
  - Develop strategic partnership for in reach model
  - Implement Referral Optimisation
  - Community Health Pathways
  - Medical Devices and equipment

Service and Pathway Improvement
- Ophthalmology
- Orthopaedics / Musculoskeletal
- Outpatients
- Waiting Well service
- Theatres
- Endoscopy

Diagnostics & Therapies
- Use GIRFT findings to explore future options for Non-Obstetric Sonography
- Explore options for the future configuration of Echo-cardiology services in Mid and South Powys
- Point of Care Testing (POCT) C-Reactive Protein Trial across Primary Care
- Review of Audiology Service provision
- Review Continuous positive airway pressure (CPAP) sleep provision services

Strategic Priority 6: Complex and Continuing Healthcare

Key Areas of Delivery

Implement transformation plan for Complex Care team in response to Grant Thornton review:
- Commission external clinical review of complex cases
- Leadership and structure review and development
- Policy and nursing practice alignment
- Brokerage service development and wider market management
- Development of a commissioning strategy and quality assurance framework
- Implementation of Direct Payment programme
- Implementation of national Digital Commissioning System (cross reference to Digital First section)

Review and improvement plan for Learning Disability community Services, monitoring impact on acute and commissioned care

Provider engagement to develop alternative provision offering the least restrictive, safe option for complex care needs

Cabinet Secretary Priorities and Metrics

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

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

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

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

Alignment to NHS Wales Planning Framework

Summary of Delivery Plan 2026 - 2027

Wellbeing Objective - Tackling the Big Four

Strategic Priority 7 Major Conditions

Key Areas of Delivery

Diabetes – High Value High Impact Pathway

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

Cancer

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

Respiratory

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

Cardiac

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

Stroke

- Targeted engagement in national / regional stroke programmes

Better Together Programme

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

Strategic Priority 8 Mental Health

Key Areas of Delivery

Population Mental Health and Wellbeing

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

Better Together Programme

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

Quality & Performance Improvement

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

Cabinet Secretary Priorities and Metrics

Population Health and Prevention

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

Timely Access to Care

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

Mental Health Access

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

Enabling Actions

Timely Access to Care

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

Alignment to NHS Wales Planning Framework

Patterson Liz
23/03/2026 11:23:13

Summary of Delivery Plan 2026 - 2027

Wellbeing Objective - Joined Up Care

Strategic Priority 9 System Resilience

Key Areas of Delivery

Better Together ('Six Goals' programme)

- Falls Prevention and Response
  - Increase utilisation of Level 1 Falls response pathways
  - Support rollout of Level 2 Falls response pathway
  - Align community-based Falls response with wider prevention activity
  - Establish Falls forum in partnership with Powys County Council
  - Conclude and evaluate delivery of Care Home Falls training
  - Business plan development for sustainable Falls offer
- Single Point of Access
  - Embed and strengthen current model
  - Evaluate and scope extension with access for local authority and third sector and additional pathways (implementation from Q4)
- Emergency Department (ED) redirection
  - Evaluate and pilot
- Prevent Deconditioning
  - Scope, test with ward level pilot, and evaluate revised approach to early identification and management of risk
- Optimal Hospital Flow Framework
  - Appointment of dedicated roles and strengthened discharge
  - Build organisational readiness through engagement with wards
  - Embed and evaluate revised and sustainable approach
- Minor Injury Unit service
  - Develop Clinical Advice Network with General Practice participation
  - Support DHCW Emergency Department App
- Urgent and Emergency Care integration and sustainability
  - Business case (for roles and functions currently funded by the reginal integrated fund (RIF)
  - Regional Partnership Board (RPB) System Resilience Planning and associated Operational Planning
  - Evaluation of Temporary Service Changes to inform Better Together

Strategic Priority 10 Commissioning for Value

Key Areas of Delivery

- Implementation of Strategic Commissioning Framework and response to external review carried out by Grant Thornton
  - Implementation of Population Health elements of PTHB Strategic Commissioning (Cross Reference to Strategic Priority 1)
  - Develop and implement a revised Target Operating Model including commissioning maturity assessment and organisational development plan
  - Implement contracting recommendations on adapt and adopt basis
  - Implement a data driven approach to Interventions Not Normally Undertaken (INNU)/ Evidence Based Interventions (EBI) in Provider and commissioned services (Cross Reference to Strategic Priority 5)
  - Develop a data driven culture with commissioning dashboard
  - Commission to NHS Wales waiting times for the whole Powys population to deliver equity and support reduction in growth in commissioning spend (Cross reference to Strategic Priority 4, 5 and 9 for other key areas of work which respond to Grant Thornton and Getting It Right First Time (GIRFT) recommendations)
- Joint Commissioning
  - Progress NHS Wales Joint Committee (JCC) priorities via collaborative management arrangements inc. referral optimisation
  - Explore collaborative commissioning via NHS England Integrated Care Board (ICB) and/or the JCC arrangements
  - Implement third sector review outcomes (completion 2027 – 2028)
- Quality Improvement
  - Implement Strategic Commissioning Framework and Integrated Quality and Performance Framework with increased focus on quality management system and outcome-based approach
  - Refine quality elements of Long-Term Agreements
  - Ensure effective oversight and governance via Commissioning Oversight and Assurance Group (COAG)
  - Provision of regular integrated commissioned services performance reporting to Committee and Board

Cabinet Secretary Priorities and Metrics

Timely Access to Care

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

Community by Design

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

Enabling Actions

Timely Access to care

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

Alignment to NHS Wales Planning Framework

Patterson,Liz
23/03/2026 11:23:13

Summary of Delivery Plan 2026 - 2027

Enablers – Workforce Futures

Workforce Transformation and Sustainability	Great Place to Work	Employee Health and Wellbeing	Equalities and Welsh Language
Key Areas of Delivery	**Key Areas of Delivery**	**Key Areas of Delivery**	**Key Areas of Delivery**
• Strengthen Vacancy Management and Establishment control including local adoption plan for national Job Description review process • Workforce Growth Assessment and Strategic Intelligence • Skill Mix review and workforce modernisation (aligned with North Powys Wellbeing Programme and Better Together) including projection modelling, education and training, equality and pipeline development aligned with national priorities, education commissioning cycles and local transformation • Plan for 2026 cohort of Aspiring Nurses and Clinical Psychologists Grow our Own initiative • Evaluate Academy Career and Education Enterprise Scheme (ACEES) programme and deliver programme • Reduce agency use, optimise bank utilisation and strengthen attraction and recruitment of permanent staff supply • Workforce Futures Partnership exit management / investment business case for Regional Partnership Board (Regional Integration Fund) areas of work	• Staff Survey review and action, targeted interventions in hotspot/ priority areas identified and 'you said we did' / engagement programme for next survey • Workforce retention – identify risks for <2 years service; target interventions, staff recognition framework • Leadership Capability and Development – Tier 1 and 2 Clinical Leadership Immersive Programme (CLIP) programme roll out and Tier 3 development; National leadership and management competency framework review & utilisation • Core Training – core and statutory training, professional and role requirements	• Intelligence led workforce wellbeing - Wellbeing assessment, risk identification, hotspot analysis and support • Integrated Wellbeing support – implement co-ordinated Wellbeing delivery model that integrates business partners, organisational development, occupational health, muscular skeletal services and psychological support • Programme of staff Wellbeing Roadshows • Develop and launch internal bereavement support toolkit • Strengthen assurance and performance management of occupational health and wellbeing services against All Wales standards • Evaluate Mindfulness, Acceptance and Compassion Programme • Implement protocols that support workload management aligned to agile working policy, improving wellbeing and productivity	Strategic Equality Plan & More Than Just Words framework • Review compliance with Welsh Language Standards, Sensory Loss review, and accessible information (e.g. Easy Read, large print, British Sign Language, digital accessibility) • Gap analysis and improvement to achieve Disability Confident Leader status • Implement the NHS Wales Anti-Sexual Harassment Policy inc. toolkit, guidance, reporting, and risk assessment process • Refresh the Welsh Language Service Leads Group • Anti-Racism Action Plan - qualitative study with Black and Minority Ethnic (BME) staff to explore lived experience, barriers, and enablers to progression, using findings to inform targeted workforce interventions and leadership actions

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

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

Alignment to NHS Wales Planning Framework

Patterson,Liz
23/03/2026 11:23:13

Summary of Delivery Plan 2026 - 2027

Enablers – Digital First				
Citizen Centred Care and Support	**Enabling Efficiency and Effectiveness**	**Big Data and Artificial Intelligence**	**Infrastructure and Security**	**Leadership, Partnership and Alliances**

Key Areas of Delivery
• Implementation of the Single Community & Mental Health System (Welsh Community Care Information System (WCCIS) Replacement)
• Complete implementation of inscope Digital Maternity Cymru
• Business Case for next phase of Maternity patient record
• Complete OpenEyes Eyecare system
• Implement Welsh Emergency Care Dataset (WECDS)
	Key Areas of Delivery
	• Completion of implementation of EPMA (Electronic Prescribing and Medicines Administration)
	• Business Case for digital communications platform (text, hybrid mail, patient portal)
	• Completion of Scan4Safety clinical stock management
	• Digital Education and Inclusion via Clinical Informatics
	• Implementation of Continuing Healthcare software (business case development)
		Key Areas of Delivery
		• Commissioning Services Support for better data and administrative automation
		  • Gap analysis
		  • Dashboard development
		  • Automated and standardised validation
			Key Areas of Delivery
			• Enhance and monitor cyber security and Cyber Assessment Framework compliance
			  • Cyber security controls
			  • Documentation and assurance
			  • Monitor and respond to threats
				Key Areas of Delivery
				• Support DHCW and Welsh Government national strategy requirements
				  • NHS Wales target architecture and national blueprint
				  • NHS Wales App
				  • National Data Resource
				  • Single Patient Record
				  • National data standards and interoperability frameworks
				  • National AI and Electronic Health Records policy
				• Actions from NHS Wales internal audit and wider NHS Wales Digital Transformation audit
				• Support Better Together, North Powys Wellbeing Programme and the Strategic Commissioning Framework
				  • Referral Optimisation
				  • Digital blueprint for Health and Care Hubs as part of North Powys Wellbeing Programme
				  • Specification for procured solution for benefits and impact tracking for transformation programme
				  • Digital PROMS platform (Patient Related Outcome Measures)
				  • Demand and Capacity modelling and Travel Time analysis for transformation programmes

Cabinet Secretary Priorities and Metrics

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

Enabling Actions

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

Alignment to NHS Wales Planning Framework

Patterson,Liz
23/03/2026 11:23:13

Summary of Delivery Plan 2026 - 2027

Enablers – Innovative Environments

Transformation, Strategic Capital and Estates

Key Areas of Delivery

- Better Together
  - Estate development / place-based care
- North Powys Wellbeing Programme
  - Pan Powys model for Integrated Hubs and place-based approach (critical to Full Business Case, subject to Outline Business Case approval)
- Flexible Working Environments
- Llandrindod Wells Rural Regional Centre
  - Phase 2 Business Case
  - Complete Integrated Family Health, Care and Wellbeing Hub at Spa Road
- Llanfair Caereinion GP Practice and Community Hub - Procurement and initiation of construction
- Delivery of Discretionary Capital Programme including Targeted Estates Funding
- Efficiency and Productivity of the Estate
  - Develop synergies between Estates and Facilities workstreams to improve efficiencies
  - Strategic rationalisation of estate in line with Better Together Programme and Agile Transformation

Climate Response

Key Areas of Delivery

- Climate Mitigation
  - Actions in Decarbonisation Strategic Delivery Plan
  - Measurable reductions in energy consumption
  - Integration of low carbon technologies
  - Embedding sustainable design principles
  - Cleaner environments
- Publication of PTHB Climate Adaptation Plan
  - Organisational response to identify and mitigate risks from current and future effects
  - Leading education and assessment of risk
- Community Engagement and Green Health
  - Green Space Management - therapeutic environments that support social prescribing and population health
  - Nature based interventions for mental and physical wellbeing, reduction of health inequalities
  - Partnership with local communities and voluntary organisations to design green spaces and programmes
- Environmental Management System
  - Continuous improvement, maintaining ISO14001 accreditation
- Biodiversity protection and enhancement

Cabinet Secretary Priorities and Metrics

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

Enabling Actions

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

Alignment to NHS Wales Planning Framework

Patterson,Liz
23/03/2026 11:23:13

Summary of Delivery Plan 2026 - 2027

Enablers – Transforming in Partnership

Finance	Quality	Partnership Development
Key Areas of Delivery Financial Governance • Implement Financial Recovery Governance - Focus on recovery actions • Extend monitoring and control across Commissioning and Complex and Continuing Healthcare (CHC) functions Financial Recovery and Delivery • Establish a financial efficiency and delivery team to identify and deliver savings opportunities • Further develop actions and monitoring in relation to medium term financial recovery plan • Utilisation of analysis and drivers of deficit to focus transformation through Better Together Financial Control • Grip and control in Commissioning contracting and CHC • Integration of budget strategy in contracting and CHC • Engagement of clinicians in financial decision making, particularly CHC	**Key Areas of Delivery** Quality Management • Establish a single coherent Quality Management System People Experience • Implement Listening to People National Framework, aiming for 40% complaints by early resolution • Implement People Experience National Framework with Strategic Delivery and Oversight Group and public engagement Assurance • Board Assurance on local and commissioned services – improved reporting for commissioned services, thematic findings and learning	**Key Areas of Delivery** Regional Integrated Fund (RIF) • Managed exit from Regional Integrated Fund (RIF) Funded projects Partnership Development • Ensure robust RIF funded delivery to target greatest system pressures • Work with Regional Partnership Board (RPB) to prioritise greatest system challenges including pathways of care delays and prevention of inappropriate admission to hospital • Share lessons learned Partnership Governance and Assurance • Further strengthen Partnership Governance and Assurance building on work completed in 2025, aligned to areas of greatest need

Cabinet Secretary Priorities and Metrics

Quality and Safety

- Downward trend in 12 month rolling average crude mortality while maintaining flat 7-day readmission rate
- Increased days of safe care since last never event (SPC T Chart)
- 40 % early resolution of complaints by March 2027
- *Also note there is a further metric on clinical coding, which is referenced in the Digital First section*
- *There are also interdependencies with other metrics noted across the plan such as those for Timely Access, Community by Design, Mental Health, Women's Health*

Enabling Actions

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

Alignment to NHS Wales Planning Framework

Patterson,Liz
23/03/2026 11:23:13

Summary of Delivery Plan 2026 - 2027

Enablers – Transforming in Partnership

Engagement, Communication and Corporate Affairs

Key Areas of Delivery

- Delivery of annual programme of marketing and communication focused on greatest benefit and risks
- Delivery of continuous / targeted engagement and/or consultation
- Delivery of shared Public Service Board / Regional Partnership Board Engagement and Participation Plan including co-production approach
- Ensure effective corporate affairs systems and processes, including stakeholder mapping
- Develop and deliver Powys Health Charity strategy 2026 – 2029

Corporate Governance, Corporate Business and Information Governance

Key Areas of Delivery

- Implement the Board Assurance Framework including policy review
- Delivery of Board and Committee business including effectiveness review
- Review risk management framework
- Robust organisational compliance including Annual Report, Annual General Meeting, management of policies, audit, standards of behaviour, Welsh Health Circulars and ministerial directions
- Delivery of Internal and external audit programmes
- Implement Information Governance and Records Management Development Plan
- Executive Administrative Governance Support

Improvement, Research & Development

Key Areas of Delivery

- QI systems and capacity building, to embed Value Based Healthcare approach into business and performance cycles
- An organisational framework and training plan for Demand and Capacity planning
- Embed research and innovation as key enabler of change, delivering the Regional Innovation Coordination (RIC) Hub workplan in partnership with the Regional Partnership Board, supporting research awards and growing research in Powys
- Finalise Patient Reported Outcome Measures (PROMS) business case (cross reference to Digital First section)

Cabinet Secretary Priorities and Metrics

Quality and Safety

- Downward trend in 12 month rolling average crude mortality while maintaining flat 7-day readmission rate
- Increased days of safe care since last never event (SPC T Chart)
- 40 % early resolution of complaints by March 2027
- *Also note there is a further metric on clinical coding, which is referenced in the Digital First section*
- *There are also interdependencies with other metrics noted across the plan such as those for Timely Access, Community by Design, Mental Health, Women's Health*

Enabling Actions

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

Alignment to NHS Wales Planning Framework

Patterson,Liz
23/03/2026 11:23:13

APPENDICES

Patterson,Liz
23/03/2026 11:23:13

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

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

Cabinet Secretary for Health and Social Care 3 Year Priorities

Timely Access to Care

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

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

Population Health and Prevention

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

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

Community By Design

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

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

Mental Health Access

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

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

Women's Health

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

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

Quality and Safety (new this year)

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

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

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

Patterson,Liz
23/03/2026 11:23:13

Appendix 2: Appraisal against Cabinet Secretary Strategic Priorities

Performance ambition – Cabinet Secretary priorities 2026/27

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

Patterson,Liz
23/03/2026 11:23:13

Appendix 3: Appraisal against NHS Wales 'Enabling Actions'

Performance ambition – Enabling Actions

Strategic Priority	Enabling Action	Projected 2026/27
New actions for 2026/27		
Productivity	Ensure utilisation of the total factor productivity model; set quantified actions to increase productivity from baseline 26/2 7.	HIGH
Mental Health	Implement actions to materially reduce out-of-area placements and associated costs in 2026/27.	MEDIUM
Actions to be rolled over to 2026/27 using the existing definition		
Timely Access to Care	Improve HVLC Theatre lists: 7 cataracts/list, 4 arthroplasties/day, 6 general surgery HVLC procedures/day by end Q2.	MEDIUM
Building Community Capacity	Support implementation and rollout of NHS Wales App including uptake for repeat prescriptions.	HIGH
Maximising Value for Money – Non-Pay	Implement V&S Board recommendations including local implementation of clinically endorsed and mandated product choice to max imise market share and value.	HIGH
Maximising Value for Money – Medicines Management	Ensure full implementation of high-value medicines Value & Sustainability programme.	HIGH
Maximising Value for Money – Estate	Ensure strengthened actions to improve estate utilisation and appropriate repurposing/disposal of under -utilised estate.	MEDIUM
Maximising Value for Money – CHC	Implement V&S Board recommendations to improve clinical and financial effectiveness associated with packages of care.	MEDIUM
Improving Value, Optimising Outcomes – Bone Health	Ensure progress with implementation of High Value High Impact pathway - Bone Health.	MEDIUM
Workforce Productivity	Effective implementation of job planning policy including ensuring >90% consultants have agreed job plans aligned to demand a nd capacity by 30 Sept 2026.	HIGH
Workforce Productivity	Continue to deliver a further and sustained reduction in agency expenditure with a target 30% reduction in 2026/27.	MEDIUM
Workforce Productivity	Fully implement Variable Pay & Agency Control Framework Welsh Health Circular.	HIGH
Workforce Productivity	Achieve and maintain zero agency spend for HCSW, A&C, Estates & Ancillary roles by 30 Sept 2026.	MEDIUM
Workforce Productivity	Ensure sickness absence reduces in 2026/27 vs 2025/26 via adherence to attendance policies and the all -Wales OH minimum service levels.	HIGH
Actions to be rolled over to 2026/27 with re-defined definition		
Timely Access to Care – Cancer NOP	Ensure full implementation of National Optimal Pathways (NOP) in Cancer. **No tumour site services delivered in Powys. Full compliance with element of pathway relevant to PTHB context e.g. endoscopy, diagnostics.**	
Timely Access to Care – Theatre Utilisation	Improve theatre utilisation to GIRFT standard 85% with KPIs for late starts, early finishes and utilisation.	MEDIUM
Timely Access to Care – Validation	Ensure consistent clerical and clinical validation for all >26 -week pathways; monitor non-admitted closed pathways.	HIGH
Timely Access to Care – Referral Management	Achieve ≥20% referral return rate or reduced referrals/100k population by Dec 2026 using Health Pathways optimally.	MEDIUM
Timely Access to Care – Ambulance Flow	Deliver all ambulance handovers <45 minutes; aim >90% within 15 minutes by end of 2026/27. **No Type 1 Emergency Department in PTHB, handover delays do not currently represent an operational pressure**.	
Timely Access to Care – Optimal Hospital Flow	Deliver all Six Goals principles: focus on 7-day working, leaner acute hospital processes, more efficient discharge transport se rvices, increased weekend discharges.	HIGH
Timely Access to Care – SDEC & Frailty	Deliver medical SDEC and acute frailty services per national frameworks.	HIGH
New actions for 2026/27		
Timely Access to Care – Falls Response	Deliver community-based falls response framework and implement a focus on prevention and early intervention aligned with populat ion health management policy statement.	HIGH
Timely Access to Care – SPOA	Deliver all principles of SPOA framework to ensure people with urgent care needs receive timely and appropriate support, mini mising unnecessary escalation to emergency ambulance conveyance or hospital admission. Prioritise tailored interventions for frail and older adults, scaling up "call before convey" as a business -as-usual model and referrals to community nursing services enabling urgent response. Strengthen int egration with key system partners, including WAST and Local Authorities, to deliver coordinated and effective care across the urgent care pathw ay.	HIGH
Population Health & Prevention – Diabetes	Progress Diabetes High Value High Impact pathway.	HIGH
Improving Value & Minimising Variation – Cyber	Eradicate unsupported systems and devices; ensure clear organisational cyber response plan.	HIGH

Pattern Ltd
23/03/2026 11:23:13

Appendix 4: Appraisal against NHS Wales Performance Framework

Performance ambition – NHS Wales Performance Framework 2026/27

Measure	Target	Delivery confidence to 31/03/2027
Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practition er assessment appointment	90%	LOW
Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 day s from the date of receipt of referral for people aged under 18 years	80%	HIGH
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged <18 years	80%	HIGH
Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 day s from the date of receipt of referral for adults aged >18 years.	80%	HIGH
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over.	80%	HIGH
Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%	LOW
Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health.	80%	HIGH
Number of patients (all ages) waiting more than 8 weeks for a specified diagnostic	Zero	HIGH
Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Zero	MEDIUM
Number of patients waiting more than 104 weeks for referral to treatment.	Zero	HIGH
Number of patients waiting more than 26 weeks for a new outpatient appointment	Zero	MEDIUM
Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival u ntil admission, transfer or discharge	95%	HIGH
Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until ad mission, transfer, or discharge	Zero	HIGH
Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids , tinnitus and balance)	Zero	MEDIUM
Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)	Zero	HIGH
Number of patients waiting for a follow-up outpatient appointment who are delayed by over100%	Reduction of at least 25% on March 2026 baseline	MEDIUM

Patterson,Liz
23/03/2026 11:23:13

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

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

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

FINAL DRAFT Delivery Plan 2026-27

Patterson,Liz
23/03/2026 11:23:13

Plan on a page 2026/2027

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

A whole system approach to wellbeing & prevention

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

A responsive community based model of care

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

Effective care across the Big Four

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

Sustainable and resilient health care

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

Wellbeing Objectives

Strategic Priorities

Enablers

WORKFORCE FUTURES

DIGITAL FIRST

INNOVATIVE ENVIRONMENTS

TRANSFORMING IN PARTNERSHIP

Pattern, P.L.Z
23/03/2026 11:23:13

Focus on Wellbeing

Strategic Priority 1: Whole System Prevention approach

Key Areas of Delivery	*Key Milestones and Deliverables*	*Timescale*	*Lead Executive*	*Alignment to Planning Framework*
Work with partners to implement the Population Health Strategic Framework: 'Preventing the Preventable'				**Cabinet Secretary Priorities and Metrics** Population Health and Prevention •Increase proportion of children who are healthy weight (National Child Measurement programme), focusing on most disadvantaged •Reduce inequality in uptake in the most and least deprived areas in preventing ill health especially in vaccination, screening, diabetes prevention and care (cross reference to PTHB Strategic Priority 2) •Increase in % of those >12 Years with diabetes who received all 8 NICE recommended processes (cross reference to PTHB Strategic Priority 7) **Enabling Actions** •Population Health and Prevention: Progress diabetes high value high impact pathway (cross reference to PTHB Strategic Priority 4 and 7)
Training and resources to support Population Health and Prevention	• Develop and pilot training and resources for staff on Population Health Prevention approach to increase understanding, grow capability to build the momentum to embed prevention, as business as usual, across the Health Board	Q4	ED PH	
Making Every Contact Count	• Deliver Making Every Contact Count training to frontline Health Board staff, to support systematically embedding prevention into every contact	Q2 & Q4		
Prevention Embedded in Planned Care	• Ensure prevention is embeded across the re designed Planned Care patient pathways	Q4		
Develop Cluster profiles for prevention bundle	• Scope and develop clusters profiles for agreed prevention bundle to support clusters to identify their priorities (subject to Cluster funding)	Q4		
Targeted Healthy Ageing Programme	• Develop a targeted primary prevention Healthy Ageing Prevention Programme, to reduce healthcare inequalities, and supporting behaviour change in middle age (subject to internal funding)	Q3		
Winter wellness campaign	• Develop and implement a Winter wellness campaign	Q3		
Delivery of health board-led population level health improvement programmes, ensuring an equity focus				
Healthy Weights and obesity	• Continue to lead the implementation of the multi-agency Powys Whole System Approach to Healthy Weights Action Plan to address childhood obesity	Q2 & Q4	ED PH	
	• Pending outcome of the national all Wales Obesity Pathway Innovation Programme (OPIP) funding bid, scope a local operational delivery plan (subject to national funding)	Q3-Q4		

Patterson,Liz
23/03/2026 11:23:13

Smoking cessation, Smoke Free, tobacco and vaping control	• Increase service to meet the target (if confirmed) of 7.5% of smokers making a quit attempt (subject to internal funding)	Q1-Q4		
	• Implement the Powys Smokefree Delivery Plan in alignment with national plan (when published)	Q4		
	• Work with partners to respond to and implement legislation on tobacco and vaping	Q4		
Business cases for improvement	• Implementing the Population Health Framework health improvement actions through the development of business cases	Q4		
Regional Partnership Board - North Powys Wellbeing Programme				
Place Based Community Wellbeing model	• Confirm Place Based Community Wellbeing model to support delivery of the Integrated Hub in Newtown (linked to Regional Partnership Board Social Model for Health and Wellbeing Pan Powys)	Q1-Q2	ED P&C DI&T	
	• Implement Place Based Community Wellbeing model elements (that are not dependent on new build)	Q3-Q4		

Patterson,Liz
23/03/2026 11:23:13

Focus on Wellbeing

Strategic Priority 2: Health Protection Response including Vaccination and Screening

Key Areas of Delivery	*Key Milestones and Deliverables*	*Timescale*	*Lead Executive*	*Alignment to Planning Framework*
Emergency preparedness and Health Protection				**Cabinet Secretary Priorities and Metrics** Population Health and Prevention • Reduce inequality in uptake in the most and least deprived areas in preventing ill health especially in vaccination, screening, diabetes prevention and care (cross reference to PTHB Strategic Priority 2)
Ensure emergency preparedness and organisation resilience	• Review of civil contingency response plans and compliance against Civil Contingencies Act - including participation in training and exercises	Q2-Q4	ED PH	
Provide Health Protection response to all hazards	• Deliver proactive and reactive health protection in line with Communicable Disease Outbreak Plan for Wales to protect the population and vulnerable groups from communicable disease	Q1-Q4		
Vaccination, immunisation and screening				
Implement respiratory vaccination programme	• Plan and deliver a range of vaccination programmes, in line with Welsh Government directives, narrowing inequities and maximising uptake in all groups, including Respiratory syncytial virus (RSV), Influenza and covid vaccines	Q1, Q3, Q4	ED PH	
	• Plan and deliver a new vaccination programme - expansion of RSV programme to care home residents and the population over the age of 80 years	Q3		
Implement immunisation schedule	• Plan and implement vaccination catch-up programme for children and young people in line with National Immunisation Framework and Welsh Health Circulars, narrowing inequities and maximising uptake in all groups	Q2		
Promote uptake of national screening programmes in partnership with Welsh Government and Public Health Wales	• Ensure PTHB is represented in planning for lung cancer screening in Wales (from 2027)	Q4		

Patterson,Liz
23/03/2026 11:23:13

Focus on Wellbeing

Strategic Priority 3: Women, Children and Family Health

Key Areas of Delivery	*Key Milestones and Deliverables*	*Timescale*	*Lead Executive*	*Alignment to Planning Framework*
Better Together Programme and Partnership Priorities				**Cabinet Secretary Priorities and Metrics** Population Health and Prevention •Increase proportion of children who are healthy weight (National Child Measurement programme), focusing on most disadvantaged Women's Health •Future expansion of Women's Health Hub by March 2027 •Improve quality of maternity services by reducing peri-natal mortality rates Interdependencies N.B North Powys Wellbeing Programme inter-dependent on development and delivery of Women, Children and Families model
Better Together Women, Children and Families Workstream	• Progress the future model for Women, Children & Families as part of Better Together Portfolio	Q1-Q4	ED P&C DI&T ED NQW&FH	
	• Progress requirements of the north Powys wellbeing hub	Q1-Q4		
	High Impact Service Improvement			
	• Identify high impact service improvement opportunities and develop plan	Q1		
	• Delivery of high impact Service Improvement actions	Q1-Q4		
Partnership Priorities	• Progress joint priority areas for Women, Families and Childrens in Regional Partnership Board and Public Service Board Delivery Plans, for prevention and early interventions	Q4		
Women's Health				
Women's Health	• When national Year 2 plan is published, develop and deliver clear programme of work and continue Strategic Oversight Group for implementation	Q1	ED NQW&FH	
	• Implementation of Year 2 actions to deliver against (National) Women's Health Strategy including Hub model	Q1 – Q4		
	• Develop and deliver reporting structures to demonstrate impact	Q3-Q4		
Families and Children's Health				
UNICEF Baby Friendly	• Progress to Stage 2 of UNICEF Baby Friendly, delivering actions for training compliance and updated infant feeding pathways	Q3	ED NQW&FH ED PH	
	• Develop and implement reporting structures to demonstrate impact and population health outcomes	Q4		
Healthy Weight Pathway for Women, Children and Families	• Define and embed the Healthy Weight advice and referral pathway within Women, Families and Children services, aligned to the All-Wales Obesity Strategy	Q1		

Patterson Liz
23/03/2026 11:23:13

	• Develop and implement reporting structures to demonstrate impact and inform future scaling	Q4		
Neuro-development Services for Children and Young People	Review progress and demand within neurodevelopmental services and identify achievable improvement actions		ED NQW&FH	
	• Implement agreed actions to improve access, pathway clarity or waiting times, and report progress against agreed metrics.	Q1-Q4		
	• Progress to sufficient assurance to enable step out of local escalation	Q2-Q3		
Complex and Continuing Health Care for Children and Young People	Implement Year 2 of Business Case (including response to Grant Thornton recommendations)		ED PCC&MH ED NQW&FH	
	• Confirm revised pathways, governance and quality assurance	Q2		
	• Develop and deliver reporting structures to demonstrate impact and provide good governance	Q3		
Maternity Quality & Safety	Implement systems and processes known to reduce peri-natal mortality rates		ED NQW&FH	
	• Continue to deliver and implement recommendations within the maternity and neonatal programme (once 2026/27 plan published)	Q1-Q4		
	• Deliver against recommendations made within the National review of maternity and neonatal services (to be confirmed when published)	Q1-Q4		
	• Implement the Saving Babies Lives recommendations with respect to fetal growth (offering robust assurance on quality)	Q2		
	• Deliver an improved template for assurance on quality and safety of commissioned services	Q1		

Patterson,Liz
23/03/2026 11:23:13

Early Help and Support

Strategic Priority 4: Enhanced Primary & Community Care

Key Areas of Delivery	*Key Milestones and Deliverables*	*Timescale*	*Lead Executive*	*Alignment to Planning Framework*
Better Together Programme				
Clinical Oversight Model	• Confirm clinical oversight model required to deliver the Better Together Integrated Community, Inpatient and Urgent Care models of care, including interface with Out of Hours service, Single Point of Access and Minor Injury Units (including the use of digital/remote networks and tools)	Q1	ED PCC&MH ED P&C DI&T	**Cabinet Secretary Priorities and Metrics** <u>Community by Design</u> •12 month reduction in Delayed Pathways of Care (cross reference to PTHB Strategic Priority 9) •Increase community & specialist palliative nursing weekend capacity to 2024/25 levels or greater <u>Population Health and Prevention</u> •> 90% identified via Frailty Tool receive proactive care in line with agreed care plans (cross reference to PTHB Strategic Priority 7) **Enabling Actions** •Population Health and Prevention: Diabetes high value high impact pathway (cross reference to Strategic Priority 1 and 7) •Building Community Capacity: NHS Wales App (cross reference Digital First section) •High Value Medicines Value and Sustainability Programme •Timely Access to Care •Deliver medical Same Day Emergency Care and acute frailty services (cross reference to Strategic Priority 9)
	• Develop phased implementation plan and business case for new clinical oversight model including medium to long term workforce pipeline plan	Q2		
	• Subject to approval, implement phase 1 of new clinical oversight model	Q3-Q4		
Integrated Community Model	<u>Commence implementation of model</u>			
	• Commence implementation of the Better Together Integrated Community Model within existing resources to develop proactive prevention and intermediate care services	Q1		
	• Develop business case and plan to reinvest some existing commissioning spend into additional community capacity	Q3-Q4		
	• Review and implementation of plans to address 2025/26 Patient Pathway Testing recommendations (week of care survey Mid Powys; accelerated learning event North Powys)	Q1		
	<u>Proactive prevention including enhanced community capacity & polypharmacy</u>			
	• Implement cluster-based Frailty Services to deliver proactive prevention Multidisciplinary Teams approach - subject to identified cluster funding	Q1-Q4		
	• Monitoring and evaluation of cluster-based Frailty Services against benefit framework and target improvement metrics	Q1-Q4		

Patterson,Liz
23/03/2026 11:23:13

	• Develop a model for strengthened clinical leadership for medicines optimisation structures at practice, cluster, and integrated community team level, working collaboratively with pharmacy teams to ensure effective, safe, and consistent medication optimisation across Powys and in alignment with the agreed clinical oversight model developed through Better Together	Q1-Q4		•Deliver community based falls response framework; prevention and early intervention (cross reference Strategic Priority 9)
	<u>Intermediate care</u> Colocation of intermediate care			
	Colocation of existing community resources to enable a whole team, holistic approach enabling seamless co-ordinated care (key interdependency with North Powys Wellbeing Programme)			
	• Finalise scoping including estates and workforce implications	Q1		
	• Commence organisational change process and finalise implementation plan (subject to approval)	Q1		
	• Implementation of colocation changes (subject to approval)	Q2		
	Enhanced Community Capacity			
	• In partnership, codesign next phase of Enhanced Community Capacity Local Supplementary Service for General Medical Services	Q2-Q3		
	• Implement the new Local Supplementary Service	Q4		
	• Scope Hospital@home capability to support enhancement	Q1-Q4		
	Urgent Community Response			
	• Implementation of Outpatient Parenteral Antimicrobial Therapy service (subject to approval) including monitoring and evaluation against benefits framework	Q2		
	Intermediate Care Inpatient			
	• Implementation of improvement actions for inpatient intermediate care bed base	Q1		
	• Joint review of inpatient intermediate care bed base capacity and utilisation with partners to identify improvement actions with financial plan and clear outcome delivery	Q3-Q4		
	Integrated Physical Health & Mental Health			
	• Undertake demand and capacity analysis for integrated Physical & Mental Health provision in community and inpatient settings	Q1		

Patterson,Liz
23/03/2026 11:23:13

	• Map competency requirements and pathways for delivery of joined up, holistic provision in the community and inpatient settings.	Q3-Q4		
	• Development and implementation training development plan to optimise joined up care between physical and mental health settings	Q4		
	Fracture Liaison Service			
	• Subject to business case, implement Fracture Liaison Services with development of dashboard to enable monitoring and evaluation	Q1-Q4		
	Last Year of Life			
	• Improve co-ordination of the Last Year of Life through a phased approach with partners within existing resources	Q1-Q3		
	• Identify opportunities to grow local resource, delivering seven days per week, through re-investment of commissioning funding and where appropriate, develop business plan for 2027-28	Q3-Q4		
Temporary Service Changes	• Monitoring and evaluation of Temporary Service Changes (Ready to Go Home Units and Rehabilitation Units) to inform the pre-consultation business case for Better Together Phase 1 options on adult physical and mental health community service	Q1-Q2	EMD ED PCC&MH ED P&C DI&T	
Journey to Consultation	Phase 1 Adults Physical and Mental Health Community Services		ED P&C DI&T	
	• Finalise pre- consultation business case and supporting materials	Q1 -Q2		
	• Undertake formal consultation	Q3-Q4		
	• Develop the clinical service strategy following outcome of the Consultation	Q4		
	Phase 2, Planned Care, Women, Children and Families			
	• Undertake stakeholder engagement on phase 2 planned care, women, children and families	Q2-Q4		
	• Development of Powys Provider Scheduled Care Model	Q1 – Q2		
	• Development of options to delivery on the future scheduled care model to ensure sustainable services	Q4		

Patterson,Liz
23/03/2026 11:23:13

	• Commence development of clinical service strategy planning and Pre-Consultation Programme Business Case for Phase 2 (if required)	Q4		
	Place Based Care			
	• Progress development of Place Based approach as part of Better Together portfolio and consider outputs of Regional Partnership Board Innovative Environments workstream and similar neighbourhood and place-based planning by partners	Q1-Q4		
North Powys Wellbeing Programme				
Integrated Wellbeing Hub	• Agree opportunities within the new Integrated Wellbeing Hub for extended GP and Pharmacy roles as part of the Integrated Community Model, aligned to Community by Design Multidisciplinary Teams approach	Q1-Q2	ED P&C DI&T	
	• Confirm Primary Care contractor model (Dental, General Medical Services, Community Pharmacy) within Integrated Wellbeing Hub	Q1		
Cluster Development & Primary Care				
Cluster & Collaborative Development	• Strengthen the delivery framework at cluster and collaborative level to enable population based commissioning	Q1	ED PCC&MH	
	• Implementation of mid-south cluster merge	Q1-Q2		
	• Support and strengthen the Cluster Lead role	Q1-Q4		
	• Cluster and Collaborative engagement and maturity development to deliver Community by Design priorities	Q1		
	• Implementation of Professional Nursing Collaborative	Q1		
	• Implement integrated pathways aligned to Community by Design	Q3		
Enhanced Primary Care	<u>General Medical Services (GMS)</u> Ensure equitable, robust and sustainable model of core GMS			
	• Monitor GMS provision in mid cluster, and if appropriate scope alternative models to support patient access	Q1-Q4		
	• GMS Practice Sustainability analysis, review, & action planning	Q3-Q4		
	• Patient Access analysis, review and action planning	Q3-Q4		
	• Collate and share patient access models and solutions to maximise access opportunities and share good practice	Q4		

Patterson,Liz
23/03/2026 11:23:13

	• Unified Contract Assurance Framework assurance and outcome management	Q2-Q4		
	• Quality Improvement Framework project analysis & planning	Q1-Q2		
	• Supplementary Service audit review, analysis and feedback	Q2-Q3		
	• Supplementary Service Review with focus on Virtual ward/ Community Resource Team & Directed Collaborative Service	Q1-Q4		
	<u>Out of Hours (OOH)</u>			
	• Direct Award Alternative Provider Medical Services contract to sustain existing OOH provision from 01/07/2026 – 30/09/2027	Q1		
	• Resolve service issues around OOH delivery model for Ystradgynlais patients	Q1		
	• Develop a new OOH model/ specification	Q1-Q2		
	• Commence an open market procurement process for a new OOH model/specification (for implementation from 01/10/2027)	Q3-Q4		
	<u>Optometry</u> Ensure continued growth of community optometric services to enable a wider range of eye care services to be delivered within Powys			
	• Monitor service provision and patient access to specialist Optometry services for Medical Retina, Glaucoma and Independent Prescribing Optometrists (IPOS)	Q1-Q4		
	• Support further development of eyecare services in line with Ophthalmology CIN recommendations and Better Together Getting It Right First Time Transformation Prioritisation	Q1-Q4		
	• Implement pathways with outreach Ophthalmology Services, clusters and Optometry practices for Glaucoma and Medical Retina pathways	Q1-Q2		
	• Scope primary care optometry options to support existing Hydroxychloroquine (HCQ) patient pathway	Q1		
	• Support rollout and implementation of the national Electronic Referral System	Q1		
	• Quality Framework assurance and outcome management	Q1-Q4		
	• Review Practice development plans to inform Eye Health Needs Assessment provision	Q2-Q3		

Patterson,Liz
23/03/2026 11:23:13

	<u>Dental Services</u> Grow capacity and sustainability of dental, orthodontic and special care dentistry services across Powys			
	• Implementation of new dental contract	Q1		
	• Implement new contract management assurance framework and outcome management	Q1- Q2		
	• Systematic review of service provision to support stabilisation and future capacity for primary care dental & orthodontic care	Q1- Q4		
	• Maintain urgent access in General and Community Dental Service to balance demand and capacity	Q1- Q4		
	• Continue to transfer patients from the Dental Access Portal to General Dental Service providers	Q1- Q4		
	• Continue to offer Welsh enhanced recruitment offer for Welsh foundation dentists	Q1-Q4		
	• Continue with dental student placements	Q1-Q4		
	• Scope utilization of digital and Artificial Intelligence to improve efficiency and patient experience	Q1-Q2		
	• Formalise special care dentistry pathways with external providers for special care patients who are unable to be treated safely in Powys	Q2		
	• Develop a Community Dental Service Future Strategy and Delivery Plan	Q1-Q2		
	• Recruitment of consultant in oral surgery	Q4		
	<u>Primary & Community Care Academy</u> • Develop educational offer across primary and community services to ensure improving leadership, collaborative, administrative and clinical skills are aligned to the requirements to deliver Community By Design pathways	Q1-Q4		
	<u>Medicines Management and Pharmacy</u> Optimising Medicines Use		EMD	
	• Deliver medicines optimisation aligned to Value & Sustainability Board, improving prescribing efficiency	Q1-Q4		
	• High-Cost Drug Rebates - Progress work to ensure High-Cost Drug rebates are received working with English NHS Trusts	Q1-Q4		

Patterson,Liz
23/03/2026 11:23:13

	• Blueteq (High-Cost Drugs) - Continue working with All Wales Therapeutic Toxicology Centre and Welsh health boards to develop Blueteq forms and ensure utilisation for PTHB patients	Q1-Q4		
	Antimicrobial Stewardship • Maintain and strengthen antimicrobial stewardship activity to improve prescribing quality and reduce risk of resistance	Q1-Q4		
	Community Pharmacy • Support the delivery and development of community pharmacy clinical services, improving access to care and integration with primary care services across Powys	Q1-Q4		
	Independent Prescribers • Support the development and expansion of Independent Prescriber capacity across pharmacy services to strengthen clinical capability and service resilience	Q1-Q4		
	Mental Health Pharmacy			
	• Provide pharmacy professional support to mental health services, with a focus on improving medicines safety and optimisation within inpatient and community pathways	Q1-Q4		
	Electronic Prescribing and Medicines Administration (ePMA)			
	• Implement and embed ePMA across inpatient services	Q1-Q4		

Patterson,Liz
23/03/2026 11:23:13

Early Help and Support

Strategic Priority 5: Planned Care and Diagnostics

Key Areas of Delivery	*Key Milestones and Deliverables*	*Timescale*	*Lead Executive*	*Alignment to Planning Framework*
Better Together Programme / Interdependencies with North Powys Wellbeing Programme				**Cabinet Secretary Priorities and Metrics** Timely Access to Care •No patients waiting >104 weeks for (Referral To Treatment) •No patients waiting >8 weeks for specified diagnostic – target zero **Enabling Actions** •Building Community Capacity: NHS Wales App (cross reference Digital First section) •High Value Medicines Value and Sustainability Programme •Improving Value, Optimising Outcomes – Bone Health: High Value High Impact pathway •Timely Access to Care ○ Improve High Volume Low Cost theatre lists (Cataracts/ Arthroplasty/ general surgery) by end Q2 ○ Improve theatre utilisation to Getting It Right First Time 85% ○ Ensure validation for >26 weeks; monitor non admitted closed pathways ○ Achieve >20% referral return rate or reduced referrals/100Kpopulation by December 2026 using Health Pathways
Getting It Right First Time (GIRFT) Strategic Assessment	GIRFT Strategic Assessment of Planned Care (Top 10 Specialities by activity and cost) • Receive the GIRFT Strategic Assessment of Planned Care report	Q1	DI&T ED P&C ED PP&C	
	• Review and update of Case for Change Technical Chapter	Q1		
	• Recruit to clinical specialty leads and transformation expertise to lead and support delivery	Q1-Q2		
	• Develop phased implementation plan to deliver benefits of pathway re-design – phase 1 to focus on 2026/27 opportunities and benefits	Q1		
	• Deliver phase 1 of the implementation plan	Q3-Q4		
	• Scope the development of Strategic Partnership to review and implement a new in reach model around key sites (1 site to be confirmed in 2026/2027)	Q3		
Referral Optimisation	Referral Optimisation • Receive the GIRFT business case for referral optimisation at scale	Q1		
	• Develop phased implementation plan for delivery of referral optimisation at scale business case	Q1		
	• Secure referral optimisation clinical leadership and transformation support	Q1-Q2		
	• Agree options for an electronic referral system within Wales and across the border into NHS England (will require national support)	Q2		
	• Deliver 2026/27 benefits of the business case implementation plan via the optimisation workstream of Better Together Planned Care Programme Board	Q4		
	Community Health Pathways • Delivery of community health pathways	Q1-Q4		

Patterson,Liz
23/03/2026 11:23:13

	Medical Devices		ED AHPHS&D	
	• Support Better Together in procuring medical devices and equipment aligned with any changes to service delivery	Q2		
	• Ensure all procurement and financial requirements are met and enable smooth, efficient transition including equipment transfer or disposal and ensuring all governance and compliance requirements are upheld throughout the process	Q3		
	• Improvements in patient safety and experience through development of digital processed and standard operating procedures	Q4		
Service and Pathway Improvement				
Ophthalmology	Roll out of Open Eyes in line with national requirements		ED PCC&MH	
	• Increase cataract list to 7 procedures	Q1-Q4		
	• Development of injecting service to support repatriation of Hywel Dda University Health Board activity	Q1-Q4		
Orthopaedics/ Musculoskeletal (MSK)	• Complete Spread & Scale of MSK First Contact Practitioners Service	Q2		
	• Embed referral Management processes for NHS England and extend to commissioned Welsh services	Q2		
	• Develop Single Point of Access for all MSK referrals	Q4		
	• Develop 5 year Spinal Surgery Strategy informed by South Wales Spinal Network principle	Q4		
	• Develop provider review process for Interventions Not Normally Undertaken/Evidence Based Intervention in MSK/Orthopaedics	Q2-Q3		
Outpatients	• To deliver Clinical Implementation Network Seen On Symptoms/Patient Initiated Follow Up/discharge requirements in PTHB priority specialities	Q1		
	• To complete business case for investment of a clinical room booking system (rolled over from 2025/26)	Q1		
Waiting Well service	• Development of Prehabilitation offer in line with requirements of 3P Strategy (awaiting direction from Welsh Government)	Q1-Q4		
Theatres	• Development of a Theatre service in line with Better Together Strategic prioritisation in key specialties	Q1-Q4		

Patterson,Liz
23/03/2026 11:23:13

	• Work towards accreditation for PTHB theatres (accreditation criteria process to be arranged by National Planned Care Programme)	Q1-Q4		
Endoscopy	• Work towards Joint Advisory Group accreditation for Endoscopy service	Q1-Q3		
Diagnostics and Therapies				
Diagnostic Capability	• Use GIRFT findings to inform exploration of future configuration options for Non-Obstetric Sonography services, including consideration of capacity, workforce and models of care	Q2	ED AHPHS&D ED PCC&MH	
	• Explore options for the future configuration of Echo Cardiology services in Mid and South Powys, informed by GIRFT findings, with consideration of capacity, workforce and models of care	Q1		
	• Expand the Welsh Government-funded national C-Reactive Protein (CRP) Point Of Care Testing Trial across primary care settings, supporting improved antimicrobial stewardship and optimised prescribing for acute respiratory infections and Chronic Obstructive Pulmonary Disease exacerbations	Q2		
Therapies Services	• Undertake a review of Audiology service provision to inform future service development, including consideration of capacity, workforce and service delivery models	Q2-Q3		
	• Review CPAP/Sleep service provision to identify opportunities to optimise service models, capacity and workforce sustainability	Q2-Q3		

Patterson,Liz
23/03/2026 11:23:13

Early Help and Support

Strategic Priority 6: Complex and Continuing Healthcare (CHC)

Key Areas of Delivery	*Key Milestones and Deliverables*	*Timescale*	*Lead Executive*	*Alignment to Planning Framework*
Complex Care Transformation				**Cabinet Secretary Priorities and Metrics** • None for this specific area **Enabling Actions** • Implement Value & Sustainability Board recommendations for packages of care
Implement transformation plan for Complex Care Team, incorporating actions in response to Grant Thornton review	• Externally commission in depth clinical commissioning reviews for complex cases	Q1	ED PCC&MH	
	• Implementation of Direct Payment programme	Q1		
	• Team leadership and structure review and development	Q1-Q2		
	• Policy review and development to ensure alignment between general nursing, mental health/learning disability and children's services	Q1–Q3		
	• Development of a commissioning strategy and Quality Assurance Framework	Q2&Q3		
	• Brokerage service development and wider market management	Q3 & Q4		
Digital commissioning system	• Implement nationally supported digital commissioning system	Q1-Q2		
	• Evaluate and monitor impacts delivered through national digital commissioning system	Q4		
Service Improvement				
Learning Disability Services	• Review of Learning Disability community services to evaluate the impact on the need for commissioned care and develop improvement plan	Q2	ED PCC&MH	
	• Implement improvement plan and monitor impact on level of acute and commissioned care required	Q4		
Provider Development	• Engage with and support providers to develop alternative provision that offers the least restrictive, safe option for complex care needs	Q1 – Q4		

Patterson,Liz
23/03/2026 11:23:13

Tackling The Big Four

Strategic Priority 7: Major conditions (Cancer, Respiratory, Cardiovascular including Stroke, Diabetes)

Key Areas of Delivery	*Key Milestones and Deliverables*	*Timescale*	*Lead Executive*	*Alignment to Planning Framework*
Diabetes				**Cabinet Secretary Priorities and Metrics** Population Health and Prevention • Reduce inequality in the uptake in most and least deprived areas especially vaccination, screening, diabetes prevention and care (cross reference to Strategic Priority 2) • >90% identified via Frailty Tool to receive proactive care in line with agreed care plans (Cross reference to Strategic Priority 4) • Increase in % of those >12 Years with diabetes who received all 8 NICE processes (Cross reference to Strategic Priority 1 and 4) Timely Access to Care • No patients waiting >104 weeks for Referral to Treatment Time (cross reference to Strategic Priority 5) • No patients waiting >8 weeks for specified diagnostic – target zero (cross reference to Strategic Priority 5) • Achieve 75% cancer pathway compliance and reduce >62-day backlog by March 2027 *(not directly applicable in PTHB)* **Enabling Actions** Timely Access to Care
High Value High Impact Pathway	• Development of business plan to deliver consistent approach to Diabetes Prevention across Powys sustainably utilising repatriated commissioning resource	Q1	ED PCC&MH	
	• Monitor General Medical Services provision of the Diabetes 8 NICE recommended care processes and target intervention to support improvement of delivery	Q1-Q4		
	• Subject to approval, implement Diabetes Prevention plan including robust benefits tracking and monitoring of target improvement metrics	Q3-Q4		
Cancer				
Improving the Cancer Journey	• Explore options post Phase 2 of Improving the Cancer Journey	Q1-Q3	EMD	
	• Improving the Cancer Journey programme to review and update the Cancer Improvement Plan	Q1-Q4		
Service Development	• Progress the Powys Cancer Team business case with support from charitable organisations (subject to Executive Committee approval)	Q1-Q4		
	• Agree and implement a model for Cancer prehabilitation (national service spec pending) and rehabilitation	Q1-Q4		
Respiratory				
Breathlessness Pathway	• Develop implementation plan for breathlessness groups/clinics from within existing resources with clear evidence base, benefits and target improvement metrics	Q1-Q2	ED PCC&MH	
	• Implementation of breathlessness groups/clinics including robust benefits tracking and monitoring of target improvement metrics	Q3&Q4		
Cardiac				

Patterson,Liz
23/03/2026 11:2

Quality Improvement	• Uptake of Welsh Government funded Primary Care Quality Improvement projects (ABCD+ and CKD prevention) by General Medical Services	Q1-Q4	ED PCC&MH	• Full implementation of National Optimal Pathways in Cancer *(PTHB relevant provision)* • Achieve ≥20% referral return rate or reduced referrals/100k population by December 2026 using Health Pathways (cross reference Strategic Priority 5) Population Health and Prevention: Progress diabetes high value high impact pathway (cross reference to Strategic Priority 1 and 4)
Service Improvement	• Collaborate with Public Health Wales to implement the National Cardiovascular Disease Prevention Plan for Wales *(cross reference to Strategic Priority 1)*	Q1-Q4		
	• To agree and implement an Advanced Heart Failure Pathway which includes updating the Heart Failure Supplementary Service in line with NICE guidance	Q1-Q4		
	• Implement an Arrhythmia supplementary service	Q1-Q4		
	• Multidisciplinary Teams provide Pan Powys Cardiac Diagnostics (ECHOs) to provide timely diagnosis of Heart Failure through a 'one stop shop' approach *(cross reference to Strategic Priority 5 - Echocardiology business case*)	Q1-Q4		
	• Capture outcomes (Patient Reported Outcome Measures and Patient Reported Experience Measures) for patients with Heart Failure	Q1-Q4		
Stroke				
Regional Working	• Targeted engagement in national / regional planning forums / Joint Committees including South West Regional Joint Committee, South East Regional Joint Committee and Mid Wales Joint Committee (Stroke Task and Finish Group)	Q1-Q4	ED PP&C EMD ED AHPHS&D	
Better Together				
Planned Care Major Conditions Pathway	• Review of outputs of strategic assessment completed in Quarter 4 2025-26 by Getting It Right First Time team in relation to major conditions pathway opportunities	Q1	ED P&C DI&T	
	• Implementation of high impact recommendations of strategic assessment (not requiring consultation) relating to major conditions including referral management	Q2-Q4		

Patterson,Liz
23/03/2026 11:23:13

Tackling The Big Four

Strategic Priority 8: Mental Health

Key Areas of Delivery	*Key Milestones and Deliverables*	*Timescale*	*Lead Executive*	*Alignment to Planning Framework*
Population Health & Wellbeing				**Cabinet Secretary Priorities and Metrics** Mental Health Access • Implement & evaluate Open Access Mental Health Support by March 2027 • Improve safety in secondary care Mental Health services by March 2027. • Improve physical health of people with long term mental health problems - mortality reviews/ improvement plans by March 2027 **Enabling Actions** • Mental Health – materially reduce out of area placements and associated cost
Targeted Prevention & Intervention	• Improve access to information, advice and assistance to protect and promote good mental health and wellbeing by working with Powys Public Health team and Mental Health Live Well Partnership to extend the reach of communication opportunities	Q1-Q4	ED PCC&MH	
	• Support and build resilience through online therapeutic support and intervention (leveraging digital opportunities) including development of a plan as part of National Demonstrator Area project for Cognitive Behaviour Therapy, such as:	Q1-Q2		
	• Review PHQ9 threshold to increase access to online Cognitive Behaviour Therapy (CBT) for Powys residents	Q3-Q4		
	• Introduce direct referral pathway from 111 (press 2) & Single Point Of Access to online CBT to expedite therapeutic treatment options at front door	Q3-Q4		
	• Continue to deliver the Suicide and Self-harm Prevention Strategy for Wales including a review of the prevention plan, encouraging staff to undertake awareness training across PTHB, with ongoing delivery of the Postvention framework and service	Q1-Q4		
	• Implement Art in Health Pledge and undertake delivery of project and other work associated to promote access to the arts and creativity for all	Q1-Q4		
	• Engage with the National programme of work to improve eating disorder and inpatient services across Wales, developing options for national and regional approaches	Q1-Q4		
Better Together Programme / Interdependency with North Powys Wellbeing Programme				
Older Adult Community Model	• Complete Older Adult Community Model design and draft outline implementation plan, (interdependency with inpatient	Q1-Q4	ED P&C DI&T	

Patte
23/03/2026 14:23:13

	model and physical health), ensuring care and treatment pathways reflect principles of recovery-focused model		ED PCC&MH	
	• Complete outstanding strategic assessment required for Older Adults community-based Multidisciplinary Teams (will inform North Powys Wellbeing Programme Full Business Case)	Q1-Q2		
	• Continue design and implementation of future phases (i.e. phase 2.1) of Single Point of Access and 111 (press 2), to include holistic assessment following patient triage, (including opportunity of virtual assessment) *North Powys Wellbeing Programme inter-dependent on older adult community model*	Q1-Q4		
Adult Community Model	• With partners complete scope and high level design for Adult Community Model, (*interdependency with inpatient model and physical health),* ensuring care and treatment pathways reflect principles of recovery-focused model	Q1-Q4		
	• Adult Community Model design to be undertaken in line with Ministerial Priority national strategic programme board for Mental Health 'Demonstrator Area' pilots for Open Access, Stepped care 2.0 and 'One at a Time' models observing National timescales for implementation of new model in 2028	Q1-Q4		
	• Continue scope & design for 'Sanctuary' alternative to admission (interdependency with Open Access & Stepped Care)	Q2-Q4		
Inpatient Care	• Following consultation, complete Inpatient Model design and initiate clinical service plan for Mental Health services at high level; ensuring care and treatment pathways reflect principles of recovery-focused model and align with National Inpatient Safety Programme, 'Safe Wards' and Wales Safe Discharge Standards	Q4		
Complex Care	• For Mental Health and Learning Disabilities, deliver actions in response to Grant Thornton review of complex care and out of county adult acute placements through improved oversight and local alternatives/ strengthened pathways, governance and quality assurance arrangements and provider / market arrangements	Q1-Q4		

Patterson,Liz
23/03/2026 11:23:13

Quality & Performance Improvement				
Key areas of Continuous Improvement	• Review the Continuous Quality Improvement Plan for Mental Health & Learning Disabilities to maintain areas of focus for key quality and safety indicators in 2026-27	Q1 – Q4	ED PCC&MH	
	• Improve physical health of people with long term mental health problems by consideration of Mortality Reviews and identification of learning / action as appropriate	Q1-Q4		
	• Work with other PTHB services to deliver the requirements as documented in the National Planning Framework technical document strategic priority for Mental Health Access for Memory Assessment, Adult Neurodivergence, Learning Disabilities, Substance Misuse	Q1-Q4		
	• Continue to implement response to recommendations within 'Supportive Assessment' conducted by NHS Performance & Improvement, aiming to establish improved acute care pathway, equitable services pan Powys and maintaining patient safety and patient experience	Q1-Q4		
	• Improve efficiency and avoid waste by ensuring delivery of Mental Health savings and sustainability plan with focus on variable pay reduction, private providers usage for adult acute mental health, and medical workforce establishment	Q1-Q4		
	• Develop and implement recovery-focussed trauma informed approaches to care and training for mental health services	Q1-Q4		
	• Support delivery of Primary Care Cluster priorities to improve pathways between primary care and Mental Health & Learning Disability Services in both primary and secondary care	Q1-Q4		

Patterson,Liz
23/03/2026 11:23:13

Joined Up Care

Strategic Priority 9: System Resilience

Key Areas of Delivery	*Key Milestones and Deliverables*	*Timescale*	*Lead Executive*	*Alignment to Planning Framework*
Better Together ('Six Goals' programme)				**Cabinet Secretary Priorities and Metrics** <u>Timely Access to Care</u> • No ambulance handover waits >45 minutes (not directly applicable to PTHB services) • No patient 12 hours or more in all major and minor emergency care facilities (not fully applicable - except to minor injury provision) <u>Community by Design</u> • 12 month reduction in Delayed Pathways of Care (cross reference to Strategic Priority 4) **Enabling Actions** <u>Timely Access to care</u> • Deliver all ambulance handovers <45 minutes; aim >90% within 15 minutes by end of 2026/27 (not directly applicable to PTHB services) • Deliver all principles in Six Goals: • Deliver medical Same Day Emergency Care and acute frailty services. (cross reference to Strategic Priority 4) • Deliver community based falls response and implement a focus on prevention and early intervention aligned with population health management policy
Falls – Prevention and Response	To strengthen and coordinate the community-based falls response while maintaining a strong focus on prevention and early intervention		ED PCC&MH ED P&C DI&T	
	• Scope and clarify the roles of commissioned and non-commissioned Level 1 falls response pathways, establishing a clear and consistent approach to supporting safe lifting, early intervention, and avoidance of unnecessary escalation	Q1		
	• Conclude delivery of care home falls training and evaluate outcomes	Q1		
	• Support the rollout and early operation of the Level 2 falls response pathway, aligned with the Single Point of Access for Urgent and Emergency Care	Q1-Q2		
	• Develop a business plan to ensure sustainability of the falls prevention and response offer utilising repatriated commissioning funding where evidenced	Q1-Q3		
	• Promote the Level 1 falls response pathways and increase their utilisation	Q2-Q3		
	• Align the community falls response with wider falls prevention activity	Q2-Q3		
	• Establish a formal falls forum in partnership with Powys County Council to support coordination, shared learning, and ongoing system development.	Q3-Q4		
	• Subject to approval, progress implementation of falls sustainability plan	Q4		
Single Point of Access	To strengthen, evaluate, and extend the Single Point of Access for Urgent and Same Day Care, building on the initial launch to support more coordinated access across priority pathways.			

Patterson, Liz
23/03/2026 11:23:13

	• Embed and strengthen the initial Single Point of Access model	Q1		statement (cross reference to Strategic Priority 4) • Deliver all principles of Single Point of Access framework to ensure people with urgent care needs receive timely and appropriate support, minimising unnecessary escalation to emergency ambulance conveyance or hospital admission. • Prioritise tailored interventions for frail and older adults, scaling up "call before convey" as a business-as-usual model and referrals to community nursing services enabling urgent response. • Strengthen integration with key system partners, including Welsh Ambulance Service Trust and Local Authorities, to deliver coordinated and effective care across the urgent care pathway.
	• Undertake an early evaluation using learning from initial operation to inform refinement and future development	Q2		
	• Scope potential extensions to the Single Point of Access, with a focus on access for local authority and third sector professionals and the requirements to support incorporation of additional pathways	Q3		
	• Subject to scoping, implement agreed extensions to the Single Point of Access, including local authority and third sector pathways	Q4		
Emergency Department Redirection	• To evaluate a targeted Emergency Department turnaround pilot supporting timely redirection of Powys residents into PTHB services following Emergency Department attendance. Develop a business plan to ensure sustainability where benefits identified utilising repatriated commissioning funding.	Q1-Q4		
Prevent Deconditioning	To establish, test, and evaluate a consistent approach to the early identification and management of patients at risk of hospital-acquired deconditioning.			
	• Scope and agree a revised approach to the early identification and monitoring of patients at risk of hospital-acquired deconditioning	Q1		
	• Deliver a ward-level pilot of the revised approach	Q2-Q3		
	• Evaluate the pilot and agree next steps to inform future decision-making	Q4		
Optimal Hospital Flow	To embed a revised and sustainable approach to the Optimal Hospital Flow Framework supported by dedicated capacity to enable consistent practice			
	• Establish the foundations for a revised approach including appointment of dedicated roles and strengthening core discharge processes	Q1		

Patterson,Liz
23/03/2026 11:23:13

	• Build organisational readiness to support Optimal Hospital Flow Framework (OHFF) through engagement with ward teams	Q1-Q2		
	• Embed the revised OHFF approach through sustained, ward-level support	Q2-Q4		
	• Evaluate the impact of the revised OHFF approach to inform business case considerations and next steps to support ongoing embedding and sustainability	Q4		
Minor Injury Unit Service	To strengthen Minor Injury Unit services through targeted improvements to clinical practice, associated governance processes, and the use of supporting systems			
	• Develop the clinical advice network to include participation from general practice to support timely senior clinical input and recording of advice sought and provided	Q2-Q3		
	• Support the operational implementation of the Digital Health and Care Wales Emergency Department App	Q3-Q4		
	• Review the effectiveness of the clinical advice network and governance arrangements and identify priorities for future pathway development	Q4		
Urgent and Emergency Care Integration & Sustainability	To support the integration and long-term sustainability of urgent, emergency, and unscheduled care functions			
	• Finalise and submit a business case for the integration and sustainability of urgent, emergency, and unscheduled care functions, including consideration of roles and functions currently supported by time-limited external funding.	Q1-Q2		
	• Develop a clear and responsive operational plan for Autumn / Winter period and Regional Partnership Board System Resilience Plan ('Winter Plan') utilising learning from previous years	Q2		
	• Implement outcome of business plan to ensure sustainable service delivery	Q3-Q4		
Temporary Service Changes	• Continue monitoring and evaluation of Temporary Service Changes (Minor Injury Units) to inform the pre-consultation business case for Better Together Phase 1 options	Q1-Q2	EMD ED PCC&MH ED P&C DI&T	

Patterson, Liz
23/03/2023 13:13

Joined Up Care

Strategic Priority 10: Commissioning for Value

Key Areas of Delivery	*Key Milestones and Deliverables*	*Timescale*	*Lead Executive*	*Alignment to Planning Framework*
Implementation of Strategic Commissioning Framework and response to external review carried out by Grant Thornton				**Cabinet Secretary Priorities and Metrics** Timely Access to Care •No ambulance handover waits >45 minutes (not directly applicable to PTHB services) •No patient 12 hours or more in all major and minor emergency care facilities (not fully applicable - except to minor injury provision) Community by Design •12 month reduction in Delayed Pathways of Care (cross reference to Strategic Priority 4) **Enabling Actions** Timely Access to care •Deliver all ambulance handovers <45 minutes; aim >90% within 15 minutes by end of 2026/27 (not directly applicable to PTHB services)
Population Health	• Implementation of population health elements of PTHB Strategic Commissioning through PTHB Population Health Strategic Framework (actions outlined in Strategic Priority 1)	Q1-Q4	ED PH	
Strategic Commissioning	• Implement the early win contracting recommendations of the Grant Thornton report on an 'adapt and adopt' basis	Q1	ED PP&C	
	• Implement a data-driven approach to Intervention Not Normally Undertaken/Evidence Based Intervention in PTHB as a provider (see SP5) and in commissioned services	Q1-Q4		
	• Respond to Grant Thornton recommendations on developing the PTHB Community Model to reduce Urgent and Emergency Care growth and commissioned spend (deliverables included in SP4)	Q1-Q4		
	• Implement Getting It Right First Time Strategic Assessment of Planned Care, Referral Optimisation and Pathway Redesign to support Grant Thornton recommendations on reducing growth in commissioned spend (deliverables included in SP5)	Q1-Q4		
	• Commission to NHS Wales waiting times for the whole Powys population to deliver equity and support reduction in growth in commissioned spend	Q1-Q4		
	• Develop a data-driven culture through the development and launch of a Commissioning Dashboard with input from external partners, Commissioning, Digital, Finance and Quality teams	Q3		
	• Develop and implement a revised Target Operating Model with support from external partners for PTHB to become a commissioning focussed organisation, including a commissioning maturity assessment approach and an Organisational Development plan	Q3		

Patterson,Liz
23/03/2026 11:23:13

Joint Commissioning	• NHS Wales Joint Commissioning Committee (JCC) – via the collaborative oversight and management arrangements, progress JCC priorities 2026-27, including referral optimisation	Q1-Q4	ED PP&C	
	• Implement the phased recommendations from Third Sector review undertaken in 2025-26 (will be completed in 2027/28)	Q1-Q4		
	• Respond to Grant Thornton recommendations to explore collaborative commissioning via Integrated Care Boards (England) and/or the JCC	Q4		
Quality Improvement	• Implement the Strategic Commissioning Framework and Integrated Quality and Performance Framework with increased focus on Quality Management System for commissioned services	Q1-Q4	ED PP&C ED NQW&FH	
	• Refine Quality elements of Long Term Agreements and ensure effective oversight and governance in place via the Commissioning Oversight and Assurance Group (COAG)	Q1-Q4		
	• Providing improved intelligence for the Executive Committee, Finance and Performance Committee and Board via provision of regular Integrated Commissioned Services Performance Report	Q1-Q4		

Patterson,Liz
23/03/2026 11:23:13

Workforce Futures

Workforce Transformation and Sustainability

NOTE all areas * - are reliant on Regional Partnership Board/ External funding of resources to deliver

Key Areas of Delivery	*Key Milestones and Deliverables*	*Timescale*	*Lead Executive*	*Alignment to Planning Framework*
Strengthen Vacancy Management & Establishment Control	• Embed the revised establishment control process across service areas, ensuring all vacancy requests are reviewed, authorised, and aligned with the Health Board's workforce plans, financial controls, and service priorities	Q1-Q4	ED P&C	**Cabinet Secretary Priorities and Metrics** No additional however there are interdependencies across those noted in other sections and existing legislative / policy requirements for workforce and equalities / Welsh language **Enabling Actions** Workforce Productivity • Effective implementation of job planning policy including ensuring >90% consultants have agreed job plans aligned to demand by 30th September 2026. • Continue to deliver a further and sustained reduction in agency expenditure with a target 30% reduction in 2026/27. • Fully implement Variable Pay & Agency Control Framework Welsh Health Circular. • Achieve and maintain zero agency spend for Health Care Support Workers, Admin & Clerical, Estates & Ancillary roles by 30 Sept 2026. • Ensure sickness absence reduces in 2026/27 vs 2025/26 via adherence to attendance policies and Occupational Health minimum service levels.
	• Develop and implement a local adoption plan within three months of national publication for each mandated job description, achieving full organisational implementation within six months of national release	Q1-Q4		
Workforce Growth Assessment & Strategic Intelligence	• Complete comprehensive workforce growth and projection analysis, incorporating historical workforce trends, vacancy rates, service transformation plans, and demographic changes	Q2&Q4		
	• Establish a bi-annual workforce strategic intelligence reporting framework, providing the Executive Committee with timely, accurate, and actionable workforce insights	Q2&Q4		
Skill Mix Review & Workforce Modernisation Workforce Modelling	• Develop and deliver a targeted workforce change management fundamentals programme for identified service leaders and managers involved in workforce modernisation	Q1	ED P&C	
	○ Ensure service leaders participate in change management training (Service Lead Responsibility)	Q1	ED PCC&MH	
	○ Design and deliver training programmes	Q1-Q2	ED P&C	
	○ Provide targeted Organisational Development support to programmes	Q2-Q3		
	○ Facilitate workforce configuration and skill mix review workshops (Newtown Integrated Health, Care and Wellbeing Hub and Better Together), to define future	Q2-Q3		

Patterson,Liz
23/03/2026 11:23:13

	workforce requirements, supported by workforce modelling and analysis			
	○ Define future service configuration, role requirements, and skill mix (Service Lead Responsibility)	Q1-Q3	ED PCC&MH	
	○ Validate demand assumptions and service delivery requirements (Service Lead Responsibility)	Q2-Q3		
	○ Define clinical and operational role requirements (Service Lead Responsibility)	Q2-Q3		
	○ Identify new or extended roles required for service delivery (Service Lead Responsibility)	Q2-Q3		
	○ Provide baseline workforce data, modelling tools, and scenario analysis	Q2-Q4	ED P&C	
	○ Support analytical validation and workforce modelling	Q2-Q4		
	○ Identify, validate, and obtain approval for new, extended, or alternative workforce roles aligned to redesigned service models	Q2-Q4		
	○ Provide job design support, organisational alignment, and governance oversight	Q3-Q4		
	○ Ensure alignment with national frameworks and workforce policies	Q3-Q4		
Skill Mix Review & Workforce Modernisation Education and Training	• Develop and approve workforce implementation roadmaps for workforce modernisation programmes defining workforce transitions, recruitment, training, and implementation timelines	Q4		
	○ Define implementation sequencing and service readiness requirements (Service Lead Responsibility)	Q3-Q4	ED PCC&MH	
	○ Begin to develop workforce transition plans	Q4	ED P&C	
	○ Design, approve, and implement workforce education and training model supporting the Integrated Health, Care and Wellbeing Hub in Newtown and Better Together	Q4		

Patterson,Liz
23/03/2026 11:23:13

	○ Define competency and training requirements (Service Lead Responsibility)	Q4	ED PCC&MH	
	○ Design training programmes and workforce development plans	Q4	ED P&C	
Skill Mix Review & Workforce Modernisation	• Ensure Equality Impact Assessments are completed for 100% of workforce redesign initiatives prior to implementation decisions	Q2-Q4		
Equality	○ Provide Equality Impact Assessment guidance, governance, and compliance oversight	Q2-Q3		
Workforce Projection Modelling & Pipeline Development	Deliver projection modelling to inform long-term workforce pipeline development, ensuring alignment with national priorities, education commissioning cycles, and local service transformation plans			
	• Review requirements for 2026 cohort of Aspiring Nurses	Q1-Q2		
	• Support the design and implementation of Clinical Psychologist Grow our Own Initiative	Q1-Q2		
	• Evaluate Academy Career and Education Enterprise Scheme (ACEES) schools programme 2025/26	Q1-Q2		
	• Deliver ACEES schools programme 2026/27	Q2-Q4		
Reduce Agency Use & Strengthen Recruitment	• Continue targeted actions to reduce agency spend through prioritised vacancy management, optimising the deployment of existing staff and Bank resources, and increasing Bank resilience	Q1-Q4		
	• Deliver targeted recruitment and attraction initiatives for hard-to-fill (e.g. off ward agency and locum cover) and specialist roles, increasing permanent workforce supply, reducing reliance on temporary staffing	Q1-Q4		
Workforce Futures Partnership	• Develop the exit strategy for the Workforce Futures programme (Regional Partnership Board) post 2027	Q1-Q2		
	• Create an investment business case where appropriate	Q4		

Patterson,Liz
23/03/2026 11:23:13

Great Place to Work

Key Areas of Delivery	*Key Milestones and Deliverables*	*Timescale*	*Lead Executive*	*Alignment to Planning Framework*
Staff Survey	• Complete analysis of staff survey results and develop an action plan addressing key themes and hotspot areas	Q1	ED P&C	**Cabinet Secretary Priorities and Metrics** No additional however there are interdependencies across those noted in other sections and existing legislative / policy requirements for workforce and equalities / Welsh language **Enabling Actions** Workforce Productivity • Effective implementation of job planning policy inc. ensuring >90% consultants have agreed job plans aligned to demand by 30 Sept 2026. • Further and sustained reduction in agency expenditure target 30%. • Fully implement Variable Pay & Agency Control Framework Welsh Health Circular. • Achieve and maintain zero agency spend for Health Care Support Workers, Admin & Clerical, Estates & Ancillary roles by 30 Sept 2026. • Ensure sickness absence reduces in 2026/27 vs 2025/26 via adherence to attendance policies and Occupational Health minimum service levels.
	• Develop and implement targeted interventions addressing the top organisational staff experience priorities	Q1		
	• Publish 'You Said, We Did' communications and update to demonstrate organisational action and progress	Q1-Q3		
	• Implement a staff engagement and communications campaign to promote participation in the National Staff Survey	Q2-Q3		
	• Targeted engagement and improvement support to 100% of identified hotspot services within 3 months of survey results	Q2-Q4		
Workforce Retention	• Implement a standardised exit and early-tenure stay interview approach, with consistent data capture and reporting to identify retention risks and themes for staff with two years' service or less	Q1-Q4		
	• Use insights from exit and stay data to design and deliver targeted early-career retention interventions, supported by strengthened line manager capability and governance	Q1-Q4		
	• Implement organisation-wide staff recognition framework	Q1-Q4		
Leadership capability and development	• Continue roll out Tier 1 & 2 Clinical Leadership Immersive Programme	Q1-Q4		
	• Review leadership and management offer against the national Leadership and Management Competency framework	Q2-Q3		
	• Develop and pilot a CLIP Tier 3 Programme	Q2-Q4		
Core training	• Embed role-essential training requirements into ESR to enable a strategic, standardised approach to workforce capability assurance and compliance monitoring	Q1		
	• Implementation of a health board governance approach to agree statutory and mandatory training requirements	Q2		
	• Embed the national Continued Professional Development arrangements and monitoring requirements	Q2-Q4		

Patterson,Liz
23/03/2026 11:23:13

Employee Health and Wellbeing

Key Areas of Delivery	*Key Milestones and Deliverables*	*Timescale*	*Lead Executive*	*Alignment to Planning Framework*
Intelligence-Led Workforce Wellbeing	• Develop and implement a workforce wellbeing risk framework that utilises sickness absence data, hotspot analysis, and workforce metrics to identify, prioritise, and monitor high-risk services requiring targeted wellbeing interventions	Q1	ED P&C	**Cabinet Secretary Priorities and Metrics** No additional however there are interdependencies across those noted in other sections and existing legislative / policy requirements for workforce and equalities / Welsh language **Enabling Actions** Workforce Productivity • Effective implementation of job planning policy including ensuring >90% consultants have agreed job plans aligned to demand by 30 Sept 2026. • Continue to deliver a further and sustained reduction in agency expenditure with a target 30% reduction in 2026/27. • Fully implement Variable Pay & Agency Control Framework Welsh Health Circular. • Achieve and maintain zero agency spend for Healthcare Support Workers, Admin & Clerical, Estates & Ancillary roles by 30th Sept 2026. • Ensure sickness absence reduces in 2026/27 vs 2025/26 via adherence to attendance policies and Occupational Health minimum service levels.
	• Implement a coordinated workforce wellbeing delivery model that integrates Business Partners, Organisational Development, Occupational Health, Musculoskeletal services, and psychological support to provide consistent and accessible interventions across all service areas	Q2-Q4		
Integrated Wellbeing Support	• Deliver a programme of Staff Wellbeing Roadshows across all major sites to increase awareness, accessibility, and utilisation of wellbeing support services	Q1-Q4		
	• Develop and launch a comprehensive internal bereavement support toolkit to provide managers and staff with clear guidance and accessible support resources	Q3		
Strengthen assurance and performance management of Occupational Health and wellbeing services	• Monitor Occupational Health service performance against All Wales National Minimum Standards on a quarterly basis and implement improvement actions where standards are not met	Q1-Q4		
	• Evaluate the impact, uptake, and outcomes of the Mindfulness, Acceptance and Compassion Programme to inform future investment and scaling decisions	Q3		
Healthy and Sustainable Working	• Implement protocols that support effective workload management and align with the Health Board's Agile Working policy, improving staff wellbeing and productivity	Q1		

Patterson,Liz
23/03/2026 11:23:13

Equalities and Welsh Language

Key Areas of Delivery	*Key Milestones and Deliverables*	*Timescale*	*Lead Executive*	*Alignment to Planning Framework*
Strategic Equality Plan & More than Just Words Framework	• Undertake a review of patient letters, communications, and document procedures to ensure compliance with the *More Than Just Words* Welsh Language Standards, the Sensory Loss review, and accessible information requirements (e.g. Easy Read, large print, British Sign Language, digital accessibility)	Q2-Q3	ED P&C	**Cabinet Secretary Priorities and Metrics** No additional however there are interdependencies across those noted in other sections and existing legislative / policy requirements for workforce and equalities / Welsh language **Enabling Actions** There are no additional areas however there are interdependencies with those referenced in other section – and with the requirements set out in 'Improving Performance Together' (responding to the Ministerial Advisory Group on Performance and Productivity)
	• Undertake a formal gap analysis against Disability Confident Leader standards and develop a time-bound improvement plan	Q3		
	• Implement and embed the NHS Wales Anti-Sexual Harassment Policy through a supporting toolkit, guidance, reporting pathways, and risk assessment process	Q3		
	• Achieve and maintain Disability Confident Leader status, supported by leadership accountability and workforce awareness activity	Q4		
Welsh Language	• Refresh the Welsh Language Service Leads Group with defined 12-month priorities, clear governance, and a structured programme of work	Q2		
Anti-Racism Action Plan	• Conduct a qualitative study with Black and Minority Ethnic (BaME) staff to explore lived experience, barriers, and enablers to progression, using findings to inform targeted workforce interventions and leadership actions	Q3		

Patterson,Liz
23/03/2026 11:23:13

Digital First

Citizen Centred Care and Support

Key Areas of Delivery	*Key Milestones and Deliverables*	*Timescale*	*Lead Executive*	*Alignment to Planning Framework*
Implementation of the Single Community & Mental Health System (Welsh Community Care Information System (WCCIS) Replacement)	• Complete migration to a single digital platform for community and mental health services in line with the current WCCIS user base	Q1-Q4	ED AHPHS&D	**Cabinet Secretary Priorities and Metrics** There are no additional priorities or metrics, however there are interdependencies across those in other sections and legislative and policy requirements. **Enabling Actions** There are no additional areas however there are interdependencies with those referenced in other section – and with the requirements set out in 'Improving Performance Together' (responding to the Ministerial Advisory Group on Performance and Productivity)
	• Deliver training in all affected services	Q1-Q4		
	• Replace 100% of legacy WCCIS functions to mitigate end of life WCCIS platform being unavailable	Q1-Q4		
Complete implementation of in scope Digital Maternity Cymru (DMC)	• Draft a business case for the next phases to implement a full electronic maternity patient record for service transformation (including wider system integration e.g. Patient Admin System)	Q1-Q3		
Complete OpenEyes eyecare system	• Support the Planned Care Transformation and Ministerial Digital priority which mandates implementation of OpenEyes and E-Referrals solution.	Q1-Q4		
	• Support compliance with national eyecare pathways	Q1-Q4		
	• Make available access to the Open Eyes and ERS solution hosted by Cardiff & Vale UHB and Digital Health Care Wales	Q1-Q4		
	• Explore how the data will be monitored and measured to support the national 25% target. This will require supporting the establishment of a baseline with the Service Area	Q1-Q4		
Implement Welsh Emergency Care Data Set (WECDS)	• Replace the existing Emergency Department Data Set module within the Welsh Patient Admin System with a DHCW App	Q1-Q2		
	• Complete rollout across all four Minor Injury Unit sites	Q1-Q2		
	• Improve visibility of activity and outcome data across health and social care service	Q1-Q2		

Patterson,Liz
23/03/2026 11:23:13

Enabling Efficiency and Effectiveness

Key Areas of Delivery	*Key Milestones and Deliverables*	*Timescale*	*Lead Executive*	*Alignment to Planning Framework*
Complete implementation of Electronic Prescribing and Medicine Administration System (EPMA)	• Complete EPMA rollout across all agreed clinical areas	Q1-Q4	ED AHPHS&D	**Cabinet Secretary Priorities and Metrics** There are no additional priorities or metrics, however there are interdependencies across those in other sections and legislative and policy requirements. **Enabling Actions** There are no additional areas however there are interdependencies with those referenced in other section – and with the requirements set out in 'Improving Performance Together' (responding to the Ministerial Advisory Group on Performance and Productivity)
	• Improve medication safety by reducing 20% prescribing and administration errors	Q1-Q4		
	• Embed EPMA into clinical workflows to maximise adoption and sustainability	Q1-Q4		
Implementation of a digital communications platform (SMS Text, Hybrid Mail, Patient Portal)	• Approval of Business case for a Communications platform to secure funding	Q1-Q4		
	• Further phase to scope for Planned Care Transformation	Q1-Q4		
Completion of the implementation of Scan 4 Safety Clinical Stock Management	• End to end inventory management system for both ordering and receipting stock across 10 hospital sites and multiple departments, supporting consistency	Q1-Q3		
Digital Education & Inclusion via Clinical Informatics	• Support and promote digital literacy	Q1-Q4		
	• Provide a permanent Training Support function/team, for Clinical Services	Q1-Q4		
	• Support the quality assurance of the use of clinical systems	Q1-Q4		
Implementation of Continuing Healthcare software (following business case approval)	• Transition Finance and Continuing Healthcare processes to an electronic solution	Q1-Q4		
	• Improve accuracy and timeliness of Continuing HealthCare assessment &payments	Q1-Q4		
	• Enhance reporting and audit capability for compliance and governance	Q1-Q4		
	• Deliver training and support for staff adoption	Q1-Q4		

Patterson,Liz
23/03/2026 11:23:13

Infrastructure and Security

Key Areas of Delivery	*Key Milestones and Deliverables*	*Timescale*	*Lead Executive*	*Alignment to Planning Framework*
Enhance and monitor Cyber security and Cyber Assessment Framework (CAF) compliance	• Maintain and strengthen cyber security controls to meet CAF standards	Q1-Q4	ED AHPHS&D	**Cabinet Secretary Priorities and Metrics** There are no additional priorities or metrics **Enabling Actions** Improving Value and Minimising Variation – Cyber: to eradicate unsupported systems and devices; ensure clear organisational cyber response plan
	• Complete required documentation and assurance activities for compliance	Q1-Q4		
	• Monitor and respond to emerging threats to ensure organisational resilience	Q1-Q4		

Big Data and Artificial Intelligence

Key Areas of Delivery	*Key Milestones and Deliverables*	*Timescale*	*Lead Executive*	*Alignment to Planning Framework*
Commissioning Services Support for Better Data and administrative automation	• Support the development of dashboards and reporting tools for a single source of truth	Q1-Q4	ED AHPHS&D	**Cabinet Secretary Priorities and Metrics** There are no additional priorities or metrics. **Enabling Actions** There are no additional areas however there are interdependencies with those referenced in other section – and with the requirements set out in 'Improving Performance Together' (responding to the Ministerial Advisory Group on Performance and Productivity)
	• Reduce manual effort in place to validate data quality through automation and standardisation	Q1-Q4		
	• Conduct and produce a report gap analysis of commissioned data	Q1-Q4		

Patterson,Liz
23/03/2026 11:23:13

Leadership, Partnership and Alliances

Key Areas of Delivery	*Key Milestones and Deliverables*	*Timescale*	*Lead Executive*	*Alignment to Planning Framework*
Support Digital Health Care Wales & Welsh Government national strategy requirements: National Architecture and Blueprint, NHS Wales App, National Data Resource, Single Patient Record, National Data Standards, National Artificial Intelligence and Electronic Health Record policies	• Accountable engagement in national Digital Health Care Wales programmes, tracked through participation, delivery actions and reported outcomes	Q1-Q4	ED AHPHS&D	**Cabinet Secretary Priorities and Metrics** There are no additional priorities or metrics **Enabling Actions** There are no additional areas however there are interdependencies with those referenced in other section – and with the requirements set out in 'Improving Performance Together' (responding to the Ministerial Advisory Group on Performance and Productivity)
Actions from the NHS Wales internal audit & wider NHS Wales Digital Transformation Audit	• Improve uptake of Digital Systems, through sustainable resourcing for business change, training, and project delivery	Q1-Q4		
	• Scope training needs for 'Business Change' Management Skills across Digital, Clinical Informatics and operational service areas	Q1-Q4		
Support Better Together, North Powys Wellbeing Programme & the Strategic Commissioning Framework	• Engage in the demand and capacity modelling work as part of the North Powys programme, in partnership with Finance	Q1		
	• Provide the data and analysis for Travel Time Analysis	Q1 – Q2		
	• Design and complete a Digital Blueprint for Health and Care hubs as part of North Powys Wellbeing Programme (including a strategically owned and managed room booking system)	Q1-Q3		
	• Support the digital elements of the referral optimisation workstream of the Strategic Commissioning Framework	Q1-Q4		
	• Support the specification, procurement and governance to implement a digital Patient Related Outcome Measures platform (subject to approval of Business case in Q1)	Q1-Q4		

Patterson,Liz
23/03/2026 11:23:13

Innovative Environments

Transformation, Strategic Capital and Estates

Key Areas of Delivery	*Key Milestones and Deliverables*	*Timescale*	*Lead Executive*	*Alignment to Planning Framework*
Better Together	• Continued development of estate through Better Together work – place based care	Q1-Q4	ED FC&SS ED P&C DI&T	**Cabinet Secretary Priorities and Metrics** There are no additional priorities or metrics – however there are interdependencies across those in other sections and legislative and policy requirements in relation to climate change **Enabling Actions** • Maximising Value for Money – Estates: Ensure strengthened actions to improve estate utilisation and appropriate repurposing / disposal of under-utilised estate • Also note reference to other estate related actions covered elsewhere in plan, notably Theatre Utilisation
North Powys Wellbeing Programme	• Development of pan-Powys model for Integrated Hubs in collaboration with cross-organisational Regional Partnership Board/'Place' based approach (critical to Full Business Case, subject to Outline Business Case approval)	Q1-Q4		
Flexible working environments	• Continued development and delivery of flexible working spaces	Q1-Q4	ED FC&SS	
Llandrindod Wells Rural Regional Centre	• Development of Phase 2 Llandrindod Hospital; development of business case	Q1-Q4		
	• Work to complete the Integrated family Health, Care and Wellbeing Hub at Spa Road	Q1-Q4		
Llanfair Caereinion GP Practice & community hub	• Identify procurement pathway and initiate construction phase	Q1-Q4		
Discretionary Capital Programme including Targeted Estates Funding (TEF), etc.	• Deliver Discretionary Capital Programme	Q1-Q4		
	• Deliver projects within existing Targeted Estates Funding (TEF); Decarbonisation, Infrastructure, Fire, Decontamination, Infection Prevention Control & Mental Health and seek to secure future funding	Q4		
Efficiency and Productivity of the Estate	Maximise the efficiency and productivity of the use of the Estates: • Develop synergies between Estates and Facilities work streams to improve efficiencies • Strategic rationalisation of estate in line with Better Together Programme and Agile Transformation	Q1-Q4		

Patterson,Liz
23/03/2026 11:23:13

Innovative Environments

Climate Response

Key Areas of Delivery	*Key Milestones and Deliverables*	*Timescale*	*Lead Executive*	*Alignment to Planning Framework*
Climate Mitigation	• Actions set out in Decarbonisation Strategic Delivery Plan 2026-2030	Q1-Q4	ED FC&SS	**Cabinet Secretary Priorities and Metrics** • There are no additional priorities or metrics – however there are interdependencies across those in other sections and legislative and policy requirements in relation to climate change **Enabling Actions** • Maximising Value for Money – Estates: Ensure strengthened actions to improve estate utilisation and appropriate repurposing / disposal of under-utilised estate
Climate Adaptation	• Publication of PTHB Climate Adaptation Plan	Q1-Q3		
Community Engagement and Green Health Pathways	• Enhanced use and provision of green spaces, therapies, patient gardens for preventative health interventions	Q1-Q4		
Environmental Management System accreditation	• Maintain external accreditation to ISO14001 standards	Q2		
Biodiversity	• Enhancement and protection of biodiversity in line with Biodiversity Action Plan	Q1-Q4		

Patterson,Liz
23/03/2026 11:23:13

Transforming in Partnership

Finance

Key Areas of Delivery	*Key Milestones and Deliverables*	*Timescale*	*Lead Executive*	*Alignment to Planning Framework*
Financial Governance	• Implement Financial Recovery Governance - Enhance focus on recovery actions and integrate into current structure as needed.	Q1	ED FC&SS	**Cabinet Secretary Priorities and Metrics** There are no additional priorities or metrics, however there are interdependencies across those in other sections and legislative and policy requirements. **Enabling Actions** There are no additional areas however there are interdependencies with those referenced in other section – and with the requirements set out in 'Improving Performance Together' (responding to the Ministerial Advisory Group on Performance and Productivity)
	• Embed grip and control in key pay and non-pay areas and extend across commissioning and complex / continuing healthcare (CHC) (monitoring linked to turnaround structure as per point 1).	Q1		
Financial Recovery and Delivery	• Establish a financial efficiency delivery team to programme manage the delivery and identification of savings opportunities, with enhanced monitoring, management, and ownership	Q1		
	• Further develop actions and monitoring in relation to medium term financial recovery plan to focus future controls, saving and transformation required (additional detail "provide clear route to financial sustainability and actions required")	Q2		
	• Using analysis and drivers of deficit to focus transformation activities through Better Together	Q1		
Financial Control	• Grip and control in commissioning, contracting and CHC	Q1		
	• Integration of budget strategy in contracting and CHC	Q1		
	• Engagement of clinicians in financial decision making, particularly CHC	Q1		

Patterson,Liz
23/03/2026 11:23:13

Transforming in Partnership

Quality

Key Areas of Delivery	*Key Milestones and Deliverables*	*Timescale*	*Lead Executive*	*Alignment to Planning Framework*
Quality Management System (QMS)	Establish a single, coherent operating framework (QMS) that meets the needs of the population and puts quality as an organisational operating system, not a set of projects		ED NQW&FH	**Cabinet Secretary Priorities and Metrics** Quality and Safety •Downward trend in 12 month rolling average crude mortality while maintaining flat 7 day re admission rate •Increased days of safe care since last never event (SPC T Chart) •40 % early resolution of complaints by March 2027 *•Also note there is a further metric on clinical coding, which is referenced in the Digital First section* *•There are also interdependencies with other metrics noted across the plan such as those for Timely Access, Community by Design, Mental Health, Women's Health* **Enabling Actions** There are no additional areas however there are interdependencies with those referenced in other section – and with the requirements set out in 'Improving Performance Together' (responding to the Ministerial Advisory Group on Performance and Productivity)
	• Agree the QMS architecture: how Quality Planning, Control, Improvement and Assurance connect	Q1-Q4		
	• Create a clear line of sight from population need → strategic priorities → improvement activity → daily control → assurance	Q1-Q4		
	• Align the QMS with our Board workplan, committee structure and reporting so this is "the way we run the organisation"	Q1-Q4		
	• Move towards a one system-wide approach that is universally embraced (common language, consistent method, clear priorities)	Q1-Q4		
	• Strengthen "data for learning" behaviours and reinforce that quality is a system property (not an individual performance issue)	Q1-Q4		
Listening to People – National Framework	• Fully Implement the Listening to People Framework	Q1-Q4		
	• Ensure 40% of complaints are resolved via early resolution	Q2-Q4		
People's Experience – National Framework	Fully implement the Peoples Experience framework:			
	• Establish strategic delivery & oversight group to deliver the framework in full – reporting to Patient Experience Quality Safety Committee on progress quarterly	Q1		
	• Commence and conclude public & staff engagement on the Peoples Experience Framework Strategy	Q2		
Board Assurance on local and commissioned services	Review, develop and deliver improved reporting structures to factor in assurance around thematic findings and learning pan organisation; enhance assurance for commissioned services			
	• Establish working group with wider engagement to deliver the objective	Q1		

Patterson,Liz
23/03/2026 11:23:13

	• Engage with commissioned services to deliver an agreed metrics set relevant to each local service	Q3		
	• Develop clear associated organogram and Standard Operating Procedure to ensure reporting structures and clear and followed by all areas	Q4		
	• Ensure all commissioned Long Term Agreements enable accountability as required to deliver the objective	Q4		

Patterson,Liz
23/03/2026 11:23:13

Transforming in Partnership

Partnership Development

Key Areas of Delivery	*Key Milestones and Deliverables*	*Timescale*	*Lead Executive*	*Alignment to Planning Framework*
Regional Integrated Fund (RIF) – Exit Management	• Provide assurance that PTHB budget holders are managing exit from RIF funded projects	Q4	ED PCC&MH ED P&C DI&T	**Cabinet Secretary Priorities and Metrics** There are no additional priorities or metrics, however there are interdependencies across those in other sections and legislative and policy requirements. **Enabling Actions** There are no additional areas however there are interdependencies with those referenced in other section – and with the requirements set out in 'Improving Performance Together' (responding to the Ministerial Advisory Group on Performance and Productivity)
Prioritise the greatest system issues and impacts	• Ensure robust RIF funded delivery to target greatest system pressures	Q4	ED PCC&MH	
	• Share lessons learned with Regional Partnership Board	Q3		
Implement shared approach to partnership development	• Work with partners to implement the partnership development actions within the Regional Partnership Board plan, including the Welsh Government required self-assessment	Q4		
Partnership Governance and Assurance	• Update Framework and provide highlight report	Q4	ED PP&C ED PH	
	• Provide assurance on health board participation in Regional Partnership Board and priorities aligned to areas of greatest need	Q4		

Patterson,Liz
23/03/2026 11:23:13

Transforming in Partnership

Engagement, Communication and Corporate Affairs

Key Areas of Delivery	*Key Milestones and Deliverables*	*Timescale*	*Lead Executive*	*Alignment to Planning Framework*
Marketing and communication	• 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	**Cabinet Secretary Priorities and Metrics** There are no additional priorities or metrics, however there are interdependencies across those in other sections and legislative and policy requirements. **Enabling Actions** There are no additional areas however there are interdependencies with those referenced in other section – and with the requirements set out in 'Improving Performance Together' (responding to the Ministerial Advisory Group on Performance and Productivity)
Continuous and targeted engagement	• Design and deliver continuous and targeted engagement and/or consultation e.g. Better Together, local partnerships (e.g. Regional Partnership Board, Public Service Board), regional programmes (e.g. cross-border / commissioned service changes) and national programmes (e.g. all Wales, specialised services)	Q1-Q4		
Public Service Board/ Regional Partnership Board Engagement and Participation priorities	• Continue to embed shared approach to coproduction across Regional Partnership Board and Public Service Board partners including through the development and implementation of the Coproduction Journey Tracker	Q1-Q4		
Corporate affairs	• Undertake quarterly review and update of principal stakeholder map, including readiness for Senedd Elections 2026	Q1		
Powys Health Charity Strategy 2026-2029	• Implementation of Powys Health Charity Strategy 2026-29	Q1-Q4		

Patterson,Liz
23/03/2026 11:23:13

Transforming in Partnership

Corporate Governance, Corporate Business and Information Governance

Key Areas of Delivery	*Key Milestones and Deliverables*	*Timescale*	*Lead Executive*	*Alignment to Planning Framework*
Board Assurance Framework (BAF)	• BAF policy reviewed Q1 and integrated in Board meetings and informing the Boards (and Committees) work programme	Q1-Q4	DCG	**Cabinet Secretary Priorities and Metrics** There are no additional priorities or metrics, however there are interdependencies across those in other sections and legislative and policy requirements. **Enabling Actions** There are no additional areas however there are interdependencies with those referenced in other section – and with the requirements set out in 'Improving Performance Together' (responding to the Ministerial Advisory Group on Performance and Productivity)
Board and Committee business	• Board and Committee work plans agreed	Q1		
	• Board and Committee Effectiveness reviewed and findings used to inform Committee Terms of Reference reviews	Q1		
	• Board development x10 sessions; board briefings x8 sessions	Q1-Q4		
Risk Management	• Risk management framework reviewed Q1 and delivered	Q1-Q4		
Organisational compliance	• Internal and External audit programmes agreed	Q1		
	• Annual Report produced Q1; Annual General Meeting held by 30th July 2026	Q2		
	• Systems maintained and appropriately reported to support the management of Policies, Standards of Behaviour, Audit findings, Welsh Health Circulars and Ministerial Directions	Q1 – Q4		
	• Access to effective legal advice and support maximised in a managed and cost-effective way	Q1 – Q4		
	• Delivery of Internal and external audit programmes	Q1-Q4		
Information Governance and Records Management	• Design and deliver targeted communications programme that prioritises issues presenting the greatest organisational benefits and risks to the organisation	Q1-Q4		
	• Provide progress against the Plan via the Information Governance and Records Management Performance Reports with clear risks, issues and next steps	Q1-Q4		
Executive, administrative and governance support	• Quality corporate business systems and support in place across all executive portfolios	Q1-Q4		

Patterson,Liz
23/03/2026 11:23:13

Transforming in Partnership

Improvement, Research and Development

Key Areas of Delivery	*Key Milestones and Deliverables*	*Timescale*	*Lead Executive*	*Alignment to Planning Framework*
Quality Improvement (QI) systems and processes	• Collaborate with service area leads who have identified areas for improvement to clarify the issues, understand their objectives and timelines, and determine how they will measure impact and benefits	Q1	ED P&C DI&T	**Cabinet Secretary Priorities and Metrics** There are no additional priorities or metrics, however there are interdependencies across those in other sections and legislative and policy requirements. **Enabling Actions** There are no additional areas however there are interdependencies with those referenced in other section – and with the requirements set out in 'Improving Performance Together' (responding to the Ministerial Advisory Group on Performance and Productivity)
	• Providing support for these services to help determine the Quality Improvement resources needed for the work and identify which staff members need Quality Improvement training	Q1		
	• Use the top-down hierarchy tiers to balance long-term strategic goals with immediate, reactive needs and prioritise requests for Quality Improvement Resources based on work that will provide the biggest impact	Q1		
	• Work to embed improvement within business plans and the organisational business and performance cycles	Q1 -Q4		
Quality Improvement Capacity & Capability	• Develop an organisational competency framework and training plan for demand & capacity planning	Q1		
	• Deliver 'Quality Improvement in Practice' training, tools and support/network across service areas involved in Quality Improvement projects / activities	Q1-Q4		
	• Approval and implementation of the Demand & Capacity framework and plan	Q2-Q3		
Embed Research & Innovation as a key enabler of change	• Delivery of Regional Innovation Coordination (RIC) Hub workplan in partnership through the Regional Partnership Board with a focus on supporting and enabling progress of Better Together including the Business Efficiencies programme	Q1 – Q4	EMD	
Growing Research in Powys	• Consideration of '2 Year On' Assessment against national Research & Development Framework	Q1		
	• Work with People and Culture Directorate to use research as motivator for recruitment and retention	Q1 – Q4		

Patterson,Liz
23/03/2026 11:23:13

	• Support any application for Research Awards to further develop Research in Powys	Q1 – Q4		
	• Provide coordination, direction and oversight for research across clinical services and teams	Q1 – Q4		
Value Based Healthcare approach	• Undertake a review on Value Based Healthcare, refresh organisational strategy and agree priorities for embedding VBHC aligned to national Value and Sustainability Board	Q1	ED P&C DI&T	
	• Expand Patient Reported Outcome Measures across organisation (subject to approval)	Q2-Q4		

Patterson,Liz
23/03/2026 11:23:13

Level 4 Escalation Support Report Summary

26 February 2026

Patterson,Liz
23/03/2026 11:23:13

Table of contents

01	Context	3
02	Summary	4
03	Financial Position	6
04	Findings	8
05	Commissioning & Contracting	9
06	Continuing Healthcare	13
07	Financial Planning & Transformation	15
08	Better Together Transformation	17
09	Conclusions	19
10	Next Steps	20

© 2025 Grant Thornton UK Advisory & Tax LLP

Context to the review and methodology

Context to the review

Powys Teaching Health Board (PTHB) serves a geographically large area of Wales but one that it is sparsely populated.

PTHB delivers services without a District General Hospital (DGH), relying on acute care delivery that is out-of-county within Wales or cross-border from English hospitals. This leads to complex commissioning and service delivery challenges.

Financially, PTHB is under Level 4 escalation status under the NHS Wales Oversight and Escalation Framework. This is due to a deteriorating financial position and its planned deficit of £28.3m for 2025/26 which has not been approved or supported by Welsh Government. For all other domains of the escalation framework PTHB is in routine monitoring. There are continuing financial pressures which if not addressed are likely to lead to further deterioration in future leading to concerns about the Board's ability to achieve financial sustainability.

The review

This report presents the findings from a diagnostic review commissioned by PTHB and delivered by Grant Thornton UK Advisory & Tax LLP in partnership with Clarity Consulting Associates Ltd. Welsh Government and NHS Wales are actively involved in overseeing this work commissioned as part of the escalation process, requiring external assurance and a credible route map to financial recovery.

The diagnostic review was of the financial position of the Health Board and to identify strengths, gaps, opportunities and potential approaches to realise them in three areas:

- Commissioning & Contracting
- Continuing Healthcare (CHC)
- Financial Planning and Transformation

Patterson Lee 23/09/2026 11:23:13

Weekly review meetings were held with key Executives during the work, multiple progress meetings with NHS Wales and engagement with the full Executive team, Chair and full Board also took place at key points as well as engagement within the workstreams.

Work undertaken

The work undertaken in the 3 main areas is summarised as follows:

1. **Commissioning & Contracting -** Diagnostic Assessment of contracting and commissioning processes, governance frameworks, and performance management arrangements and alignment with statutory requirements, organisational objectives, and service delivery. Benchmarking approaches against best practices across Wales and England. Developing opportunities for improvement proposed solutions, benefits and potential ways to implement them.
2. **Continuing Healthcare (CHC) -** Using a CHC maturity matrix as the basis of review of end-to-end CHC pathways for quality, equity, and value, team structure, capacity, and skill mix, panel processes and governance and using benchmarking against national KPIs where available. This became the basis of recommendations for improvements in CHC service.
3. **Financial Planning and Transformation -** Reviewing and validating financial plans, identifying drivers of current financial position, and identifying cost-saving opportunities, reviewing financial governance and resources identifying potential improvements and identifying any gaps in financial planning and transformation capacity.

Within each workstream information requests were made and meetings held with people within the relevant area. This iterative process of information gathering started from project planning in September through October and the beginning of November 2025. Further engagement took place to test and refine emerging findings, opportunities for improvement and potential ways to implement them with a wide range stakeholders.

Our work focussed on the areas listed above and while it touched on the *Better Together programme*[1], where it linked to these, it did not fully evaluate Better Together.

Our work was limited by the information available, which prevented some planned benchmarking. Some financial data was only current to month 5 or 6, and in some places, we extrapolated using available data and external knowledge.

[1] Better Together - Powys Teaching Health Board

© 2025 Grant Thornton UK Advisory & Tax LLP

Summary

Context

PTHB has experienced a deteriorating financial position over the last three years. Its position is worsening in the current financial year faced with a continuation of significant cost pressures on commissioning out-of-area acute and mental health services and continuing healthcare. These, along with unplanned expenditure pressures linked to increased activity, English non-elective price increases, increases to Welsh risk pool and potential employment dispute related costs, present risks to the delivery of its financial plan of a £28.3m deficit in 2025/26 and feed an increasingly significant cumulative and underlying deficit position.

PTHB has a unique context which contributes to its financial position and challenges. It covers a large rural area covering quarter landmass of Wales with sparse population of about 4% of population of Wales. It has less than 35% of the population of the next smallest health board and its population is older than most with almost 29% population over 65 and this is predicted to grow over the next decade and beyond. This population and geographical context plus the fact that it does not have any acute hospitals within the Health Board put pressures on the Health Board's financial position and affect its ability to unilaterally implement short-term recovery actions, as it is reliant on providers outside of its area for much of its health services. Due to its geographical location these providers are primarily 4 Welsh Health Boards and 3 border English NHS Trusts. This leads to complex arrangements to be managed by small PTHB teams.

Powys Teaching Health Board (2026-27) 2026-01-27 11:23:13

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

Findings and opportunities

There is a good degree of grip and control in place across areas of the Health Board's own provider function with strengthening of financial discipline, oversight and workforce management. But there remain some challenges particularly within the areas of greatest financial risk in the commissioning and contracting for external acute, mental health and continuing healthcare services. Grip and control over spending in these areas can be enhanced. Stronger actions and governance are needed to prevent its deteriorating position and provide a basis for securing longer term financial sustainability.

Commissioning and contracting frameworks in England and Wales are not aligned which cause challenges on cost, performance and remedial levers. For PTHB a large amount of activity is delivered in England. Therefore, at least for the English activity, it seems appropriate to adopt a commissioning and contracting approach more akin to the English one to provide greater levers for the Health Board to manage patient activity and spend.

Greater collaboration, market management and clearer contracts for continuing healthcare will better manage spend in these areas.

The above are key to improving its financial position of the Health Board. Two other key elements to improving the financial position are:

- adopting more focused financial governance and culture across the Health Board.
- delivering a wider programme for identifying and delivering transformation, within services as well as through Better Together, that deliver recurrent savings.

© 2025 Grant Thornton UK Advisory & Tax LLP

Summary [continued]

Implementing changes

Most of the suggested opportunities require 'foundational' actions in the areas reviewed to provide the platform to financially stabilise the Health Board. This is needed before it can realise the sustainable financial benefits that transformational actions and broader focus of its *Better Together* programme can bring. We expect that these opportunities will help manage cost pressures and support risk mitigation of the Health Board's 2025/26 financial position but would not lead to any significant betterment in its current forecast outturn position.

The 'foundational' and 'remedial' actions suggested will however provide a firmer basis for 2026/27 onwards and over time could deliver estimated net savings of over £20m to support and address some of the strategic and operational drivers of the current underlying deficit. Contributing components have been discussed with the Health Board. We all agree that some detailed underpinning assumptions will need validation during implementation before final savings can be confirmed.

Due to the Health Board's size and capacity limitations, resources will need to be realigned and redirected to ensure the delivery of prioritised actions, while assessing the impact on ongoing service provision. Investment may be required to bring in external subject matter expertise to provide capacity, capability and pace to teams, systems and processes. The net impact and return on this investment to deliver these opportunities would be significant but less than the savings identified.

The opportunities identified will not be sufficient to eradicate the Health Board's current reported underlying deficit. Wider strategic decisions about services provided and commissioned by the Health Board need to be made to provide a clear financial recovery plan.

Page 5 of 21 - 30/01/2026 17:23:13

Plans and platforms being established under *Better Together* could be used to drive the financial recovery plan. However, the detailed scope and objectives of the programme and its phases along with the pace of its implementation may need some refinement and alignment to make sure that the most pressing financial challenges will be effectively addressed.

The findings from our review and related opportunities have been tested with staff and Board members and we have found recognition of the findings and willingness to make necessary changes going forward. Some changes have even started to be implemented before the review completed such as those in relation to CHC brokerage and database plans.

© 2025 Grant Thornton UK Advisory & Tax LLP

PTHB's financial position

Financial performance

The Health Board's financial performance is deteriorating. On key metrics; in year financial position, its cumulative overall position over the last 5 years, its underlying position (removing non-recurrent funding and expenditure) and its overall financial position is worsening.

Chart 1: Annual Surplus/(Deficit) (£m) Trend: 2019/20–2024/25, and 2025/26 Forecast

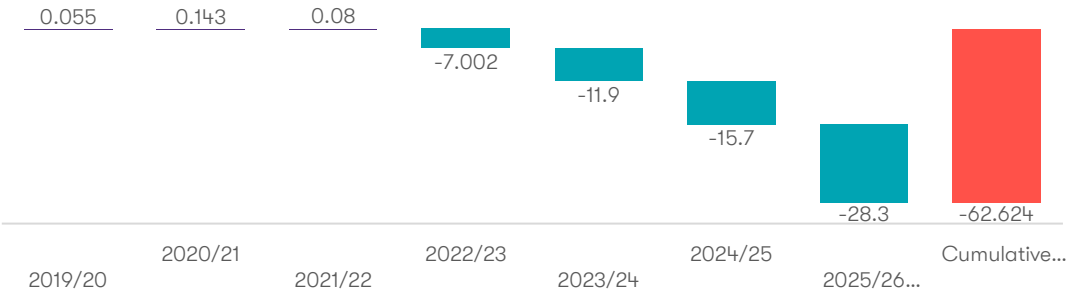
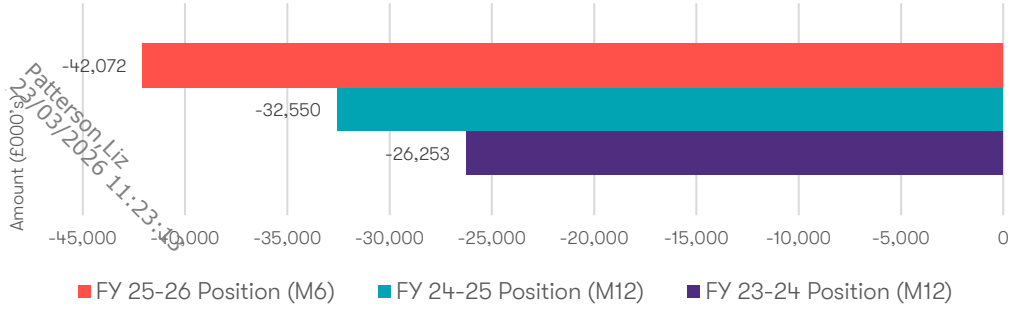


Chart 2: Underlying Financial Position by Financial Year



Our assessment of the underlying position identified high levels of non-recurrent expenditure which may be inflating the position. The Health Board are currently reviewing this to assess its impact. The Health Board's reported exit underlying position for 2024/25 is £32m and this is worsening in 2025/26 due to its planned deficit level and the challenges delivering it.

In the current financial year (2025/26), the Health Board was, at month 6, forecasting an outturn position of £28.3m deficit which is line with its plan. The plan has not been approved or supported by Welsh Government.

Our review of the forecast outturn identified significant risks with the delivery of this outturn. Based on our analysis and review at month 6, we estimated a most likely outturn position of £37.5m, reflecting known unplanned expenditure linked to increased activity, English non-elective price increases, increases to Welsh risk pool and potential employment dispute related costs, but assuming no crystallisation of contingent liabilities.

Causes and drivers of the deficit

Our analysis of spend shows a relatively flat line run rate for the majority of expenditure categories but with significant increases in CHC (30%), Healthcare services commissioned with Other NHS bodies (16%) and Pay (9%).

Although delivery of savings programmes has increased over the last few years, our review found no discernible shift in run rate or savings delivery level that would mitigate the increased costs from commissioned and contracted services or internal pay costs.

Drivers of the deficit analysis categorises causes three categories:

- **Structural** - *Drivers that are outside of Health Board's control*
- **Strategic** - *Drivers that are partially within the Health Board's control*
- **Operational** - *Drivers that are fully within the Health Board's control*

© 2025 Grant Thornton UK Advisory & Tax LLP

PTHB's financial position [continued]

Causes and drivers of the deficit [continued]

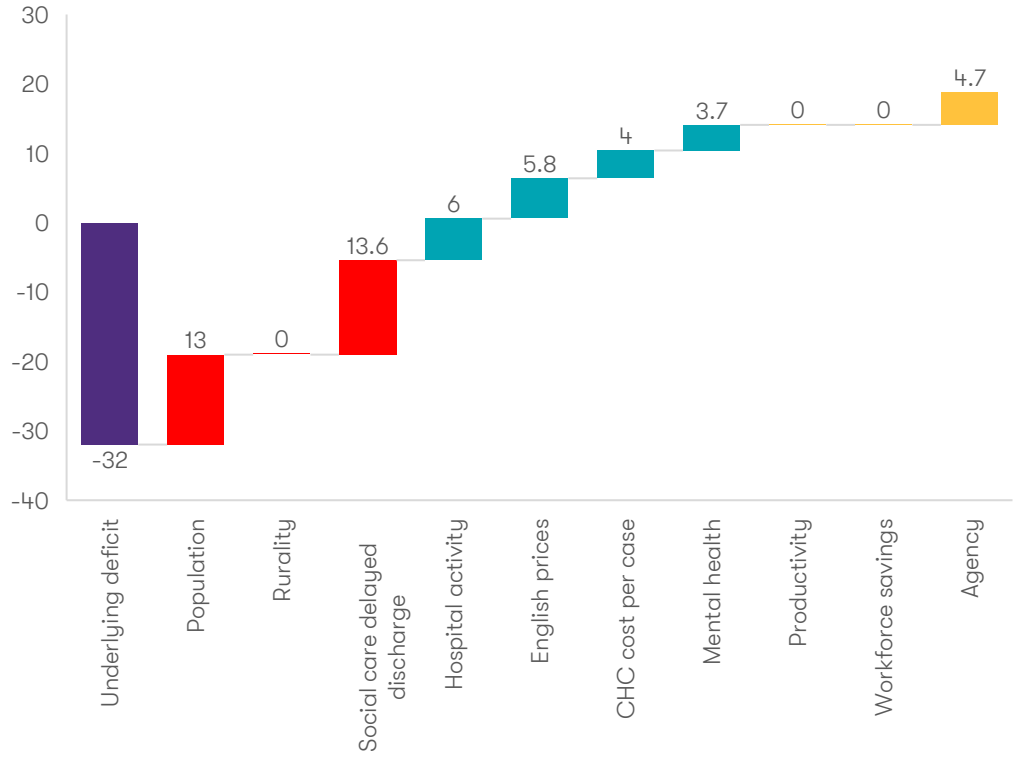
We concluded the Health Board's material drivers are strategic and structural caused by:

- Costs of delayed patient discharges caused by absence of social care packages and placements.
- Higher than planned increased activity for acute hospital services (urgent and planned care).
- Significant cost differential for services provided by English NHS Trusts compared to others (for example: day cases average cost: English £850.48 and Welsh £741.03, elective inpatient average cost: English £5275.04 and Welsh £2472.13).
- Higher CHC cost per case across the whole population compared to other health boards.
- Significant increase in activity and cost of mental health out-of-area placements.

The demographical differences and the rurality of Powys are important structural driving contexts which underpin many of these drivers. Higher than average agency costs also contribute to the Health Board's underlying position.

The nature and context of these drivers mean the Health Board should focus on commissioned and contracted out services alongside more active population management to drive improvement in its financial position. This should be the focus of recovery plans. These will not by themselves eliminate the underlying deficit and so wider transformation and potential difficult decisions on service provision and delivery will need to be taken to provide future financial sustainability for the Health Board.

Chart 3: Cost drivers



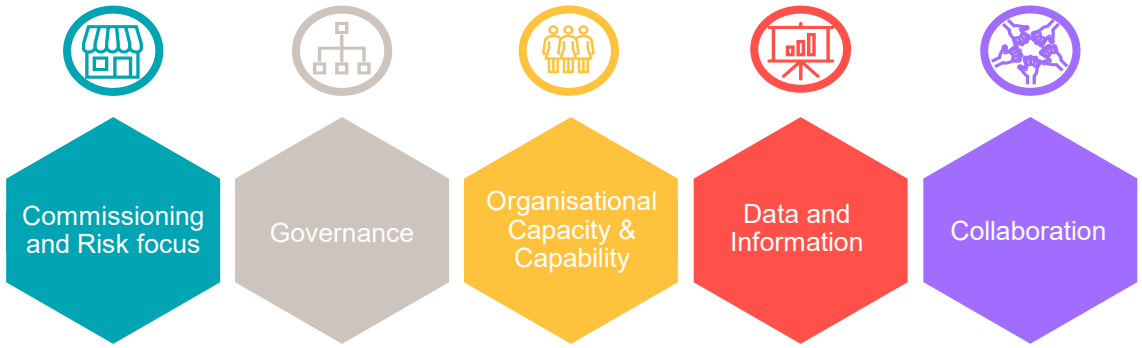
Papers 2025 V1 23 13

© 2025 Grant Thornton UK Advisory & Tax LLP

Findings and opportunities

Our work focused on diagnostic reviews that identified findings and consequential opportunities for improvement along with their financial impact across three workstreams: finance and transformation, commissioning and contracting, and CHC.

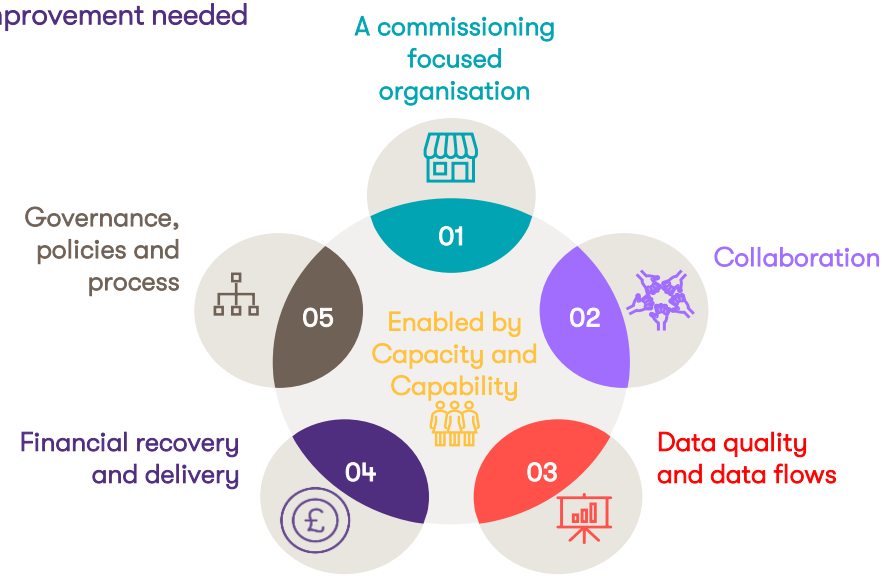
There are five consistent themes to our findings running through all three workstreams:



Each opportunity has been tested with relevant Health Board staff and discussed with Boad members. We have categorised opportunities in two different ways. The first is by area of work as shown in the diagram. The second is based on an assessment of relative priority for action. We have defined the action priorities as Foundational (F), Remedial (R) & Transformational (T). **We have suggested ideal timescales for completing each type of action. However, we acknowledge the capacity constraints PTHB faces in some areas. Therefore, actual delivery timescales will depend on PTHB capacity, competing demands and prioritisations within final implementation plans.**

Attachment 2
23/03/2026 11:23:13

Area of improvement needed



Action priorities

Foundational	Immediate actions that need to be addressed to support mitigation risks to forecast outturn – these generally will be controls and process improvements	Now for implementation within 2 months
Remedial	Implementing fundamental changes which provide a platform needed to shift towards future financial sustainability – these generally will be improvements to functioning and operations	Short-term - for implementation by Q1 2026/27
Transformational	Implementing changes that impact and deliver future financial sustainability - these generally will be actions that manage the services provided and commissioned	Medium to long-term

© 2025 Grant Thornton UK Advisory & Tax LLP

Commissioning and contracting

Findings overview

The Powys HB teams are engaged and motivated to deliver with passionate and engaged people striving for improvement within the commissioning space. All members of the Commissioning and Contracting team were fully engaged with the diagnostic process, provided all available information and gave their time for discussions. Findings have been derived using information provided by PTHB and via interviews with key individuals involved in the commissioning and contracting processes.

As a result of the diagnostic, opportunities have been identified, based on best practice and experience of working with similar organisations, to strengthen commissioning within PTHB focused on acute service commissioning but with consideration of other commissioning activities.

Strategic ambitions are clearly set out in key documents, reflecting a commitment to move from transactional purchasing to strategic commissioning, focusing on population health, pathway redesign, local service resilience, and reducing reliance on out-of-area provision. The enaction of these ambitions needs accelerating with clear actions, timelines, and accountability to ensure their delivery. **Currently the Health Board lacks a sufficiently commissioning-focused structure and culture**, with limited resources, historically there has been high turnover in senior roles, and insufficient systems and processes to support effective commissioning at this scale into England.

Commissioning activities face challenges that limit progress. Needs assessments exist but are high-level and inconsistent, creating planning uncertainty and making prioritisation difficult. Better data quality and addressing data gaps would improve alignment with population needs. **Capacity and capability are constrained**: the team is small, long-serving, and lacks specialist expertise in areas such as contract validation and strategic commissioning. Processes are split across commissioning, contracting, finance, and activity planning which tend to operate in silos. Evidence acquired via interviews with team representatives indicated limited integration between setting PTHB strategic intent, financial forecasting, and activity planning.

Commissioning processes are narrow and data-limited, restricting strategic decision-making. Opportunities exist to use PTHB-provider capacity more effectively, strengthen in-reach agreements, and explore repatriation and greater local delivery. This is proposed under Better Together Phase Two acknowledging that workforce constraints may need addressing.

Greater consistency and tactical flexibility would accelerate progress toward sustainable service models. Collaboration offers further potential: internally, improved cross-directorate working could address some capacity gaps, while externally, PTHB's role in regional and national arrangements appears unclear, resulting in the perception that it is often positioned as an observational recipient rather than an active participant.

Existing structures such as the JCC enable coordination but are not seen as vehicles that acknowledge the uniqueness and the transformational change required in Powys and have not previously delivered balanced plans. There is appetite for a more outcome-focused model of collaboration, moving beyond information sharing to genuine co-design and resource pooling, but there are gaps in capacity and capability to take up these opportunities. Engagement with external forums is viewed as fragmented, limiting strategic influence and the systematic identification, assessment, and response to risks that can impact multiple organisations.

Service planning and design are progressing but are constrained by historic models and fragmented structures. Collaborative commissioning mechanisms are underutilised, and detailed plans with robust data and measurable targets are needed to translate ambition into action. Transformation programmes have made steady progress but could accelerate with stronger clinical engagement, building on examples such as MSK pathway redesign. Opportunities exist to broaden transformation scope, adopt best practice, and introduce referral management systems. Stronger commissioning levers would support pathway redesign and enable strategic changes at scale and pace.

The contracting function manages activity but remains transactional. Moving to a more strategic approach, with stronger contractual levers and improved performance management, would drive improvement. Current processes are misaligned with team skillsets, and role clarity is limited. Manual processes make oversight challenging given contract complexity. These issues are compounded by poor-quality, delayed data from major providers and underdeveloped long-term agreements for in-reach services.

Monitoring and reporting are in place but compliance-focused rather than strategic. Building trust in data, automating processes, and improving analytical capacity would enable reporting to provide actionable intelligence and support informed decisions. Standardising systems and improving interfaces would reduce inefficiencies and strengthen confidence in data quality.

Page 9/21 2021-12-23 13

Commissioning and contracting

Key findings

Commissioning structure: The Health Board (HB) lacks a commissioning-focused structure and culture, with limited resources and historical high turnover in senior roles, and improvements required to the basic systems in place to support effective commissioning.

Limited scope of transformation programmes e.g. Better Together (BT): BT is the main vehicle for service redesign but so far has only addressed a proportion of services due to resource constraints and focus on provider sustainability rather than overall value of care delivered and population needs/ priorities increasing scale, scope and ambition.

Powys commissioning levers and data issues: Powys HB uses standard NHS Wales contracts, does not effectively use contractual levers (e.g. activity plans, quality requirements) and spends too much time on operational management due to lack of trusted data, limiting ability to drive service change.

Commissioning approach: Powys does not treat its own provider-side services the same way it does its external providers, limiting commissioning maturity; external commissioning arrangements are not strong and reviews lack rigor.

Historic service model: Service delivery is largely based on historical provision, risking misalignment with current and higher-value population needs and strategic priorities.

Strategic Commissioning adoption: A strategic commissioning approach and framework has been approved by the Board. High-level priorities for 2026/27 exist but lack detailed plans and robust data to support implementation.

Powys is not a strategic and data-driven commissioner of services: reporting is generated for compliance and upward reporting. Limited evidence that data trends alter PTHB's immediate contractual or local provision operationally or drive strategy and commissioning patterns.

Data quality and reporting: Collective lack of trust, amongst teams, in reporting and data due to a long history of data quality issues and siloed working, hinders data use and integration.

Siloed planning functions: Unclear responsibilities for pathway design, transformation, and cost control with poor integration across commissioning, finance, and activity planning.

Capacity and Capability: Commissioning capacity is stretched, with resources insufficient to meet planning, performance, and transformation needs. Managing a large, complex portfolio of external providers limits oversight and engagement, slowing strategic change and forcing the team to focus on urgent issues rather than proactive planning.

Internal collaboration: Greater cross-directorate collaboration within PTHB could help address key gaps and deliver on strategic initiatives. Current efforts are fragmented, and there is an opportunity to adopt a more integrated approach to planning and commissioning across functions.

External collaboration: PTHB's role in regional and national collaborative commissioning lacks clarity and consistency, making it appear that the organisation is more of a recipient rather than an active partner. Existing structures, such as the JCC, enable coordination but are not seen as vehicles for transformational change. Engagement with external forums is fragmented, limiting strategic influence and the ability to escalate risks effectively.

Stetson Ltd 03/2026 11:43:13

© 2025 Grant Thornton UK Advisory & Tax LLP

Commissioning and contracting

Opportunities

Theme	Proposed action and impact	Category
A commissioning focused organisation	**Redesign of the current commissioning team to ensure both delivery capability and oversight across whole commissioning cycle.** Baseline required to allow other actions to deliver financial improvements	F
	Create a single live contract register + variation log (incl. values, duration, KPIs, escalation history) and use it in monthly performance/finance huddles. Highlight anomalies for adjustment - quantum unknown yet	
	Develop core commissioning dashboard with input from Commissioning, Data, Digital and Finance to allow effective contract and performance management. Highlight areas to manage - quantum unknown yet	R
	Development of strategic commissioning partnerships with cross-border ICB's /investigate collaborative commissioning solutions, where mutually beneficial. Exert increased bargaining power	
	Stand-up a formal escalation & decision log cadence (monthly quality & performance contract meetings with actions/owners). Productivity gains	
	Adopt a commissioning maturity assessment approach, by provider (standard terms present? KPIs? penalties? data schedule?) to target uplift. Potential for up to 2-5% saving on externally contracted activity English Trusts over three years	
	Catalogue all collaborative forums (who attends, decisions, finances at stake) and align to commissioning intentions. Productivity gains	
	Refine and embed a system-wide transformation programme, to reposition Powys as a commissioning-led organisation, with aligned governance, capabilities and culture. Reduce the current average annual growth across all commissioning activities from 6.2% in projections by even 7% could result in significant savings over 3 years	T
	Work with the JCC and ICBs (where Powys commissioned volumes are small), to assess whether there are mechanisms whereby the JCC or ICB could commission such services on behalf of all (or just some) HBs. A 5% reduction JCC commissioned activity could produce significant savings	
Develop an approach to Referral Management, suitable for PTHB	Develop and implement referral management protocols and demand control mechanisms (e.g. e-RS gatekeeping, threshold adherence, pre-referral criteria and Advice and Guidance processes) on a Powys-wide basis. Referral management protocols alone could yield a general decrease of 10-15%. Plus, if advice and guidance was the first point of call at cost £30 versus outpatient appointment £300 even 25% compliance could yield significant savings	F
	Scope pathway-level ROI across key high-spend pathways for service redesign, repatriation, scaling up any existing pathway changes, alternative delivery vehicles (including diagnostics.) Estimated potential savings based on large areas of activity where significant activity could be repatriated and either provided locally, or with greater productivity could lead to 30% savings	

Patterson, Kirsty (Grant Thornton UK LLP) 23/03/2026 21:23:13

© 2025 Grant Thornton UK Advisory & Tax LLP

Key actions to focus on

Commissioning and contracting

Opportunities [continued]

Theme	Proposed action and impact	Category
Develop an approach to Referral Management, suitable for PTHB	Conduct a full review of community hospital bed utilisation, productivity, and admission criteria. Outpatient waiting list validation exercise, could deliver some savings with outpatient removals (6-14% has been achieved elsewhere).	R
	Analyse diagnostic referral activity and demand patterns to reduce unwarranted variation and improve pathway alignment. Financial savings from pathway compliance quantum as yet unknown	
Improving Health out-of-county placement processes	Review and reduce reliance on out-of-area Mental Health placements through improved oversight and local alternatives. Reduced Mental Health Out-of-area placements leading to savings (potential for 10% to 15% reduction)	F
Design and implement a set of standard contracting processes that support Powys as a commissioning organisation	Require triangulated baseline positions (finance, activity, performance) for 2026/27 negotiation prep. Review and implement standard contracting processes	F
	Introduce the use of NHS Standard Contract for English providers (2026/27 cycle) and embed minimum data flows and KPIs for all English contracts using existing NHS data infrastructure. Financial savings from improved contract position - specify lower volumes to be provided and manage over-performance at marginal cost; and reduce double-counting - a conservative estimate based on experience elsewhere and 5% reduction on 2024/25 activity would create a substantial saving	F
	Tighten process and expedite setting of annual Commissioning Intentions linked to key areas of financial pressure - ensure intentions are clearly communicated to providers in advance. Review and implement standard contracting processes	
Improve data quality and data flows that support Powys as a commissioning organisation	**Develop and implement data flows from each provider organisation, automating processes as required, to provide Powys with the data it requires as a commissioning organisation**. Financial savings from a better understanding of what is commissioned – quantum as yet unknown	F
	Conduct full waiting list validation and data cleanse (e.g. remove duplicates, identify long waiters, address hidden demand). Performance improvements and Financial savings – quantum as yet unknown	
	Focus on improving automatic data feeds from Welsh data systems to each Health Board, avoiding the need for manual manipulation Reduced costs and better operational and financial understanding and control	T

Pattison, Nia 20/03/2026 11:23:13

© 2025 Grant Thornton UK Advisory & Tax LLP

Continuing Healthcare (CHC)

Findings overview

The review looked at trends in Continuing Healthcare provision over recent years and reviewed the service against a maturity matrix for CHC provision.

The review identified that there is a well-formed structure with appropriate levels of senior oversight for the CHC and Complex Care Service. The staff are clearly well supported in their roles and there are elements of partnership working with Powys Local Authority and Community Health Teams, who mostly complete the CHC assessments. There is excellent support for CHC and Complex care staff to develop further with funded training and monthly protected time for learning and development. The staff are well supported with regular supervision and team meetings providing a learning environment.

Over the past five years (2019/20 to 2024/25), there have been notable changes in service delivery within the CHC and Complex Care Service. These changes reflect evolving patient needs and market dynamics, which have influenced both activity levels and costs.

Key trends include:

- Increase in palliative care cases, some of which may be linked to the Fast Track approach.
- 109% rise in patients with learning disabilities (LD) requiring support.
- Significant growth in Nursing Home placements for Elderly Mentally Infirm (EMI) patients.
- 36% increase in adult Mental Health (MH) patients.
- In some cases, eligibility for CHC or Section 117 aftercare remains unclear, requiring further review to understand the drivers behind these increases.

Cost pressures have been driven not only by higher activity but also by pricing changes within the provider market. Day costs have increased by 25% to 105% across care groups, and these cost increases have been inconsistent across Powys.

Additional service delivery changes include:

- Growth in one-to-one provision.
- Reduction in amount of care delivered as domiciliary care.

Using a CHC provision maturity matrix we found PTHB CHC and Complex Care to be a developing / progressing service (on a 5-point scale of Initial, Developing, Progressing, Advanced to Leading). Some significant improvements have been made in focussed areas such as appeals and retrospectives however there are several areas where further improvements can be made.

Patterson 23/6/2026 11:23:23

Key findings

Brokerage: There has historically been no brokerage team leading to clinicians negotiating with providers, which conflicts with their case management roles. (It is noted that a joint team with PCC currently funded by RIF has just been established).

Policies and Governance: The CHC and complex care policies lack robust governance and therefore there is a lack of oversight and consistency of processes. This includes the lack of development of a direct payment policy which is due to commence for 26/27 financial year. There is a lack of robust standard operating procedures. There is an absence of a clear commissioning strategy and choice policy. All care is spot purchased for CHC and there is no clear strategy for annual provider uplifts.

Market Development and management: There is no market development and engagement and no annual contracts for private care provision or individual placement contracts.

Delayed discharges: Significant delay in flow from acute and community hospitals.

Domiciliary Care: The capacity in domiciliary care provision does not meet demand leading to family becoming carers or unnecessary placements in care homes at increased costs.

Lack of a database: The lack of a single database, containing all patient cohorts and information leads to a lack of consistent reporting and analysis, end-to-end oversight of the service provision and the inability for comparison with other services in LHBs and ICBs.

Skills mix: There are limited members of the administrative team, with partial brokerage and no commissioning or Contracting functions which therefore utilises clinical and administrative time inappropriately. Additionally, some processes are cumbersome and time consuming and require review to ensure effective flow and efficiencies.

© 2025 Grant Thornton UK Advisory & Tax LLP

CHC

Opportunities

Theme	Proposed action and impact	Category
Develop Powys HB as commissioning organisation	**Develop brokerage service.** 10% overall decrease in new placements	F
	Clinical commissioning reviews for CHC and Complex Care cases including those in receipt of 1 to 1 and s117 aftercare services to ensure service requirements and provision. Potential savings based on experience of up to 20% decrease in costs after in-depth clinical commissioning reviews elsewhere	
	Review of processes to align with statutory duties under the Mental Health Act and CHC Framework. Financial savings as funding of care aligned to statutory duties – quantum as yet unknown	
	Commissioning and market management / development strategy for both CHC and Complex Care. Financial savings due to market and competition generation and services to meet patient needs – quantum as yet unknown	R
	Complete CHC and Complex care service transformation programme. A service that is fit for purpose, releases clinical time and delivers financial and workforce efficiencies and compliance with National Frameworks and statutory duties	T
Design and implement a set of standard processes and systems	Policies development and review – these include CHC Commissioning and / or Choice Policy, Disputes Policy, Joint Funding Policy. Consistency of delivery	F
	Review of current processes plus development and approval of robust CHC / CYPCC and complex care Standard Operating Procedures. Improvement of flow through service delivers cost reductions and improvement in flow across hospitals	
	Direct payment preparation – Direct Payments for Care Provision will become the right of all CHC patients from 1st April 2026. Compliance and managing financial risk of implementation	R
Improve data quality and data flows	**Completion of business case for support from NHS Wales for the purchase of a database. Significant data cleansing required to ensure all current data is uploaded to the new database thereby not losing knowledge and data for current service provision.** Clear oversight of all patient cohorts and position along pathways. Ability to report regularly and allow for appropriate data analysis and planning	R

Patterson, Liz 23/03/2026 11:23:13

© 2025 Grant Thornton UK Advisory & Tax LLP

Financial planning and transformation

Findings overview

The findings on financial planning and transformation have been drawn together from across all the work completed (including commissioning and contracting and CHC service reviews) but specifically based of reviews of the financial forecast, savings delivery, grip and control review and planning capacity and capability assessment.

PTHB's grip and control arrangements over its own provider functions have strengthened its financial discipline, control of its costs, oversight and workforce management. Ensuring and embedding consistency and application of policies and controls and strengthening its control of its externally driven costs in commissioning and CHC will release further savings potential.

The Health Board's savings programme performance reflects a shift from under delivery to recent overachievement in 2024/25 but there is a gap in 2025/26 with increased risks on delivery and a growing reliance on non-recurrent savings. Saving levels for the Health Board in some areas are below what others have achieved and there is a comparatively high proportion of one-off savings suggesting that the Health Board has an opportunity to increase its savings programme and improve the recurrency of savings delivered.

Operating a structured financial recovery governance framework will focus, co-ordinate and provide clarity on delivery of financial recovery and medium-term financial plans. Finance capacity plans are being reviewed to support areas outlined in the review. Focus support needs to be allocated to implement proposals to improve financial governance, financial recovery planning and implementing a programme management approach to savings delivery.

Public Board 29/05/2026 11:23:13

Key findings

Absence of financial recovery governance framework and planning: PTHB is not operating within a structured financial recovery approach. There is no health board-wide recovery group, plan or medium-term financial plan, no dedicated turnaround function, and in some areas limited impact from efforts to embed a culture of financial accountability.

No programmed approach to savings delivery: Responsibilities and accountability for the identification and delivery of savings are not always clear in all areas and at all levels of the Health Board. Although delivery has been improving over recent years, savings programmes don't target sustainable, transformational and recurrent opportunities. There is limited reporting and systematic risk assessment framework for delivery beyond what is required for Welsh Government reporting.

Grip and control issues in commissioning, contracting and CHC expose financial risk: This is on contracts and in place and the management of them. This has mainly been detailed elsewhere but one example is that some contracts with external healthcare providers remain unsigned, reducing the ability to enforce accountability on activity levels, waiting times, and agreed terms.

Limited integration of budget considerations in decision-making: Decisions in contracting and CHC within the Health Board are taken without full reference to budget availability, and financial accountability across non-financial and clinical teams is not fully embedded. This highlights the need to improve the Health Board's budget strategy, accountability and delegation framework.

Inconsistent clinician engagement in financial decisions: Clinicians, in particular CHC and those involved in commissioning services, are not consistently involved in financial decision-making limiting opportunities for informed choices and maximising delivery.

© 2025 Grant Thornton UK Advisory & Tax LLP

Finance planning and transformation

Opportunities

Theme	Proposed action and impact	Category
Improve financial governance	**Implement Financial Recovery Governance – introduce financial recovery group/board to provide oversight, co-ordination, control and communication over delivery of financial outturn, planning and delivery of recovery programmes. Ensure key areas for delivery of financial plan have appropriate governance and controls in place.** Enables delivery of financial recovery	F
	Embed grip and control over key pay & non-pay areas and extend across commissioning and CHC functions. Mitigate financial risk on outturn	
Financial recovery and delivery	Clear dispute and resolution plan developed jointly with NHS Wales to manage liability issues with Wye Valley NHS Trust and other systemic issues with English providers. Remove risk of realisation of liability	F
	Establish a financial efficiency delivery team to programme manage the delivery and identification of savings opportunities, with enhanced monitoring, management, and ownership. Based on benchmarked savings levels of other organisations implementing similar arrangements additional savings could be made	R
	Consideration of turnaround or improvement director to focus financial recovery actions and governance. Focus on delivery of financial plans and future sustainability	
	Develop medium-term financial recovery plan to focus future controls, saving and transformation required across the health board. Provide clear route to financial sustainability and actions required	
	Using analysis and drivers of deficit to focus transformation activities through Better Together and related resources and plans that build pace and link to financial sustainability actions. Provide clear route to financial sustainability and actions required	T

Patterson,LIZ
23/03/2026 11:22:13

© 2025 Grant Thornton UK Advisory & Tax LLP

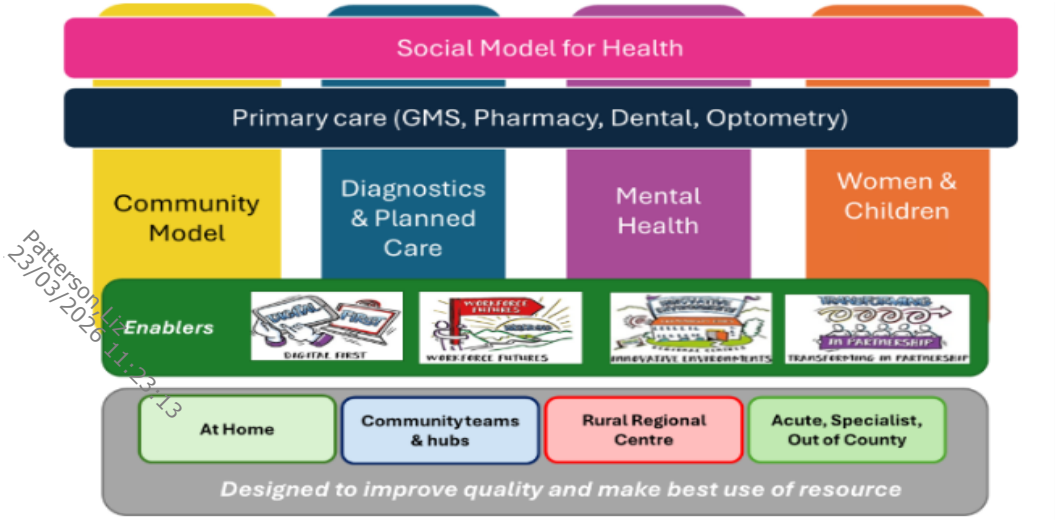
Better Together Transformation programme

Context

The Health Board has an approved health and care strategy, setting out its vision for health and care services across Powys. The Better Together Transformation programme has been set up to respond to an urgent and well-evidenced case for change. Health and care services in Powys face increasing pressure from a growing elderly population, rising incidence of complex multimorbidity, ageing infrastructure, workforce challenges, and escalating financial constraints. There is clear alignment with local and national strategy, including A Healthier Wales and the NHS in 10+ Years (Orford) report, in recognising that "no change is not an option."

Better Together aims to redesign models of care to deliver safe, sustainable services aligned to population needs, with a stronger focus on prevention, earlier intervention, and better join up across physical health, mental health, primary care, social care and the third sector.

Better Together portfolio design



Patterson, Liz 23/03/2026 11:23:13

Previous service transformations within the Health Board have taken considerable time to complete, for example, the 4 years for the MSK service change. Therefore, a new directorate and a structure to deliver this programme was put in place at the start of this year to drive forward Better Together and it has made progress. However, this progress has been limited by service capacity and political considerations.

A phased and prioritised approach to engagement and development of options was developed with the Better Together Programme. This is being undertaken in 3 phases:

- **Phase One:** Adult Physical and Mental Health Community Services.
- **Phase Two:** Planned Care Services.
- **Phase Three:** Services for Children, Families and Women's Health.

Current position

The options have been developed for Phase One services but consultation in relation to changes proposed from Phase One work has recently been delayed until after Senedd elections in 2026. Initial diagnostics work for Phase Two is about to commence with a GIRFT strategic assessment of all planned care examining care by all providers (including PTHB), all referral pathways that will focus on the highest areas of spend and this will recommend what changes should be made to future provision and pathways to be more sustainable and maximise the use of PTHB's own facilities.

As previously stated, our work focussed on the areas covered in the last few pages and touched on the *Better Together programme* in as far as it linked to these rather than a full evaluation of Better Together.

© 2025 Grant Thornton UK Advisory & Tax LLP

Better Together Transformation programme

Review outcomes

The Health Board have established under *Better Together*, a vehicle, focused capacity and plans that could provide the basis of delivery of medium to longer-term sustainability however there are some potential barriers to this.

- Service reviews undertaken in commissioning and CHC identified foundational changes are needed to provide a stronger baseline on which to build transformation. Without investment in supporting these changes the scale and pace of *change Better Together* can provide may be limited.
- The first phase of work does not respond to most of the commissioned and externally contracted and provided services (including social care) that represent the Health Board's largest financial risks. Phase 2 is planned to respond to some of these in the planned care review but not all.
- Progress in developing plans has been steady and incremental but with some delays. Given the Health Board's deteriorating financial position, a more expansive and at pace change programme covering all areas identified as driving the financial challenges identified may be worth considering.
- Clear, transparent and financial impact targets need to be established for all change programmes, so this clearly integrates into medium-term financial plans and accountability for delivering targets are clear.

Better Together was not designed as the Health Board's financial route map to break-even. Instead, it should be seen as a potentially valuable platform which, if amended in scope, with better financial alignment, and increased in pace could support PTHB's medium-term sustainability, particularly in relation to mental health and acute commissioned activity.

Papur 10.1 Atodiad 1 - 23/10/2025 11:21:113

Planning & transformation capacity and capability

The current status of the programme with Phase Two external investigations only just commencing and Phase One delayed and with revised timelines currently underdevelopment means there is insufficient information available to understand exactly what resources are needed to deliver it as these will vary by stage. We can also not confirm how comprehensively it will address all the relevant transformation opportunities that we have highlighted.

We have however identified capacity and capability issues in areas that we have reviewed, and discussions and review of plans indicate that further capacity and capability will be required in transformation, analytical, commercial and commissioning. However, these requirements sit across the organisation to accelerate pace and deliver both the foundational and remedial changes as well as the wider transformation required not just within the Better Together team.

It is therefore recommended that plans for Better Together are reviewed alongside potential responses to this review to make sure that its scope and resource allocations will address the future transformation needs.

From what has been seen in this review and information from previous transformation work, there are concerns about the pace of change and how well it responds to the immediate financial challenges. Therefore, we recommend this is further reviewed as part of the revised timeline development and as part of the delivery of each phase. We acknowledge that there can be political or service capacity reasons against accelerating but point to the pressing financial reasons for it.

Communications, engagement and service change capacity and capability

As it would be important to know the substance and scale of the proposed changes and the timeline for them to determine the sufficiency of resources to support communications, engagement and service change, no review of this was undertaken at this time.

© 2025 Grant Thornton UK Advisory & Tax LLP

Conclusions

Conclusion

Powys Teaching Health Board has experienced a deteriorating financial position since 2021/22. The ongoing pressures of a growing older population, in a rural area, where most acute healthcare is delivered by others outside the county means that without significant change it will not be possible to reverse this deteriorating trend.

There are areas of good practice across all the areas of focus during the review but there are also significant opportunities for improvement to governance, operations and financial position.

Establishing, resetting and in some cases returning to a more financially managed and governed approach to its operations needs to be a key component of PTHB's response to its financial position.

The majority of the suggested opportunities require initial 'foundational' and 'remedial' actions to provide the platform to financially stabilise the Health Board before it can fully realise sustainable financial benefits. We expect that these opportunities will help manage cost pressures and support risk mitigation of the Health Board's 2025/26 financial position. However, due to the time of year and the initial investments needed from existing resources or new resources expect them only to lead to improvements in forecast outturns from next year.

Powys THB
29/01/2026 11:23:13

The actions will help address some of the strategic and operational drivers of the current underlying deficit. In total the proposals set forward here could generate over £27 million gross estimated savings. **However, investments in time and resources are required to realise these benefits** and a full assessment of costs needs knowledge of what PTHB can do from redirecting existing resource, what NHS Wales can do and what may need to be additional permanent resource or external temporary resource. Therefore, we propose that at this point adjusting for potential costs should only expect a **maximum of £22 million** recurrent savings from items currently quantified. The scale and pace of transformation will depend on appetite, priorities and resource availability. However, we recommend urgency in carrying out the actions if the benefits are going to materially impact in 2026/27.

Changes to commissioning, CHC and improved financial governance will reduce but cannot eliminate the underlying financial deficit.

We propose that wider strategic decisions about services provided and commissioned by the Health Board and ways of managing demand will be needed to complete a plan for return to financial sustainability.

Better Together could be used as the vehicle for much of the transformation required, other transformation may be within services. To be used effectively for this Better Together's detailed scope and objectives, and its resources at each phase, along with the pace of its implementation may need some refinement to make sure that the most pressing financial challenges will be effectively addressed.

© 2025 Grant Thornton UK Advisory & Tax LLP

Next steps

Recommended next steps

- PTHB and NHS Wales to consider this report, its findings and potential opportunities alongside the discussed proposals for how these opportunities could be achieved in detail.
- PTHB to agree its appetite for adopting proposals or variants of them.
- PTHB to explore their options for delivering the actions and realising the opportunities.
- NHS Wales to consider the extent to which it can support Powys in its delivery.
- Set up Financial Recovery Framework.
- Agree responsibilities, methods of delivery and related resource requirements for all accepted key actions.
- Develop an implementation plan(s) and overarching governance arrangements with responsibilities for projects and task and finish groups set out within this and in line with the Financial Recovery Framework that will deliver the relevant Foundational, Remedial and Transformational actions. The implementation plans will take account of agreed prioritisation, available resourcing and change management activities associated with successful implementation.
- Develop a related communications and engagement plan to support the implementation of the agreed implementation plan.

Patterson,Liz
23/03/2026 11:23:13

© 2025 Grant Thornton UK Advisory & Tax LLP

Patterson, Liz
2/09/2026 11:23:13

© 2026 Grant Thornton UK Advisory & Tax LLP. All rights reserved.
'Grant Thornton' refers to the brand under which the Grant Thornton member firms provide assurance, tax and advisory services to their clients and/or refers to one or more member firms, as the context requires. Grant Thornton UK Advisory & Tax LLP is a member firm of Grant Thornton International Ltd (GTIL). GTIL and the member firms are not a worldwide partnership. GTIL and each member firm is a separate legal entity. Services are delivered by the member firms. GTIL does not provide services to clients. GTIL and its member firms are not agents of, and do not obligate, one another and are not liable for one another's acts or omissions.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.2

BOARD	**Date: 25 MARCH 2026**
Subject:	**DISCRETIONARY CAPITAL PROGRAMME 2026/27 and 2027/28**
Approved and presented by:	Pete Hopgood, Executive Director of Finance, Capital and Support Services
Prepared by:	Associate Director Capital, Estates and Facilities Head of Capital
Other Committees and meetings considered at:	Innovative Environments Group: 27 January 2026 Capital Control Group: 5 February 2026 Executive Committee - 18 February 2026 Finance and Performance Committee 26 February 2026 who supported the paper to the Board.

PURPOSE:

To approve the Discretionary Capital Programme 2026-28 and provide an update on the general Capital funding status including risks and opportunities.

The position on All Wales Capital Funding (AWCF) and its impact on the project programme of activity is provided for information along with a general update on the funding streams available and associated capital delivery risks for the Health Board.

RECOMMENDATION(S):

The Board is asked to:

- **APPROVE** the Discretionary Capital Programme, 2026/2027–2027/28.

Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	N	The capital programme supports a broad range of project activity which maintains, improves and adapts the built environment/estate to deliver a fit for purpose environment for patients, staff and visitors.
2. Provide Early Help and Support	N	
3. Tackle the Big Four	N	
4. Enable Joined up Care	N	
5. Develop Workforce Futures	N	

23/03/2026 11:23:13

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

EXECUTIVE SUMMARY:

DISCRETIONARY CAPITAL: the proposed capital pipeline 2026-28 has been developed by the Capital Control Group to reflect the current and projected allocation of Welsh Government (WG) Discretionary Capital funding; from 2025/26 this was uplifted from £1.431M to £2.7M. A further non-recurring uplift has been awarded for 2026/27 to **£3.032M**.

All Wales Capital Funding (AWCF): following the introduction of the Welsh Government Capital Prioritisation Process in 2024 in recognition of the pressure on NHS Capital. WG indicated that they can support the continuation of business case progression for two of the PTHB hospitals from core NHS Capital (primarily Llandrindod) and are supporting a number of bids to the Health and Social Care Integrated and Rebalancing Capital Fund (IRCF).

Targeted Estates Funding (TEF): Welsh Government (WG) allocated £40M of funding per annum in 2025/26 and 2026/27 to address estates related risks across 6 compliance areas. A total of 16 of the 17 PTHB submitted bids were approved over a 2-year period at a total value of £3.55M. This includes a 30% Health Board contribution, which equates to £634.5k in 2025/26 and £430k in 2026/27. Although ongoing funding has not been confirmed, conversations are taking place with WG to discuss future TEF programme opportunities.

Health and Social Care Integrated and Rebalancing Capital Fund (IRCF): in 2025/26, £971K was secured to develop a combined Strategic Outline Case / Outline Business Case (SOC/OBC) for the Integrated Health, Care and Wellbeing Campus in Newtown, North Powys (total project value £30M+). Following approval at Cabinet and Board the business case was submitted to WG in December 2025 with the IRCF Panel convening in early February to make a decision. In addition, works are underway to develop a multi-agency hub based at Spa Road in Llandrindod Wells and Llanfair Caereinion Health Hub.

The anticipated / potential funding position for 2025-27 is summarised below:

Capital / Revenue Category	2026/27 £M	2027/28 £M	Comments
Discretionary	3.032	2.700	Non-recurring uplift for 2026/27 with recurring baseline at £2.7M
TEF (Discretionary PTHB Contribution)	(0.454)	*(0.500)*	30% contribution of overall TEF to be made from Discretionary Capital. *TEF*

Page 2 of 11 - 23/03/2026 - 23:13

			funding for 2027 onwards has yet to be confirmed
TEF Funding (WG contribution)	0.910	*1.000*	16 schemes approved 2024/25 & 2025/26. *TEF funding for 2027 onwards has yet to be confirmed*
Llanfair Caereinion health hub	*1.5*	*4.5*	Anticipated programme subject to procurement of land, planning approval and appointment of Developer
Llandrindod Phase 2	*2.100*	*5.0*	Overall Programme Business Case endorsement for £11-14M over 3+ years
North Powys Integrated Health, Care & Wellbeing Hub	2.520	8.520	IRCF bid submitted and subject to business case approval
Capital Slippage	TBC	TBC	Circa £1M per annum in 2024/5 and 2025/6
TOTAL (indicative)	**9.608**	**21.220**	

Capital funding is a key enabler for transformational change to the Health Board estate in support of 'Better Together' as the outputs of this work emerge. The backdrop to this is the current condition of the aging estate with an Internal Audit finding presented to Audit, Risk and Assurance Committee in 2024 for Estates Condition with a Limited Assurance finding. This highlights the disparity between capital availability across NHS Wales and the investment required to address backlog maintenance and meet the strategic need for change for the built environment.

This has been taken into account when developing the proposed Discretionary Capital pipeline 2026-28 which is presented at **APPENDIX A** for Executive Committee endorsement.

DETAILED BACKGROUND AND ASSESSMENT:

BACKGROUND:

PTHB has the oldest built estate with 30% predating 1948 (compared to the Wales average of 10%) as well as the 'least new' estate with only 10% being built post 2005 (compared to the Wales average of 23%). This means that the Health Board has some significant challenges in terms of maintaining building stock with £69M of Backlog Maintenance and many competing priorities for a limited amount of Discretionary Capital.

The overall capital position needs to be understood in a dynamic and changing situation, where early decision making enables focus on design and tender activity to deliver projects on the ground within financial year constraints. It is, therefore, essential that the pipeline remains agile with a number of reserve schemes ready to progress should the situation or funding availability change, with sufficient contingency maintained to address emerging issues and priorities.

Patterson,Liz
23/03/2026 11:23:13

CAPITAL FUNDING AVAILABILITY:

Discretionary Capital: from 2025/26 onwards, Welsh Government announced an increase to PTHB's Discretionary Capital allowance from £1.431M to £2.7M per annum. This has been further increased for 2026/27 to **£3.032M** (this has not been confirmed as recurring). This provides the Health Board with more certainty on the 'baseline' funding, which is particularly beneficial for forward planning and resourcing the capital team, which is funded through Capital funds. This not only contributes to an increase in the number of discretionary capital schemes but will also enable the Health Board to deal with larger projects which was previously challenging due to the low level of available discretionary funding.

Targeted Estates Fund: Welsh Government announced £40M of funding per annum would be available in 2025/26 and 2026/27. The Targeted Estates Funding programme or TEF (previously known as EFAB) is intended to focus investment on key estates related risk issues for NHS organisations in Wales. The categories are outlined below:

Category		2025-26 £m	2026-27 £m
1	Infrastructure – All risks	18	18
2	Fire Safety	5	5
3	Mental Health	5	5
4	Decarbonisation	6	6
5	Infection Prevention Control	3	3
6	Decontamination	3	3
	Total	**40**	**40**

A total of 16 of the 17 submitted bids were approved over a 2-year period at a total value of £3.550M. This includes a 30% Health Board contribution which equates to £634.5k in 2025/26 and £430k in 2026/27 with 70% being provided by WG. Discussions are scheduled with WG in April 2026 to discuss a potential two-year continuation of TEF funding from 2027.

PTHB TEF projects 2025-27:

Category	Scheme Description	2025/6	2026/7
Infrastructure	Bronllys Sewage Treatment Works remedials	£350K	-
	Knighton Roof replacement	£475K	£150K
	Welshpool Lift replacement	£275K	-
	Machynlleth Generator replacement	£140K	-
	Windermere bungalow Bronllys refurbishment	£50K	£325K
Fire	Brecon emergency lighting and detectors replacement	£220K	-
	Llanidloes fire compartmentation	£30K	£370K
	Fire detector head replacement programme pan-Powys	£50K	£50K
Mental Health	Ligature Improvement plan pan-Powys	-	£200K
	Dementia Friendly environments	£80K	

Patterson
23/03/2026 11:23:13

Decarbonisation	Thermostatic Radiator Valves, Spa Road Llandrindod	£45K	
	Heat efficiency measures – HydroMx Spa Road	£55K	
	Window Replacement Pain Management Bronllys	-	£140K
Infection Prevention Control	Flooring replacement, Epynt Ward, Brecon hospital	£90K	£110K
	Ward Kitchen refurbishment programme	£90K	£90K
Decontamination	Endoscopy drying/storage cabinet replacement	£50K	
TOTAL		**£2.00M**	**£1.435M**

This funding stream helps to alleviate pre-existing compliance related pressures on the discretionary pipeline as well as enabling PTHB to undertake larger elements of work, such as fire precautions improvements, which would otherwise not have been possible within the normal Discretionary Capital allowance.

All Wales Capital Funding: the Welsh Government Capital Prioritisation Process was introduced in early 2024 in recognition of the pressure on NHS Capital with the 10-year spend profile seeing Health Boards anticipating future bids to be in the order of circa £6.7Bn, which is recognised as unaffordable in relation to the recurring £400M+ annual allocation. WG have indicated that they can support the continuation of business case progression for two of the PTHB hospitals from core NHS Capital and are supporting a number of bids to Health and Social Care Integrated and Rebalancing Capital Fund (IRCF).

Llandrindod Phase 2: subsequent to the successful investment to upgrade services at the front of the hospital, a Programme Business Case (PBC) was endorsed by Welsh Government for a second phase of works to improve and reconfigure the remainder of the hospital. £3M was awarded in 2024/25 to address the most essential infrastructure improvements on the site including replacement windows, roofs and external access providing a solid foundation for future developments. During 2025/6 a Business Justification Case (BJC) was submitted for a further £2.495M to complete works to the front of the hospital and approved by WG on 28 January 2026. Work will also continue during 2026/27 to develop a business case for the back of the hospital in line with transformation work 'Better Together'.

Health and Social Care Integrated and Rebalancing Capital Fund (IRCF): encourages bids for Priority 1 – Development of integrated health and social care hubs and centres and Priority 2 – Rebalancing the residential care market, Housing with Care Fund (HCF). Bids are currently being developed to support a multi-agency hub based at Spa Road in Llandrindod Wells, Llanfair Caereinion Health Hub and the Chapel in Bronllys.

Peterson, Lisa
23/03/2026 11:51:13

In 2025/26, £971K was secured to develop a combined SOC/OBC for the Integrated Health, Care and Wellbeing campus in Newtown (total project value

£30M+). Following approval at Cabinet and Board the Business Case was submitted to WG in December 2025 - the application will be reviewed at IRCF panel in February.

DISCRETIONARY CAPITAL PROGRAMME:

Principles applied to programme prioritisation: The proposed programme of works, which relates to the **£3.032M** capital allocation, has been developed and reviewed by Capital Control Group (CCG). It is important to note that a 30% contribution will need to be made for any successful TEF bids. The annual programme includes four generic elements, namely;

- **General schemes:** wider business needs identified by the organisation and considered and prioritised by the Capital Control Group which has representation from across the organisation. These schemes are prioritised from a proposed ringfenced total of **£1.80M.**
- **Estates Compliance:** It is proposed that due to the further discretionary uplift confirmed for 2026/7 the ringfenced allocation for compliance projects be increased from £810K to **1.032M** in order to address urgent compliance issues. These are prioritised using a risk-based approach by specialist compliance subgroups under the overarching direction of the CCG.
- **Equipment:** this includes medical devices and other items such as catering equipment, vehicles, etc. with individual values over £5K. The annual allocation will remain at **£100k** per annum.
- **ICT:** annual allocation will remain at **£100k** per annum.

In relation to the 2026/27 and 2027/28 Discretionary Programme, the following approach has been adopted:

- **Prioritisation:** schemes have been listed in priority order based on a number of factors including; business continuity/criticality, health and safety, statutory compliance, audit and service delivery/development. It is important to remain agile to respond to changes in priority or opportunities such as alternative funding streams. A well established and audited (NWSSP Audit – Reasonable Assurance) Capital Control Group (CCG) process is in place, with representation from Estates, Health and Safety, Finance, staff side, medical devices, operational teams including Mental Health, Women and Children's, Community Services, etc. Due to the funding increase, the 2-year pipeline has enabled a higher proportion of submitted schemes from the Capital Control Group database to progress. It is important to note that during the year emerging schemes with high priority rating can displace schemes with lower priorities. It is also recognised that a level of funding may need to be ringfenced to support transformation work 'Better Together'.
- **Compliance:** schemes have been prioritised on a risk-based approach and is compiled by taking the top risks from each of the key compliance areas. Previously, larger value schemes have not been able to be supported from

Patterson,Liz 23/03/2026 11:39:13

discretionary due to limited funding availability. The increase in overall discretionary funding has allowed these schemes to be included on the pipeline, however, alternative funding routes such as TEF and AWCF slippage will continue to be explored. A reserve list of schemes is being developed should any projects be supported via alternative funding routes.

- **Carry-over scheme commitments:** the pipeline often includes programmes of work planned across several years or individual financial year 'cross over' schemes where project parameters do not coincide with a March completion.
- **Equipment and IT allocations:** in order to alleviate the immediate pressures on the pipeline, ringfenced funding for 'equipment' and 'IT' for the 2022/23 period was paused. From 2023/24 a total of £100K has been ringfenced annually in order to sustain focus on project spend. Furthermore, equipment is an accepted means by which 'slippage' monies from WG can be spent that the end of the financial year cycle. Any emergency requests in the meantime, could be funded from contingency. Similarly, ICT services attract significant additional WG funding to support Digital, particularly through end of year funding.
- **Contingency:** it has been usual to retain a contingency for unforeseen or priority works that emerge during a financial year as a prudent approach. In the proposed capital pipeline, the overall contingency is currently circa **£200K.** This will undoubtedly come under pressure during the financial year cycle as unforeseen risks associated with the estate, services, equipment and ICT emerge.

The **Proposed Discretionary Capital Programme 2026/2027-2027/28** is presented at **Appendix A**.

RISKS:

- **Project Prioritisation:** as funding is secured or priorities change rapidly due to emerging operational risks (boiler failures, roof leaks, etc.), or respond to the requirements of Transformation activity, the capital programme needs to continue to be flexible in terms of prioritisation and reassessment / re-prioritisation as need demands, whilst also maintaining a suitable governance approach. Currently, visibility is via the Innovative Environments Group.
- **Capital Resource:** In 2025/26 the Capital team had over 60 schemes to deliver with a team of 6 (total team structure 8 – 2 current vacancies). Many projects were as a result of additional funding secured throughout the year putting increased pressure on the second part of the year.
- Capital carries a risk burden for any **cost overrun implications from major project activity** – this risk increases in proportion to the increasing value of AWCF based on business case submissions. In partial mitigation NWSSP-SES and WG acknowledge the risk and the uncertainty in relation to refurbishment style project activity on older buildings and, where possible, reflect this in the level of Contingency included in the approved bids.

Patterson,Liz 23/03/2026 11:53:13

- **Estates Compliance:** failure to undertake remedial actions for high level risks, carries a risk at organisational level. Backlog Maintenance levels in NHS Wales now exceed £1.3Bn and circa £69M in PTHB. This is acknowledged by the Strategic Risk Register entry 007 related to a 'fit for purpose' estate – a risk-based approach has been adopted to address any high or immediate risks. Capital investment is critical in addressing the deficiencies across the estate.
- **IT funding:** the digital agenda is vitally important and whilst funding from the core discretionary capital is very limited, funding via 'capital slippage' at the end of the financial year cycle has been generous, with circa £1.3M made available in 2023/24. This, however, does not provide any certainty for forward planning and further work is needed to continue to develop an IT pipeline.
- **Medical Devices:** potential pressures on equipment including, for example, the decommissioning and replacement of automatic external defibrillators due to unavailability of replacement parts – cost circa £100K.

Opportunities: It is important to develop schemes in readiness to take advantage of any slippage/further funding opportunities as they arise. Capital investments need to consider schemes which can contribute to revenue savings and agile working related initiatives in the non-clinical office space must be developed wherever possible to support estates rationalisation.

NEXT STEPS:

- Subject to Board approval, initiate preparation to deliver the Discretionary Capital Programme for 2026/2027-2027/28
- Monitor and manage the discretionary contingency allowance to respond to emerging requirements for capital investment
- Maintain close communication with WG in relation to any changes and opportunities for further capital funding: develop 'on the shelf' projects in readiness to take advantage of any additional capital in latter part of the financial year.
- Maintain dialogue with transformation 'Better Together' activity to identify capital opportunities to enable change
- Monitor, review and update the Strategic Risk Register item 007 (capital and estates related)
- Maintain an agile approach to the capital programme in 2026 – 2028
- Continue to report on and escalate compliance and operational risks as they emerge.

Patterson Li
23/03/2026 11:13:13

APPENDIX A; PROPOSED DISCRETIONARY CAPITAL PROGRAMME 2025/2026 - 2026/27, budget £2.7M:

Part 1: Discretionary Schemes

PROJECT DESCRIPTION:	2026/27	2027/28	Comments
Equipment budget	£100,000	£100,000	Ringfenced
IT Budget	£100,000	£100,000	Ringfenced
Car park resurfacing, Ty Illtyd	£20,000	-	Crossover allowance
Nurse call improvement programme (Welshpool / Brecon)	£180,000	£150,000	Ongoing programme
Upgrade to disabled facilities, Newtown	£45,000	-	Deferred from 2025/6
MCI Audiology Waiting Room, Newtown	£30,000	-	Crossover allowance
Ward/Reception Desk at Bryn Heulog Ward, Newtown	£30,000	-	Crossover allowance
Mental Health Improvements - Defynnog Refurbishment, Bronllys	£50,000	-	Crossover allowance
Project activity to support Transformation	TBC	TBC	
Welshpool Renal Unit air conditioning	£150,000	-	Design only progressed in 2025/6
Tawe Ward improvements	£120,000	-	CCG Score 8
YYP Staff wellbeing room	£75,000	-	CCG Score 7
Powys Living Well Service (Ty Cloc) – Replacement flooring and decoration, Bronllys	£75,000	-	CCG Score 7
Cottage View Drug and Prep Room, Knighton	£15,000	-	CCG Score 7
Health Visitor Staff Residence Upgrade, Ystradgynlais	£35,000	-	CCG Score 7
Brecon Dental Suite refurbishment	TBC	-	CCG Score 8
Sub Total	**£900,000**	**£350,000**	
Balance of funding to be allocated	**£1,100,000**	***£1,350,000**	

*Assume £1.7M allowance in 2027/8

Part 2 - Compliance Schemes

Project	Cost 2026/27	Cost 2027/28	Comments
Water - watermain improvement, Bronllys	£80,000		Planned crossover
Infrastructure - Sewage treatment works, Bronllys	£100,000		Planned crossover
Decarbonisation - EV Charge points programme	£20,000		Planned crossover
Infrastructure - External Heating Pipework, Bronllys	£80,000		Planned crossover
Infrastructure - Llanidloes Roof Replacement	£500,000		Infrastructure top risk
Ventilation - Llandrindod Vacuum Plant	£50,000		Ventilation top risk
Infrastructure - Monnow ward roof (flat roof only), Bronllys	£80,000		Infrastructure priority 2
Fire - Hilfa Kitchen, Bronllys	£25,000		Fire top risk
Infrastructure - Replacement Boiler Llanidloes	£100,000		Infrastructure priority 3

Page 9 of 11 - 25/03/2026 11:23:13

Water - Replacement Water tank programme	£80,000	£80,000	Water top risk
Clywedog building repairs, Llandrindod	£30,000		Urgent repairs LWH phase 2
Theatre roof, Llandrindod			LWH phase 2
Asbestos - Bronllys coal shed	£30,000		Asbestos/Environment priority
Environment - Develop replacement window programme	N/A - Resource only		Environment priority
Infrastructure - Replacement Boilers, Clywedog, Llandrindod		£25,000	Infrastructure priority 4
Infrastructure - Driveway resurfacing, Welshpool		£45,000	Infrastructure priority 4
Electrical - plantroom/Generator replacement programme		£120,000	Electrical top priority
Medical gas - upgrade works at Brecon (underground oxygen pipe & new storage)		£25,000	Med gas top priority
Upgrade of Med Gas store Pan Powys for safe storage of medical gas cylinder management identified in AE audit		£25,000	Med gas priority 2
Water - Water softener, Knighton		£30,000	
Roof patch repair Claerwen, Llandrindod		£30,000	
Continuation of roof replacement, Ystradgynlais		TBC	
Brecon Endoscopy AHU – replacement air con unit, wiring on AHU & BMS controls etc		£25,000	
Infrastructure - Resurfacing (Pan Powys)		£55,000	
DISCRETIONARY UPLIFT SUB-TOTAL	**£1,175,000**	**£360,000**	
BALANCE OF FUNDING TO BE ALLOCATED	**-£143,000**	**£640,000**	
TEF CONTRIBUTION	**£430K**	**TBC**	
OVERALL DISCRETIONARY TOTALS	**£2,505,000**	**£710,000**	
OVERALL DISCRETIONARY CONTINGENCY	**£527,000**	**£1,990,000**	

Patterson,Liz
23/03/2026 11:23:13

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				Quality Impact Assessments will relate to each individual project within the overall programme of activity.
Timely	x				
Effective	x				
Efficient	x				
Equitable	x				
Person Centred	x				
Workforce	x				
Leadership	x				
Culture	x				
Information	x				
Learn, Improve, Research	x				
Whole Systems Approach	x				

EQUALITY:

	No impact	Negative	Positive	Both	
Age	x				Equality Impact Assessments will relate to each individual project within the overall programme of activity.
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			**Statement** Pressures are apparent on capital expenditure due to the aging estate, health board ambitions for transformational change and decarbonisation imperatives. Whilst Discretionary Capital increases are welcome and beneficial, general funding limitations in 2026/27/28 will act to limit critical compliance improvement programmes and impact service improvement.
Financial			x		
Corporate		x			
Operational			x		
Reputational		x			

Patterson,Liz
23/03/2026 11:23:13

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

Agenda item: 3.3

Board	**25 March 2026**
Subject:	**Review of Temporary Service Changes to Minor Injury Units and Colocation Units (Ready To Go Home & Rehabilitation)**
Approved and presented by:	Kate Wright, Executive Medical Director
Prepared by:	Assistant Director Innovation & Improvement
Other Committees and meetings considered at:	Temporary Service Change Programme Board on 5 March Informal Executive Committee on 11 March 2026.

PURPOSE:

This paper provides a review of the Temporary Service Changes as agreed at Board on 10 October 2024.

RECOMMENDATION(S):

PTHB Board is asked to:

- **RECEIVE** the further review of the Temporary Service Changes
- **AGREE** 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.

Approve/Take Assurance	Discuss	Note
Y	Y	N

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

Peters, Liz
23/03/2026 11:23:12

EXECUTIVE SUMMARY:

Temporary Service Changes (TSC) were agreed by the Board for a period of six months as follows:

- Minor Injury Unit (MIU) Services in Brecon and Llandrindod Wells to open from 8am to 8pm.

- The implementation of "Ready To Go Home" units in Llanidloes and Bronllys, with a strengthened role for Brecon and Newtown to provide community inpatient rehabilitation.

PTHB has reviewed these changes on an ongoing basis through the year, most recently at the Board meeting on 26 November 2025, where it was confirmed that they should remain in place while the detailed work required for the Better Together programme was completed.

This paper presents a summary of ongoing review.

1. MONITORING OF TEMPORARY SERVICE CHANGES:

1.1 Background

Health services in Powys are facing significant challenges related to quality, value and long-term sustainability. In response, in October 2024 following a period of engagement, Powys Teaching Health Board (PTHB) approved temporary service changes to help respond to significant challenges related to quality, workforce and long-term sustainability.

These were implemented in December 2024 as follows:

Changes to Minor Injury Unit (MIU) Services Opening Hours

- Brecon MIU: Open 8am–8pm (previously 24 hours, but often closed overnight at short notice due to difficulties with staffing)
- Llandrindod Wells MIU: Open 8am–8pm (previously 7am–midnight, with frequent early closures due to difficulties with staffing)

The implementation of "Ready To Go Home" units in Llanidloes and Bronllys, with a strengthened role for Brecon and Newtown, to provide community inpatient rehabilitation.

- Llanidloes – Graham Davies Ward: Focus on patients assessed as Ready to Go Home
- Newtown – Brynheulog Ward: Focus on patients needing specialised rehabilitation
- Bronllys – Llewelyn Ward: Focus on patients assessed as Ready to Go Home
- Brecon – Epynt Ward: Focus on patients requiring specialised rehabilitation

PTHB has reviewed these changes through the year, most recently at the Board meeting on 26 November 2025, where it was confirmed after reviewing findings of ongoing evaluation that they should remain in place while the detailed work required for the Better Together programme was completed.

Page 2 of 15 - 25/03/2026 - 3.3 - 3.3 - 3-13

Given the complexity of services and detailed work required it is now expected that the formal consultation on the permanent future shape of services will take place later in 2026. It is still considered that a decision on temporary service changes cannot be made in isolation.

This will mean than the temporary changes will be in place longer than originally anticipated. They remain under regular review with clear mechanisms for escalation of any harm or concern.

1.2 Review of Temporary Service Changes

This review process considers quality, safety, outcomes and patient experience, as well as listening to the public and local stakeholders. It utilises the qualitative and quantitative baseline information and information gathered during the 6-month period from June 2025.

The three impact assessments for MIU, Ready To Go Home Units (RTGHU) and Rehab Units completed in September and October 2024 have been reviewed. **There are no material changes to the impact assessments**. Updates have been made to reflect the current position of the MIU and RTGHUs and Rehab Units.

Any lessons learned continue to be actively incorporated into current and future service developments.

Engagement

We continue to recognise the strength of feeling on this matter, as evidenced by the feedback received during the original engagement and through ongoing correspondence and engagement.

Public and Stakeholder Engagement

A wide-ranging programme of public and stakeholder engagement has taken place since November 2025. This has included:

A series of thirteen community drop-in sessions have been held across all localities in Powys, providing a proactive platform for engagement on a variety of current matters including the Temporary Service Changes alongside wider feedback and concerns from local residents.

The PTHB engagement team has conducted outreach visits to community groups and events, listening to and learning from the experiences and perspectives of Powys residents.

We published a discussion paper to explain why the temporary changes were proposed, summarise the engagement undertaken during Summer 2024 and what we heard, set out the decisions made by the Board in October 2024 and the implementation of the temporary changes, share the work we have undertaken to review and evaluate the temporary changes, and seek views

Page 3 of 15
23/03/2026 11:23:12

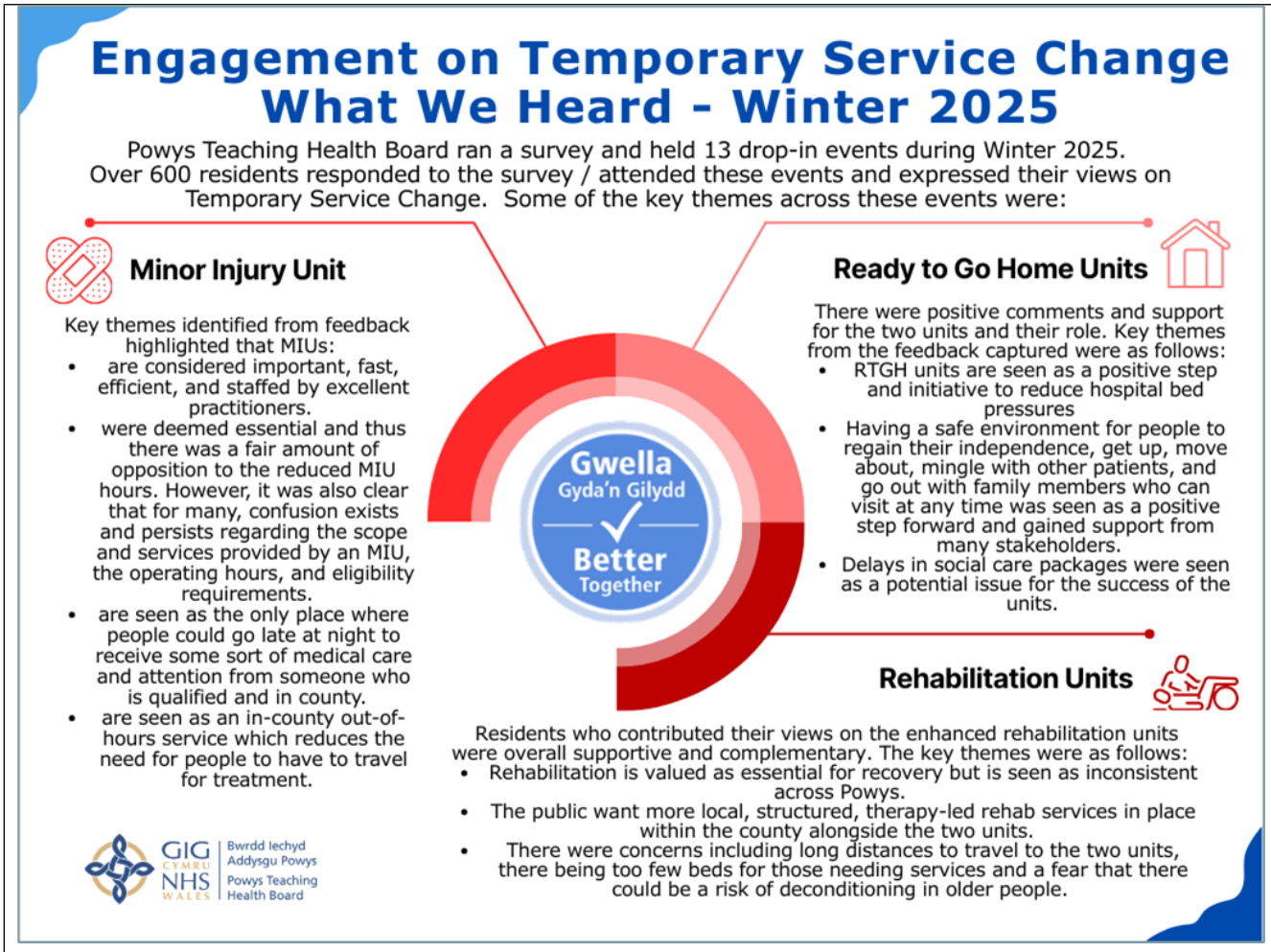
The discussion paper has been sent to a wide range of stakeholders including MSs, MPs, County Councillors, third sector organisations, and subscribers to the health board's e-newsletter. Printed copies were available from the community drop-in events and outreach visits, in Powys MIUs (with a post box to return completed questionnaires) and on request from the health board.

Regular news updates were issued via the health board's channels and to local media to raise awareness and encourage people to share their views

A dedicated information page on the PTHB website (https://pthb.nhs.wales/temporary-2025) and an engagement hub and online survey were available for people with digital access and/or who are not able to attend the in person events.

Targeted emails were sent to primary care colleagues, social care partners, Third Sector colleagues, Llais, and staff directly affected by the changes. Stakeholders were invited to share reflections on what has worked well, the challenges experienced, and any perceived impacts on citizens, staff, or service flow resulting from the Temporary Service Changes. This approach ensured broad input across sectors and supported a balanced understanding of the effects of the changes from multiple perspectives.

Patterson,Liz
23/03/2026 11:23:12



2. Review of MIU Services in Brecon and Llandrindod Wells to open from 8am to 8pm

PTHB provides MIUs in Brecon, Llandrindod Wells, Welshpool and Ystradgynlais. This is in addition to minor injury services provided by a number of GP practices in Powys.

MIU is not a service for life/limb-threatening injuries or for medical emergencies. The likely benefits of TSC identified were:

- The offer of more reliable opening times and reduce the number of unplanned closures.
- Reduction of "lone working" hours where a single clinician is on duty overnight.
- Encourage more people to "phone first" wherever possible, allowing patients' needs to be better met at an appropriate time by the appropriate service.
- Enable us to redirect and redeploy some staffing to other vacancies or high cost agency spend areas.

Patterson,Liz
23/03/2026 11:23:12

2.1 Review of the MIU TSC

An evaluation framework was developed for the MIUs collaboratively with clinical, operational, finance, workforce and information colleagues. This set out a range of measures including:

- Patient Safety
- Patient Experience
- Improved workforce utilisation and reduction in workforce expenditure
- Reduction in ad hoc changes in opening hours due to staffing
- Staff experience

This review considered these areas and highlighted the following:

Adhoc Closures and Changes to Opening Hours

Significant progress has been made in stabilising service availability. Between May and October 2024, there were 40 closures due to staffing shortages. In contrast, only one closure occurred across the entirety of 2025. This isolated incident related to a single ENP staffing issue at Llandrindod MIU.

The reduction reflects improved staffing resilience under the TSC model.

Cross Cover Shifts Between Units

Since implementation of the TSC, the number of cross cover shifts continues to increase, demonstrating improved flexibility across MIU teams. This is good practice in facilitating shared learning and peer support as well as providing a more sustainable staffing model.

Promotion of the Phone First Model

The phone first approach continues to be actively promoted to help direct patients to the most appropriate service—particularly important for Powys' rural population. MIUs accept both walk-ins and booked appointments, and a shared directory of services supports partner organisations with consistent information about MIU access and opening times.

Impact on Out of Hours Care – Incidents

There have been no reported incidents of patient harm relating to out of hours access during this period.

MIU Four Hour Breach Performance

Performance against the four hour target has not changed and remains high.

Agency and Bank Staffing

No agency staff have been required since the implementation of the temporary service changes. Bank staff were used occasionally to cover unexpected sickness, mandatory training, and staff development. These patterns are consistent across all four Health Board MIUs.

Impact on Out of Hours Care – Activity Trends

Attendance levels at out of county A&E departments have generally remained stable. An unusual spike in activity occurred at WVT A&E in June and July 2025, but no corresponding increase was observed at Prince Charles Hospital. No causal link to MIU service changes has been identified; the spike is considered a natural

data outlier, potentially influenced by seasonal tourism or local events. Ongoing monitoring will help confirm long term patterns.

Costing
The cost per patient episode has reduced since the TSC was implemented.

Patient Feedback – CIVICA / PREMs
Five CIVICA responses were received up to October 2025. Feedback highlighted the friendliness and efficiency of MIU staff, with one patient indicating awareness of the 8pm closure time. PREMs continue to be collected manually; digital solutions are being explored to improve feedback capture and analysis.

Compliments, Complaints & Incidents
No complaints, Duty of Candour incidents, Datix reports, or instances of lone working were recorded during the review period.

Most compliments received in MIUs are verbal and immediate; currently, no central mechanism exists to formally record them.

Staff Survey and Experience
The recent service change has had a positive impact on staff experience by eliminating lone working, addressing a key safety concern within the unit. Whilst there have been times of increased demand, one staff member reported that having a more reliable staffing model helps staff cope with the challenge of variable activity.

The temporary service changes have allowed room for staff development for improvement of service delivery, enabling staff training and development via external courses. Staff have commenced an advanced clinical practitioner course, a prescribing course, and a tissue viability course.

Feedback from Stakeholders
Primary Care, Third Sector and Social Care were invited to comment on the service model. No feedback was received.

2.2 Overall summary

The implementation of this Temporary Service Change has markedly strengthened the reliability, resilience and safety of Minor Injury Unit (MIU) services. The significant reduction in unplanned closures, effective cross-cover arrangements and a notable decrease in reliance on agency and bank staff all point to a more robust workforce and improved service continuity.

Patient and staff feedback indicate that the 8am–8pm model, supported by two staff members per shift, has successfully addressed previous safety concerns, particularly those related to lone working. Service user responses consistently highlight positive staff interactions and operational efficiency, while the absence of complaints, incidents or lone working reports further evidences enhanced standards of care.

Page 284 of 706

Although some variation in attendance patterns at out of county A&E departments was observed, there is no evidence these changes are attributable to the changes and costs per patient episode remain lower overall.

The ability to facilitate staff development, maintain safe staffing, and ensure positive patient experiences demonstrates that the TSC model is both effective and sustainable for the future delivery of MIU services in Powys.

2.3 Recommendations

Based on the findings of our review of the current MIU TSC, it is recommended that these temporary changes remain in place until decisions are made through Phase 1 of Better Together, which is focused on adult Physical & Mental Health Community Services, including Urgent Care.

3. Evaluation of the Temporary Clinical Colocation of Patients (Ready to Go Home Units and Rehabilitation Units)

Across 155 inpatient beds, patients with a wide variety of clinical and social needs were usually located according to their nearest appropriate community hospital site. This required a staffing model established to deliver care to a mixed model of needs on eight different sites and did not always reflect patient needs. This was not felt to be delivering the best outcomes for patients and resulted in significant cost, due to set staffing levels and the need for a significant number of bank and agency staff.

At any given time, over 40-50% of patients were known to be clinically optimised and awaiting onward care. It was recognised that many patients could be supported with different models of care, accessing support of a system wide team, supported in maintaining their independence whilst stranded in hospital. It was identified that supporting people on a 'Ready To Go Home Unit (RTGHU)' may result in earlier discharge and reduced deconditioning.
It was also recognised that a cohort of patients require a period of more intensive rehabilitation following care in an acute hospital environment e.g. following a stroke, or injury. The spread across the 8 hospital sites resulted in a poorer offer of therapy as staff travelled between sites. For such patients, it was felt that by cohorting on to 2 hospital sites, those most needing intensive rehabilitation would benefit from a multi-disciplinary offer, focusing on rehabilitation, reablement and enablement, setting clear therapy led goals for discharge. Building on the current models of care in Newtown and Brecon, it was proposed to extend this rehab focus to include all of the beds on these wards.

The proposal recognised that there would be benefits to patients and the wider system by organising the care around the patients differently.

Pawlson,Liz
23/03/2026 11:23:12

3.1 Review of the Colocation TSC

An evaluation framework was developed for the Ready To Go Home Units (RTGHU) and Rehabilitation Units (Rehab) collaboratively with clinical, operational, finance, workforce and information colleagues.

This review considered these areas and highlighted the following:

Clinically Optimised Patients

The number of clinically optimised patients has been consistent with the trend observed over the previous two years, aligning with anticipated expectations. There have been occasions where we have operated outside the standard criteria to support system-wide requirements. This has meant there have been instances where patients within the RTGHU are unsuitable for discharge.

Length of Stay

There is an overall downward trend in the mean length of stay. In the run-up to Christmas, there was an increase in length of stay on the RTGHUs, which mirrors patterns seen in previous years. It is believed this reflects the wider pressure across NHS Wales to discharge from DGHs, alongside the resulting flex in admission criteria to accommodate that pressure.

Average length of stay in the RTGHUs is decreasing to about 75% of the pre-TSC value of 38 days.

Rehab unit lengths of stay are also trending down from the pre-change median of 47 days, to around 40 days in recent months.

Patients Flow

Admissions to both the RTGHU and Rehab Units have remained constant.

The number of **patients awaiting repatriation** remains variable and is influenced by factors external to the RTGHUs.

Likewise, the costs of patients awaiting repatriation from **NHS England Community Beds** fluctuate with external pressures. The tables below show a reduction in cost for patients delayed in English District and Community Hospitals.

SATH*	Jun 24 - Nov 24	Dec 24 - May 25	Jun 25 - Nov 25
Community bed days**	552	663	304
Community bed ££	£181,354	£209,322	£102,023

WVT	Jun 24 - Nov 24	Dec 24 - May 25	Jun 25 - Nov 25
Community bed days**	1294	1288	629
Community bed ££	£585,833	£588,080	£291,751

Page 290 of 722
23/03/2026 11:23:12

SATH*	Jun 24 - Nov 24	Dec 24 - May 25	Jun 25 - Nov 25
Excess Bed Days* **	1,444	1079	759
Excess Bed ££	£436,883	£326,451	£230,603

WVT	Jun 24 - Nov 24	Dec 24 - May 25	Jun 25 - Nov 25
Excess Bed Days* **	1,757	1,854	968
Excess Bed ££	£532,151	£571,942	£293,629

* *There remain issues with data quality from SATH*
** *Out of county bed days have decreased, although it is difficult to attribute this solely to the TSC*
*** *Emergency Admissions*

GP Direct Admissions remain comparable to pre TSC levels indicating an ongoing ability for GPs to admit directly to community hospital wards.

The monthly number of deaths on both the Rehab and RTGHUs has remained consistent since January 2024, indicating **no reduction in palliative care provision.**

Costs

Bank and agency expenditure has reduced significantly across both RTGHU and Rehabilitation services. At its peak, bank and agency costs accounted for 35.4% of total staff costs within RTGHU and 27.8% within Rehabilitation.

Current expenditure has now reduced to below 5% of staff costs for both service areas, representing a substantial shift away from reliance on temporary staffing.

Staff turnover
Staff have left for several reasons, predominantly to take development opportunities within PTHB, with two leaving the health board due to relocation. Most RN vacancies, particularly within the Graham Davis ward, have now been addressed, leading to a substantial and continued decrease in associated costs. Staffing levels will remain under review as part of routine nurse staffing establishment review.

Patient Reported Outcomes & Experience
Patient feedback received was consistently positive, highlighting caring, supportive staff and food quality. Improvement suggestions included more showers with shelving (Llewellyn) and access to a public phone (GDW). The number of compliments follows established patterns.

The current pattern of **pressure damage** incidents is consistent with patterns seen in past periods.

Pathson 2
23/03/2026 11:23:12

All **falls** were reviewed through the national inpatient falls debrief process, and none were found to be avoidable.

There were no reported **Duty of Candour** incidents on these wards during 2025.

There has been a review and a change in process to embed the recording of **PREMS** into practice, with education support and accountability discussions. Where data has been collected, positive correlation for patients can be seen.

At the time of the last evaluation, we were unable to report **patient outcomes** due the lack of a consistent use of the EQ5D5L measure. Additional training and support has been provided however completion remains a challenge. Improvements have been made through the Clinical Informatics Team's establishment of a standard operating procedure and increased engagement with wards. Ward managers receive regular updates, and therapies staff are supporting discharge assessments while nursing staff handle admissions, aided by iPads. The consistent operational use of EQ5D5L is being continuously reviewed by Head of Nursing and Head of Therapies to ensure compliance.
We have not seen an increase in complaints by patients and families and patient experience is positively reported

In 2025, five **formal complaints** were made regarding the colocation wards. Two complaints centred on patients' perceptions of insufficient rehabilitation on the RTHG units. Investigations found the therapy provided was appropriate, with issues arising from unclear expectations and differences between patients' needs and desires. Perceptions of reduced access to physio remain and it is recommended that further work is undertaken to reinforce messaging and information on the levels of input needed for both staff and patients.

Learning from these cases has reinforced the importance of early, clear discussions about therapy goals, expected levels of input, and when further rehabilitation is unlikely to offer meaningful benefit. There is a leaflet available which outlines the scope of services offered, and it has been emphasised that this information should be consistently shared with all patients.

The Colocation Quality Improvement Group ensures that learning from complaints is systematically captured and acted upon.

Median Travel Times to all units remains comparable with the median travel times before the changes were introduced.

Stakeholder Feedback

Public feedback captured during November and December 2025 shows broad support for RTGHUs as a safe, effective stepdown facility that reduces bed blocking and improves proximity to home. Concerns focus on travel distance for families,

Page 288 of 706
23/03/2026 11:23:12

service utilisation, resourcing, and alignment with social care to ensure timely discharge home.

A Primary Care stakeholder identified concerns around quality, patient flow, patient impact, and workforce morale. The areas outlined have been carefully examined and have not been supported by evidence. The majority of the issues raised are answered and evidenced elsewhere in this paper however a key issue raised is that of under use of the beds on RTGHUs with resulting pressure in Emergency Departments. Whilst there was a period in the summer with reduced demand for RTGHU beds, use has since risen and the data confirms that there has been no increase in admission to to DGHs.

Data and information considered as part of this monitoring review has highlighted that:

- Therapy support on the RTGHUs is provided by Therapy Support Workers (TSWs). If any additional therapy requirements arise during a patient's admission a referral is made to the Community therapy team.
- Admission criteria have flexed appropriately, and data does not reflect systemic flow issues.
- GP Direct Admissions remain comparable to pre TSC levels, indicating an ongoing ability for GPs to admit directly to community hospital wards.
- Median Travel Time analysis shows that travel times to all units remains comparable with the travel times before the Temporary Service changes were introduced.
- Any workforce issues highlighted by staff directly impacted by the TSC partly relate to reduced exposure to acute procedures but also highlight opportunities for enhanced frailty skills.

Feedback from other staff groups and patients outlined elsewhere in this paper indicates that concerns around quality and safety are not being raised by other staff groups.

Third Sector stakeholders highlighted the introduction of the RTGHU enabling a calm, positive ward environment, improving patient wellbeing and social interaction, providing a strong MDT culture, and providing opportunities for further structured activity and a coordinator function.

Social Care stakeholders raised challenges including social care assessment capacity, readiness for rehab, identification of patients who would be considered self-funders paying for their own care, and those with complex discharge needs (e.g. homelessness).

Page 289 of 706 - 23/03/2026 11:22:13

Llais recently visited the Ready to Go Home Units (RTGHUs) and rehabilitation wards to speak with both staff and patients. During the visit, they observed that 30 of the 32 RTGHU beds were occupied, and all available rehabilitation beds were in use. It was noted that bed availability in Brecon is temporarily reduced due to planned maintenance.

Llais reported that patients appeared to be appropriately placed for their clinical needs. Staff also highlighted that they are achieving very positive patient outcomes and generally receive good feedback. A small number of patients were interviewed in the RTGHUs and rehabilitation wards. Whilst there was positive feedback a number of issues were raised related to delayed discharges, waiting for care packages, transport and availability of staff to support them. The feedback has been triangulated with other feedback obtained from Health Board engagement and will continue to be important as we consider future plans.

Staffing and Service Development
All wards impacted by the TSCs are compliant with the staffing model.

Of the staff who have left, most have left either because of personal circumstances, relocation, retirement, or to pursue different career opportunities within the health board.

Both rehabilitation wards have specialist teams trained in stroke and neurological care, working collaboratively across disciplines to deliver coordinated, holistic treatment.

Staff development is maintained through ongoing training, peer support, and regular specialist input, with the Consultant Therapist in Neuro providing weekly ward rounds to enhance expertise.

The rehabilitation service model follows national stroke guidance, SSNAP standards, and the NHS Wales Rehabilitation Framework to provide early, intensive, seven-day rehabilitation. It ensures smooth transitions across the stroke pathway, including timely discharge and community follow-up.

Continuous performance monitoring through SSNAP provides assurance that we are aligning with national quality indicators and best practice. We recently submitted additional information to SSNAP in response to their request for data returns relating to the activity data we provide. Once we begin to receive these outputs, we will be able to report more comprehensively on our performance against national standards.

3.2 Overall Summary

Service activity and patient outcomes across the RTGHUs and rehabilitation wards have shown improvements since the introduction of the temporary service changes.

Patterson, Liz 23/03/2026 12:23:13

There has been a sustained reduction in both mean and median lengths of stay, with positive shifts in agency and bank spend, and the elimination of most RN vacancies.

Patient feedback remains positive, and there has been no evidence of harm. There has been valuable learning from the feedback, and this has led to clearer communication about therapy expectations.

Stakeholder feedback confirms broad support for RTGHUs as effective stepdown facilities, though challenges regarding travel, social care alignment, and workforce morale persist.

Continued evaluation of effectiveness of the changes and careful investigation of concerns have not found evidence of significant harm. There remain firmly held perceptions by a small number of staff but careful evaluation has been unable to substantiate their concerns. It is proposed therefore that whilst dashboards and monitoring will remain, formal reporting of evaluation will now be by exception.

3.3 Recommendations

It is recommended that the **Ready to Go Home Units and the Rehab Units** remain in place until decisions are made through Phase 1 of Better Together, which is focused on adult Physical & Mental Health Community Services including Urgent Care.

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				Review and approval of this paper does not impact on quality standards as this paper provides an update on work under way to continue to develop and deliver the mitigation plan for the Temporary Service Changes agreed on 14th October 2024.
Timely	X				
Effective	X				
Efficient	X				
Equitable	X				
Person Centred	X				
Workforce	X				
Leadership	X				
Culture	X				
Information	X				
Learn, Improve, Research	X				
Whole Systems Approach	X				

EQUALITY:

Patterson,Liz
23/03/2026 11:23:12

	No impact	Negative	Positive	Both	
Age	x				Review and approval of this paper does not impact on equality protected characteristics or Welsh Language as this paper provides an update on work under way to continue to develop and deliver the mitigation plan for the Temporary Service Changes agreed on 14th October 2024.
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)	Review and approval of this paper does not have further risk impact beyond the key impacts identified in the paper to the Board on 14th October 2024.
Clinical	X				
Financial	X				
Corporate	X				
Operational	X				
Reputational	X				

Patterson,Liz
23/03/2026 11:23:12

Subject:	**PRIMARY CARE ASSURANCE AND GOVERNANCE REPORT**
Approved and Presented by:	Elaine Lorton, Executive Director of Primary, Community Care and Mental Health
Prepared by:	Assistant Director of Primary Care
Purpose:	The purpose of the paper is to provide assurance on governance and monitoring processes in place with all four independent contractors: general medical services; general dental services; general ophthalmic services; and community pharmacy. In addition, the report also covers assurance regarding other areas within the primary care department function, including out of hours; Primary & Community Care Academy and Clusters. Assurance is currently provided across a number of Board governance routes, this paper produces one collective view on governance and monitoring processes for the Board.
Recommendations:	The PTHB Board is asked to: • Take **ASSURANCE** 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.
Executive Summary:	❖ **General Medical Services:** Governance and oversight arrangements are robust, supported by established monitoring groups that ensure performance, regulation, and governance are monitored, feeding through into appropriate executive committees. During 2024–2025 and the first half of 2025–2026, GMS has achieved strong contractual performance, met high levels of patient demand, and delivered additional capacity through national funding, while continuing to face workforce and operational pressures. The system responded to high levels of patient need, delivering approximately 940,000 patient contacts. Patient experience remained positive: 67% always felt listened to, 66% always felt well cared for and 76% reported waiting times were about right or shorter.

Patterson, Lloyd 23/03/2026 21:23:13

Executive Summary:

- **Out of Hours**: Governance and oversight arrangements are robust, supported by established monitoring groups that ensure performance, regulation, and governance are monitored, feeding through into appropriate executive committees. Shift fill from both providers (Shropdoc Co-operative Ltd and Swansea Bay University Health Board) have consistently remained at Level 1. Due to rurality undertaking home visits within 1 - 2 hours remains challenging. Patient outcomes not achieving target, are reviewed to understand impact to patient care. Future service model being progressed to ensure it meets the populations future needs.

- **General Dental Services:** Governance and oversight arrangements are robust, supported by established monitoring groups that ensure performance, regulation, and governance are monitored, feeding through into appropriate executive committees. Dental service capacity in Powys is experiencing significant pressures following the closure of three GDS practices**,** Crickhowell, Knighton, and Llandrindod Wells in 25/26 and a further 5 impending contract terminations, effective 31/03/26. This has contributed to a high number of patients waiting for care, with the Dental Access Portal currently holding around 4,289 patients. Reduced General Dental Services capacity for routine appointments is placing additional pressure on the urgent dental service, where demand continues to rise. In response, PTHB is offering a hybrid delivery model, combining PTHB-provided services with independent contractors to support system resilience. Procurement activity is ongoing, with re-procurement of NHS contracts in Knighton and Llandrindod Wells underway**,** while the Crickhowell contract award has been agreed.

- **General Ophthalmic Services**: New WGOS pathways enables more care to be delivered closer to home, expanding capacity and reducing pressure on secondary care. Processes have been introduced to redirect and discharge appropriate eye care patients from secondary to primary care optometrists with advanced qualification. Complex ophthalmology pathways, geographic spread, and limited workforce capacity make implementation challenging. Mobile service provision remains limited, with only four providers operating across Powys. Engagement meetings held with mobile providers, improving understanding of service delivery. Full practice engagement in the Quality for Optometry Framework.

Patterson, Liz
23/03/2026 11:23:13

Executive Summary:

- **Community Pharmacy:** The Community Pharmacy contract is monitored through a structured framework assessing contractual compliance, service activity, workforce capacity and quality, with additional oversight provided through quarterly implementation forums and a robust Contract Assurance Framework. Annual completion of the Clinical Governance Toolkit, ISMS Toolkit and Controlled Drugs Checklist supports prioritisation of monitoring visits, with post-visit action plans helping drive continuous improvement. Significant opportunities exist through the expansion of EPS, wider adoption of 56-day prescribing, hub-and-spoke models, enhanced use of pharmacy technicians and growth in independent prescribers.

- **Primary & Community Care Academy (P&CCA):** The P&CCA has delivered to date a broad multi-professional training programme during 2025/26, across GMS, Optometry, Community Pharmacy and Dental professions across 87 subjects reaching 1,708 learners. The GP Nurse Foundation Programme achieved 100% completion with strong staff retention results. Training is monitored through mapping against the annual Training Needs Analysis, course evaluations and impact assessment, with assurance via PTHB and All-Wales governance groups and reporting through national and local workforce boards.

- **Clusters:** The Clusters have achieved significant progress to date, including developing new resources and reviewing team structures to support future planning, successfully launching the Mid & South Cluster merge for full implementation in early 26/27. Opportunities ahead include commitment to the Community by Design model, refining Cluster processes for quality and value, shifting toward larger-scale Cluster services and broadening expert leadership input. Assurance activities included Internal Audit findings, Cluster self-reflection, and Peer Review, with reporting routes through RPB and annual governance boards. Ongoing monitoring is supported through structured programme management, the ACD maturity matrix, alignment with the Cluster Development Framework and delivery against Cluster IMTP plans.

Patterson, Liz
23/03/2026 11:23:13

General Medical Services: Achievement

2024-2025

- 100% completion of key requirements: Unified Contract Assurance Framework (UCAF); Annual Contract Return, Supplementary Service Audits; Quality Improvement Projects; Access Standards; Collaborative & Cluster Development; Escalation Framework.
- 100% compliance in meeting regulatory opening hours: 8am - 6:30pm, Monday to Friday, excluding Bank Holidays
- High service patient demand met: circa 940,000 patient contacts in 2024–25.
- Additional capacity delivered (through national fund): 9,552 extra sessions resulting in 17,215 additional appointments for patients.
- In addition to Directed & National Supplementary services, all practices deliver the majority of Powys' 17 Local Supplementary Services.
- Sustainability support: 2 applications received - 1 Practice received sustainability funding

2025-2026

- 100% compliance with Access Standards for Q1, Q2 and Q3; 100% submission of contractual Mid-Year Reflective Reports.
- 2024-25 UCAF process underway: 11 Action Plans submitted and 3 out of 4 Practice Visits taken place
- Internal Assurance Audit: UCAF Process. Outcome: Substantial Assurance
- Additional capacity funding enabled delivery of over 6,340 extra hours and 8,870 additional appointments in the first half of 2025–26.
- Growing digital engagement through the NHS App, with 26,219 Powys patients registered
- GP Practices working effectively with PTHB flu programme. PTHB is only health board to only use GP Practices to deliver 2–3-year-old flu vaccines, resulting in the highest uptake in Wales this year.
- All practices deliver the majority of Supplementary Services.
- Patient survey results - 4,493 patient responses: Most respondents felt listened to (67% always); well cared for (66% always); Waiting times 76% stated about right/shorter than expected
- Sustainability – Two practices applied but subsequently withdrew or did not meet eligibility criteria.
- Escalation – 2 Practices reporting Level 4 and 7 Practices reporting Level 3 on their Escalation status.

Pattersonj4 2303/2026 11:43:12

Risks & Challenges

- Workforce pressures and recruitment challenges
- Rising operating costs affecting sustainability
- Long waiting times impacting on GP workload
- Rise in requests from Practices for assistance dealing with challenging and aggressive patients
- Alternative Treatment Scheme (ATS) single provider resilience and sustainability – risk to service delivery

Opportunities from the(GMS) Contract Agreement 2025-26 include:

- Maintain frailty/complex multimorbidity registers, and share data
- More detailed reporting for Diabetes 8 Care processes
- Maintain Inclusion Health Registers and offer annual reviews
- Delivery of the *Community by Design* transformation programme
- NHS App – increased functionality

Patterson,Liz
23/03/2026 11:23:13

General Medical Services: Monitoring, Assurance & Reporting

Area	Internal Review	External Review	PC Dept Assurance Process	Executive Committee Reporting
Unified Contract Assurance Framework	Monthly & Annual Review	n/a	• PC Contracts team Practice • GMS Contract Monitoring Group	Contract Assurance Framework Report **Finance and Performance Committee**
GMS Access - Core Contract & Optional Standards	Quarterly reporting & Bi-annual review of reports by GMS Team.	Primary Care Information Portal	• Primary Care Information Portal • PC Contracts team • PTHB Access Forum	GMS Access & Patient Experience Report **PEQS Committee**
Practice Sustainability Review	Annual	n/a	• PC Contracts team • GMS Contract Monitoring Group	Contract Assurance Framework Report **Finance and Performance Committee**
Workforce data	Monthly - new PCWIS not currently available	National Portal	• PC Contracts team	Contract Assurance Framework Report **Finance and Performance Committee**
Escalation Framework	Twice weekly	National Portal	• Primary Care Information Portal	Contract Assurance Framework Report **Finance and Performance Committee**
Supplementary Services Clinical Audits	Annual	n/a	• PC Contracts team • GMS Contract Monitoring Group	Contract Assurance Framework Report **Finance and Performance Committee**
NHS App	Monthly	National Dashboard	• PC Contracts team	GMS Access & Patient Experience Report **PEQS Committee**
Performer List Compliance	Monthly	n/a	• Head of Primary Care	No formal reporting, but shared with Medical Director
Contract Changes - various	Monitored in line with need	n/a	• GMS Contract Management Group • PC Contracts team	**Primary Care Contract Review Group (Executive Committee sub group)**

Patterson, 23/03/2026 11:23:13

General Medical Services: Reporting Terms of Reference

General Medical Services Contract Monitoring Group:

- Management, monitoring, and ongoing development of systems and processes GMS contracts.
- Chaired by Assistant Director of Primary Care
- Membership: AMD, Primary Care, Medicines Management, Finance & Public Health
- Meets quarterly - provides assurance to the PTHB Finance and Performance Committee

Primary Care Contract Review Group:

- Provides oversight, assurance and expert advice on matters relating to regulation, including contractual changes, breaches, escalation, service change and development.
- Chaired by Director of Primary, Community Care & Mental Health
- Membership: AMD, Primary Care, Medicines Management, Associate Dental Director, Optometry Professional Advisor, Finance Business Partner, representatives from Dyfed Powys LMC, Llais, Local Dental Committee, Community Pharmacy Wales, and the Regional Optical Committee.
- The Review Group meet bi-monthly or by exception
- Sub committee of Executive Committee

Access Forum:

- Review, monitor and develop good quality access across GMS Practices using the current GMS Access Standards
- Chaired by Assistant Director of Primary Care
- Membership: Primary Care, LMC Representative, GMS Collaborative Representatives, Llais

Patterson,Liz
23/03/2026 11:23:13

Out of Hours: Achievement

- Two providers: Shropdoc Doctors' Co-operative Ltd and Swansea Bay UHB (Ystradgynlais registered patients).

Shropdoc	2024/25	Q1/Q2 2025/26
Shift Fill	Level 1: 90-100%	Level 1: 90-100%
Patient outcomes/disposition		
Advised to attend ED/MIU	2.45%	2.26%
Assessment and advice	81.02%	82.84%
Death	1.47%	1.40%
Failed contact	0.69%	0.81%
Referred to 999	2.47%	1.82%
Referred to a General Practitioner (handover of care)	3.83%	3.43%
Referred to another Health Professional	0.44%	0.42%
Referred to Secondary Care	5.27%	4.90%
No outcome recorded	2.36%	2.13%

SBUHB	2024/25	Q1/Q2 2025/26
Shift Fill	Level 1: 90-100%	Level 1: 90-100%
Patient outcomes/disposition		
Contact First	6.37%	6.48%
Doctor Advice	50.30%	51.87%
Home Visit	3.92%	4.90%
Prescription Pickup	5.57%	583.33%
Treatment Centre	33.84%	31.70%

Papur(au) 8 / 10/03/2026 12:23:13

Out of Hours: Achievement

Shropdoc	2024/25
Clinical Assessment	
P1 - Prioritised to start clinical assessment within 1 hour (90% target)	*88.54%*
P2 - Prioritised to start clinical assessment within 2 hours (90% target)	*89.61%*
P3 - Prioritised to start clinical assessment within 4 hours (90% target)	*92.24%*
Base Appointment	
P1 - Prioritised for Base appointment within 1 hour (90% target)	*68.57%*
P2 - Prioritised for Base appointment within 2 hours (90% target)	*80.88%*
P3 - Prioritised for Base appointment within 8 hours (90% target)	*95.07%*
Home Visit	
P1 - Prioritised for Home Visit within 1 hour (90% target)	*70.25%*
P2 - Prioritised for Home Visit within 2 hours (90% target)	*85.20%*
P3 - Prioritised for Home Visit within 8 hours (90% target)	*98.67%*

Patterson, Kay
23/03/2026 12:23:13

- Patient outcome not achieving the target, are reviewed to understand impact to patient care
- Challenge: meeting the national standard for completing home visits within 1 hour and 2 hours
- Opportunity: Shropdoc contract ends September 2027, opportunity to review requirements and ensure future service model meets the populations future needs

Out of Hours: Monitoring, Assurance & Reporting

Area	Internal Review	External Review	PC Dept Assurance Process	Executive Committee Reporting
Compliance with Out of Hours National Standards and Quality Indicators	Monthly	Reported to Welsh Government	PC contracts Team Quarterly Out of Hours Performance Monitoring Group	Mid year and End of Year Contract Assurance Framework Report **Finance and Performance Committee**
Out of Hours Rota – shift fill rates	Twice weekly	Reported to Welsh Government	PC Out of Hours Contracts Manager	Mid year and End of Year Contract Assurance Framework Report **Finance and Performance Committee**
Contract delivery and governance: **clinical governance assurance, risk register, incident reporting, safeguarding, clinical audit, service user surveys undertaken, complaints monitoring**	Quarterly	n/a	Quarterly Out of Hours Performance Monitoring Group	Mid year and End of Year Contract Assurance Framework Report **Finance and Performance Committee**

Out of Hours Performance Monitoring Group :

- Chaired by Assistant Director of Primary Care
- Membership includes Assistant Medical Director, Medicines Management and Assistant Director Community Services Group
- Meets quarterly with providers for assurance, oversight, governance and structured performance monitoring
- Ensures compliance with contract standards, national guidance, and regulatory expectations
- Monitors quality safety, resilience and effectiveness of service delivery against All Wales OOH quality and performance standards
- Provides assurance to the Finance and Performance Committee regarding performance
- Provides expert clinical advice in relation to clinical governance and performance issues

Patterson, Liz 23/03/2026 11:15:13

General Dental Services: Achievement

2024/25 Final Year End Data

Contract Number	Contract Type	UDA Performance (%)	Adult Fluoride Varnish (%)	Child Fluoride Varnish (%)	New & New Urgent Patient Performance (%)	Historic Patient Performance (%)
193267/0001	Reform	213%	95%	92%	228%	103%
140961/0001	Reform	80%	88%	96%	105%	26%
208248/0002	Reform	161%	97%	87%	90%	88%
158194/0022	Reform	287%	85%	92%	171%	110%
158194/0024	Reform	84%	96%	97%	109%	36%
849324/0001	Reform	183%	95%	97%	213%	70%
659193/0002	Reform	215%	84%	86%	116%	80%
103242/0000	Reform	67%	51%	80%	314%	12%
158194/0024	Reform	431%	60%	52%	77%	107%
131431/0001	Reform	186%	79%	88%	139%	90%
964948/0001	UDA's	90%	N/A			
915645/0001	UDA's	38%	N/A			
689823/0001	UDA's	100%	N/A			
126896/0001	UDA's	95%	N/A			
762938/0001	UDA's	111%	N/A			

2025/26 Forecast Year End Data (Month 9 Data)

Contract Number	Contract Type	UDA Percentage (%)	Adult Fluoride Varnish (%)	Child Fluoride Varnish (%)	New Urgent Patient Performance (%)	New Patient Performance (%)	Historical Pts (%)
193267/0001	Reform	193%	95%	93%	100%	223%	60%
208248/0002	Reform	69%	87%	89%	100%	60%	56%
158194/0022	Reform	47%	38%	81%	100%	44%	28%
158194/0024	Reform	114%	92%	91%	100%	80%	77%
849324/0001	Reform	163%	94%	91%	100%	76%	94%
659193/0002	Reform	282%	67%	86%	100%	241%	113%
103242/0000	Reform	115%	50%	71%	100%	268%	58%
131431/0001	Reform	177%	79%	89%	100%	69%	91%
140961/0001	UDA's	104%	N/A				
964948/0001	UDA's	83%	N/A				
915645/0001	UDA's	0%	N/A				
689823/0001	UDA's	94%	N/A				
126896/0001	UDA's	95%	N/A				
762938/0001	UDA's	63%	N/A				
158194/0004	UDA's	93%	N/A				

Patterson,LIZ
23/03/2026 11:23:13

General Dental Services: Risks, Challenges & Opportunities

Risks and Challenges:

- Closure of three GDS practices during 2025/26 has further reduced the capacity of available services (Crickhowell, Knighton & Llandrindod Wells)
- Current Dental Access Portal numbers: circa 4,289
- Reduced GDS capacity for routine dental care impacts the urgent service with numbers increasing
- New GDS Contract: Uncertainty whether contractors will sign up to the new contract.
- Two Five contract terminations expected 31st March 2026. Mitigations proposed – PTHB Executive considering proposals

Opportunities:

- Offering 'hybrid' model to bolster resilience (PTHB service and independent contractor model)
- Re-procuring NHS contracts in Knighton & Llandrindod Wells – underway
- Crickhowell contract award agreed
- New GDS contract from 1st April 2026 (building on from contract reform)

2026/2027 Commissioning arrangements under new 2026 Regulation:

- Six Practices intending to continue with NHS services
- One new NHS contract starting 1 April 2026
- Three CDS-managed GDS practices
- Two CDS sites supporting the 111 urgent pathway
- Two contracts currently in re-tender
- Two new CDS-managed GDS practices (recruitment underway)
- Two confirmed and three assumed contract hand backs
- Five contract terminations (worth £2.21m) will significantly affect dental access, particularly in North Powys

Written on 23/09/2025 11:15:13

A set of recurrent and non recurrent commissioning proposals have been developed to reinvest the budget to stabilise access.

General Dental Services: Monitoring, Assurance & Reporting

Area	Internal Review	External Review	PC Dept Assurance Process	Executive Committee Reporting
GDS Contract Delivery Monitoring	Monthly	N/A	GDS Monitoring Group	Mid Year Report Annual GDS Contract Assurance Framework Report **Escalation process as required to DPCCMH** **Finance and Performance Committee**
Dental Performer List Monitoring	Bi-monthly	N/A	GDS Quality & Safety Group	**Escalated to MD when appropriate**
GDS Mid-Year Reviews	Annual	N/A	GDS Monitoring Group	Mid Year Review Report **Finance and Performance Committee**
GDS Year End Reviews	Annual	N/A	GDS Monitoring Group	GDS Contract Assurance Framework Report **Finance and Performance Committee**
Quality Assurance Self-Assessment	Annual	N/A	GDS Quality & Safety Group	Annual GDS CAF Report **Finance and Performance Committee**

Patterson
23/03/2026 11:23:13

General Dental Services Contract Monitoring Group:

- Management and monitoring of the GDS contracts against the CAF.
- Chaired by Assistant Director of Primary Care
- Membership: Primary Care, Associate Dental Director & Finance
- Meets monthly and provides assurance to the PTHB Finance and Performance Committee
- Monitors contractual issues, issue breach notices to contractors when required, carry out Mid and End of year reviews

General Dental Services Quality & Safety Group:

- Chaired by Associate Dental Director/Primary Care GDS Contracts Manager
- Membership: Primary Care, Associate Dental Director & Clinical Advisor from NHSBSA
- Meets bi-monthly with independent input from the Clinical Advisor
- Review Clinical Record Cards, monitors issues with dental performers, HIW inspection results and follow/up and Review ongoing patient concerns.

Patterson,Liz
23/03/2026 11:23:13

2024/25

- Implemented redirection and discharge patients from secondary to primary care.
- Quality for Optometry (QfO) reporting established. 80% met submission requirements.
- 100% completed the QfO toolkit
- Meetings held with mobile providers, greater insight into service offering and reinforcing WGOS expectations
- One practice closure

2025/26

- Optometry professional Collaborative and longstanding lead positions have been filled for both Collaboratives
- WGOS 4 Medical Retina and Glaucoma fully launched to profession
- Primary and Community Care Academy supporting with workforce development and a 'grow your own strategy, funding the Optical Assistant course
- One practice closure
- Current service provision:

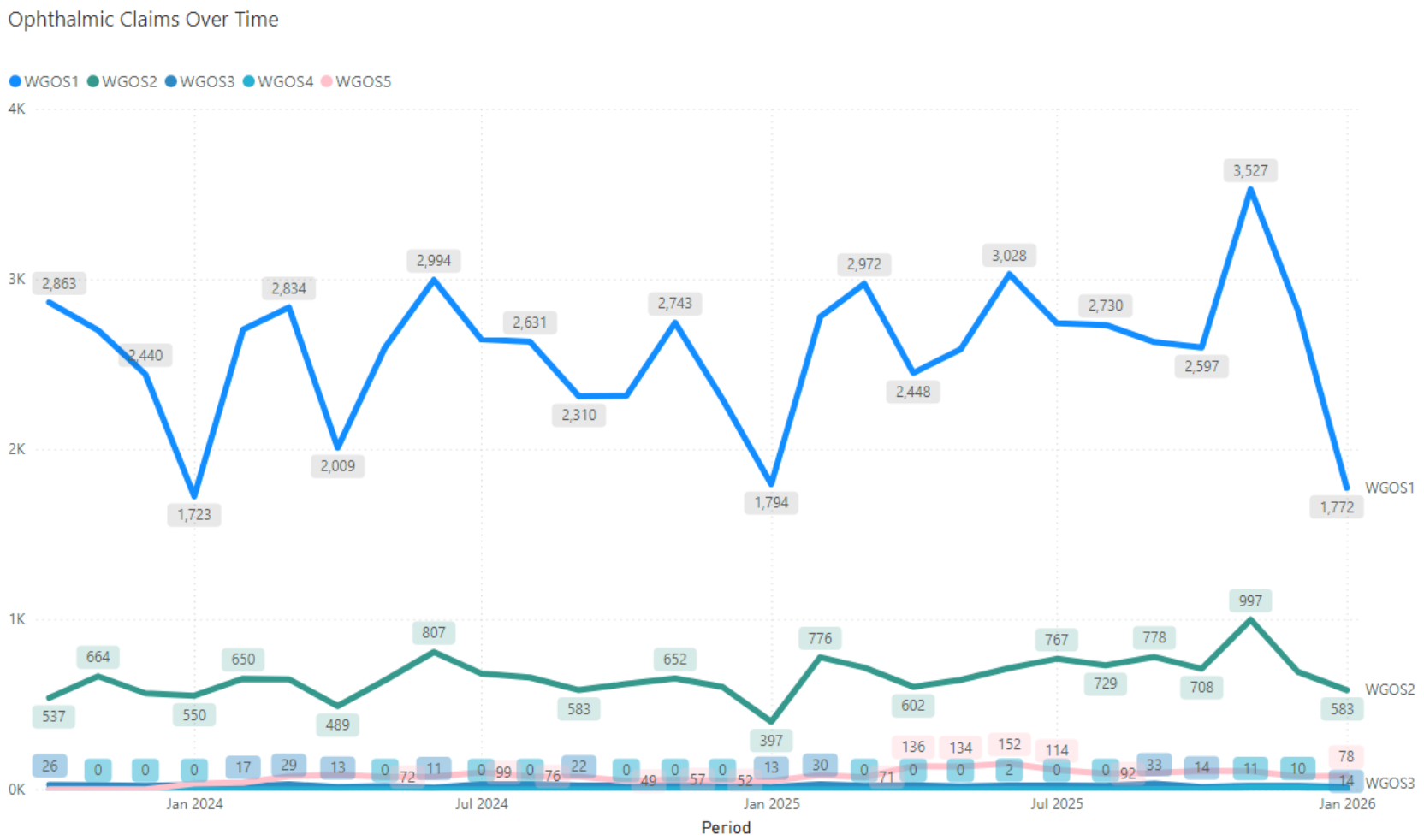
Practice numbers offering WGOS 1-5								
WGOS 1	**WGOS 2**	**WGOS 3**	**WGOS 3 (CVI)**	**WGOS 4 GF**	**WGOS 4 GM**	**WGOS 4 MR**	**WGOS 4 HCQ**	**WGOS 5**
18	18	11	9	2	6	10	0	5
100%	100%	61%	50%	11%	33%	56%	0%	28%

Patterson,LIZ 23/03/2026 11:23:13

Ophthalmic Claims April 2025 to January 2026

WGOS1	WGOS2	WGOS3	WGOS4	WGOS5	GOS
26,873	7,209	211	27	1,094	5,726

NWSSP WGOS BI dashboard introduced 2025/26



Patterson,LIZ
23/03/2026 11:23:13

Risks & Challenges

- Complex Ophthalmology arrangements, large geography and limited workforce creates a challenging environment for WGOS 4 implementation
- Mobile service provision and coverage remain limited to 4 providers across the Powys
- Implementation of the Electronic Referral System, Opera by 31/03/26
- Service gap in North West Powys due to practice closure

Opportunities

- New national WGOS contract, specifically WGOS 4-5, supports care closer to home, increased capacity and reducing demand on secondary care services
- Expansion of all WGOS levels to mobile contractors, supports improved equity of care
- National roll out of Electronic Referral System presents an opportunity for integration between planned and primary care (Planned Care digital system: Open eyes implementation)

Patterson,LIZ
23/03/2026 11:23:13

Optometry Assurance: Monitoring, Assurance & Reporting

Area	Internal Review	External Review	PC Dept Assurance Process	Executive Committee Reporting
WGOS 1-5 Activity Monitoring	Monthly	Quarterly to Eye Care Wales Committee	Optometry Monitoring Group Quarterly: PTHB Eye Care Collaborative Group	Primary Care Eye Care Service Annual Report **Executive Committee**
Optometrist Performer Monitoring	Monthly Primary Care Optometry Advisor	N/A	Optometry Monitoring Group	**To be confirmed**
Quality for Optometry Framework	Annual	N/A	Optometry Monitoring Group Annually: to PTHB Eye Care Collaborative Group	Primary Care Eye Care Service Annual Report **Executive Committee**
Eye Health Needs Assessment	Triennial	N/A	Optometry Monitoring Group Annually to PTHB Eye Care Collaborative Group	**Executive Committee** **PPPH Committee**
Annual Report, including Contract Assurance	Annual	Annually to PTHB Eye Care Collaborative Group	Optometry Monitoring Group Annually: to PTHB Eye Care Collaborative Group	**Executive Committee** **Finance & Performance Committee**

Patterson,Liz 23/03/2021 11:23:13

Optometry Monitoring Group:

- Chaired by Assistant Director of Primary Care, meets monthly
- Reviews activity, quality, performance and finance
- Membership: Professional Lead, Finance & Medicines Management representatives
- Activity reported from the National BI Dashboard (BI Dashboard is in development)
- Issues escalated to Executive Director as appropriate
- Reports presented to Eye Care Collaborative Group and Eye Care Wales Committee

Eye Care Collaborative Group:

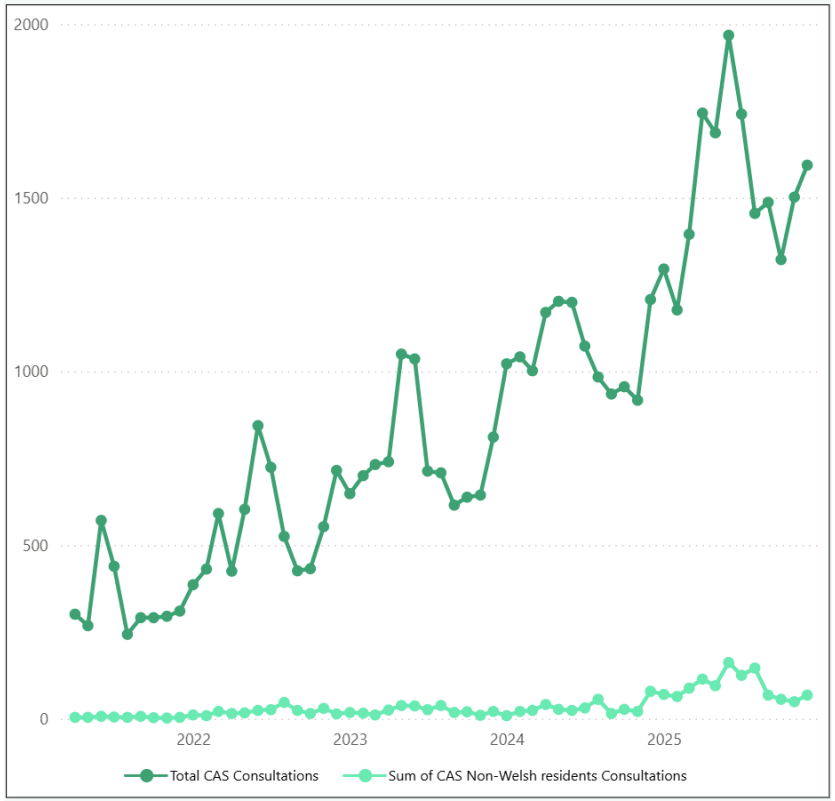
- Meets quarterly to advise on matters concerning eye care as the official voice of professional groups
- Responsible for implementing the strategic direction and collating operational oversight of the delivery of eye health care for PTHB
- Internally reports into the Executive Committee
- Reports into the Ophthalmology Clinical Implementation Network; NHS Executive and Welsh Government; Eye Care Wales Committee

Patterson,Liz
23/03/2026 11:23:13

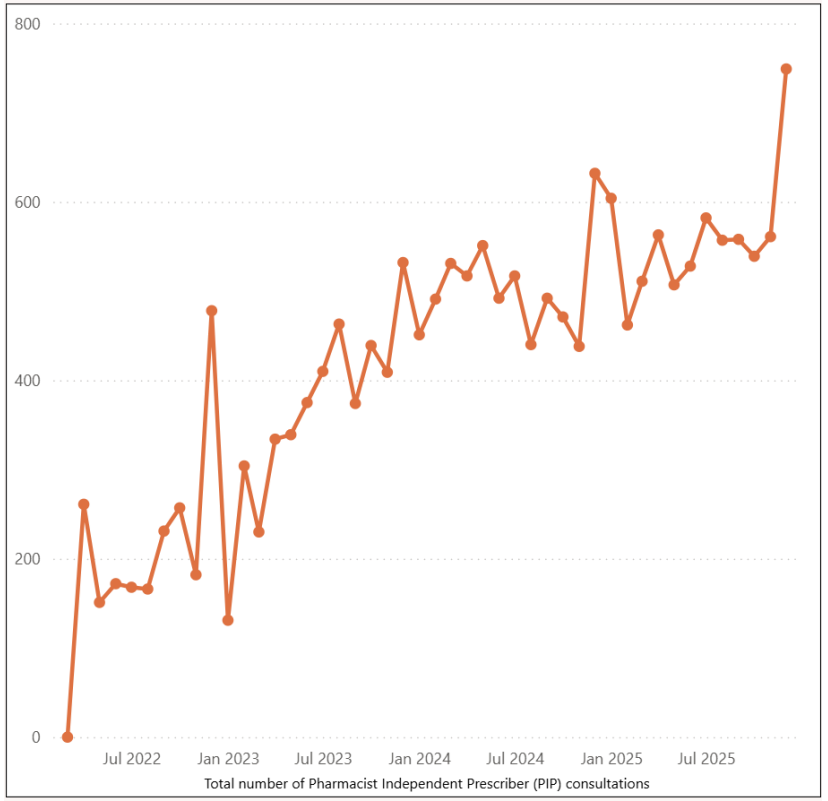
Community Pharmacy: Achievement

2024		2025	
Common Ailments Service (CAS)	12709 Consultations	Common Ailments Service (CAS)	18367 Consultations
Management of Sore Throat	1162 Consultations	Management of Sore Throat	1339 Consultations
Urinary Tract Infections	97 Consultations	Urinary Tract Infections	664 Consultations
Contraception Services	762 Consultations	Contraception Services	765 Consultations
Emergency Medicines Supply	2383 Consultations	Emergency Medicines Supply	2973 Consultations
Independent Prescribing	6023 Consultations	Independent Prescribing	6721 Consultations

Common Ailments



Independent Prescribing



Community pharmacy activity has shown strong year-on-year growth, with significant increases across the Common Ailments Service and Independent Prescribing. CAS consultations rose from 12,709 in 2024 to 18,367 in 2025, while Independent Prescribing increased from 6,023 to 6,721. The trend lines clearly show steady upward momentum, reflecting the expanding contribution of community pharmacies in supporting timely access to care.

Patterson, Lisa 23/09/2025 13:23:13

Community Pharmacy: Monitoring, Assurance & Reporting

Area	What do we measure?	How do we measure it?
Contractual Compliance	Contracted opening hours and access	Review declared hours vs contract; check NHS 111 directory; contract monitoring visits.
	Unplanned closures (frequency, duration)	Closure notifications; NHS 111 updates; trend and escalation log review.
	Core contractual requirements met / not met	Contract monitoring visits; review of required documentation and service delivery.
Service Activity & Uptake	Volume of each commissioned service delivered	Service claims and consultation data (e.g. Choose Pharmacy / local service claims); activity dashboards.
	Activity trends over time	Trend analysis using monthly/annual activity data via locally produced dashboards.
	Variation between contractors	Benchmarking activity across pharmacies, clusters, and HB averages. Identification of outliers.
Workforce & Capacity	Declared pharmacist availability	Contractor workforce declarations; real-time updates during disruptions.
	Prescriber availability (where relevant)	Contractor-reported prescriber lists; checks during contract monitoring.
	Pharmacy Escalation Status	Review of escalation reports (green/amber/red); follow-up on amber/red statuses.
Other	DATIX reports	Incident review, categorisation, and trend analysis.
	Llais reports	Review of patient feedback/complaints and emerging themes.
	NIIAS reports	Audit of ChoosePharmacy access alerts; investigation of inappropriate access.

Patterson,Liz
23/03/2026 11:23:13

Community Pharmacy: Monitoring, Assurance & Reporting cont.

Implementation of Contract: Head of Primary Care Medicines Management chairs quarterly forum meetings which invite Community Pharmacy Wales (CPW), independent contractors and representatives from the Community Chemists Association (CCA) to discuss ongoing implementation.

Contract Assurance Framework: local Framework, updated quarterly and supports the Medicines Management Team to monitor compliance with the contract. Themes covered :

- Contract Monitoring
- Temporary closures
- Concerns, complaints and incident reporting
- Stakeholder identification
- Service delivery and compliance with service specifications
- Waste management

Contractual Compliance Monitoring: three toolkits completed annually which are to check contract compliance. Also inform priority of contract monitoring visits:

- Clinical Governance Toolkit
- Information and Security Management System (ISMS) Toolkit
- Controlled Drugs Checklist

Contract Monitoring Visits (50% pharmacies each year)

- Assess contract adherence and provide opportunity for collaboration and to consider broader aspects of pharmacy services e.g. commissioned services.
- Post visit action plan agreed following visits; learning is regularly shared and engagement with our pharmacy contractors continues to improve.

Powys 2021-11-23 13

Community Pharmacy: Risks, Challenges & Opportunities

Risks & Challenges

- Drug shortages and ongoing supply disruption with increased time spent managing medicines supply issues
- Pharmacy closures and consolidation of the network
- Reduction in contracted or discretionary opening hours
- Rising operating costs affecting profitability and sustainability
- Competing priorities between dispensing and clinical services
- Limited capacity to deliver commissioned services consistently; Inconsistent service offer for patients
- Increased prescription volume and workload (continued growth in repeat prescribing despite 56-day policies)
- Variable service availability across the network
- Poor integration with other NHS systems and communications

Opportunities

- Expansion of Electronic Prescription Service to improve efficiency, reduce paper handling and car journeys
- Move towards 56-day prescribing to support medicines optimisation
- Development of hub-and-spoke dispensing models can help to create capacity
- Increased use of pharmacy technicians in extended roles (supporting clinical services)
- Growth in pharmacist independent prescribers to deliver more clinical services to patients
- Shift towards a more clinical community pharmacy contract
- Improved integration of community pharmacy within the wider NHS
- Need for supporting digital infrastructure and workforce planning

Patterson, Liz 23/07/2026 11:23:46

2025/26

- P&CCA training funding from HEIW allocation: recurrent PTHB allocation and non recurrent bid application opportunities
- Delivered Protected Learning Time: Subjects offered 29; No: of learner contacts 1077
  - Antimicrobial prescribing practice changes. Impact: Significant improvement in changing to 5 day prescribing (instead of 7day) PTHB made the greatest improvement across Wales
- Clinical and non-clinical offers
  - 48 multi-profession subjects offered
  - 631 learner contacts achieved
- GP Nurse Foundation Programme – 100% of candidates trained (all retained in post aside from one person)
  - Developed course with All Wales Primary Care and Bangor University
  - Supporting nurses – newly qualified / career changers - to acquire specialist GPN skills unique to primary care patients
- Multiprofession and occupation specific training provided across Primary Care and Community – GMS, Optometry, Community Pharmacy, Dental
- - Supporting Optometry Career Development: ABDO Optical Assistant Qualification Practice in Powys: website offering recruitment support
- Primary & Community Care HCSW Education Forum
- Primary & Community Care Nurse Education Forum -

Patterson,Liz
23/03/2026 11:23:13

Primary & Community Care Academy – Risks, Challenges & Opportunities

Risks:

- Temporary HEIW fixed term funding for HCSW and non-clinical training
- Temporary fixed term funding for P&CCA Clinical Skills trainer
- Temporary funding for Post Registration Education & Training for Nurses, Midwives and Health Professionals

Challenges:

- Time to release staff for training
- Independent Contractor (non-GMS) training offers – out of hours and weekends
- Competing training priorities
- Protected learning time only for GMS - Optometry / Dental / Community Pharmacy at disadvantage

Opportunities:

- Future nursing workforce - 50% of Powys GMS Practices now take undergraduate student nurses on placement – increase from 10% in 2022
- Maximised funding streams such as Women's Health Hubs to provide training with backfill costs where possible
- Recorded learning events available where appropriate
- Training times targeted during internal PLTs, 'lunch & learn" and avoiding peak patient times

Patterson,Liz
23/03/2026 11:23:13

Primary & Community Care Academy: Monitoring, Assurance & Reporting

Monitoring	Assurance	Reporting
• Training solutions mapped against Annual Training Needs Analysis to ensure deliverability against requirements • All courses evaluated via MS forms data • Impact of training on learner knowledge, skills and confidence levels analysed • PTHB Working Group	• PTHB P&CCA Steering Group • All Wales HEIW Primary Care HCSW Group • Non-clinical HEIW T&F Group • HEIW Post Reg & HCSW Fund Group • Multiple All Wales workstreams	• Central P&CCA National Academy Network • All-Wales Steering Group • PTHB Steering Group • PTHB Workforce Futures Board

Patterson,Liz
23/03/2026 11:23:13

Achievements

- Development of resources - Review of team structure to support future plans for Clusters.
- Mid & South Cluster merge – launched and progressed during Q3 & Q4, for full implementation Q1 26/27. On track.
- Development of Pan-Powys meetings (both face to face and virtual) has fostered positive relationships and conversations across the collaboratives. Respectful, positive and productive space.
- Shared learning from projects across all Clusters.
- Cluster PLT November 2025 - supported by Cluster Development Team and P&CCA to deliver Diabetes training (successes and achievements included in P&CCA slides).
- Cluster IMTPs formally supported and signed-off by RPB Executive Group on 02/12/2025.
- 13 Cluster projects: 10 live and in progress, 1 delayed start due to seasonal reasons, 2 under review.

Patterson,Liz
23/03/2026 11:23:13

Cluster Assurance - Risks, Challenges & Opportunities

Risks

- Currently out for Expression of Interest for North & South Cluster Lead roles – some interest, low risk of not recruiting into the posts
- Currently no Professional Nursing Collaborative in place, mitigated by voices from the profession contributing to discussions

Challenges

- Increasing demand, and competing priorities across all services can reduce ability to engage and support Cluster working
- Time and cost to release staff
- Recruitment challenges in rural areas can delay / prevent projects from progressing

Opportunities

- Cluster members committed to the Community by Design model
- Cluster processes under review to ensure efficiency and effectiveness, and ensure quality and value
- Focus on larger scale Cluster Services – move from smaller Cluster Projects
- Stronger multi-professional input, expert voices and leadership

Patterson,Liz
23/03/2026 11:23:13

Cluster Assurance – Monitoring, assurance & reporting

Monitoring	Assurance	Reporting
• Project management and Programme Plan Monitoring • ACD maturity matrix against the 13 outcomes in Primary Care Model for Wales • Action plan aligned to the Cluster Development Framework • Cluster IMTP delivery against plan	• Internal Audit of Cluster Project processes achieved substantial assurance Q3 • Cluster self-reflection completed August 2025 • Peer Review of North Powys Cluster completed Q3	• RPB Executive Group – IMTPs, Project Progress, Spend against Budget • 2026/27 – Oversight group to be implemented to direct and develop pan cluster planning processes • Annual report to Planning, Partnerships & Population Health Board • Annual report to Finance & Performance

Patterson,Liz
23/03/2026 11:23:13

Level 4 Organisational Escalation Update

PTHB Board
25 March 2026

Patterson,LIZ
23/03/2026 11:23:13

3.5 - Escalation and Intervention Arrangements

Subject:	**Escalation and Intervention Arrangements**
Approved and Presented by:	Hayley Thomas, Chief Executive
Prepared by:	Director of Corporate Governance/Board Secretary
Purpose:	This document provides an update against the Welsh Government escalation and intervention arrangements for Powys Teaching Health Board.
Recommendations:	The Committee is asked to: • **RECEIVE** the report and take **ASSURANCE** that appropriate mechanisms are in place to monitor and report to the Board (and its Committees) against the Level 4 de-escalation criteria.
Executive Summary	The Welsh Government Escalation and Intervention Arrangements has five levels of escalation 1. Routine arrangements 2. Area of concern (new level) 3. Enhanced monitoring 4. Targeted intervention 5. Special measures The framework has six escalation domains and can be viewed here - NHS Oversight, Assurance, Escalation and Intervention Framework (gov.wales) PTHB's status increased from Enhanced Monitoring (Level 3) Finance, Strategy to Targeted Intervention on the 5 November 2024 having previously been in Enhanced Monitoring since September 2023. PTHB remains in routine monitoring for all other domains.
Appendices:	*None for this meeting*

Patterson, Liz
23/03/2026 11:23:13

Recap - NHS Wales Escalation and Intervention Arrangements

- Welsh Government Escalation and Intervention Arrangements – Five levels of escalation
  1. Routine arrangements
  2. Area of concern (new level)
  3. Enhanced monitoring
  4. Targeted intervention
  5. Special measures

- Six escalation domains

- [NHS Oversight, Assurance, Escalation and Intervention Framework (gov.wales)]

- PTHB's status **increased** from Level 3 to Level 4 for Finance, Strategy and Planning on the 5 November 2024 having been in Level 3 since July 2023

- Increased status due to declining financial position.

Patterson,Liz
23/03/2026 11:23:13

Recap - Approach to Managing Level 4 Escalation – PTHB Board approved

PTHB Quad Forum
PTHB Chairs Forum

- Finance and performance Committee – main assuring committee

Patterson,LIZ
23/03/2026 11:23:13

Update – PTHB Assurance Reporting

- Engagement and reporting internally as per Board approved mechanisms has continued as required

Mechanism	Frequency	Last Meeting	Next Meeting
PTHB Board	Bi-annually with CEO reports in between	26 Nov 2025	Today – 25 March 2026
Finance & Performance Committee (overall reporting)	Every meeting	26 Feb 2026	14 May 2026
Planning, Partnerships and Population Health Committee (planning & strategy)	Every meeting	20 Nov 2025	18 May 2026
Audit, Risk and Assurance Committee (financial control)	Every meeting	10 March 2026	12 May 2026
Executive Committee	Monthly	18 March 2026	1 April 2026

Patterson,Liz
23/03/2026 11:23:13

Update – Welsh Government Assurance Reporting

- Engagement and reporting to Welsh Government has continued as required but moving forwards is subject to change in line with the revised oversight arrangements issued from Welsh Government.

Mechanism	Frequency	Last Meeting	Next Meeting
JET meetings	Bi-annual	Public Accountability Meeting (27 Nov) has replaced JET meeting	TBC – revised oversight arrangements being put in place
IQPD meetings	Monthly	23 Feb 2026	TBC – revised oversight arrangements being put in place
Professional lead meetings – finance	Monthly	Several contact points throughout month	Several contact points throughout month
Professional lead meetings – planning & strategy	Monthly	Several contact points throughout month	Several contact points throughout month
Chair to Cabinet Secretary meetings	Quarterly	4 Feb 2026	TBC due to election period
PTHB CEO to NHS Wales CEO/Director General	Ongoing	Ongoing contact points throughout the period	Ongoing contact points throughout the period

Patterson, Liz
23/03/2026 11:23:1

Recap - Support

- The escalation and related interventions detailed within the escalation action plan were designed to support the health board to demonstrate actions and evidence in line with the key objective areas
- Support was commissioned, with Welsh Government support in the following areas:

1. Commissioning and contracting expertise

Required to provide capacity to the health board to review contracting mechanism, process and approach and to improve process and controls of entering and monitoring commissioned contracts within resources available.

2. CHC clinical and operational expertise

Required to enhance capacity and review the process and pathways underpinning CHC and FNC and support the development of sustainable solutions.

3. External planning and transformation capacity and expertise

To support the health board in developing and delivering an integrated plan for 2025/26, including effective stakeholder engagement, identification of rapid turnaround actions to support delivery of target control total, and support the longer-term through development of a clear route map to balance, including a focus on opportunities to strengthen planning capability.

Patterson,Liz
23/03/2026 14:22:13

4. Audit expertise

Identify if additional internal audit days required to review the controls and processes within key risk areas that have not been recently reviewed.

Update – Escalation Support

- Grant Thornton appointed through a competitive procurement, work began late September 2025
- Final report produced, executive summary published.
- 34 recommendations, summary of acceptance as follows

Area	No. Recommendations	Accepted	Partially Accepted	Not Accepted
Commissioning & Contracting	19	7	9	3
CHC	8	6	2	0
Finance, Planning & Transformation	7	7	0	0
Totals	34	20	11	3

- **Not accepted:**
  - Catalogue all collaborative forums (who attends, decisions, finances at stake) and align to commissioning intentions. Productivity gains – *already in Partnership Governance Framework and Strategic Change report.*
  - Tighten process and expedite setting of annual Commissioning Intentions linked to key areas of financial pressure, ensure intentions are clearly communicated to providers in advance. *NHSW LTAs to be agreed by 27 February 2026, not timely. PTHB Commissioning Intentions for NHSE currently very similar to local host ICBs. Any additional learning & benefit of this recommendation to be explored for NHSE as part of Rec 16.*
  - Focus on improving automatic data feeds from Welsh data systems to each Health Board, avoiding the need for manual manipulation. Reduced costs and better operational and financial understand and control. *Included in Recommendations 3 & 16, however this element is not in PTHB control.*

Patterson,Liz
23/03/2026 11:26:13

Governance & Next Steps

Existing Arrangements

- Whole Board retained strategic oversight (formal Board meetings and Board Development)
- Board Committees retain existing roles – as per slide 4 (approach to managing escalation)

Strengthening our Response / Governance Approach

- Enhanced Quad Forum
- Implement enhanced financial recovery governance structure (as per independent report recommendations)

Next Steps

- Continue to implement actions from the independent report – actions form part of the Annual Integrated Plan
- F&P committee (as the main assuring committee) will also receive reports on progress against delivery of the independent report recommendations
- Review assessment of progress against the De-escalation criteria (slide 10)

Patterson,Liz
23/03/2026 11:23:13

Recap - De-Escalation Criteria – agreed by Welsh Government & PTHB

Strategy and Planning

- Submission of a balanced and credible three-year medium-term plan or acceptable annual plan in line with the current planning framework
- Board clarity on the strategic vision for the organisation
- Evidence of a clear roadmap and implementation of the health board's clinical services plan
- Welsh Government's confidence in delivery based on an assessment against an agreed planning maturity matrix
- Delivery of commitments set out within the health board's plan, particularly in relation to the ministerial priorities, delivery expectations and enabling actions

Finance

- Demonstrate that there is robust financial governance and a robust financial control environment in place with risks minimised
- Substantial progress to be made in delivering the level 4 action plan including actions to improve the organisation's understanding of the existing deficit and key drivers and development and realisation of opportunities
- Annual plan developed with Board approval demonstrating a substantial financial improvement trajectory and delivering as a minimum the target control total

Cyhoeddus / Public
23/11/2021 11:13:13

Powys THB Finance Department
Financial Performance Report
Board

Period 11 (February 2026)
FY 2025/26

Date Meeting: 25 March 2026
Item 3.6

Patterson,Liz
23/03/2026 11:23:13

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

Introduction

Subject:	**FINANCIAL PERFORMANCE REPORT FOR MONTH 11 OF FY 2025/26**
Approved & Presented by:	Pete Hopgood, Executive Director of Finance, Estates and Support Services
Prepared by:	Deputy Director of Finance
Other Committees and meetings considered at:	Executive Committee – 18 March 2026

PURPOSE:

This paper provides an update on the February 2026 (Month 11) Financial Position, including progress with savings delivery.

RECOMMENDATION:

The Board is asked to:

- To receive the financial report and take **ASSURANCE** that the organisation has effective financial monitoring and reporting mechanisms in place.
- To **CONSIDER** and **DISCUSS** the financial forecast for 2025/26 of £33.3m and the underlying deficit of £45.1m.

Patterson,Liz 23/03/2026 11:23:13

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

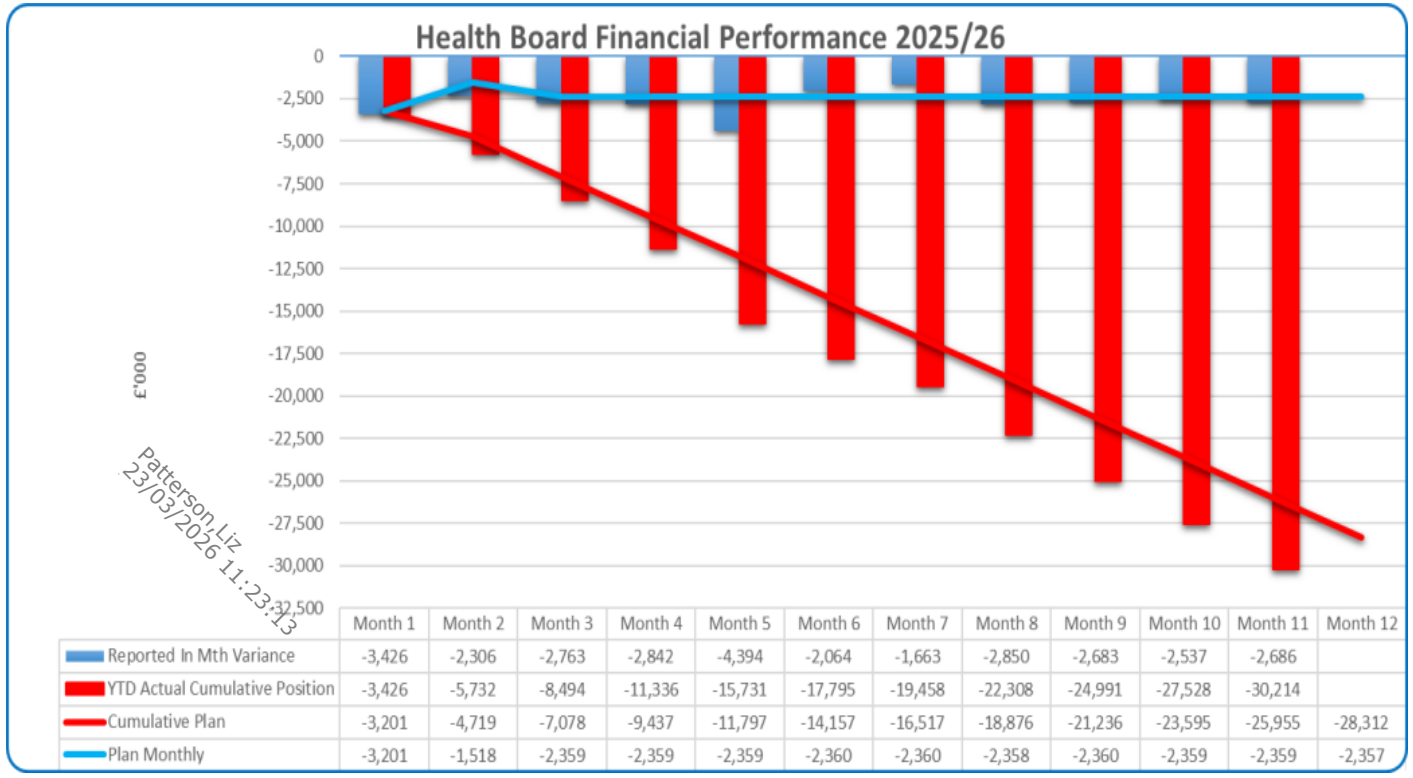
Strategic Objectives:	• Focus on Wellbeing	✖
	• Provide Early Help and Support	✖
	• Tackle the Big Four	✖
	• Enable Joined up Care	✖
	• Develop Workforce Futures	✖
	• Promote Innovative Environments	✖
	• Put Digital First	✖
	• Transforming in Partnership	✓
Health and Care Standards:	• Staying Healthy	✖
	• 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	-2,359	-2,686	↑
Reported Year To Date financial position – (deficit)/surplus	-25,955	-30,214	↑
Year end – (deficit)/surplus	-28,312	-33,312	↑

Capital		
	Value £'000	Trend
Capital Resource Limit	8,392	↑
Reported Year to Date expenditure	4,643	↑
Reported year end – (deficit)/surplus – Forecast	8,392	↑



	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	
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	
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 11, there is a £30.214m overspend. Compared to a planned deficit of £25.955m, (which is 11/12ths of the planned £28.312m deficit), this equates to the Health Board having an overspend of £4.259m. Therefore, it is on track for a forecast £33.312m deficit.

The capital resource limit for 2025/26 is £8.392m, the forecast outturn is £8.392m; with a YTD spend of £4.643m.

Year to Date overspend of £4.3m compared to Plan

The YTD overspend is predominantly due to unforeseen cost pressures.

- NHS England unplanned care tariff increase - £3.5m
- JCC delivery - £0.4m
- Employers NI contribution - £1.0m

The balance of £0.6m 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	(414,985)	(414,985)	0
02 - Capital Donations	(119)	(119)	0
03 - Other Income	(7,692)	(9,928)	(2,236)
Total Income	**(422,797)**	**(425,033)**	**(2,236)**
05 - Primary Care - (excluding Drugs)	46,895	45,220	(1,675)
06 - Primary care - Drugs & Appliances	32,405	32,719	314
07 - Provided services -Pay	112,958	113,928	970
08 - Provided Services - Non Pay	22,807	21,027	(1,780)
09 - Secondary care - Drugs	1,278	1,253	(25)
10 - Healthcare Services - Other NHS Bodies	173,449	179,483	6,035
12 - Continuing Care and FNC	37,247	37,164	(83)
13 - Other Private & Voluntary Sector	5,876	8,617	2,741
14 - Joint Financing & Other	9,390	9,389	(2)
15 - DEL Depreciation etc	5,574	5,574	0
16 - AME Depreciation etc	872	872	0
18 - Profit\Loss Disposal of Assets	0	0	0
Total Costs	**448,751**	**455,246**	**6,495**
Reported Position	**25,955**	**30,214**	**4,259**

Part 1 Item 4 21/03/2026 14:23:13

At Month 11, there is a £30.214m overspend against the forecast deficit of £29.955m giving the Health Board an overspend of £4.259m compared to Plan. The most significant areas to highlight are:

- Commissioning of Healthcare Services from other NHS Bodies is £6.035m overspent at M11. There is an unfunded cost pressure arising from price increase on non-elective tariffs in the English system, savings target shortfall, overspend with JCC and underspend with Welsh providers.
- Other private and voluntary sector is overspent YTD by £2.741m. This is due to an increased number of acute mental health and LD placements with private providers.
- Agency expenditure of £0.365m in the month, compared to M11 2024/25 it is £0.371m lower.
- CHC is underspent by £0.083m YTD. There are 403 packages of care, a net increase of 48 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	(7,692)	(9,928)	**(£2,236)**
07 - Provided services -Pay	2,394	2,177	(217)	2,137	112,958	113,928	**£970**
08 - Provided Services - Non Pay	0	0	0	0	22,807	21,027	**(£1,780)**
Grand Total	**2,394**	**2,177**	**(217)**	**2,137**	**£128,073**	**£125,027**	**(£3,046)**
Directorate View							
Assistant Director Community Services	1,018	933	(85)	919	45,286	43,590	**(£1,696)**
Assistant Director MH/LD	541	441	(100)	427	22,683	28,861	**£6,178**
Assistant Director Women and Children	159	155	(4)	160	7,076	7,260	**£184**
Estates and Support Services	207	216	10	208	15,304	15,658	**£354**
Corporate and other Services	470	433	(37)	424	37,724	29,658	**(£8,066)**
Grand Total	**2,394**	**2,177**	**(217)**	**2,137**	**128,073**	**125,027**	**(£3,046)**

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.

Paterson,LIZ
31/03/2026 11:23:13

Explanation of Performance

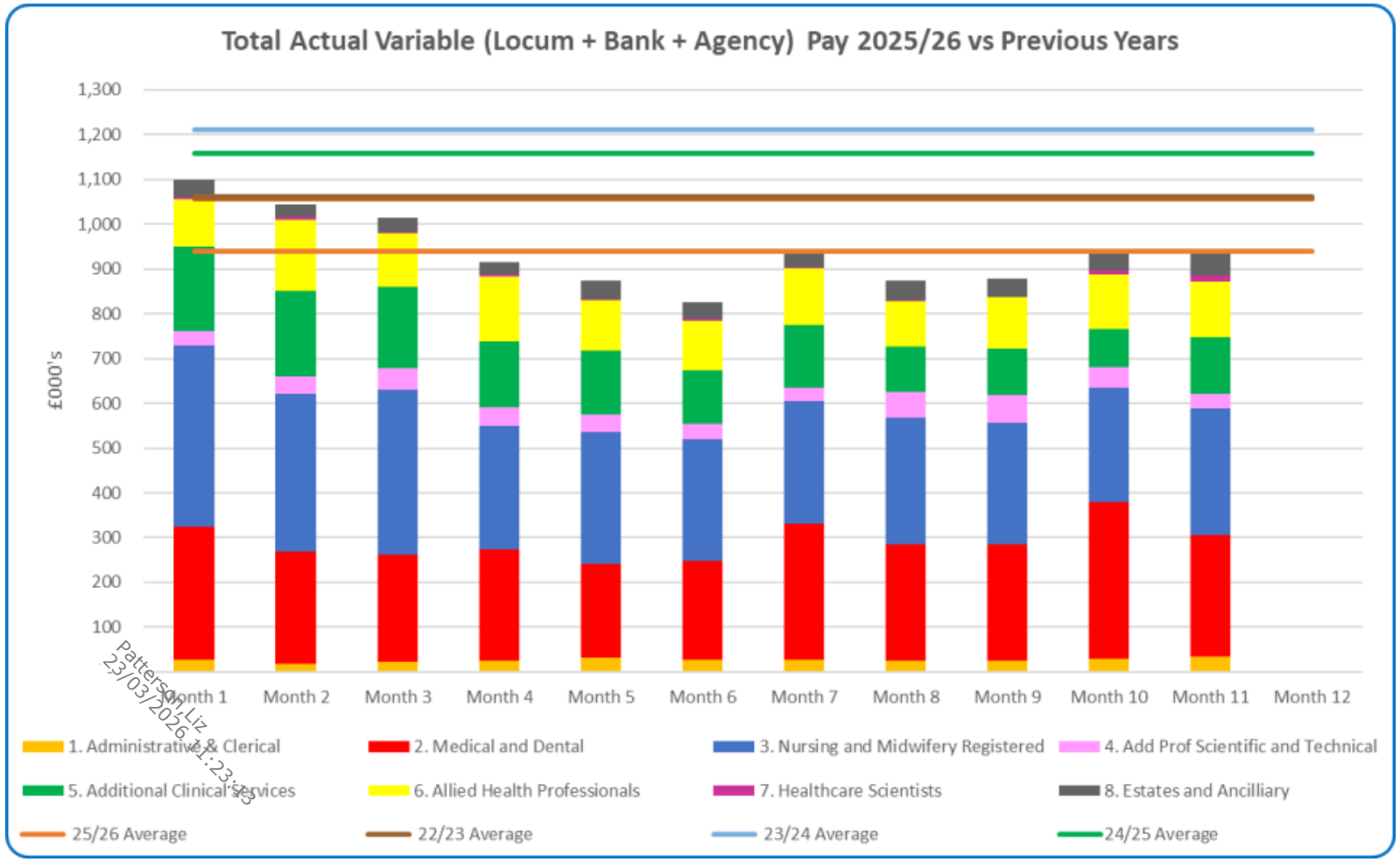
- The Month 11 position is showing an underspend of £3.046m over these categories.
- The service with the largest overspend is Mental Health & Learning Disability. This is due to agency and locum expenditure and the underachievement of savings.
- Community Services is underspent due to management of vacancies.
- Vacancies are running at 19% (100 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 in February variable pay was in line with the previous month. It is £371k less than in month 11 last year. It is broken down by staff type.
- However, Powys continues to be an outlier within NHS Wales as forecasted agency and locum spend was on average 5.8% of total forecasted pay in Month 10, 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	46,393	45,286	(1,107)
English Providers	69,042	75,106	6,064
JCC	52,612	53,972	1,360
Other NHS Providers	4,548	4,444	(103)
Mental Health (LTAs Only)	854	674	(180)
Total	**173,449**	**179,483**	**6,035**

Patterson,Liz 25/03/2026 10:23:5

Risks

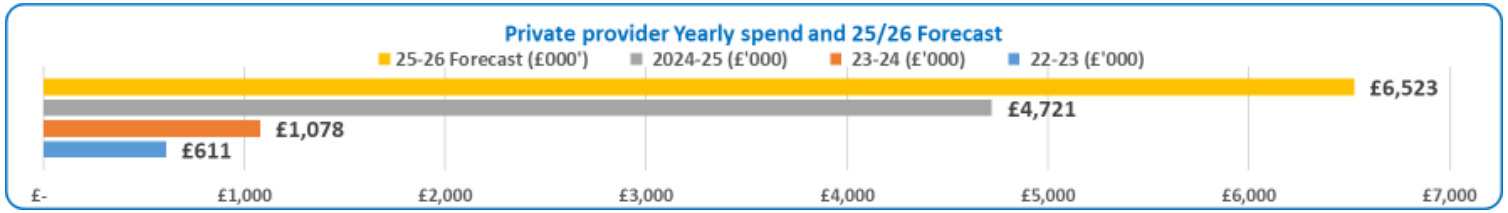
- Capacity and performance of Adult Social Care services
- Providers exceed their RTT recovery targets.
- Winter pressures and capacity of the system generally to treat patients and thus avoid secondary care admissions.
- Delivery of saving plans.

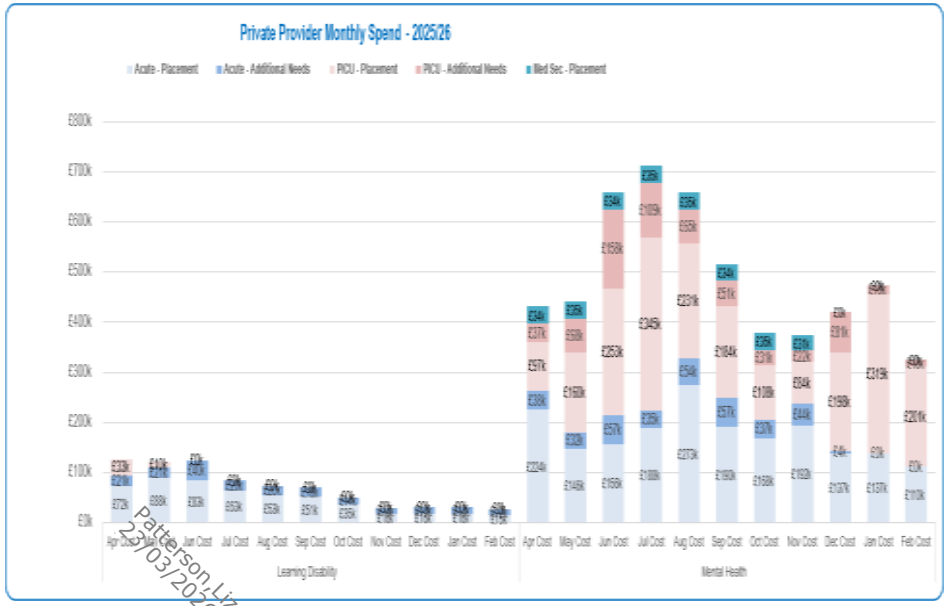
Performance

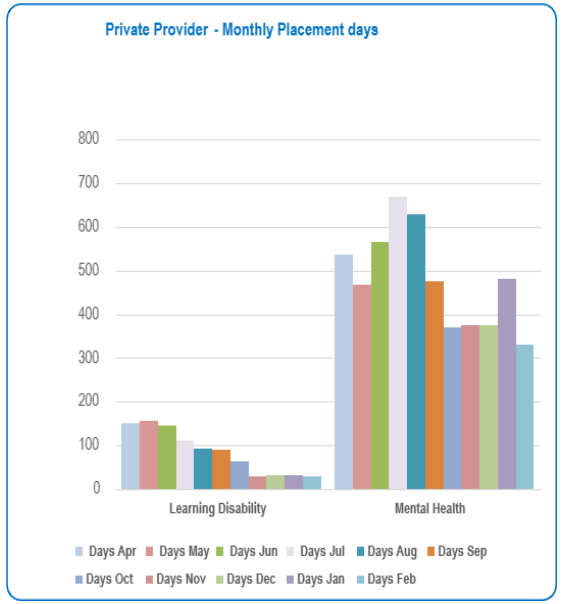
- *Welsh Providers* – there is an underspend due to reduced activity.
- *English providers*
  - There is an unfunded cost pressure arising from price increases in the English system for maternity and non-elective tariffs of circa an average 13%. This is estimated as £3.8m for the year, which is £3.5m of the YTD variance.
  - The other contributing factor is that the savings target is not currently forecast to be fully achieved (see later slide). This is £2.4m of the YTD variance.
  - Due to coding difficulties and delays in receiving activity information with SaTH and WVT there may be cost pressures in respect of activity, which are not fully reflected in the position yet.
- *Joint Commissioning Committee* – the JCC overspend reflects two issues:
  - Powys share of JCC forecast overspend £0.5m
  - 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.







Patterson,Liz
27/03/2026 11:23:53

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 M11, it is forecast that the costs will increase to £6.5m (£5.7m MH and £0.8m LD). This is an increase of £1.8m.

The number of open packages is 12 at the end of February, a decrease 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.

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:
  - 7,256 days within Powys community hospitals related to Health processes, 13,338 days to Social Care and 2,490 days to joint processes. Associated costs to date of £3.3m, £6.1m and £1.1m, respectively.
  - 8,361 days within district general hospitals (DGHs) and English community hospitals related to Health processes; 6,428 days to Social Care and 1,141 to joint processes. Associated costs to date of £2.2m, £1.9m and £0.2m, respectively.

Patterson, Vicki 23/03/2026 11:29:13

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	2,816	£1.3	£1.4				6,007	£2.7	£3.0
PTHB Provider Assessment Delays	4,440	£2.0	£2.2	2,490	£1.1	£1.2	7,331	£3.3	£3.6
Subtotal PTHB Provider	**7,256**	**£3.3**	**£3.6**	**2,490**	**£1.1**	**£1.2**	**13,338**	**£6.1**	**£6.6**
Shropshire Community Bed Delays	317	£0.1	£0.1				147	£0.0	£0.1
WVT Community Bed Delays	610	£0.3	£0.3				698	£0.3	£0.3
DGH Bed Delays - England	5,340	£1.8	£2.0	727	£0.2	£0.3	4,365	£1.5	£1.6
DGH Bed Delays - Wales	2,094	£0.0	£0.0	414	£0.0	£0.0	1,218	£0.0	£0.0
Subtotal English & Welsh Providers	**8,361**	**£2.2**	**£2.4**	**1,141**	**£0.2**	**£0.3**	**6,428**	**£1.9**	**£2.0**
Total Opportunity Cost (at full cost)	**15,617**	**£5.5**	**£6.0**	**3,631**	**£1.4**	**£1.5**	**19,766**	**£7.9**	**£8.7**
						Total All	**39,014**	**£14.9**	**£16.2**

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 are expected to continue this trend through M10-12 FY25-26.

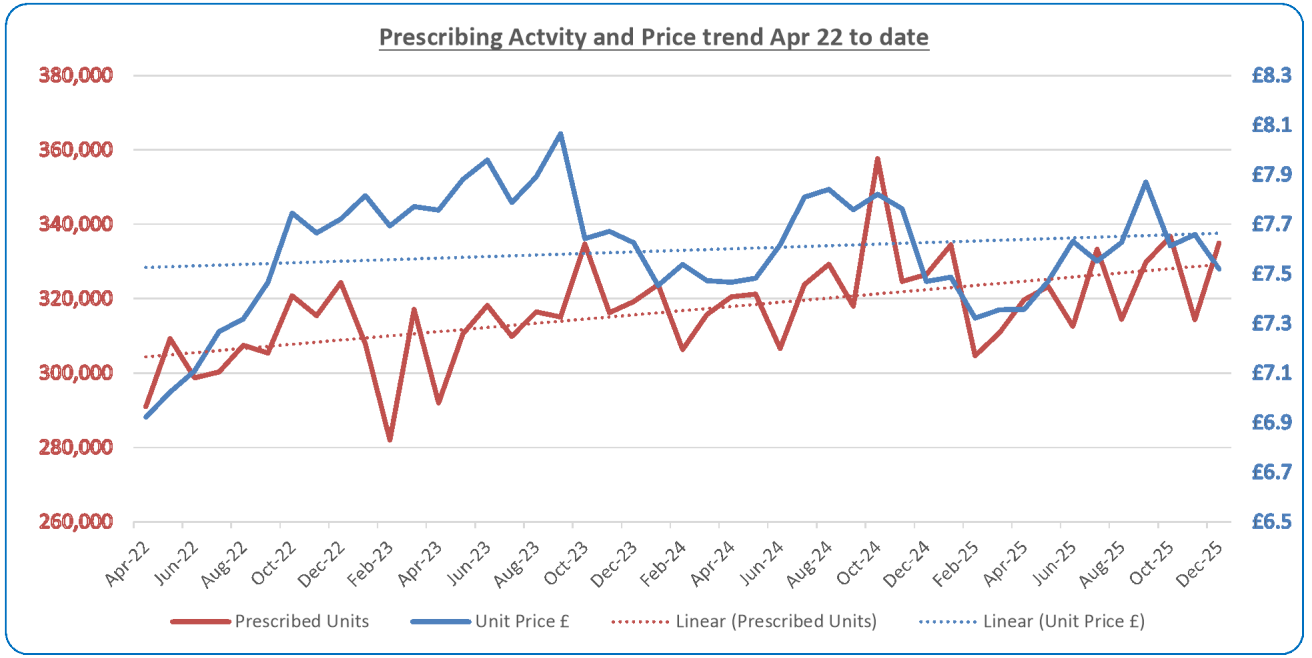
Status Update

Forecasting an overspend of £541k against a budget of £29.0m(incl £1.5m saving target). Prescribing costs are reported 2 months in arrears.

YTD costs, M1-9, are 0.1% higher than FY24-25.

- Unit price decrease year on year of -0.2%
- Reducing £% in FY25-26, driven by NCSO/price concessions. Unit costs are expected to continue at a lower rate further into FY25-26 as the impact of reduced costs for SGLT-2 inhibitors come into the position.
- Activity year on year increasing through Q3 driving higher f'cast at M11.

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	29,503
Yr on Yr % increase/decrease	-1.3%	7.3%	6.3%	1.0%	0.1%
Yr on Yr increase £ Total	**-344**	**1,859**	**1,727**	**292**	**15**
Yr on Yr increase £ Growth	475	655	747	991	108
Yr on Yr increase £ Inflation	-819	1,204	980	-698	-93



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 forecasting £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.

Date received: 23/12/2025 11:23:13

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	£748	£53	£125	20.1%
Learning Disabilities	£1,639	£2,461	£3,549	£4,322	£4,943	£5,689	£745	£1,367	31.6%
Mental Health	£10,611	£13,949	£16,201	£19,714	£22,590	£22,547	(£43)	£2,834	14.4%
Mid Locality	£1,635	£1,882	£2,123	£2,301	£2,658	£2,626	(£32)	£326	14.1%
North Locality	£2,098	£2,646	£3,475	£3,927	£4,548	£3,942	(£606)	£15	0.4%
South Locality	£1,853	£1,904	£1,955	£1,670	£1,937	£2,115	£178	£446	26.7%
CHC Provisions	£1,796	£779	£683	£248	£0	£0	£0	(£248)	(100.0%)
Grand Total	**£19,790**	**£23,917**	**£28,296**	**£32,803**	**£37,371**	**£37,667**	**£296**	**£4,864**	**14.8%**
Number of active clients	**285**	**295**	**327**	**355**	**379**	**403**		**48**	**13.5%**
D2RA		**£696**	**£201**	**£7**	**£9**	**£0**	**(£9)**	(£7)	(100.0%)
FNC	**£1,960**	**£2,131**	**£2,279**	**£2,782**	**£3,254**	**£2,959**	**(£295)**	**£176**	**6.3%**
Total	**£21,750**	**£26,744**	**£30,777**	**£35,592**	**£40,633**	**£40,626**	**(£8)**	**£5,034**	**14.1%**

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

As at month 11, there is an underspend of £0.083m on the budget of £37.247m against Continuing Care and FNC.

The number of CHC packages has increased by 48 to 403, 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.

The table shows that a £0.296m CHC overspend is currently forecast based upon the number of packages at the current time.

What the table tells us

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

Risks

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

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

Patterson,Liz 23/03/2026 11:23:13

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	Red (potential)	Recurrent 2025/26 Target	Forecast FYE	FYE vrs Recurrent Target
Premium pay expenditure	3,400	44	3,670	0	3,670	270	1	3,400	3,457	57
Medicine Management	1,500	6	2,488	0	2,488	988	0	1,500	2,488	988
MV and HP Programmes	1,000	1	843	0	843	(157)	0	0	0	0
2% Recurrent	1,000	32	1,528	0	1,528	528	109	1,000	1,195	195
1% Non-recurrent	500	19	1,839	0	1,839	1,339	78	0	0	0
CHC / Private Providers	2,500	1	500	0	500	(2,000)	2,000	2,000	0	(2,000)
Commissioning	3,080	8	1,127	0	1,127	(1,953)	0	1,420	1,127	(293)
Commissioning (NHSE to Wales Targets)	7,100	14	7,044	0	7,044	(56)	0	0	1,200	1,200
Commissioning (JCC)	1,000	0	0	0	0	(1,000)	0	0	0	0
Commissioning (POCD)	1,500	2	847	0	847	(653)	657	0	847	847
RTGH	500	2	500	0	500	0	0	0	0	0
Total	23,080	129	20,385	0	20,385	(2,695)	2,845	9,320	10,313	993

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.

Performance and Actions

- As shown in the table, green schemes with £20.385m savings are currently forecast, against the £23.080m target, giving a gap of £2.695m to be closed.
- The recurrent impact of saving schemes is £10.313m, compared to the £9.320m recurrent target. Currently an overachievement of £0.993m. 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

Patterson,Liz 23/07/2025 11:20:13

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**

Risks and Opportunities

We are focused on this because:
The revised £28.312m planned deficit forecast is ambitious and there is an increased risk associated with it. It is based on key underlying assumptions and a range of risks and opportunities the Health Board is exposed to as it seeks to achieve the forecast and improve upon it.

Table reported to Welsh Government

Risk	£ '000	Likelihood
Commissioning - Elective savings NHS England	(1,300)	Medium
Commissioning - High Cost Drugs	(400)	Medium
Commissioning - NSE parity of funding (WVT) 2024/25	(5,000)	Low
Commissioning - NSE parity of funding (WVT) 2025/26	(8,100)	Low
Total	**(14,800)**	

Opportunity	£ '000	Likelihood
Red Saving Schemes	1,500	Medium
Total	**1,500**	

Patterson,Liz
23/03/2026 11:23:13

Risks

- There is a potential risk of circa £1.700m for the THB relating to the level of activity undertaken by our providers and increase in the high-cost drugs.

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

Risks Removed

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

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

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

Risk if mitigating operational underspends do not continue.

Summary & Key Messages

1. At month 11, PTHB is reporting a £30.214m deficit. This comprises the evenly profiled forecast deficit £25.955m, with an overspend of £4.259m.
   - The overspend is due to unforeseen cost pressures amounting to £4.9m YTD, which have not been mitigated fully.
   - The £23.080m savings target is profiled into the position. Actions are progressing to deliver the savings.
   - There are a series of operational pressures needing to be addressed, including the provision of acute mental health and learning disability services (private providers).

2. The revenue forecast for 2025/26 has deteriorated by £5.000m to £33.312m as per the Accountable Officer letter in December.

3. The Health Board's planned underlying deficit has been reviewed and adjusted from £42.070m to £45.071m. (There has been a technical adjustment in month 11 of £0.4m in line with national guidance relating to Band2/3 HCSW Framework implementation)

4. Other financial matters:
   - The Health Board has a £8.392m capital allocation, which it plans to spend fully.
   - Due to the £33.3m forecast financial deficit, the THB is receiving Strategic Cash during March to meet its obligations.
   - The Health Board is not currently achieving the target of paying 95% of non-NHS invoices within 30 days. This is due to delays in the process for approving CHC invoices and agency invoices. By number, the Q3 performance is 92.5%, a 1% improvement from Q2. Additional work is being undertaken to improve this, and we are seeing a monthly decrease in agency PSPP breaches.

Patterson, Liz
23/03/2026 11:23:13

Powys THB Finance Department
Financial Performance Report – Appendices

Patterson,Liz
23/03/2026 11:23:13

Monitoring Return Reported

Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 12th March 2026.

MMR Narrative

MMR Narrative M11

MMR Tables

MMR Tables M11

Patterson,Liz 23/03/2026 11:23:13

Capital 2025/26

Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 28th February 2026
WG CRL FUNDING	**£M**	**£M**	**£M**
Discretionary Capital	2.066	2.066	1.452
Decarbonisation Programme	0.643	0.643	0.273
TEF - Fire	0.415	0.415	0.201
TEF - Infrastructure	1.290	1.290	0.286
TEF - Decarbonisation	0.100	0.100	0.005
TEF - Mental Health	0.080	0.080	0.034
TEF - Infection Prevention Control	0.230	0.230	0.075
Mental Health Quality and Safety Schemes	0.435	0.435	0.148
DPIF - Medicines and Prescribing and Medicines Administration (ePMA)	0.127	0.127	0.127
DPIF - Digital Maternity Cymru	0.100	0.100	0.097
IRCF - North Powys Integrated Health and Wellbeing Hub - Fees	0.971	0.971	0.781
DPIF - RISP	0.077	0.077	0.000
End of Year Digital Funding 2025-26	0.678	0.678	0.479
End of Year Funding 2025-26	0.473	0.473	0.286
DR Detector	0.050	0.050	0.050
DPIF - Connecting Care	0.319	0.319	0.262
Llandrindod Integrated Health, Care & Wellbeing Hub	0.070	0.070	0.000
End of Year Equipment Funding - December 2025	0.198	0.198	0.087
Llandrindod Wells Memorial Hospital - Reconfiguration Phase 2b	0.070	0.070	0.000
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	**8.392**	**8.392**	**4.643**

Patterson,Liz
23/03/2026 11:23:13

Cash Flow 2025/26

Appendix 3

	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**	**183**	**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	21,148
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	401	(73)	(144)	(150)
WG Revenue Funding - Other (e.g. invoices)	1,909	50	5	47	3	18	901	3	1,054	143	0	1,017
WG Capital Funding - Cash Limit - LHB & SHA only	0	500	0	500	0	1,664	0	0	500	1,000	2,249	3,092
Income from other Welsh NHS Organisations	771	499	737	586	798	510	941	621	717	897	265	1,438
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	901	1,221	539	546	1,844	235	560	657	1,271	651	1,353	1,108
Total Receipts	43,693	44,171	40,550	42,107	43,973	45,934	45,525	41,507	40,690	41,412	42,010	27,653
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	2,900
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	450
Non Cash Limited Payments	134	145	155	141	144	135	135	180	201	99	168	150
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	11,250
Non Pay Expenditure	23,062	27,068	25,356	26,697	26,564	28,912	26,019	24,875	27,822	24,290	25,245	26,244
Capital Payment	5,433	380	600	310	308	260	338	232	411	1,222	804	4,305
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	41,792	42,047	45,299
NET CASH FLOW IN MONTH	**45**	**(338)**	**1,016**	**(330)**	**1,238**	**231**	**1,168**	**2,578**	**(5,674)**	**(380)**	**(37)**	**(17,646)**
Balance c/f	**674**	**336**	**1,352**	**1,022**	**2,260**	**2,491**	**3,659**	**6,237**	**563**	**183**	**146**	**(17,500)**

Public Board (Part 1) 23/09/25 15:13

Due to the £33.3m forecast financial deficit, the THB is receiving Strategic Cash during March to meet its obligations.

Balance Sheet (SoFP)

	Opening Balance Beginning of Apr-25	Closing Balance End of Feb-26	Forecast Closing Balance End of Mar-26
Non-Current Assets	**£'000**	**£'000**	**£'000**
Property, plant and equipment	110,704	115,769	120,079
Intangible assets	154	154	154
Trade and other receivables	196	196	196
Other financial assets	0	0	0
Non-Current Assets sub total	**111,054**	**116,119**	**120,429**
Current Assets			
Inventories	197	198	198
Trade and other receivables	10,991	12,280	12,280
Other financial assets	0	0	0
Cash and cash equivalents	629	146	(17,500)
Non-current assets classified as held for sale	0	0	0
Current Assets sub total	**11,817**	**12,624**	**(5,022)**
TOTAL ASSETS	**122,871**	**128,743**	**115,407**
Current Liabilities			
Trade and other payables	50,135	51,459	41,833
Borrowings (Trust Only)	0	0	0
Other financial liabilities	0	0	0
Provisions	3,803	3,229	3,229
Current Liabilities sub total	**53,938**	**54,688**	**45,062**
NET ASSETS LESS CURRENT LIABILITIES	**68,933**	**74,055**	**70,345**
Non-Current Liabilities			
Trade and other payables	720	720	720
Borrowings (Trust Only)	0	0	0
Other financial liabilities	0	0	0
Provisions	803	803	803
Non-Current Liabilities sub total	**1,523**	**1,523**	**1,523**
TOTAL ASSETS EMPLOYED	**67,410**	**72,532**	**68,822**
FINANCED BY: **Taxpayers' Equity**			
General Fund	16,781	21,901	13,881
Revaluation Reserve	50,629	50,631	54,941
PDC (Trust only)	0	0	0
Retained earnings (Trust Only)	0	0	0
Other reserve	0	0	0
Total Taxpayers' Equity	**67,410**	**72,532**	**68,822**

Patterson,Liz
23/03/2026 11:23:13

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.

Paterson,Liz 24/03/2026 11:23:03

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 has been further reviewed in month 11 and has been adjusted from £44.671 to £45.071. The adjustment is £0.400m 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	

Patterson,Liz
23/03/2026 11:23:13

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

Agenda item: 3.7

EXECUTIVE COMMITTEE	**25 MARCH 2026**
Subject:	**Powys Teaching Health Board Integrated Quality & Performance Summary Report – January (Month 10) 2025/26**
Presented by:	Executive Director of Planning, Performance, and Commissioning.
Approved by:	Deputy Director of Performance and Commissioning.
Prepared by:	Head of Performance. Performance Management Analyst. Performance Management Support Officer.
Other Committees and meetings considered at:	

PURPOSE:

This Integrated Quality & Performance Report (IQPR) summary provides an update on the latest available performance position for Powys Teaching Health Board against the NHS Wales Performance Framework 2025/26 containing information up until the end of January 2026 (month 10).

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	Use this space to provide a brief narrative explanation of alignment with the health board's wellbeing objectives including reference to our strategic priorities. This can include reference to the Board Assurance Framework.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	

8. Transforming in Partnership	Y	

SUMMARY:

This exception report provides the Board with the latest information to provide oversight and assurance of the Health Board's performance and delivery. The attached IQPR provides the more detailed position up until the end of January 2026 (Month 10).

Summary for Month 10

PTHB Provider Services

Planned care:

- Diagnostic waits – There was further slippage against the 8 week target in January with breaches increasing from 29 in December to 50 in January: 18 were for Echocardiograms, 12 Heart Rhythm tests, and 20 Non-Obstetric Ultrasound (NOUS) pathways. The diagnostic echocardiogram service remains ahead of recovery trajectory but faces challenges going into Q4 linked to in-reach fragility and staffing capacity. The key challenge for Heart Rhythm diagnostic compliance is fixed capacity due to both workforce and the number of recording devices available. NOUS services in January saw capacity reduce following sickness in the team resulting in the increased number of breaches. It should be noted that risks in relation to in-reach fragility and scale of service remain across all specialties and the winter period with the risks of sickness and inclement weather cancellations are key challenges to maintaining the positive improvement trajectory to year-end.

Table 1 – Diagnostic pathways - source PTHB Digital

ServiceHeading	SubHeading	Total	TotalOver8Weeks	PercentOver8Wks
Cardiology	Echo Cardiogram	101	18	18%
Cardiology	Heart Rhythm Recording	46	12	26%
Diagnostic Endoscopy	Colonoscopy	12	0	0%
Diagnostic Endoscopy	Cystoscopy	5	0	0%
Diagnostic Endoscopy	Flexible Sigmoidoscopy	3	0	0%
Diagnostic Endoscopy	Gastroscopy	20	0	0%
Radiology – Consultant Referral	Non-Obstetric Ultrasound	48	6	13%
Radiology – GP Referral	Non-Obstetric Ultrasound	522	14	3%

The service continue to source extra capacity from in-reach providers, and agreed extra session slots, with the aim of achieving zero diagnostic breaches by the 31st of March 2026. This is caveated by there being no unplanned sessions cancellations before the end of the financial year.

Patterson,Liz 23/03/2026 11:23:12

- Referral to treatment (RTT) pathways in Powys as a provider are fully compliant with the national targets of 52 and 104 weeks for outpatients and treatments respectively in January.

  Continued challenge remains with in-reach capacity but the number of patients waiting over 52 weeks has improved, reducing from 81 reported in December to 73 in January. Key challenges include Rheumatology where since October 2025 PTHB has worked with Wye Valley NHS Trust (WVT) to transfer patients ahead of the withdrawal of the in-reach service from March 2026 into Wye Valley NHS Trust pathways.

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

Stage of Pathway Description	0 to 25 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	Total
1: New outpatient appointment	2663	275	107		**3045**
2: Diagnostic or AHP test, intervention or result	135	60	67	14	**276**
3: Followup appointment or decision following previous event	3175	22	10	2	**3209**
4: Admitted diagnostic or therapeutic intervention/treatment	297	112	240	57	**706**
Total	**6270**	**469**	**424**	**73**	**7236**

- Ophthalmology R1 patient pathways have seen performance fall to 55% in January 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.

- Therapies pathway breaches have reduced from 12 in December to 5 in January. Three breaches were reported in Physiotherapy and 2 breaches in Podiatry. Breaches continue to be linked to fragility of small teams, unplanned sickness, and vacancies.

Table 3 – Therapies – Source PTHB Digital

ServiceHeading	SubHeading	Total	TotalOver14Weeks	PercentOver14Wks
Dietetics	Adults	147	0	0%
Dietetics	Paediatrics	77	0	0%
Occupational Therapy	Adults	42	0	0%
Occupational Therapy	Learning Disabilities	4	0	0%
Occupational Therapy	Paediatrics	14	0	0%
Physiotherapy	Adults	2050	3	0%
Physiotherapy	Paediatrics	91	0	0%
Podiatry	Routine	450	2	0%
Podiatry	Urgent	59	0	0%
Speech Language	Adults	73	0	0%
Speech Language	Paediatrics	81	0	0%

- The Audiology measure for adults has achieved its month-on-month reduction target with the number of breaches falling from 84 in December to 34 in January. Four Paediatric breaches were reported against their respective 6-week target for the same month. The Paediatric service remains fragile and has a specific single clinician pan Powys challenge e.g., annual leave or sickness directly impact service waiting times.

Patterson,Liz
23/03/2026 11:23:12

- 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. December performance is reported as 3.4% against the 95% target. Waiting list information provided by Bowel Screening Wales for PTHB at the end of January reported a 7 week and 3-day total waiting time from screening pathways to colonoscopy (7 weeks and 5 days All Wales average).
- Fifty-three new provider cancer pathways were reported in January and 88.2% of 17 downgraded pathways were closed within the 28-day NICE guidance of best practice target in the same month.

Mental Health

- Under-18s: Compliance in January remains robust with 94.9% reported for assessments, and 91.1% reported for interventions. Under 18 care and treatment plans (CTP) improved to 89.2% but has not achieved the 90% target. The key challenge for compliance is North Powys staff capacity with a post vacant and long-term sickness (LTS), although the service has recruitment interviews in February and has reprioritised workload to cover LTS which should see improvement in March.

  Whilst having consistently achieved targets in CYP throughout 2025/26 for valid CTPs, in North CAMHS this was recently impacted by vacancy and long term sickness (LTS) of a practitioner. The recovery plan saw the remaining team members and Team Lead allocated the LTS practitioner caseload who prioritised visits and WARRN initially but now moved focus to concentrate on CTP reviews. It is anticipated that this would see compliance achieved once again by the end of the financial year. The vacancy has been recruited to and the LTS practitioner has returned with phased return of caseload.

- For Adults: Compliance for the same month meets the targets for assessments (81.0%), interventions (83.1%), and adult psychological therapies reporting 84.0%. Of the adult mental health metrics only Adult CTP compliance does not meet the 90% target although it has improved to 85.7% compliance. Key challenges include 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) improved slightly to 24.1% from 23.1% in December. Performance as predicted against the < 26-week cohort will remain poor in the short to medium term as due to the best practice change on referral acceptance the numerator of pathways is now unfavourable against the total number of pathways reported.

Patterson,Liz
23/03/2026 11:23:12

However key improvements and modernisation of the service including referral and waiting list management, improved process and scheduling has placed the service on a positive improvement trajectory.

- No children exceeded the 104-week threshold in January which is the improvement target set by the Board and Cabinet Secretary for PTHB by the end of March.

Emergency Care:

- Powys provider Minor Injuries Units (MIU) services performed very well, meeting the 4-hour target (100% compliance) and reporting median waits of 5 minutes for triage and 6 minutes for senior clinician assessment.

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

- Following the revision of data reported in month 9, the PTHB Quality and Safety team has engaged with the national NHS Performance and Improvement team, and this measure has been removed from the IQPR for Month 10. It has been found that the NRI reporting process had not allocated downgrades correctly providing an incorrect position for the health board e.g., the records remain open and reported centrally although they have been closed locally. This will be rectified in March, and the correct data will be provided via the IQPR.

Commissioned services

Planned care (RTT) Wales:

- The number of patients waiting over 52 weeks for a new outpatient appointment has reduced from 141 in December to 83 in January. Swansea Bay UHB & Hywel Dda UHB are compliant with the targets and have no Powys residents waiting over 52 weeks for a new outpatient appointment. All providers show improvement for this period, and the measure continues to report special cause improvement.

- Waits over 104 weeks for January reduced from 30 to 29 for Powys residents. BCUHB has 13 patients waiting over 104 weeks, ABUHB has 8, Cardiff & Vale reports 5, HD has 1 and CTMUHB has 2 pathways breaching the 104 targets. SB has maintained no patients waiting over 104 weeks.

Table 4 – Welsh RTT Performance for Powys responsible pathways

Patterson,Liz
23/03/2026 11:23:12

Welsh Providers	Jan-26 % of Powys residents < 26 weeks for treatment	No. long waits by cohort, with latest SPC variance: All pathways waiting over 36 weeks.	All pathways waiting over 52 weeks.	All pathways waiting over 104 weeks.	Total pathways Waiting	Stage 1 pathways over 52 weeks
Aneurin Bevan University Health Board	67.6%	557	302	8	2479	35
Betsi Cadwaladr University Local Health Board	58.1%	198	108	13	652	20
Cardiff & Vale University Health Board	59.6%	104	72	5	371	17
Cwm Taf Morgannwg University Health Board	59.4%	231	95	2	801	11
Hywel Dda University Health Board	60.7%	427	247	1	1424	0
Swansea Bay University Health Board	64.7%	474	249	0	1859	0
Total	63.5%	**1991**	**1073**	**29**	**7586**	**83**

Planned care (RTT) England:

- 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 239 pathways in December 2025. No pathways were reported as exceeding the 104-week treatment target.
- The Shrewsbury & Telford Hospital NHS Trust (SATH) are not following the Powys commissioning intentions and report an improved position with special cause improvement across all key wait bands in December 2025. The over 52-week cohort size fell from 178 in November to 173 in December and except for PTHB and English minor providers SATH has the best under 26-week performance of all commissioned main providers reporting 70.9% of 3,980 pathways waiting less than 26 weeks.

- The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) remains the most challenged English provider with all key wait bands reporting special cause concern. RJAH continue to face challenges with regards to their capacity and ability to see all patients within the Welsh Government targets. In December 2025, the Trust reported an improvement with breaches over 104 weeks falling from 131 to 126. The breaches comprise of treatment waits for spinal, arthroplasty, knee and sports injuries and foot and ankle care. Funding allocated by Welsh Government is in place to support a small cohort of 15 longest waiters on 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 PTHB waiting list and booking.

Table 5 – English RTT Performance for Powys responsible pathways

Patterson,Liz
23/03/2026 11:23:12

English Providers	Dec-25 % of Powys residents < 26 weeks for treatment	No. long waits by cohort, with latest SPC variance: All pathways waiting over 36 weeks.	All pathways waiting over 52 weeks.	All pathways waiting over 104 weeks.	Total pathways Waiting
English Other	74.6%	30	3	0	244
The Robert Jones and Agnes Hunt Orthopaedic Hospital	45.9%	1681	1068	126	4112
The Shrewsbury and Telford Hospital NHS Trust	70.9%	632	173	0	3980
Wye Valley NHS Trust	65.2%	751	239	0	3596
Total	60.6%	**3094**	**1483**	**126**	**11932**

Cancer Pathways:

Welsh Providers

- At the end of January, the 266 pathways were provisionally closed for Powys residents across all Welsh providers including PTHB. Of these, 224 were downgrades or patients whose pathway closed due to being deceased. The remaining 42 pathways were closed with the commencement of definitive treatment. Nineteen patients breached the 62 days target with the longest wait reported as 238 days in Cwm Taf Morgannwg UHB for a Lower GI pathway.
- Performance against the SCP for Powys residents in Wales has seen very little overall change with performance falling to 55% in January from 59% in December.
- The number of pathways going straight to test was 58% in January; below the 12-month average (64%).

English Providers

- No new data is available for either of the two main English providers from the month 9 IQPR when Shrewsbury and Telford NHS Trust (SATH) reported 79.7% compliance against the 62 days urgent suspected cancer pathway. Three patients were reported waiting over 104 days across varied tumour sites. Cancer performance reports an improvement trend over 12 months.

- Wye Valley NHS Trust (WVT) reported in December that 92% of 13 Powys residents started treatment within 62 days, with one breach in a gynaecological pathway reported.

Commissioned Emergency Care:

- WAST did not achieve the median target for Purple Arrest for Powys residents (cardiac or respiratory arrest), in January with performance reported at 8 minutes and 41 seconds (All Wales performance was 7 minutes 7 seconds).

Patterson,Liz
23/03/2026 11:23:12

- The median emergency response time to Red Emergency reported in January increased to 11 minutes and 48 seconds and remains significantly higher than the All-Wales performance which reported 9 minutes and 33 seconds.

- The median wait times for Powys residents who attend an emergency department in January (across Welsh units only) was reported as an average of 16 minutes to be triaged by a clinician and the wait was 55 minutes on average to assessment by a senior clinical decision maker.

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

Month 10 measures by escalation level.

Please note that 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 in Month 10 is not RAG rated against its target of 12-month reduction trend due to a lack of data points.

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

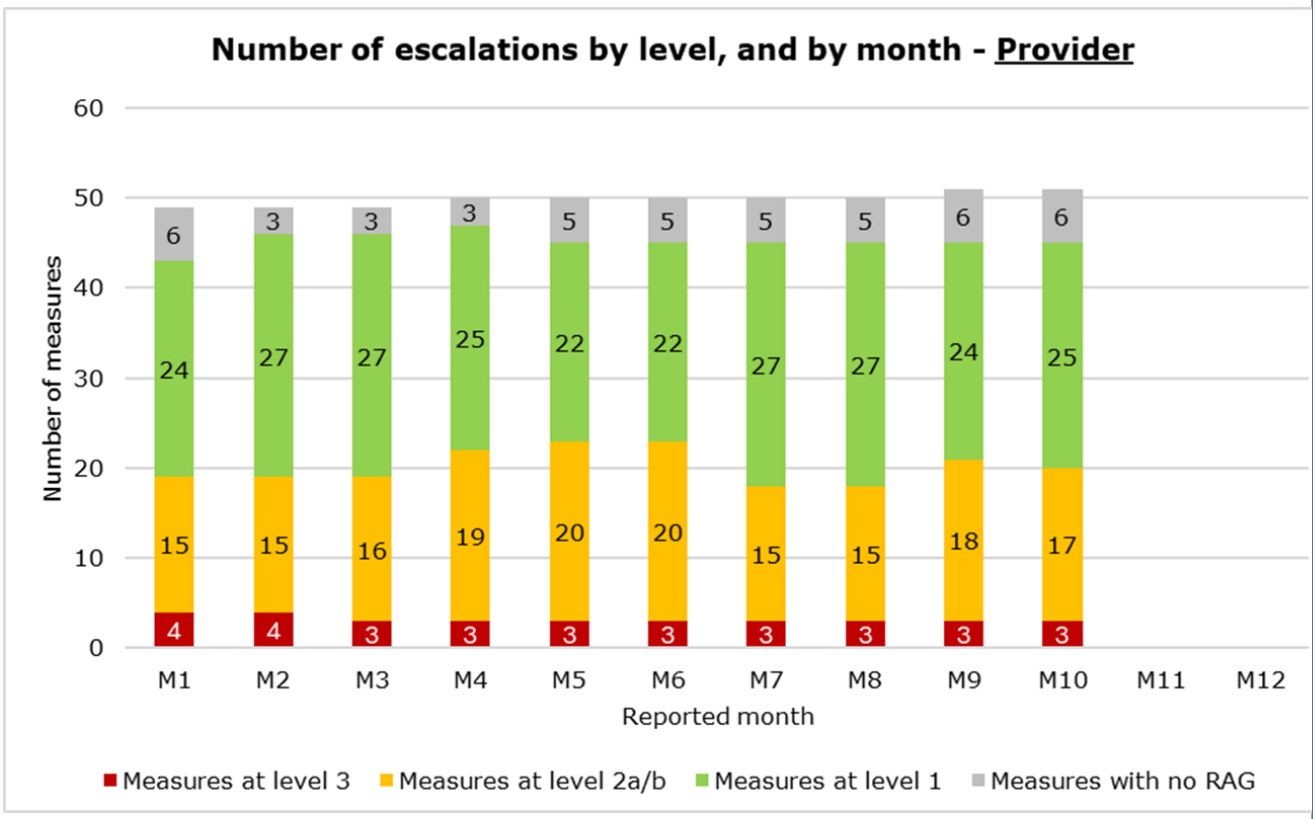
- Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment.
- Number of patients waiting more than 8 weeks for a specified diagnostic.
- Number of patients waiting for a follow-up (FUP) outpatient appointment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

A further 17 measures are rated at level 2a, and 25 are achieving level 1 compliance e.g., no issues reported.
Six measures remain without a RAG rating:

- Smoking measures 1 and 2 have an annual compliance target, these as confirmed with the Director of Public Health will not be RAG rated until a full year's data is available. It should be noted that from 2026/27 the NHS Performance Framework will have quarterly uptake targets set by Welsh Government.
- 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 in Month 10 is not RAG rated against its target of 12-month reduction trend due to a lack of data points.
- As per 2024/25 a further 3 health care acquired infections (HCAI) measures are currently non-rated with ongoing discussions between the Nursing Directorate and Welsh Government on integration into the national targets.

Patterson,Liz
23/03/2026 11:23:12

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



Enabling Actions

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

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

Patterson Liz
23/03/2026 11:23:12

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 non-pay areas, optimising both efficiency and effectiveness.	2 - Amber 2 - Light green
Improving value, optimising outcomes, minimising variation (11 actions)	Support improvements in outcomes, effectiveness and value through optimising how resources are utilised, and focus on improving outcomes.	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

Patterson,Liz 23/03/2026 11:23:12

(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 at 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. 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:

Patterson,Liz
23/03/2026 11:23:12

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

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

- **Agency Spend** - 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	Sep-25	213.80		214.52		
Safe	Crude mortality rate (%)	Dec-25	5.99%	▲ 7.1%	5.59%		
Safe	Never Events reported to NHS P&I	Jan-26	0		0		
Safe	Percentage of discharges on D2RA Pathway 0	Jan-26	9.70%				
Safe	Percentage of discharges on D2RA Pathway 1	Jan-26	38.89%				
Safe	Percentage of discharges on D2RA Pathway 2	Jan-26	14.81%				
Safe	Percentage of discharges on D2RA Pathway 3	Jan-26	20.37%				
Safe	Percentage of discharges with no D2RA Pathway Allocated	Jan-26	22.22%				
Safe	RAMI (Risk adjusted mortality index) 2023	Dec-25	139.96	▲ 50.3%	93.13		
Safe	Safeguarding Adults - Lv1 training	Nov-25	92.48%	▼ -0.5%	92.98%		
Safe	Violence and Aggression (Wales)	Nov-25	93.92%	▼ -0.1%	94.01%		
Timely	Opthalmology R1 appointments attended within target date* (%)	Dec-25	82.40%	▲ 25.0%	65.93%		Outlier high
Timely	Patients starting first definitive cancer treatment* (%)	Dec-25		Not applicable to PTHB provider.			
Effective	Diabetes patients completing all eight care processes* (%)	Dec-25	49.11%	▼ -0.1%	49.18%		
Efficient	Agency spend for all staff groups as % of total pay bill	Nov-25	5.59%	▼ -11.8%	6.33%		

Patterson,Liz
23/03/2026 11:23:12

NEXT STEPS:

- 2026/27 NHS Performance Framework measures under review with forecasting as part of the Annual Plan process.

IMPACT ASSESSMENT - NOT REQUIRED

Patterson,Liz
23/03/2026 11:23:12

Powys Teaching Health Board

Integrated Quality & Performance Report

Month 10 (January) - 2025/26
Updated on 16/03/2026

Patterson Liz
23/03/2026 11:23:13

Contents

Delivery Area	Report section
Introduction	
Executive Summary	
Provider National Focus (NHS Performance Framework)	Level 3 Performance Challenges
	Level 2a/2b Performance Challenges
	Level 1 Achievements
	Quadruple Aim 1
	Quadruple Aim 2
	Quadruple Aim 3
	Quadruple Aim 4
Provider/Commissioned service assurance	Provider Cancer & Quality & Safety
	Commissioned Planned & Emergency Care Inc. Cancer

Patterson Liz
23/03/2026 11:23:13

Background of the IQPR

What is the Integrated Quality & Performance Report (IQPR)

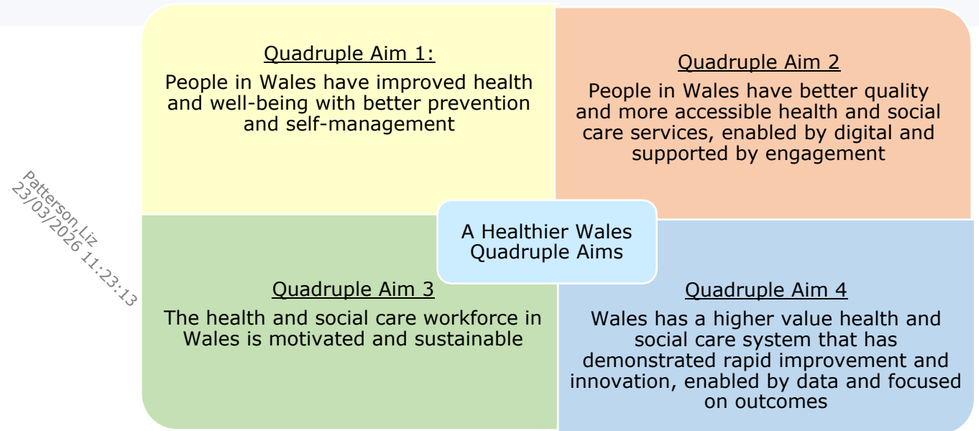
This report is a key part of the health boards Integrated Quality and Performance Framework (IQPF) designed to drive improvement in health board performance and health outcomes for those patients that Powys is responsible for.

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



Patterson Liz
23/03/2026 11:23:13

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

Summary of Performance Provider – Month 10

Planned care:

- Diagnostic waits – There was further slippage against the 8 week target in January with breaches increasing from 29 in December to 50 in January: 18 were for Echocardiograms, 12 Heart Rhythm tests, and 20 Non-Obstetric Ultrasound (NOUS) pathways. The diagnostic echocardiogram service remains ahead of recovery trajectory but faces challenges going into Q4 linked to in-reach fragility and staffing capacity. The key challenge for Heart Rhythm diagnostic compliance is fixed capacity due to both workforce and the number of recording devices available. NOUS services in January saw capacity reduce following sickness in the team resulting in the increased number of breaches. It should be noted that risks in relation to in-reach fragility and scale of service remain across all specialties and the winter period with the risks of sickness and inclement weather cancellations are key challenges to maintaining the positive improvement trajectory to year-end .
- Referral to treatment (RTT) pathways in Powys as a provider are fully compliant with the national targets of 52 and 104 weeks for outpatients and treatments respectively in January.
- Continued challenge remains with in-reach capacity but the number of patients waiting over 52 weeks has improved, reducing from 81 reported in December to 73 in January. Key challenges include Rheumatology where since October 2025 PTHB has worked with Wye Valley NHS Trust (WVT) to transfer patients ahead of the withdrawal of the in-reach service from March 2026 into Wye Valley NHS Trust pathways.
- Ophthalmology R1 patient pathways have seen performance fall to 55% in January 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.
- Therapies pathway breaches have reduced from 12 in December to 5 in January. Three breaches were reported in Physiotherapy and 2 breaches in Podiatry. Breaches continue to be linked to fragility of small teams, unplanned sickness, and vacancies.
- The Audiology measure for adults has achieved its month-on-month reduction target with the number of breaches falling from 84 in December to 34 in January. Four Paediatric breaches were reported against their respective 6-week target for the same month. The Paediatric service remains fragile and has a specific single clinician pan Powys challenge e.g., annual leave or sickness directly impact service waiting times.
- The percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment remains escalated to level 3 whilst investigations are ongoing. December performance is reported as 3.4% against the 95% target. Waiting list information provided by Bowel Screening Wales for PTHB at the end of January reported a 7 week and 3-day total waiting time from screening pathways to colonoscopy (7 weeks and 5 days All Wales average).
- Fifty-three new provider cancer pathways were reported in January and 88.2% of 17 downgraded pathways were closed within the 28-day NICE guidance of best practice target in the same month.

Mental Health

- Under-18s: Compliance in January remains robust with 94.9% reported for assessments, and 91.1% reported for interventions. Under 18 care and treatment plans (CTP) improved to 89.2% but has not achieved the 90% target. The key challenge for compliance is North Powys staff capacity with a post vacant and long-term sickness (LTS), although the service has recruitment interviews in February and has reprioritised workload to cover LTS which should see improvement in March.
- For Adults: Compliance for the same month meets the targets for assessments (81.0%), interventions (83.1%), and adult psychological therapies reporting 84.0%. Of the adult mental health metrics only Adult CTP compliance does not meet the 90% target although it has improved to 85.7% compliance. Key challenges include 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) improved slightly to 24.1% from 23.1% in December. Performance as predicted against the < 26-week cohort will remain poor in the short to medium term as due to the best practice change on referral acceptance the numerator of pathways is now unfavourable against the total number of pathways reported.
- However key improvements and modernisation of the service including referral and waiting list management, improved process and scheduling has placed the service on a positive improvement trajectory.
- No children exceeded the 104-week threshold in January which is the improvement target set by the Board and Cabinet Secretary for PTHB by the end of March.

Emergency Care:

- Powys provider Minor Injuries Units (MIU) services performed very well, meeting the 4-hour target (100% compliance) and reporting median waits of 5 minutes for triage and 6 minutes for senior clinician assessment.

Patterson
25/03/2026 11:23

Quality & Safety - Number of National Reportable incidents that remain open 90 days or more:

- Following the revision of data reported in month 9, the PTHB Quality and Safety team has engaged with the national NHS Performance and Improvement team, and this measure has been removed from the IQPR for Month 10. It has been found that the NRI reporting process had not allocated downgrades correctly providing an incorrect position for the health board e.g., the records remain open and reported centrally although they have been closed locally. This will be rectified in March, and the correct data will be provided via the IQPR.

Summary of Performance Commissioned – Month 10

Commissioned services

Planned care (RTT) Wales:

- The number of patients waiting over 52 weeks for a new outpatient appointment has reduced from 141 in December to 83 in January. Swansea Bay UHB & Hywel Dda UHB are compliant with the targets and have no Powys residents waiting over 52 weeks for a new outpatient appointment. All providers show improvement for this period, and the measure continues to report special cause improvement.
- Waits over 104 weeks for January reduced from 30 to 29 for Powys residents. BCUHB has 13 patients waiting over 104 weeks, ABUHB has 8, Cardiff & Vale reports 5, HD has 1 and CTMUHB has 2 pathways breaching the 104 targets. SB has maintained no patients waiting over 104 weeks.

Planned care (RTT) England:

- 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 239 pathways in December 2025. No pathways were reported as exceeding the 104-week treatment target.
- The Shrewsbury & Telford Hospital NHS Trust (SATH) are not following the Powys commissioning intentions and report an improved position with special cause improvement across all key wait bands in December 2025. The over 52-week cohort size fell from 178 in November to 173 in December and except for PTHB and English minor providers SATH has the best under 26-week performance of all commissioned main providers reporting 70.9% of 3,980 pathways waiting less than 26 weeks.
- The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) remains the most challenged English provider with all key wait bands reporting special cause concern. RJAH continue to face challenges with regards to their capacity and ability to see all patients within the Welsh Government targets. In December 2025, the Trust reported an improvement with breaches over 104 weeks falling from 131 to 126. The breaches comprise of treatment waits for spinal, arthroplasty, knee and sports injuries and foot and ankle care. Funding allocated by Welsh Government is in place to support a small cohort of 15 longest waiters on 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 PTHB waiting list and booking.

Cancer Pathways:

Welsh Providers -

- At the end of January, the 266 pathways were provisionally closed for Powys residents across all Welsh providers including PTHB. Of these, 224 were downgrades or patients whose pathway closed due to being deceased. The remaining 42 pathways were closed with the commencement of definitive treatment. Nineteen patients breached the 62 days target with the longest wait reported as 238 days in Cwm Taf Morgannwg UHB for a Lower GI pathway.
- Performance against the SCP for Powys residents in Wales has seen very little overall change with performance falling to 55% in January from 59% in December.
- The number of pathways going straight to test was 58% in January; below the 12-month average (64%).

English Providers -

- No new data is available for either of the two main English providers from the month 9 IQPR when Shrewsbury and Telford NHS Trust (SATH) reported 79.7% compliance against the 62 days urgent suspected cancer pathway. Three patients were reported waiting over 104 days across varied tumour sites. Cancer performance reports an improvement trend over 12 months.
- Wye Valley NHS Trust (WVT) reported in December that 92% of 13 Powys residents started treatment within 62 days, with one breach in a gynaecological pathway reported.

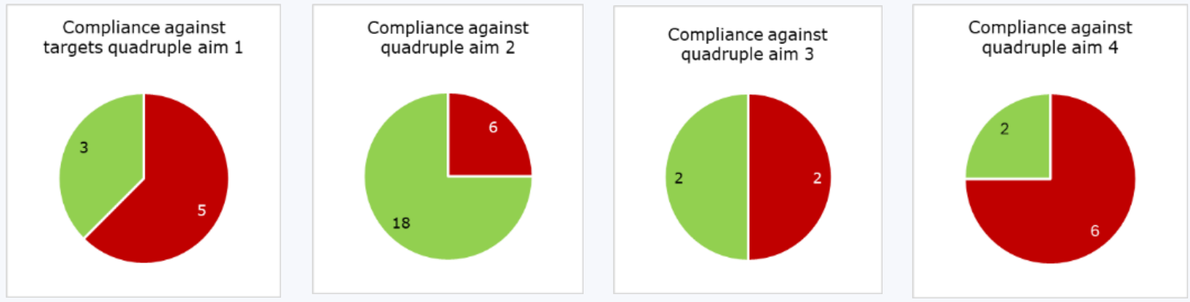
Commissioned Emergency Care:

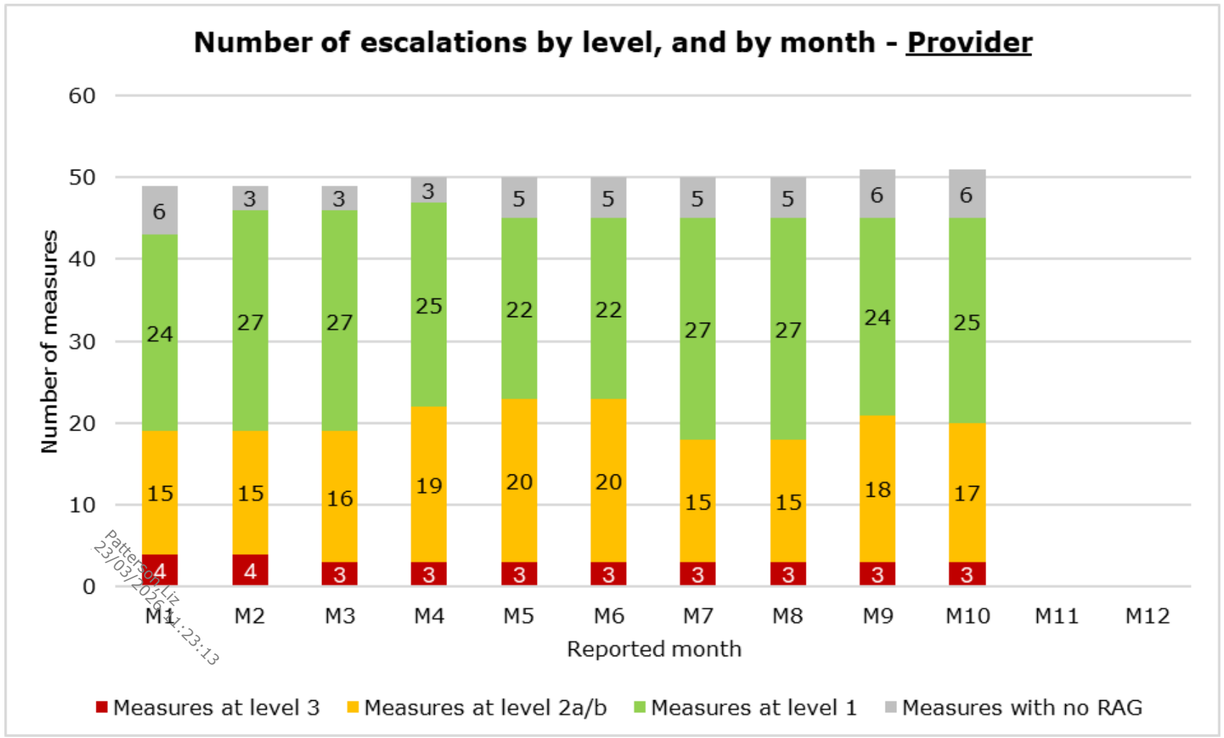
- WAST did not achieve the median target for Purple Arrest for Powys residents (cardiac or respiratory arrest), in January with performance reported at 8 minutes and 41 seconds (All Wales performance was 7 minutes 7 seconds).
- The median emergency response time to Red Emergency reported in January increased to 11 minutes and 48 seconds and remains significantly higher than the All-Wales performance which reported 9 minutes and 33 seconds.
- The median wait times for Powys residents who attend an emergency department in January (across Welsh units only) was reported as an average of 16 minutes to be triaged by a clinician and the wait was 55 minutes on average to assessment by a senior clinical decision maker.
- No commissioned service met the required national 4hr or 12hr targets in November for their A&E departments. However, Welsh emergency department performance for Powys residents is better than the English counterparts, though significant delays persist, especially in ambulance handovers.

Visual summary of performance at month 10 (January 2026)

Only measures with a compliance rating e.g., compliant (green), non-compliant (red) are included within the quadruple aims compliance pie charts.
No commissioned metrics are included within graphs below.
No non-RAG rated measures are included.

Compliance against NHS Performance Framework 2025/26 measures at month 10 by quadruple aim area.





- For Powys Teaching Health Board currently 51 quantitative measures are reportable of the 55 total in the NHS Performance Framework in 2025/26.
- This graph provides the relative performance of the health board against the NHS Performance Framework that is applicable to the provider e.g., no commissioned planned care or local measures are accounted for even if they are listed within the below exception/escalation reports or other areas of the IQPR.
- It should also be noted however that any measure can have its escalation level raised or lowered by senior agreement for example serious concerns can result in a level 3 escalation, even if performance meets national target e.g., the escalation rating can override compliance against national target.
- Measures with no escalation are those with either insufficient data to determine compliance e.g. 12-month reduction trends (normally new metrics), and those where PTHB reports but has no national target as a non-acute provider.
- From July 2025 the Welsh Ambulance Service NHS Trust (WAST) 8-minute response times to RED calls has been retired and replaced with median emergency ambulance response time to purple (arrest category calls) and median emergency ambulance response times to red (emergency category calls). This has increased reportable measures to 50 with the red median directly replacing the now retired 8-minute response (no measure numbers have yet been allocated by Welsh Government).
- 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 in Month 9 is not RAG rated against its target of 12-month reduction trend due to a lack of data points.

Level 3 - Performance Challenges

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

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

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: Dec-25 | Target: 90% | Actual: 3.4% | SPC icon	This measure remains in escalation due to poor target compliance. Although target compliance is very poor nationally this still triggers level 3 escalation internally following the Integrated Quality and Performance Framework rules with extra checks and engagement being carried out between the health board and Public Health Wales screening.	• 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.	• 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. • Action underway to improve PTHB local reporting for cross reference against BSW performance report. • PTHB/BSW next meeting 25/2/2026. • Head of Performance has requested from PHW additional clarity on methodology for booking SSP appointment and implication of patient deferral. • PHW All Wales Review of Bowel Screening Programme to commence shortly • Exploring opportunities for joint bowel screening consultant appointment with ABUHB.
26	**Number of patients waiting more than 8 weeks for a specified diagnostic** Period: Jan-26 | Target: 0 | Actual: 50 | SPC icon	This measure remains escalated due to ongoing service pressure and non-compliance against Welsh Government key performance indicator target.	• 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. • NOUS - Fragility of service due to unplanned sickness • NOUS - Speciality consultant session for Ystradgynlais Community Hospital.	• Echocardiograms performance has improved ahead of the improvement trajectory following increased capacity provision by ABUHB, and utilisation of locum capacity. • Additional capacity currently being sought via bank staff for cardiology specific physiologist clinician to undertake echo cardiograms. (second attempt at recruitment). • 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.

32	**Number of patients waiting for a follow-up (FUP) outpatient appointment who are delayed by over 100%**
	Period: Dec-25 | Target: < same month pre. year | Actual: 1062 | 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 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.

Patterson, Liz 23/03/2026 11:23:11

Level 2 - Performance Challenges

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

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

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: Q2 2025/26 | Target: 95% | Actual: 87.6% | 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: Q2 2025/26 | Target: 90% | Actual: 78.9% | 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: Jan-26 | Target: 75% | Actual: 65.1% | SPC icon: N/A	Measure not meeting target	• Vaccine fatigue anecdotally reported across Wales in previous seasons, requires continued work to maintain uptake levels. • 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: Jan-26 | Target: 75% | Actual: 59.2% | 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.

Patterson,Liz
23/03/2026 11:23:13

Level 2 - Performance Challenges

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

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
NA	**Median target for purple arrest: Cardiac or respiratory arrest** Period: Jan-26 | Target: 6-8 minutes median response time | Actual: 00:08:41 | 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: Jan-26 | Target: 6-8 minutes median response time | Actual: 00:11:48 | SPC icon: N/A	Measure not meeting target		
28	**Number of therapy breaches 14+ weeks (all ages)** Period: Jan-26 | Target: 0 | Actual: 5 | SPC icon	Measure not meeting target.	• Physiotherapy – musculoskeletal (MSK) challenges due to unplanned sickness. • Podiatry capacity challenge due to staff vacancies.	• Physiotherapy – highlighted report issue with DHCW and now rectified • Podiatry – agency to support the service, vacancies currently advertised.
30	**Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)** Period: Jan-26 | Target: Month on Month reduction | Actual: 4 | SPC icon: N/A	Measure not meeting target.	• Single practitioner delivering the service in South Powys places risk on service delivery against target with annual leave or potential sickness impacting the service.	• Reviewing demand and any efficiencies where appropriate. • Recruitment and temporary staffing continues to be pursued as needed across all audiology services.
34	**Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment** Period: Jan-26 | Target: 80% | Actual: 24.1% | 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. 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. <u>There are no children waiting per 104+ weeks at month 10.</u>	• Waiting list management aligned to longest wait from referral to assessment (RTA) commenced in March 2025 as internal waiting list had been addressed and concluded. Open pathways being managed ongoing via ND Multi Disciplinary Team (MDT) panel. • KPI's to ensure quality service is in place. • Robust scheduling, with the utilisation of joint appointments. • Commencements of improved clinic scheduling. • Pan Powys model for waiting time pathways rather than the previous geographically led process which resulted in regional variance in patient's pathway wait times. • Child centred model with partners in education, social care and 3rd sector being mapped – care around the child and family/carer. • Commissioned co-production partnership model with the Parent and Carers Voices Forum, programme of work commenced in September 2024 for 12 months. Year 2 commissioned jointly with education and new families identified.

Patterson Liz 23/03/2026 11:23:13

Level 2 - Performance Challenges

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

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
36	**Percentage of sickness absence rate of staff** Period: Jan-26 | Target: 80% | Actual: 5.41% | SPC icon	Measure is not meeting target.	• For Jan 2026, actual sickness absence reported at 5.44%, which is 0.33% higher than Jan 2025 (5.11%), however, rolling sickness absence reported at 5.32%, representing a 0.09% improvement compared with Jan 25 (5.41%) . • Long-term and short-term sickness levels have remained broadly stable over the past two years. However, in Jan 2026 long-term sickness fell to its lowest level at 3.40%, while short-term reached its highest point at 2.04%. • Anxiety, Stress & Depression continue to be the main reason for absence, followed by other musculoskeletal problems.	• 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.
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: Jan-26 | Target: 85% | Actual: 79.9% | 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.
42	**Number of Pathways of Care delayed discharges** Period: Jan-26 | Target: 12-month reduction trend | Actual: 58 | 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

Patterson,Liz 23/03/2026 11:33:13

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
43	**Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (CTP) for adults under 18's** Period: Jan-26 | Target: 90% | Actual: 89.2% | SPC icon	Measure not meeting target.	• North CAMHS capacity challenge as result of vacancy and long-term sickness absence.	• The two remaining team members and Team Lead had been allocated the long-term practitioner sickness caseloads and prioritised visits and Wales Applied Risk Research Network (WARRN) in November with concentration on CTP reviews in December. • The service plans to be compliant against target following prioritised visits from January 2026. • From February Practitioner returned from long term sick but has a reduced caseload at present. • Interviews for the vacancy scheduled for February 2026 resulted in a successful appointment.
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: Jan-26 | Target: 90% | Actual: 85.7% | 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 and initial assessment. This mitigation began with the introduction of the single point of access triage and assessment model. This is aligned to 111#2 and is also key transformational work to modernise and streamline services. Phase 2 is currently being rolled out, but this has impacted on Community Mental Health Team (CMHT) capacity again as they are holding additional pressures whilst assessments are moved from teams to the Single Point of Access. • Competing priorities and complexity of patients presenting at present has put additional pressure on teams. • Agency usage in the Community remains high with local delivery challenges for CTP recording as a result. • 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. • Escalating challenge has been in older adult community mental health services due to staffing fragility.	• Continue to advertise vacant positions and there has been some success in removal of long-standing agency arrangements in some teams. • division have brought in capacity to undertake a whole service CTP audit. This has been completed and recommendations being delivered including comprehensive and wide scale training seeing quality improvement in co-production of care and treatment planning. • Teams are reviewing medics clinics to streamline processes and provide greater capacity for CTP reviews within their job plans. A part 1 clinic workstream has developed an interim statement of the Part1 Scheme for Powys currently going through governance mechanisms. • Intervention and support has shifted to Brecon Team - will significantly increase overall position once interventions complete. • Need to improve quality has been a focus. 2025/26 seen significant audit and training work undertaken. • Roll out of phase two duty SPOA – currently recruiting to assessment team that will reduce capacity challenges in CMHTs by freeing up time for CTP work undertaken. PTHB is now a 'Demonstrator Area' to design and implement model of Open access, and consideration of stepped care 2.0 and 'One at a Time'. • The service are working to a target of improvement closer to target by March 2026 and this is the highest level of compliance that PTHB MH&LD have been at during the 25/26 financial year.
45	**Number of service user feedback experience responses completed and recorded on CIVICA** Period: Dec-25 | Target: Month on Month improvement | Actual: 518 | SPC icon	Measure not meeting target.	• Limited resource to support proactive management of CIVICA experience questionnaires to realise the full potential of the system.	• The People's Experience Framework Stakeholder group has been established. • Those in receipt of commissioned care receive SMS notification to complete experience questionnaire, the findings are shared with commissioned providers along with reporting against quality reporting in relation to commissioned services. • The number of staff trained to access Civica and utilise data has increased by 100% over the past quarter – resulting in improved capacity.
50	**Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)** Period: Jan-26 | Target: 12 month improvement trend towards national target of 95% | Actual: 55.0% | 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. • Additional insourcing capacity from HBSUK planned as part of National Commissioning Programme awaiting confirmation from provider regarding start date for ophthalmology.

Patterson, Lisa
23/03/2026 11:22:13

Level 1 – No concerns

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

No.	Measure description	Period	Target	Actual	SPC icon
3	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)	Q3 2025/26	4 Quarter improvement trend	78.7%	N/A
9	Percentage of well babies completing the hearing screening programme within 4 weeks	Nov-25	90%	97.3%	
10	Percentage of eligible newborn babies who have a conclusive bloodspot screening result by day 17	Jan-26	95%	95.6%	
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	Jan-26	Improvement compared to the same month in the previous year	50.3%	
13	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Jan-26	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2025 and 100% by 31 March 2026	65.0%	N/A
14	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Dec-25	Increase compared to the same month in the previous year	749	
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	Jan-26	80%	94.9%	
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	Jan-26	80%	91.1%	
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	Jan-26	80%	81.0%	
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	Jan-26	80%	83.1%	
21	Median time from arrival at an emergency department to triage by a clinician	Jan-26	15 minutes or less	5	N/A
22	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	Jan-26	60 minute or less	6	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	Jan-26	Improvement compared to the same month in the previous year, towards the national target of 95%	100%	
24	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Jan-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	Jan-26	100%	100%	
28	Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)	Jan-26	Month on Month Reduction	34	N/A

Paper Only
23/03/2026 11:38:16

Level 1 – No concerns

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

No.	Measure description	Period	Target	Actual	SPC icon
31	Number of patients waiting >52 weeks for a new outpatient appointment	Jan-26	0	0	
33	Number of patients waiting more than 104 weeks for referral to treatment	Jan-26	0	0	
35	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Jan-26	80%	84.0%	
37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Nov-25	Rolling 12-month reduction against a baseline of 2024/25	9.09%	
38	Agency spend as a percentage of the total pay bill	Jan-26	12-month reduction	6.0%	
40	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Nov-25	Maintain the 95% target or demonstrate a 12-month improvement trend	99.7%	
41	Percentage of all classifications' coding errors corrected by the next monthly reporting submission	Nov-25	90%	100%	

Non-RAG rated measures

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

1	Percentage of adult smokers who make a quit attempt via smoking cessation services	Q2 2025/26	5% cumulative annual target	4.48%	N/A
2	Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	Q2 2025/26	40% Annual Target	13.93%	N/A
N/A	Median emergency response time to Orange Now calls	Jan-26	12-month reduction trend	01:01:04	N/A
46,47,48	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Pseudomonas aeruginosa	Jan-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)	Jan-26		1.78	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C.Difficile	Jan-26		18.63	

Paper No. 11.2
27/05/2026 09:23:13

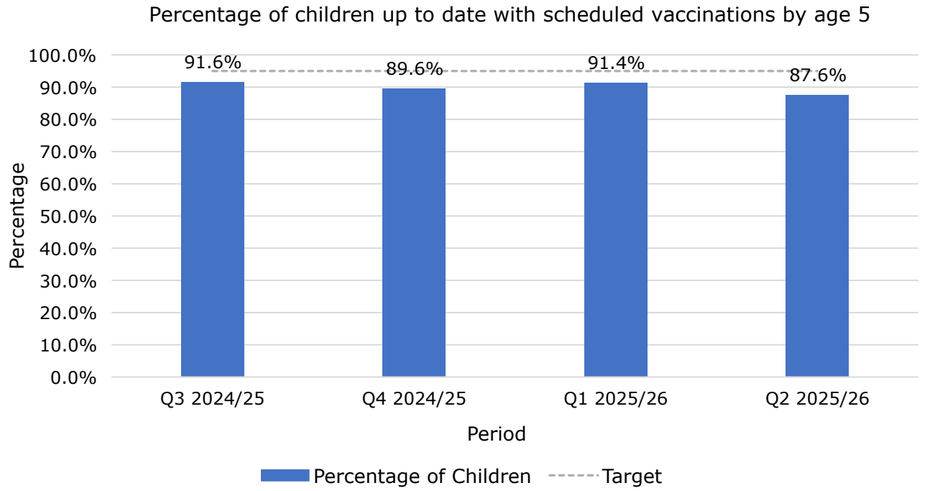
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity | **NHS Performance Measure – 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	Q2 2025/26	Status of measure	Level 2a
Reported performance	87.6%	Benchmark position (Wales)	5th (88.0%)
Target	95%		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Q4 2025/26		



What the data tells us

- Reported uptake performance for Powys in Q2 (87.6%) remains below target (95%).
- Powys ranks 5th in Wales for scheduled vaccinations by age 5, the All-Wales average is 88%.

Patterson Liz
25/03/2026 11:23:13

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).
- The All-Wales data collection Child Health Immunisation Process Standards (CHIPS) pathway is currently being updated. This has not been finalised yet – awaiting publication
- VPDP have provided a letter and visual guide to primary care clinicians to support with the 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.

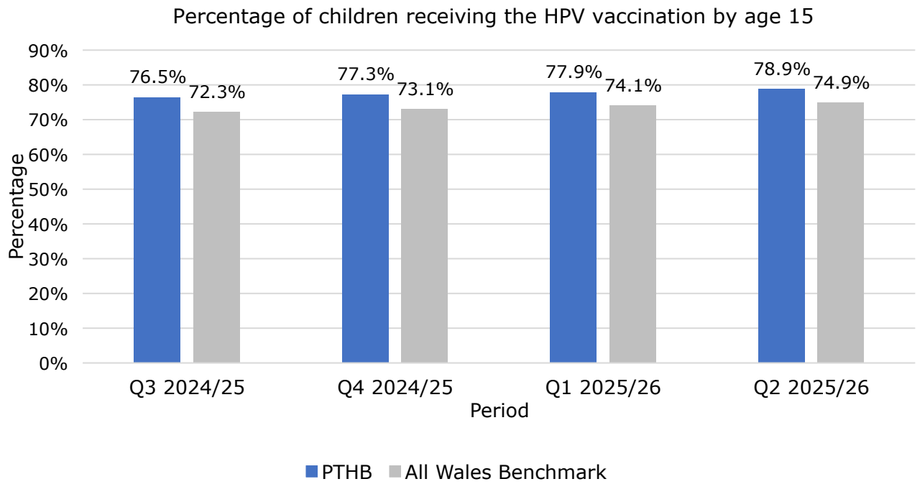
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity | **NHS Performance Measure – 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	Q2 2025/26	Status of measure	Level 2a
Reported performance	78.9%	Benchmark position (Wales)	3rd (74.9%)
Target	90%		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?	TBC		



What the data tells us

- Reported uptake improved slightly in Q2 2025/26 reporting 78.9% compared to 77.9% in Q1 2025/26

Patterson Liz 25/03/2026 11:23:13

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 by 5% (figures unverified)
- 2025/26 programme has ended and will recommence in Q1 2026/27.

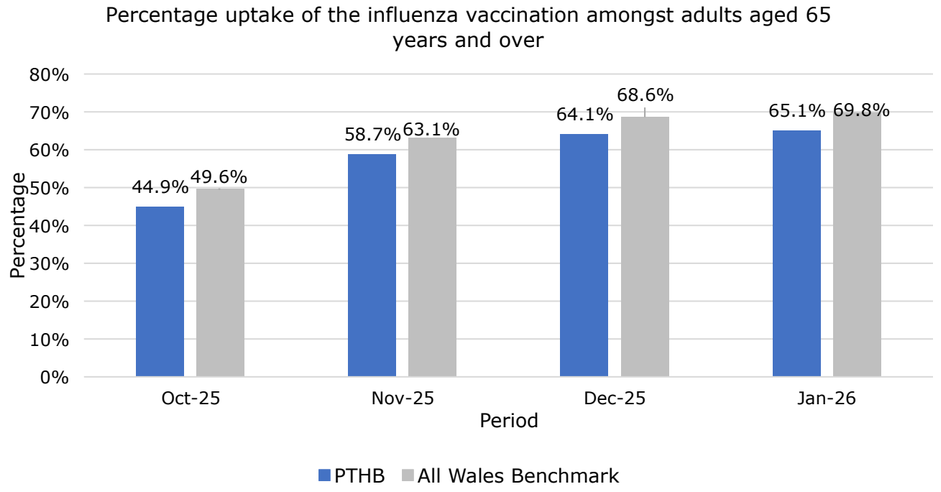
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

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	Jan-26	Status of measure	Level 2a
Reported performance	65.1%	Benchmark position (Wales)	7th (69.8%)
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 of 65.1% is for Powys resident population, however 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.
- Uptake by residents registered with GP in Powys is 71.4% which is higher that was achieved in Jan 25 (68.6%). It should be noted that Powys Teaching Health Board.

Challenges

- 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
- Previous years' uptake was based on registered population, pulled from GPs via AccuRX, data this year is based on resident population pulled from the Welsh Immunisation system

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 the resident population. Uptake by residents registered with GP in Powys is 71.4%.

Powys Teaching Health Board

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

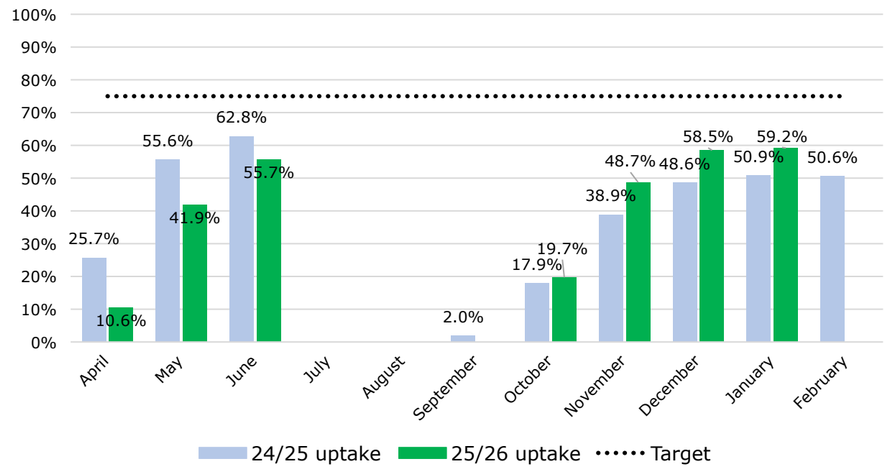
Access & Activity | **NHS Performance Measure – 7**

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	Jan-26	Status of measure	Level 2a
Reported performance	59.2%	Benchmark position (Wales)	3rd (57.3%)
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 3rd against the All-Wales position of 57.3%.
- 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 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 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.

Agenda Item 3.3

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

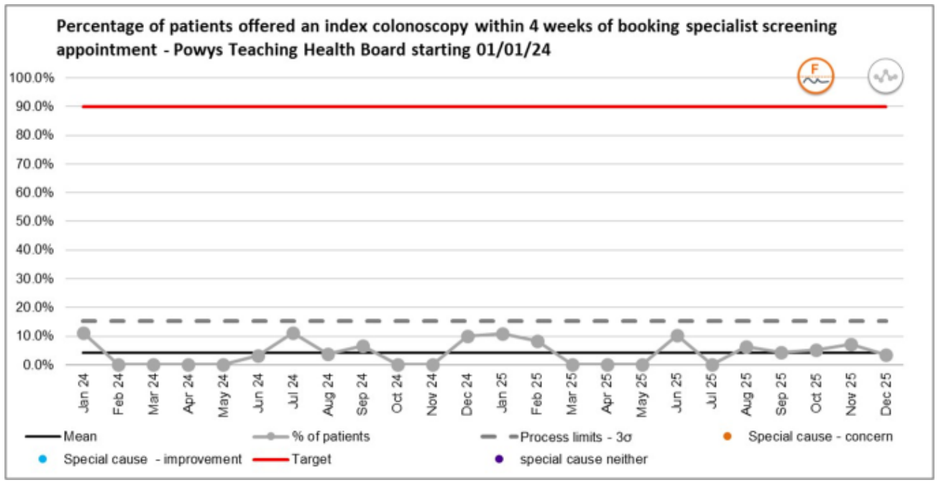
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

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	Dec-25	Status of measure	Level 3
Reported performance	3.4%	Benchmark position (Wales)	6th (22.5%)*
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PHW compliance report		
Recover by?	Timescale requested from Public Health Wales		



What the data tells us

- Powys performance against this measure is challenged reporting 3.4% in December 2025, All Wales performance is also challenged against this measure reporting 22.5% compliance for the November 2025.
- At the end of January (30/01/26) Bowel Screening Wales reported PTHB waiting times at:
  - 4 days for SP assessment.
  - 6 weeks and 6 days for the waiting time colonoscopy with holding list.
  - 7 weeks 3 days total waiting time.
- Methodology of measure remains under scrutiny with Public Health Wales; data quality however was updated to average quality following positive checks on provided metric information.

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.
- Action underway to improve PTHB local reporting for cross reference against BSW performance report.
- PTHB/BSW next meeting 25/2/2026.
- Head of Performance has requested from PHW additional clarity on methodology for booking SSP appointment and implication of patient deferral.
- PHW All Wales Review of Bowel Screening Programme to commence shortly
- Exploring opportunities for joint bowel screening consultant appointment with ABUHB.

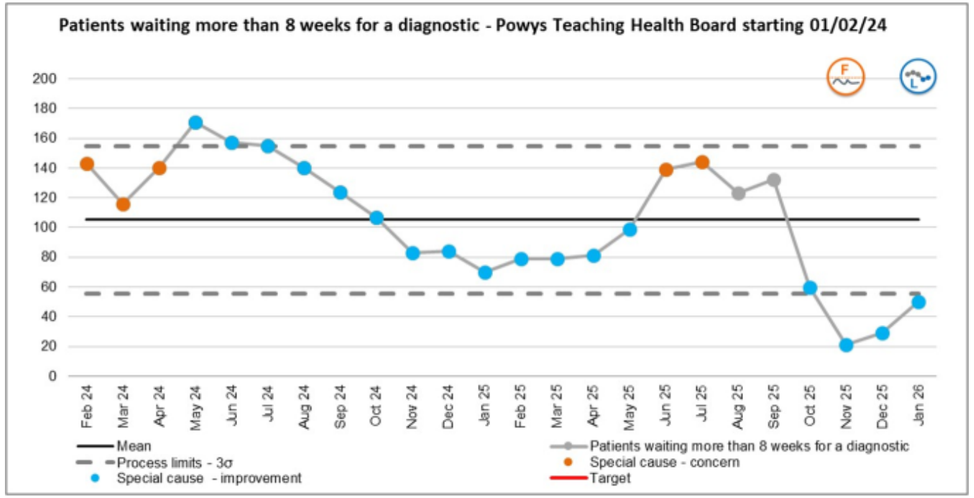
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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

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

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

Latest available	Jan-26	Status of measure	Level 3
Reported performance	50	Benchmark position (Wales)	1st (46,803)*
Target	Zero		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	TBC		



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

Patterned on 23/01/2026 11:23:13

Diagnostic's performance by sub service

Service	Sub service	Total pathways waiting	Number of pathway breaches	Percentage breaching target
Cardiology	Echo Cardiogram	101	18	18%
Cardiology	Heart Rhythm Recording	46	12	26%
Diagnostic Endoscopy	Colonoscopy	12	0	0%
Diagnostic Endoscopy	Cystoscopy	5	0	0%
Diagnostic Endoscopy	Flexible Sigmoidoscopy	3	0	0%
Diagnostic Endoscopy	Gastroscopy	20	0	0%
Radiology – Consultant Referral	Non-Obstetric Ultrasound	48	6	13%
Radiology – GP Referral	Non-Obstetric Ultrasound	522	14	3%

What the data tells us

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

- The health board has reported 50 breaches in January 2026, 30 breaches are within Cardiology, and a further 20 breaches are within non-obstetric ultrasound. Zero Endoscopy pathways breach the 8-week target.
- This measure remains escalated due to ongoing service pressure and non-compliance against Welsh Government key performance indicator target but will be reviewed during Q4 for de-escalation if recovery trajectories continue to be achieved.

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
As part of the rollout of the Radiology Information System Programme (RISP) in Powys — which modernises the digital systems used in Radiology and strengthens data sharing across borders — there has been an increase in the number of pathways reported. Modernisation work at Llandrindod Wells Hospital, using the Wye Valley NHS Trust digital system, has improved reporting accuracy and completeness. As a result, total reportable pathways have increased, leading to better data quality and more comprehensive reporting for pathways managed by Powys Teaching Health Board.

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

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

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

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

Cardiology - Challenges	No. of breaches	30

- 18 breaches in Echo Cardiograms and 12 within Heart Rhythm diagnostics.
- 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

- Echocardiograms performance has improved ahead of the improvement trajectory following increased capacity provision by ABUHB, and utilisation of locum capacity.
- Additional capacity currently being sought via bank staff for cardiology specific physiologist clinician to undertake echo cardiograms. (second attempt at recruitment).
- Improved patient information and advice and support with aims to reduce patient "Did not attend" (DNA). DNA Rate less than 3%.
- Working with in-reach to review capacity due to changes in clinical practice (escalated via CQPRM).
- Development of clinical waiting list validation within in reach clinical team: On-going.
- New echo cardiogram scanner purchased and installed via charitable funds for Brecon War Memorial Hospital.
- Escalated via CQPRM, capacity shortfall escalated as part of insourcing proposal however delayed with extension to current insource provider until Q4.

Patterson Liz
23/03/2026 11:23:13

Diagnostic Endoscopy - Challenges	No. of breaches	0

- 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 – advise that the health board apply for JAG accreditation.
- 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 will be vacant from February (retirement).

Diagnostic Endoscopy - Actions & Mitigations

- Planned recruitment for Senior Clinical Nurse post Q4.
- 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
- Ongoing Executive level discussions around service sustainability and joint work with CTMUHB from February 2024.
- 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	20

- 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.
- Swansea Bay UHB have agreed to increase the Musculoskeletal (MSK) physiotherapy sessions within the rota at Ystradgynlais Community Hospital commencing from April 2026.

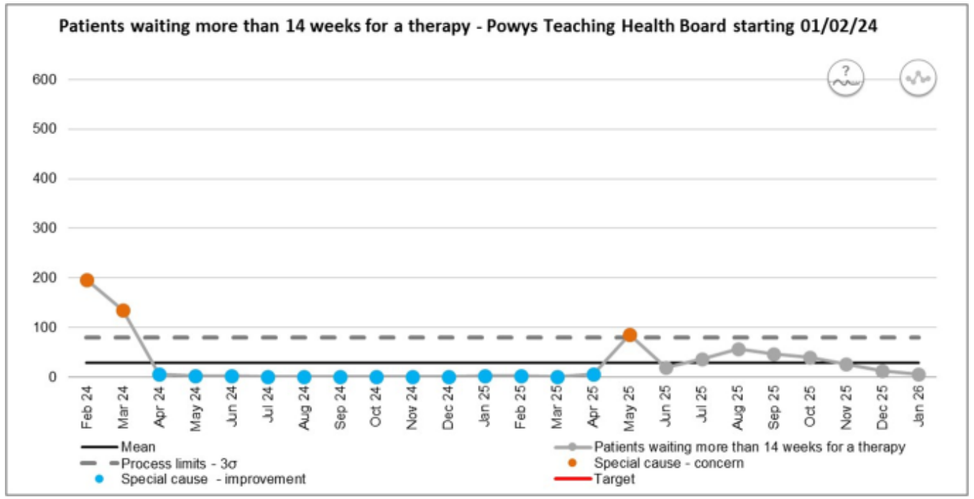
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance 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	Jan-26	Status of measure	Level 2a
Reported performance	5	Benchmark position (Wales)	3rd (5010)*
Target	Zero		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			



What the data tells us

- At the end of January five pathways breached the 14-week treatment target (breaches have seen a reduction trend monthly from August 2025).
- 24-month SPC assurance is common cause variation

Ashton, Jon Liz
29/01/2026 11:23:13

Therapy performance by sub service

Service	Sub service	Total pathways waiting	Number of pathway breaches	Percentage breaching target
Dietetics	Adults	147	0	0%
Dietetics	Paediatrics	77	0	0%
Occupational Therapy	Adults	42	0	0%
Occupational Therapy	Learning Disabilities	4	0	0%
Occupational Therapy	Paediatrics	14	0	0%
Physiotherapy	Adults	2050	3	0%
Physiotherapy	Paediatrics	91	0	0%
Podiatry	Routine	450	2	0%
Podiatry	Urgent	59	0	0%
Speech Language	Adults	73	0	0%
Speech Language	Paediatrics	81	0	0%

Challenges

- Physiotherapy – musculoskeletal (MSK) challenges due to unplanned sickness.
- Podiatry capacity challenge due to staff vacancies.

Actions & Mitigations

- Physiotherapy – highlighted report issue with DHCW and now rectified
- Podiatry – agency to support the service, vacancies currently advertised.

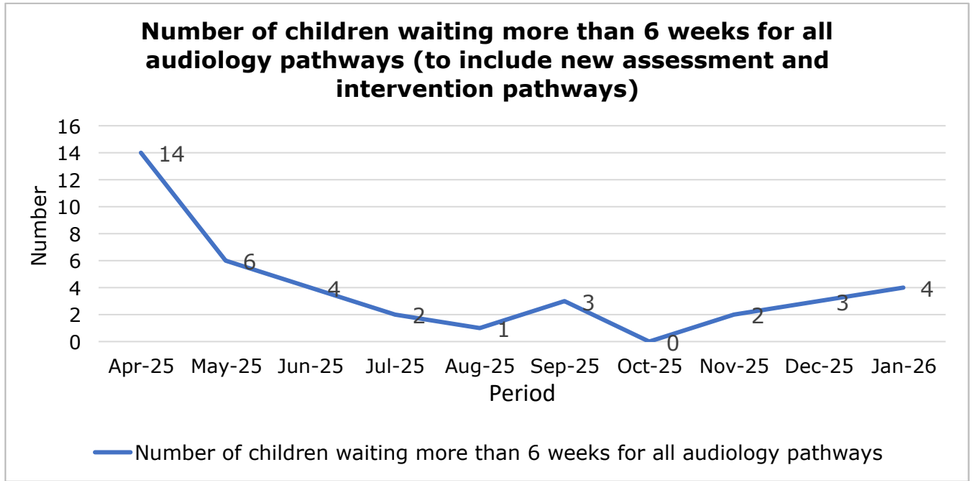
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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

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

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

Latest available	Jan-26	Status of measure	Level 2a
Reported performance	4	Benchmark position (Wales)	1st (3936)*
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

- The measure is non-compliant in January with 4 patients breaching the 6-week target.
- Very limited breaches because of small fragile service with single practitioner.

Patterson Liz
23/03/2026 11:23:13

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.

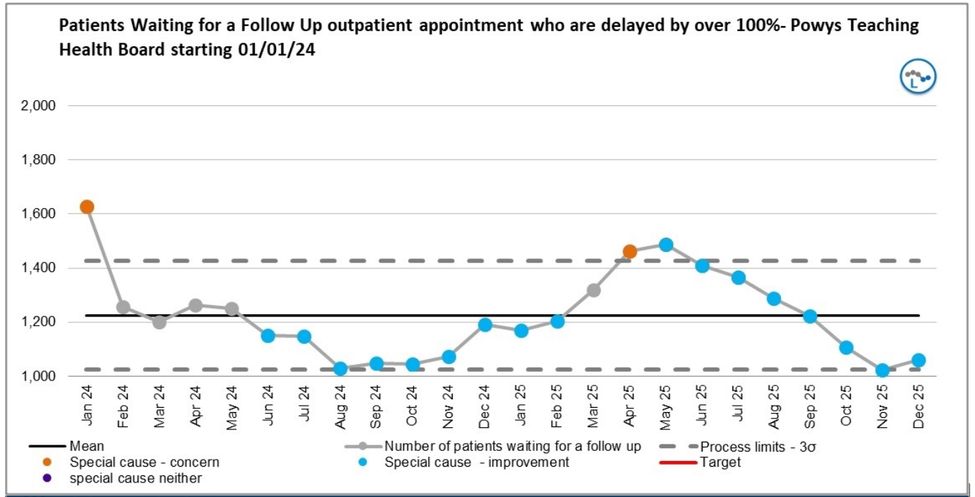
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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

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

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

Latest available	Dec-25	Status of measure	Level 3
Reported performance	1062	Benchmark position (Wales)	1st (278,898)
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 December 1062 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.

Patterson Liz
23/03/2026 11:23:13

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

- 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.

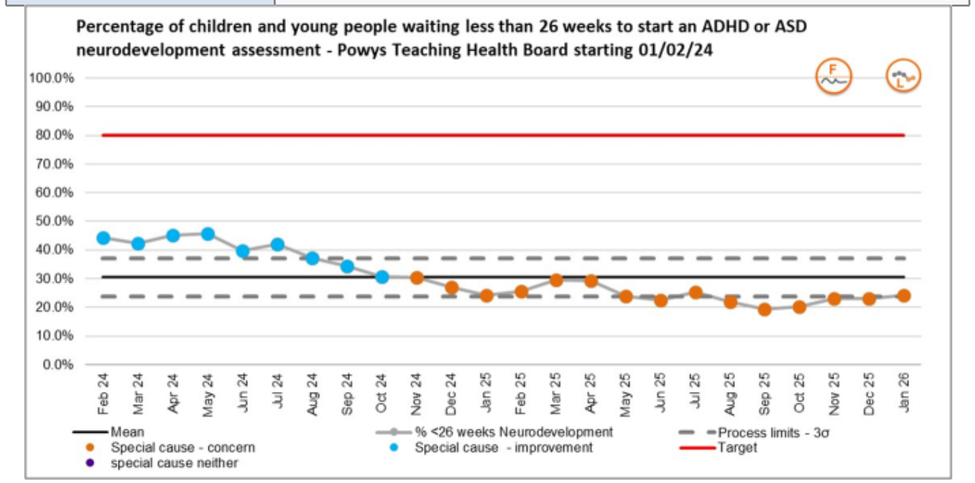
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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

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

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

Latest available	Jan-26	Status of measure	Level 2a
Reported performance	24.1%	Benchmark position (Wales)	4th (20.0%)*
Target	80%		
SPC assurance rating	Special cause concern		
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.

- ND is now de-escalated to level 2a following rigorous escalation oversight and Executive agreement that key recovery plans are in place and effective.
- Of the 842 pathways reported in January's snapshot 24.1% wait less than 26 weeks for their first assessment.

Attersoll 25/03/2026 15:07:14

Challenges

- Since April 2022, the Neurodevelopmental (ND) service has been reliant on non-recurrent funding through the Regional Partnership Board (RPB) Revenue Integration Fund (RIF) (2022–2026), alongside Welsh Government Neurodivergence funding (2022–2026). These funding streams have enabled the recruitment of temporary staff to address the rising referral trajectory and the associated waiting list backlog. However, the funding does not fully meet the total staffing costs of the service, and confirmation and formal allocation of the funding into the base budget remains outstanding.
- Referral demand continues to be sustained at a significant level. While local systems and processes have been strengthened to improve the management and triage of referrals, ongoing pressure on the service remains. In response, there is a continued focus on whole-system management of population need, including the development of a proposal for a Powys-wide single point of access. This approach has been agreed as a *Start Well* priority for consideration within the 2026/2027 funding cycle.
- Establishing a sustainable and resilient staffing model remains a key priority, particularly during Quarter 4. The current operational objective is to maintain waiting times below 104 weeks. There are no children waiting over 104+ weeks at month 10.
- 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 2026/26 in a three phased approach. Initial data set for April 26 reporting mechanisms confirmed. Phase 2 - Sept26.
- Robust scheduling, with the utilisation of joint appointments.
- 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 and Carers Voices Forum, programme of work commenced in September 2024 for 12 months. Year 2 commissioned jointly with education and new families identified.
- Business efficiencies being addressed within the administrative processes. Further work to enhance digital capabilities required with digital services expertise.
- Use of system generated letters in operation as well ass automated text messaging (WPAS) - implemented July 2025.
- Core templates of documentation developed and in use (WCCIS).
- New referral form in progress and due to be published for use from December 2025.
- Robust communication plan in place for parents/carers; letters to be sent to families when a child is accepted to the waiting list along with progress updates.
- MDT panel and decisions implemented and embedded within the structure. Further action required to ensure robust multi professional panel e.g. recruitment of clinical psychologist.
- Multi agency Start Well project under consideration in relation to a whole system single point of access for children with ND and emotional health and wellbeing needs, for signposting to the most appropriate level of support.
- Some temporary funding posts will cease in March 2026, and a Business Case has been developed to support the exit points of temporary funding for the required Neurodevelopmental Team. Anticipated decision Feb26.
- Performance team to carry out further waiting list validation in Q4 2025/26 following check.
- Service to update conditions for sustainability assessment for presentation to Escalation Oversight Group, PEQs and Executive Committee.

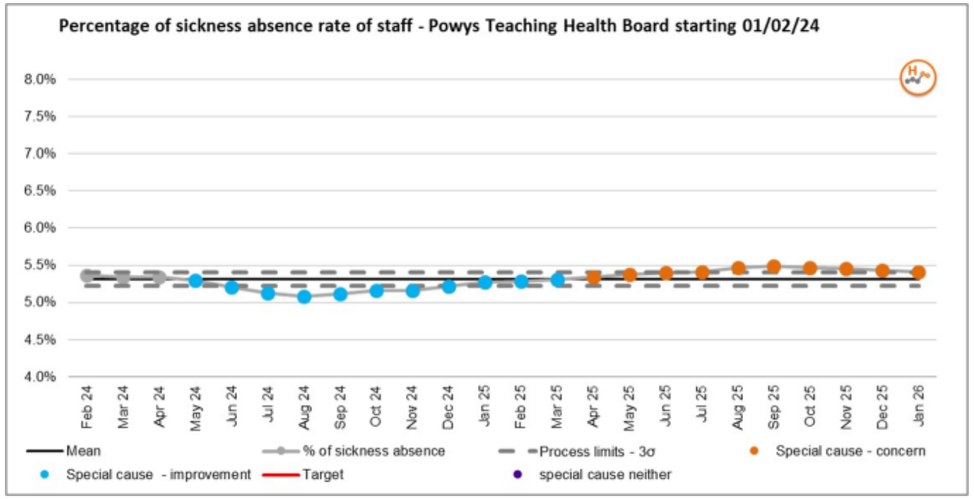
Healthier Wales Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

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	Jan-26	Status of measure	Level 2a
Reported performance	5.41%	Benchmark position (Wales)	6th (6.32%) (Nov-25)
Target	12-month reduction trend		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB People and Cultures		
Recover by?			



What the data tells us

- The rolling 12-month sickness absence rate is reported as 5.41% for January 2026
- The organisation benchmarks 6th and the All-Wales performance position is 6.32% for November 2025
- Assurance reports special cause concern.

Approved on Liz
13/2/2026 11:23:13

Challenges

- For Jan 2026, actual sickness absence reported at 5.44%, which is 0.33% higher than Jan 2025 (5.11%), however, rolling sickness absence reported at 5.32%, representing a 0.09% improvement compared with Jan 25 (5.41%) .
- Long-term and short-term sickness levels have remained broadly stable over the past two years. However, in Jan 2026 long-term sickness fell to its lowest level at 3.40%, while short-term reached its highest point at 2.04%.
- Anxiety, Stress & Depression continue to be the main reason for absence, followed by other musculoskeletal problems.

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

- Additional Clinical Services – 6.39%
- Nursing & Midwifery – 6.30%
- Estates & Ancillary – 6.45%

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.

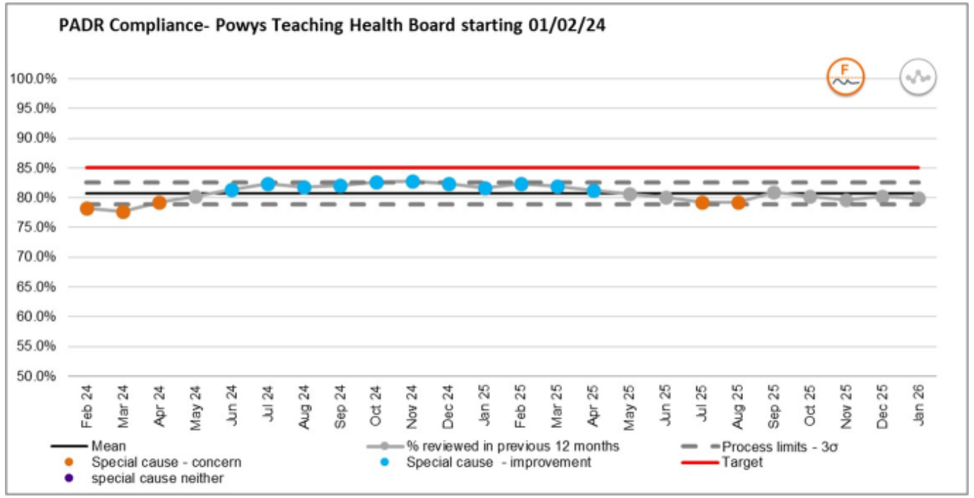
Healthier Wales Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Workforce	NHS Performance Measure – 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	Jan-26	Status of measure	Level 2a
Reported performance	79.9%	Benchmark position (Wales)	7th (77.0%) (Nov-25)
Target	85%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB People and Cultures		
Recover by?			



What the data tells us

- PTHB PADR compliance is reported at 79.9% for January 2026.
- The last benchmark available for Wales in November showed PTHB benchmarking 7th out of 13 organisations with All Wales compliance of 77.0%.

Ashton Liz
29/01/2026 11:23:13

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%.

- January 26 compliance : **80%,** a **2%** decrease from January 25 (82%).
- The health board continues to benchmark positively when compared with All Wales position of 77% (Nov 25).

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.

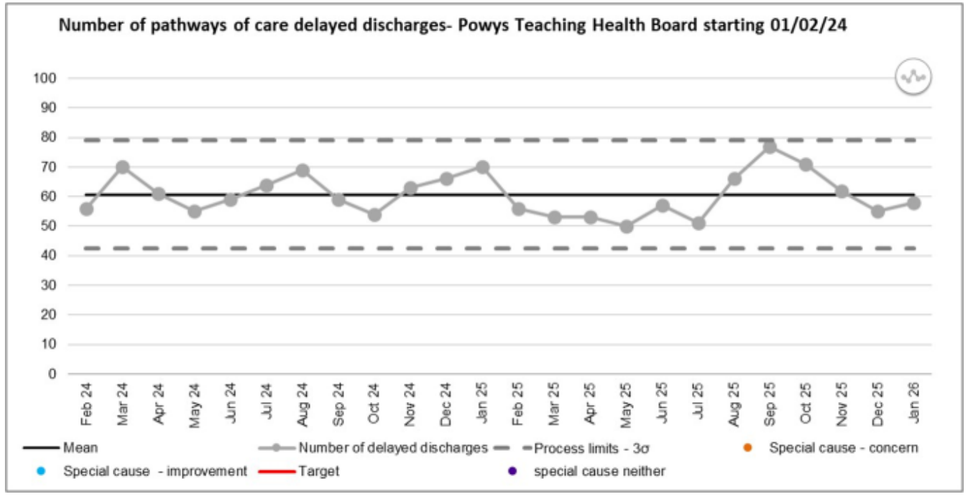
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

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	Jan-26	Status of measure	Level 2a
Reported performance	58	Benchmark position (Wales)	2nd (1,393)
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 January with 58 delayed discharges.
- Relatively low numbers cause significant challenge for achieving a 12-month reduction target.
- Pathways of Care delayed discharges (POCD) continues to report common cause variation.

Jonathan Davies
23/03/2026 11:23:13

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

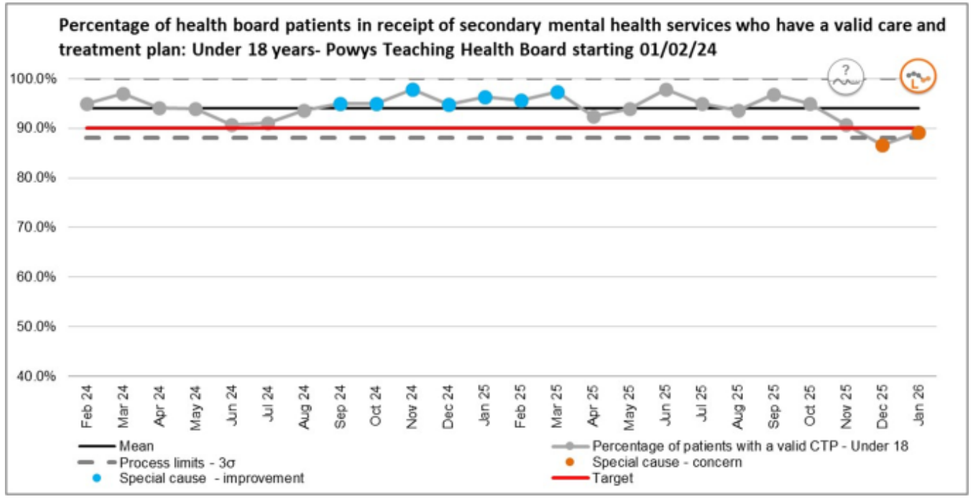
Quality, safety, effectiveness, and experience | **NHS Performance Measure – 43** | **Frequency - Monthly**

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

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 under 18's

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

Latest available	Jan-26	Status of measure	Level 2a
Reported performance	89.2%	Benchmark position (Wales)	7th (94.4%)*
Target	90%		
SPC assurance rating	Special cause concern		
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

- CAMHS CTP compliance in January continue to be measured at 89.2%.
- PTHB benchmarked 7th against an All-Wales position of 94.4% in December.
- Data challenge around retrospective updates in CTP performance.

Emerson Liz
25/03/2026 11:23:13

Challenges

- North CAMHS capacity challenge as result of vacancy and long-term sickness absence.

Actions & Mitigations

- The two remaining team members and Team Lead had been allocated the long-term practitioner sickness caseloads and prioritised visits and Wales Applied Risk Research Network (WARRN) in November with concentration on CTP reviews in December.
- The service plans to be compliant against target following prioritised visits from January 2026.
- From February Practitioner returned from long term sick but has a reduced caseload at present.
- Interviews for the vacancy scheduled for February 2026 resulted in a successful appointment.

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

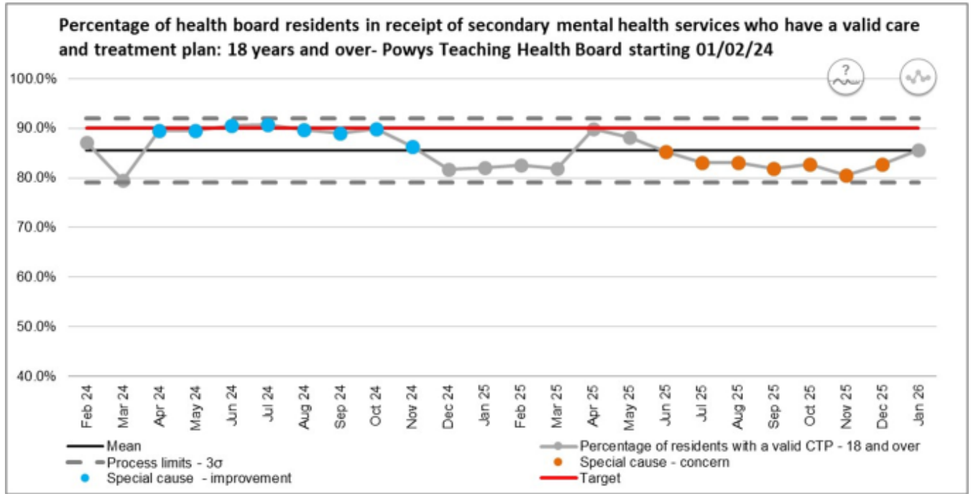
Quality, safety, effectiveness, and experience | **NHS Performance Measure – 44** | **Frequency - Monthly**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

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	Jan-26	Status of measure	Level 2a
Reported performance	85.7%	Benchmark position (Wales)	6th (82.9%)*
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 measured at 85.7% and reports common cause variation.
- PTHB benchmarked 6th against an All-Wales position of 82.9% in December.
- Data challenge around retrospective updates in CTP performance.

Signature Liz
29/01/2026 11:23:13

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 and initial assessment. This mitigation began with the introduction of the single point of access triage and assessment model. This is aligned to 111#2 and is also key transformational work to modernise and streamline services. Phase 2 is currently being rolled out, but this has impacted on Community Mental Health Team (CMHT) capacity again as they are holding additional pressures whilst assessments are moved from teams to the Single Point of Access.
- Competing priorities and complexity of patients presenting at present has put additional pressure on teams.
- Agency usage in the Community remains high with local delivery challenges for CTP recording as a result.
- 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.
- Escalating challenge has been in older adult community mental health services due to staffing fragility.

Actions & Mitigations

- Continue to advertise vacant positions and there has been some success in removal of long-standing agency arrangements in some teams.
- The triage and assessment service when phase 2 is rolled out, will have a positive impact in reducing the pressures within CMHTs enabling more time for C&T Planning. PTHB MH&LD Division is now a 'demonstrator project' for this roll out, furthering open access approach and considering stepped care / OAAT (one at a time) with workshops being undertaken for planning with National colleagues throughout March. As part of the proposed positive outcomes, it is anticipated that people using services will have increased recovery opportunities and confidence that they do not need to remain with MH Services for significant amounts of time but will be able to easily step in and out of services as and when needed. This in turn will increase staff capacity to review and comply with CTP target. Implementation in line with Ministerial priority to implement from March 2027.
- Mental Health & Learning Disabilities division have brought in capacity to undertake a whole service CTP audit. This has been completed and recommendations being delivered including comprehensive and wide scale training seeing quality improvement in co-production of care and treatment planning.
- 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.
    - Targeted approach to support older adult community services due to deficits in band 7 and agency/locum cover.
- Teams are reviewing medics clinics to streamline processes and provide greater capacity for CTP reviews within their job plans. A part 1 clinic workstream has developed an interim statement of the Part1 Scheme for Powys currently going through governance mechanisms.
- Targeted work to improve has moved to focus on Older Adult Services.
- intervention and support has shifted to Brecon Team - will significantly increase overall position once interventions complete.
- Need to improve quality has been a focus. 2025/26 seen significant audit and training work undertaken.
- Roll out of phase two duty SPOA – currently recruiting to assessment team that will reduce capacity challenges in CMHTs by freeing up time for CTP work undertaken. PTHB is now a 'Demonstrator Area' to design and implement model of Open access, and consideration of stepped care 2.0 and 'One at a Time'.
- The service are working to a target of improvement closer to target by March 2026 and this is the highest level of compliance that PTHB MH&LD have been at during the 25/26 financial year.

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

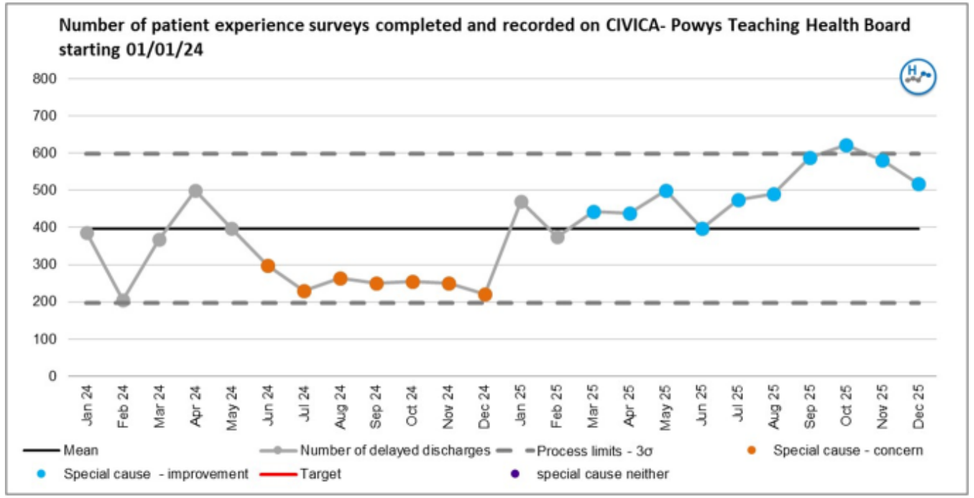
Quality, safety, effectiveness, and experience | **NHS Performance Measure – 45** | **Frequency - Monthly**

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	Director for Midwifery, Women and Family Health

Latest available	Dec-25	Status of measure	Level 2a
Reported performance	518	Benchmark position (Wales)	8th (22,770)
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 decreased in December 2025 with 518 surveys completed and recorded on CIVICA compared to 580 in November 2025.
- Patient experience surveys completed and recorded have improved significantly when compared to 2024/25 and report special cause improvement over the 24-month period.

Paterson Liz
03/03/2026 11:23:13

Challenges

- Limited resource to support proactive management of CIVICA experience questionnaires to realise the full potential of the system.

Actions & Mitigations

- The People's Experience Framework Stakeholder group has been established.
- Those in receipt of commissioned care receive SMS notification to complete experience questionnaire, the findings are shared with commissioned providers along with reporting against quality reporting in relation to commissioned services.
- The number of staff trained to access Civica and utilise data has increased by 100% over the past quarter – resulting in improved capacity.

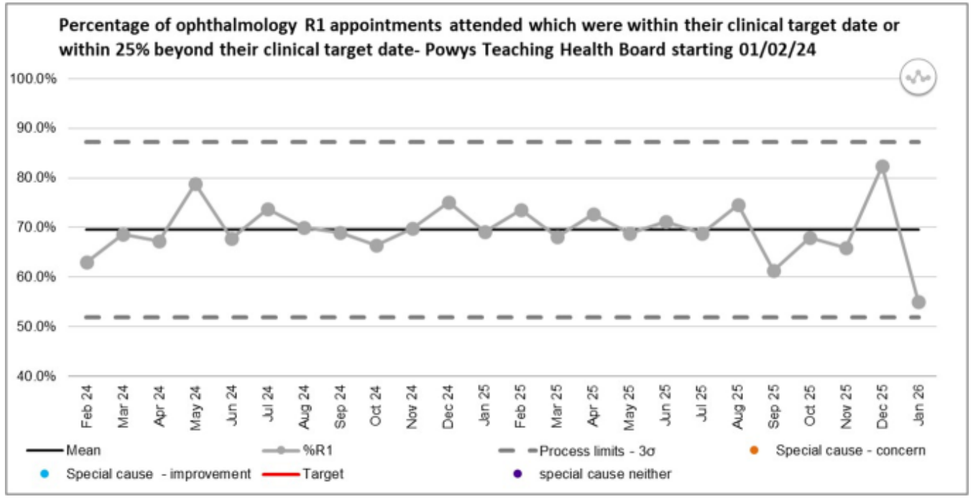
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Access & Activity	NHS Performance Measure – 50	Frequency - Monthly

Planned Care and Cancer - Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date

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

Latest available	Jan-26	Status of measure	Level 2a
Reported performance	55.0%	Benchmark position (Wales)	1st (61.8%)*
Target	12-month improvement trend towards national target of 95%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			



What the data tells us

- The health boards performance for the measure in January is 55.0% attending within clinical target date (or within 25% beyond). PTHB did not benchmark positively against the All-Wales benchmark (61.8%) and ranks 1st in December 2025.

Evans, Alison Liz
23/03/2026 11:23:13

Challenges

- Ongoing challenge from fragility of in-reach service model especially Ophthalmology (WVT). Impact of NHSE Waiting Times making backfill of lost sessions extremely difficult with significant underperformance against contracted in-reach sessions.

Actions & Mitigations

- On-going development of Multi Disciplinary Team (MDT) in eyecare further extension of wet AMD capacity in Powys to support service sustainability and repatriation of patients
- Development and implementation of WGOS4 community optometry triaging with appointment of community optometrist in Planned Care commencing Nov-25.
- On-going escalation of contracted position via Commissioning CQPRM meetings with WVT.
- All patients receive a clinical call prior to appointment to provide advice support and ensure scarce OP resources are maximised limiting DNAs – DNA rate is less than 3%.
- Business proposal to PTHB Planned Care Board for Speciality Lead Ophthalmology Consultant sessions as per GIRFT recommendations to support further MDT service transformation is under consideration.
- 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 planned as part of National Commissioning Programme awaiting confirmation from provider regarding start date for ophthalmology.

Provider Service Assurance

PTHB information on key provider elements e.g., local measures, quality specific and provider cancer pathway assurance..

Patterson Liz
23/03/2026 11:23:13

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

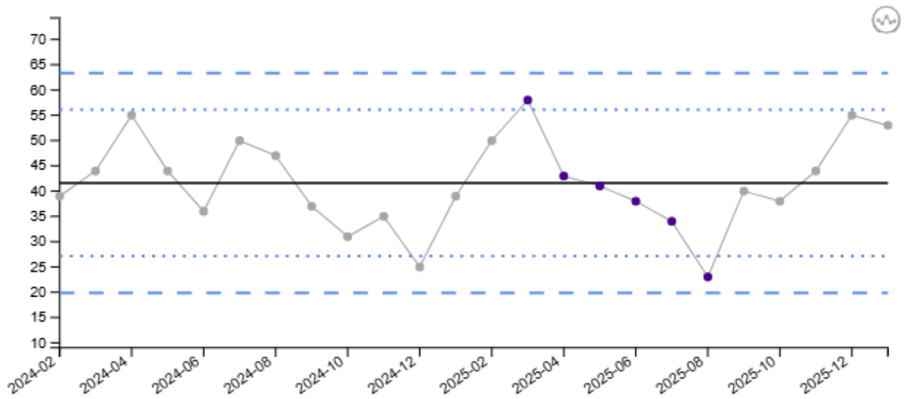
Access & Activity	Local Measure	Frequency - Monthly

Planned Care & Cancer – Powys provider cancer pathways additions Inc. straight to test diagnostics, and downgrade performance against 28-day NICE guidance of best practice.

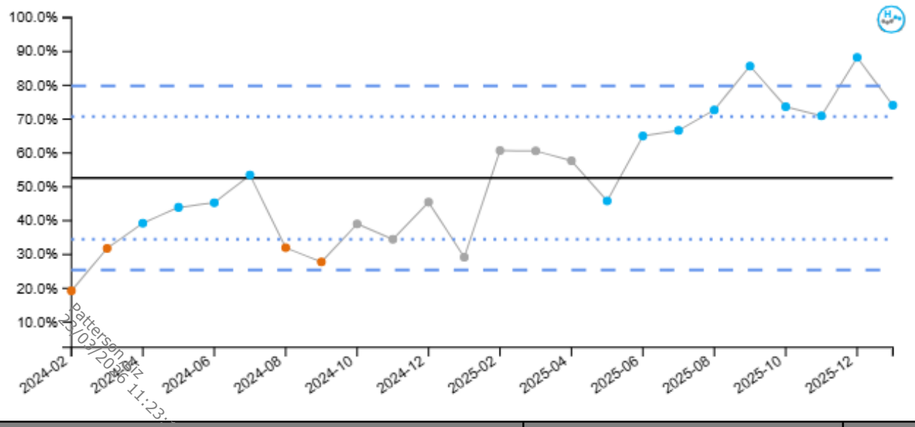
Executive lead	Executive Director of Primary Care, Community and Mental Health	Lead Officer	Assistant Director of Community Service Group

Latest available	Dec-25	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)



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.

- Data quality – It should be noted that a data quality challenge was found in the reported position of new referrals. Pathway entry data was found to include limited duplicates following a deferral or DNA. This has now been rectified within the report and further work with the Digital applications team is being undertaken. This challenge effects reporting accuracy, and originally from April to January 360 new pathways were reported via the IQPR, the revised value for the same period is 356 a slight decrease due to the limited duplicates
- Powys has reported 53 new pathways in January 2025 with 47 via primary care referral.
- The health board has reported a positive compliance of 74.1% for downgrades within 28 days of the 27 closed pathways in January.
- PTHB does not achieve the straight to diagnostic test 12-month improvement trend in January with 25% compliance reported. It should be noted that compliance is volatile because of small numbers sent straight to diagnostics in Powys.
- Complex diagnostics are carried out within acute care providers although the patient remains tracked by PTHB, these delays remain a challenge for provider pathway compliance.

Challenges

Key challenges within PTHB align to the national issues:

- Shortages of Endoscopists particularly colorectal.
- In-reach clinician fragility resulting from the above points including further business continuity challenges in Cwm Taf Morgannwg UHB (CTMUHB).
- Delays in DGH diagnostics, Histology/Pathology risk timeliness of pathways including USC.
- Complex pathways across providers with referral triage and access criteria challenges.

Actions & Mitigations

- 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.
- 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.
- 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	2025-02	2025-03	2025-04	2025-05	2025-06	2025-07	2025-08	2025-09	2025-10	2025-11	2025-12	2026-01
% of patients who are sent straight to test	12 month improvement trend	58.3%	73.3%	60.0%	40.0%	33.3%	66.7%	33.3%	33.3%	33.3%	18.8%	75.0%	25.0%

Quality Outcomes Framework – Phase 1 measures

Source NHS Performance and Improvement.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Milestone - Launch of 14 QOF measures in Beacon (phase 1) by October for a consolidated view of quality standards. These standards are to be reported monthly to The Board.

Quality Standard	Measure	Latest period	Latest figure		Previous figure	Last 12 months	Outlier
Safe	Antibacterial items per 1,000 STAR-PUs	Sep-25	213.80		214.52		
Safe	Crude mortality rate (%)	Dec-25	5.99%	▲ 7.1%	5.59%		
Safe	Never Events reported to NHS P&I	Jan-26	0		0		
Safe	Percentage of discharges on D2RA Pathway 0	Jan-26	3.70%				
Safe	Percentage of discharges on D2RA Pathway 1	Jan-26	38.89%				
Safe	Percentage of discharges on D2RA Pathway 2	Jan-26	14.81%				
Safe	Percentage of discharges on D2RA Pathway 3	Jan-26	20.37%				
Safe	Percentage of discharges with no D2RA Pathway Allocated	Jan-26	22.22%				
Safe	RAMI (Risk adjusted mortality index) 2023	Dec-25	139.96	▲ 50.3%	93.13		
Safe	Safeguarding Adults - Lv1 training	Nov-25	92.48%	▼ -0.5%	92.98%		
Safe	Violence and Aggression (Wales)	Nov-25	93.92%	▼ -0.1%	94.01%		
Timely	Opthalmology R1 appointments attended within target date* (%)	Dec-25	82.40%	▲ 25.0%	65.93%		Outlier high
Timely	Patients starting first definitive cancer treatment* (%)	Dec-25		Not applicable to PTHB provider.			
Effective	Diabetes patients completing all eight care processes* (%)	Dec-25	49.11%	▼ -0.1%	49.18%		
Efficient	Agency spend for all staff groups as % of total pay bill	Nov-25	5.59%	▼ -11.8%	6.33%		

Patterson Lisa (23705/2025/1) 13

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.

Patterson Liz
23/03/2026 11:23:13

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
Jan-26	00:07:07	00:06:19	00:07:17	00:07:00	00:08:33	00:06:47	00:08:41	00:07:16

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
Jan-26	00:09:33	00:08:22	00:10:23	00:08:45	00:10:20	00:10:13	00:11:48	00:09:46

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.
- Powys does not achieve the median target for Purple Arrest (Cardiac or respiratory arrest), in January performance reported 8 minutes and 41 seconds even though it shows a slight improvement from December at 8 minutes 49 seconds (All Wales performance was 7 minutes 7 seconds).
- Powys median emergency response time to red reported performance in January increased to 11 minutes and 48 seconds and remains significantly higher than All Wales performance which reported 9 minutes and 33 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.

Pathfinder Data 2 3 3 2 2 6 v1 0 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 – 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	Jan-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

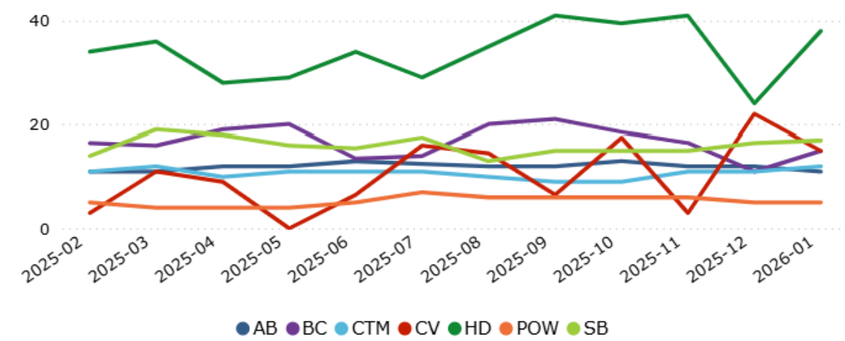
- Median Waits time reporting for emergency departments is not currently available for English providers following data limitations. Welsh provider information is sourced directly from the DHCW.
- In Wales, the aggregated median wait time for triage is 16 minutes, and the aggregated median wait time for assessment by a clinical decision maker is 55 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 December 2025 for this IQPR due to scheduling.

Actions & Mitigations

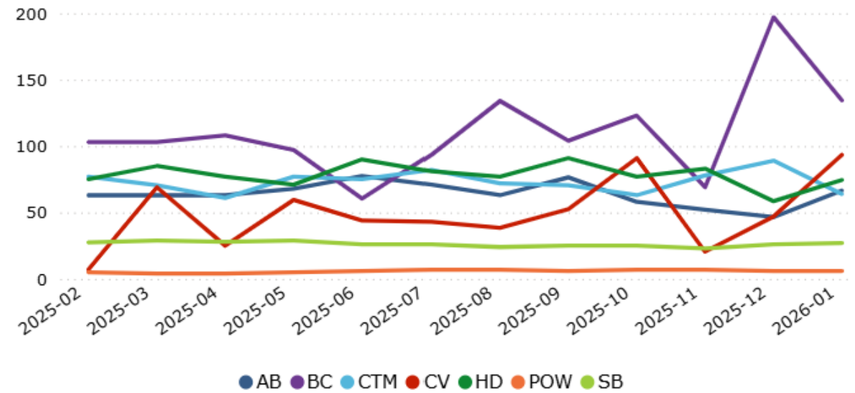
- Engagement with commissioned services via CQPRM meetings and sharing resident view findings with key services.

Patterson Liz
23/03/2026 11:23:13

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.

Dec-25 -Source Welsh Government monthly scorecard.

Emergency access provider	Median wait to triage – Powys resident - minutes	Median wait to triage – All patients attending - minutes	Median wait to senior clinical decision – Powys resident - minutes	Median wait to senior clinical decision – All patients attending - minutes
ABUHB	12	20	47	148
BCUHB	11	17	197	130
CTMUHB	11	13	89	72
C&VUHB	22	5	47	73
HDUHB	24	25	59	71
SBUHB	17	23	26	23

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

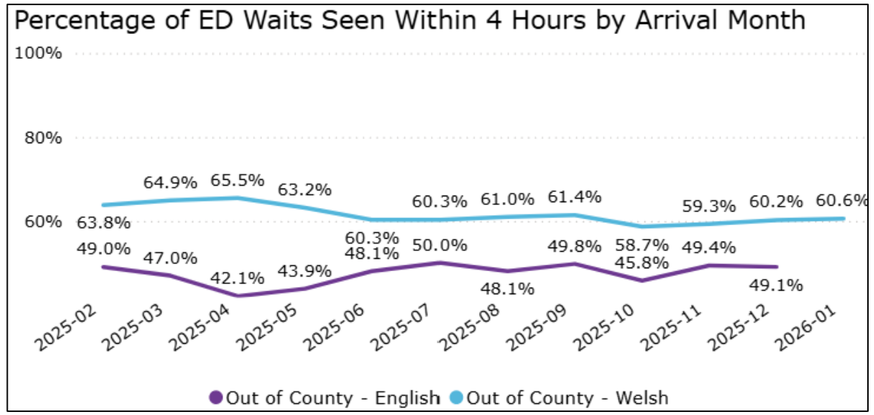
Urgent & Emergency Care - Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge

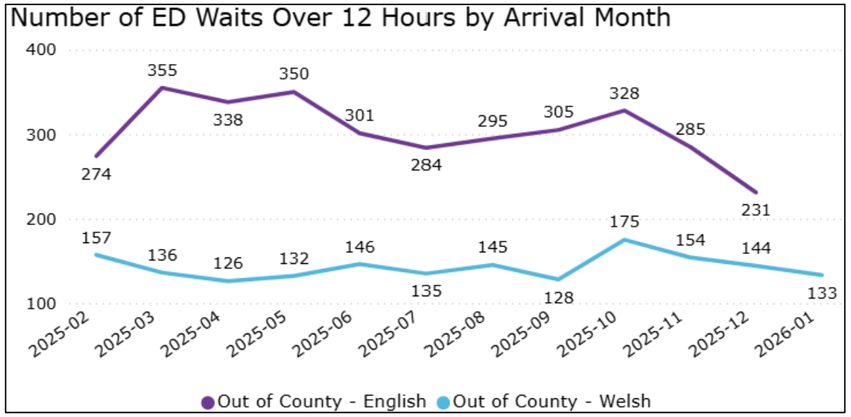
Executive lead	Executive Director of Planning, Performance and Commissioning	Lead Officer	Deputy Director of Performance and Commissioning

Latest available	Jan-26	Status of measure	Level 2a
Target	Improvement compared to the same month in the previous year, towards the national target of 95%.		
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		

Key notes

- Complete English data is delayed by up to 1 month and the latest information should be taken as provisional.





What the data tells us

Welsh Emergency Access (A&E) providers

- Powys residents have seen slightly higher compliance in January improving to 60.6% from 60.2% in December for those waiting under 4 hrs in Welsh units.
- Patients waiting over 12 hrs decreased slightly to 133 in January from 144 in December.

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. 49.1% were reported in December as waiting less than 4hrs in their units.
- In December provisional data shows 231 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.

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.

Received 03/03/2026 11:23:13

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).

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	Jan-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	2025-02	2025-03	2025-04	2025-05	2025-06	2025-07	2025-08	2025-09	2025-10	2025-11	2025-12	2026-01
Aneurin Bevan UHB												
Pathways With Treatment	15	16	9	16	14	24	14	16	16	16	18	19
Treated Within 62 Days	9	11	5	10	7	19	10	9	6	12	13	11
Breaching 62 Day Target	6	5	4	6	7	5	4	7	10	4	5	8
% Treated Within Target	60%	69%	56%	63%	50%	79%	71%	56%	38%	75%	72%	58%
Betsi Cadwaladr UHB												
Pathways With Treatment	1		3	2		3	1	4	2	1	7	6
Treated Within 62 Days			2	1		1				1	2	2
Breaching 62 Day Target	1		1	1		2	1	4	2		5	4
% Treated Within Target	0%		67%	50%		33%	0%	0%	0%	100%	29%	33%
Cardiff And Vale UHB												
Pathways With Treatment						1			1	1	2	1
Treated Within 62 Days						1			1		2	1
Breaching 62 Day Target										1		
% Treated Within Target						100%			100%	0%	100%	100%
Cwm Taf Morgannwg UHB												
Pathways With Treatment	3	5	3	2	5	7	3	8	2	6	2	4
Treated Within 62 Days	1	1			4	2	1	5	2	3	1	1
Breaching 62 Day Target	2	4	3	2	1	5	2	3		3	1	3
% Treated Within Target	33%	20%	0%	0%	80%	29%	33%	63%	100%	50%	50%	25%
Hywel Dda UHB												
Pathways With Treatment	6	6	10	9	11	10	7	6	8	14	4	7
Treated Within 62 Days	4	3	5	3	6	5	3	2	4	7	1	3
Breaching 62 Day Target	2	3	5	6	5	5	4	4	4	7	3	4
% Treated Within Target	67%	50%	50%	33%	55%	50%	43%	33%	50%	50%	25%	43%
Swansea Bay UHB												
Pathways With Treatment	5	7	7	6	5	6	2	14	6	4	6	5
Treated Within 62 Days	1	5	1	4	3	5	1	10	2	2	4	5
Breaching 62 Day Target	4	2	6	2	2	1	1	4	4	2	2	
% Treated Within Target	20%	71%	14%	67%	60%	83%	50%	71%	33%	50%	67%	100%
Pathways With Treatment	**30**	**34**	**32**	**35**	**35**	**51**	**27**	**48**	**35**	**42**	**39**	**42**
Treated Within 62 Days	**15**	**20**	**13**	**18**	**20**	**33**	**15**	**26**	**15**	**25**	**23**	**23**
Breaching 62 Day Target	**15**	**14**	**19**	**17**	**15**	**18**	**12**	**22**	**20**	**17**	**16**	**19**
% Treated Within Target	**50%**	**59%**	**41%**	**51%**	**57%**	**65%**	**56%**	**54%**	**43%**	**60%**	**59%**	**55%**

What the data tells us

- At the end of January, the provisional position reported a total of 266 pathways were closed for Powys residents across all Welsh providers including PTHB. Of these 224 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. 19 patients breached the 62 days target with the longest wait reported as 238 days in Cwm Taf Morgannwg UHB for a Lower GI pathway.
- Performance against the SCP for Powys residents in Wales has seen very little overall change with performance falling to 55% in January from 59% in December.
- The number of pathways going straight to test reports 58% in January below the 12-month average (64%).

- **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 January include Breast (7), Lower GI (4), Lung (1), Haematological (1), Upper GI (1), Urological (2), Skin exc. BCC (1) and Gynaecological (2).
- Open pathway influence remains challenging; the health board has limited actions available to it for influencing a patient's diagnostic and treatment pathway.

Actions & Mitigations

- Breaches of greater than 146 days continue to be monitored with breach reports/pathway reports provided on a quarterly basis and reviewed Q3 is underway.
- SCP performance reviewed regularly through CQPRM process and reported through PTHB Integrated Quality & Performance Report, which highlights variation across providers in NHS Wales and NHS England.
- SCP performance discussion monthly with Welsh Government and the NHS Performance and Improvement team.

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**

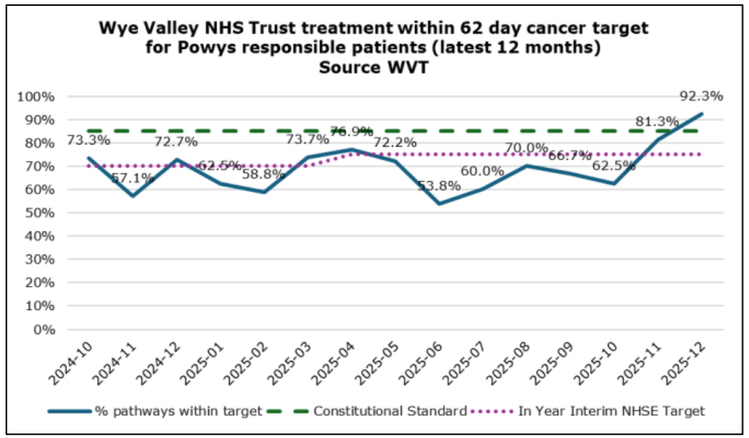
Planned Care & Cancer – Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

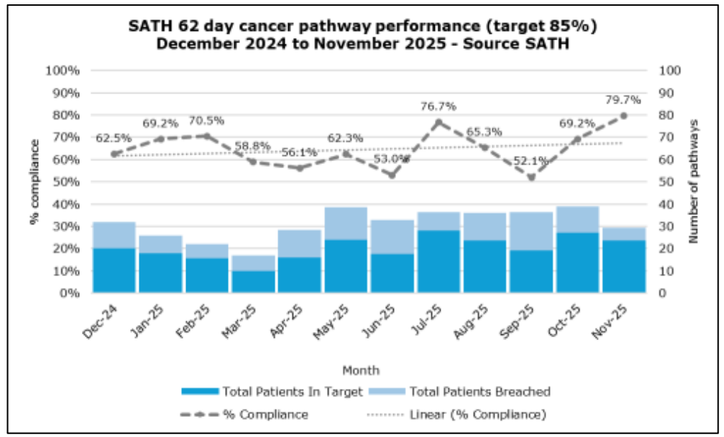
Executive lead	Executive Director of Planning, Performance and Commissioning	Lead Officer	Deputy Director of Performance and Commissioning

Latest available	Dec 25 WVT Nov-25 SATH	Status of measure	Level 2a
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	Manual Provider Feeds, and NHS England reporting 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)

Nov-25	SATH	WVT	All English Providers	Target
28-day FDS	85.7%	84.2%	76.1%	75%
31-day DTT	95.5%	90.5%	92.5%	96%
62-day USC	70.2%	82.6%	68.8%	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.

- Shrewsbury and Telford NHS Trust (SATH) reported 79.7% compliance against the 62 days urgent suspected cancer pathway in November. 3 patients were reported waiting over 104 days across varied tumour sites. Cancer performance reports and improvement trend over 12 months
- SATH overall compliance for all pathways (including non-Powys responsible) reported 85.7% against 28-day FDS, 95.5% for 31-day DTT, and 70.2% for 62-day USC (table 1).
- Wye Valley NHS Trust (WVT) performance reported in December that 92.3% of 13 Powys residents started treatment within 62 days.
- It should be noted that low numbers of Powys pathways can distort compliance.

Page 40 of 46 Liz 20/01/2026 11:23:13

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
- 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.

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	Jan-26	Status of measure	Level 3
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DCHW		

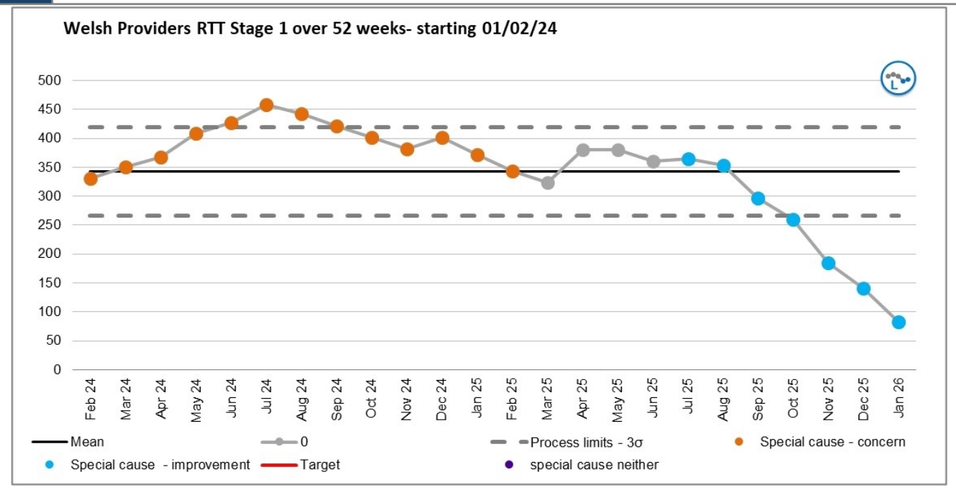
What the data tells us

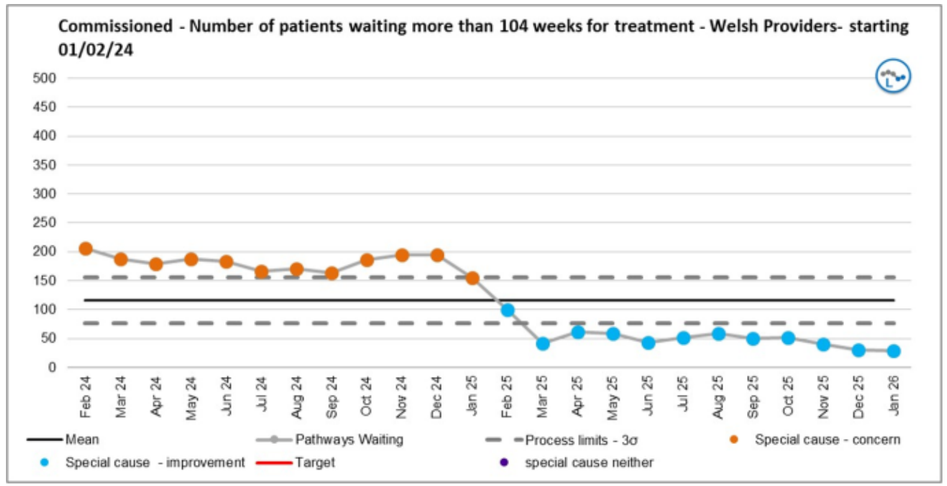
Measure 31. Number of patients waiting over 52 weeks for a stage 1 (new outpatient) appointment.

- The number of patients waiting over 52 weeks for a new outpatient appointment has reduced from 141 in December to 83 January. Swansea Bay UHB & Hywel Dda UHB are compliant with the targets and have no Powys residents waiting over 52 weeks for a new outpatient appointment. All providers show improvement for this snapshot, and the measure continues to report special cause improvement.

Measure 33. Number of patients waiting more than 104 weeks for referral to treatment

- Waits over 104 weeks for January reduced from 30 to 29 for Powys residents. BCUHB has 13 patients waiting over 104 weeks, ABUHB has 8, Cardiff & Vale reports 5, HDUHB has 1 and CTMUHB has 2 pathways breaching the 104 targets. SB have maintained no patients waiting over 104 weeks.





	Jan-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	67.6%	557		302		8		2479	35	
Betsi Cadwaladr University Local Health Board	58.1%	198		108		13		652	20	
Cardiff & Vale University Health Board	59.6%	104		72		5		371	17	
Cwm Taf Morgannwg University Health Board	59.4%	231		95		2		801	11	
Hywel Dda University Health Board	60.7%	427		247		1		1424	0	
Swansea Bay University Health Board	64.7%	474		249		0		1859	0	
Total	63.5%	**1991**		**1073**		**29**		**7586**	**83**	

Challenges and actions narrative link (slide 48)

Pattern Viz 23/01/2026 14:08:13

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	Dec-25	Status of measure	Level 3
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DCHW		

Challenges and actions narrative link (slide 46)

What the data tells us

- Powys residents accessing services in England have consistently waited less time compared to Wales for treatment with the exception of Robert Jones & Agnes Orthopaedic Hospital NHS Foundation Trust (RJAH) as explained below.
- Pathways waiting over 52 weeks has increased from 1451 in November to 1483 in December (reporting a special cause concern).
- Pathways over 104 weeks have decreased from 132 in November to 126 in December, only RJAH have pathways over this target.
- The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) remains the most challenged English provider for long waits with a growing trend of over 104-week waiters and with all key wait bands reporting special cause concern. RJAH continue to face challenges with regards to their capacity and ability to see all PTHB patients within the Welsh Government targets with a growing trend in the number of stage 1 patients waiting over 52 weeks (spinal). 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 is starting to see waiting times increase against the 104-week treatment target. 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 to 173 (211 Sep-25, 194 in Oct-25, 178 in Nov-25).

	Dec-25	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	74.6%	30		3		0		244
The Robert Jones and Agnes Hunt Orthopaedic Hospital	45.9%	1681	H	1068	H	126	H	4112
The Shrewsbury and Telford Hospital NHS Trust	70.9%	632	L	173	L	0		3980
Wye Valley NHS Trust	65.2%	751	H	239	H	0		3596
Total	60.6%	**3094**		**1483**	H	**126**	H	**11932**

Powered by Perform 11.5.13

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 – 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.

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.

23/09/2025 11:23:13

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) – recent vacancy for Foot and Ankle consultant impacting on this sub-specialty
- The Health Board remains in discussions with all NHSE commissioned service providers with commissioning intentions for 2025/26 for all routine patient pathways for Powys responsible adults to be booked to NHS Wales waiting times targets.
- NHS England 2025/26 priorities remain as:
  - 65% of patients to wait 18 weeks or less from referral to treatment by March 2026 (with each trust required to improve by at least 5%).
  - Every trust must also ensure 72% of patients wait ≤18 weeks for their first appointment.
  - Reduce the share of patients waiting over 52 weeks to under 1% of the entire waiting list by March 2026.
  - These are interim milestones toward the constitutional standard of 92% for 18-week waits, now expected by March 2029.
- Increase in NHSE tariffs (A&E, Maternity, Non-Elective) of up to 17% in some instances plus 2.85% uplift.
- Patients have reported to PTHB concerns on the impact for their pathways as a result of PTHB Commissioning Intentions for 25/26.

Actions and Mitigations

- English providers have mobilised additional capacity including insourcing, outsourcing, increase usage of additional payments for clinical activity.
- Use of Community Cardiology service in the North of Powys to reduce the flow and manage locally Powys patients driving improved outcomes and reduced travel times. Work on-going to roll out to Mid Powys.
- Continued to engage on a regular basis with all commissioned providers via contracting, quality and performance meetings.
- RJAH undergoing GIRFT programme with support from NHSE/GIRFT Team – key focus on Welsh Stage 1 waiting times with most spinal waits now with dates, review of O/P productivity, best practice changes to follow up criteria to be implemented. Recruitment underway for foot and ankle consultant. Outsourcing still in place for neurophysiology. Theatre efficiency review underway.
- RJAH: Funding allocated by Welsh Government to support 2x mega clinics for 40x stage 1 longest waiters on RJAH spinal pathway to clinically review the patients face to face by Consultant/Advanced Practitioner to assess suitability for alternate pathway – dates being discussed for March 2026
- 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%
- SATH data system challenges – still present, options being considered regarding future block arrangements.
- 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.
- Longer Term Actions: Better Together programme includes appraisal/review of opportunities for repatriation to have treatment/care within PTHB or alternative provider.

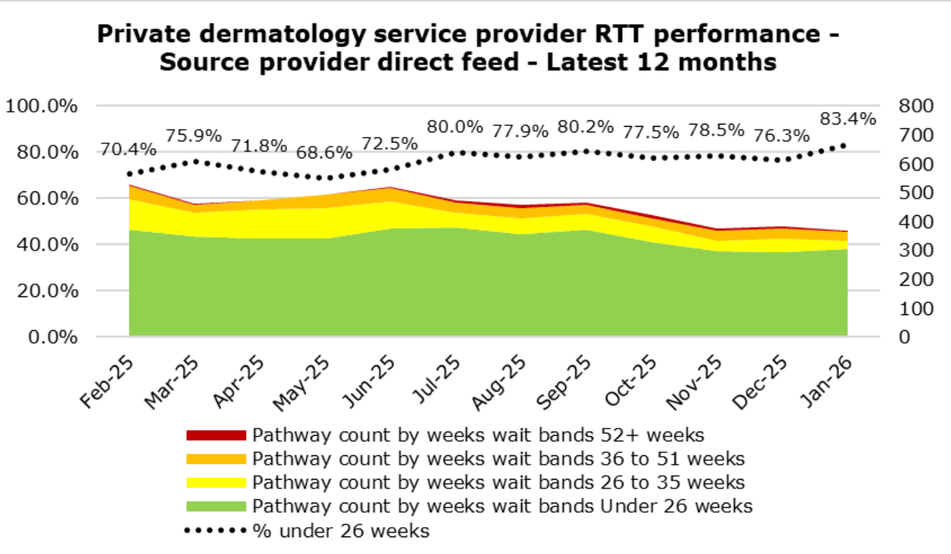
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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	Jan-25	Status of measure	Level 2a
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		



Snapshot month	% under 26 weeks	Pathway count by weeks wait bands				Total Waiting
		Under 26 weeks	26 to 35 weeks	36 to 51 weeks	52+ weeks	
Feb-25	70.4%	371	105	50	1	527
Mar-25	75.9%	349	80	30	1	460
Apr-25	71.8%	339	104	29	0	472
May-25	68.6%	339	109	44	2	494
Jun-25	72.5%	377	94	44	5	520
Jul-25	80.0%	380	51	34	10	475
Aug-25	77.9%	356	55	36	10	457
Sep-25	80.2%	373	55	29	8	465
Oct-25	77.5%	328	55	29	11	423
Nov-25	78.5%	296	35	37	9	377
Dec-25	76.3%	293	46	37	8	384
Jan-26	83.4%	307	26	31	4	368

What the data tells us

- Under 26-week performance is 83.4% in January 2026, this is an improvement on December 2025 position (76.3%). Patients waiting over 36 weeks has decreased to 35 in January 2026 from 45 in December 2025, over 52 week waits also decreased to 4 in January.

Patterson Liz
23/03/2026 11:23:13

Challenges

- Limited number of patients continue to wait over 52 weeks.

Actions & Mitigations

- Improvements to data flow with the provider has resulted in waiting list data which is reportable via PTHB Cloud Service.

PTHB Integrated Quality & Performance Framework Escalation Framework 2024/25

Please note that this framework replaces the 23/24 business reporting rules as used within the Integrated Performance Framework and report.

Escalation level	Trigger	Action expected	Monitoring and support
Level 1 (No concerns)	• 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.

Patterson,Liz
23/03/2026 11:23:19

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.

Papercopy dd 23/03/2026 11:37:12

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.8

BOARD	**25 MARCH 2026**
Subject:	**STRATEGIC RISK REGISTER and BOARD ASSURANCE FRAMEWORK (BAF) DASHBOARD**
Approved and presented by:	Helen Bushell, Director of Corporate Governance / Board Secretary
Prepared by:	Deputy Board Secretary
Other Committees and meetings considered at:	N/A

PURPOSE:

Provide the Board with the **March 2026** version of the Strategic Risk Register and BAF Dashboard for review, assurance and approval. The organisational risk register summary is also provided for Board awareness.

All of the above components form key parts of the Risk and Board Assurance Frameworks.

RECOMMENDATION:

The Board is asked to:

- **REVIEW** 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
- **REVIEW** 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
- Take **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**
- **TAKE ASSURANCE** on the controls and assurances to manage strategic risks and there are actions to address any identified gaps

Approve/Take Assurance	Discuss	Note
Y	Y	N

Patterson,Liz
23/03/2026 11:23:38

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The Corporate Risk Register covers all of the strategic objectives and risks could impact on more than one objective.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

The Strategic Risk Register (SRR) is a cornerstone of the Board Assurance Framework (BAF) and is the central repository for risks to the delivery of PTHB's strategic priorities. The SRR was created following the approval of a revised Risk Management Framework in March 2025 and was developed in alignment to the Health Board's Strategic Priorities and was first report to the Board in November 2025.

There are 12 risks on the register. Following review and consideration by Executive Leads, there have been no changes suggested to risk descriptions or scores to those risks reported in the Strategic Risk Register on the 26 November 2025 to the Board.

Appendix A includes a summary of the risks, the heatmap of risk ratings and the detail for each strategic risk.

The Board Assurance Framework (BAF) Dashboard was newly developed and first reported to the Board on 26 November 2025. This dashboard supports the Strategic Risk Register by seeking/providing assurance that the actions deployed by the Board to manage/mitigate its key risks are adequate and effective, and presenting an opportunity to undertake further scrutiny and identify actions where gaps or weaknesses are identified. The BAF Dashboard is attached to this paper as **Appendix B**.

As part of the revised Risk Management Framework (RMF) the Board supported the development of an Organisational Risk Register (ORR) owned by the Executive Committee and consisting of the most significant operational risks to the organisation. The first iteration of the ORR was received by the Board in November 2025 and work continues to mature the register. A high level summary of the current ORR as reviewed by the Executive Committee on 18 March 2025 is included as **Appendix C** for Board sightedness. As part of this review, the Executive Committee agreed to de-escalate ORR 005 - National campaigns are underway to review band 2 health care support worker roles due to a reduction in risk score from (L4 x I4) 16 to (L2 x I2) 4.

Patterson,Liz
23/03/2026 11:23:38

The Executive Committee agreed that a number of additional risks would be added to the ORR including:

1. General Dental Services (GDS)
2. Go Live of Direct Payments.

The Executive Committee will continue to develop and mature the ORR over the coming months and will continue to report a summary to the Board for sightedness as part of each Strategic Risk Report.

NEXT STEPS:

Executive Committee will continue to seek assurance on the ongoing development and management of all organisational and strategic risks. Responsibility is allocated, as per Committee terms of reference against the current strategic risk register as follows:

Committee	Risk Number and Summary
Audit, Risk and Assurance	• SRR 011 (Digital and Electrical Infrastructure)
Finance and Performance	• SRR 001 (Financial sustainability) • SRR 007 (Estate) • SRR 009 (Continuing Health Care) • SRR 012 (Public Confidence)
Patient Experience, Quality and Safety	• CRR003 (Commissioning) • CRR004 (Provided Services)
People and Culture	• SRR 006 (Workforce)
Planning, Partnerships and Population Health	• SRR 002 (Transformation) • SRR 005 (Primary Care) • SRR 008 (Prevention) • SRR 010 (Major/Critical Incident)

A detailed Annual Review of Strategic Risk Assurance in support of each strategic risk has been developed and was reported to the Audit, Risk and Assurance Committee in March 2026, with further discussion due to be held in May 2026.

Patterson,Liz
23/03/2026 11:23:38

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Strategic Risk Register

March 2026

Patterson,Liz
23/03/2026 11:23:13

STRATEGIC RISK DASHBOARD

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

Patterson,Liz
23/03/2026 11:23:13

Risk Lead	Risk ID	Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Trend	Board Risk Appetite	At Target ✓/×	Lead Board Committee	Link to Strategic Priorities:
EDP&C	SRR 006	**Workforce**	The Health Board is unable to recruit and retain an appropriate workforce.	**4 x 4 = 16**	➔	Cautious	×	People and Culture	Cross-cutting (All SPs and WBOs)
EDoFC &E	SRR 007	**Quality**	The care provided in some areas is compromised due to the health board's estate being not fit for purpose.	**4 x 4 = 16**	➔	Minimal	×	Finance and Performance	SP 09 and WBOs 1 and 4
EDPH	SRR 008	**Innovation and Strategic Change**	The Health Board is unable to shift to a primary prevention focused health care system	**4 x 4 = 16**	➔	Eager	×	Planning, Partnerships and Population Health	SP 1 and WBO 1
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)

Patterson,Liz
23/03/2026 11:23:13

Risk Lead	Risk ID	Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Trend	Board Risk Appetite	At Target ✓/×	Lead Board Committee	Link to Strategic Priorities:
DCG	SRR 012	**Reputation and Public Confidence**	The Health Board is unable to maintain and build public confidence in regard to service delivery and transformation in staff, patients, stakeholders and community.	**3 x 5 = 15**	➔	Open	×	Finance and Performance	Cross-cutting (All SPs and WBOs)

KEY:

Executive Lead	
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

Patterson,Liz
23/03/2026 11:23:13

Trend	
*	**New risk**
➔	**Risk score unchanged since last report**
↓	**Risk score decreased since last report**
↑	**Risk score increased since last report**

Patterson,Liz
23/03/2026 11:23:13

RISK HEAT MAP

Almost certain 5				**SRR 003 – Commissioning**	
Likely 4				**SRR 002 – Transformation** **SRR 004 – Provider** **SRR 005 – Primary Care** **SRR 006 – Workforce** **SRR 007 – Estate** **SRR 009 – CHC**	**SRR 001 – Financial Balance**
Possible 3				**SRR 010 – Emergency Response**	**SRR 011 – Digital** **SRR 012 – Public Confidence**
Unlikely 2					
Rare 1					

Patterson,Liz
23/03/2026 11:23:13

LIKELIHOOD X IMPACT	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5

SRR 001	**There is a risk that:** The Health Board is unable to achieve its duty to achieve financial breakeven (and therefore sustainability).	
Current Risk Score: **20**	**Risk rating detail:** (likelihood x impact) Current: L4 x I5 = 20 Inherent: L4 x I5 = 20 Target: L2 x I4 = 8	**Risk Category:** Financial Sustainability **Boards Risk Appetite:** **Cautious**
Executive Lead: Executive Director of Finance, Capital and Support Services		**Assuring Committee:** Finance and Performance Committee
Latest review date: February 2026 **Added to register:** June 2024 **Link to Strategic Priorities and Wellbeing Objectives:**		**Cause/source of risk:** The Health Board reported a £15.8m deficit in 2024/25 It has a Plan for a £28.3m deficit in 2025/26, but due to unforeseen cost pressures, it ~~It~~ is forecasting a £28.3m deficit in 2025/26. Savings programme of £23.1m Planned underlying deficit of £42.1m has been revised to £44.7m due to the impact of the unforeseen cost pressures, off-set by some recurrent mitigating actions

Paterson,Liz
19/03/2026 11:23:13

Cross-cutting risk relevant to all SPs and WBOs		**Risk materialising would result in:** Failure to achieve the statutory duty to breakeven		
Controls (What has been implemented to manage the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
1.1	Financial Plan approved by Board. Subsequent AO letters set out savings target of £23.1m.	Plan approved by Board	Reasonable	Board
1.2	Additional control - Introduced joint CEO and ED Finance only focussed meetings with each Exec Director individually.	Regular meetings and agreed action monitoring	Reasonable	Board
1.3	Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks.	Plan Management	Reasonable	Board
1.4	Group established for Variable Pay, identified leads and clear expectation re delivery, these groups will have a short and longer-term focus for delivery. Variable Pay, CHC and Commissioning regular deep dive areas of focus at F&P Committee to track actions to improve.	Reports to F&P Committee	Reasonable	Board
1.5	Investment Benefits Group - focus on benefits realisation of previous investments, including consideration of dis-investment.	Delivering VFM, improving efficiency and sustainability, report to Executive Committee	Reasonable	Board

Patterson,Liz
23/03/2026 11:23:13

1.6	Regular communication and reporting to Welsh Government and NHS Wales Performance and Improvement (Financial Planning and Delivery Directorate) regarding the impact of pressures on Financial Plan and underlying position.	Monthly Meetings and reporting in line with Escalation plan.	Reasonable	Board

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
Executive Directors are focussed on delivery of £23.1m savings targeted for 2025/26.	DFC&SS	Reported regularly to Board and F&P and to Exec Committee. Month 10~~6~~ ~~£17.7m~~ £20m savings forecast.	Ongoing	Ongoing
Executive Team workshops focussed on actions to reduce expenditure in 2025/26.	DFC&SS	Workshops held w/c 7 July. Outcome ~~to be~~ reported to Board in July. Has led to greater value of recurrent savings than initially planned.	Ongoing	Ongoing
An external review has been commissioned, which is focusing on the financial position of the Health Board and its arrangements for commissioning secondary healthcare services and CHC.	DFC&SS	Grant Thornton has been appointed. Interim findings ~~are due to be~~ reported at the end of October and draft ~~Final~~ report at the end of November. Final report February with GT led Board Development	End of November Submit Plan end of March	Met Ongoing

Patterson,Liz
23/03/2026 11:23:13

		session. Findings to inform 2026/27 Annual Plan.		

Additional information:

Rationale for current score:

- The Plan includes a £23.1m savings target. This is not currently being achieved.
- The Health Board is experiencing greater cost pressures than its recurrent mitigating actions and additional funding can contain. This is leading to an increase in its underlying deficit. Assessed as ~~£42.1m~~ £44.7m.
- The scale of this deficit against annual expenditure of circa £500m ~~£480m~~ makes it probable that the organisation will not be able to comply with its statutory duty to breakeven for some time.

Patterson,Liz
23/03/2026 11:23:13

SRR 002	**There is a risk that:** The Health Board is unable to successfully deliver and realise the benefits of transformation	
Current Risk Score: **16**	**Risk rating detail:** (likelihood x impact) Current: 4 x 4 = 16 Inherent: 4 x 4 = 16 Target: 2 x 4 = 8	**Risk Category:** Innovation and Strategic Change **Boards Risk Appetite:** Eager
Executive Lead: Exec		**Assuring Committee:** Planning, Partnerships and Population Health
Latest review date: February 2026 **Added to register:** July 2025 **Link to Strategic Priorities and**		**Risk cause/source:** • Insufficient capacity to deliver across the Better Together Portfolio • Insufficient cognition and capability to deliver the level of transformational change across the Better Together Portfolio • Lack of organisational and public readiness for change • Timescales are too challenging to deliver • Inability to invest in estate and infrastructure required to deliver level of transformational change across the Portfolio

Peterson,Liz
23/03/2026 11:23:13

Wellbeing Objectives: Cross-cutting risk relevant to all SPs and WBOs		• Financial recovery plan FY25/26 and FY26/27 impacts on ability to deliver the Better Together portfolio • Unable to access reliable data and/ or deliver digital transformation and infrastructure to support change • Misalignment with key dependencies both external and internal to the portfolio **Risk materialising would result in:** Will not deliver improved quality and sustainability of services or make better use of resource. Health Board will remain in escalated measures. Services remain fragile with significant variation / inconsistency in service provision creating inequity and gaps Unable to develop clinical services plan required as part of Level 4 de-escalation criteria. Commissioning spend continues to escalate. Unable to realise wider benefits of transformation in a timely manner Reputational damage		
Controls (What has been implemented to manage the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**

Patterson,Liz
23/03/2026 11:23:13

2.1	Transformation programmes in place under the Better Together Portfolio, in line with PTHB Strategic Priorities, to provide the capacity to deliver the transformational deliverables required to support delivery of a balanced financial plan within 3-5 years.	• Transformation updates provided to Executive Committee • Portfolio Highlight report, Portfolio and Programme workbooks, minutes and assurance reports from the Better Together Portfolio including North Powys Wellbeing Programme, Frailty & Community Model incorporating the Six Goals for Urgent & Emergency Care Programme, Planned Care & Diagnostics Programme, Mental Health Transformation Programme, Business Efficiencies Programme and Temporary Service Change Programme	Reasonable	Executive Committee
2.2	Better Together Portfolio Board established as a Sub—Group of the Executive Committee	• Regular reporting to the Executive Committee	Substantial	Executive Committee
2.3	Oversight of Better Together and Transformation integrated into Terms of Reference of F&P, P&C and PPPH Committees	• Regular reporting to Board Committees and onwards assurance provided to Board	Substantial	Multiple Board Committees

Patterson,Liz
23/03/2026 11:23:13

2.4	Better Together Stage 2 engagement programme has been ~~developed and commenced~~ concluded including staff roadshows and workshops as well as several public events across Powys. The Stage 2 engagement report has been published with Board papers. Continuous engagement activity is underway.	• Review and report on outcomes arising from engagement	Reasonable	Better Together Portfolio Board
2.5	Monthly informal Planning update meetings with WG including Better Together update	• Regular informal discussion with WG leads	Substantial	N/A
2.6	Wider stakeholder engagement plan in place with regular Primary Care, PCC, PAVO and Llais interface.	• Inputs and reporting from primary care workshops and meetings. • Inputs and outputs from wider stakeholder engagement meetings.	Reasonable	Better Together Portfolio Board
2.7	Ongoing assessment of delivery capacity as portfolio plan develops. Monitored through Portfolio Board and reported to Executive Committee	• Portfolio Board reporting to Executive Committee	Reasonable	Better Together Portfolio Board

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
Revised timeline in development, including consideration of alignment for future phases and resourcing plan to strengthen delivery confidence	DI&T	NEW	Complete ~~End Nov 2025~~	Complete ~~On track~~
Continued implementation of transformational programmes aligned to	DI&T	This continues	Ongoing	On track

Patterson,Liz
23/03/2026 11:23:13

the PTHB Strategic Priorities to deliver agreed benefits and deliverables				
Implementation of Strategic Change deliverables to support achieving financial sustainability	DI&T; Executive Director Programme Leads; Programme SROs	Approved Temporary Changes implemented for 6 month period and further decision making aligned with Better Together.	Ongoing	Aligned to extension of Better Together timeline
Ongoing public, staff and stakeholder communication & engagement	DI&T; Director of Corporate Governance	ODEC workstream established to oversee delivery of Comms & Engagement activity to support portfolio delivery Resource plan supported and in implementation.	Ongoing	On track
Map dependencies within portfolio and external to portfolio including strategic change being enacted on PTHB borders and assess impact and areas for close monitoring	DSI&T; Director of Planning, Performance & Commissioning	This continues	Ongoing	On track
Development of Estates Strategy	Associate Director of Capital, Estates & Property	Close working with Better Together programme to support strategy development	Ongoing	On track
Assess dependencies with digital work plan	DSI&T; Director of AHPs, Health Science and Digital	Dependencies and interdependencies under ongoing assessment	Ongoing	On track
Additional information:				

Patterson,Liz
23/03/2026 11:23:13

N/A

SRR 003	**There is a risk that the Health Board is unable to respond to the demand for commissioned services**	
Current Risk Score: **20**	**Risk rating detail:** (likelihood x impact) Current: L5 x I4 = 20 Inherent: L5 x I4 = 20 Target: L3 x I4 = 12	**Risk Category:** Performance and Service Sustainability
		Boards Risk Appetite: **Open**
Executive Lead: Executive Director of Planning, Performance & Commissioning		**Assuring Committee:** Patient Experience, Quality & Safety Committee

Patterson,Liz
23/03/2026 11:23:13

Latest review date: February 2026

Added to register:

July 2024

Link to Strategic Priorities and Wellbeing Objectives:

SP 11 and WBO 8

Cause of risk and rationale for current score:

- Increase in demand, inequality of access, complexity of patient needs, or failure to respond to demand pressures
- December 2025 position (NHSW) November 2025 (NHSE):
- Planned Care NHS Wales – number of patients waiting > 52 weeks improved however only HDUHB and SBUHB compliant for Powys residents. Very long waits (>104 weeks) ~~continue to increase~~ reduced. HDUHB and SBUHB ~~has~~ reported ~~ed~~ no Powys resident pathways > 104 weeks. Challenges remain with in-reach provision due to capacity fragility and complex diagnostic delays.
- Planned Care NHS England: PTHB requested NHSE providers to deliver to NHSW waiting times targets. WVT reporting 66.7% ~~9.4~~% of pathways waiting <26 weeks for treatment, no patients waiting >104 weeks. SATH reporting more challenged position. No patients >104 weeks but continuing to report patients >52 weeks (178). RJAH remains most challenged provider for long waiters. ~~78~~131 > 104 weeks reported in ~~July~~ November. Very long waits exceed 200 weeks, especially for complex spinal.
- The risk relates to the Timely, Equitable, Effective and Patient Experience elements of the Duty of Quality.

Risk materialising could result in:

- Poorer outcomes and experience for the citizens of Powys
- Difficulty in balancing performance and financial plan

Controls (What has been implemented to manage the risk?)	Sources of Assurance	Level of Assurance	Highest Assurance provided to:

Patterson,Liz
23/03/2026 11:23:13

3.1	For Planned Care Services - Regular review of demand pressures by looking at referral levels into services	Referral data into services from commissioning data sets and supplementary reports received from commissioned providers. Low assurance currently due to robustness of referral data. Exploring alternative data sources (e.g. activity) whilst working through improved data set for GP referrals. Intention to review further in context of Commissioning Intentions for 2026/27; and SCF implementation plan.	Limited	Executive Director
3.2	For Urgent & Emergency Services – Regular review of demand pressure by reviewing attendance rates and emergency inpatient volumes	Attendance data into services from commissioning data sets and supplementary reports received from commissioned providers Intention to review further in context of Commissioning Intentions for 2026/27 and SCF implementation plan.	Reasonable	Executive Director
3.3	Using demand data to plan to commission sufficient service provision for all services provided out of county,	Demand, activity and financial information from	Reasonable	Executive Director

Patterson,Liz
23/03/2026 11:23:13

	noting the need to agree a balanced finance and performance position as part of the IMTP process	commissioning datasets used to inform contract plans Intention to review further in context of Commissioning Intentions for 2026/27 and SCF implementation plan.		
3.4	Reviewing where services do not meet clinical and operational standards	Various data sources including operational & performance data. Intention to review further in context of Commissioning Intentions for 2026/27 and SCF implementation plan.	Limited	Executive Director
3.5	Improving the outcomes and experience data capture to inform future reporting on commissioned services to the Finance and Performance Committee and Board as well as future planning	Various data sources including operational & performance data. Qualitative information from QMS, PROMS & PREMS reporting, concerns, NRIs, clinical audit, regulatory inspections Intention to review further in context of Commissioning Intentions for 2026/27 and SCF implementation plan.	Limited	Executive Director
Mitigating Actions (What more will we do?)				

Patterson,Liz
23/03/2026 11:23:13

Action	Lead	Action update	Deadline	Action on Target
Planned Care ▪ Continue regular meetings with commissioned service providers. ▪ Secure performance improvement trajectories from providers. ▪ Insourcing contract extended to offer Powys residents experiencing long waits in commissioned service providers in NHS Wales to be treated in Powys. ▪ Ongoing scrutiny and oversight through CQPR meetings with escalation through Integrated Quality and Performance Report. ▪ Continuing to work to obtain robust data for referrals from NHSW and NHSE GPs for Powys residents. ▪ GIRFT strategic assessment of planned care. ▪ Commissioning Intentions 2026/27 for NHSW and NHSE providers. ▪ Recommendations from GT review – to be included in SCF implementation plan.	Executive Director of Planning, Performance and Commissioning (supported by DPCCMH)	Performance Trajectories and details on harm reviews for Powys residents requested from commissioned service providers in NHS England and NHS Wales to understand expected performance 2025/26 and to be reviewed and discussed through CQPRMs. Planned Care Insourced provision tender exercise ~~delayed~~ cancelled pending outcome of GIRFT assessment of planned care. Temporary extension of medinet to end of March 2026. ~~Mitigating actions put in place to ensure continuity of service provision whilst tender exercise undertaken. Paper presented to Executive Committee for decision.~~ Established Commissioning Oversight and Assurance	April 2025 and ongoing	~~Delayed (Procurement)~~

Patterson,Liz
23/03/2026 11:23:13

		Group (COAG), chaired by Exec DPPC, to provide a forum for internal oversight and escalation of performance monitoring of commissioned non-specialist services. Additional actions to be taken: ▪ Strategic Commissioning Framework implementation plan for 2026/27 (to reflect outcomes of GIRFT assessment of planned care and GT recommendations). ▪ Refresh of IQPR to include additional detail particularly on quality metrics. ▪ Increased scrutiny on performance through Commissioning Oversight and Assurance Group and planned Commissioned Services Performance Report.		
▪ Cancer	MD (supported by DPPC)	Added to this version of the risk register. Actions to be agreed.	TBA	TBC

Commented [NJ1]: Can we put anything in about revived cancer Working Group?

Commented [NJ2R1]: Also COAG will cover all specialities

Patterson,Liz
23/03/2026 11:23:13

		Cancer Working Group chaired by Medical Director. CQPRMs and COAG cover all specialties with commissioned providers. Cancer Deep Dive ~~to be~~ presented to F&P Committee October 2025.		
<u>Urgent and Emergency Care</u> ▪ CQPRMS cover all specialties with commissioned providers including UEC. ▪ Continued work on 6 Goals plan to reduce admissions and secure timely discharge. ▪ Strengthening arrangements for admissions to community beds in NHSE. ▪ Continue series of regular meetings with WAST and commissioned service providers. ▪ Continue commissioning of ambulance services in partnership through the Joint Commissiong Committee	DPPC (supported by DPCCMH)	CQPRMS and COAG cover all specialties including urgent and emergency care. Historically had regular meetings (ICAP and Q&S) with Health Boards and WAST to cover performance, patient experience, incidents and resultant investigations, clinical indicators~~. Several recent ICAP meetings have been cancelled.~~ Regular attendance at CCLG and sub- committee structure including Ambulance and 111 Commissioning Group, NEPTS	April 2025 and ongoing	On track

Patterson,Liz
23/03/2026 11:23:13

▪ Secure performance improvement trajectories and improvement plans from providers. ▪ NHSW and NHSE commissioning intentions 2026/27.		Commissioning Assurance Group. ~~New governance structure developed by the JCC with establishment of Ambulance Services and 111 Collaborative Commissioning Integration Group.~~ Standing agenda item in CQPRMs to review improvement plans, patient experience, and patient harm.		
<u>All indicators</u> There are some performance indicators that continue to fail the operational standard e.g. Single Cancer Pathway, 4 Hour ED waits. The Health Board will develop a suite of indicator sub-sets to determine if any improvement is being made towards achievement of the overall target.	DPPC	Integrated Quality and Performance Framework (IQPF) has been reviewed and refreshed for 2025/26. As part of the IQPF, the Integrated Quality and Performance Report will continue to provide information across the NHS Wales Performance Framework measures including Cancer and 4 hour ED waits. IPQF annual review planned for March 2026 to inform IQPF refresh for 2026/27.	April 2025 and ongoing	On track

Patterson,Liz
23/03/2026 11:23:13

Additional information:

Rationale for current score:
Planned Care
NHS Wales

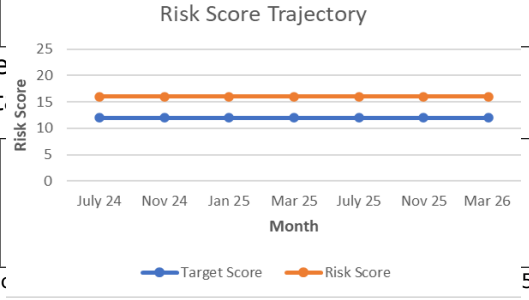
- Latest validated position to month 8 ~~5~~ as per IQPR month ~~5~~ 8 report presented to Executive Committee. ~~15th October 2025. (April 2025):~~

Update including impact of actions to date on current risk score:
~~Improved~~ Performance being maintained across NHSW and NHSE providers, still challenges in compliance with patients waiting >52 and 104 weeks. ~~performance experienced within NHS England commissioned service providers; expected improvement in NHS Wales expected following issue of additional planned care monies in 2025/26, and national procurement process for outpatients and treatments.~~

Continued inequity of access for PTHB residents accessing NHSW services in comparison with NHSE.

Patterson,Liz
23/03/2026 11:23:13

SRR 004	There is a risk that the Health Board is unable to respond to the demand for provided services	
Current Risk Score: **16**	**Risk rating detail:** (likelihood x impact) Current: L4 x I4 = 16 Inherent: L4 x I4 = 16	**Risk Category:** Performance and Service Sustainability
	Risk Score Trajectory	**Boards Risk Appetite: Open**
Executive Lead: Exe Community and Ment		**Assuring Committee:** Patient Experience, Quality & Safety Committee
Latest review date: February 2026		**Cause of risk:** • Increase in demand, inequality of access, complexity of patient needs, or failure to respond to demand pressures.



Patterson,Liz
23/03/2026 11:23:13

Added to register: July 2024 **Link to Strategic Priorities and Wellbeing Objectives:** Several SPs and WBO 4 and 8		**Risk materialising would result in:** • Poorer outcomes and experience for the citizens of Powys • Increased system pressure across urgent and emergency care pathways. • Reduced efficiency in patient flow and bed utilisation • Inability to meet national performance targets and ministerial priorities.		
Controls (What has been implemented to manage the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
4.1	For Planned Care Services - Regular review of demand pressures by looking at referral levels into services. Reviewing all in-reach SLA with partner organisations to achieve a more sustainable offer. Maximising insourcing offer to ensure optimal performance standards are achieved. Implement as many Optimisation frameworks and 5 Goals for Planned Care as appropriate for a community-based provider	• Referral data into services from commissioning data sets and supplementary reports received from commissioned providers Best practice guidance from GIRFT and Welsh Government / NHS Exec	Reasonable	Finance & Performance
4.2	For Urgent & Emergency Services – Regular review of demand pressure by reviewing attendance rates and emergency inpatient volumes	Attendance data into services from commissioning data sets and	Reasonable	Finance & Performance

Patterson,Liz
23/03/2026 11:23:13

		supplementary reports received from commissioned providers		
4.3	All services - using demand data to plan to provide the correct level of services provision for all services provided in county	Demand, activity and financial information from commissioning datasets used to inform contract plans	Reasonable	Finance & Performance
4.4	Reviewing where services do not meet clinical and operational standards	Various data sources including operational & performance data.	Reasonable	Finance & Performance
4.5	Constantly reviewing staffing level and the amount of agency staff being used. Additional control procedures in place to the reliance on agency staff (particularly higher cost agency providers) and deliver expected cessation.	Various workforce and financial reports recording agency usage at ward and service level	Reasonable	Finance & Performance
4.6	Improving the outcomes and experience data capture to inform future planning	Various data sources including operational & performance data. Qualitative information from PROMS & PREMS reporting, clinical audit, regulatory inspections	Reasonable	Finance & Performance
4.7	Development and implementation of integrated system coordination mechanisms—including the Integrated Flow Hub, daily discharge huddles, Trusted Assessment processes, and the expansion of Powys DigiFLO—to enhance system resilience and operational efficiency. This control supports delivery of the PTHB Six Goals for Urgent and Emergency Care, contributes to the NHS Wales People's Experience Framework, and enables a shift toward a prevention-based, value-driven model of care.	Task & Finish Group reports, baseline assessment against National SPoA Framework, operational data (Package of Care Delays, PoCD), pilot evaluations and implementation monitoring reports	Reasonable	Finance & Performance
Mitigating Actions (What more will we do?)				

Peterson.Liz
09/03/2026 11:23:13

Action	Lead	Action update	Deadline	Action on Target
Planned Care ▪ Continue series of regular meetings with service providers ▪ Monitor and manage delivery against performance improvement trajectories for our own services. ▪ On track for delivery of national OPD recovery plan and secondary validation of RTT position. ▪ Medinet contract extended to offer Powys residents experiencing long waits in commissioned service providers in NHS Wales to be treated in Powys. Work being progressed to issue a tender for insourced provision in 2025/26. Ongoing scrutiny and oversight through CQPR meetings with escalation through Integrated Performance Report. External review of elective care commissioned from GIRFT for Q4 25/26	Executive Director PCCMH	Performance Trajectories being routinely monitored and managed. GIRFT review underway	September 2026	On track
General Service Sustainability & Future Models of Care The health board is currently reviewing models of care as part of its five-year plan but also in response the staffing and financial challenges.	Executive Director PCCMH	Overall case for change now available for second phase engagement, with options development completed and available for future engagement and consultation. Further work ongoing to develop and implement service	April 2026	On track

Patterson,Liz
25/03/2026 11:23:13

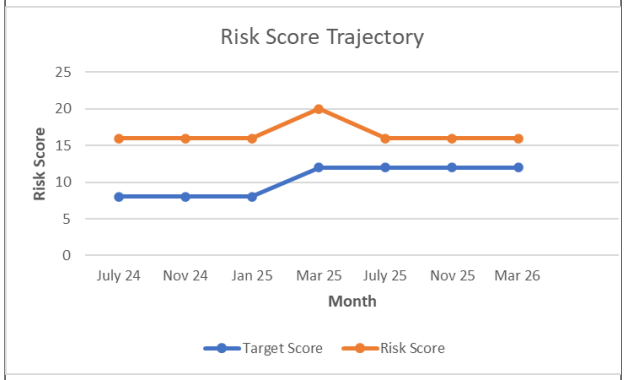
▪ A number of service reviews are being undertaken with several 'cases for change' having been approved by the Health Board and stakeholders.		change that falls below threshold for consultation.		
There are some performance indicators that continue to fail the operational standard e.g. Neuro-developmental target. The Health Board will develop a suite of indicator sub-sets to determine if any improvement is being made towards achievement of the overall target.	Executive Director PCCMH	A number of sub-indicator performance targets have been identified. These have been built into the IQPR and actions in train to further reduce risk	~~December 2025~~ April 2026	On track
Operationalise and expand integrated system coordination mechanisms—including the Integrated Flow Hub, daily discharge huddles, Trusted Assessment processes, and DigiFLO rollout—to mitigate delays, improve patient flow, and support timely discharge across the system.	Executive Director PCCMH	Flow Hub: model scoped, and roles identified; launch planned for December 2025. PoCD: Daily tracking and escalation in place; overall delays reduced, recognising seasonal variation. Daily 'huddle' to review patients in place. DigiFlo: Implemented on community hospital wards, expansion into MH has been progressed. Trusted Assessment: Pilot completed in collaboration with PCC with early findings indicating positive impact.	March 2026	On Track
Additional information:				

Patterson,Liz
23/03/2026 11:23:13

Rationale for Current Score: Mitigation actions are ongoing, including further actions relating to planned care but some underlying challenges remain, so the current risk score remains unchanged at this review. Collaborative efforts through the *Better Together* programme are expected to provide further support in addressing this strategic risk alongside mitigating actions listed above.

SRR 005	**There is a risk that Primary Care is unable to respond to demand**	
Current Risk Score: **16**	**Risk rating detail:** (likelihood x impact) Current: L4 x I4 = 16 Inherent: L4 x I4 = 16 Target: L3 x I4 = 12	**Risk Category:** Performance and Service Sustainability **Boards Risk Appetite: Open**
Executive Lead: Executive Director of Primary Care, Community and Mental Health		**Assuring Committee:** Planning, Partnerships and Population Health Committee

Patterson,Liz
23/03/2026 11:23:13

Latest review date: February 2026 **Added to register:** July 2024 **Link to Strategic Priorities and Wellbeing Objectives:** SP 4 and WBO 8		**Drivers/causes of risk:** • Increase in demand, inequality of access, complexity of patient needs, or failure to respond to demand pressures **Risk materialising would result in:** • Related workforce challenges may lead to services becoming unsustainable

Controls (What has been implemented to manage the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
5.1	Monitoring and liaison with GP practices to offer support including weekly review of the escalation tool, reviewing the sustainability matrix, and considering sustainability funding applications. ~~Regular discussions with Cluster Lead and LMC regarding ongoing demands and additional actions to manage peaks.~~ 25/26 negotiation agreed in December 2025, confirming	• Escalation Tool • Sustainability matrix score • National Sustainability Assessment Framework • Primary Care Information Portal – access standards	Reasonable	Executive Committee

Patterson,Liz
23/03/2026 11:23:13

	additional national investment. Includes 4% DDRB uplift and additional 5.8% recurrent uplift supporting a Workforce Fund, Change Fund and Resilience Fund. These new additional funding streams will provide practices with financial certainty to invest in resources needed for ongoing reform, including workforce expansion, service redesign and administrative support as part of the Community by Design transformation programme. The detail around access to these funds is being worked through in readiness for 26/27 Sustainability Assessment Panels being held following practice application submission. Targets discussions and action plans and support packages in place with specific practices. ~~National 25/26 negotiations have been delayed; however the expectation is additional national investment will be announced.~~ ~~Sustainability Assessment Panels being held following practice application submission. Targets discussions and action plans and support packages in place with specific practices.~~ ~~3 non-recurrent ortho contracts completed as of September 2025. Crickhowell contract award, approved by the Board in November 2025.~~			
5.2	National Contract Assurance Framework embedded to support contract assurance.	• Contract Assurance Framework • Annual Return	Reasonable	Executive Committee /

Patterson,Liz
23/03/2026 11:23:13

	24/25 Practice reviews ongoing. 5 practice visits currently being undertaken and 11 practices progressing practice improvement plans. ~~evidence reviews commenced, including a comparison of clinical indicators across the 2 years for consistency/improvement assurance.~~ Outstanding actions from 23/24 being followed up as part of the 24/25 review process GMS Contracts Management Group confirming practice action plan requirements or targeted practice visits required as part of the 24/25 cycle. GDS End of year review visits with all contract holders completed in August 2025.	• Supplementary Service Audits • Prescribing Data • Practice Declarations • GP Clinical Governance Self-Assessment Tool • Information Governance Toolkit		Finance & Performance
5.3	Implementation and maturity of Accelerated Cluster Development Programme and associated cluster projects of local pathways will support practice sustainability. 26/27 Cluster IMTP plans ~~currently being progressed, for presentation to RPB Executive Group by end of Q3~~ completed and agreed at RPB Executive Group. The mid and south cluster will merge from 1st April 2026. Newly formed cluster currently working in shadow form and developed a joint 26/27 IMTP	Cluster Plan progress reported to RPB Executive Group	Reasonable	Executive Committee / Finance & Performance
5.4	OOH APMS contract is in place with Shropdoc from 01/04/25 to 05/06/26 (including extensions). PTHB Board have approved Direct Award to continue with current	• Weekly Rota (triage & base cover)	Reasonable	Executive Committee / Finance & Performance

Patterson,Liz
23/03/2026 11:23:13

	specification from 01/07/26 to 30/09/27. Direct Award being progressed. SBUHB 25/26 SLA signed, with ongoing discussions to resolve outstanding issues in readiness for 26/27. Conversations being led at Director level between PTHB and SBUHB. SBUHB continue to provide a service. ~~Resolve and secure current commissioning arrangements with SBUHB for 25/26 to ensure ongoing provision of OOH cover for Ystradgynlais patients and Ystradgynlais Community Hospital. Conversations being led at Director level between PTHB and SBUHB. SBUHB continue to provide a service.~~ ~~GMS out of hours review and future model appraisal group with multiple stakeholder representation set up, to consider various options for the future OOH GMS service delivery and model across Powys was approved by the Board in September 2025.~~ GMS out of hours multi stakeholder workshop undertaken in January 2026 to consider the future OOH clinical model. This work is moving at pace to develop a revised specification to commence an open market tender in Q3/Q4 26/27. Quarterly Performance Reviews continue to monitor out of hours services.	• Monthly achievement against OOH Performance Standards • Quarterly Performance Review Commissioning Assurance Framework		

Patterson,Liz
23/03/2026 11:23:13

5.5	Allocating patients from the Dental Access Portal is in place. DAP is fluid with regular 'on and offs'. List is currently at circa 4000 patients due to recent terminations of Llandrindod, Knighton and Crickhowell GDS contracts. Patient urgent access demand has sufficient capacity in the system to address patient need and this is monitored very closely on a weekly basis. Urgent access pathways in place in all contract reform practices, further supported by the Community Dental Service pathway when needed. Mobile Dental provision, salaried PTHB service working well. Pathways in place to support patients following completion of course of treatment. Current location is Bronllys. Potential purchase of an additional Mobile Dental Unit to support GDS access in areas of need. ~~Procurement underway to recommission general dental services in Crickhowell and Knighton.~~ Successful Contract award for Crickhowell GDS. Crickhowell GDS contract award. Procurement underway to recommission general dental services in Knighton and Llandrindod. A PTHB salaried service for both these areas is being progressed to offer access through a hybrid model, this will add resilience and sustainability to both areas. New Dental Contract being implemented from 01/04/27. National model contract not yet published; therefore, it is	• Dental Access Portal • Contract Reform new patient and historic patient metrics. • GDS monitoring Group	Limited	Executive Committee / Finance & Performance

Patterson,Liz
23/03/2026 11:23:13

	difficult to quantify how many practices will sign up to the new contract or terminate NHS services. This is a national risk.			

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
To complete GP Practice visits following outcome of Desktop Reviews. These will take place in Q4	Assistant Director Primary Care (ADPC)	Desk top reviews completed and follow/up actions being progressed. 5 practice visits to be undertaken and 11 practice improvement plans to be progressed ~~Desk top reviews to commence in July~~	March 2026 ~~November 2025~~	On track Commenced
Review and assess completion of General Practice Improvement Plans	ADPC	Linked to the above. ~~Not yet commenced - linked to desktop reviews above.~~	March 26	On track
Undertake GDS Mid-Year Review visits	ADPC	All required visits undertaken in October/November 2025 ~~Will be undertaken in October/November 2025~~	November 25	Completed ~~On track~~
Review of GMS sustainability matrix	ADPC	To be undertaken in Q4 ~~2~~	March 26 ~~November 25~~	On track Commenced
Procure additional recurrent GDS access in mid Powys	ADPC/ Dental Director	Knighton and Llandrindod contract procurement commenced	March 26	On track

Patterson,Liz
23/03/2026 11:23:13

Complete Procurement of direct award for future provision of GMS OOH services	EDPCCMH/ADPC	Commenced and linking in with NHSSSP Procurement Services ~~Will commence following Board approval in September to proceed.~~	March 26	On track
Ensure future provision of general medical services for patients registered at Rhayader Medical Practice post 30th September 2025	EDPCCMH/ADPC	Procurement process concluded and APMS contract award issued. To be implemented on 01/01/26	January 2026	Completed ~~On track~~

Additional information:

Rationale for current score:

- Sustainability assessment and escalation tool of GP Practices identifying consistently high-risk practices across Powys. Practices may not be able to provide sustainable GMS services. Approx. 50% of GP Practices reporting level 3/level 4 currently confirming the ongoing pressure. Appointment/contact activity data confirms continued high patient demand.
- Practice Sustainability support in place for Llanfyllin and Knighton
- ~~Practice Sustainability applications for support being considered Llanidloes and Welshpool .~~
- Financial sustainability of practices may influence the termination of Local Supplementary Services
- Dental access continues to be challenging in areas with recruitment and workforce challenges. Mid cluster particularly affected currently.
- DAP waiting list currently increasing due to loss of 3 contracts in mid/south Powys.
- ~~DAP waiting list currently at 3,500 patients on the waiting list.~~
- Orthodontic demand continues to exceed capacity across Powys.
- Implementation of WGOS4 challenging due to complex secondary care pathways and implementation is further compromised by information governance complexities.
- ~~New Optometry Regulations and implementation of WGOS4 challenging due to complex secondary care pathways and implementation is further compromised by information governance complexities~~

Pearson,Liz
26/03/2026 11:23:13

SRR 006	**There is a risk that the Health Board is unable to recruit and retain an appropriate workforce**	
Current Risk Score: **16**	**Risk rating detail:** (likelihood x impact) Current: L4 x I4 = 16 Inherent: L4 x I4 = 16 Target: L2 x I4 = 8	**Risk Category:** Workforce **Boards Risk Appetite:** **Cautious**
Executive Lead: Executive Director People & Culture		**Assuring Committee:** People & Culture Committee

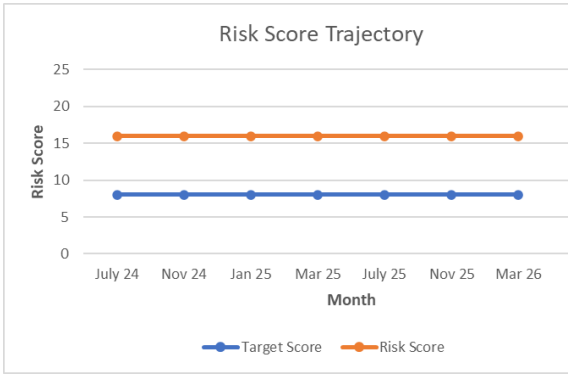
Patterson,Liz
23/03/2026 11:23:13

Latest review date: February 2026

Added to register:

July 2024

Link to Strategic Priorities and Wellbeing Objectives: Cross-cutting risk relevant to all SPs and WBOs



Drivers/causes of risk:

- Demographics of the workforce and within our communities leading to challenging labour market.
- No university within the Powys footprint to provide regular supply of newly qualifying clinicians.
- Rurality and commutability of sites.

Risk materialising would result in:

- Higher agency costs associate with variable pay spend
- Inability to sustain high quality services and patient safety

Controls (What are we currently doing about the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
6.1	Safecare has been implemented to support and monitor safe staffing levels on wards.	Briefing at daily huddle between Community Service Managers and TSU.	Reasonable	Assistant Directors
6.2	A programmed schedule of staffing huddle meetings take place during the week between the TSU and services to plan and review rosters for the week ahead and prioritise areas requiring additional staffing.	Routine schedule published to include all relevant staff. It is managed by the resourcing team with a rota in place of TSU staff to attend.	Reasonable	Assistant Directors

Patterson,Liz
23/03/2026 11:23:13

6.3	A Variable Pay Group has been established and meets twice monthly. A range of performance measures have been developed to monitor variable pay levels. Agency Operationalising Meetings schedule now completed and workstreams incorporated into this group.	Minutes and papers from meetings. Escalation of current vacancies within areas of high variable pay spend. Adult and MH Ward managers have been engaged to fully understand and agree existing vacancies and encouraged to actively advertise vacant posts. Wider vacancy 'deep dive' investigation completed and presented to variable pay group.	Reasonable	Deputy CEO
6.4	Workforce projections have been developed for all clinical staff groups with a detailed focus on Nursing (both Registered and HCSWs) across Adult Wards and Community teams and Mental Health Wards and Community Teams, projecting future staffing levels against known recruitment pipelines, such as Grow our own and international recruitment.	Workforce performance reports produced routinely and shared appropriately. Deep Dive Reports developed annually, or as required.	Substantial	Lead Executive Directors
6.5	Regular reporting of 'Time to Hire' and recruitment KPI's included within Workforce Performance Reports.	Workforce performance reports produced routinely and shared appropriately.	Substantial	Workforce & Culture Committee
6.6	Monthly vacancy reporting in place identifying vacant posts against the financial ledger.	Workforce performance reports produced routinely and shared appropriately.	Substantial	Workforce & Culture Committee
6.7	Workforce planning training delivered and an ongoing offer available.	38 staff have completed the full training to date with staff	Reasonable	Deputy Director

Patterson,Liz
23/03/2026 11:23:13

		from MH, W&C, Digital and Corporate nursing receiving a 1-hour overview session.		People & Culture
6.8	Intranet page with information on Workforce Planning set up for managers.	SharePoint site: Workforce Planning (sharepoint.com)	Substantial	N/A
6.9	Wage stream available for Bank staff.	System in place and usage report included within the Workforce Performance Report. Programme recently re-publicised across ward areas, and reminded staff of availability of the service.	Substantial	Executive Committee

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
Workforce Planning: Roll out the organisationally agreed workforce planning model by delivering training which supports services to develop their resource plans.	tbc	Ongoing support available to service leads in the development of workforce plans. HEIW funded role ~~currently~~ advertised – Workforce Planning Manager, to operationally support service areas in the development of workforce plans. Advert unsuccessful over two campaigns so tasking subsumed within existing resource.	~~November 2025~~ Ongoing	On track

Patterson,Liz
23/03/2026 11:23:13

Candidate Journey application to induction Review the end-to-end candidate journey from application to induction, identifying changes or omissions within the current process that are required to improve the candidate journey. To be extended to include local KPIs for recruitment to the Bank.	tbc	~~Heavily involved with All-Wales recruitment modernisation group, applying any learning to improve PTHB processes. End to End journey being reviewed to identify opportunities. No activity from NWSSP over this period. Recruitment Modernisation group, renamed as Recruitment Improvement and first meeting held in June 25.~~ Recruitment Improvement Board continues to work through different elements of the Recruitment journey on an all-Wales basis, meeting quarterly. End-to-end review of Bank recruitment complete with changes immediately implemented. Weekly monitoring and escalation process in place.	~~31/09/2025~~ Ongoing	On Track
Increase bank supply: Targeted Recruitment Open days taking place at all Hospitals and will continue throughout the year.	tbc	~~5 Open Days held over June and July 2024 across Powys with multiple members recruited to the bank at each~~	Ongoing	On Track

Patterson,Liz
23/03/2026 11:23:13

Rolling adverts and targeted Bank adverts for Registered Nurses and HCSW posts.		~~event. A further 5 held in August and September 2024. Work continues to onboard the applicants successfully. Further targeted bank recruitment Open Days planned for Q4 2024-25. Specialist Bank Mental Health services Open Day held in February, with successful interviews held on the day.~~ Rolling adverts out each week and shortlisting against applicants each Friday, alternating between RNs, HCSWs and both General and Mental Health fields. Further adverts created to target areas of high agency spend, such as 111#2 service.		
International Recruitment Continue international nurse recruitment to a target of ~~1~~8 Adult nurses and 4~~6~~ Mental Health Nurses for the FY 25/26.	tbc	~~18 international nurse offers have been made, first cohort of 6 arrived in Newtown in August 2024, have now all passed their OSCE exam and have their NMC PINs. A further~~	Ongoing	On Track

Patterson,Liz
23/03/2026 11:23:13

		~~6 arrived into Machynlleth on 20 November and are under-going their OSCE training. Final FY 24/25 General Nurse cohort of 6 staff arrived into Bronllys on 3 Feb, and will work across both Brecon hospital wards. In addition, 6 RMNs are expected in country by end of Q4.~~ ~~24/25 International recruitment plan complete, totalling 18 Adult RNs and 6 RMNs, who have all now passed their OSCE exam.~~ 25/26 International recruitment programme commenced, with 8 RNs having arrived in the country, 4 of whom have already completed OSCE and gained their NMC PIN, the remaining 4 are currently undertaking their training. 4 RMNs ~~are due to be~~ were interviewed in November 2025 and intended to arrive in approx. ~~January~~		

Patterson,Liz
23/03/2026 11:23:13

		February 2026, undertaking OSCE training in Cardiff before travelling to Powys in March 2026. This brings us to a total of 45 Internationally Educated Nurses recruited.		

Additional information:

Rationale for current score:

- The risk has been fully reviewed and assessed as a new risk in July 2024.
- As of 31st January 2026, the Health Board contracted vs budgeted establishment showed a vacancy rate of 11.48%. After the use of overtime, additional hours, agency, and Bank this fell to 7.29%.
- The challenges in recruitment are more pronounced in clinical roles with vacancies running at 10.36% for registered Nursing and Midwifery, 23.89% for Healthcare Scientists, 8.95% for Allied Health Professionals, 12.88% for Additional Clinical Services, 17.72% for Medical and Dental and 7.96% for Add Prof Scientific & Technic.
- To support safe staffing levels there continues to be a need for reliance on agency staffing with the following WTE agency staff deployed in January 2026 from information held on the Health Roster/TSU systems:
  - Add Prof Scientific & Tech : 4.33 WTE
  - Additional Clinical Services: 2.90 WTE
  - Nursing & Midwifery Registered: 17.61 WTE
  - Healthcare Scientists: 1.25 WTE
  - Allied Health Professionals: 14.57 WTE
  - Medical & Dental: 6.23 WTE
- ~~As of 30th September 2025, the Health Board contracted vs budgeted establishment showed a vacancy rate of 11.55%. After the use of overtime, additional hours, agency, and Bank this fell to 5.71%.~~
- ~~The challenges in recruitment are more pronounced in clinical roles with vacancies running at 12.26% for registered Nursing and Midwifery, 23.32% for Healthcare Scientists, 15.28% for Allied Health Professionals, 12.19% for Additional Clinical Services, 16.50% for Medical and Dental and 3.10% for Add Prof Scientific & Technic.~~

Patterson,Liz
23/03/2026 11:23:13

- ~~To support safe staffing levels there continues to be a need for reliance on agency staffing with the following WTE agency staff deployed in September 2025 from information held on the Health Roster/TSU systems:~~
  - ~~Additional Clinical Services: 8.55 WTE~~
  - ~~Nursing & Midwifery Registered: 17.61 WTE~~
  - ~~Allied Health Professionals: 5.93 WTE~~

SRR 007	**There is a risk that the care provided in some areas is compromised due to the health board's estate being not fit for purpose.**	
Current Risk Score: **16**	**Risk rating detail:** (likelihood x impact) Current: L4 x I4 = 16 Inherent: L4 x I4 = 16	**Risk Category:** Quality
		Boards Risk Appetite: **Minimal**
Executive Lead: Exec Services		**Assuring Committee:** Finance and Performance Committee
Latest review date: February 2026		**Drivers/causes of risk:** **Estates Compliance**: (Risk Driver: Ageing Infrastructure, Underinvestment, Compliance Demands) • Powys has the oldest estate in NHS Wales with 38% of the estate infrastructure was built pre-1948, and only

Strategic

Patterson,Liz
23/03/2026 11:23:13

Added to register: January 2017 **Link to Strategic Priorities and Wellbeing Objectives:** SP 9 and WBOs 1 and 4		5% post-2005, leading to higher maintenance needs and outdated systems. • Years of underinvestment have compounded deterioration and compliance risks across key areas (fire safety, water hygiene, electrical systems, medical gases, ventilation, etc.). • Backlog Maintenance stands at approximately £70M, significantly exceeding available budgets. • Revenue pressures due to rising energy costs and mandated cost savings are limiting the ability to invest in maintenance or modernisation. • Internal Audit (March 2024) issued a 'Limited Assurance' report citing the critical condition of the estate and shortfall in funding to address backlog and support future transformation plans. • Powys has the oldest estate in NHS Wales, compounding these issues. **Capital**: (Risk Driver: National Funding Constraints, Affordability, Prioritisation Pressures) • NHS Wales faces significant capital funding constraints which has seen the introduction of a new Capital Business Case Prioritisation Process from April 2024. This process will re-assess all current and planned projects against criteria for benefits and affordability, potentially impacting the PTHB capital programme / transformation agenda. • NWSSP-SSU audit (February 2024) reported a Limited Assurance rating, identifying a shortfall in WG Capital against backlog maintenance across the NHS estate.

Patterson,Liz
23/03/2026 11:23:13

		• Affordability challenges due to high overheads for contractors operating in rural areas like Powys are impacting the viability and attractiveness of capital schemes. **Environment & Sustainability**: (Risk Driver: Policy Ambition vs. Resource Gap) • The NHS Wales Decarbonisation Strategic Delivery Plan (2021) sets out ambitious targets to reduce carbon emissions. However, delivery capacity is limited due to limited funding/resource allocation. • The aging estate infrastructure is not well-suited to low-carbon adaptations without significant retrofit investment (Re:fit), further widening the gap between policy ambition and practical delivery. **Risk materialising would result in:** • Inability to sustain high quality services • Adverse impact on achievement of WBO 1 & 4 • Increased likelihood of infrastructure failure, non-compliance with statutory regulations, potential harm to patients and staff, and inability to deliver safe, modern healthcare services. • Escalating backlog costs may also lead to reputational damage and regulatory scrutiny. • Delayed or cancelled capital projects, inability to modernise or expand services, and failure to address critical infrastructure needs. • Possible impact on transformation goals, reduce service quality, and compromise long-term estate sustainability.

Patterson,Liz
23/03/2026 11:23:13

		• Failure to meet decarbonisation targets, missed national sustainability commitments, and rising operational costs due to inefficiencies. Also leading to reputational harm and reduced eligibility for future Environment and Sustainability funding streams.		
Controls (What has been implemented to manage the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
ESTATES				
7.1	Specialist sub-groups for each compliance discipline	Structured meetings, risk-based approach, clear escalations lines	Reasonable	Estates Compliance Group
7.2	Risk-based improvement plans introduced	Highlight reports identifying and tracking risk mitigations, clear escalation lines	Reasonable	Estates Compliance Group
7.3	Specialist leads identified for key compliance areas	Authorised Persons independently appointed by NWSSP-SES	Reasonable	Estates Compliance Group
7.4	Estates Compliance Group and Capital Control Group established	Minutes, papers & work plans from meetings	Reasonable	Innovative Environments Group
7.5	Medical Gases Governance Group; Fire Safety Group; Water Safety Group; Electrical Safety Group; Asbestos Safety Group; Ventilation Safety Group convened with cross organisation & NWSSP-SES membership.	• Minutes and papers from meetings • Audits undertaken by NWSSP	Reasonable	Estates Compliance Group, Health & Safety Committee
7.6	Capital Programme developed for Compliance and approved capital programme	• Paper to Executive level meeting	Substantial	Delivery & Performance

Paterson,Liz
23/03/2026 11:23:13

7.7	Capital and Estates set as a specific organisational priority in the Health Board's Annual Plan	• Annual Plan	Substantial	Board
7.8	Address (on an ongoing basis) maintenance and compliance issues	• Compliance Highlight Reports, Audit plans, notes and papers from meetings	Reasonable	Delivery & Performance Group
7.9	Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards	• Compliance Highlight Reports, Audit plans, notes and papers from meetings	Reasonable	Delivery & Performance Group
7.10	30+ Specialist Maintenance Contracts in place to ensure appropriate specialist service provision over 3-5 year contract periods	• Contracts let via NWSSP-Procurement and contain Key Performance Indicator regime	Reasonable	Estates Compliance Group
CAPITAL				
7.11	Capital Procedures for project activity	• Capital Procedures CP/D/1.00 document • Annual Capital Systems Audit reports from NWSSP	Reasonable	Innovative Environments Group
7.12	Routine oversight / meetings with NWSSP Procurement	• Notes from meetings • Annual Procurement Report	Substantial	Innovative Environments Group / Finance & Performance
7.13	Specialist advice, support and audit from NWSSP Specialist Estates Services / Authorising Engineers	• Notes from meetings • Designated Director role	Substantial	Innovative Environments Group

Patterson,Liz
23/03/2026 11:23:13

7.14	Audit reviews by NWSSP Audit and Assurance	• Audit reports and Action Plans	Reasonable	Audit and Assurance Group
7.15	Close liaison with Welsh Government, Capital Function	• Regular Capital Review Meetings. Notes and papers from meetings	Substantial	Innovative Environments Group
7.16	Reporting routinely to Finance & Performance Committee	• Notes and papers from meetings	Reasonable	Finance & Performance Committee
7.17	Capital Programme developed and approved	• Paper to Executive level meeting	Substantial	Delivery & Performance / Board
7.18	Detailed Strategic, Outline and Full Business Cases defining risk	• BJC, SOC, OBC, FBC documents / governance	Substantial	Executive Committee / Board
7.19	Capital and Estates set as a specific Organisational Priority	• Annual Plan	Substantial	Board
7.20	Capital projects developed for consideration for Welsh Government slippage in order to take advantage of any available funding	Capital proposals sheets Project sheets • SBARs	Substantial	Capital Control Group /Innovative Environments Group
ENVIRONMENT				
7.21	ISO 14001 accreditation	SGS external body certification	Substantial	Finance & Performance
7.22	Environment & Sustainability Group	Notes and papers from meetings	Reasonable	Innovative Environmental Group

Patterson,Liz
23/03/2026 11:23:13

7.23	NWSSP-Specialist Estates Services (Environment) support and oversight	Meetings with Director NWSSP-SES	Reasonable	Innovative Environments Group
7.24	Welsh Government support and advice to identify and fund decarbonisation project initiatives	Presence on WG groups such as Community of Experts, etc.	Reasonable	Innovative Environments Group
7.25	Welsh Government Energy Service / Re:fit energy programme of works complete in Q2. Investment Grade Proposal (IGP) published to illustrate invest to save projects	WG Salix Framework arrangement	Substantial	Innovative Environments Group

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
Implement the in-year Capital Programme and develop the long-term capital programme which is responsive to changes in funding availability and funding sources.	Associate Director for Capital, Estates and Facilities	Fluid nature of NHS All Wales Capital allocations and current WG/NHS funding challenges make future capital investment uncertain. All-Wales NHS Capital Prioritisation Review has 3 key schemes on 'green' list. Pressure on programme to divert capital to Transformation activity at short notice.	In line with Annual Plan for 2025-26	On Track
Continue to seek Welsh Government capital funding to underpin investment to improve the estate / support Transformation.	Associate Director for Capital, Estates and Facilities	Consider alternative funding opportunities such as RPB IRCF, Targeted Estates Funding, etc. and have	In line with Annual Plan for 2025-26	On Track

Paterson,Liz
09/03/2026 11:23:13

		schemes 'on the shelf' in anticipation of Welsh Government 'end of year' capital slippage.		
Review current structure of capital and estates department – Estates Management and Senior Management Team structure enhancements in place. Second tier of structure review required to address establishment staff numbers in Works Team and recruitment challenges. Resource review undertaken by IEG in 2023 with proposal limited by financial position.	Associate Director for Capital, Estates and Facilities	Due to financial challenges within the Health Board, this item is on hold.	TBC	At risk
Additional information:				
Update including impact of actions to date on current risk score: **Capital:** Discretionary capital budget for 2026/27 has been increased to £3.032M. This will mean an extra 632k for PTHB which will be utilised on improving the estate. A total of 16 of the 17 Targeted Estates Funding (TEF) bids were approved for expenditure over 2025/26/27 at a value of £3.550M This includes a 30% health board contribution which equates to £634.5k in 2025/26 and £430k in 2026/27. **Estates:** Estates compliance – team continues to support core statutory compliance and limited Reactive job requests using risk-based approach due to age of estate. Workforce challenges for recruitment and staff resource establishment level being reviewed at Innovative Environments Group. Organisational recruitment freeze ongoing. Contract awarded to provide new CAFM (Helpdesk) system, this will replace the previous system, which is over 20 years old. Embracing new technologies allowing better reporting and improving access and information to service users. As part of the agreed PTHB savings plan, the Estates team were requested to decommission the Vacuum Insulated Evaporators (VIEs) that were installed during the COVID-19 pandemic at Brecon, Llandrindod Wells, and Welshpool Hospitals. The VIE units were hired from BOC at a cost £38,040 per annum. To decommission the				

Paterson,Liz
19/03/2026 11:23:13

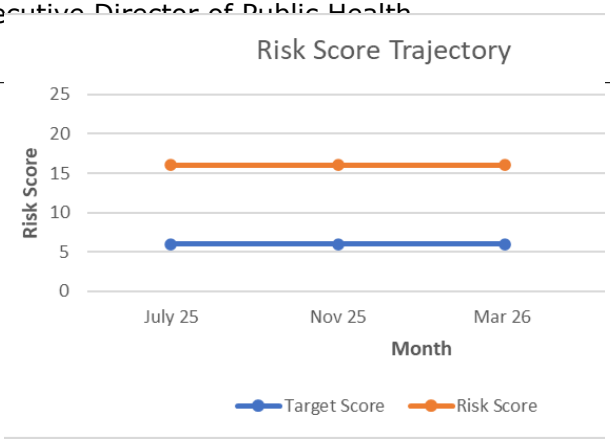
VIE's and revert from liquid oxygen back to oxygen cylinder, the team had to reinstate the manifolds and ancillary pipework. It's estimated that by undertaking the work and returning to oxygen cylinders, PTHB will see a minimum saving of £27K per annum. NWSSP–SES has issued a Building Resilience Survey on behalf of the Welsh Government across the NHS Wales estate. The survey provides a consistent, evidence-based assessment of how NHS sites withstand, respond to, and recover from disruptions such as system failures, adverse weather, and other operational challenges. Estates teams have completed the surveys for PTHB sites to enable this comprehensive evaluation.

Fire: Work to improve operational fire structure has been positive, but significant infrastructure risks related to compartmentation and physical systems remain. Programmes of work implemented but are dependent on capital funding. Annual Fire Assurance Report 2025 documents that Fire safety remains a significant risk for PTHB due to the complexity of patient evacuation, but continued improvements were observed in 2025. Fire Awareness Training strengthened post-pandemic, achieving an 82% completion rate, supported by increased face-to-face sessions. All fire risk assessments were completed, identifying 553 actions, a significant reduction from over 2,000 prior to 2018, reflecting progress in infrastructure and compliance. Unwanted Fire Signals have been effectively reduced through a data-driven programme, targeted upgrades to detection systems, and Welsh Government funding. Only two minor fire incidents were reported in 2025, and inspections by Mid and West Wales Fire and Rescue Service resulted in no enforcement notices. Capital investment of £832,000 supported major fire safety enhancements. The draft Building Safety (Wales) Bill is under review, with particular consideration for the management of Residential Units, while fire induction programmes for residents have been positively received.

Property: significant pressure on space with expanding staff numbers alongside implementation of new agile working approach. Rationalisation of space of health board and other public sector bodies underway. International Recruitment has introduced significant extra workload, which is affecting output of core activity. Better Together may have significant impact.

Finance: significant cost pressures related to energy and inflation are acting to increase pressure on Estates Revenue and Capital projects outturn costs and material / Supplier availability. Estates related pressure on revenue due to reactive failures of key building fabric and infrastructure.

Patterson,Liz
23/03/2026 11:23:13

SRR 008	**There is a risk that:** The Health Board is unable to shift to a primary prevention focused health care system	
Current Risk Score: **16**	**Risk rating detail:** (likelihood x impact) Current: L4 x I4 = 16 Inherent: L5 x I4 = 20 Target: L2 x 3I = 6	**Risk Category:** Innovation and Strategic Change **Boards Risk Appetite:** Eager
Executive Lead: Executive Director of Public Health		**Assuring Committee:** Planning, Partnerships and Population Health
Latest review date: February 2026 **Added to register:** July 2025 **Risk source:** SP 1 and WBO 1		**Cause of risk and rational for current score:** • NHS historically structured around acute and reactive care. • The NHS is under immense pressure with escalating acute care demand; means it's a challenge to 'shift left' to reallocate resources to redesign care models around primary care and prevention. • NHS Wales priorities and performance measures respond to rising health care pressures and are predominantly focused on activity and acute care rather than broader system change and population health outcomes. • Predominately community-based prevention services undertaken by the Health Board for tobacco

Patterson,Liz
23/03/2026 11:23:13

		control/smoking cessation and preventing childhood obesity is currently reliant on external grant funding. **Risk materialising would result in:** • Without increased focus and resources on prevention and shifting of healthcare system towards a preventative model risks: more people will develop avoidable chronic conditions, and live more years in poorer health, and further increased unsustainable demand on acute care/services and escalating healthcare costs. • Preventable disease disproportionately affects disadvantaged communities and groups, widening health inequalities.		
Controls (What are we currently doing about the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
8.1	The Health Board *Annual Plan 2025/26* contains a number of prevention focused activities under the strategic priority 'Focus on Wellbeing'.	PTHB Annual Plan internal performance reporting procedures.	Reasonable	Board/ Committee/Executive Committee/Group
8.2	The Powys Public Services Board *Wellbeing Plan* has the objective that 'People in Powys live happy, healthy, and safe lives' with the associated delivery step 'Taking a whole systems approach to healthy weight'.	Powys Public Services Board internal and external reporting requirements.		

Patterson,Liz
23/03/2026 11:23:13

8.3 8.4 8.5	The Powys Regional Partnership Board *Area Plan 2023-28* includes 'Priority 1.3 Population health improvement, including health inequalities'. PTHB is required to report against vaccination uptake and smoking cessation targets contained in the *NHS Wales Performance Framework 2025-26*. A Population Health Framework for Powys (DPH Annual Report) was approved and published by the Board in September 2025.	Powys Regional Partnership Board internal and external reporting requirements. NHS Wales Planning Framework reporting procedures. PTHB Annual Plan internal performance reporting procedures.		

Mitigating Actions (What more will we do?)				
Action	**Lead**	**Action update**	**Deadline**	**Action on Target**
The *Better Together* consultation on adult physical and mental health community services in Powys contains the ambition that 'Together we want to create a future that helps people to stay healthy'.	Director of Improvement and Transformation	Detailed work is underway to make sure the right timeline is in place for the work ahead	To be confirmed	On track
The 2026/27 planning process in the Health Board will be used to take forward actions in the Population Health Framework.	Executive Director of Public Health	~~Work is underway to understand the 2026/27 planning process and how actions in the Framework can be included.~~ Proposed set of actions to take forward the framework in year 1 identified for Board consideration on choices on inclusion ~~ded~~ in	March'26.	On track.

Patterson,Liz
23/03/2026 11:23:13

		the draft PTHB Annual Integrated Plan 2026/27.		
Implement Welsh Government's *Community by Design* healthcare transformation programme with the stated aim of making population health management and prevention business as usual, systematically embedded into every contact.	Executive Directors	First meeting of Welsh Government's Community by Design Transformation Programme Board on 10/12/25. National Draft delivery plan for phase 1 published. National Draft Delivery plan (Phase 2) to be agreed by end of March'26.	Timeline to be confirmed.	On track.
Additional information:				
Rationale for current score: The controls currently in place are considered sufficient to reduce the inherent score to a current score of 16.				

Patterson,Liz
23/03/2026 11:23:13

SRR 009	There is a risk that: The Health Board is unable to stabilise the growing implications of Continuing Health Care	
Current Risk Score: **16**	**Risk rating detail:** (likelihood x impact) Current: L4 x I4 = 16 Inherent: L4 x I4 = 16 Target: L3 x I3 = 9	**Risk Category:** Performance and Sustainability **Boards Risk Appetite:** Open
Executive Lead: Executive Director of Primary, Community Care and Mental Health		**Assuring Committee:** Finance and Performance Committee
Latest review date: February 2026 **Added to register:** July 2025 **Link to Strategic Priorities and Wellbeing**		**Cause of risk and rational for current score:** • Demand is greater than available resource **Risk materialising would result in:** • The service is unable to remain within allocated budget • Failure to meet needs of vulnerable patients who are eligible for health services

Patterson,Liz
23/03/2026 11:23:13

Objectives: SP 6 and WBO 4				
Controls (What has been implemented to manage the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
9.1	HB wide Group established for Variable Pay, identified leads and clear expectation re delivery. Variable pay, CHC and Commissioning regular deep dive areas of focus at D&P Committee to track actions to improve.	Reports to Executive Committee and F&P Committee	Reasonable	Board
9.2	A Complex Care and Continuing Health Care (CCCHC) workstream is in place to monitor progression of identified key principles, escalate issues, and guide next steps through regular updates. This structured oversight supports early risk identification, informed decision-making, and contributes to meeting savings targets through improved processes, enhanced reporting, and strengthened assurance. Complex Care Workshop Series completed.	Reports to Executive Director for PCCMH and escalated if required to Executive Committee via committee papers/updates.	Reasonable	Executive Committee
9.3	Robust governance embedded through a multi-disciplinary panel and approval process, including Continuing Healthcare, to ensure consistent, transparent, and accountable decision-making. New System to process Retrospective CHC Claims implemented.	Reports into Variable Pay, DMT and CCCHC.	Reasonable	Executive Committee
9.4	Monthly Directorate Management Team (DMT) meetings include a standing agenda item whereby the Assistant Director for Complex Care provides an update incorporating Continuing Healthcare (CHC) via the DMT	Reports to Executive Director for PCCMH and escalated if required to Executive	Reasonable	Executive Committee

Patterson,Liz
23/03/2026 11:23:13

	Highlight Report. This ensures regular oversight, facilitates early identification of risks, and supports timely decision-making.	Committee via committee papers/updates.		
9.5	Deep Dive Report on EMI numbers and costs and Private Provider Report identifying new governance processes in place presented to appropriate Committee of the Board	Reports presented to Finance and Performance Committee in June and September 2025		F&P

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
Recruitment to additional post to support MH Adults of Working Age with provision of commissioning support to Acute Care Pathway	Head of Mental Health Complex and Unscheduled Care	~~Draft JD is submitted to Workforce for job matching~~ Action not taken forward, subject to external review. See further actions.		~~On track~~ Closed
Complex Care Operational Management Group	Assistant Director ~~of Complex Care~~ Community Services Group	~~This bi-monthly meeting has a financial component. This is in addition to other regular meetings with finance to review budget changes/rationale. Monitoring continues regularly. Meeting last on 24/10/25. Slightly improved CHC position.~~ Meeting continues to review operational performance including further consideration of mitigation for increased risk. Noted deterioration in	October ~~2025~~ 2026	On track

Patterson,Liz
23/03/2026 11:23:13

		trajectory for end of year, with significant pressure in EMI. Actions now aligned to outputs of external review.		
To undertake an external Subject Matter Expert review, with a view to optimising the service and outcomes, including financial position	Assistant Director Community Services Group	UB Healthcare, partnered with Clarity Consulting Associates Ltd and Grant Thornton, were commissioned to undertake a detailed, evidence led and systematic service review across Continuing Healthcare (CHC) and complex care functions in December 2025. This report is now being shared with the governance of the Health Board and is expected to make recommendations around governance, commissioning and contracting, data and organisational capacity. This is also expected to identify opportunities to further reduce costs for the future.	February 2026	On Track
National Digital System delays	Assistant Director of Complex Care	~~There is no clear timeline for when a national system will be agreed.~~ ~~Welsh Government (WG) has agreed to fund the initial~~	~~October 2025~~ March 2026	~~Delayed~~ On Track

Patterson,Liz
23/03/2026 11:23:13

		~~procurement cost of a digital system only but will not cover ongoing costs such as licensing and other system-related expenses.~~ Health Boards will need to plan financially for future costs. The Health Board has submitted a business case to WG as part of a national procurement plan. Outcome expected by end of financial year. There is a national business case in pace. Team has engaged in several product demonstrations.		

Additional information:

Rationale for current score: ~~It is early on in the financial year and full year demand is unknown, with continued work locally and nationally~~ End of year forecast looks to indicate continued growth which risks further financial pressure but risk score has remained the same.

Update including impact of actions to date on current risk score: Remains the same as no significant ~~change in position since last review~~ benefit realised since previous review

Patterson,Liz
23/03/2026 11:23:13

SRR 010	**There is a risk that:** The Health Board is unable to respond in a timely, efficient, and effective way to a major incident, or critical incident	
Current Risk Score: **12**	**Risk rating detail:** (likelihood x impact) Current: 3 x 4 = 12 Inherent: 4 x 4 = 16 Target: 2 x 3 = 6	**Risk Category:** Safety **Boards Risk Appetite:** Averse
Executive Lead: Executive Director of Public Health		**Assuring Committee:** Planning, Partnerships and Population Health Committee
Latest review date: February 2026 **Added to register:** July 2025 **Link to Strategic Priorities and Wellbeing Objectives:** Cross-cutting risk relevant to all SPs and WBOs		**Cause of risk and rational for current score:** • Due to emergency planning arrangements at both the corporate level and operational level not being sufficiently robust to respond to the incident or emergency. **Risk materialising would result in:** • Adverse impacts on delivery of care to patients • Inability to respond to a major incident to meet needs of those affected • Harm or injury to population, patients and/or staff • Health Board breaches statutory duties under the Civil Contingencies Act 2004 • Litigation & financial penalties • Reputational damage and loss of public confidence • Staff absence (injury, wellbeing)

Patterson,Liz
23/03/2026 11:23:13

Controls (What has been implemented to manage the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
10.1	Major Incident and Emergency Response Plan and Corporate Business Continuity Plan are in place and updated on an annual basis.	• Plan approved by Executive Committee • Civil Continency Annual Report	Substantial	Executive Committee
10.2	Business Continuity Policy in place, with supporting 'Business Continuity Toolkit' available for operational services to develop service level business continuity plans.	• Policy approved by Executive Committee	Substantial	Executive Committee
10.3	PTHB Pandemic Framework is in place to guide the Health Board's response to a new or emerging pandemic. The Health Board is currently awaiting the publication of updated UK Pandemic Guidance, prior to completing a further review of the Framework.	• Framework approved by Executive Committee	Substantial	Executive Committee
10.4	PTHB Adverse Weather Arrangements is in place and is updated on an annual basis.	• Arrangements approved by Executive Committee	Substantial	Executive Committee
10.5	Internal protocols are in place for the management of patients self-presenting with a suspected High Consequence Infectious Diseases	• Protocols in place	Substantial	Executive Director

Patterson,Liz
23/03/2026 11:23:13

	(HCID) are in place and are subject to regular review.			
10.6	PTHB Civil Contingencies Training Plan in place and updated on an annual basis.	• Plan approved by Executive Committee	Substantial	Executive Committee
10.7	Corporate level Business Continuity arrangements subject to internal audit 2023/24.	• Audit Report – substantial assurance (Dec 2023)	Substantial	Audit Committee
10.8	Operational level Business Continuity arrangements subject to internal audit 2024/2025.	• Audit Report – substantial assurance (May 2025)	Substantial	Audit Committee
10.9	The Health Board is fully engaged in Dyfed Powys Local Resilience Forum's planning and response structures.	• Minutes of meetings • Training and exercise records	Substantial	Executive Director
10.10	The Health Board is fully engaged in the NHS Wales Emergency Preparedness, Resilience and Response planning structures.	• Minutes of meetings • Training and exercise records	Substantial	Executive Director
10.11	The Health Board has participated in a variety of exercises. Examples of these exercises are included below (not inclusive): • Exercise Mighty Oak (National Power Outage) • Exercise Pen Y Darren (Mass Casualty)	• Exercise Reports	Substantial	Executive Director

Patterson,Liz
23/03/2026 11:23:13

	• Exercise CYD (Communicable Disease) • Exercise Fad Fellin (Mpox/HCID) • Exercise Solaris (Pandemic) • Exercise Redstreak (Water disruption) • Exercise Wales Connect (Regular Pan Wales Response Plan activation test) • Walkthroughs of the operational response to major incidents/Mpox arrangements • Exercise Pegasus (Pandemic Response)			
10.12	Testing of internal major incident and business continuity response plans through response to incidents, including: Powys Train Collision (October 2024) Storm Darragh (December 2024)	• Debriefs from internal responses to incidents	Substantial	Executive Committee
10.13	Internal repository in place for all internal Response Plans	• Internal repository	Substantial	Executive Director
10.14	Strengthened cross-border multi-agency working through the establishment of regular meetings to share information on identified areas of risks, preparedness activities and response.	• Six monthly meetings in place	Substantial	Executive Director

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target

Patterson,Liz
23/03/2026 11:23:13

Deliver programme of work in place to strengthen identified areas of risk.	Civil Contingencies Manager		31st March 2026	On Track
Complete cycle of work to ensure that PTHB internal response plans remain up to date.	Civil Contingencies Manager		31st March 2026	On Track
Continue to provide regular update reports to the Executive Committee on programmes of work in place to strengthen identified areas of risk	Civil Contingencies	Regular updates on Exercise Pegasus (pre and during Exercise) to Executive Committee during August/September/October 2025. Debrief learning report will be incorporated into update report.	February 2025	On Track
Complete internal operational review of clinical governance arrangements for operational major incident response arrangements	Civil Contingencies Manager/ Urgent and Emergency Care Clinical Transformation Lead	~~Mass Casualty Incident Arrangements for Wales updated and approved at NHS Wales Executive Civil Contingencies Group (October 2025). This is informing update of HB review of arrangements underway.~~ Recommendations following the review of the operational major incident	30th April 2026 ~~December 2025~~	On Track

Patterson,Liz
23/03/2026 11:23:13

		arrangements to be presented to the Executive Committee for approval by the 31st March 2025, with plans to undertake an early review of the PTHB Major Incident and Emergency Response Plan to incorporate the changes included within the updated *Mass Casualty Arrangements for NHS Wales* ~~to be completed by 30th April 2026~~		
Additional training and exercise opportunities to support PTHB's staff preparedness in response to an incident or emergency to be made available	Civil Contingencies Manager		31st March 2026	On Track
Continue to engage in, and actively promote preparedness activities (including planning, training, exercising) taking place with multi-agency partners, including NHS Wales Emergency Preparedness, Resilience and Response networks and Dyfed Powys Local Resilience Forum	Civil Contingencies Manager		31st March 2026	On Track
Continue to incorporate lessons identified from other incidents and exercises into internal plans and procedures	Civil Contingencies Manager	PTHB's Pandemic Framework will be updated to incorporate internal lessons identified following	31st March 2026	On Track

Patterson,Liz
23/03/2026 11:23:13

to strengthen the Health Board's future response to incidents		PTHB's participation in Exercise Pegasus.		
Additional information: The Executive Director of Public Health holds the overall responsibility for Civil Contingencies Planning within PTHB, however all Executive Directors are responsible for ensuring business continuity for the services that sit within their portfolio areas, as outlined within the PTHB Business Continuity Policy. Cyber resilience and response sits within the responsibility of the Executive Director of Allied Health Professions, Health Sciences and Digital				
Rationale for current score: There are a number of control measures in place, however further work is required to strengthen identified areas of risk and test internal response capabilities.				

Patterson,Liz
23/03/2026 11:23:13

SRR 012	**There is a risk that:** The Health Board is unable to maintain and build public confidence in regard to service delivery and transformation in staff, patients, stakeholders and community.	
Current Risk Score: **15**	**Risk rating detail:** (likelihood x impact) Current: 3 x 5 = 15 Inherent: 4 x 5 = 20 Target: 2 x 4 = 8	**Risk Category:** Reputation and Public Confidence **Boards Risk Appetite:** Open
Executive Lead: Director of Corporate Governance / Board Secretary		**Assuring Committee:** Finance and Performance Committee
Latest review date: February 2026 **Added to register:** July 2025 **Link to Strategic Priorities and Wellbeing Objectives:** Cross-cutting risk relevant to all SPs and WBOs		**Cause of risk and rationale for current score:** • The NHS is facing a very challenging period, including the waiting list backlog arising from COVID, the delays in strategic transformation exacerbated by the pandemic period, significant inflationary pressures. This is compounded locally by the challenges of service delivery in a rural area including for recruitment and retention, the need to take action to transform the model of health care so that it is safe and sustainable for the future, and the need for immediate action in response to the financial position. In this context there is a need for challenging decisions, sometimes short term in nature (e.g. waiting list measures). Given the comparatively small organisational leadership infrastructure in PTHB it is highly complex to

Patterson,Liz
23/03/2026 11:23:13

		engage meaningfully at a hyperlocal level with the many different community needs and expectations across our large county, particularly to contextual this to multiple secondary and tertiary care pathways. **Risk materialising would result in:** • Lack of public confidence could lead to erosion of trust; reduced engagement and discretionary effort by patients, public, staff and stakeholders; leadership and administrative burden in relation to responding to complaints, correspondence, FOI, enquiries, Senedd questions etc.; adverse impact on staff morale, recruitment and retention; potential loss of strategic momentum and/or financial inefficiencies due to delays, rework or crisis communications.		
Controls (What has been implemented to manage the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
12.1	Better Together programme in place in order to make lasting decisions about the permanent future shape of safe and sustainable health services, with Stage One engagement completed and Stage Two engagement nearing completion	Better Together Programme	Reasonable	Board
12.2	Communication and engagement team in place (substantive team = 4.0wte, additional temporary posts) with active management of priorities aligned with organisational priorities and risks	Quarterly E&C Team reports Directorate Review	Reasonable	Director / Chief Executive

Patterson,Liz
23/03/2026 11:23:13

12.3	Weekly informal communications report to Board including reputation risk portfolio to support internal review and scrutiny	Copies of The Week	Reasonable	Chair / whole Board
12.4	Twice Yearly Engagement and Communication Report supports ongoing review of capacity against opportunities and risks	Twice yearly E&C Team reports Directorate Review	Reasonable	Board Committees (x2 per annum)
12.5	Temporary strengthening of communications and engagement function including non-pay resources to support Better Together programme	Minutes of Executive Committee	Reasonable	Executive Committee
12.6	Procurement of additional engagement delivery and analysis support to Stage Two Better Together engagement	Contract in place. Reports to Portfolio Board and Executive Committee	Reasonable	Board
12.7	Procurement of additional consultation delivery and analysis support to Stage Three Better Together	Contract in place. Reports to Portfolio Board and Executive Committee	Reasonable	Board
12.8	Stakeholder Map in place	Stakeholder Map	Reasonable	Executive Committee
12.9	Priority stakeholder engagement mechanisms in place (e.g. regular MS/MP briefings, Board to Cabinet meetings with PCC, Joint Leadership Team meetings with PCC, RPB and sub-structures, PSB and sub-structures	Notes from meetings	Reasonable	Board
12.10	OD programme in place linked to Better Together transformational change programme	Notes of ODEC and Portfolio Board	Reasonable	Executive Committee

Patterson,Liz
23/03/2026 11:23:13

12.11	Channel strategy in place and kept under review (web, govDelivery, Facebook, NextDoor etc.)	Quarterly E&C Team reports	Reasonable	Executive Committee
12.12	Out of hours media protocol in place via Gold On Call but currently insufficient team capacity for on call comms	Major Incident and Business Continuity Plan arrangements	Limited	Executive Committee
12.13	Powys Engagement and Insight Network in place to support pan-organisational co-ordination of engagement and insight (joint sub-group of RPB and PSB)	Minutes 6-monthly insight reports	Reasonable	Executive Committee
12.14	Programme of continuous engagement in place as of October 2025 following strengthening of the engagement team.	Minutes Event materials Update reports	Reasonable	Portfolio Board

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
Stakeholder engagement assurance included within TI support framework	DCG	Procurement process under way Oct 2025 – procurement complete, report due Dec 2025. Jan 2026 – procurement complete	08/25	~~On track~~ Complete

Patterson,Liz
23/03/2026 11:23:13

Identification of named Locality leads for each of the 13 Powys localities	DCG	Arrangements being finalised for implementation Oct 2025 – In final draft, will be complete end Nov 2025	08/25	~~Delayed rescheduled 30/11/25~~ Complete
Establish annual Insight Report from community engagement activities for Board review and to inform annual planning	DCG	Pilot report created 2024/25 with aim to fully establish from 2025/26	31/03/26	On track

Additional information:

Rationale for current score:
Significant challenges to public confidence remain possible, particularly given the pressing need for significant transformation of health services to ensure that they are fit for the future The scope for managing these challenges is reduced due to the highly complex environment in which the health board operates (very large rural geography, hyperlocal needs and expectations, complex cross-border commissioned pathways with both England and Wales). Trust has been further challenged by decisions the health board has needed to make in the context of in-year financial challenges (e.g. waiting list measures) and to address risks to safety and sustainability (e.g. temporary service changes).

Update including impact of actions to date on current risk score:
Temporary strengthening of the engagement and communication function is supporting the health board to establish mechanisms for continuous engagement, although decisions will be needed once temporary funding ends as the substantive permanent resource across all engagement and communication specialisms (strategic communications, digital and social media including website and intranet, crisis communications, graphic design and print, public and community engagement and consultation, press and PR, internal communications, stakeholder relations, reputation and branding) is 4.0wte.

Patterson,Liz
23/03/2026 11:23:13

Board Assurance Framework (BAF) Dashboard

PTHB Board– March 2026

Patterson,Liz
23/03/2026 11:23:13

Board Assurance Framework Dashboard: Key

Key:

Adequacy of Controls
Are we doing enough to manage the risk?
GREEN: Multiple controls
AMBER: Some controls
RED: Limited/no controls

Effectiveness of Controls
Is what we're doing working?
GREEN: Controls largely effective
AMBER: Some control weaknesses
RED: Significant control weaknesses

Control Assurance
Based on what evidence?
GREEN: Assurance largely substantial
AMBER: Assurance largely reasonable
RED: Assurance largely limited
GREY: Insufficient assurance available

Patterson, Liz 23/03/2026 11:23:13

Risk outside Board appetite

Board Assurance Framework Dashboard

Strategic Risk	Inherent Score	Current Score	Target Score	Within Appetite	Adequacy of Controls *Are we doing enough to manage the risk?*	Effectiveness of Controls *Is what we're doing having the desired impact?*	Associated Assurance *Based on what evidence?*
SRR 001: **Financial Balance** *EDoFC&E*	**20**	**20**	**8**	**Cautious** ⚠	Multiple Controls	Some control weaknesses	Assurance largely reasonable
SRR 002: **Transformation** *EDP&C*	**16**	**16**	**8**	**Eager** *In appetite*	Multiple Controls	Some control weaknesses	Assurance largely reasonable
SRR 003: **Commissioning** *EDPP&C*	**20**	**20**	**12**	**Open** *In appetite*	Multiple Controls	Significant control weaknesses	Assurance largely reasonable/limited
SRR 004: **Provided Services** *EDPCCMH*	**16**	**16**	**12**	**Open** *In appetite*	Multiple Controls	Some control weaknesses	Assurance largely reasonable
SRR 005: **Primary Care** *EDPCCMH*	**16**	**16**	**12**	**Open** *In appetite*	Multiple Controls	Some control weaknesses	Assurance largely reasonable
SRR 006: **Workforce** *EDP&C*	**16**	**16**	**8**	**Cautious** *In appetite*	Multiple Controls	Some control weaknesses	Assurance largely substantial

Patterson
2023/24 12:23:13

Bo

Strategic Risk	Inherent Score	Current Score	Target Score	Within Appetite	Adequacy of Controls *Are there enough controls in place?*	Effectiveness of Controls *Are those controls working as intended?*	Associated Assurance *How do we know/evidence?*
SRR 007: **Estate** *EDoFC&E*	**16**	**16**	**8**	**Minimal** ⚠	Multiple Controls	Some control weaknesses	Assurance largely substantial/ reasonable
SRR 008: **Prevention** *EDPH*	**20**	**16**	**6**	**Eager** *In appetite*	Some controls	Controls largely effective	Assurance largely reasonable
SRR 009: **Continuing Health Care** *EDPCCMH*	**16**	**16**	**9**	**Open** *In appetite*	Multiple controls	Some control weaknesses	Assurance largely reasonable
SRR 010: **Emergency Preparedness/Incident Response** *EDPH*	**16**	**12**	**6**	**Averse** ⚠	Multiple Controls	Controls largely effective	Assurance largely substantial
SRR 011: **Digital** *EDAHPHS&D*	**20**	**15**	**12**	**Open** *In appetite*	Multiple Controls	Controls largely effective	Assurance largely reasonable
SRR 012: **Public Confidence** *DCG*	**20**	**15**	**8**	**Open** *In appetite*	Multiple Controls	Controls largely effective	Assurance largely reasonable

Public Board 23/03/2023 11:23:13

Summary Position

- 9 of the 12 risks are operating within the Board's Risk Appetite
- None of the 12 risks are at target score
- **3 of 12 risks received are operating outside of the Board's Risk Appetite**
  - **SRR 001 – Financial Balance**
  - **SRR 007 – Estate**
  - **SRR 010 - Emergency Preparedness/Incident Response**
- *The Board will need to either tolerate the current position outside of appetite or is action to identify and implement further controls needed to mitigate risks.*
- **8 of the 12 risks received have Inherent Scores the same as the Current Score, suggesting a need to review the effectiveness of controls and/or risk scoring.**

Patterson, Liz 23/03/2026 12:23:13

Scoring Matrix

Likelihood x Impact = Risk Score

LIKELIHOOD						
	Almost Certain 5	5	10	15	20	25
	Likely 4	4	8	12	16	20
	Possible 3	3	6	9	12	15
	Unlikely 2	2	4	6	8	10
	Rare 1	1	2	3	4	5
		Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
		IMPACT				

Patterson,Liz
23/03/2026 11:23:13

Risk Appetite Summary

Strategic Risk	Main Risk Category	Appetite Level	Other associated risk categories
SRR 001 – Financial Balance	Financial Sustainability	Cautious	• Financial Governance, Financial Investment, Performance and Service Sustainability, Quality, Regulation and Compliance, and Reputation and Public Confidence.
SRR 002 - Transformation	Innovation and Strategic Change	Eager	• Performance and Sustainability of Services, Regulation and Compliance and Safety
SRR 003 – Commissioning	Performance and Service Sustainability	Open	• Quality, Safety, Partnerships, Performance and Sustainability of Services, Reputation and Public Confidence.
SRR 004 – Provider	Performance and Service Sustainability	Open	• Quality, Safety, Workforce, Performance and Sustainability of Services.
SRR 005 – Primary care	Performance and Service Sustainability	Open	• Quality, Safety, Partnerships, Performance and Sustainability of Services, Reputation and Public Confidence.
SRR 006 - Workforce	Workforce	Cautious	• Quality, Safety, Regulation and Compliance and Reputation and Public Confidence.

Patterson,Liz
23/03/2026 11:28:13

Risk Appetite Summary Cont.

Strategic Risk	Main Risk Category	Appetite Level	Other associated risk categories
SRR 007 – Estate	Quality	Minimal	• Safety, Regulation and Compliance, Reputation and Public Confidence and Financial Investment.
SRR 008 – Prevention	Innovation and Strategic Change	Eager	• Quality, Workforce and Reputation and Public Confidence.
SRR 009 – CHC	Performance and Service Sustainability	Open	• Financial Governance, Financial Sustainability, Partnerships, Quality, Reputation and Public Confidence and Regulation and Compliance.
SRR 010 – Emergency preparedness	Safety	Averse	• Reputation and Public Confidence, and Regulation and Compliance
SRR 011 – Digital	Performance and Service Sustainability	Open	• Quality, Safety, Regulation and Compliance and Reputation and Public Confidence.
SRR 012 – Public Confidence	Reputation and Public Confidence	Open	• Innovation and Strategic Change

Patterson,Liz
23/03/2026 23:23:13

GIG CYMRU NHS WALES

Bwrdd Iechyd Addysgu Powys

Powys Teaching Health Board

Organisational Risk Register

Summary

March 2026

Patterson,Liz
23/03/2026 11:23:13

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
DFC&SS	ORR 001	20	failure to deliver financial forecast and savings target for the current financial year (2025/26)	4 x 4 = 16	→	SRR 001	N
DPCCMH	ORR 002	16	NHS APP Implementation	4 x 4 = 16	→	SRR 011	N
DPCCMH	ORR 003	16	Urgent care flow	3 x 4 = 12	→	SRR 003	N
DPCCMH	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

Patterson,Liz
23/03/2026 11:23:13

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
EDPP&C	ORR 008	**20**	A national power outage	**4 x 4 = 16**	→	SRR 011	N
EDPCC MH	ORR 009	**12**	A deterioration in partnership working	**3 x 3 = 9**	→	SRR 012	N
EDPCC MH	ORR 010	**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 011	**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

Patterson,Liz
23/03/2026 11:23:13

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**

Patterson, Liz
23/03/2026 11:23:13

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.9

BOARD	**25 March 2026**
Subject:	**Director of Corporate Governance Report**
Approved and presented by:	Helen Bushell, Director of Corporate Governance / Board Secretary
Prepared by:	Director of Corporate Governance / Board Secretary Deputy Board Secretary
Other Committees and meetings considered at:	N/A

PURPOSE:

The paper provides a series of updates to the Board linked to:

- Board activity since the last meeting held on the 28 January 2026 including items considered In-Committee
- Chair's Actions taken on behalf of the Board
- Petitions Protocol update.

RECOMMENDATION(S):

The BOARD is asked to:

- **RECEIVE** the Director of Corporate Governance report
- **RATIFY** the two Chair's Action taken since the last meeting of the Board held on the 28 January 2026;
- **NOTE** the update provided in relation to the Health Boards Petitions protocol.

Approve/Take Assurance	Discuss	Note
Y	N	Y

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

Page 1 of 3 - 23/03/2026 21:23:13

EXECUTIVE SUMMARY:

Board Activity since the last in routine meeting public meeting held on the 28 January 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 28 January 2026, the Boards In-Committee agenda included:

- Chief Executives briefing
- In-Committee Strategic Risk Register

Additional Board meetings
No additional In-Public or In-Committee Board meetings have been held since the last meeting on the 28 January.

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 12 February and 12 March 2026.

Healthcare Professionals Forum
I am pleased to confirm the first meeting of the Boards Advisory group is scheduled to meet on Friday 20 March. The first meeting is very much an introductory meeting, an update will be provided to the next meeting of the Board in May.

Chair's Action
Two Chair's Actions have been undertaken since the last meeting of the Board on the 28 January 2026. The Action was supported by the Chair, the Chief Executive, Director of Corporate Governance, lead Executive Directors and at least 2 other Independent Members.

Paterson Li
23/03/2026 11:23:13

The Chair's Actions were approved in line with the requirements of the Health Boards Standing Orders, the Actions were as follows:

- Progressing the 'most suitable provider process' under The Health Services (Provider Selection Regime) (Wales) Regulations for General Dental Services in Llandrindod.
- The procurement and therefore awarding of contract for the electronic healthcare record system to enable the connectivity of care across Powys (this is the replacement for WCCIS).

Petitions Protocol Update: Powys County Council Motion to Declare a Powys Health Crisis Emergency

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 motion was passed with 42 votes in favour, 10 against, and one abstention.

We will keep the Board updated with any further information.

Petitions Protocol Update primary care services: Llanfyllin Group Practice

I reported in January that a Senedd Petition has been launched requesting the Senedd to review the funding of primary care in Montgomeryshire/Powys with specific reference to Llanrhaedr-ym-Mochnant (Llanfyllin Group Practice).

As at 12 March 2026 the petition had reached 1326 signatures and therefore reached the threshold for discussion by the Petitions Committee: Reinstate Welsh Government funding to ensure Llanrhaeadr-ym-Mochnant surgery stays open. - Petitions This has reached the threshold to be considered by Senedd Petitions Committee and has not yet been discussed.

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

Patterson,Liz
23/03/2026 11:23:13

BOARD

UNCONFIRMED

MINUTES OF THE MEETING HELD ON 28 JANUARY 2026 AT 09:30

HELD VIA MICROSOFT TEAMS

MEMBERS		
Carl Cooper	CC	Chair
Hayley Thomas	HT	Chief Executive Officer
Ronnie Alexander	RA	Independent Member (General)
Mererid Bowley	MB	Executive Director of Public Health
Steve Elliot	SE	Independent Member (Finance)
Mick Giannasi	MG	Independent Member (General)
Paul Hooton	PHo	Executive Director of Nursing, Quality, Women and Family Health
Pete Hopgood	PH	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Rhobert Lewis	RL	Independent Member (General)
Elaine Lorton	EL	Executive Director of Primary Care, Community and Mental Health
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Cathie Poynton	CP	Independent Member (Trade Union)
Ian Thomas	IT	Independent Member (General)
Debra Wood-Lawson	DWL	Executive Director of People and Culture
Kate Wright	KW	Executive Medical Director
IN ATTENDANCE		
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
Vicki Cooper	VC	Digital Transformation and Infomatics
Gill Howells	GH	Audit Wales
Hayley Hughes	HH	Corporate Business Manager (meeting support)
Dai Owen	DO	Assistant Director of Digital Technology and Data Operations
Tanya Thomas	TT	Transformation Manager – Mental Health Renewal
Liz Patterson	LP	Head of Corporate Governance (Minutes)
APOLOGIES FOR ABSENCE:		
Katie Blackburn	KB	Regional Director Llais
Nina Davies	ND	Associate Member (Director of Social Services, Powys County Council)
Mike Jones	MJ	Audit Wales

Page 505 of 706 2026 11:23:13

Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Chris Walsh	CW	Independent Member (Local Authority)
Simon Wright	SW	Independent Member (University)

1. PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB/25/128)

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

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

1.2 DECLARATIONS OF INTEREST (PTHB/25/129)

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

1.3 BOARD ACTION LOG (PTHB/25/130)

HB presented the action log and confirmed there was one outstanding action relating to the Peoples Experience Framework. The Patient Experience, Quality and Safety Committee will receive a paper to their next meeting and will update Board in March 2026.

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

1.4 STAFF EXPERIENCE STORY (PTHB/25/131)

DWL welcomed TT, a team leader in Child and Adolescent Mental Health Services to present her staff story.

TT outlined her career focusing on her period with the Health Board noting the positive culture and opportunities to learn and progress in Powys. TT had led the development of an Alternative to Admission service for children and young people and had been nominated and won a national award. TT paid tribute to her team and other colleagues who had supported the development of the service.

PH congratulated TT and paid tribute to her work in this field, which was benefitting patients in Powys and shaping work across Wales and England.

1.5 QUESTIONS TO THE BOARD FROM THE PUBLIC (PTHB/25/132)

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

1.6 UPDATES FROM: (PTHB/25/133)

REPORT FROM THE CHAIR

CC presented the report and invited any questions.

Given the Cabinet Secretary's focus on joint working why do the Terms of Reference for the South West Regional Joint Committee (SWRJC), on which the Chair sits as an Associate Member, make no reference to consideration of the population of Powys?

CC confirmed that the Health Board were Associate Members on the two new Regional Joint Committees in South East and South West Wales. The SWRJC was an extension of previous joint working between Swansea Bay University Health Board and Hywel Dda University Health Board and CC undertook to request a review of the Terms of Reference for the SWRJC to reference the Powys population and reporting arrangements from the SWRJC to Board.

Page 58 of 213

HT confirmed that the Powys population would have been considered in terms of catchment population but agreed that formalising the Terms of Reference would be appropriate.
Action: Chair

Could the out and about visits be extended to cross border areas that the Health Board commission from, and other areas with a similar rural nature to Powys for learning purposes?
CC confirmed that the out and about programme included visits to services commissioned from English providers and plans were in place to visit services commissioned from Welsh providers. Wider learning from the UK and beyond has been discussed and will be shared with Board Members in a Board Development session.

HT noted that the Health Board rightly look elsewhere for good practice but were recently invited to a Chief Medical Officer Four Nations summit to share experience of providing health care in a rural setting.

EL observed that whilst hearing staff and patient stories at Board was instructive. Valuable insight was also gained from out and about visits such as a recent visit to Knighton undertaken by herself and the Chair.

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

- The Joint Commissioning Committee (JCC) had received an update on the Emergency Medical Retrieval and Transfer Service (EMRTS). Work on Recommendation 4 had recommenced following completion of the legal process in relation to the Judicial Review. The Ambulance Service are reviewing their service model particularly in relation to its rural service model and Wales Air Ambulance are planning to maintain continuity during transition to a new base.
- The Grant Thornton review had identified strong grip and control within the organisation, offered recommendations to strengthen financial recovery, and found no immediate in-year financial opportunities, with further work needed for medium-term planning. The report will be brought to Board Development in February and Board in March 2026.

Independent Members asked the following questions for assurance:
How well did crisis management work in response to Storm Goretti?
HT advised the system had been under pressure with high levels of escalation in acute settings and high demand in terms of patients and high levels of staff sickness. The Powys workforce are to be commended for their resilience and commitment along with the excellent working partnerships existing with the local authority and third sector. A review of the response will be undertaken to identify lessons learned.

Whilst flu uptake figures in Powys are similar to all Wales rates, they remain low. What more can be done to improve uptake?
MB noted variations in uptake explaining delivery was blended across pharmacies, GP practices, vaccination centres, school nursing and midwifery teams. Efforts to broaden communications, strengthen engagement and make every contact count

were ongoing. An all-Wales learning session was planned to share best practice and improve future campaigns. Work was also underway to reconcile population-based uptake data with GP-registered patient delivery data to better understand underlying causes and improve future planning.

How many Powys patients were likely to be affected by the urgent service changes affecting the PET-CT scanner in Wrexham? The report described a delay of several months, yet BCUHB's website stated that the Nuclear Medicine Department would be non-operational until the end of 2027, how do these statements align?
NJ confirmed this affected around six Powys patients and is a specialist cancer diagnostic service commissioned by the JCC through Wrexham, Cardiff and occasionally Stoke. The issue related to a delay in procuring a replacement of the mobile PET-CT scanner and was separate from longer-term nuclear medicine service developments.

In relation to EMRTS is the Health Board continuing to advocate that Recommendation 4 be implemented before or alongside any service re-configuration given the Boards duty to protect the Powys population?
HT confirmed that the Board's position remained unchanged and that the Health Board continue to strongly advocate for Recommendation 4 in line with its original stance. Work on Recommendation 4 had restarted following the legal process and further clarity was expected at the February JCC meeting, including updates from the Wales Ambulance Services Trist and the Wales Air Ambulance Charity. The Health Board will maintain its established position until a detailed proposal was brought forward.

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

1.7 ASSURANCE REPORTS OF THE BOARD'S COMMITTEES (PTHB/25/134)

The following Chair's Assurance Reports were received:

<u>Audit Risk and Assurance Committee (ARAC)</u>
SE presented the item which provided an overview of matters considered by the Committee on 13 January 2026. Attention was drawn to the following matter:

- Escalating to Board concerns regarding the lack of cross-border compatibility of the NHS Wales app, in particular in relation to the newly added hospital appointments feature which disadvantages Powys patients who access services in England. ARAC have identified this as an action that will be tracked and further reports will be brought to Board.

<u>Charitable Funds Committee (CFC)</u>
CC presented the item which provided an overview of matters considered by the Committee on 01 December 2025 and 15 January 2026

<u>Executive Committee (EC)</u>
HT presented the item which provided an overview of matters considered by the Committee between 19 November 2025 and 07 January 2026.

Paterson Li... 03/03/2026 14:23:3...

<u>Finance and Performance Committee (F&P)</u>
RA presented the item which provided an overview of matters considered by the Committee on 04 December 2026.

People and Culture Committee (P&C)
HB presented the item which provided an overview of matters considered by the Committee on 09 December 2026.

Planning, Partnerships and Population Health Committee (PPPH)
RL presented the item which provided an overview of matters considered by the Committee on 20 November 2026.

HB noted three items remain escalated to Board:

- PEQS: capacity issues in relation to Patient Experience
- PEQS: Children's Neurodiversity Services
- F&P: the Health Boards Escalation Status

The item ARAC has escalated will be added to this list for monitoring and updates to Board.

An internal review is underway to ensure consistency between Chair's reports to Board.

The Board **RECEIVED** and **NOTED** all the Committee Reports recognising the key assurance role the Committees have in supporting the Board in its work.

1.8 REPORT OF THE REGIONAL DIRECTOR OF LLAIS (PTHB/25/135)

At the request of KB, in her absence HB drew attention to the following areas of the Llais report:

- KB had attended the recent rural healthcare meeting with the Chief Medical Officers as the Llais representative.
- Llais had appointed a new Head of Complaints, Advocacy and Engagement, who will start in post next week.
- Llais will host a joint health and social care event on 31 March, with further details to be shared.

And noted the following observations in relation to the agenda:

- Llais will visit temporary service change sites in February and provide feedback via the Regional Director report.
- Llais will hold a local event in Llanfyllin in early February regarding pharmacy issues and report back.
- The opportunity to contribute to the Board's December development session as part of annual plan development was welcomed.
- In relation to the Integrated Quality and Performance Report, improved Mid Wales emergency response times may reflect patients travelling further.
- On the Digital Strategic Framework, assurance was sought that proactive consideration was being given to people who are digitally excluded.

Independent Members were invited to route questions to KB via NJ as Executive Director for strategic engagement.
The Board **RECEIVED** the report from Llais.

2. CONSENT AGENDA BUSINESS

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

3. ITEMS FOR APPROVAL/RATIFICATION/ASSURANCE

3.1 CHARITABLE FUNDS ANNUAL REPORT AND ACCOUNTS 2025 (PTHB/25/136)

Powered by BoardPro

CC advised the draft Charitable Funds Annual Report and Accounts 2025 had been considered at the CFC Committee on 15 January 2026 and were recommended to Board for approval.

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

- Annual expenditure totalled £448k, exceeding income of £251k.
- There was a small investment loss of £25k.
- As at 31 March 2025, the total fund value stood at £4.179m, including £3k held in endowment funds.

Thanks were expressed to the Charity Team, Finance Team and Auditors for the work undertaken to prepare the Annual Report and Accounts.

GH advised the audit findings as follows:

- An unqualified opinion
- No significant matters raised
- No uncorrected misstatements
- Not recommendations arising from the audit work

Thanks were expressed to the Finance team for their responsive work and high quality working papers. Subject to Board approved the accounts are scheduled to be submitted to the Auditor General on 29 January 2026 to meet the statutory deadline of 31 January 2026.

Independent Members asked the following questions for assurance:
How is the Board, as Corporate Trustee assured the charitable fund is optimising its potential? Has benchmarking been undertaken to assess investment performance, fundraising effectiveness and a balance between charitable spend and administrative cost?
CC advised benchmarking had been completed and showed the fund was broadly in line with other health charities. The Charitable Funds Strategy was being refreshed, and Board members would be involved.

PH added that benchmarking had accounted for the organisation's size and that assessing outcomes from funded projects could be strengthened in future.

Does the charitable fund's activity adequately support prevention and early intervention, given the charity's mission and the Health Board's strategic priorities as most funded projects appear to focus on patient experience, staff wellbeing and service improvements after people had already entered the system?
CC agreed that prevention and upstream activity were important and should inform the refreshed strategy.

PH confirmed that a stronger focus on prevention would be incorporated into future planning.

Patterson Hunter 23/03/2026 11:23:13

A reduction in donations in 2025 is noted, is this an ongoing concern?

IT confirmed he had sought assurance regarding the investment loss and had been advised this was the first year there had been a loss, and investment gains had previously been strong.

PH confirmed that the Charity Manager played a key role in promoting the fund, both to encourage use of existing resources and to maximise new donations. The Charity was planning a range of fundraising activities, including a skydive event, and encouraged anyone interested to take part. Whilst increasing donations was a priority the team continued to explore new ways to promote the fund for the benefit of the population.

The Board **APPROVED** the Charitable Funds Annual Report and Accounts for the period to 31 March 2025, which are recommended by the Charitable Funds Committee to Board for approval as Corporate Trustee.

3.2 ANNUAL PLAN 2026 - 27 (PTHB/25/137)

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

- The Board was asked to ratify the extension of the Regional Partnership Board Health and Care Strategy to 2029 to provide a stable strategic framework.
- The RPB delivery plan agreed in December would inform the Health Board's annual plan.
- National planning frameworks and financial guidance had been received, including requirements for accountable officer letters if a balanced plan could not be achieved for 2026–27.
- Key national priorities included quality, women's health, urgent and emergency care, planned care, cancer, productivity and efficiency.
- The NHS Wales performance framework was still awaited, though some targets, such as the 104-week treatment target, had been confirmed.
- Commissioning intentions had been issued to NHS Wales and NHS England to support long-term agreements.
- Work continued on the Grant Thornton recommendations, Better Together programme, and the Strategic Population Health Framework, all feeding into the annual plan.
- A five-year "route map to balance" was being developed, covering demand, capacity, and savings opportunities.
- The financial appraisal indicated that balance could not be achieved in 2026–27, and the Board was asked to support issuing an Accountable Officer letter.
- Engagement with Llais, staff, and key partners would continue as the plan was finalised.
- Phase 1 of Better Together (adult physical and mental health community services) was nearing the end of its options appraisal.
- Phase 2 (planned care; women, children and families) was progressing, with GIRFT strategic assessment work due by March and stakeholder workshops scheduled for February.
- A referral management business case was under development for inclusion in the annual plan.
- The Phase 1 pre-consultation business case was expected in spring/summer 2026, with public consultation planned no earlier than Q2 2026, incorporating temporary service changes.

Pattern/Llyn
23/03/2026 11:23:03

Independent Members asked the following questions for assurance:

Will referral and commissioning changes deliver financial benefits in 2026/27 given that such savings are often slow to materialise? There will be a need to explain expected timelines clearly to Welsh Government.
NJ confirmed early impacts were likely in 2026/27 but full benefits would take two to three years to be realised. There are timing challenges given the Grant Thornton report is due at the end of Quarter 4, but the Board would work through the implications during Board Development sessions in February and March 2026.

The planning process for an annual plan is understood, but will a clear longer-term perspective be provided alongside the annual plan documentation?
NJ confirmed that a longer-term perspective would be provided. Several interconnected workstreams; Better Together, the wider route map to balance, and the strategic commissioning framework would be brought together to underpin the annual plan. This framework would incorporate the Grant Thornton recommendations and the GIRFT review and would help the Board understand long-term actions required to meet escalation criteria.

HT emphasised that the discussion highlighted the complexity of aligning all elements needed for the annual plan and longer-term strategy. Board were reminded that decisions on the annual plan had not yet been taken, noting that external assessments showed the current opportunities for financial improvement would not remove the deficit. Achieving financial balance would require wider and difficult strategic decisions. The full picture would come to the March Board meeting, with commissioning negotiations, due to conclude in mid-February, also shaping next year's position. It was confirmed that both the immediate and long-term perspectives were being considered, but the scale of recovery required would demand challenging choices.

The Board:

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

Patterson-Liz 23/03/2026 11:23:43

3.3 FINANCIAL PERFORMANCE 2025/26 MONTH 09 (PTHB/25/138)

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

- The month 9 financial position shows a forecast year-end deficit revised to £33.3m following unforeseen cost pressures.
- A month 9 overspend of £24.991m was recorded, consistent with the revised forecast position.
- Financial pressures within commissioning continue, including increased tariff costs and continued reliance on private provision for mental health and learning disability placements.
- A significant reduction in agency and locum expenditure is noted, exceeding the targeted reduction trajectory.
- Delivery of almost £20m against the £23m savings requirement is forecast, with remaining gaps relating to commissioning and private provider usage.
- The underlying deficit remained assessed at £44m.
- Capital expenditure was progressing in line with plan, with full utilisation of the capital allocation anticipated.

Independent Members asked the following questions for assurance:
It is disappointing that the revised deficit plan cannot be delivered, although the reasons appear largely outside the Health Boards control. Could an assessment be provided on the pressure within private provider costs going into the next financial year, and the extent to which this would impact next year's plan?
PH confirmed the pressure relating to private provider costs was already reflected within the current year forecast and had been included within the underlying deficit position, forming part of the starting point for next year's plan. Some improvement had been seen in earlier months, but the position remained variable and would require continued focus.

When comparing month 9 this year with the same period last year, days delayed due to social care had reduced by almost 6,000, but days delayed due to health had increased by over 3,000. What was driving the increase in health-related delays and what actions were being taken to address this?
EL advised a reduction in overall length of stay had been observed, but further work was required on continuing healthcare assessments, access to community placements, and reducing lengths of stay within community hospitals. Significant variation existed between community hospital sites, and targeted work was underway where stays were proportionately longer. Ongoing development of integrated community teams and reablement services formed part of the approach to enable people to return home sooner. Although improvements had been made since April, further progress was needed to ensure more equitable and timely care across all sites.

Could assurance be provided regarding strategic cash, and whether confirmation had been received from Welsh Government on the availability of strategic cash support to cover the deficit?
PH advised the required submission had been completed in line with deadlines and updated to reflect the revised forecast. No response had yet been received from Welsh Government.
Whilst the financial report is clear and transparent, and Grant Thornton have indicated good grip and control; there is no credible route to financial balance

Page 513 of 706

without medium to long term service evaluation. What are the realistic best-case and worst-case outturns for the current financial year, and are any further mitigating actions available?
PH confirmed that the forecast outturn remained £33.3m, with risks and opportunities outlined in the report. Enhanced controls around the pay position had already been implemented, and no further updates were available beyond those included in the financial tables.

Mental Health and Learning Disability costs remain consistent, primarily being driven by high placement costs which are appropriate where required. What is being done to ensure this provision is being actively monitored?
EL confirmed that weekly panels were in place to monitor external provision for mental health and learning disabilities, with active efforts to repatriate individuals wherever possible. This was recognised as a growing area nationally and that the Health Board was fully engaged in both local and all-Wales work to address the issue.

The Board:

- **RECEIVED** the financial report and take assurance that the organisation has effective financial monitoring and reporting mechanisms in place.
- **NOTED** that an Accountable Officer letter was sent to Welsh Government on 29 December formally amending the financial forecast by £5m to £33.3m
- **CONSIDERED** and **APPROVED** the revised financial forecast for 2025/26 of £33.3m and the revised underlying deficit of £44.7m.

3.4 INTEGRATED QUALITY AND PERFORMANCE REPORT 2025/26 MONTH 08 (PTHB/25/139)

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

- Planned care targets for 104-week treatment waits and 52-week outpatient waits continued to be met, with strong performance maintained in minor injuries and compliance sustained in under-18 mental health measures.
- Diagnostic and therapies waits showed continued improvement in line with agreed trajectories, though fragility remained in single-handed specialties.
- Adult mental health performance had improved, with only the care and treatment plan standard not achieved.
- Children and young people's neurodevelopmental services demonstrated ongoing improvement against the 104-week standard, remaining within national expectations.
- Commissioned services performance varied: Swansea Bay and Hywel Dda met planned-care targets for Powys, while issues persisted with Shrewsbury and Telford and with long waits at Robert Jones and Agnes Hunt (RJAH); escalation to Welsh Government and further assurance had been sought.
- Three enabling actions were off-track (cataract throughput, theatre efficiency, and eradication of healthcare support worker agency use), all of which continued to be monitored and reported to Welsh Government.
- Quality and Outcomes Framework measures remained under scrutiny due to Powys's unique service configuration.
- A deep-dive review into long-waiting issues was being prepared for the next Finance and Performance Committee in relation to a commissioned provider.

Paterson, Liz 23/03/2026 14:23:13

Independent Members asked the following questions for assurance:
CC noted the observation from Llais that emergency care statistics may be affected as patients are choosing to drive for emergency care rather than wait for an ambulance.
NJ noted the observations which Llais would have received directly from patients and will take these comments into meetings with the JCC on commissioned ambulance services. This matter has been reported in JCC previously and is understood to be a pattern across Wales.

In relation to in-reach services, would waiting times for patients be the same if instead they were directed to the base District General Hospital (DGH) rather than been seen via in-reach services?
NJ confirmed the waiting times would vary as in-reach and hospital lists were separate and operated with different levels of capacity. Waiting times for patients seen through Powys in-reach services were generally shorter than if they were referred to the base DGH. However, the ongoing GIRFT Review might lead to changes in the in-reach model in future.

EL and KW noted that for specialised low volume services with infrequent lists, waits could be longer, and comparisons were complex because Powys provider services treated patients with lower acuity than DGHs, meaning cohorts were not directly comparable.

The extremely long spinal treatment waits at RJAH, exceeding 300 weeks are of concern. Are more robust actions, such as alternative providers or independent sector provision being explored, and what would trigger such action? What support was being provided to patients experiencing waits of this length?
NJ acknowledged the concern regarding very long waits for complex spinal surgery and confirmed that the Health Board had escalated the issue to Welsh Government to explore mutual aid, though capacity elsewhere in Wales was similarly constrained. Options with NHS England providers had also been tested, but capacity was not available and the nature of the surgery made private sector provision largely unsuitable. A strategic decision would be required, and options would be brought back to the Board

EL and CM advised of the existence of a "waiting well" service providing advice and support to patients and undertook to check whether the longest waiters at RJAH were actively included, and that patients on the spinal waiting list had been clinically screened to determine whether Powys services, such as consultant physiotherapy, chronic pain services, or further physiotherapy, could meet their needs. Those not requiring surgery had been redirected accordingly, but those needing complex surgery could only be supported while waiting.

Board requested that the Finance and Performance Committee investigate the position in relation to long waits at RJAH.
Action: Director of Planning, Performance and Commissioning and Chair of Finance and Performance Committee.

Paterson Kate 13/03/2026 14:09:13

In relation to the continued use of agency staff, is this due to recruitment issues or a legacy issue that might have been missed?

EL and DWL confirmed that Powys had historically relied heavily on agency staff, but usage had reduced significantly over the past year, particularly on the wards. Further reductions were required in community, medical and Allied Healthcare Professional services, with a further 30% reduction expected next year. Substantive and bank recruitment had contributed to improvements, though the target to eradicate healthcare support worker agency use had not yet been met and will roll forward.

The Board:

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

3.5 DIGITAL FIRST ANNUAL PLAN (PTHB/25/140)

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

- Key achievements included the launch of the Clinical Digital Board, reduced incidents through a new target operating model, and upgraded digital infrastructure and devices.
- Improvements were focused on enhancing frontline staff access to digital services.
- Work remained aligned to Welsh Government priorities and the Integrated Medium Term Plan.
- Cross-border service complexities were acknowledged, with programmes such as Digital Maternity and Connected Care being introduced to strengthen digital links across Wales and England.
- Assurance was given regarding progress made and the continued commitment to becoming a digital-first organisation.

CM responded to the earlier Llais query relating to members of the public who struggled to access digital systems outlining the organisation was aware of issues around digital literacy and connectivity within community settings and took these factors into account when engaging with the public. A Digital Facilitator Service exists in Powys, which provided outreach support to help individuals access digital appointments where desired. Strong partnerships exist with local libraries, enabling people to borrow equipment, such as laptops or tablets, and, where needed, access data allowances to support digital access to health services.

Independent Members asked the following questions for assurance:
What sits behind the strategy in terms of measuring impact and value? Specifically, are there, or will there be, clear outcome measures, a benefits realisation framework, and mechanisms for assessing financial impact or return on investment?
CM and VC advised that each digital project already operated within a benefits assurance framework, with outcomes monitored and finances closely scrutinised due to project-based funding. These could be collated for future annual reports. The service had been benchmarked at the start of the strategy, showing low digital maturity, and that a benefits framework was in place with measures taken post–go-live. Early benefits were mainly operational, including reduced incidents, faster service desk response times, improved system usability and fewer complaints, while more substantial clinical and frontline efficiencies were expected in the later stages once clinical applications were implemented. Future reports could

Page 12 of 15 - Integrated Report Pack - 28/01/2026 - 11:13:16

incorporate progress against maturity assessments to demonstrate value and impact over time.

Does the digital team had sufficient capacity and capability to continue delivering the digital work programme, and how does the organisation ensure effective engagement with users, both staff and the public, to understand their needs and assess satisfaction with the digital systems being delivered?
CM and VC advised that a key challenge was the annual, project-based nature of digital funding, which caused fluctuations in staffing levels depending on project cycles. Despite this, the team was working to maintain a stable core workforce with the necessary skills, though funding constraints continued to pose difficulties. Workforce capacity remained an ongoing issue, but improvements had been made through enhanced monitoring of capacity, capability, performance measures and user feedback. Staff retention had been positive, but the structure of national programme funding continued to create challenges for workforce stability.

The Board:

- Took **ASSURANCE** that robust arrangements are in place to ensure ongoing delivery of the Digital Strategic Framework, with significant progress made to align with Ministerial digital priorities.
- **RECOGNISED** that alongside these assurances and achievements, significant challenges remain; while digital solutions should enable faster discharge and more accurate transfer notes, delays with the Cross Border programme, competing national and local priorities, workforce pressures, and capacity constraints are slowing adoption across the organisation.

3.6 DIRECTOR OF CORPORATE GOVERNANCE REPORT(PTHB/25/141)

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

- Board, Board Development and in-committee activity since November was outlined.
- One Chair's Action relating to a request for strategic cash support from Welsh Government was presented for ratification.
- Updates to Standing Orders, Standing Financial Instructions and the Executive Scheme of Delegation were provided.
- Revised terms of reference for the Power of Discharge Committee and the Local Partnership Forum were submitted for approval.
- Updated Standing Orders for the Joint Commissioning Committee were noted following issue via Welsh Health Circular.
- An update was provided on the petitions protocol, noting a petition relating to the Llanfyllin area, with no Board action required and continued monitoring confirmed in line with the protocol.

Independent Members asked the following questions for assurance:
Does a mechanism exist, or is being considered, for periodic, independent review or sampling of decisions taken by Hospital Managers under the Power of Discharge arrangements, given the significance of these decisions for patient safety and public protection? Not a challenge individual judgements, but to ensure there was appropriate retrospective checking or peer-review process similar to other high-risk delegated functions?
EL acknowledged the importance of the point and confirmed that a full response was not immediately available. The matter would need to be considered further,

Published 30/04/2026 14:53:36

with appropriate linkage back to PEQS to ensure the correct governance and assurance mechanisms were in place.
Action: Executive Director Primary, Community Care and Mental Health

There appear to be significant portfolio changes, given the size of the portfolios is there sufficient capacity within the organisation to discharge the responsibilities?
HB and HT confirmed that some of the portfolio additions were simply explicitly confirming the existing position. Portfolio arrangements were discussed at Executive Committee, and the share is broadly in line with other organisations. There are capacity restraints to deliver around certain areas of responsibility and this forms part of the annual planning process.

The Board:

- **RECEIVED** the Director of Corporate Governance report
- **RATIFIED** the single Chair's Action taken since the last meeting of the Board held on the 26 November 2025;
- **APPROVED** changes to the PTHB Standing Orders as follows:
    a. Schedule 1 (Scheme of Delegation) - Executive Scheme of Delegation
    b. Schedule 4 (Board Committee arrangements) - Power of Discharge Group terms of reference
    c. Schedule 5 (Advisory Groups) - Local Partnership Forum terms of reference
    d. Section 6.1 (Joint Commissioning Committee) - Revisions to the Standing Orders for the NHS Wales Joint Commissioning Committee (issued via Welsh Health Circular)
- **NOTED** the update provided in relation to the Health Boards Petitions protocol.

3.7 MINUTES OF PREVIOUS MEETINGS HELD ON 26 NOVEMBER AND 16 DECEMBER 2025 (PTHB/25/142)

The minutes of the meeting held on the 26 November 2025 were **CONFIRMED** as an accurate record.

The minutes of the meeting held on the 16 December 2025 were **CONFIRMED** as an accurate record, subject to the following amendment:

- In the attendance list Elaine Lorton's portfolio to be corrected to: Executive Director Primary, Community Care and Mental Health'.

4. CONSENT AGENDA (PTHB/25/143)

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

- **FOR ASSURANCE:** Assurance Report of the Board's Joint Committees.
- **FOR ASSURANCE:** Assurance Report of the Board's Partnership Arrangements.
- **FOR ASSURANCE:** Assurance Report of the Board's Local Partnership Forum.
- **FOR INFORMATION:** Board Assurance Framework and Strategic Risk Register.
- **FOR ASSURANCE:** Board Work Programme.
- **FOR INFORMATION:** Glossary.

Patterson, Liz 23/03/2026 14:45:13

5. OTHER MATTERS

5.1 ANY OTHER URGENT BUSINESS (PTHB/25/144)
None raised.
5.2 DATE OF NEXT MEETING (PTHB/25/145)
25 March 2026. *Meeting closed at 12.40*

Patterson,Liz
23/03/2026 11:23:13

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

Agenda item: 4.1

BOARD	**25 MARCH 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	

Papur 11.2
23/03/2026 11:23:13

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 27 January and 17 March 2026. The papers for these meetings are available at Meeting Dates and Papers - NHS Wales Joint Commissioning Committee

The highlight report from the meeting held on 27 January 2026 are attached at **Appendix A**. The highlight report from the meeting held on 17 March 2026 will be brought to the meeting of the May Board.

Mid Wales Joint Committee for Health and Social Care (MWJC)

The Mid Wales Joint Committee for Health and Social Care have not met since the last meeting of Board. The papers MWJC are available at: Joint Committee Meetings - Mid Wales Joint Committee. The next meeting will take place on 04 April 2026.

South East Wales Regional Joint Commissioning Committee (SEWRJC)

The Health Board is an Associate Member of the South East Wales Regional Joint Commissioning Committee. The Executive Director of Planning, Performance and Commissioning is the identified PTHB representative for the Committee.

The SEWRJC 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 met on the 22 January 2026, papers are available here - Regional Joint Committee (RJC) - Swansea Bay University Health Board

The Committee last met on the 16 February 2026, papers will be provided in due course.

NEXT STEPS:

Updates will continue to be brought to each scheduled meeting the Board.

IMPACT ASSESSMENT – NOT REQUIRED

This section must be completed for all strategic organisational decisions including approval of health board policies.

Anderson, Liz 23/03/2026 11:23:13

Cyd-bwyllgor Comisiynu Joint Commissioning Committee

Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee

Dyddiad y Cyfarfod / Date of Meeting	27/01/2026
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	January 2026	Noted

1. SITUATION/BACKGROUND

This report had been prepared to provide Health Board (HB) Chief Executive Officer Members of the Joint Committee with a summary of the key issues considered by the NHS Wales Joint Commissioning Committee (JC) at its public meeting on 27 January 2026.

Key highlights from the meeting are reported in Section 3.

Patterson,Liz 23/01/2026 Uwch

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 January 2026 - NHS Wales Joint Commissioning Committee).

Status	Update
Alert / Escalate	• The financial position remains a key risk. A private meeting was held prior to the in-public meeting to progress discussions on options for the Integrated Medium-Term Plan (IMTP) for 2026-2029. The IMTP will be presented to the JC in March 2026 for approval.
Advise	• **Emergency Medical Retrieval and Transfer Services (EMRTS) Update** - Following the November JC, the Welsh Ambulance Service (WAST) were tasked with reviewing rural service delivery, particularly in relation to Recommendation 4, to adapt to the new ambulance performance framework. The recommendations and outputs from the ambulance review will be incorporated into the IMTP. - The Wales Air Ambulance Charity were continuing their planning for a new base. Current base arrangements may need to be extended as an interim measure.
Assure	• **Governance & Risk Management:** - The **Risk Register** at 30 November 2025 was received. Risks were reviewed and scrutinised by the Sub-Committees prior to the JC. A discussion was held around the approach to develop and strengthen the commissioner held risks. Members welcomed the work and improvements made to date. - The **Corporate Governance Report** including updates on the internal audit programme, hosting arrangements, work in progress and forward plan of business were noted.
Inform	• The **Chair's Report** summarised the JC Strategy Session held on 16 December 2025, which covered topics including the development of the NWJCC IMTP, emerging risks across the NWJCC's portfolios and the NWJCC Financial Outlook including financial savings plan. • The **Chief Commissioner's Report** included updates on: - The progress made in relation to implementing the new organisational structure for the NWJCC (with an improved 14.30% vacancy rate as of January 2026). - A new Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups has been appointed and will join the NWJCC on 2 February 2026. The Interim Director was thanked for covering the post during this transition period.

Patterson,Liz
23/03/2026 11:23:13

Status	Update
	• Reports from each of the Commissioning Directors: • **Director of Commissioning for Ambulance Services and 111** Members noted: - In relation to 111 Press 2, the NWJCC currently does not hold any commissioning responsibility as the service was provided by HBs. There was potential for a future review and discussion about whether a national commissioning function should be considered to improve resilience and effectiveness. • **Director of Commissioning for Specialised Services** Members noted: - That the Joint Accreditation Committee of the European BMT Society (JACIE) report had been received. Certification was not renewed due to unresolved estates issues. A six-month extension has been provided. The estates issues were unlikely to be resolved during this time frame. Alternative commissioning arrangements with English providers were being considered. - Demand management work with providers to explore opportunities for managing elective and urgent cases was on-going. • **Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups** Members noted: - An update on the commissioning review of the Welsh Gender Service. This was expected to take around 3 months once appropriate resource had been secured. - The re-opening of the Caswell clinic was reported, the JC acknowledging that the service remained in escalation. - 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. • The JC received the **Month 9 Finance Report** and the **Operational Performance Report**. The challenging financial position was noted. Members thanked the NWJCC for their efforts in reducing the financial deficit and welcomed discussions on further opportunities for cost savings. Members also welcomed on-going improvements to performance reporting, including enhanced data quality, user friendly formats and the integration of key metrics, while

Patterson,Liz
23/03/2026 11:23:13

Status	Update
	noting areas for further development, particularly in mental health and ambulance data. • The Committee received the following assurance reports: - **Quality, Safety and Outcomes Sub-Committee** - **Planning, Performance and Finance Sub-Committee**
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: ☒

Ashton Liz
13/03/2026 11:23:13

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.

Patterson,Liz
23/03/2026 11:23:13

Agenda item: 4.2

BOARD	DATE OF MEETING: 25 MARCH 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).
- Board:Cabinet Forum (BCF).

RECOMMENDATION(S):

It is recommended that the Board:

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

Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
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	

Patterson Liz 23/03/2026 13:13

7. Put Digital First	Y	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

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

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

The Shared Services Partnership Committee met on 22 January and 19 March 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 22 January 2026 is attached at **Appendix 1.** The report from the meeting on 19 March 2026 will be presented to the May Board meeting.

The next meeting is scheduled for 14 May 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 has not met since the last meeting of Board. The next meeting of the RPB is scheduled for 26 March 2026.

Board to Cabinet Forum (BCF)

A meeting of the senior leaders of the Board to Cabinet Forum took place on 10 March 2026 when it was agreed that revisions to the group would be considered and would be put before Board and Cabinet for approval in May 2026.

NEXT STEPS:

Papur gan Lly... 23/03/2026 13:13

Updates will continue to be brought to the Board and where necessary, specific decision-making matters will be scheduled.

IMPACT ASSESSMENT – NOT REQUIRED

Patterson,Liz
23/03/2026 13:13

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	22 January 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 activities since the last meeting, in addition to routine duties, approvals, and providing support to NHS Wales Shared Services Partnership (NWSSP), which included:

- extensive engagement in the Welsh Government's independent review of NWSSP Accountability and Governance, welcoming the published outcome and confirming constructive joint work with the Chair of Velindre University NHS Trust (Velindre);
- strengthened working relationship with Velindre through several positive one-to-one meetings and joint review of draft recommendations;
- ongoing participation in key stakeholder engagement forums, including the Chairs' Meeting and the Welsh Risk Pool Committee; and
- contribution to the NWSSP Annual Staff Recognition Awards, supporting organisational culture and staff celebration.

The Committee **NOTED** the Chair's Report.

Managing Director Update - The Managing Director provided a comprehensive update which included an overview of operational activity, driven by Integrated Medium-Term Plan (IMTP) development and wider system pressures. Preparations for NWSSP's 15-year anniversary in April 2026 continue, alongside the successful virtual Staff Recognition Awards held on 13 January, which highlighted staff professionalism and contribution across NWSSP and NHS Wales. The Welsh Government Independent Review outcome confirmed NWSSP's governance framework is fundamentally sound, setting out recommendations for strengthening and improvement. Financially, a £6m non-recurrent distribution has now been confirmed for partners, with improved clarity on Welsh Risk Pool allocation, though year-end financial management remains a priority.

Progress continues across Radiopharmacy, with the South East Hub's new isolators undergoing testing and validation ahead of a June go-live and ongoing collaboration with Aneurin Bevan University Health Board to mitigate staffing pressures. Credible site options for the South West and North Wales developments have been identified, and project momentum is increasing. Over one million vaccines have been delivered nationally, with planning underway for next year, building on lessons gleaned from 2025. Primary Care and Medical Examiner Services remain under high demand and activity continues to be monitored, with current performance in line with expectations, reflecting the strength of

the winter planning and preparedness undertaken. There is ongoing work with DHCW to automate the redirection of mis-addressed hospital letters. Engagement on Welsh Risk Pool matters is continuing ahead of the Chairs' meeting, and implementation of the Future Workforce Solution is progressing rapidly with identified pathfinders, though a significant risk persists due to funding uncertainty beyond year two, which is currently subject to active discussion with Welsh Government.

The report also provided updates on the Laundry Service, accommodation, decarbonisation and adaptation activity, and personal protective equipment, alongside an overview of engagement events, staff awards and recognition.

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

Welsh Government Independent Review of NWSSP Accountability and Governance Arrangements

The Committee welcomed the publication of the outcome report, noting satisfaction that the report confirms NWSSP's governance and accountability framework is *"fundamentally sound."* After 15 years of significant growth and diversification, it is appropriate that areas for strengthening have been identified. The review contains 19 recommendations, several of which relate specifically to partner organisations. It was highlighted that Welsh Government has issued a formal response, which will inform the next phase of work. A working group will be established to take forward the recommendations and this marks an opportunity to address some of the challenges of the past year and ensure hosting arrangements better support partnership functioning. Early reflections from Committee Members on how their organisations were considering the recommendations were invited.

The Committee **DISCUSSED** and **NOTED** the update provided in respect of the Welsh Government Independent Review of NWSSP Accountability and Governance Arrangements outcome, and the next steps regarding the implementation of recommendations.

Items for Approval

NWSSP Integrated Medium Term Plan (IMTP) 2026-2029 – The Committee **APPROVED** the Plan for submission, subject to any feedback received prior to 13 February 2026. The publication reflects the Welsh Government planning framework and statutory submission requirements, shaped by a strong focus on supporting Health Organisations' planning. The plan is people-led and iterative, aligned to Ministerial priorities and system expectations, underpinned by robust financial scrutiny amid significant resource pressures and known delivery risks. It sets out clear strategic priorities including digital transformation, workforce, service modernisation, sustainability and collaboration across NHS Wales, introduces a new focus on strengthening partnerships, and is supported by impact assessments, case studies and a planned programme of engagement ahead of submission.

Expenditure and Purchase Approval for the Influenza Vaccines Required for the 2026/27 Influenza Vaccination Programme - The Committee **APPROVED** the proposal, noting the requirement for urgent procurement due to manufacturing lead-in times. NWSSP has been commissioned by Welsh Government to deliver a single national procurement, with the contract extended for a further year to support the forthcoming campaign, securing 912,000 doses at a total cost of £12.6m and achieving cost efficiencies through consolidation to a single vaccine. The vaccines will be fully funded by Welsh Government, with corresponding approvals progressed through Velindre Trust Board to authorise the Chief Executive Officer to approve the requisition.

Page 531 of 706

Remote Advice and Guidance Contract Extension – The Committee **APPROVED** the contract extension proposal for a further 12 months to March 2027, noting its role in enabling cross-organisational access to clinical advice and NWSSP's function as lead organisation on behalf of NHS Wales Performance and Improvement (NHS P&I). Assurance was provided that the extension is fully funded by Welsh Government, with no financial risk to NWSSP. The corresponding approval would be progressed through Velindre Trust Board to authorise the Chief Executive Officer to approve the requisition.

Power Resilience at IP5 to include Radiopharmacy and TrAMS Hub - The Committee **APPROVED** the proposed approach, noting its alignment with the wider estates strategy and its critical role in supporting delivery of the TrAMS programme. The solution, endorsed through programme governance, involves a phased approach with separate procurements for enabling works and generation infrastructure. At this stage, approval enables progression of a funding submission to Welsh Government, with no contractual commitment entered into, and the matter will return to the Committee for a formal investment decision once funding approval is secured.

Forensic and Statement Reconciliation Software Contract Renewal - The Committee **APPROVED** the contract renewal, noting its critical role in supporting accounts payable controls, fraud risk management and financial assurance across NHS Wales. The proposal consolidates two existing contracts into a single arrangement to improve value for money and streamline management, with assurance provided that the existing supplier remains the most cost-effective option. Learning was noted in relation to procurement lead-in times for digital contracts, and the renewal was endorsed to ensure continuity of service and system robustness. The corresponding approval would be progressed through Velindre Trust Board to authorise the Chief Executive Officer to approve the requisition.

e-Expenses System Contract Renewal - The Committee **APPROVED** the contract renewal, noting its critical role in supporting the processing of NHS Wales staff expenses and the need for contractual flexibility amid wider system change. The proposed structure provides assurance and continuity while accommodating potential future alignment with the Future Workforce Solution and evolving medical and dental workforce arrangements. Assurance was provided that there are no financial implications for local organisations, with the renewal fully supported through existing central funding and a compliant procurement approach. The corresponding approval would be progressed through Velindre Trust Board to authorise the Chief Executive Officer to approve the requisition.

TRAC Recruitment System Contract Renewal - The Committee **APPROVED** the contract renewal, noting its critical role in maintaining recruitment stability and performance across NHS Wales. The proposed structure provides continuity while allowing alignment with the Future Workforce Solution and a managed transition as onboarding capability is developed. Assurance was provided on the system's effectiveness in improving recruitment timescales, with the renewal supporting service continuity while preserving flexibility for a future exit strategy. The corresponding approval would be progressed through Velindre Trust Board to authorise the Chief Executive Officer to approve the requisition.

Companies House Lease Renewal - The Committee **APPROVED** the lease renewal and to authorise instruction to Legal and Risk Services to progress with documentation, noting the conclusion of complex negotiations and the agreement of favourable terms that balance operational stability with flexibility, including a capped service charge and break option. The reduced estate footprint aligns with the Agile Working Strategy. The corresponding approval would be progressed through Velindre Trust Board.

Public 2026-01-23 13:30:13

IP5 Lease Variation – The Committee **APPROVED** a minor variation to the lease to support delivery of the RadioPharmacy project, noting that the change is straightforward, presents no additional operational impact, enabling progression through to Velindre Trust Board for approval and application of the corporate seal.

Items for Noting and Discussion

NWSSP Decarbonisation and Adaptation Activity Update - The Committee received the bi-annual update provided in relation to NWSSP's decarbonisation and adaptation activity, noting steady progress against the 2024–2026 Decarbonisation Action Plan and alignment of the forthcoming plan to the new NHS Wales Strategic Delivery Plan. Performance remained amber across carbon management, estates, transport and procurement, with green ratings for adaptation and healthcare approaches, and only a small number of actions outstanding. Significant achievements included completion of organisation-wide adaptation risk workshops; installation of solar panels at Matrix House and EV chargers at IP5; and delivery of notable case studies such as the NHS Wales Tray Wrap Project, a well-received decarbonisation staff event, and national recognition for the Welsh Health Environment Forum. NWSSP secured approval for 17 electric vehicles for 2026, with further work underway on governance for the new strategy, net-zero building guidance, sustainable transport plans, expanded solar installations, waste strategy development and continued fleet replacement.

The Committee **NOTED** the NWSSP Decarbonisation and Adaptation Activity Update.

Finance, Performance, People, Programme and Governance Updates

Finance Report – The Committee noted the financial position as at 31 December 2025, with a year-to-date surplus of £4.278m and a confirmed £6m forecast surplus following quarter four projections. Capital expenditure totalled £4.129m against the £11.372m Capital Expenditure Limit, supported by recent approvals including the IP5 roof overlay, year-end bids for laundry, digital and IT infrastructure, and next year's approved fleet business case. Discretionary capital has reduced to £0.409m due to the Transforming Estates Funding contribution. A significant deterioration in the Welsh Risk Pool position was noted, with month 9 Departmental Expenditure Limit reaching £116.731m against the £109m allocation and a refreshed forecast of £183.848m to £194.591m, triggering £74m–£85m under the Risk Share Agreement. Welsh Government has confirmed up to £49m, which may be fully required. Detailed case review, close monitoring and ongoing engagement with the Financial Planning and Delivery Unit continue to assess emerging risks and next-year pressures.

People and Organisational Development Report – The Committee received the latest workforce update to 31 December 2025, confirming continued headcount growth, improved turnover performance (reducing to 8.87%, excluding SLE), and stable sickness rates at 3.16%, remaining below the NHS Wales average. Statutory and mandatory learning compliance remained high at 92.55%, with Anti-Racism training above target and strong 83.14% PADR compliance. Positive movement across previously red indicators, particularly in non-mandatory learning and targeted improvement areas, was noted. The Committee discussed rising voluntary resignations within the first year of employment, with fixed-term contracts and limited insight from exit questionnaires identified as contributing factors; benchmarking indicates this trend is common across NHS and wider sectors.

Papur(au) yn y Cyfarfod 11/02/2026 11:23:03

Performance Information Report – The Committee received the report detailing strong performance across Key Performance Indicators (KPIs) from August to November 2025.

Quarter 2 reports were issued in October and quarter 3 reports would follow at the end of January, with forthcoming organisational and divisional performance meetings to support deeper IMTP oversight. Professional influence benefits totalled £86m to the end of November, with only three KPIs not meeting target, each accompanied by clear explanations and remedial actions. Recruitment Time-to-Hire continues to meet the All-Wales target, sustaining over 12 months of compliance despite organisational variation.

Outcome Measures Report – The Committee received the report focused on outcomes aligned to NWSSP's strategic objectives across services, people and value. NWSSP continues to demonstrate progress in evidencing impact. Work is underway to further enhance the report for the next IMTP cycle, including a new partnership-focused section and improved tailoring of data to better support Health Organisations' local performance and decision-making. The report highlighted positive customer satisfaction, stronger employee engagement, and increased contributions to decarbonisation and the foundational economy, with consistently positive 'Voice of the Customer' themes and active improvement work across recruitment, audit timeliness, procurement transparency, payroll communication and system development.

Transformation Management Office (TMO) Update Report – The Committee received an update on the breadth of programme activity within the TMO, confirming no material change in RAG status since the last iteration, but noting significant forthcoming capacity pressures arising from major programmes including the Future Workforce Solution, the new Resident Doctors Contract, and the TrAMS programme. A new North Wales-based Project Manager has been appointed, strengthening regional presence and Welsh-language capability.

NWSSP Corporate Risk Register – The Committee received the latest Risk Register update, which was reported as stable and continues to be scrutinised regularly at each Senior Leadership Group meeting. The latest position identifies 20 risks for action, comprising six red, 11 amber and three yellow rated risks. Four red risks remain unchanged insofar as trends and two new red-rated risks have been escalated insofar as challenges around the accuracy of forecasting for Welsh Risk Pool and the impending expiration of Microsoft licenses. In addition, five risks are recorded for monitoring, including two amber and three yellow, of which one is a newly escalated risk to organisational reputation arising from public perception that the statutory implementation of the Medical Examiner Service in September 2024 has caused significant delays in the death certification process.

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

Part B - Private

The Committee **APPROVED** the proposed approach for the All-Wales Finance and Procurement System Replacement and **NOTED** the update provided in respect of the Future Workforce Solution for NHS Wales.

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 19 March 2026, 10.00am to 12.00pm

Patterson Liz
23/03/2026 11:23:13

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 4.3

BOARD	**25 MARCH 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	

Patterson,Liz
23/03/2026 11:23:13

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 19 January 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 will hold its inaugural meeting on 20 March 2026 where an introduction to the work of the forum, the terms of reference and membership will be discussed. A report from this meeting will be brought to Board in May 2026.

IMPACT ASSESSMENT – NOT REQUIRED

This section must be completed for all strategic organisational decisions including approval of health board policies.

Patterson,Liz
23/03/2026 11:23:13

Reporting Committee:	**Local Partnership Forum**
Committee Chair	Cathie Poynton
Date of last meetings:	19 January 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 19 January 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 are no matters to escalate/alert.
Advise	There are no matters to advise.
Assure	**BETTER TOGETHER UPDATE INCLUDING TEMPORARY SERVICE CHANGES** The Local Partnership Forum

Published on 20/03/2026 11:23:13

	• **RECEIVED** the update on the current position and progress made in relation to delivery of Better Together. • **NOTED** the planned forward activity including the link to further consideration and decision making on Temporary Service Change. • **RECEIVED** the Stage 0-2 Engagement Report and Stage 2 Engagement Closure Report and took **ASSURANCE** that engagement activity for Stages 0-2 has been delivered. **FINANCE REPORT MONTH 08** The Local Partnership Forum **RECEIVED the** financial report and took **ASSURANCE that** the organisation has effective financial monitoring and reporting mechanisms in place. **WORKFORCE PERFORMANCE REPORT** The Local Partnership Forum **RECEIVED** the information provided in the update and took **ASSURANCE** the organisation collects, analyses, and monitors relevant People and Culture data. **CHIEF EXECUTIVES REPORT FROM BOARD (NOVEMBER 2025)** The Local Partnership Forum **RECEIVED** the report.
Inform	The Local Partnership Forum received and discussed the following items: • Annual Plan 2026/27 development • Collective agreement on registrant CPD hours • Staff Survey 2025/26
NEXT MEETING: 26 February 2026	

Patterson, Liz 23/01/2026 11:22:13

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

Patterson,Liz
23/03/2026 11:23:13

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

Agenda item: 4.4

PTHB Board	**20 May 2026**
Subject:	**Progress Against the Annual Plan (Delivery Plan 2025-26) for the Quarter 3 period, October to December 2025**
Approved and presented by:	Executive Director of Planning, Performance & Commissioning
Prepared by:	Assistant Director of Planning/Planning Managers
Other Committees and meetings considered at:	Finance and Performance Committee - 26 February 2026 Executive Committee - 04 February 2026

PURPOSE:

This report provides the Board with an update of the progress made against the Annual Plan for the Quarter 3 period (October to December 2025).

Following consideration at this meeting, it will be submitted to Welsh Government, as a formal report of Progress against the Plan for Quarter 3.

RECOMMENDATION(S):

The Board are asked to **CONSIDER** the report ahead of submission to Welsh Government and take **ASSURANCE** that there is a process in place for monitoring progress against plan.

Approve/Take Assurance	Discuss	Note
Y	Y	N

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

Patterson,Liz
23/03/2026 11:23:12

EXECUTIVE SUMMARY:

This report provides the Board with an update of the progress made in Quarter 3 (October to December 2025) against the 2025-26 Annual Plan.

Once considered and approved by the Board this will then be submitted to Welsh Government as a formal report of Progress against Plan for the Quarter 3 period.

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 Integrated Plan.

BACKGROUND

This report provides the Board with an update of the progress made in Quarter 3 (October to December 2025) against the 2025-26 Annual Plan.

1) Development of Progress Report against Plan

Each of the 22 Strategic Priorities set out within the Integrated Plan have been reviewed and a commentary provided by Executive Leads on key achievements and challenges, where required for Quarter 3.

An additional explanation including mitigating action is also included where any items are **RAG** rated as Red. Executive leads were also asked to reassess their delivery confidence ratings with current confidence levels compared to that of the start of the year and the Executive Team is asked to collectively assure the Delivery Confidence ratings by means of this report. 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.

2)Progress Summary at Q3

The report shows the progress made with delivery of the actions and priorities in the Plan as reported for Q3.

Paterson.nz 23/03/2026 4:23:12

At the end of Quarter 2, approval was given to remove a number of deliverables from the plan. This meant that at Q2 there was a total of 343 key deliverable and at Q3 there is now a total of 337. The items that were removed were in relation to the implementation of the dental collaborative, and implementation of the Special School Primary Eyecare Pathway (which were both delayed due to national negotiations). One in Mental Health which was combined with another deliverable and the remainder were in commissioning for value regarding the third sector work. Therefore, of the of the 337 key deliverables identified for completion as at Q3 in 2025/26:

- 111 on track
- 103 complete
- 50 at risk
- 14 behind schedule
- 59 not due yet

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 (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	**At risk**	**5.6.1)** Theatre Dashboard in place but requires further adaptations in line with National Programme to accurately reflect PTHB performance
	5.6.2) Implementation of all day lists ophthalmology/orthopaedics 2025/26 Q4	**Not due yet**	
	5.6.3) Anaesthetics specialty lead for PTHB resourced from SLA underperformance Q2	**At risk**	**5.6.3)** Anaesthetics Lead role agreed to be recruited Q4.
	5.6.4) Digitalisation – costed proposal for theatre management system Q1	**Behind Schedule**	**5.6.4**) National Theatre system not yet agreed currently utilising functionality within PAS – request remove
	5.6.5) Review of day case procedures to identify opportunities for repatriation Q2	**At risk**	**5.6.5)** Day case review will be supported and

Pattison,Liz
23/03/2026 11:23:12

			progressed by GIRFT Strategic prioritisation.
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**	
	5.7.2) Develop business case and delivery model for clinical room booking system Q1-Q4	**Behind Schedule**	**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. GIRFT Strategic Assessment to support
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	**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**	
	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.	**10.2.1)** Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking Q1-Q4	**At risk**	**10.2.1)** Total numbers of Pathways of Care Delays have increased. Number of POCDs throughout Q3 represent a 6% increase when compared to with Q2 (177 [Q2]: 188 [Q3]), and a 3% increase when compared to the same period in the previous year

Pattern/Date 23/03/2026 11:23:12

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)			(183 [Q3 24/25]: 188 [Q3 25/26]). This also represents an 18% increase of the monthly average compared to the Mar '25 baseline (62.7 [Q3 Avg.]: 53 [Mar '25]).
	10.2.2) Reduce the number of super-stranded patients through escalation and tracking Q1-Q4	**At risk**	**10.2.2)** The number of super-stranded patients has remained stable throughout Q3 and remains low. Number of super-stranded patients within December continue to represent a 25% increase when compared with the Mar 2025 baseline (5 [Dec '25]: 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**	**10.2.3)** Pathways Of Care Delays Action Plan 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 Q3, working well through integrative working partnerships. Performance has improved, with the average time to Social Worker allocation further reducing from 17.8 days [Aug '25] to an average of 4.5 days [Q3 Avg].
	10.2.4) Reduce the total number of days delayed due to Pathways of Care delays Q1-Q4	**At risk**	**10.2.4)** Total numbers of Days Delayed as a result of Pathways of Care Delays have reduced. Number of POCDs throughout Q3 represent an 8% increase when compared to with Q2 (7099 [Q2]: 7694 [Q3]), and a 3% increase when compared to the same period in the previous year (7496 [Q3 24/25]: 7694 [Q3

Patterson,Liz
23/03/2026 11:23:13

			25/26]). This also represents a 13% increase of the monthly average compared to the Mar '25 baseline (2565 [Q3 Avg.]: 2265 [Mar '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**	**10.5.1)** R2G and D2RA information and performance dashboards, previously delayed, have now been developed and are live, supporting routine data monitoring.
	10.5.2) Monitor and review data outputs and identify barriers Q2	**Complete**	**10.5.2)** Monitoring and review of R2G and D2RA data outputs was delayed in line with the development of the dashboards. Following implementation, data outputs are now being routinely reviewed, and key barriers have been identified.
	10.5.3) Scope and assess means to address identified barriers Q3	**Complete**	**10.5.3)** A series of visits were undertaken by the NHS Performance and Improvement Team across Wales to support the scoping and assessment of barriers. A visit was conducted in PTHB on 6th November 2025, with the report shared on 4th December 2025. The findings have informed the scoping of key barriers and included recommendations to address them. In response, a renewed Optimal Hospital Flow Framework embedding project has been initiated to address the identified barriers.
	10.5.4) Develop targeted action plan to address identified barriers Q4	**Not due yet**	
10.6) Further strengthening the approach to Trusted Assessment **Cross reference to MAG Report 2025 recommendations:**	**10.6.1)** Pilot of Trusted Assessment approach Q1	**Complete**	
	10.6.2) Review outcomes of the pilot Q2	**At risk**	
	10.6.3) Scoping of next steps Q3	**At risk**	
	10.6.4) Implementation of Trusted Assessment Q4	**Not due yet**	

Patterson, Liz 23/03/2026 11:23:12

• Audit of Trusted Assessors May & Sept (WG lead, Health Boards to provide justification and timescales)			
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	**On track**	**12.1.1)** Due to review of the phases, a number of areas have naturally slowed down. An SRO/Clinical lead guide is in development. A change management training day was run for Digital team. BPR and Clinical demand/ modelling training is being scoped.

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:

- 8 are "not due yet"
- 20 are "complete"
- 15 are "on track"
- 6 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.

Paterson, Liz 23/03/2026 11:23:12

Wellbeing Objective	Key Areas of Delivery	Key Deliverables	RAG rating Commentary provided – Items at risk & Delivery Confidence Assessment (DCA) for Amber and Reds
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	**On track**
		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	**On track**
		3.1.3) Ensure a robust workforce model is in place Q2	**On track**
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	**On track**
		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**
	4.2) 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,	**On track**

Patterson,Liz
23/03/2026 11:23:12

		Commissioning and Digital **CRITICAL ACTION** Q1-Q3	
	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	**Behind Schedule –** Currently marked as Red due to the initial delays in commissioning external expertise and in the Health Board receiving the review report **DCA -** Medium
		6.1.2) Outputs of appraisal used to inform further improvement plan Q2	**Behind Schedule -** Currently marked as Red due to the initial delays in commissioning external expertise and in the Health Board receiving the review report **DCA** - Medium
Tackling the Big Four	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	**At risk** **DCA –** Medium
		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** **DCA -** Medium
		7.1.4) Further Faster review in reach general medical endocrinology (Links to eye care referral management diabetic retinopathy pathway) Q2	**At risk** **DCA** – Medium
		7.1.5) Develop cluster model to enhance the 8 care process outcomes Q2-Q3	**On track**
	8.1) Mental Health Transformation Programme **CRITICAL ACTION**	8.1.1) Complete strategic assessment of community based MDTs and identify opportunities Q4	**Not due yet**
		8.1.2) Continue transformation of front door building on Single Point of Access (SPOA) aligned to 111(2) Q1-Q4	**On track**
		8.1.3) Implement electronic GP referral to SPOA Q4	**Not due yet**
		8.1.4) Undertake demand and capacity modelling (health and care) Q1-Q2	**Complete**
		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	**On track**
		8.1.7) Develop phased implementation plan Q4	**Not due yet**

Patterson,Liz 23/03/2026 11:23:12

		8.1.8) Rescope sanctuary model in above context, in North Powys Q2-Q3	**At risk -** Alternative to admission, e.g. Sanctuary, has been included within mental health community model options for Better Together Accelerated Community Model (& Inpatient Model) programme. Scope will be considered within Q4, involving visits to sanctuary sites with and without beds. Interdependency with Community Model design. **DCA -** Low
		8.1.9) Align teams to address co-morbidities and complex needs across health and care Q3	**On track**
		8.1.10) Align specialist teams (including Complex Emotional Needs service) Pan Powys Q3-Q4	**On track**
		8.1.11) Leverage digital opportunities e.g. access to information, virtual appointments, data collection and reporting Q1-Q4	**On track**
		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	**On track**
		8.1.15) Service improvement learning from Phase 1 Dementia Home Treatment Team (Design / implementation of model part of wider work noted above) Q1-Q2	**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	**On track**
	10.1) Refine the Integrated Flow Hub	10.1.1) Scope and define the role and priorities of the Integrated Flow Hub,	**Complete**

Patterson,Liz
23/03/2026 11:23:12

	to develop a sustainable model that enhances system-wide coordination and patient flow **CRITICAL ACTION**	including the development of a resource plan Q1	
		10.1.2) Subject to scoping, secure necessary resourcing including workforce and digital technologies for effective and sustainable implementation Q2	**Complete**
	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	**On track**

Patterson,Liz 23/03/2026 11:23:12

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**
	16.7) DSF Strategic Theme - Infrastructure and Security CRITICAL ACTION Cyber and Infrastructur e	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**	20.1.2) Agreement on RPB support for Ready to Go Home Units subject to the PTHB Board decision in July 2025 Q2	**Complete**

Items Behind Schedule

The table below summarises areas of delivery which remain with a red BRAGG rating at the end of Quarter 3. 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.

Strategic Priority	Key Areas of Delivery	Key Deliverables	Commentary on Red Actions	Delivery Confidence Assessment
SP4: Enhanced Primary & Community Care	**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 Q1-Q2	There has been a delay in the funding for these posts – a request to change timescale to Q4	Medium

Patterson,Liz 23/03/2026 11:23:12

SP4: Enhanced Primary & Community Care		4.4.2) Work with partners in primary care and acute care to improve the performance of the core Fracture Liaison Service Q3-Q4	As per above 4.4.1 post – a request to change timescale to Q1 2627	Low
SP5: Planned Care and Diagnostics	**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)	5.6.4) Digitalisation – costed proposal for theatre management system Q1	National Theatre system not yet agreed currently utilising functionality within PAS – request remove	Low
SP5: Planned Care and Diagnostics	**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.	5.7.2) Develop business case and delivery model for clinical room booking system Q1-Q4	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. GIRFT Strategic Assessment to support	Low
SP6: Complex and Continuing Healthcare	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	Initial delays occurred in commissioning external expertise and receiving the review report.	Medium
	6.1) External expertise will be commissioned to fully appraise any further improvements and develop a new model **CRITICAL ACTION**	6.1.2) Outputs of appraisal used to inform further improvement plan Q3-Q4	Initial delays occurred in commissioning external expertise and receiving the review report.	Medium
	6.2) Systematic review of high growth commissioned activity – cost and volume,	6.2.3) Design of alternative opportunities for care provision which	Initial delays occurred in commissioning external expertise and receiving the review report.	Medium

Patterson,Liz
23/03/2026 11:23:12

	to determine further improvement activity	offers sustainability, value and experience Q3-Q4		
SP 9: Community Hospital Model and Rural Regional	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	9.2.3) Commence formal consultation on the options (if required) Q3	Further planning is underway to determine the future timeline for Better Together which includes Phase 1. The earliest possible date for public consultation on adult physical and mental health community services will now be following conclusion of the Senedd elections and establishment of a Programme for Government.	Low
Transformation and Sustainability	12.12) Train eligible registered nurses in restorative supervision	12.12.1) Number of registered nurses trained in restorative supervision Q1-Q4	Number of registered nurses trained in restorative supervision Q1-Q4: There are current National challenges which are being discussed at Executive Directors of Nursing. Limited options of training available outside of Cardiff- no backfill for training or delivery. RCS facilitators x 3 with pilot offered to 49 preceptees- 11 have taken up the offer to date.	Low
Equalities and Welsh Language	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	The following actions within the local anti-racism action plan are off track: "Board members to undertake Equality training session" and "Review of Corporate Governance": This has been delayed, initial exploration into delivery of a session and a draft session plan was developed, however, this action will likely roll over into 2025-26 and be explored with the corporate governance team.	Medium
	15.5) Continue to rollout the Gender awareness training	15.5.1) Number of cohorts and participants Q2&Q4	Following delays to the publication of EHRC guidance on same-sex accommodation, Gender Awareness training has been paused.	Low
SP16	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	Work has not commenced: while a project manager is now assigned, start-up is awaiting agreement of the AI/RPA selection criteria (and related AI policy dependencies) to prioritise opportunities via business efficiencies and planned care transformation.	Low
	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 Gov	Delays to the programme timeline milestones due to extended time needed following testing, user acceptance testing, and supplier configuration, Project Management and Training resource	Medium

Patterson,Liz 23/03/2026 11:23:12

	• 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	Milestone Funding agreement Q4	approved for an extension for a further six months	
SP21	21.4) Review the Boards Risk Management Framework further embedding effective risk management	21.4.2) Fully implemented (Q4) Q1-Q4	Risk Management Framework (RMF) - Integration of the framework has continued throughout Q3 with a continued maturing of the approach to risk management, the Strategic Risk Register is now well established and the first iteration of the Organisational Risk Register was developed in Q3 by the Executive Committee and Operational Leadership Group. Both were last reported to the Board in November 2025. Work has continued to integrate the Datix risk management system for operational risk however there are considerable risks associated with the usability and roll out of the system due to fundamental system issues which require resolution by Datix nationally. A timescale for resolving the issues is yet to be provided hence the low delivery confidence and red rating for full implementation by the end of Q4.	Low

<u>Achievements to date</u>

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 continue to be refined in year as the approach matures further

<u>Focus on wellbeing</u>

- Breastfeeding Support: Over 340 premises were accredited under the Breastfeeding Welcome Scheme
- The delivery of the UNICEF Baby Friendly Initiative allows progression to Stage 2 in 2026/27

Patterson, Liz 23/03/2026 11:23:12

- The Health Board participated in Exercise Pegasus (the largest UK-wide, tier-1 simulation of a pandemic, incorporating Welsh Government, health services, and local resilience forums to test, plan, and improve responses to a future respiratory disease pandemic)
- Care Home Health Protection Champion training was delivered over 4 sites
- 3 targeted Blood Borne Virus testing outreach sessions were undertaken followed by two weeks of dedicated testing in collaboration with Swansea Bay University Healthboard.

  Vaccination Success:
  - COVID-19 Autumn Campaign: Over 75-year-olds = 60.19% (4th in Wales) with over 12,650 doses administered. 716 care home residents (80.09%) vaccinated (highest in Wales) [as at 17/12/2025]. RSV uptake [as at 22/12/2025]:
  - Pregnant women consistently reaching 70% target uptake
  - Routine cohort (people turning 75 years of age) = 58.6% (2nd in Wales)
  - Catchup cohort (75–79-year-olds on 02 September 2024) = 67.2% (3rd in Wales)
  - 87.6% of children 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) July-September 2025. (For population herd immunity only a further 19 children needed to receive all their scheduled immunisations by age 5 to reach 95% target.)

<u>Early Help and Support</u>

- 2 x PTHB Pharmacists were successful in obtaining the independent prescribing qualification
- Enhance Community Care Model – the majority of data gathering has now been undertaken on community services – this is being used to inform baseline activity, workforce, performance and finance metrics to assess and measure the impact of service improvement.
- The launch of NHS App for Planned Care with further functionality planned as part of National Digital Programme
- PTHB Paul Ridd Care Bundle care for patients with communication challenges and cognitive impairment in an outpatient setting wins a Wales Chief Nursing Officer award
- The GIRFT Programme was commissioned in December 2025 to identify improvement opportunities and develop in conjunction with PTHB & Stakeholders a strategic plan for Planned Care Service model across provider and commissioned services
- Progress has been made on CHC Retrospective claims – a spreadsheet has been developed capturing all key stages, deadlines and decisions in one place
- The Level 2 Community-Based Falls Response Model has been fully approved and now aligned for delivery via the single point of access (SPOA) for Urgent & Emergency Care

Patterson,Liz
23/03/2026 11:23:12

- Refined cross-border interfaces improves patient journeys and allows better co-ordination of care planning through joint pathway testing with Wye Vally Trust.
- Primary & Community Care Academy improving workforce capability and sustainability through delivering workshops and training programmes for Primary Care staff

Tackling the Big Four

- Demand & Capacity modelling for Mental Health services in scope for Better Together phase 1 has been completed
- The Dementia Home Treatment Teams (DHTTs) have been aligned to form a pan Powys DHTT. The DHTT 'went live' successfully with new common processes on the 24*th* November 2025
- The health board achieved national recognition by being selected as a demonstration site for implementation of the Open Access model within SOPA

Joined up Care

- Rostering efficiencies achieved in Q2 continued to deliver benefits by further reducing temporary workforce usage and contribute to improved savings
- Learning from the evaluation of temporary service change (Ready To Go Home Units) has informed service redesign, supported improved utilisation and further alignment with community model development

Workforce

- Healthcare People Management Association Excellence in People Awards 2025: PTHB were finalists for the Clinical Leadership Immersive Programme.
- NHS Staff Survey 2025: Achieved a score of 34.2%, exceeding 30%
- Compassionate Leadership Training: Since its launch in March 202X, 677 staff (521 from PTHB) have attended introductory sessions
- Hate Crime Charter: Signed, reinforcing our commitment to a safe and inclusive environment
- Disability Confident Employer: Achieved Level 2 status, demonstrating commitment to accessibility and inclusion, with plans to progress to Level 3 in 2026
- SignLive Implementation: Rolled out across Primary Care settings ahead of schedule, enhancing accessibility for service users

Digital

- Cyber Assurance Framework Complete
- Patient Feedback Mechanism in place for Digital Access
- NHS Wales app functionality increased

Innovative Environments

- A number of Estates projects have been successfully completed including the Welshpool dining room which was officially opened in December
- Integration and Rebalancing Capital Fund granted £90K in order to develop a business case for the Spa Road, Llandrindod Integrated Hub

Patterson,Liz
23/03/2026 11:23:13

- Positive ISO14001 re-certification in September 2025 with no 'non-conformances' noted. (ISO 14001 is the internationally recognized standard for environmental management systems)
- Appointment to Head of Facilities role has strengthened delivery of service

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 Development Framework has been developed, spanning 19 partnerships. Work is underway helping to improve alignment.
- Board Assurance Framework priority areas of focus delivered, the BAF dashboard alongside the strategic and organisational risk registers play active roles in Board and Committee agenda planning and meetings
- Board development and briefing programmes delivered and determined effective through annual effectiveness survey feedback
- Effective management of increasing information and records management workload with clear and reported performance measures in place
- Continued engagement on Better Together and Temporary Service Changes.
- Launch of Powys Health Charity website

3) Next Steps

This report provides the Board with an update of the progress made in Quarter 3 (October-December 2025) against the 2025-26 Annual Plan.

Following consideration and approval at this meeting, this report will then be submitted to Welsh Government as a formal report of Progress against the Quarter 3 of the 2025-26 Annual Plan in line with national reporting requirements**.**

NEXT STEPS:

Following consideration at this Board meeting, this report will be provided to Welsh Government as a formal report of Progress against Plan for Quarter 3 in line with national reporting requirements.

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					A Quality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Duty of Quality processes (under development). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Quality Impact Assessment should be available as a supporting document to inform the decision-making process.
Timely					
Effective					
Efficient					
Equitable					
Person Centred					

Workforce					
Leadership					
Culture					
Information					
Learn, Improve, Research					
Whole Systems Approach					

EQUALITY:

	No impact	Negative	Positive	Both	
Age					An Equality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Equality Impact Assessment policies and procedures (CGP009). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Equality Impact Assessment should be available as a supporting document to inform the decision-making process.
Disability					
Gender reassignment					
Marriage / civil partnership					
Pregnancy / maternity					
Race					
Religion or Belief					
Gender					
Sexual Orientation					
Welsh Language					
Socio-economic status					
Social exclusion					
Carers					

RISK ASSESSMENT:

	Level of risk identified				
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)	A Risk Assessment should be undertaken for all reports requesting approval, ratification or decision in line with health board Risk Management Framework CGP005. In this space you should briefly describe the key risks and the steps being taken to manage them, and also how these risks relate to the Board's stated Risk Appetite.
Clinical					
Financial					
Corporate					
Operational					
Reputational					

Patterson,Liz
23/03/2026 11:23:13

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

Integrated Plan Progress Report

Quarter 3 2025-2026

October to December 2025

Patterson,Liz 23/03/2026 11:23:13

BRAGG Key

Blue - Complete

Red - Behind schedule

Amber - At risk/issues present

Green - On track

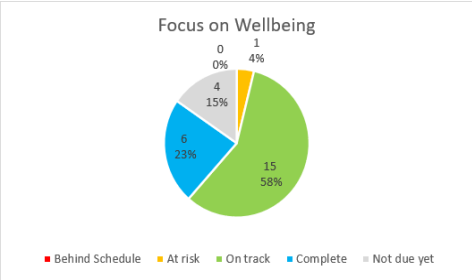
Grey – Not due

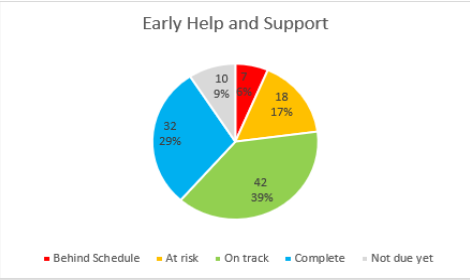
The recommendations set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) have been cross referenced in the appropriate delivery areas in this Progress Report

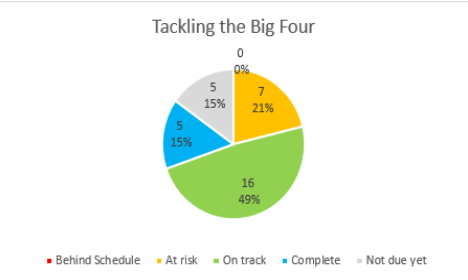
Patterson,Liz
23/03/2026 11:23:13

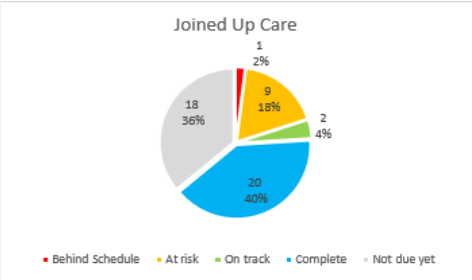
Patterson,Liz
23/03/2026 11:23:13

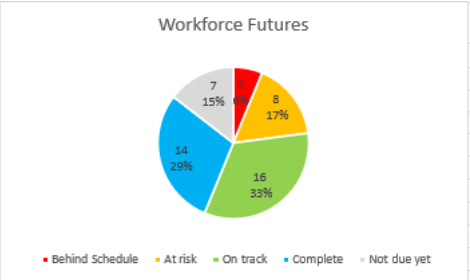
SUMMARY OVERVIEW

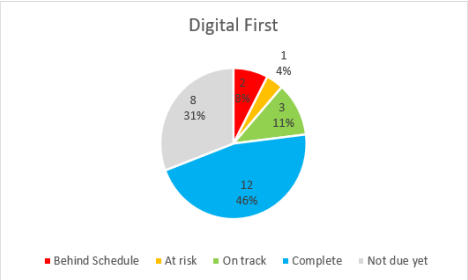




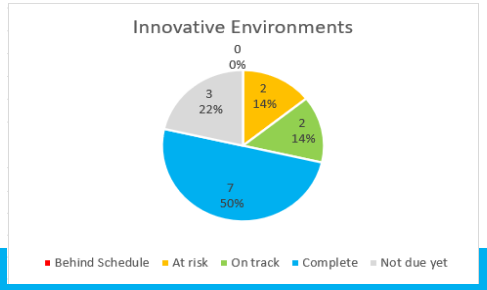


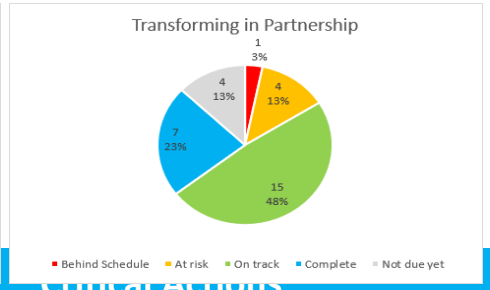


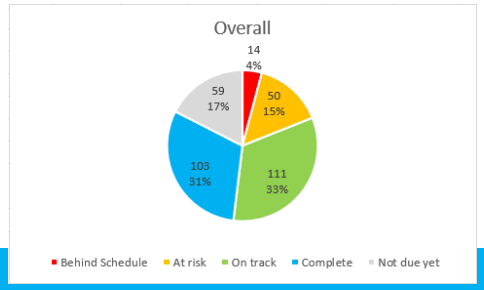




Patterson,Liz
23/03/2026 11:23:13

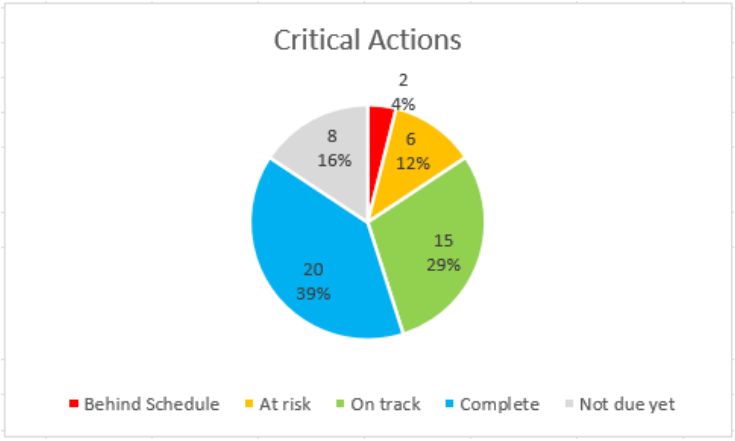






Critical Actions

Patterson,Liz 23/03/2026 11:23:13



Patterson,Liz
23/03/2026 11:23:13

Of the 51 critical actions identified in the Plan:

- 8 are “not due yet”
- 20 are “complete”
- 15 are “on track”
- 6 are reported as “at risk”
- 2 are reported as “behind schedule”, these are linked to Complex and Continuing Health Care (CHC)
- At at the end of Q2 a critical action was also approved to be removed from the plan in relation to Mental Health

Response to Ministerial Advisory Group recommendations Q3 (Improving Performance Together)

MAG recommendation	Key Deliverables	RAG rating	Commentary provided
5.6) Theatres: Development of key day case pathways	**5.6.1)** Development of theatre dashboard in line with national programme Q3	**At risk**	**5.6.1)** Theatre Dashboard in place but requires further adaptations in line with National Programme to accurately reflect PTHB performance.
	5.6.2) Implementation of all day lists ophthalmology/orthopaedics 2025/26 Q4	**Not due yet**	

Patterson,Liz 23/03/2026 11:23:13

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)			
	5.6.3) Anaesthetics specialty lead for PTHB resourced from SLA underperformance Q2	**At risk**	**5.6.3)** Anaesthetics Lead role agreed to be recruited Q4.
	5.6.4) Digitalisation – costed proposal for theatre management system Q1	**Behind Schedule**	**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	**At risk**	**5.6.5)** Day case review will be supported and progressed by GIRFT Strategic prioritisation.
5.7) Outpatients: Develop a single management system and oversight	**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**	

Patterson,Liz 23/03/2026 11:23:13

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	**5.7.2)** Develop business case and delivery model for clinical room booking system Q1-Q4	**Behind Schedule**	**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. GIRFT Strategic Assessment to support
7.2) Cancer	**7.2.1)** Delivery against Cancer Improvement plan Q1-Q4	**On track**	

Patterson,Liz 23/03/2026 11:23:13

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)	**7.2.2)** 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**	
	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.	**10.2.1)** Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking Q1-Q4	**At risk**	**10.2.1)** Total numbers of Pathways of Care Delays have increased. Number of POCDs throughout Q3 represent a 6% increase when compared to with Q2 (177 [Q2]: 188 [Q3]), and a 3% increase when compared to the same period in the previous year (183 [Q3 24/25]: 188 [Q3 25/26]). This also represents an 18% increase of the monthly average compared to the Mar '25 baseline (62.7 [Q3 Avg.]: 53 [Mar '25]).
	10.2.2) Reduce the number of super-stranded patients through escalation and tracking Q1-Q4	**At risk**	**10.2.2)** The number of super-stranded patients has remained stable throughout Q3 and remains low. Number of super-stranded patients within December continue to represent a 25% increase when compared with the Mar 2025 baseline (5 [Dec '25]: 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.

Patterson,Liz 23/03/2026 11:23:13

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)	**10.2.3)** Work in partnership with PCC to improve social care delays through the recommendations of the Newton Europe diagnostic report Q1-Q4	**On track**	**10.2.3)** Pathways Of Care Delays Action Plan 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 Q3, working well through integrative working partnerships. Performance has improved, with the average time to Social Worker allocation further reducing from 17.8 days [Aug '25] to an average of 4.5 days [Q3 Avg].
	10.2.4) Reduce the total number of days delayed due to Pathways of Care delays Q1-Q4	**At risk**	**10.2.4)** Total numbers of Days Delayed as a result of Pathways of Care Delays have reduced. Number of POCDs throughout Q3 represent an 8% increase when compared to with Q2 (7099 [Q2]: 7694 [Q3]), and a 3% increase when compared to the same period in the previous year (7496 [Q3 24/25]: 7694 [Q3 25/26]). This also represents a 13% increase of the monthly average compared to the Mar '25 baseline (2565 [Q3 Avg.]: 2265 [Mar '25]).

Patterson,Liz 23/03/2026 11:23:13

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**	**10.5.1)** R2G and D2RA information and performance dashboards, previously delayed, have now been developed and are live, supporting routine data monitoring.
	10.5.2) Monitor and review data outputs and identify barriers Q2	**Complete**	**10.5.2)** Monitoring and review of R2G and D2RA data outputs was delayed in line with the development of the dashboards. Following implementation, data outputs are now being routinely reviewed, and key barriers have been identified.
	10.5.3) Scope and assess means to address identified barriers Q3	**Complete**	**10.5.3)** A series of visits were undertaken by the NHS Performance and Improvement Team across Wales to support the scoping and assessment of barriers. A visit was conducted in PTHB on 6th November 2025, with the report shared on 4th December 2025. The findings have informed the scoping of key barriers and included recommendations to address them. In response, a renewed Optimal Hospital Flow Framework embedding project has been initiated to address the identified barriers.
	10.5.4) Develop targeted action plan to address identified barriers Q4	**Not due yet**	
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	**10.6.1)** Pilot of Trusted Assessment approach Q1	**Complete**	
	10.6.2) Review outcomes of the pilot Q2	**At risk**	
	10.6.3) Scoping of next steps Q3	**At risk**	
	10.6.4) Implementation of Trusted Assessment Q4	**Not due yet**	

Patterson,Liz 23/03/2026 11:23:13

justification and timescales)			
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	**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	**On track**	**12.1.1)** Due to review of the phases, a number of areas have naturally slowed down. An SRO/Clinical lead guide is in development. A change management training day was run for Digital team. Business Process Re-engineering and Clinical demand/ modelling training is being scoped.

Patterson,Liz 23/03/2026 11:23:13

response for further detail/ timescale) also note recommendation for HEIW in relation to Leadership programmes			

Patterson,Liz
23/03/2026 11:23:13

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

Patterson,Liz
23/03/2026 11:23:13

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:

- **1.1.2)** Preventing the Preventable: Population Health Strategic Framework for Powys approved by the Health Board at its Board meeting in September 2025. The Framework will be incorporated into the Annual Plan (2026/27), Better Together Programme and Strategic Commissioning Framework.
- **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)** PTHB submitted a response to UK Government's Call for Evidence for the Tobacco and Vapes Bill.

Commentary on red rated actions: N/A

Achievements:

Patterson,Liz 23/03/2026 11:23:13

- Over 340 premises signed up to the Powys Breastfeeding Welcome Scheme.
- 2.37% of smokers treated by smoking cessation service in Q1 (on track to meet national 5% target by year end).

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
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					M	H	M	Medium
	1.1.2) Population Health Strategic Framework presented and discussed at PTHB Board Q1		Blue	Blue	Blue			H	H	High
	1.1.3) Framework consultation activities held with PTHB stakeholders to co-produce and prioritise areas of focus Q2			Blue	Blue			M	H	High
	1.1.4) Framework governance and funding arrangements agreed Q3				Amber			M	M	High
	1.1.5) Review of new return on investment publications to be undertaken Q3				Green			H	H	High

Patterson,Liz 23/03/2026 11:23:13

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		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			H	H	High
	1.2.3) Work with partners to prepare for pending legislation on tobacco and vaping Q3				Green			H	H	High
	1.2.4) Refresh and update the Powys Tobacco Control Delivery Plan to align with national plan (when published) Q4							M	M	Medium
	1.2.5) Deliver Making Every Contact Count training Q1		Blue	Blue	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

Executive Director Sign Off	Mererid Bowley (Executive Director of Public Health)

Patterson,Liz 23/03/2026 11:23:13

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)** Regular internal and external communications tests have taken place at local and regional levels to ensure PTHB statutory obligations and emergency preparedness.
- **2.1)** 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.
- **2.1)** 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, and a report will be drafted.
- **2.2.1)** Care Home Training Programme being delivered to help protect our vulnerable population. Work includes rollout of a Health Protection Champions programme.

Patterson,Liz 23/03/2026 11:23:13

- **2.2.1)** Infection Prevention & Control guidance/training delivered to care homes, through provision of resources and onsite visits for more individualised advice.
- Liaison and communication work being undertaken with residential and nursing homes in Powys around winter preparedness. All homes visited or contacted by telephone.
- Monthly ongoing communication through Care Home Newsletter, providing updates, surveillance data and a focus on staff wellbeing.
- Acute health protection incidents responses undertaken, in liaison with Public Health Wales and neighbouring health board.
- Powys Hepatitis B and C action plan updated and being implemented.
- Flu vaccination programme 2025-26 commenced in September for children and pregnant women, and adult programme commenced in October (running until 31/3/26). Considerable work has been 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 are delivering adult flu vaccinations.
- Covid-19 vaccination Autumn programme commenced 1st October, to run till end of January 2026, with initial focus on care homes.

Commentary on red rated actions: N/A

Achievements:

- Health Board participation in Exercise Pegasus.
- 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.
- 3 targeted Blood Borne Virus testing outreach sessions undertaken in Ystradgynlais in September and October followed by two weeks of dedicated testing in November in collaboration with Swansea Bay UHB.
- Fast Track HIV testing 17th-21st November across Powys with partners.

Patterson,Liz 23/03/2026 11:23:13

- Covid-19 Autumn vaccination uptake – Over 75-year-olds = 60.19% (4th in Wales) with over 12,650 doses administered. 716 care home residents (80.09%) vaccinated (highest in Wales) [as at 17/12/2025].
- RSV uptake [as at 22/12/2025]:
  - Pregnant women consistently reaching 70% target uptake
  - Routine cohort (people turning 75 years of age) = 58.6% (2nd in Wales)
  - Catchup cohort (75-79 year olds on 02 September 2024) = 67.2% (3rd in Wales)
- 87.6% of children 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) July-September 2025. (For population herd immunity only a further 19 children needed to receive all their scheduled immunisations by age 5 to reach 95% target.)

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
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		H	H	H	High
2.2) Provide Health Protection response to all hazards in line	2.2.1) Deliver proactive and reactive health protection to protect the population and vulnerable groups from communicable disease Q1-Q4		Green	Green	Green		M	H	H	High

Patterson,Liz 23/03/2026 11:23:13

with Communicable Disease Outbreak Plan for Wales										
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	H	H	H	High
	2.3.2) Plan and deliver central contracting of Influenza vaccine Q3				Green		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	H	H	H	High
	2.4.2) Plan for changes to childhood routine immunisation schedule (MMR2) Q4						M	M	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	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		M	M	Medium
	2.5.3) Annual assurance update to committee regarding adult screening programme performance in Powys delivered by Public Health Wales Q4						H	H	High

Patterson,Liz 23/03/2026 11:23:13

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	Mererid Bowley (Executive Director of Public Health)			

Patterson,Liz 23/03/2026 11:23:13

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:

- **3.1.2/3)** The model is in place and effective but has not been substantively funded; awaiting Business Case to Executive Committee due February 2025.

Commentary on red rated actions: N/A

Achievements:

- Delivery of Baby Friendly Initiative allows progression to Stage 2 in 2026/27.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*		*Status*	*Year End Delivery Confidence Assessment*

Patterson,Liz 23/03/2026 11:23:13

		Lead Executive	Q1	Q2	Q3	Q4	O = Original O	Q1	Q2	Q3
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		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			H	H	High
	3.1.3) Ensure a robust workforce model is in place Q2			Green	Green			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		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		H	H	M	Medium
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		H	H	H	High
	3.4.2) Completion of Stage 1 Accreditation Q3				Blue			H	M	High
Formal change request (Please tick as applicable and provide explanation below)										

Patterson,Liz 23/03/2026 11:23:13

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)

Patterson,Liz 23/03/2026 11:23:13

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:

Patterson,Liz 23/03/2026 11:23:13

- **4.1.2)** Majority of data gathering undertaken on community services. This is now being collated to inform baseline activity, workforce, performance and finance metrics to assess and measure impact of service improvement. [CP1]
- **4.1.5)** The non-financial option appraisal report was approved on the [RL2] shortlisted options for adult physical and mental health community services. Stage 2 Engagement report has been finalised and approved, and insights have further informed work on the models of care and options. Further work continues on the workforce modelling and financial appraisals, and this has resulted in some delays with the preparation of the pre-consultation business case. A check-and-challenge assurance process on the workforce and financial appraisal has now been completed to ensure appropriate scrutiny and strengthening of the development of the emerging options. Demand and capacity modelling completed and service level models of care signed off. Discussions underway on priority areas for implementation in relation to the community model
- **4.3.1) & 4.3.2)** Last Year of Life and End of Life work has continued to progress through the Better Together programme. During Q3, the two the Task and Finish Groups (education, medication) continue to work towards developing initial recommendations to support development of the final model. The Charitable Funding Task and Finish Group has now completed its initial work and will reconvene on an as-needed basis as the model continues to develop
- **4.5.2)** The Level 2 community-based falls response model has been agreed, with delivery to be coordinated through existing community teams via the planned Single Point of Access (SPOA) for Urgent and Emergency Care [10.1]. Due to some delays in the development, implementation of both the SPoA and the Level 2 pathway is now expected to commence during Q4, with alignment between the two initiatives remaining central to delivery. This integrated approach is expected to support earlier intervention in the community, reduce unnecessary ambulance conveyances, and ease demand on neighbouring Emergency Departments, while delivering against ministerial priorities for 2025/26 (Urgent and Emergency Care 1).
- **4.12.5)** Mental health pharmacy professional business case agreed at December 2025 Investment Benefits Group. To be submitted to Executive Team 14th January 2026

Commentary on red rated actions:

- **4.4.1)** There has been a delay in the funding for these posts – a request to change timescale to Q4
- **4.4.2)** As per above 4.4.1 post – a request to change timescale to Q1 2627

Achievements:

Patterson,Liz 23/03/2026 11:23:13

- **4.14.3)** 2 x PTHB Pharmacists successful in obtaining independent prescribing qualification – December 2025.
- Level 2 Community-Based Falls Response Model fully approved and now aligned for delivery via SPOA for Urgent & Emergency Care.
- Refined cross-border interfaces improves patient journeys and allows better co-ordination of care planning through joint pathway testing with WVT.
- Primary & Community Care Academy improving workforce capability and sustainability through delivering workshops and training programmes for Primary Care staff.

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
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		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		H	M	M	Medium
	4.1.3) Design a new model for Enhanced Community Care with stakeholders Q1		Green	Blue	Blue		H	H	H	High

Patterson,Liz 23/03/2026 11:23:13

	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		M	M	M	High
	4.1.5) Check, challenge and test the proposed model through engagement with staff, stakeholders and partners Q2			Blue	Blue		M	H	H	High
	4.1.6) Commence implementation of the integrated community model across all localities in Powys Q4						M	M	M	Medium
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		M	H	H	High
	4.2.2) Re-tender for an Out Of Hours service provision Q2-Q3			Blue	Blue		M	M	H	High
	4.2.3) Resolve and commission Swansea Bay University Health Board to deliver service for Ystradgynlais Q3		Amber	Amber	Blue		L	L	M	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		M	M	M	Medium
	4.3.2) Implement the new model through a phased approach with partners Q3-Q4				Amber			M	M	Low
4.4) Fracture Liaison	4.4.1) Subject to approval, recruit to new posts to better coordinate access to Fracture Liaison Services for Powys patients Q1-Q2		Amber	Amber	Red		H	M	M	Medium

Patterson,Liz 23/03/2026 11:23:13

Improve access to Fracture Liaison Services for Powys patients	4.4.2) Work with partners in primary care and acute care to improve the performance of the core Fracture Liaison Service Q3-Q4				Red			M	M	Low
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		M	M	M	High
	4.5.2) Implement the phased delivery of the community-based falls response service Q3-Q4				Green				M	High
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		H	H	M	Medium
	4.6.2) Develop Powys-wide Cluster reporting, governance and engagement with Regional Partnership Board Executive Q1-Q4		Green	Green	Green		H	H	M	Medium
	4.6.3) Removed (moved to 26/27)			Red			L	L	L	
	4.6.4) Develop the Professional Nursing Collaborative Q2-Q4			Amber	Amber		M	M	M	Low
	4.6.5) Develop the Optometry Collaborative Q1-Q4		Green	Green	Blue		H	H	H	High
	4.6.6) Continue to identify services best delivered at cluster or pan-cluster level Q1-Q4		Green	Green	Green		H	H	H	High

Patterson,Liz 23/03/2026 11:23:13

	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		H	H	M	Medium
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		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		H	H	H	High
	4.7.3) Access Standards analysis, review and action planning Q1		Green	Blue	Blue		H	H	H	High
	4.7.4) Unified Contract Assurance Framework assurance and outcome management Q2-Q4			Green	Green		H	H	H	High
	4.7.5) Quality Improvement Framework – project analysis and action planning Q1-Q2		Green	Blue	Blue		H	H	H	High
	4.7.6) Supplementary Service audit review, analysis and feedback Q2-Q3			Green	Green		H	H	H	High
	4.7.7) Review and analysis of patient experience accessing general medical services Q4								M	Medium
4.8) Optometry	4.8.1) Systematic tracking of core hour provision Q2			Blue	Blue		H	H	H	High

Patterson,Liz 23/03/2026 11:23:13

Ensure continued growth of community optometric services to enable a wider range of eye care services to be delivered within Powys	4.8.2) Support and track access in relation to IPOS (Independent Prescribing Optometrists) Q1		Green	Blue	Blue		H	H	H	High
	4.8.3) Removed (moved to 26/27)						M	M	L	
	4.8.4) Implement pathways with outreach Ophthalmology Services, clusters and Optometry practices for Glaucoma and Medical Retina pathways Q1-Q2		Amber	Blue	Blue		M	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		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		M	M	M	Medium
	4.9.2) Welsh Enhanced Recruitment Offer enhanced offer for Dental Foundation dentists Q1-Q4		Green	Blue	Blue		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		H	H	H	High
	4.9.4) Development of remote specialist in special care post Q1-Q4		Green	Blue	Blue		M	H	H	High
	4.9.5) Develop IV sedation service in the Community Dental Service Q4						H	H	H	High

Patterson,Liz 23/03/2026 11:23:13

	4.9.6) Enhance specialist services within Community Dental Service by developing consultant led restorative and paediatrics Q4						H	H	H	High
	4.9.7) Utilization of digital technology to improve efficiency and patient experience Q4						M	M	M	Medium
	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						M	M	M	Medium
	4.9.9) Systematic review and contractual change to enhance capacity for dental & orthodontic care Q1-Q4		Green	Green	Green		H	H	H	High
4.10) Primary & Community Care Academy Develop educational offer across primary and community services to ensure improving leadership, collaborative, administrative and clinical skills	4.10.1) Continue to support the new to General Practice Nursing foundation programme Q1-Q4		Green	Blue	Blue		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				H	H	H	High
	4.10.3) Deliver scenario-based training for non-clinical staff in primary care Q2-Q4			Blue	Blue		H	H	H	High
	4.10.4) Develop cluster & collaborate lead workshops Q2			Green	Blue		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		H	H	H	High

Patterson,Liz 23/03/2026 11:23:13

	4.10.6) Expand range of training for clinical support workers in primary care Q1-Q4		Green	Green	Green		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		H	H	H	High
	4.11.2) Implement the roll out of Bluteq Q1-Q4		Green	Green	Green		M	M	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		M	M	M	Medium
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		M	H	H	Medium
	4.12.2) Deliver improvement in antimicrobial prescribing Q1-Q4		Green	Green	Green			H	H	High
	4.12.3) Deliver improvement in opiate prescribing Q1-Q4		Green	Green	Green			H	H	Medium
	4.12.4) Deliver improvement in gabapentin prescribing Q1-Q4		Green	Green	Green			H	H	Medium
	4.12.5) Provision of pharmacy professional support for Mental Health wards and service Q2-Q4			Amber	Amber			L	M	Medium
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		H	H	H	High

Patterson,Liz 23/03/2026 11:23:13

	4.13.2) Implement Electronic Prescribing and Medicines Administration (ePMA) Q2-Q4			Amber	Amber			H	M	Medium
	4.13.3) Implement Electronic Prescription Service (EPS) in GP practices Q1-Q4		Amber	Amber	Amber			M	M	Medium
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		M	M	H	High
	4.14.2) Support for development of portfolio roles Q1-Q4		Green	Green	Green		H	H	H	High
	4.14.3) Support Continuing Professional Development (CPD): Focus on supporting development of Independent Prescribers Q1-Q4		Green	Green	Green		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		M	M	H	High
	4.15.2) Support for roll out of self-administration of medicines Q1-Q4		Green	Green	Green		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

Patterson,Liz 23/03/2026 11:23:13

- **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.
- **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.

Q3 Change request

- **4.4.1)** Change request to Q4 – A delay in approval of business case for funding of posts at Investment Benefits Group
- **4.4.2)** Change to Q1 26/27 – due to delay in 4.4.1

Executive Director Sign Off	Elaine Lorton (Executive Director of Primary Care, Community and Mental Health) Kate Wright (Executive Medical Director)

Patterson,Liz 23/03/2026 11:23:13

Patterson,Liz
23/03/2026 11:23:13

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).

Patterson,Liz 23/03/2026 11:23:13

Commentary on Progress in this Quarter:

- **5.1.1)** MSK/Orthopaedics & Eyecare priority areas progressing in line with agreed milestones, Getting It Right First Time (GIRFT) Programme commissioned to identify improvement opportunities, optimise service delivery including referral management, and ensure resources are used to deliver the greatest possible benefit for patients in our scheduled care pathways.
- **5.1.2)** GIRFT Programme commissioned December 2025 to identify improvement opportunities and develop in conjunction with PTHB & Stakeholders a strategic plan for Planned Care Service model across provider and commissioned services.
- **5.1.5)** Development of robust Quality & Safety framework continues with additional speciality level governance facilitated by appointment of orthopaedics, endoscopy consultant leads in Q3 with further speciality leadership recruitment planned for Q4 in ophthalmology, anaesthetics. Q&S Lead Nurse retires in February 2025 with recruitment in train for replacement of this key enabler for Planned Care.
- **5.1.7)** PTHB Planned Care continues to achieve Referral To Treatment new Outpatient and treatment targets with significant improvement in diagnostics ahead of agreed trajectory, delivering against insourcing/HBSUK capacity schemes and additional validation activities commenced in line with National Planned Care Programme requirements.
- **5.2.1)** Implementation of Musculoskeletal review and triage commenced in September, to date progressing well. Benefits tracking process developing assisted by Finance with a presentation due at Diagnostics & Planned Care Programme Board in January. Backfilling of Band 7 post in South ongoing, though other posts have been appointed to. Speciality post for orthopaedics in post, reviewing day case basket, overdue Follow Ups and supporting development of fracture liaison. Appointment of Hand / Wrist consultant is ongoing.
- **5.3.3)** Eyecare surgical hub opportunities will form part of GIRFT Strategic Prioritisation work programme, request to merge this with 5.1.2.
- **5.4.2)** Endoscopy service delivered in line with Joint Advisory Group standards. During October 2025 in preparation for accreditation the PTHB endoscopy service undertook an assessment of progress against standards with support from JAG team -a routine step for all organisations applying for accreditation. As part of this process JAG have advised that further time is required to embed the speciality leadership model and the service should look to early 2026 for the accreditation submission with a JAG site assessment in Quarter 1 2026/27.
- **5.5.1)** Estates work has been completed at Brecon Hospital and the preoperative assessment room is now live.
- **5.6.1)** Theatre Dashboard in place but requires further adaptations in line with National Programme to accurately reflect PTHB performance.
- **5.6.3)** Anaesthetics Lead role agreed to be recruited Q4.

Patterson,Liz 23/03/2026 11:23:13

- **5.6.4)** National Theatre system not yet agreed currently utilising functionality within PAS – request remove.
- **5.6.5)** Day case review will be supported and progressed by GIRFT Strategic prioritisation.
- **5.8)** Strategic assessment and implementation plan for diagnostics. Case for change approved by Programme Board, and strategic assessment is being carried out in Q4 with an implementation plan expected in Q1.

Commentary on red actions:

- **5.6.4)** National Theatre system not yet agreed currently utilising functionality within PAS – request remove.

- **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. GIRFT Strategic Assessment to support.

Achievements:

- MSK review and Triage project – process for tracking benefits.
- Istents procedure available in Powys from October 2025 to improve treatment for glaucoma patients which can be combined with cataract surgery for improved patient care and service efficiency – achievement of key GIRFT recommendation.
- Business Case agreed for recruitment to consultant speciality leads for Ophthalmology and Anaesthetics – achievement of key GIRFT recommendations.
- Launch of NHS App for Planned Care with further functionality planned as part of National Digital Programme.
- PTHB Paul Ridd Care Bundle care for patients with communication challenges and cognitive impairment in an outpatient setting wins WNO award.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*	*Year End Delivery Confidence Assessment O = Original*

Patterson,Liz 23/03/2026 11:23:13

			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3
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		H	M	M	High
	5.1.2) Strategic assessment of provided and commissioned planned care Q4							M	M	High
	5.1.5) Continued development of Planned Care Quality & Safety Framework Q1-Q4		Green	Green	Green			H	H	High
	5.1.6) Development of 3Ps Waiting Well Service, business case for recurrent funding Q2-Q4			Green	Green			M	M	Medium
	5.1.7) Continued participation and response to National Planned Care Programme Q1-Q4		Green	Green	Green			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		H	M	M	High
5.3) Eyecare (ophthalmology)	5.3.1) Develop business case for ophthalmology pathway transformation Q1-Q4		Green	Green	Green		H	M	M	Medium
	5.3.2) Service development in line with Ophthalmology Optimisation Framework Q1-Q4		Green	Green	Green			M	M	Medium
	5.3.3) Scope opportunity for eyecare surgical hub in Powys Q1-Q4		Green	Green	Green			M	M	Medium

Patterson,Liz 23/03/2026 11:23:13

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		L	L	M	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			L	L	Low
5.5) Develop pre-operative pathways of care	5.5.1) Development of environment at Brecon Hospital for preoperative assessment Q3				Blue		H	H	H	High
	5.5.2) Plan for collaboration with Primary Care to enable whole system approach Q2			Amber	Amber			H	H	High
	5.5.3) Development of specialist workforce to deliver peri operative care Q4							M	H	Medium
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	5.6.1) Development of theatre dashboard in line with national programme Q3				Amber		H	H	H	Medium
	5.6.2) Implementation of all day lists ophthalmology/orthopaedics 2025/26 Q4							M	M	Low
	5.6.3) Anaesthetics specialty lead for PTHB resourced from SLA underperformance Q2			Amber	Amber			M	M	Medium
	5.6.4) Digitalisation – costed proposal for theatre management system Q1		Amber	Amber	Red			M	L	Low
	5.6.5) Review of day case procedures to identify opportunities for repatriation Q2			Amber	Amber			M	L	Medium

Patterson,Liz 23/03/2026 11:23:13

and increased productivity i.e. cases per session (see MAG for specifics) - (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	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		H	M	M	Medium
	5.7.2) Develop business case and delivery model for clinical room booking system Q1-Q4		Green	Green	Red			M	M	Low

Patterson,Liz 23/03/2026 11:23:13

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											
5.8) Diagnostics transformation	5.8.1) Strategic assessment and implementation of plan for diagnostics Q3			Amber	Amber		M	M	L	Low
5.9) Point of Care Testing (POCT) Improved assurance and governance	5.9.1) Add all connectable devices to WPOCT Q1-Q2	ED AHPHS&D	Amber	Amber	Amber		H	M	M	Medium
	5.9.2) Expand POCT in support of clinical pathway development and governance Q1-Q4		Amber	Green	Green			H	H	High
	5.9.3) Monitor Internal Quality Control (IQC) & External Quality Assurance (EQA) Q2-Q3			Green	Blue			H	H	High
	5.9.4) Establish model for working with Primary Care Q4		Amber	Amber	Green			M	M	High
	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			M	L	Medium

Patterson,Liz 23/03/2026 11:23:13

	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			H	H	High
	5.9.7) Identify further opportunities for POCT within PTHB Q2-Q4			Green	Green			H	H	High
	5.9.8) Identify opportunities in primary & community care Q2			Green	Blue			H	M	High

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	N/A	**Change in Timescale**	✓

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.
- **5.6.4)** National Theatre system not yet agreed currently utilising functionality within PAS – request remove.

Patterson,Liz 23/03/2026 11:23:13

• **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. • **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.	
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)

Patterson,Liz 23/03/2026 11:23:13

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:

- **6.2.2)** Review conducted therefore action completed, ongoing monitoring will continue as business as usual.
- **6.3.1)** Mental Health and Learning Disability processes are also meeting expectations despite resource pressures, demonstrating the teams' commitment to maintaining standards.

Patterson,Liz 23/03/2026 11:23:13

- **6.3.2)** This deliverable remains on track, with ongoing progress in approving Fast Track and Joint/Section 117 applications. A recent external review of Fast Track processes provides assurance of robust decision-making. Performance is stable, though resourcing pressures persist, particularly in Mental Health Learning Disability teams.
- **6.3.3)** Progress remains on track, with reviews consistently undertaken within expected timeframes.
- **6.3.4)** Progress remains on track, with daily monitoring ensuring patient needs are consistently matched with available care settings in the community. This is supported by robust governance and well-established processes, which continue to provide assurance around delivery and responsiveness.
- **6.4.1)** Maintaining 85% reviews on time – noted decrease in Mental Health/Learning Disability reviews, due to increased packages and additional case work [COP cases] with limited team resource, plan to pursue options around outcome of external review to consider resource plan to support achieving this deliverable in Q4.
- **6.4.2)** Elements of this action considered as part of the work following commissioned external expertise.
- **6.5.1)** Case Status Overview - There are 23 active cases divided into in progress, received, completed, and closed categories reflecting workload distribution. Workload Prioritization - 12 cases in progress require focused resource allocation while 6 received cases need prioritization to avoid delays. The retrospective spreadsheet gives a complete view of each case, capturing all key stages, deadlines, and decisions in one place. It provides clear status tracking, breach monitoring, and an audit trail, making it easy to manage progress and compliance. Its structured design means a seamless move to the digital dashboard, where this same detail will support real-time reporting and alerts.
- **6.6.3)** This action was completed in Q2 return, therefore no further comment.
- **6.6.4)** Progress remains at risk pending a national decision, with a meeting scheduled to provide clarity. The outcome will determine next steps for full delivery against the seven recommendations. Meanwhile, local work continues, focusing on digital elements with support from the Digital Transformation Team to maintain momentum.

Commentary on red rated actions:

- The below actions are currently marked Red due to the initial delays in commissioning external expertise and in the Health Board receiving the review report:
  - **6.1.1)** Expertise commissioned and appraisal completed Q3-Q4

Patterson,Liz
23/03/2026 11:23:13

- **6.1.2)** Outputs of appraisal used to inform further improvement plan Q3-Q4
- **6.2.3)** Design of alternative opportunities for care provision which offers sustainability, value and experience Q3-Q4

Achievements:

Commented [AP1]: @Jacqui John (PTHB - Mental Health Learning Disabilities) @Rhian Price-Evans (PTHB - Nursing) RAG rating required

Commented [RP2R1]: @Jacqui John (PTHB - Mental Health Learning Disabilities) I'll leave this to you to RAG rate as its more indicative to MH/LD.

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
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		M	M	M	Medium
	6.1.2) Outputs of appraisal used to inform further improvement plan Q3-Q4			Red	Red			M	M	Medium
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		M	M	M	Medium
	6.2.2) Review of high growth activity – specifically Learning Disability and Elderly Mentally Infirm (EMI) Q1-Q2		Green	Green	Blue			M	M	High
	6.2.3) Design of alternative opportunities for care provision which offers sustainability, value and experience Q3-Q4				Red			H	H	Medium

Patterson,Liz 23/03/2026 11:23:13

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		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			H	H	High
	6.3.3) Progress patient flow from hospital - Number of Reviews undertaken on time Q1-Q4		Green	Green	Green			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			H	H	High
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		Green	Green	Amber		H	H	H	High
	6.4.2) Clear analysis of changes and trends which supports planning for Years 3-5 Q3-Q4				Amber			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		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		H	H	H	High
	6.6.2) Work with Public Health - Learn from the outcomes of public health demographics Q1		Blue	Blue	Blue			H	H	High

Patterson,Liz 23/03/2026 11:23:13

	6.6.3) Internal Audit Action Plan - Implement Internal Audit Action Plan responses Q3		Green	Green	Blue			H	H	High
	6.6.4) Value & sustainability – to ensure learning and delivery against the 7 national recommendations Q1-Q4		Amber	Amber	Amber			H	H	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	Nicola Johnson (Executive Director of Primary Care, Community and Mental Health)

Patterson Liz 23/03/2026 11:23:13

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.

Patterson,Liz 23/03/2026 11:23:13

Commentary on Progress in this Quarter:

- **7.3.1)** The review of in reach respiratory provision is now being picked up in the GIRFT strategic assessment work.
- **7.4.2)** A business case was developed and presented to the Executive Committee during Q3. It was not approved at that stage, as additional work was required. The team is currently revising the business case based on the Committee's feedback and will re-present it in Q4 following the agreed actions.

Commentary on red rated actions: N/A

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

Patterson,Liz 23/03/2026 11:23:13

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			H	H	Medium
	7.1.2) Review the outcomes in Powys of existing Diabetes care and pathways Q1		Amber	Blue	Blue		M	M	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		H	M	H	Medium
	7.1.4) Further Faster review in reach general medical endocrinology (Links to eye care referral management diabetic retinopathy pathway) Q2			Amber	Amber		H	H	H	Medium
	7.1.5) Develop cluster model to enhance the 8 care process outcomes Q2-Q3			Amber	Green		M	M	M	Medium
	7.1.6) Implement changes to the hybrid closed loop pathway Q3-Q4				Amber		H	M	M	Medium
	7.1.7) Implement enhanced primary & community Diabetes pathway Q4						M	M	M	Medium
7.2) Cancer **Cross reference to MAG Report 2025 recommendations:**	7.2.1) Delivery against Cancer Improvement plan Q1-Q4	EMD	Green	Green	Green		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			H	H	High

Patterson,Liz 23/03/2026 11:23:13

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)	7.2.3) Work with the National Cancer Team to implement innovations to support earlier diagnosis and reduce waiting times Q1-Q4		Green	Green	Green			H	H	High
	7.2.4) Continue the Improving the Cancer Journey Programme Phase 2 Q1-Q4		Green	Green	Green			H	H	High
	7.2.5) Annual review of the PTHB Cancer Improvement Plan Q1-Q4		Green	Green	Green			H	H	High
7.3) Respiratory	7.3.1) Further Faster review of in reach respiratory provision Q2	ED AHPHS&D		Green	Green		H	H	H	High
7.4) Cardiac	7.4.1) Further Faster review of in reach cardiology consultants Q2	ED PCC&MH		Blue	Blue		M	M	H	High
	7.4.2) Develop sustainable solutions and county wide options for echocardiology & baseline against standards Q3				Amber			M	M	Medium
	7.4.3) Rheumatology – scope opportunities for Multi-Disciplinary Team (MDT) different approach with medicines management Q4							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 responsibilities to	ED PP&C	Green	Green	Green		M	H	H	High

Patterson,Liz 23/03/2026 11:23:13

	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			L	L	Low

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.

Patterson,Liz 23/03/2026 11:23:13

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) Nicola Johnson (Executive Director of Planning, Performance and Commissioning)

Patterson,Liz 23/03/2026 11:23:13

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:

- **8.1.2)** Internal audit of Single Point Of Access / 111(2) completed during Q2 and Q3, draft report received 10th December 2025. Subsequent action plan drafted for submission to Audit Committee January 2026. Substantive posts within Single Point of Access (SPOA) successfully recruited, replacing agency staff. Establishment of phase 1 SPOA workflow has highlighted and provided valuable opportunity to rectify pathway issues within services, whilst this has consumed resource, is a necessary precursor to ongoing phases of SPOA development, e.g. holistic patient assessment. Standard operating procedure (SOP), completed and submitted to Clinical Policy Advisory Group for approval (January CPAG meeting). Planned analysis and design for phase

Patterson,Liz 23/03/2026 11:23:13

2 have been impacted by issues including: capacity available within Community Mental Health Teams (CMHTs), and mandates from Mental Health Quality & Safety team. This has prompted a proposal for an urgent interim solution for patient assessment, following SPOA triage. Proposed outline solution supported by Mental Health Senior Management Team meeting and completed a phase 2.1 modelling workshop on 23rd December 2025. Interim solution will aim to relieve current pressures on CMHTs, (whilst recruitment underway), and will incorporate new external guidance from NHS Performance & Improvement including, 'Open Access', 'One at a Time (OAAT)' and 'Stepped Care 2.0' initiatives, also new referral and access guidelines (which are significantly different to previous). SPOA staff are undergoing training in readiness for implementation of One At A Time. During Q3, Powys MH Services were asked, by Strategic Programme for Mental Health, to submit an expression of interest to be a demonstrator site offering the Open Access Model within the SPOA aligned to 111(2). This application was successful; MH services are now receiving training and resources from NHS Performance & Improvement for implementation of an Open Access model. Design of phase 2.1 (interim solution) will continue in Q4.

- **8.1.4)** Demand & capacity modelling for Mental Health services in scope for Better Together phase 1 has been completed by external modeller with draft report received November 2025. Following two meetings to test and clarify draft report findings, with external modeller, final report received 19th December 2025.
- **8.1.5)** Initial discussions taken place regarding requirements for evidence-based core offer for recovery-focussed Older Adult and Adult services.
- **8.1.6)** Mental Health options for Better Together programme include: 'development of in-reach / liaison services to support physical health units to manage people admitted with physical health problems who also have mild to moderate mental health disorders, especially across sites where there are no mental health inpatient beds; create a specialist Older Adult Mental Health Team to work across and alongside physical and mental health services to provide a preventative and recovery focussed offer based on patient needs, including secondary mental health care and evidence-based core offer of treatment and interventions. Extended operational hours to deliver short-term interventions and home treatment, close alignment with physical health services to promote holistic assessment and reduced admissions to inpatient settings as part of an MDT approach'. Phase 1 Community Model scope includes Older Adult Mental Health community services and SPOA aligned with 111(2), which requires complex whole system approach and has interdependencies with all Integrated Plan deliverables. Discussions taken place with physical health colleagues, contributing to production of Better Together 'Community Model Service Level Model of Care', including Mental Health in-reach and liaison services. An outline model for a specialist Older Adult Community Team is underway. A meeting is arranged for 20th January 2026 for Mental Health and Physical Health colleagues to discuss points of integration/alignment of services within the wider community model.

Patterson,Liz 23/03/2026 11:23:13

- **8.1.8)** Alternative to admission, e.g. Sanctuary, has been included within mental health community model options for Better Together Accelerated Community Model (& Inpatient Model) programme. Scope will be considered within Q4, involving visits to sanctuary sites with and without beds. Interdependency with Community Model design.
- **8.1.9)** Interdependency with phase 1 and phase 2 community model design. Initial design, aligning Mental Health in-reach and liaison services with physical health for patients with physical and mental health co-morbidities has progressed. Further alignment with physical health to be discussed 20th January 2026. Phase 1 scope community model design is continuing through Q4, also phase 2 Adult Community Model will be included in 2026-27 Integrated Plan, therefore please see change request for this deliverable to continue into 2026-27 Integrated Plan.
- **8.1.10)** Work continues to align specialist teams pan Powys. Dementia Home Treatment Teams (DHTTs) have been aligned to form a pan Powys team, sharing a revised common operational policy and Standardised Operating Procedure, aligned processes, data collection and use of electronic systems. The team 'went live' successfully with new common processes 24th November 2025.
- **8.1.11)** Mental Health continue to explore and take opportunities available to increase digital and reporting capabilities within Mental Health services. Single Point Of Access Business Intelligence reporting has been updated with increased data accuracy. WPAS has been introduced to the Dementia Home Treatment Team, facilitating greater data capture (previously WCCIS only), enabling expanded performance reporting for both statutory reporting and service knowledge/management/ improvement. Outcome measures for DHTT have been defined and a Business Intelligence reporting dashboard scheduled for development. Improved reporting may prove transformatory for DHTT as previous reporting included local manual whiteboards (accessible by visiting office), limited information within WCCIS and spreadsheet maintained as a condition of Regional Integration funding -these will be replaced by BI dashboard accessible to all. 'Attend Anywhere' software has been included within SPOA 111(2) phase 2.1 design; virtual appointments will be the first offer for patients requiring assessment, (with those unable to take up this offer provided with an in-person appointment).
- **8.1.13)** The development of Better Together options has included proposed bed numbers for each option. Ward configuration, e.g. layout, cannot be considered until preferred options have been selected and strategic priority 9 progressed. Therefore, work will continue through Q4, responding to requirements within strategic priority 9.
- **8.1.15)** Dementia Home Treatment Teams (DHTTs) have been aligned to form a pan Powys DHTT, sharing a revised common operational policy and SOP, aligned processes, data collection and use of electronic systems. The DHTT 'went live' successfully with new common processes 24th November 2025. Post implementation support is ongoing with use of WPAS, which has been introduced to facilitate increased reporting capability. A BI reporting

Patterson,Liz 23/03/2026 11:23:13

dashboard has been requested and initiated, with development scheduled with Information team. Increased reporting capability will assist with ongoing service improvement and wider Better Together community model design, particularly the proposed Older Adult Community Team.

Commentary on red rated actions: N/A

Achievements:

- Single Point of Access (SPOA) strengthened Powys front-door mental health access through internal audits, establishment of stable workforce and further development of pathways.
- Achieved national recognition by being selected as a demonstration site for implementation of the Open Access model within SOPA.

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
8.1) Mental Health Transformation Programme CRITICAL ACTION	**Community Model Re-Design for Mental Health Services**	ED					H	H	M	Medium
	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	PCC&MH	Amber	Red						
	8.1.2) Continue transformation of front door building on Single Point of Access (SPOA) aligned to 111(2) Q1-Q4		Green	Green	Green		H	H	H	High
	8.1.3) Implement electronic GP referral to SPOA Q4						M	M	M	Low

Patterson,Liz 23/03/2026 11:23:13

	8.1.4) Undertake demand and capacity modelling (health and care) Q1-Q2		Green	Amber	Blue		L	M	M	High
	8.1.5) Redefine core offer / care and treatment pathways with new recovery focused model Q3-Q4				Green		M	M	M	Medium
	8.1.6) Design community model to deliver core offer, aligned to wider community model Q3-Q4				Green		M	M	M	Medium
	8.1.7) Develop phased implementation plan Q4						M	M	M	Medium
	8.1.8) Rescope Sanctuary model in above context, in North Powys Q4			Amber	Amber		L	M	M	Low
	8.1.9) Align teams to address co-morbidities and complex needs across health and care Q3				Green		L	L	L	Medium
	8.1.10) Align specialist teams (including Complex Emotional Needs service) Pan Powys Q3-Q4				Green		L	L	L	Medium
	8.1.11) Leverage digital opportunities e.g. access to information, virtual appointments, data collection and reporting Q1-Q4		Green	Green	Green		M	M	M	Medium
	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		H	H	H	High
	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		H	H	H	Medium

Patterson,Liz 23/03/2026 11:23:13

	Older Adult Mental Health Services 8.1.14) (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		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		H	H	H	Medium

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	N/A	**Change in Timescale**	✓

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

Patterson,Liz 23/03/2026 11:23:13

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.

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.

Patterson,Liz 23/03/2026 11:23:13

Executive Director Sign Off	Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)

Patterson,Liz 23/03/2026 11:23:13

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

Patterson,Liz 23/03/2026 11:23:13

Commentary on Progress in this Quarter:

- **9.1.2)** Rostering improvements implemented in Q2 has led to a reduction in temporary workforce use and improved savings. Work is ongoing with a workforce alteration (Ready To Go Home Units are working with the revised roster template) but this hasn't been made permanent within budgets due to the temporary nature of the change.

Commentary on red rated actions:

- **9.2.3)** Further planning is underway to determine the future timeline for Better Together which includes Phase 1. The earliest possible date for public consultation on adult physical and mental health community services will now be following conclusion of the Senedd elections and establishment of a Programme for Government.

Achievements:

- Rostering efficiencies achieved in Q2 continued to deliver benefits by further reducing temporary workforce usage and contribute to improved savings.
- Learning from the evaluation of temporary service change (Ready To Go Home Units) has informed service redesign, supported improved utilisation and further alignment with community model development.

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**

Patterson,Liz 23/03/2026 11:23:13

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		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			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		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			H	H	High
	9.2.3) Commence formal consultation on the options (if required) Q3				Red			H	H	Low
	9.2.4) Confirm the new model Q4							H	H	High

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	N/A	**Change in Timescale**	✓

Patterson,Liz 23/03/2026 11:23:13

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.	
Executive Director Sign Off	Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)

Patterson,Liz 23/03/2026 11:23:13

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).

Patterson,Liz 23/03/2026 11:23:13

Commentary on Progress in this Quarter:

- **10.1.2)** Progress has continued throughout Q3, with key elements of the required resourcing now substantially in place. A physical location has been identified and secured, with preparatory works underway to support implementation. Recruitment activity has concluded, with staff appointed and anticipated start dates of 19th January 2026. Digital requirements have been finalised, and the relevant procurement orders have been placed to secure the necessary infrastructure. All elements are anticipated to be in place for February 2026.
- **10.1.3)** Implementation activity has progressed in line with the revised role and priorities. Subject to all elements being in place (10.1.2), go-live is anticipated in February 2026.
- **10.2.1)** Total numbers of Pathways of Care Delays (POCDs) have increased. Number of POCDs throughout Q3 represent a 6% increase when compared to with Q2 (177 [Q2]: 188 [Q3]), and a 3% increase when compared to the same period in the previous year (183 [Q3 24/25]: 188 [Q3 25/26]). This also represents an 18% increase of the monthly average compared to the Mar '25 baseline (62.7 [Q3 Avg.]: 53 [Mar '25]).
- **10.2.2)** The number of super-stranded patients has remained stable throughout Q3 and remains low. Number of super-stranded patients within December continue to represent a 25% increase when compared with the Mar 2025 baseline (5 [Dec '25]: 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)** Pathways Of Care Delays Action Plan 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 Q3, working well through integrative working partnerships. Performance has improved, with the average time to Social Worker allocation further reducing from 17.8 days [Aug '25] to an average of 4.5 days [Q3 Avg].
- **10.2.4)** Total numbers of Days Delayed as a result of Pathways of Care Delays have reduced. Number of POCDs throughout Q3 represent an 8% increase when compared to with Q2 (7099 [Q2]: 7694 [Q3]), and a 3% increase when compared to the same period in the previous year (7496 [Q3 24/25]: 7694 [Q3 25/26]). This also represents a 13% increase of the monthly average compared to the Mar '25 baseline (2565 [Q3 Avg.]: 2265 [Mar '25]).
- **10.4.2)** A clear plan has been established and implementation commenced to align Minor Injury Unit access and processes with the national model. This work has been led through the MIU Task and Finish Group, with active links to the National MIU Network and the Six Goals for Urgent and Emergency Care Programme. The MIU scope and service specification have been updated to refine access criteria, including the removal of the 'age of injury' limitation and alignment with All-Wales standards for age of presentation, enabling patients aged over one year to be seen.

Patterson,Liz 23/03/2026 11:23:13

- **10.4.3)** Scoping to improve the delivery of Urgent Care and inform future service design has been undertaken as part of the Better Together Portfolio, which will inform and lead the transformation of urgent care clinical pathways in Powys. The outputs from this work will support future service design and underpin the next phase of urgent care service transformation.
- **10.5.1)** R2G and Discharge to Recover and Assess (D2RA) information and performance dashboards, previously delayed, have now been developed and are live, supporting routine data monitoring.
- **10.5.2)** Monitoring and review of R2G and D2RA data outputs was delayed in line with the development of the dashboards. Following implementation, data outputs are now being routinely reviewed, and key barriers have been identified.
- **10.5.3)** A series of visits were undertaken by the NHS Performance and Improvement Team across Wales to support the scoping and assessment of barriers. A visit was conducted in PTHB on 6th November 2025, with the report shared on 4th December 2025. The findings have informed the scoping of key barriers and included recommendations to address them. In response, a renewed Optimal Hospital Flow Framework embedding project has been initiated to address the identified barriers.
- **10.7.3)** Embed Powys DigiFLO into standard practice for Mental Health Q3: Embedding of Powys DigiFLO into standard practice within Mental Health services is underway but not yet complete, reflecting the earlier delays to rollout. Further engagement and support sessions have been delivered throughout Q3 and are planned to continue into Q4 to support initial embedding. Full embedding into routine practice is a longer-term objective and will continue into 2026/27.

Commentary on red rated actions: N/A

Achievements:

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*	*Year End Delivery Confidence Assessment O= Original*

Patterson,Liz 23/03/2026 11:23:13

			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3
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		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			M	M	High
	10.1.3) Implement a revised approach to the Integrated Flow Hub, ensuring alignment with identified role and priorities Q3				Amber			M	M	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							M	M	Medium
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		H	H	H	Medium

Patterson,Liz 23/03/2026 11:23:13

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			H	H	Medium
	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			M	M	High
	10.2.4) Reduce the total number of days delayed due to Pathways of Care delays Q1-Q4		Green	Green	Amber			H	H	Medium
	10.3.1) Evaluate temporary service changes for Minor Injury Units Q1		Blue	Blue	Blue		H	H	H	High

Patterson,Liz 23/03/2026 11:23:13

10.3) Evaluation and Next Step relating to Temporary Service Changes	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			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		H	H	H	High
	10.4.2) Establish a clear framework and criteria to optimise access and streamline processes Q3				Blue			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			H	H	High
	10.4.4) Advance pathway development - define vision for the future service Q4							H	H	High
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		Red	Red	Blue		H	M	M	High
	10.5.2) Monitor and review data outputs and identify barriers Q2			Red	Blue			M	M	High
	10.5.3) Scope and assess means to address identified barriers Q3				Blue			M	M	High
	10.5.4) Develop targeted action plan to address identified barriers Q4							M	M	High

Patterson,Liz 23/03/2026 11:23:13

placed on D2RA pathways										
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		L	H	H	High
	10.6.2) Review outcomes of the pilot Q4			Amber	Amber			H	H	High
	10.6.3) Scoping of next steps Q3				Amber			H	H	High
	10.6.4) Implementation of Trusted Assessment Q4							H	M	High
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		H	H	H	High
	10.7.2) Rollout of Powys DigiFLO to Mental Health Wards Q2			Amber	Blue			H	H	High
	10.7.3) Embed Powys DigiFLO into standard practice for Mental Health Q3				Amber			H	H	High
	10.7.4) Refine based on lessons learned from Mental Health implementation Q4							H	H	Medium
	10.7.5) Embed all DigiFLO processes into business as usual Q4							M	H	Medium

Patterson,Liz 23/03/2026 11:23:13

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	✓	

Q2 - Change in Timescale

- **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.
- (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)

Patterson,Liz 23/03/2026 11:23:13

• (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. • (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.	
Executive Director Sign Off	Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)

Patterson,Liz 23/03/2026 11:23:13

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:

- **11.3.2)** Joint Commissioning Committee (JCC) established pathway referral management project board, of which PTHB are an active member. Scoping likely to be completed by the end of Quarter 4. JCC developing Plan by Quarter 4. Benefits will be realised in the second half of 2026-27 at earliest.

Patterson,Liz 23/03/2026 11:23:13

- **11.6)** PTHB has reviewed the third sector services it commissions. (The review did not include services commissioned through arrangements with other health boards or partnerships.)
  Using information already held by the health board as the commissioner of the services, in relation to existing expenditure, the review attempted to assess key parameters including alignment with strategic priorities, the evidence base, coverage within Powys, coverage of vulnerable groups, impact on health, preventative components, expenditure, existing activity, what is known about benefits and outcomes, quality, equality, what is known about the experience of people using services from existing information, compliance with Future Generation Act requirements, commissioning governance requirements and risk management. The review identified that there are opportunities to streamline arrangements for commissioning the third sector. The health board is not compliant with The Health Service Procurement (Wales) Act 2024 and The Health Services (Provider Selection Regime) (Wales) Regulations 2025 (which came into force in February 2025) and must take steps to ensure compliance.

Commentary on red rated actions: N/A

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

Patterson,Liz 23/03/2026 11:23:13

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		H	M	M	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				M	L		Low
	11.2.2) Review of population need, current and intended outcomes Q4							M		Medium
	11.2.3) Review existing service provision, undertake gap analysis in context of identified need and relevant national benchmarking data (including evidence base) Q4							M		Medium
	11.2.4) Determine current provider/commissioner budget, performance and contract frameworks for each pathway Q4							M		Medium
	11.2.5) Develop proposed service specifications Q4							M		Medium
	11.2.6) Detail proposed clinical pathways and models of care based on the service specifications Q4							M		Medium
	11.2.7) Translate clinical pathways and models of care into final specification (including tender documentation if service to be procured) Q4							M		Medium

Patterson,Liz 23/03/2026 11:23:13

	11.2.8) Plan demand and capacity requirements to ensure timely, effective and equitable delivery of the pathway Q4							M		Medium
	11.2.9) Develop pathway implementation plans Q4							M		Medium
	11.2.10) Develop performance monitoring and assurance framework Q4							M		Medium
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		L	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			L	L	High
	11.3.3) Develop implementation plan for identified options – Q1-Q4		Amber	Red	Amber			L	L	Medium
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				M	M	L	High
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		H	H	H	High
11.6) Review the Third Sector services commissioned by	11.6.1) Establish review group, clinical and managerial leadership Q2			Blue	Blue		H	M	H	High

Patterson,Liz 23/03/2026 11:23:13

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	11.6.2) Removed			Red			M	L	
	11.6.3) Removed			Red			M	L	
	11.6.4) Removed						M	L	
	11.6.5) Removed			Green			M	M	

Formal change request (Please tick as applicable and provide explanation below)				
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.

Patterson,Liz 23/03/2026 11:23:13

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)

Patterson,Liz 23/03/2026 11:23:13

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)** Due to review of the phases, a number of areas have naturally slowed down. A Senior Responsible Officer/Clinical lead guide is in development. A change management training day was run for Digital team. Business Process Re-engineering and Clinical demand/ modelling training is being scoped.
- **12.2)** The second of three international recruitment cohorts arrived in Powys in October 2025 and all four members successfully passed their Objective Structured Clinical Examination (OSCE) examination at the first attempt. All are now working as Registered Nurses in the ward environments with two appointed to Y Bannau Ward at Brecon Hospital and two to Graham Davies Ward at Llanidloes Hospital. The third cohort, comprising four Registered

Patterson,Liz 23/03/2026 11:23:13

Mental Health Nurses (RMNs), has been interviewed and offered posts and is currently completing pre-employment compliance checks. Subject to completion of these requirements, travel to Wales is planned for February 2026, with OSCE training to be undertaken in partnership with Cardiff and Value UHB, followed by commencement of roles in Powys in March 2026. In addition, the second of two International Medical recruits arrived in Powys in November 2025 and has successfully integrated into the Health Board, based in Newtown.

- **12.5)** A vacancy scrutiny process, in place since January 2025, has been further strengthened from October 2025 through the introduction of an enhanced vacancy justification process. This enhancement supports more rigorous decision-making while enabling timely recruitment to posts that fall outside the vacancy freeze criteria. Exceptions are strictly limited and are only considered where the role would otherwise be covered by agency staff, is externally funded with funding that cannot be repurposed, presents an immediate and critical patient safety risk that cannot be mitigated through redeployment, skill mix or temporary solutions, or is deemed essential due to speciality requirements, critical skills or service delivery needs. Applications follow one of two routes: Route A, where approval is sought on the basis of agency cost avoidance; and Route B, where cases relating to immediate patient safety risk, external funding or essential roles require escalation to the Executive Committee for approval. Recruitment activity can only commence following Executive Committee approval where applicable. Initial analysis indicates a reduction in the number of posts advertised during October – December 2025 compared to the same period in the previous year (October advertised roles reduced by 29%, November reduced by 32% and December reduced by 19%), demonstrating the early impact of the enhanced vacancy justification process in supporting financial recovery while maintaining patient safety and service delivery.
- **12.6)** Clinical variable pay continues to be monitored through several established routes, including the Variable Pay Group, the Agency Operationalising Group, and weekly monitoring of agency usage. Clinical vacancies with associated agency expenditure remain exempt from the enhanced vacancy approval process. Regular engagement is ongoing between HR Business Partners, the Resourcing Team and Service/Ward Managers to review current and forthcoming vacancies, supporting a planned and coordinated approach. Monthly reporting of current ward vacancies is provided to the Variable Pay Group.
- **12.7)** Local review of the skill mix is ongoing, incorporating Band 2, Band 3 and the proposed new Band 4 Registered Nursing Associate (RNA) role, informed by the outcomes of the B2/3 review. Implementation of the RNA role remains paused, as the necessary UK Government legislation to allow the role to operate in Wales has not yet been enacted.
- **12.7)** A pilot of the Healthcare Support Workers validation tool was undertaken at Ystradgynlais Hospital, covering both general and mental health wards. Following this, in November the validation of all band 2 health care support workers commenced using the national validation tool with

Patterson,Liz
23/03/2026 11:23:13

consistency checking arrangements scheduled in December 2025. It anticipated that any corrective and recognitions payments will be made early in the new year.

- **12.8)** A timeline for national job descriptions is not available to the health board to enable a planned approach to the implementation of national Job Descriptions. A local phased approach for implementing national Job Descriptions is in place working in partnership with the staff side job evaluation lead. Alongside this approach, we have developed a generic library of job descriptions for administration roles and work with services is underway to develop this across staffing groups where possible. To support the organisation to meet the requirements of the non-pay award (reviewing JD's every 3 years) the health board have adopted the national policy and job description template which includes the date the JD was last reviewed. Checks also take place prior to advertising to ensure a review has taken place. Exploration into digital solutions to monitor review dates at an organisational level took place with IT services, however, due to a change in licensing arrangements, this solution was no longer viable. Therefore, further exploration into whether any further organisational actions can be taken to monitor review dates is necessary.
- **12.9)** 13 successful candidates onboarded and deployed to community wards, due to qualify in 2028. Workforce planning and projection modelling is currently in progress, mapping the transition of future pipeline outputs from previous cohorts into the workforce. Specifically, planning the transition from Aspiring Nurse to Registered Nurse for the expected 37 newly qualified nurses in 2026. Paper is being drafted for Executive Committee regarding ROI and the creation of a sustainable nursing workforce pipeline for Powys, which will go to committee in Q4.
- **12.10.1)** Academy Career and Education Enterprise Scheme (ACEES) schools programme Learner contacts to date: 3,738 (3,171 English, 567 Welsh). Positive feedback highlights improved career awareness, teamwork, and Welsh language importance. Year 12/13 students trained as Learning Disability Champions.
- **12.11.1)** Number of registered nurses that have received the Practice Assessors/ Practice Supervisors training Q1-Q4: Currently 71 Practice Supervisors, 43 Practice Assessors (total of 87 trained this year)

Commentary on red rated actions:

- **12.12.1)** Number of registered nurses trained in restorative supervision Q1-Q4: There are current National challenges which are being discussed at Executive Directors of Nursing. Limited options of training available outside of Cardiff- no backfill for training or delivery. RCS facilitators x 3 with pilot offered to 49 preceptees- 11 have taken up the offer to date.

Patterson,Liz
23/03/2026 11:23:13

Achievements:

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
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		M	H	H	High

Patterson,Liz 23/03/2026 11:23:13

• 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		M	H	H	High
12.3) Undertake targeted recruitment to Bank, prioritising services with variable pay spend	12.3.1) Increased recruitment to Bank Q4						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		H	H	H	Medium
	12.4.2) Cease Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary agency use by September 2025 Q2			Amber	Amber		M	H	M	Medium
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		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		H	M	H	High
12.7) Work with clinical and operational directorates, ensure staffing models are reviewed where appropriate to recognise ongoing national work relating to health care	12.7.1) Schedule of reviews operationalised Q1-Q4		Green	Amber	Green		H	H	H	High

Patterson,Liz 23/03/2026 11:23:13

support worker roles and the Nurse Associate role										
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		H	H	H	High
12.9) Pipeline: Launch the third cohort of the Aspiring Nurse Programme with HEIW and University partners	12.9.1) Evaluate impact and Return on Investment (ROI) of pipeline workforce Q2-Q4			Amber	Green		H	H	H	High
	12.9.2) Advertise, recruit and onboard 15 aspiring nurses Q1-Q3		Green	Blue	Blue			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		M	H	H	High
	12.10.2) Evaluate impact of programme 2024/25 Q1		Blue	Blue	Blue			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		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		H	M	L	Low
Formal change request (Please tick as applicable and provide explanation below)										

Patterson,Liz 23/03/2026 11:23:13

Change in Scope	N/A	**Change in Timescale**	N/A
Executive Director Sign Off	Debra Wood Lawson (Executive Director of People and Culture)		

Patterson,Liz 23/03/2026 11:23:13

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:

- **13.1.2)** Actions within the HEIW Nurse Retention Plan, which are incorporated into the PTHB Local Workforce Retention Plan continue to be addressed with 22 out of 29 actions complete. The Leavers toolkit was developed and released in July 2025 which included exit interview guidance for managers. The release of the Leavers toolkit also saw a revision of the leaver's questionnaire form and process. An evaluation of the feedback is to take place in January 2026.
- **13.2.1)** Minimal Speaking Up Safely responses and no use to date of the VIVIP SUS link therefore difficult to monitor impact at this point.
- **13.2.2)** No uptake via VIVUP speaking up route so no evaluation required at this point
- **13.4.1)** Promote 2025 NHS staff survey retaining a 30% or higher return Q3: 916 responses = 34.7%
- **13.5.1)** 87 participants to date on the Clinical Leadership Immersive Programme (CLIP) programmes held bimonthly
- **13.8.1)** 20 Managers Programme participants during Q1&Q2
- **13.7.1)** Train the trainer sessions delivered to Betsi UHB OD/ L&D colleagues. 3 Tier CLIP programmes scheduled for HEIW – Primary are workforce with dates in January and February agreed.
- **13.9.1)** Evaluate the first reverse mentoring cohort and promote 2nd round Q1-Q2: Evaluation completed – Promotion of 2nd round due Q4.

Commentary on red rated actions: N/A

Patterson,Liz 23/03/2026 11:23:13

Achievements:

- HPMA Excellence in People Awards 2025: CLIP finalist
- Achieving greater than 30% in the 2025 (34.2%) NHS staff survey
- 1 day CLIP has been piloted and being adjusted based on new trainers and reflections of participants

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
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		H	H	H	High
	13.1.2) Develop a leavers toolkit, to include exit interview guidance Q3				Blue			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		H	H	H	Medium
	13.2.2) Evaluate Vivup SUS offer Q3			Red	Amber			M	L	Low
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		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		H	H	H	High

Patterson,Liz 23/03/2026 11:23:13

13.5) Development: Deliver B6 and 7 (expanding to 8A) Clinical Leadership Immersive Programme (CLIP)	13.5.1) Run monthly CLIP programmes Q1-Q4		Amber	Amber	Amber		M	M	M	Medium
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		M	M	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		M	M	M	Medium
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		H	M	M	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		M	M	M	Medium
13.10) Develop a People strategy	13.10.1) Create a people strategy with feedback from staff that describes structures, systems, skills, behaviour, leadership, and culture Q4						M	M	L	Low

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	✓	**Change in Timescale**	✓

Q2 Change in timescale

Patterson,Liz 23/03/2026 11:23:13

• **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. <u>Q3 Change in timescale and scope</u> • **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 • **13.2.2)** Speaking up Safely – Evaluate VIVUP offer – due to limited uptake request to move this action into Q1/2 2026/27 • **13.5.1)** Change in scope – requested re wording to: Run CLIP programmes once every two months	
Executive Director Sign Off	Debra Wood Lawson (Executive Director of People and Culture)

Patterson,Liz 23/03/2026 11:23:13

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)** Roadshows have been delivered at Ystradgynlais, Newtown (plus road runs at local buildings), Llandrindod inc. Spa Rd, Brecon plus other road runs to Builth, Talgarth, Crickhowell, Brecon DNs/Ty Illtyd. Total of 326 attendees out of a possible 442 (73% attendance) Final roadshows to be held in Jan
- **14.1.3)** 71 staff identify on ESR as a having caring responsibilities. Corporate induction enhanced, dedicated teams/ network; promoting of the 3 day working carers course
- **14.2.1)** 21 attendees this Quarter, 535 in total since March 2023

Commentary on red rated actions: N/A

Achievements:

- Since launch in March 202, 677 staff in total (521 PTHB) attended the introduction to compassionate leadership sessions.

Progress against key actions and milestones

Patterson,Liz 23/03/2026 11:23:13

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O=Original*			
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3
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		H	H	H	High
	14.1.2) Promote the Employee assistance platform offers Q1-Q4		Green	Green	Green		H	H	H	High
	14.1.3) Develop and promote the offer for working carers Q1-Q4		Green	Green	Green		M	M	M	Medium
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		M	M	M	Medium
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		M	H	H	High
	14.3.2) Develop plan and implementation for addressing the gaps Q1-Q2		Green	Blue	Blue			H	H	High
14.4) Targeted Support for managers to reduce short term absence through	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		H	H	H	High

Patterson,Liz 23/03/2026 11:23:13

Managing attendance at work policy											
14.5) Introduce regular case reviews for all long-term absentees	14.5.1) Rolling programme of case reviews in place Q4						H	H	M	Medium
14.6) Develop capability of managers on Managing Attendance	14.6.1) Rolling programme of capability improvement Q4						H	H	M	Medium
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		H	H	H	High
	14.7.2) Award and implement EAP Q2-Q3			Blue	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

Executive Director Sign Off	Debra Wood Lawson (Executive Director of People and Culture)

Patterson,Liz 23/03/2026 11:23:13

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

Progress this quarter:

- **15.4)** In Q3, the Equality team completed an in-depth analysis of workforce progression and shortlisting as part of Workforce Race Equality Standard recommendations and aligned with the local Anti-Racism Action Plan. The findings of this analysis led to a number of additional recommendations which integrated into the team delivery.
- **15.4)** Participation in "Stepping into Senior Leadership" scheme (2 applications from Powys one of which has been successful in gaining a place on the programme).
- **15.3)** Adopted the National Anti-Sexual Harassment Policy and established a local Task and Finish Group to develop supporting toolkits and guidance for implementation. Continued delivery of training & awareness sessions: Equality for Managers (2 sessions), Welsh for Managers (1 session), Cognitive & Unconscious Bias training: 3 sessions of (25 staff), with 5 more scheduled for Q4. This will be targeted to recruiting managers linked to the recommendations arising from the in depth analysis of workforce progression and shortlisting.

Commentary on red rated actions:

- **15.4)** The following actions within the local anti-racism action plan are off track:
  "Board members to undertake Equality training session" and "Review of Corporate Governance": This has been delayed, initial exploration into delivery of a session and a draft session plan was developed, however, this action will likely roll over into 2025-26 and be explored with the corporate governance team.

Patterson,Liz 23/03/2026 11:23:13

- **15.5)** Following delays to the publication of Equality and Human Rights Commission guidance on same-sex accommodation, Gender Awareness training has been paused.

Achievements:

- **15.2)** Signed the Hate Crime Charter, reinforcing our commitment to creating a safe and inclusive environment.
- **15.2)** Achieved Disability Confident Employer (Level 2) status, demonstrating our dedication to accessibility and inclusion, with the intention to push on to Level 3 in 2026.
- **15.8)** Implemented SignLive (convo) across Primary Care settings ahead of schedule, improving accessibility for service users.

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
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					H	H	H	Medium
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		H	H	H	High

Patterson,Liz 23/03/2026 11:23:13

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		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		H	H	H	Medium
	15.4.2) Half yearly updates against the Anti Racism action Plan Q2&Q4			Green	Green			H	H	High
15.5) Continue to rollout the Gender awareness training	15.5.1) Number of cohorts and participants Q2&Q4			Red	Red		H	H	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						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		H	H	M	Medium
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						H	H	H	High
	15.8.2) Continued utilisation of online translation Q1-Q4		Green	Green	Green				H	High
Formal change request (Please tick as applicable and provide explanation below)										

Patterson,Liz 23/03/2026 11:23:13

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.

Executive Director Sign Off	Debra Wood Lawson (Executive Director of People and Culture)

Patterson,Liz 23/03/2026 11:23:13

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.

Patterson,Liz 23/03/2026 11:23:13

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**:**

- Digital & Data has completed some of the key deliverables as planned, whilst there are still challenges too.

- **16.1.1), 16.1.2) & 16.1.3)** Two Board sessions held, 1 was an introduction to the technical arm of Digital Services, and another Board Development session on Cyber Security with a simulated Phishing exercise. 16.1.3 will be changed from Big Data to the introduction to the Clinical Informatics, Programmes and projects arm of the Digital Services.
- **16.2.1)** Clinical hazard logs are being created alongside new system implementations to support improved clinical safety outcomes. The Clinically led digital system group is now embedded and frequently attended by a wide multi-disciplinary team of professionals. This has supported the awareness of the information quality requirements within Clinical Systems. Change of group Digital Clinical Transformation Board changed to Clinical Digital Systems Group attendance remains strong and quorate. Three Clinical Data System group meetings held, with 33 attendees across the clinical MDT, Information Governance, and digital systems. Engagement has been excellent – in numbers attending, the range of perspectives and the quality of discussion with positive, constructive input throughout. Dashboards for efficiency are under development however examples such as printer usage and paper consumption are live on the Intranet and accessible for the group as part of specific agenda discussion which is scheduled to meet in January 2026**16.2.2)** Name change of group Digital Clinical Transformation Board changed to Clinical Digital Systems Group attendance remains strong and quorate. Three Clinical Data System group meetings held, with 33 attendees across the clinical MDT, Information Governance, and digital systems. Engagement has been excellent – in numbers attending, the range of perspectives and the quality of discussion with positive, constructive input throughout.

Patterson,Liz 23/03/2026 11:23:13

- **16.2.4)** Unable to collect information via Civica as planned, but liaising with services such as Living Well to capture patient feedback as a regular input to Digital and Data services. Living Well Service surveys are available on Civica for Digital Support Sessions, 1-1 consults (very brief, focused on Shared Decision Making) and group programmes
- **16.3.2)** NHS Wales App planned care pathways completed, the scope will be extended to Mental Health and Womens and Childrens in 2026/27.
- **16.4.1) Cross-Border Sharing** IG is leading work to ensure robust data sharing arrangements across NHS Wales and NHS England providers and commissioners as and when contracts are renewed or new data sharing requests are identified.
  Service Level Agreements (SLAs) and Local Team Agreements (LTAs) already include data sharing provisions and work has commenced by IG and Commissioning to ensure DPIAs are completed for each agreement to manage any risks.
  Extensive engagement is underway with NHS Wales Organisations, Welsh Government (WG) and the Information Commissioner's Office (ICO) to develop and implement data sharing agreements supporting the National Data Agreement (NDA). **Local Authority** PTHB IG has mapped all data flows between the Health Board and the Local Authority. These flows are currently undergoing scrutiny by both organisations and, once finalised, will sit under a single overarching agreement**.**
- **16.4.2)** Cross Border Digital Pathways complete, on revised scope. Further Business As Usual improvements will progress through commissioning contracts for timely access to information and correct data sets.
- **16.6.1)** Demand and Capacity across the Data teams is now part of the Digital First Performance reporting in the same way as reporting the IT and Application performance for Demand and Capacity. Changes to how data requests are made have been communicated and processes are now in place.
- **16.9.3)** RISP has gone live and is complete, remaining Health Boards scheduled March/April 2026.

Commentary on red rated actions:

- **16.8.1)** Work has not commenced: while a project manager is now assigned, start-up is awaiting agreement of the AI/RPA selection criteria (and related AI policy dependencies) to prioritise opportunities via business efficiencies and planned care transformation.
- **16.9.1)** Delays to the programme timeline milestones due to extended time needed following testing, user acceptance testing, and supplier configuration, Project Management and Training resource approved for an extension for a further six months

Achievements:

Patterson,Liz
23/03/2026 11:23:13

- Two Board Sessions completed as per Internal Audit Recommendations
- Patient Feedback Mechanism in place for Digital Access
- Cross Border Closure report approved and accepted
- NHS Wales app functionality increased
- WCCIS replacement solution procurement milestones complete
- Cyber Assurance Framework Complete

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
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		M	H	H	High
	16.1.2) Schedule and present a Cyber/Information Governance Awareness Board Session Q2-Q4			Green	Blue			H	H	High
	16.1.3) Schedule and present a Big Data Management Awareness Board Session Q4							M	H	Low

Patterson,Liz 23/03/2026 11:23:13

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		M	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			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			H	H	Mediu m
	16.2.4) Collect patient feedback on the access to digital tools and services Q3				Blue			H	L	High
	16.2.5) Increasing use of Virtual Consultations for Follow Ups by 10% to improve accessibility and convenience with more flexible care options Q4							H	H	High
16.3) DSF Strategic Theme - Citizen Centred Care and Support	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		M	H	H	High

Patterson,Liz 23/03/2026 11:23:13

○ Patient Health Care Pathway Mapping and encouraged use of the NHS Wales	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			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							H	H	Medium
	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							H	M	Medium
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		L	M	L	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			M	M	Medium
16.5) DSF Strategic Theme - Leadership, Partnership and Alliances ○ Develop a Supportive and Inclusive Digital	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		L	H	M	High

Patterson,Liz 23/03/2026 11:23:13

Training Function to improve Digital Skills and Confidence for staff and patients to adopt technology and use systems effectively	16.5.2) Increase the number of Clinical Safety Officer Training sessions and increase digital confidence Q4						M	H	L	High
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		M	H	M	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		M	H	H	High
16.8) DSF Strategic Theme - Big Data and Artificial Intelligence	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		Green	Green	Red		M	H	M	Low

Patterson,Liz 23/03/2026 11:23:13

○ Put the use of data, insight and analytics, used safely and securely, at the core of the health and care system	technology, prioritising technologies that have undergone successful assessments by partners (robust case studies) Q1-Q4									
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,	16.9.1) Commence the implementation of Electronic Prescribing Medicines Management to meet the Welsh Government Milestone Funding agreement Q4			Red	Red		M	H	M	Medium
	16.9.2) Submit the Digital Maternity Solution Business Case for internal Approval Q1		Green	Blue	Blue			H	H	High
	16.9.3) Radiology Information System Programme Upgrade Go Live Q4							H	H	High
	16.9.4) Draft the Community Care solution replacement (WCCIS) Business Case, ready for submission for internal approval Q3				Blue			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			H	H	High

Patterson,Liz 23/03/2026 11:23:13

Mental Health and Community Health Systems, 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							H	H	Medium
	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							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 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.

Patterson,Liz 23/03/2026 11:23:13

Executive Director Sign Off	Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)

Patterson,Liz 23/03/2026 11:23:13

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.
- **17.2)** In line with Welsh Government advice a Business Justification Case has been developed 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 is currently undergoing Welsh Government scrutiny with the potential to commence work during 2025/26 Business case scope is covered by Board approved Programme Business Case, etc, enabling submission to Welsh Government.

Patterson,Liz 23/03/2026 11:23:13

- **17.3)** The discretionary programme is largely on track. 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 £1.431M to £2.7M this financial year.
- **17.5)** The timescales of the project progression are in the remit of the Developer until such time as a formal contract is enacted.

Commentary on red rated actions: N/A

Achievements:

- A number of projects have been successfully completed including the Welshpool dining room which was officially opened in December.
- Integration and Rebalancing Capital Fund funding was granted (£90K) in order to develop a business case for the Spa Road, Llandrindod Integrated Hub.

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
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		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		H	H	H	Low
	17.3.1) Discretionary Capital Programme (circa 25 projects) Q1-Q4		Green	Green	Green		H	H	H	High

Patterson,Liz 23/03/2026 11:23:13

17.3) Discretionary Capital Programme including Targeted Estates Funding (TEF) etc	17.3.2) Secure funding and deliver projects within TEF categories; Decarbonisation, Infrastructure, Fire, Decontamination, Infection Prevention Control & Mental Health Q4						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		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		M	M	M	Medium

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)		

Patterson,Liz 23/03/2026 11:23:13

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
- ~~R~~evenue 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:

- **18.2)** New Decarbonisation Strategic Delivery Plan being introduced during 2025/26 which will reset baseline, Initiatives and Targets.

Commentary on red rated actions: N/A

Achievements:

Patterson,Liz 23/03/2026 11:23:13

- Positive ISO14001 re-certification in September 2025 with no 'non-conformances' noted.

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
18.1) Environmental Management System accreditation	18.1.1) Maintain external accreditation to ISO14001 standards Q3	AD EF&SS		Green	Blue		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		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						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		H	H	H	High

Formal change request (Please tick as applicable and provide explanation below)

Patterson,Liz 23/03/2026 11:23:13

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)		

Patterson,Liz 23/03/2026 11:23:13

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. This collaborative approach provides a strong foundation for delivering further synergies during Q4.

Patterson,Liz 23/03/2026 11:23:13

- **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 IPC Standards Group. The new National Cleaning Standards are expected soon and will form part of plan for 2026/27.

Commentary on red rated actions: N/A

Achievements:

- Appointment to Head of Facilities role has strengthened delivery of service.

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
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					H	H	H	High
19.2) Facilities to implement the Symbiotix system for auditing	19.2.1) Improved Assurance and the monitoring of quality Q3				Blue		H	H	H	High

Patterson,Liz 23/03/2026 11:23:13

and monitoring of assurance for catering and cleaning	19.2.2) Improve data collection for cleaning and catering standards Q3				Blue			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		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)			

Patterson,Liz 23/03/2026 11:23:13

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 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 will be submitted to Planning, Partnerships and Population Health 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 has been included in the RPB Delivery and Resource Plan for 2026/27 (approved by the RPB in December 2025 and the

Patterson,Liz 23/03/2026 11:23:13

Executive Committee in January 2026) and an update has also been included in the Partnership Governance and Assurance High Level Report for the Executive Committee in January 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 and endorsed by the Executive Committee in January 2026. The EPA highlighted the need to strengthen exit planning. The RPB documentation and approach has been strengthened; specific actions have been built into the 2026/27 plan; an updated "heat map" is being produced together with additional guidance and support in relation to exit planning and implementation.
- **20.4.1)** 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.
- **20.5.1)** A Partnership Governance and Assurance Framework has been developed (which was submitted to PPPH Committee in May 2025) and a high level report (which was submitted in August 2025). The framework has been updated, spanning 19 partnerships, the majority of which are statutory. This will be submitted to the Executive Committee in January 2026 and PPPH Committee in February 2026. The Framework includes the planning and business cycles 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.
- **20.7.1)** Consideration of bi-annual cycle for 2026-27.

Commentary on red rated 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.

Patterson,Liz 23/03/2026 11:23:13

- A Partnership Development Framework has been developed, spanning 19 partnerships including their business and planning cycles – together with a high level report. Work is underway helping to improve alignment.

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
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					M	M	M	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			M	H	High

Patterson,Liz 23/03/2026 11:23:13

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		H	H	H	High
	20.2.2) Work with the Regional Partnership Board to implement the agreed partnership development framework Q4							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		M	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							M	M	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		M	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		H	H	H	High

Patterson,Liz 23/03/2026 11:23:13

20.6) Work with the Marches Forward Partnership to develop and implement a plan to address shared priorities	20.6.1) 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		L	H	H	High
20.7) Systematic tracking and surveillance of external Strategic Change programmes and developments with a potential impact on healthcare for Powys residents	20.7.1) Annual cycle with quarterly production of Stocktakes Q1-Q4		Green	Green	Green		H	H	H	High
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	DSI&T	Green	Green	Green		M	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

Patterson,Liz 23/03/2026 11:23:13

	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 Strategic Improvement and Transformation)

Patterson,Liz 23/03/2026 11:23:13

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

Patterson,Liz 23/03/2026 11:23:13

- 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 has continued to build momentum over Q3, with the Dashboard now embedded on a x3 annual reporting to the cycle to the Board with the last update provided in November 2025. Alongside this, analysis principles for the production of the dashboard were shared with and welcomed by the Audit, Risk and Assurance Committee in October 2025. Work is underway in the development of a more detailed analysis of assurance in relation to the strategic risks for which the suggested approach/template is due to be reviewed by the ARAC in January with a comprehensive review expected in March.
- **21.2) & 21.3)** Work programmes and Board Development actions now complete as previously reported with planning work now underway for 2026/27 cycles.
- **21.7)** (Information Governance Toolkit) Work is ongoing to address outstanding actions from the Improvement Plan; some actions may not be achievable due to the scope of certain questions or capacity within service areas. 2026 Submission – preparatory work has commenced to gather evidence for the next submission, engaging with key services to ensure timely completion.
- **21.8)** A Communication Plan has been developed with a supporting timetable programme of alerts. These alerts are issued monthly with additional items incorporated into the programme as they arise.
- **21.9)** Records Storage - In December 2025, an embargo has been placed on the destruction of clinical records, which will have a significant impact on the Health Board, particularly regarding the storage of records. A scoping exercise is underway, and an Impact Assessment report will be presented to the

Patterson,Liz
23/03/2026 11:23:13

Executive Committee in February/March for consideration. Until the scoping exercise and report is complete this will need to remain as an amber and may move to Red should significant concerns be identified.

- **21.10)** Systems and processes have continued to operate effectively, supporting legislative compliance. No incidents picked up by the ICO and no complaints raised by members of the public. The team has continued to support many national and local programmes of work with no major Information Governance risks identified. Fixed term contracts within the team are being considered however, should these not be continued this will have an impact on the function within the Team.

Commentary on red rated actions:

- **21.4)** Risk Management Framework (RMF) - Integration of the framework has continued throughout Q3 with a continued maturing of the approach to risk management, the Strategic Risk Register is now well established, and the first iteration of the Organisational Risk Register was developed in Q3 by the Executive Committee and Operational Leadership Group. Both were last reported to the Board in November 2025. Work has continued to integrate the Datix risk management system for operational risk however there are considerable risks associated with the usability and roll out of the system due to fundamental system issues which require resolution by Datix nationally. A timescale for resolving the issues is yet to be provided hence the low delivery confidence and red rating for full implementation by the end of Q4.
- **21.6)** The original action was to develop a standalone strategy; however, following recent discussions, the decision has been made to instead produce a development plan. This plan will underpin and support the Health Board's overarching strategic objectives and align with IMTP priorities.

Achievements:

- Board and Committee governance calendar delivered to target and achieving compliance with work programmes actively monitored
- Board Assurance Framework priority areas of focus delivered, the BAF dashboard alongside the strategic and organisational risk registers play active roles in Board and Committee agenda planning and meetings
- Board development and briefing programmes delivered and determined effective through annual effectiveness survey feedback
  Effective management of increasing information and records management workload with clear and reported performance measures in place

Patterson,Liz
23/03/2026 11:23:13

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
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		M	H	H	High
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		H	H	H	Medium
	12.2.2) Work plans delivered Q4							H	H	High
	12.2.3) Evaluation of work plans (Q4 into 2026/27 Q1) Q1-Q4		Green	Green	Green			H	H	High
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		H	H	H	High
21.4) Review the Boards Risk Management Framework further	21.4.1) Risk management framework reviewed Q1		Blue	Blue	Blue		H	H	H	High

Patterson,Liz 23/03/2026 11:23:13

embedding effective risk management	21.4.2) Fully implemented (Q4) Q1-Q4		Amber	Amber	Red			M	M	Low
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		M	M	L	Low
21.6) Information Governance and Records Management Strategy	21.6.1) Finalise strategy including improvement plan Q1-Q4		Red	Red	Green		H	M	M	Medium
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		H	H	H	High
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		H	H	H	High
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		H	L	L	Low
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		H	H	M	Medium
	21.10.2) Successful completion of regulatory audits with no major non compliance issues Q1-Q4		Green	Green	Green			H	H	High

Patterson,Liz 23/03/2026 11:23:13

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)			

Patterson,Liz 23/03/2026 11:23:13

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.
- **22.2)** A key focus during Q3 has been the continued design and delivery of our programme of engagement on Better Together. Our detailed Stage 0-2 Engagement Report has been published, bringing together key insights from the engagement activities to date. These insights are informing the planning and delivery of the future Better Together work programme which includes the decision to revise the future approach, with consultation on adult physical and mental health community services now expected from Autumn 2026. Therefore, in the meantime we have refocused on gathering insights

Patterson,Liz 23/03/2026 11:23:13

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 we have continued to ensure a watching briefing in relation to Hywel Dda UHB and Aneurin Bevan UHB as well as the development of a new operational delivery network for gynae-oncology services in South Wales. Delivery confidence remains at medium given the uncertainties associated with factors outside of our control (e.g. planned or urgent change proposals by neighbouring health boards) and also the political context leading up to elections to a reformed Senedd.
- **22.3)** Work has progressed on shared Regional Partnership Board/Public Services Board priorities including finalisation of the Q1-Q2 six-monthly report on engagement activity, as well as further development of the coproduction community of practice. However, following the departure of the RPB communications and engagement lead, delivery confidence remains medium until resourcing is clarified going forward. Planning is under way for a workshop in Q4 to identify key insights required for the development of the next Population Needs Assessment and Wellbeing Assessment in 2026/27.
- **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. A new national Senedd Elections SRO group is in place convened by Welsh NHS Confederation to support our collective approach to planning ahead of the next elections.
- **22.5)** Work requirements relating to COVID Inquiry and Special Purposes Committee have been low level during the quarter, and a decision has been made nationally for the work of the former Special Purposes Committee to be consolidated into the Public Affairs Committee. Remaining COVID Inquiry activity is now "business as usual" and this objective is therefore complete.
- **22.6)** A permanent Head of Charity commenced in post shortly before the end of Q2. The charity website has been launched.

Commentary on red rated actions: N/A

Achievements:

- Continued engagement on Better Together and Temporary Service Changes.
- Launch of Powys Health Charity website

Patterson,Liz
23/03/2026 11:23:13

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
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		H	H	H	High
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		M	M	M	Medium
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		Green	Green	Amber		M	M	M	Medium

Patterson,Liz 23/03/2026 11:23:13

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		H	H	H	High
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		M	M	H	High
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		M	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	Helen Bushell (Director of Corporate Governance)

Patterson,Liz 23/03/2026 11:23:13

Patterson,Liz
23/03/2026 11:23:13

Board 2025-26									
Theme	**Item Title**	**21/05/2025**	**25 June 2025 (Annual Accounts)**	**30/07/2025**	**24/09/2025**	**26/11/2025**	**16/12/2025 In Cttee**	**28/01/2026**	**25/03/2026**
Governance	Minutes of previous meeting	✓		✓	✓	✓		✓	✓
Governance	Declaration of Interests	✓	✓	✓	✓	✓	✓	✓	✓
Listening and Learning	Patient Experience Story	✓		☒	✓	✓		✓	✓
Listening and Learning	Staff Experience Story	✓		✓	☒	✓		✓	
Governance	Update from Chair (inclu PSOW in Nov update)	✓		✓	✓	✓		✓	✓
Governance	Update from Vice-Chair	✓		✓	✓				✓
Governance	Update from Chief Executive	✓		✓	✓	✓		✓	✓
Governance	Assurance Reports of Board Committees	✓		✓	✓	✓		✓	✓
Governance	Board Action Log	✓		✓		✓		✓	✓
Risk	Strategic Risk Register	✓		✓	✓	✓			✓
Governance	Risk and BAF Dashboard update				✓			✓	
Risk	Risk Appetite	✓		✓					
Risk	Review of Risk Management arrangements								
Governance	Assurance Reports of Board Partnership Arrangements	✓		✓	✓	✓		✓	✓
Governance	Assurance Reports of Joint Committees	✓		✓	✓	✓		✓	✓
Governance	Assurance Report of Local Partnership Forum	✓		✓	✓	✓		✓	✓
Governance	Committee Terms of Reference	✓							
Governance	Committee Work Plans	✓							
Governance	Board Work Programme	✓		✓	✓	✓		✓	✓
Governance	Standing Orders (as needed)								
Governance	Scheme of Delegation (as needed)								
Governance	Common Seal (as needed)								
Governance	Committee Membership Annual Review			✓					
Governance	Annual Assessment of Committee and Board Effectiveness	✓							
Governance	Committee Annual Reports	✓							
Governance	Speaking Up Safely and Raising Concerns Report	✓							
Governance	Board Assurance Framework	✓				✓		✓	
Governance	BAF Dashboard	✓		✓		✓			✓
Governance	Structured Assessment							☒	via ARAC Chair's report
Governance	Review of Consent Agenda Protocol	✓							
Governance	Organisational Escalation - Finance and Performance Monitoring (Planning Maturity Matrix to Nov)	✓		☒		✓			✓
Governance	Welsh Government Public Accountability Meeting documentation							✓	
Planning	Integrated Plan Approach to development					✓			
Planning	Draft Integrated Plan							✓	

Paterson Liz
03/03/2026 11:23:13

Planning	Annual Plan 2026-2027								✓
Planning & Finance	Annual Delivery Plan 2026/27 including budget allocation and framework	✓							✓
Performance	Annual Delivery plan - by quarter	✓			✓	✓			✓
Performance	Primary Care Summary Report				☒	☒		☒	✓
Planning	Winter Planning/Resilience					✓			
	Winter vaccination programme				✓				
Partnerships	RPB Annual Report			✓					
Partnerships	RPB Delivery (6 monthly update)								via PPPH Chair's report
Partnerships	PSB Wellbeing Plan (Future Generations Act). Next due 2027								
Partnerships	Partnership Governance Framework	✓				☒			
Population Health	Annual Report of Director of Public Health	☒			✓				
Performance	Integrated Performance & Quality Report	✓		✓	✓	✓		✓	✓
Finance	Annual Report and Financial Statements		☒	✓					
Finance	Financial Performance	✓		✓	✓	✓		✓	✓
Finance	Charitable Funds Annual Accounts and Report							✓	
Finance	Approve contracts and financial delegations above the CEOs limit (as needed)								
Partnerships	Llais Regional Director Report	✓		✓	✓	✓		✓	✓
Equality, Diversity & Inclusion	Equality, Diversity and Inclusion Annual Report 2024/25			✓					
Equality, Diversity & Inclusion	Strategic Equality Report								
Equality, Diversity & Inclusion	Welsh Language Annual Report	✓							
Compliance	Safeguarding Annual Report				✓				
Listening and Learning	People's Experience Framework				☒	☒			☒
Compliance	Wellbeing of Future Generations Act Report			☒		✓			
Civil Contingencies	Major Incident and Emergency Response Plan (Taken In-Committee)			✓					
Civil Contingencies	NHS WALES EMERGENCY PLANNING, RESILIENCE & RESPONSE ANNUAL REPORT 2024/25 (taken In-Committee)			✓					
Planning	Corporate Business Continuity Plan (taken In-Committee)			✓					
Capital and Estates	Health and Safety Annual Report	✓							
Capital and Estates	Capital and Estates Strategy								✓
Digital	Digital First Annual Plan				☒	☒		✓	
Transformation / Change	Temporary Service Changes	✓		✓					✓

Patterson Liz 23/03/2026 11:23:13

Workforce	Nurse Staffing Levels				✓				
	Better Together Case for Change	✓		✓	✓	✓			
Governance	Annual summary of petitions received under Petitions Protocol				✓				
Governance	Standards of Behaviour Policy (Next due March 2027)								
	Duty of Quality Annual Report				✓				
Performance	Ministerial Advisory Group Productivity and performance assessment			✓					
Governance	Joint Commissioning Committee - Revised IPFR Policy			☒		✓			
Governance	Joint Commissioning Committee - Revised Scheme of Delegation (Financial Delegations)			✓					
	Strategic Commissioning Framework				✓				
	North Powys OBC					TBC	✓		
	Standing Financial Instructions (Executive delegation limits)					✓			
IN-COMMITTEE	SRR (IC risks)	✓		✓		✓		✓	✓
	Minutes of previous IC meeting	✓		✓	✓	✓		✓	✓
	CEO update							✓	✓
	RaTS Committee Annual Report			✓					
	Emergency Preparedness, Resilience and Response Annual Report			✓					
Primary Care	Out of Hours Contract			✓	✓				☒
	Central Procurement of Out Patients Insourcing		☒						
Primary Care	Rhayader GMS contract			✓					
Primary Care	Crickhowell GDS contract					✓			
Primary Care	GMS Procurement							☒	
	Annual Plan 2024/25		✓	✓					
	General Practice Sustainability							☒	
	GDS Contract update								✓
	Microsoft Enterprise agreement								✓

Patterson,Liz
23/03/2026 11:23:13

Powys Teaching Health Board Glossary (Last updated February mars 26)

Acronym	
ADoECP	Associate Director of Estates, Capital & Property
CEO	Chief Executive Officer
DCG	Director of Corporate Governance
DIT	Director of Improvement & Transformation
EMD	Executive Medical Director
ED PH	Executive Director of Public Health
ED P&C	Executive Director of People and Culture
ED PP&C	Executive Director of Planning, Performance and Commissioning
ED FCSS	Executive Director of Finance, Capital & Support Services
ED AHPHSD	Executive Director of Allied Health Professions, Health Sciences and Digital
ED NQW&FH	Executive Director of Nursing, Quality, Women and Family Health
EDPCCMH	Executive Director of Primary Care, Community & Mental Health
ABUHB	Aneurin Bevan University Health Board
AFC	Agenda for Change
AGW	The Auditor General for Wales
AHPs	Allied Health Professionals
ALN	Additional Learning Needs
AO	Accountable Officer
ARAC	Audit, Risk and Assurance Committee
ASM	Accelerated Sustainable Model
AR	Audit Recommendations
APB	Area Planning Board
BAF	Board Assurance Framework
BCUHB	Betsi Cadwaladr University Health Board
BMA	British Medical Association
CAAP	Clinical associate in applied psychology
CAMHS	Child and Adolescent Mental Health Services
CCN	Childrens Community Nursing
CEMT	Chief Executive Management Team
CHC	Continuing Health Care
CIW	Care Inspectorate for Wales
CLIP	Collaborative Learning in Practice

Pattersons 23/03/2026 22:13

CNO	Chief Nursing Officer
CPD	Continued Professional Development
CPR	Child Practice Review
CRR	Corporate Risk Register
CSP	Clinical Service Plan
CTMUHB	Cwm Taff Morgannwg University Health Board
CV	Curriculum Vitae
CVUHB	Cardiff and Vale University Health Board
CWMPAS	Mid and West Wales Regional Safeguarding Adults Board
CYSUR	Mid and West Wales Regional Safeguarding Children Board
CTC	Care Transfer Co-ordinator
CCOMG	Complex Care Operational Management Group
DATIX	Incident Management System
D&P	Delivery and Performance Committee
DCG	Delivery Co-ordination Group
DGH	District General Hospital
DHCW	Digital Health and Care Wales
DNA	Did not Attend
DNACPR	Do Not Attempt Cardio-Pulmonary Resuscitation
DPA	Data Protection Act
DToC	Delayed Transfer of Care
D2RA	Discharge to Recover and Assess
DST	Decision Support Tool
EASC	Emergency Ambulance Services Committee
EOG	Executive Oversight Group
EOY	End of Year
EMRTS	Emergency Medical Retrieval & Transfer Service
EPMA	Electronic Prescribing and Medicines Administration
ESR	Electronic Staff Record
EMI	Elderly Mentally Infirm
FBC	Full Business Case
FOI	Freedom of Information
FFT	Friends and Family Test
FTE	Full Time Equivalent
F&P	Finance and Performance Committee
GDS	General Dental Services
GIRFT	Getting It Right First Time
GMC	General Medical Council
GMS	General Medical Services
GP	General Practitioner

Patient Board
23/03/2021 23:13

GNCC	General Nursing Complex Care Team
H&S	Health and Safety
HCA	Health Care Assistant
HCS	Health and Care Standards
HCSW	Health Care Support Worker
HDUHB	Hywel Dda University Health Board
HEIW	Health Education and Improvement Wales
HIW	Healthcare Inspectorate Wales
HP	Health Protection
HPF	Healthcare Professionals Forum
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

Patterson
23/03/2021 11:13

MDTs	Multi-Disciplinary Teams
MEG	Medical E-Governance System
MEG	Main Expenditure Group
MH	Mental Health
MHD	Mental Health & Learning Disability
MIU	Minor Injury Unit
MOU	Memorandum of Understanding
MOA	Memorandum of Agreement
MSK	Musculoskeletal
MV	Mass Vaccination
NHSE	National Health Service England
NHS	National Health Service
NHSWE	NHS Wales Executive
NICE	National Institute of Health and Clinical Excellence
NRI	Nationally Reportable Incidents
NWSSP	NHS Wales Shared Services Partnership
NNA	Nursing Needs Assessment
OBC	Outline Business Case
OCP	Organisational Change Process
OOC	Out of County
OOH	Out of Hours
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

Patterson,Liz
23/03/2026 09:23:13

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

Patterson
23/03/2021 11:13:13

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

Patterson,Liz
23/03/2026 11:23:13