

PTHB Board

Wednesday 29 July 2026, 09:30 - 15:15

Agenda

09:30 - 09:30
0 min

1. PRELIMINARY MATTERS

 Board_Agenda_29Jul26 FINAL 28072026.pdf (4 pages)

1.1. Welcome and apologies for absence

Chair

1.2. Declarations of interest

All

 Board_1.2_July 2026_Board Members Declaration Of Interests summary 2026-27.pdf (3 pages)

1.3. Board Action Log

Chair

 Board_1.3_Board Action Log Jul26.pdf (1 pages)

1.4. Experience Story

1.4.1. Patient Experience Story

1.4.2. Staff Experience Story

1.5. Questions to Board from the public

1.6. Update from the:

1.6.1. Chair

Chair

 Board_1.6a_Chairs Report Jul26.pdf (4 pages)

1.6.2. Vice-Chair

 Board_1.6b_Vice-Chair's Report Jul26.pdf (4 pages)

1.6.3. Chief Executive

Chief Executive

 Board_1.6c_CEO Board Report - July.pdf (10 pages)

1.7. Assurance Reports of Board Committees

-  Board_1.7_Committee Chair Reports_Jul26.pdf (8 pages)
-  Board_1.7ai_AppA_ARAC_AAAI Chairs Report 12May 2026.pdf (5 pages)
-  Board_1.7aii_AppA_ARAC_AAAI Full Chairs Report 07July2026.pdf (4 pages)
-  Board_1.7b_AppB_CFC_AAAI Chairs Report 08Jun26.pdf (3 pages)
-  Board_1.7ci_AppC_F&P_AAAI Chairs Report_14May26.pdf (4 pages)
-  Board_1.7cii_App C_F&P_AAAI Chairs Report_25Jun26.pdf (3 pages)

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- Board_1.7d_AppD_PPPH_AAAI Chairs Report_18May26.pdf (3 pages)
- Board_1.7e_AppE_P&C_AAAI Chairs Report_11Jun26.pdf (3 pages)
- Board_1.7f_AppF_EC Chair's Assurance Report JUL26.pdf (16 pages)

1.8. Report of the Regional Director of Llais

Regional Director of Llais

- Board_1.8_Llais RD report Jul26.pdf (4 pages)

09:30 - 09:30 2. CONSENT AGENDA BUSINESS

0 min

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.

The Chair will ask if there are any items from the Consent Agenda (Item 5) that Board Members wish to bring forward to the main agenda.

09:30 - 09:30 3. ITEMS FOR APPROVAL/RATIFICATION/ASSURANCE

0 min

3.1. Better Together

Executive Director of People, Culture and Transformation

- Board_3.1a_Better Together Phase 1 update.pdf (28 pages)
- Board_3.1b_Better Together Stage Three Consultation Plan.pdf (28 pages)

3.2. Financial Performance 2026/27 Month 03

Executive Director of Finance

- Board_3.2_Financial Performance Report Mth 03.pdf (19 pages)

3.3. Integrated Quality and Performance Report 2026/27 Month 02

Executive Director of Planning, Performance and Commissioning

- Board_3.3_IQPAR_Month_2_Summary_Board.pdf (9 pages)
- Board_3.3a_IQPR Month 02.pdf (53 pages)

3.4. Equality, Diversity and Inclusion Annual Report 2025/26

Executive Director of People, Culture and Transformation

DEFERRED

3.5. Welsh Language Annual Report 2025/26

Executive Director of People, Culture and Transformation

- Board_3.5_Cover Paper_WL Report 2025-26.pdf (3 pages)
- Board_3.5a_Welsh Language Standards Annual Monitoring Report 2025-2026 DRAFT.pdf (57 pages)

3.6. Director of Corporate Governance Report

Director of Corporate Governance

- Board_3.6_DCG report.pdf (3 pages)

3.7. Minutes of the previous meeting held on 20 May and 24 June 2026, for approval

Chair

- Board_3.7a_Unconfirmed Board Minutes 20MAY2026.pdf (14 pages)
- Board_3.7b_Unconfirmed Board Minutes 24June2026.pdf (5 pages)

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09:30 - 09:30 **4. CONSENT AGENDA**

0 min

Chair

4.1. Assurance Reports of the Board's Joint Committees

- 📄 Board_4.1_Joint Committee Reports_Jul26.pdf (2 pages)
- 📄 Board_4.1a_AppA_JCC Highlight Report - 26 May 2026 Final.pdf (6 pages)
- 📄 Board_4.1b_AppB_SEWRJC_Jul26.pdf (7 pages)

4.2. Assurance Report of the Board's Partnership Arrangements

- 📄 Board_4.2_Summary of Partnership Board Activity May26.pdf (3 pages)
- 📄 Board_4.2a_AppA_SSPP Assurance Report 14 May and 25 June 2026.pdf (5 pages)

4.3. Assurance Report of the Board Advisory Groups

- 📄 Board_4.3_Assurance Report of Boards Advisory Group Jul26.pdf (2 pages)
- 📄 Board_4.3a_AppA_AAAI Chairs Report_LPF_13Jul26 summary.pdf (2 pages)

4.4. Powys Health Charity Strategy 2026-30

- 📄 Board_4.4_Powys Health Charity Strategy 2026 -2030 cover paper.pdf (3 pages)
- 📄 Board_4.4a_Powys Health Charity Strategy 2026 - 2030.pdf (16 pages)

4.5. PTHB Committee Annual Reports

- 📄 Board_4.5_Committee Annual Reports.pdf (2 pages)
- 📄 Board_4.5a_P&C_Committee Annual Report_2025-26.pdf (9 pages)

4.6. Strategic Risk Register

- 📄 Board_4.6_Strategic Risk Register Summary July2026 (March data).pdf (6 pages)

4.7. Board Work Programme

- 📄 Board_4.7_Work Programme Jul26.pdf (3 pages)

4.8. GLOSSARY

- 📄 Board_4.8_Powys Teaching Health Board Glossary.pdf (6 pages)

09:30 - 09:30 **5. OTHER MATTERS**

0 min

5.1. Any Other Urgent Business

Chair

5.2. Close

5.3. Date of the Next Meeting: 16 September 2026 Via Microsoft Teams

09:30 - 09:30 **6. CONFIDENTIAL MATTERS**

0 min

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

Chair

"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”

6.1. Welcome and apologies for absence

Chair

6.2. Declarations of interest

All

09:30 - 09:30 7. CONSENT AGENDA BUSINESS

0 min

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 8. FOR APPROVAL / ASSURANCE

0 min

8.1. Better Together Step Report

8.2. Primary Care Procurement - General Dental Services Contract: Knighton

8.3. Major Incident and Emergency Response Plan 2026/27 and Corporate Business Continuity Plan 2026/27

8.4. Planned Care Submission

8.5. Minutes from the In-Committee meetings held on 20 May 2026 and Action Log

8.6. CEO update

09:30 - 09:30 9. In-Committee Consent Agenda

0 min

9.1. Committee Annual Reports: • Remuneration and Terms of Service Committee

9.2. NHS Wales Emergency Planning, Resilience and Response Annual Report 2025/26

09:30 - 09:30 10. OTHER MATTERS

0 min

10.1. Any other urgent business

10.2. Close

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POWYS TEACHING HEALTH BOARD
BOARD MEETING
WEDNESDAY 30 JULY 2026
09:30 – 15.15
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 20 mins	1.4	Experience Stories: - Staff Experience Story - Patient Experience Story	Attached	Executive Director of People, Culture and Transformation Executive Director of Nursing, Quality, Women and Family Health
	1.5	Questions to Board from the public:	Verbal	Director of Corporate Governance
10.00 20 mins	1.6	Update from the: a) Chair b) Vice Chair c) Chief Executive	Attached Attached Attached	Chair Vice-Chair Acting Chief Executive
10.20 20 mins	1.7	Assurance Reports of the Board's Committees	Attached	Committee Chairs Chief Executive
10.40 10 mins	1.8	Report of Regional Director of Llais	Attached	Llais Regional Director
10.50	BREAK 10 minutes			

2: CONSENT AGENDA BUSINESS

The Chair will ask if there are any items from the Consent Agenda (Item 5) that Board Members wish to bring forward to the main agenda.

3: ITEMS FOR APPROVAL/RATIFICATION/ASSURANCE

11.00 40mins	3.1	Better Together: - Assurance Report - Consultation plan Purpose: Assurance and Approval	Attached	Executive Director People, Culture and Transformation
11.40 30 mins	3.2	Financial Performance: 2026/27 - Month 03 Purpose: Assurance	Attached	Acting Executive Director of Finance
12.10 30 mins	3.3	Integrated Quality and Performance Report 2026/27 Month 02	Attached	Executive Director of Planning, Performance and

		Purpose: Assurance		Commissioning /All Directors
	3.4	Equality, Diversity and Inclusion Annual Report 2025/26 Purpose: Approval	DEFERRED	Executive Director People, Culture and Transformation
12.40 15 mins	3.5	Welsh Language Annual Report 2025/26 Purpose: Approval	Attached	Executive Director People, Culture and Transformation
12.55 5 mins	3.6	Director of Corporate Governance Report: Purpose: Approval and Assurance	Attached	Director of Corporate Governance
13.00 5 mins	3.7	Minutes of Previous Meeting held on 20 May and 24 June 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 Forums Purpose: Assurance	Attached	Executive Director People, Culture and Transformation
	4.4	Powys Health Charity Strategy 2026-2030 Purpose: Approval	Attached	Director of Corporate Governance
	4.5	Board Committee Annual Reports: People and Culture Committee Purpose: Assurance	Attached	Director of Corporate Governance
	4.6	Strategic Risk Register Purpose: Assurance	Attached	Director of Corporate Governance
	4.7	Board Work Programme Purpose: Assurance	Attached	Director of Corporate Governance
	4.8	Glossary Purpose: Information	Attached	Director of Corporate Governance
5: OTHER MATTERS				
13.05	5.1	Any Other Urgent Business	Verbal	Chair
	5.2	Close		
	5.3	Date of the Next Meeting: 16 September 2026 via Teams		

13.10

LUNCH – 30 minutes

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

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

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

Time	Item	Title	Attached / Oral	Presenter
13.40	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 10) that Board Members wish to bring forward to the main agenda.

8: FOR APPROVAL/ASSURANCE

13.40 45 mins	8.1	Better Together Step Report Purpose: Assurance	Attached	Executive Director People, Culture and Transformation
14.25 10 mins	8.2	Primary Care Procurement - General Dental Services Contract: Knighton Purpose: Approval	Attached	Executive Director Primary, Community Care and Mental Health
14.35 15 mins	8.3	Major Incident and Emergency Response Plan 2026/27 Purpose: Approval	Attached	Executive Director Public Health
		Corporate Business Continuity Plan 2026/27 Purpose: Assurance	Attached	Executive Director Public Health
14.50 5 mins	8.4	Planned Care Submission Purpose: Assurance	Attached	Executive Director of Planning, Performance and Commissioning
14.55 5 mins	8.5	Minutes of Previous In-Committee Meetings held on 20 May 2026 and Action Log Purpose: Approval	Attached	Chair
15.00 15 mins	8.6	CEO update Purpose: Assurance/Information	Verbal	Acting Chief Executive

9: IN-COMMITTEE CONSENT AGENDA				
	9.1	Committee Annual Reports: Remuneration and Terms of Service Committee	Attached	Director of Corporate Governance
	9.2	NHS Wales Emergency Planning, Resilience and Response Annual Report 2025/26 Purpose: Approval	Attached	Executive Director Public Health
10: OTHER MATTERS				
15.15	10.2	Any other urgent business	Verbal	Chair
	10.3	Close		

MESSAGE TO THE PUBLIC: Powys Teaching Health Board is committed to openness and transparency and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe. At present Board meetings are held virtually and livestreamed. Members of the public are able to view the livestream or view the uploaded copy of the meeting on demand.
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POWYS TEACHING HEALTH BOARD - REGISTER OF DECLARATION OF INTERESTS 2026-27							Updated: July 2026
Position	Name	Interest Category	Interest Situation	Relevant Dates from	Relevant Dates to	Description of Declaration	Comment
INDEPENDENT MEMBERS							
PTHB Chair	Carl Cooper	Indirect Interests	Loyalty Interests	2018	Ongoing	Sole Trader, Mandy Williams, Consulting	Nil
		Indirect Interests	Loyalty Interests	2025	Ongoing	Family member is an employee of Cardiff & Value University Health Board (non Director).	Nil
Vice Chair	Rhiannon Beaumont-Wood	Non Financial professional interests	Outside Employment	Jun-23	Ongoing	Director and Owner of RBW Executive and Professional Coaching	Salaried Employment
		Non Financial personal interests	Loyalty Interests	Jun-24	31/03/2027	Registrant Council Member - Nursing and Midwifery Countil (NMC)	Renumerated as per Registrant Council Member Terms and Conditions
Independent Member (General)	Rhobert Lewis	Non Financial professional interests	Outside Employment	Nov-21	Current	Chair NPTC Group of Colleges	NIL
		Indirect Interests	Outside Employment	Nov-21	Current	External member Cross-party STEMM Group Welsh Government	NIL
Independent Member (Trade Union)	Cathie Poynton	NIL	NIL	NIL	NIL	NIL	NIL
Independent Member (finance)	Stephen Elliot	Non Financial professional interests	Loyalty Interests	17 April 2024	Current	Honorary Fellow and Lifetime Member of Healthcare Financial Management Association	NIL
		Non Financial professional interests	Outside Employment	04 February 2024	Current	Spouse Directorship of Oshi's World Private Limited Company and a Trustee of Oshi's World Charity	NIL
Independent Member (General)	Ronnie Alexander	Indirect Interests	Outside Employment	2012	Current	Partner Director of RA and CJ Consulting Limited	Dividend Payment only
		Indirect Interests	Outside Employment	Mar-21	Current to Dec-27	Independent Monitoring Authority (IMA) – Non Executive Director	Remunerated
		Indirect Interests	Shareholdings and other ownership interests	2012	Current	Director of RA and CJ Consulting Limited	Dividend Payment only
Independent Member (University)	Simon Wright	Non Financial professional interests	Loyalty Interests	23 January 2026	Current	Personal: Senior Professional Fellow, Cardiff University-Various Healthcare Programmes	Honoury Role
		Indirect Interests	Loyalty Interests	2001	Current	Sister: Senior Operational Manager, Milestone Trust, Bristol	Salaried Employment
		Indirect Interests	Loyalty Interests	2021	Current	Spouse: District Nurse, Cardiff and Vale UHB	Salaried Employment
		Non Financial professional interests	Loyalty Interests	02 January 2020	Ongoing	Labour Party member	NIL
		Financial Interests	Outside Employment	09-Feb-26	Current	Head of Partner Engagement for JS Group working with HE sector	Salaried Employment
Independent Member (Third Sector)	Jennifer Owen Adams	Non Financial professional interests	Loyalty Interests	Jun-16	Ongoing	Member (not a NED) of Glas Cymru the holding company of Dwr Cymru/Welsh Water	None
		Non Financial professional interests	Loyalty Interests	01 September 2024	01.06.2028	Coopted Member of PAVO	None
		Non Financial professional interests	Loyalty Interests	Jul-05	Ongoing	Chair Public Services Board Scrutiny Committee	None
		Non Financial professional interests	Loyalty Interests	2013	Ongoing	Brother - Senior Manager Freedom Leisure (Lead responsibility for Swansea and South Powys).	NIL
Patterson,Liz 28/07/2026 15:46:29		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
		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

Independent Member (Local Authority)	Christopher Walsh	Non Financial professional interests	Loyalty Interests		Ongoing	Elected Member Powys County Council •Trustee/Chair: Brecon University Scholarship Fund •Brecon Town Council Elected Member •Governor of Priory Church in Wales School •Member Brecon Beacons National Park Authority SDF & Grant Advisory Panel •Member of the Community Speed Watch Group	NIL
		Non Financial professional interests	Loyalty Interests		Ongoing	•Member of Royal College of Nursing •Registered Member of Nursing and Midwifery Council	NIL
		Non Financial professional interests	Loyalty Interests		Ongoing	Labour Party member	NIL
Independent Member (Capital)	Michael Giannasi	Indirect Interests	Loyalty Interests	2019	Jul-26	Chair of the Board of Social Care Wales (Welsh Government Sponsored Body).	Remunerated
Independent Member	Ian Thomas	Non Financial professional interests	Loyalty Interests	Jun-26	2029	Trustee of a UK Charity - Family Fund that provides financial support to families with disabled and seriously ill children	NIL
		Non Financial professional interests	Loyalty Interests		Sep-26	Sit as an NED on the charity's subsidiary company - Family Fund Business Services.	NIL
EXECUTIVE MEMBERS							
Chief Executive Officer	Hayley Thomas	NIL	NIL	NIL	NIL	NIL	NIL
Executive Director of Finance, Capital and Support Services	Pete Hopgood	Non Financial Interests	Loyalty Interests	18 June 2018	Ongoing	Partner is Finance Manager working in SBUHB	Not Relevant
Executive Director of Allied Health Professions, Health Science and Digital	Claire Madsen	Financial Interests	Outside Employment	07 January 2019	01-Apr-28	Occasional Lecturer for University of West of England.	Hourly rate
		Non Financial professional interests	Loyalty Interests	01 April 2026	01-Mar-28	Member of the The Chartered Society of Physiotherapy	NIL
Executive Medical Director	Kate Wright	NIL	NIL	NIL	NIL	NIL	NIL
Executive Director of People and Culture and Transformation	Debra Wood Lawson	Indirect Interests	Outside Employment	01 November 2024	01-Nov-27	Non Executive Board Director - Cadarn Housing Group Limited (Powys is a zonal partner)	Remunerated
			Outside Employment	01 September 2025	Current	Relative employee and training in Aneurin Bevan Univeristy Health Board (non Director)	NIL
Executive Director of Public Health	Mererid Bowley	Non-Financial professional Interest	Loyalty Interest	NIL	NIL	Member of Faculty of Public Health	Previously declared on annual Declaration of Interest form issued by corporate team since commencement of role. (Transferring recording of declaration on to ESR from this date).
		Financial Interest	Shareholdings and other Ownership interests	NIL	NIL	Husband works for Mitie Engineering who hold contracts/work with some NHS bodies/organisations. Shares held by husband and myself and Mitie Company	Previously annually since start of employment through completion of declarations of interest form issued by corporate team annually.
Director of Corporate Governance/ Board Secretary	Helen Bushell	Non-Financial professional Interest	Outside Employment	Nov-21	Current	Self - School Governor – Langynwyd primary school (Bridgend)	Not remunerated
		Indirect Interests	Outside Employment	Aug-16	Current	Partner is the Chair of a Housing Association who provide social housing across a large geographical area (including Powys).	Remunerated part time role, 2-4 days per month
		Indirect Interests	Outside Employment	Jul-24	Oct-24	Partner is listed on the Bank for PTHB - working occasionally for the organisation by dual agreement.	Paid per hour/day of work
		Indirect Interests	Outside Employment	May-25	Current	Partner - Associate for Practice Solutions	

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

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Liz Patterson									
Board Action Log									
RAG Status:									
At risk	Red - action date passed or revised date needed								
On track	Yellow - action on target to be completed by agreed/revised date								
Completed	Green - action complete								
No longer needed	Blue - action to be removed and/or replaced by new action								
Transferred	Grey - Transferred to another group								
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 (29 JULY 2026) - NONE									
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE (29 JULY 2026)									
20/05/2026	PTHB 26/15	DCG EDPPC	Director of Corporate Governance Report	Review how commissioning is reflected across Board and Committee work programmes and bring back to Board improved arrangements	29.07.26 update - action on track to report to the September Board	Sep-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. 20.05.26 update - work on track for revised date, no further updates will be provided until due date unless there is an issue to report.	Nov-26	Nov-26	On track	
27/11/2024	PTHB/24/131	DCG	Assurance Reports of Board's Committees	Peoples Experience Framework to be brought to future Board for discussion	27.01.2025 update: This is on the agenda for February PEQS and March Board. Action not yet due to report to Board. 6.03.25 update - PEQS considered an update in February, release of the national framework awaited, update will be provided to the Board in May following PEQS in April. Date change requested. 21.05.25 update - PEQS in April received an update including the recently released national framework. The PTHB framework will be considered by PEQS in July, date change requested to the September 2025 Board. 24.09.2025 Update: Framework now received and internal work underway to develop the PTHB framework, due to be considered by PEQS in October and therefore Board in November - date change requested. 26.11.2025 Update: Internal work remains underway to develop the framework, it is now due to be considered by PEQS in February and therefore Board in March - date change requested. 28.01.26 update - update remains as above 25.03.2026 update - PEQS had received an update paper, took assurance work is underway but the date to present the new framework to PEQS is August 2026. Date change request made to Board for Sept 2026. 20.05.26 update - work on track for revised date, no further updates will be provided until due date unless there is an issue to report.	Mar-25	Sep-26	On track	
ACTIONS RECOMMENDED FOR CLOSURE (29 JULY 2026)									
20/05/2026	PTHB/26/06	CEO	Report from Chief Executive	Bring back EMRTS (with reference to Recommendation 4) to Board	29.07.26 update - some information contained within CEO report and further information will be shared with the Board as it becomes available. Board to determine if action can be closed at this stage.	Jul-26		Completed	



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Powys Teaching
Health Board

Agenda item: 1.6a

BOARD		DATE: 29 JULY 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 May 2026.			
RECOMMENDATION(S):			
It is recommended that the Board RECEIVE this report.			
Approve/Take Assurance		Discuss	Note
N		Y	N

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

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Chair's Report

CHAIR'S REPORT:

Interim Chief Executive and Accountable Officer Arrangements

Due to a recent health diagnosis and the need for treatment, our Chief Executive Officer, Hayley Thomas, has begun a period of sick leave. We assure Hayley of our care and support and trust that she will make a swift and full recovery.

Our Remuneration and Terms of Service Committee met recently and approved the appointment of Pete Hopgood (Deputy CEO and Executive Director Finance, Capital and Support Services) as Acting Chief Executive Officer, and Dr Kate Wright (Executive Medical Director) as Acting Deputy Chief Executive Officer and Executive Medical Director. The appointment of Hywel Pullen (Deputy Director of Finance) as Acting Executive Director of Finance was also approved.

Hayley informed NHS Wales CEO of her intention to temporarily step down from her Accountable Officer responsibilities. As the Acting CEO, Pete Hopgood has been appointed Acting Accountable Officer.

I am grateful to Pete, Kate and Hywel for their readiness to take on these roles and responsibilities during this period of change. I am equally grateful to the whole executive team and wider colleagues for the smooth and seamless way in which this unexpected transition has been managed. It speaks impressively of the high quality of team effectiveness, mutuality and resilience that has been nurtured over recent times.

We commit ourselves to fulfilling our duties of care to Hayley and to the organisation over the coming months.

Hywel Dda Stroke Services

Further public consultation is taking place regarding the future of stroke services provided by Hywel Dda University Health Board. We know that this is a significant matter for many of our population who use and rely of these services. We are reflecting and representing the Powys perspective in our ongoing engagement with Hywel Dda at this pivotal juncture. Thank you to our Independent Member, Jenn Owen-Adams, along with Health Board staff, for attending the public meeting in Bro Ddyfi on 30 June 2026, which provided an important opportunity to hear directly from people about their concerns and to further inform our response.

Better Together

I was pleased to host and attend a Deliberative Event that brought together over 100 partners and stakeholders to discuss and deliberate in response to the potential options for the future of Adult Physical and Mental Health Services in Powys, as phase one of our Better Together transformation programme.

The contribution of attendees was invaluable and will help to further shape thinking and planning as we look to finalising options on which to formally consult later in the year.

It is important to emphasise that no decisions about any changes are being made or have been made at this stage. Once our Board has approved any options, we will then embark on a period of public consultation, feedback from which will inform any decisions that could be made in due course. There are specific agenda items on Better Together within the Board agenda for the 29 July.

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 frequently include an opportunity to engage with different, operational colleagues and strategic partners.

The programme of Board Walkaround visits continues but has been less active over recent weeks due to periods of annual leave. 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 am grateful to colleagues for the warm welcome and useful conversations during the following visits:

- Optometry Providers
The vice-chair and I visited two contracted optometry providers in North Powys. It was useful to gain a better insight into this dimension of primary care and the ways in which the various levels of Welsh Government's General Ophthalmic Services are caring for people from preventative support to urgent care.
- Prince Charles Hospital (PCH), Merthyr Tydfil
As part of our programme of visits to commissioned services, executive officers and I spent time in PCH visiting Radiology, Urgent and Emergency Care and the new Mental Health Assessment area under construction. It was particularly interesting to learn how managers had implemented a major refurbishment and redesign of the hospital whilst simultaneously keeping the hospital functioning.

Strategic Contacts and Involvement

- **Local Political Engagement and Contact**

The Chief Executive and I have reached out to all and held many initial meetings with all the newly elected political representatives of Powys residents. We will reinstate our regular catch-up meetings in order to build positive, constructive relationships into the future. This is always

important, but particularly so as we prepare for public consultation on Better Together options.

- **NHS Team and Peer Group Development Day**

Alongside executive colleagues, I attended a development day for NHS Wales leaders facilitated by Health Education and Improvement Wales. The focus of the day was to identify ways in which peer groups can be used more effectively as drivers of strategic leadership.

- **Senedd Drop-in Event for MSs**

I attended a drop-in session organised by NHS Wales Confederation for new Members of the Senedd to meet NHS Wales leaders. It was good to have the opportunity to chat informally with some of our newly elected representatives and to share information with them about our organisations and our priorities.



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Agenda item: 1.6b

BOARD MEETING		DATE: 29 JULY 2026	
Subject:	VICE CHAIR’S REPORT		
Approved and presented by:	Rhiannon Beaumont-Wood, PTHB Vice Chair		
Prepared by:	Rhiannon Beaumont-Wood, PTHB Vice Chair		
Other Committees and meetings considered at:	N/A		
PURPOSE:			
To bring to the Board’s attention key points for awareness from the Vice Chair of Powys Teaching Health Board, since the previous Board meeting in May 2026			
RECOMMENDATION(S):			
It is recommended that the Board RECEIVES this report.			
Approve/Take Assurance		Discuss	Note
x		✓	x

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

VICE CHAIR'S REPORT

Partnership working

Attendance at Regional Partnership Board (RPB) meetings, included monitoring the prioritisation of Regional Integration Funded (RIF) projects. In part, the prioritisation process has been prompted by the uncertainty of ongoing RIF (Regional Integrated Fund) funding from Welsh Government. However, it is important to recognise that this funding was always intended to be time limited. We have been informed that a review of Health and social Care legislation is currently underway, which will also be considering the role of RPB's. This includes a short survey which partners are able to respond to. Subject to Ministerial decisions, a more comprehensive consultation process may follow in the Autumn. Plaid Cymru had previously indicated that RPB's need to be strengthened.

As the Independent Member Champion for Veterans and Armed Forces, I attended the regular Powys Health Board Veterans meeting in June. Partners shared some excellent examples of support available to veterans and their families e.g. The Poppy Factory supporting Veterans and families towards employment.

In recognition of 'Armed Forces Day', I was asked to raise the ceremonial flag at 11am following the meeting, in support of, and to honour and demonstrate our appreciation for all serving military personnel, veterans' cadets and their families. A small group of partners, staff and veterans gathered at the Bronllys site as the flag was raised.

Out and About: Community

In May, the Chair and I visited two private Optometry providers in Welshpool. There was positive endorsement by the leadership in both practices about the benefits of the new Optometry contracts. Funding from the Primary Care academy has also been well received and has led to opportunities for 'grow your own' in optometry career pathways. It has also enabled in some cases enhanced skills to be acquired, which has meant that many patients are able to be treated in their own communities. There is ambition for more upskilling opportunities in terms of WGOS 4-5. The challenge of back fill was cited as a barrier to accessing training, the back fill challenges also impact on availability of Optometry clinicians to be able to contribute to Cluster level development and decision making. The provision of more clinical pathways being made available in the Community, aligns well with 'Community by Design', the Welsh Government programme to shift more care out of hospitals and into the community.

District Nursing Teams

It was a pleasure to spend time with District Nursing Teams in Ystradgynlais and Talgarth this month, giving the opportunity to learn about how the virtual ward is enacted, positive relationships with primary care teams reported, and I gained

a really strong sense of the District nursing teams being part of the fabric of the communities in the way they work. It was good to see how patients and their families are involved in planning their care.

Mental Health

I have had the opportunity to meet with staff and managers working in mental health, in different settings. This included Felindre ward at Bronllys Hospital, the Crisis and Home Treatment team in the south.

It was good to hear about a 'safe ward' project that has been initiated and links to national improvement work which will run over two years. In addition, a visit to Tawe ward in Ystradgynlais provided an opportunity to hear from one of the Physicians Associates and how this role is able support staff in both in-patient and community settings, in particular utilising extended clinical skills which can help to support mental health staff, who may have less experience of providing care in physical health co-morbidities.

It was also informative to visit the team providing the 111 press 2 service and hear how the workforce model combines staff with both clinical and wellbeing skills. The workforce model provides a mix of skills to support the people who present to this service. It was also helpful to understand how this model aligns to the national model direction, acknowledging that there is further work to do. It will be important to track the experience of service users using this relatively new and developing service.

Workforce (Clinical)

I am keen to understand and learn more about our approach to engagement and planning in relation to workforce developments, to enable our clinical and support staff, to incrementally increase the range and scope of practice in terms of Clinical skills. Both in the here and now and as part of the 'Better Together' programme. This is key to enabling the Health Board to move forward in the direction articulated by the Chief Medical Officer in Welsh Government in relation to 'Community by Design', and ensuring patients and people can have a good quality experience at and closer to home.

I have heard several examples of good practice already, e.g. Physician associate, Sonographers, Optometrists.

Vice Chairs Forum (NHS Wales)

In the June Vice Chairs meeting, updates were received from the NHS Wales Performance and Improvement leads, on Mental Health, Community by Design, the need to further mature Primary Care clusters was also expressed.

In addition, an update from the Deputy Director of Futures and Integration in Welsh Government was received on the Integrated Community Care System and how this aligns with core national NHS Wales programmes.

There was also a joint meeting between NHS Chairs and Vice Chairs held in June, with a view to closer collaboration going forward.

Quality and Safety

Following the April PTHB Board Development session, which was supported by the NHS Wales Performance and Improvement quality management leads, focused on developing and implementing a Quality Management System (QMS), as required under the duty of Quality, I was asked to contribute to an NHS Wales session reflecting on our Board development session. Further consideration is being given to how the development and implementation of a QMS for Powys Teaching Health Board will be taken forward.

There is a role for Patient Experience, Quality and Safety Committee in overseeing the developments of the QMS on behalf of the Board, this has been added to the Committee work programme, following some initial discussion with the Executive Director of Nursing and Director of Corporate Services.

Infection Prevention and Control (IP&C)

A meeting held with the organisational IP&C lead, provided a helpful overview on the progress made over the past couple of years to strengthen IP&C arrangements within PTHB. We can look forward to receiving the annual report on progress in the PEQS meeting in August.

Maternity

Some discussions have been held with the Executive Director of Nursing, and separately with the Assistant Director for Women and Children and Head of Midwifery, to understand more about the context of operational changes being implemented in community midwifery teams. This followed a visit by myself and one of the Independent Members to one of the Birth Centres in North Powys.

We heard both some of the positive ways of working to support families during and after pregnancy, and some of the challenges arising from the Powys geography. We heard about the close working arrangements between the community midwives and Consultant Obstetricians enabled through technology. The progress made on the Baby Friendly initiative in terms of infant feeding, was good to hear, with more work continuing to ensure consistency of timely support to parents and families in relation to infant feeding.

The discussions led to exploring how we further increase the visibility and assurance of maternity services and take greater assurance on the quality and safety of maternity services in the Health Board, and as a commissioner of services. This is also in light of the high profile of maternity services, following a number of reviews across the UK identifying safety, governance and culture concerns, the work plans of the PTHB Patient Experience, Quality and Safety Committee will consider how maternity services will have greater visibility going forward.



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Agenda item: 1.6c

BOARD MEETING		29 JULY 2026	
Subject:	CHIEF EXECUTIVE REPORT		
Approved and presented by:	Pete Hopgood, Acting Chief Executive		
Prepared by:	Director of Corporate Governance with contribution from other colleagues		
Other Committees and meetings considered at:	Elements of this report may have been considered at various committees or meetings prior to being presented.		
PURPOSE:			
This report is intended to keep the Board up to date with key developments at a national and local level. It sets out for the Board areas of work being progressed and achievements that are being made, which may not be subject to consideration by a Committee of the Board or may not be directly reported to the Board through other Board reports. The report specifically covers: • PTHB Colleague Achievements • PTHB Escalation Status • Vaccination and health protection update • Continuous engagement with our communities • PTHB Service Developments • Commissioned Services Updates • Regional Orthopaedic Plan and Llantrisant Health Park • Powys Public Service Board Well-Being Assessment • UK Parliament Welsh Affairs Committee A number of other key matters are contained within the Board’s agenda for the 29 July 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

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	

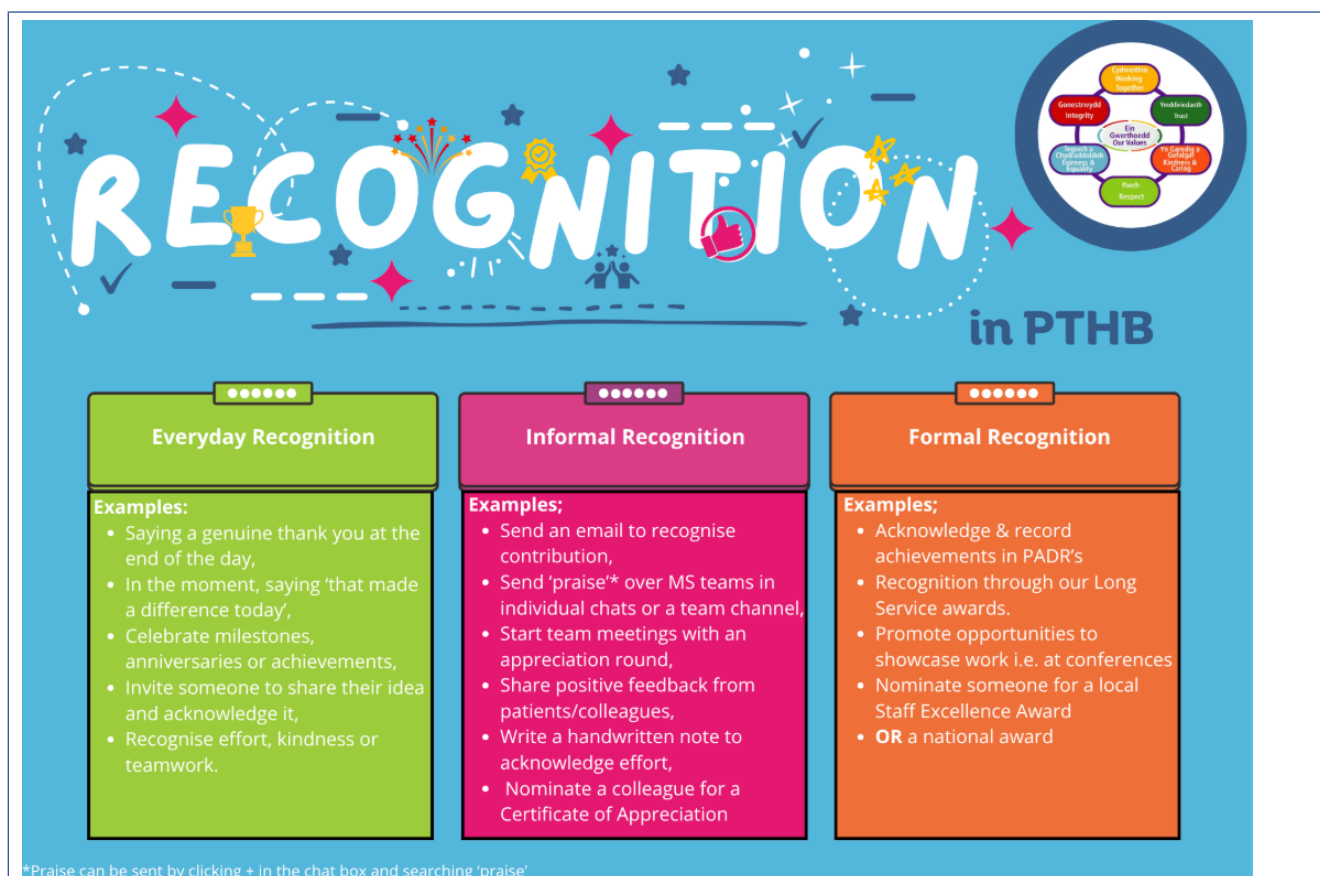
CEO REPORT:**PTHB COLLEAGUE ACHIEVEMENTS**

A key achievement since our last report has been the compassion, innovation and resilience of colleagues across the organisation in responding to the sustained period of hot weather. Record-breaking weather has presented challenges for the delivery of care, not least since our health care settings are designed for more typical Welsh weather to keep the heat in rather than out. The hot weather has provided valuable learning as well as an important reminder of the need for continued efforts in our organisational response to climate change.

We have also been working with colleagues across the health board to introduce a new staff recognition framework. This describes the ways we recognise the valuable contributions of staff across Powys Teaching Health Board. It brings together the various recognition initiatives, schemes and opportunities available within the organisation, making it easier for staff and managers to understand how recognition can be used to celebrate achievements and support a positive workplace culture.

At the heart of this framework is the idea that recognition should be part of everyday working life, not something reserved just for special occasions. Whether it's thanking a colleague for their support, acknowledging extra effort, or celebrating a team achievement. Taking the time to recognise one another, helps build a positive and supportive culture for everyone.

By promoting a balanced approach that includes both informal and formal recognition, the framework aims to support employee wellbeing and reinforce the behaviours and values that help us deliver excellent care and services for the people of Powys.



PTHB ESCALATION STATUS

Our first escalation Board with Welsh Government officials, as part of the revised NHS Wales Oversight and Escalation Framework, took place on 2 June 2026.

Welsh Government recognised the ambition set out in our Annual Plan and the commitment shown by the Board and Executive team to delivering long-term sustainability. The discussion highlighted that significant challenges remain, particularly in relation to the Health Board's financial position, the delivery of savings plans, service transformation, and reducing reliance on externally commissioned services.

Welsh Government acknowledged the actions already underway, including strengthened financial oversight arrangements, the Better Together transformation programme, improvements in continuing healthcare management, and work to enhance quality, safety and workforce sustainability.

The Health Board has been asked to accelerate a number of improvement actions, strengthen confidence in its financial recovery plans, and ensure that recommendations from external reviews are fully implemented. Overall, there was recognition of the progress being made, alongside an expectation that sustained focus and pace of delivery will be required over the coming year.

The next Escalation Board is scheduled for September 2026.

VACCINATION AND HEALTH PROTECTION UPDATE

Meningitis B

On 16 June 2026 following JCVI advice, Welsh Government has directed Health Boards to implement an urgent MenB vaccination programme to help protect young people at highest immediate risk. This is following the unprecedented outbreak of Meningococcal Group B (MenB) in Kent in March, and more recent smaller outbreaks in Weymouth and Reading.

The direction is for urgent implementation of the programme to commence on 20 July, 5 weeks following the WG directive. A 2-dose vaccine administered 28 days apart will be offered to

- young people born between 1 September 2007 and 31 August 2008 (17 / 18 year olds in school year 13)
- those aged between 18 and 25 attending higher education or residential further education for the first time in Autumn 2026, including students from other UK nations and international students year of university.

The offer does not include:

- those born before 21/07/2001
- those aged less than 25 years continuing their studies (not first-time entrants)
- those in school-level residential settings, for example sixth form boarding schools, unless they are eligible due to their age
- those who completed a 2-dose course of Bexsero® within the last 5 years.
- those who completed a 2 or 3 dose course of Trumenba® within the last 5 years.

Appointments in Powys began on 20 July 2026 with further information available from our website: [Meningitis B vaccination to be offered to young people across Wales - Powys Teaching Health Board](#)

UK Governments are now also giving consideration to further recommendations from the JCVI on 16 July 2026 in relation to vaccination for people aged 15.

Seasonal Vaccination Programmes (RSV, COVID, Flu)

The seasonal respiratory vaccination programme for spring 2026 has concluded with the focus now turning to planning for the autumn programme.

This autumn and winter, [Welsh Government has advised the offering of flu vaccine](#) to:

- children aged 2 and 3 years on 31 August 2026 (with a date of birth on or after 1 September 2022 and on or before 31 August 2024)
- school aged children from reception to year 11 (inclusive)
- people aged 6 months to 64 years in a clinical risk group as defined in the [Green Book, Influenza Chapter](#)
- people aged 65 years and older (age on 31 March 2027)
- all adult residents in Welsh prisons
- pregnant women
- carers of a person whose health or welfare may be at risk if the carer falls ill
- health and social care workers and NHS Trust staff
- people experiencing homelessness
- household contacts of the immunocompromised (defined as immunosuppressed in table 19.4 in chapter 19 of the [Green Book, Influenza Chapter](#))
- poultry workers and livestock (cattle and swine) workers who are at higher risk of exposure to zoonotic influenza

[COVID vaccination is being offered to:](#)

- adults aged 75 years and over on 31 January 2027
- residents in a care home for older adults
- individuals aged 6 months and over who are immunosuppressed (as defined in tables 3 or 4 in [COVID-19: the green book chapter](#))

[RSV vaccination](#) - further expansion of programme

Evaluation of the new RSV vaccination programme has demonstrated significant impact on reducing RSV related hospital admissions and severe illness. It is therefore an effective intervention for population health and reducing Winter health service pressures. The programme was expanded on 01 April 2026 to include all adults over the age of 75years and residents in a care home for older adults.

On 30th June, WG announced a further expansion to include individuals between 65-74 years olds in certain clinical at risk groups from 01 September 2026. This is a further expansion following that announced in April.

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CONTINUOUS ENGAGEMENT WITH OUR COMMUNITIES: Pharmaceutical Needs Assessment

Powys Teaching Health Board is under a statutory obligation to draft, consult upon and publish a Pharmaceutical Needs Assessment (PNA) by 1 October 2026 in accordance with the National Health Service (Pharmaceutical Services) (Wales) Regulations 2020. Statutory consultation on the draft PNA has been taking to take place from 1 June 2026 to 30 July 2026 (www.haveyoursaypowys.wales/pna-2026) in order that a completed can be presented to the Board in September 2026.

CONTINUOUS ENGAGEMENT WITH OUR COMMUNITIES: Llanrhaeadr Medical Centre

Powys Teaching Health Board has received an application from the Llanfyllin Group Practice to close their GP branch surgery in Llanrhaeadr-ym-Mochnant. The application is being considered in accordance with the Health Board Branch Practice Review Process. This process ensures that applications for branch closures are given careful and thorough consideration before any decisions are made on the way forward.

The Branch Practice Review includes:

- Receiving and reviewing the application from the practice
- Sharing information with you as patients and wider stakeholders to seek your views
- Engaging with Llais, the statutory body representing the interests of patients and the public
- Conscientiously considering the feedback received and taking this into account when deciding on the application at a future meeting, in public, of Powys Teaching Health Board.

This period of engagement is taking place from 20 July 2026 to 30 September 2026. Letters have been sent to households of registered patients and further details are available from <https://pthb.nhs.wales/lym>

PTHB DEVELOPMENTS: Defence Employer Recognition Scheme Gold Award for 2026

Powys Teaching Health Board is one of eight Welsh employers honoured with a prestigious Ministry of Defence Employer Recognition Scheme (ERS) Gold Award. Representing the highest badge of honour, the Employer Recognition Scheme Gold Award is awarded to organisations that have demonstrated that is acts as an exemplar in their sector/local area by advocating for and supporting the Armed Forces community, including serving personnel, reservists, veterans, cadet force adult volunteers, and military families. It is evidence of strong organisational commitment to the Armed Forces Covenant, veteran friendly employment practices, and support for reservists and service families.

Following the official announcement on 15 July 2026, the formal presentation of the award will take place on 24 September 2026.

PTHB DEVELOPMENTS: Llandrindod Wells Memorial Hospital improvement programme

The current phase of the Llandrindod Wells Memorial Hospital improvement programme includes a complete refurbishment of the entrance. The refurbishment will provide a much-improved, welcoming environment for staff and visitors while ensuring that the hospital's memorial remembrance plaques are carefully preserved and retained.

Temporary changes to physical access to the building are in place whilst the work takes place: [Llandrindod Wells Memorial Hospital improvement programme - Main Entrance Works & Temporary Access Arrangements](#).

PTHB DEVELOPMENTS: Primary Care Dental Services

Since the last meeting of the board, three invitations to tender for the provision of General Dental Services have been issued covering Llandrindod Wells, Newtown and Welshpool. The new provider for Crickhowell has also submitted a planning application for the establishment of a dental clinic within the town.

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

At the last meeting of the NHS Wales Joint Commissioning Committee (JCC) on 21 July, the JCC received the update below on the next steps on Rural Response Models in the context of the EMRTS Service Review. PTHB will continue to work as part of the JCC on the next steps on this work, and to update the Board on progress.

2.6.2.4 Rural Ambulance Response

Following the Joint Committee's consideration of the Rural Response Options paper in March 2026, work has been undertaken to develop an approach to re-engage rural communities and stakeholders on ambulance response arrangements in rural areas. The purpose of this engagement is to better understand current and emerging concerns following the changes to the ambulance performance framework, to inform future service improvement proposals, and support development of a rural ambulance improvement proposal for consideration by the Joint Committee in November 2026.

Discussions with Llais have helped shape the focus of the engagement around a single key question: *"What would be important to you if you, or a family member, needed an urgent medical response whilst in a rural area?"* This approach reflects the programme's objective of improving rural ambulance response and ensuring that future proposals are informed by patient and community perspectives.

Subject to Joint Committee support, it is proposed that:

- An eight-week engagement programme will be undertaken during summer/autumn 2026.
- The engagement will be coordinated by the JCC and delivered where possible through existing Health Board and WAST engagement arrangements,
- Llais will support through their regional mechanisms
- Activity will include a bilingual briefing document and online questionnaire.
- Responses will be collated by the NWJCC and analysed jointly with Health Board engagement leads to ensure local perspectives are fully considered.

The findings from the engagement, together with clinical, operational and workforce considerations, will inform the development of a rural ambulance improvement proposal.

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

PTHB representatives including Independent Member Jennifer Owen-Adams attended the public drop-in event in Machynlleth on 30 June 2026 held by Hywel Dda University Health board as part of their second phase consultation on proposals for stroke services.

The period of consultation ended on 26 July 2026, and the feedback we heard at the public event alongside other insights gathered through continuous engagement have informed the health board's initial response to the consultation.

[Hywel Dda University Health Board: Have your say on the future of stroke services - Powys Teaching Health Board](#)

SOUTH EAST REGIONAL JOINT COMMITTEE: Regional Orthopaedic Plan and Llantrisant Health Park (LHP):

The information below is also reported in the Joint Committee Report and is drawn out here for Board awareness.

The (Regional) Committee met in July and considered the public-facing report alongside acknowledgement that the detailed Outline Business Case (OBC) and Full Business Case (FBC) had been considered through the private/confidential governance route because it contains commercially sensitive financial, procurement and delivery assumptions.

The Committee noted that the LHP OBC/FBC forms a key enabling component of the Regional Orthopaedic Plan, supporting the proposed use of Llantrisant Health Park to increase regional lower limb arthroplasty capacity, accelerate backlog reduction and contribute to a more sustainable regional service model. The Committee also noted key delivery dependencies including workforce capacity, digital and data requirements, funding, pathway standardisation and shared regional governance arrangements.

Following discussion, the Committee approved onward submission of the OBC/FBC through Aneurin Bevan, Cardiff and Vale and Cwm Taf Morgannwg University Health Board governance arrangements and then to Welsh Government, subject to each organisation's own approval process. The Committee also approved the Regional Orthopaedic Plan as the regional route map for recovery, stabilisation and long-term sustainability.

Powys implications and engagement: The Committee noted the implications for Powys residents who currently travel into provider Health Boards for hip and knee replacements, and the importance of ensuring ongoing engagement with the Powys population alongside engagement with provider Health Board communities.

Powys Public Service Board Well-Being Assessment

The Well-being of Future Generations (Wales) Act came into force in 2015; it requires public bodies in Wales to think about the long-term impact of their decisions and to conduct a well-being assessment every 5 years. This provides insight into the well-being of our residents and helps to understand what we need to do to improve well-being for all our residents and service users. The Well-being Assessment focuses on the general needs of the population under four key themes:

- Social
- Economy
- Environment
- Culture and community

Members of the PSB have worked together to gather data from a variety of sources, conducted a Living in Powys survey and used other engagement sources to get a good understanding of people's well-being needs across the county. This has informed the development of the draft Well-Being Assessment 2027. Following consideration of the draft Well-Being Assessment at the PSB

meeting on 25 June 2025, a public consultation process has commenced and will run until 30th September. Responses received will inform the final Well-Being Assessment, which will in turn inform the next PSB Well-Being Plan. The Well-Being Assessment can be accessed at:

[Powys Well-being Assessment | Have Your Say Powys](#)

UK PARLIAMENT WELSH AFFAIRS COMMITTEE

I attended an oral evidence session of the UK Parliament Welsh Affairs Committee on 23 June 2026 as part of their Inquiry on cross-border health services. All seven health boards provided oral evidence on 23 June 2026, following by oral evidence from the JCC on 24 June 2026.

Following this, the Committee has written to all health boards with a supplementary evidence request. Our response has been submitted.

Further information including recordings and transcripts of previous sessions is available from the [UK Parliament website](#).



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Agenda item: 1.7

BOARD		29 JULY 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	

EXECUTIVE SUMMARY:

ASSURANCE REPORTS FROM COMMITTEE CHAIRS

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

Audit, Risk and Assurance Committee

- The Committee Chair's summary reports of the meetings held on 12 May and 07 July 2026 are attached at Appendix A. The Committee also met on the 23 June, however the outcome of this meeting was reported directly to Board on 24 June 2026 and therefore is not included in these updates.

Charitable Funds Committee

- The Committee Chair's report of the meeting held on 08 June 2026 is attached at Appendix B

Finance and Performance Committee:

- The Committee Chair's summary reports of the meetings held on 14 May and 26 June 2026 are attached at Appendix C.

Planning Partnership and Public Health Committee:

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

People and Culture Committee:

- The Committee Chair's summary report of the meeting held on 11 June 2026 is attached at Appendix E

Executive Committee:

- The Committee Chair's report of the meetings held from 06 May to 08 July 2026 is attached at Appendix F.

Escalation and Information to the Board

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

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Meeting	Escalated Matter	Date Escalated	Purpose of Escalation	Latest Update
PEQS - transferred from D&P	Neurodiversity Services – has been placed into level 3 local escalation	Oct 2024	For Board awareness, no specific action requested	PEQS has not met since the last meeting of Board Item remains escalated.
F&P	Organisational Status	Feb 2025	For Board awareness, no specific action requested	F&P 14 May 2026 and 25 June 2026 F&P took assurance that appropriate mechanisms are in place to monitor and report to the Board (and its Committees) against the Level 4 de-escalation criteria. Item remains escalated.
Executive Committee – transferred from ARAC and PEQS	Lack of cross border functionality within the NHS Wales app	Jan 2026	For Board awareness, no specific action requested	The Executive Committee have not received an update on this matter since the last update to May Board. Work continues with lead officers. Item remains escalated.

NEXT STEPS:

Further updates from the Chairs of the Board Committees will be received at the Board meeting scheduled for 30 September 2026.

IMPACT ASSESSMENT – NOT REQUIRED

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

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Appendix One – reporting history to the Board

Meeting	Escalated matter	Update
PEQS (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: - 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:

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		- PEQS were assured that the quality of assessments is a key focus alongside reducing the backlog. 16 cases were breaching the 104 week wait target and it was expected the target would be met imminently. PEQS noted the position remains challenging and again requested details of funding arrangements to be included in the next report to Committee, together with details of de-escalation criteria. PEQS 5 February 2026: - PEQS received assurance that the implementation of the IQPF Escalation oversight mechanism is providing robust oversight and that ongoing monitoring and evaluation mechanisms are in place. PEQS will continue to receive updates on this matter to its quarterly meetings. PEQS 30 April 2026 - PEQS received assurance that the implementation of the IQPF Escalation Oversight mechanism is providing robust oversight of the quality improvement and risk mitigation work being undertaken within Neurodevelopmental Services and took assurance from the ongoing monitoring and evaluation mechanisms in place as part of IQPF. This matter will continue to be reported to each meeting of PEQS.
D&P February 2025	Organisational Status	D&P 06 March 2025: - Monitoring report received and assurance taken that PTHB continues to report as required in relation to its organisational escalation status D&P 01 May 2025: - D&P heard that the first Level 4 Escalation meeting with Welsh Government had taken place where the escalation framework and support package were discussed.

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		F&P 26 June 2025: - The Committee RECEIVED the Organisational Status Level 4 Monitoring report and will continue to do so. Board reporting will also continue as scheduled. F&P 02 September 2025: - Update provided in the F&P Chairs report and the CEO report. Further written update to be included in update to November Board. F&P 21 October 2025: - F&P heard that Grant Thornton had been engaged for transformation, audit expertise and extra internal audit days. No significant emerging issues or quick wins had been identified affecting the 2025/26 position. An initial report would be completed at the end of October with Board Development engagement planned for November. The final report would be published at the end of November. F&P 04 December 2025: - F&P noted that the Board received a substantive update at its November 2025 meeting. The Committee will continue to consider at each meeting. PPPH 03 February 2026: - PPPH took assurance that appropriate mechanisms are in place to monitor and report to the Board (and its Committees) against the Level 4 de-escalation criteria (planning and strategy aspects). F&P 26 February 2026:
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		- F&P received assurance that the appropriate mechanisms are in place to monitor and report to Board and Committees against the level 4 de-escalation criteria. ARAC 12 May 2026: - ARAC took assurance that controls are in place across non-workforce cost areas, with clear governance, active oversight and targeted grip in higher-risk areas
ARAC and PEQS transferred to Executive Committee	Lack of cross border functionality within the NHS Wales app	ARAC 10/03/2026: - ARAC heard as this matter had been escalated to the Board updates would be received at each Board from the Executive Committee. PEQS 05/02/2026: - PEQS transferred an action to ARAC for oversight and action on concerns relating to cross-border access for patients using the NHS Wales app Executive Committee 13/05/26 - Executive Committee took ASSURANCE that efforts to remove data barriers between NHS Wales are high on the digital agenda and NOTED the continued efforts to improve digital interoperability with English providers to support equitable access to information for Powys residents wherever they are treated.

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De-escalated Items:

PEQS 4 July 2023 PEQS 30 April 2025 de-escalated	Infection Prevention and Control (Reported to Board IC July 2023)	PEQS 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	P&C 03 June 2025: Committee continues to monitor, RIF decisions now confirmed.
ARAC July 2025 Board 24 September 2025 De-escalated	Annual Accounts 2024/25 - the Health Board has failed to meet its statutory deadline for signoff of annual accounts.	ARAC 8 July 2025: - ARAC noted work continues with Audit Wales to conclude the audit and the Committee will receive outcome of lessons learned to October meeting and report to Board. - ARAC has not met since the last Board meeting in July 2025. The Annual report and accounts were approved by the Board on the 30 July and ARAC will receive a lessons learnt report at its meeting on the 07 October.
PEQS 25 April 2023	Concerns regarding internal capacity constraints in respect of the use of Civica in relation to patient experience	PEQS 30 April 2026 PEQS received a report on the Peoples Experience Framework which specifically addressed the original escalated matter. PEQS were assured that the capacity restraints had been addressed and Civica was in use under Peoples Experience arrangements. Assurance was also taken that this matter would continue to be monitored under usual Committee reporting arrangements and therefore APPROVED the recommendation to de-escalate CIVICA from the Board and retain oversight of the wider Peoples Experience Framework within Patient Experience, Quality and Safety Committee.

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Reporting Committee:	Audit, Risk and Assurance Committee
Committee Chair	Steve Elliot
Date of last meetings:	12 May 2026
Paper prepared by:	Corporate Governance, Risk and Assurance Officer
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
1. SITUATION/BACKGROUND	
This report had been prepared to provide Board Members with a summary of the key issues considered by the Audit, Risk and Assurance Committee at its meeting on 12 May 2026. Key highlights from the meeting are reported in Section 3.	
2. PURPOSE	
The Purpose and Role of the 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: 12 May 2026 - Powys Teaching Health Board)	
Escalate/Alert	There were no matters to escalate.
Advise	There are no matters to advise
Assure	EXTERNAL AUDIT PLAN 2026 The Committee RECEIVED the External Audit Plan 2026/2027. DRAFT ACCOUNTABILITY REPORT AND FINANCIAL ACCOUNTS The Committee CONSIDERED the draft Annual Accountability Report 2025/26 and provided feedback to inform the development of the final draft.

DRAFT HEAD OF INTERNAL AUDIT OPINION

The Committee NOTED the Draft Head of Internal Audit Opinion and Annual Report for 2025/26 and NOTED the final opinion would be confirmed for the June Committee and included within the Annual Governance Statement.

BOARD ASSURANCE POLICY, RISK MANAGEMENT POLICY AND RISK APPETITE

The Committee RECOMMENDED CGP 005 Risk Management Framework and CGP 014 Board Assurance Framework to the Board for approval, and;
RECEIVED and ENDORSED the revised Board's Risk Appetite Statement for onwards consideration for approval by the Board in May 2026.

COUNTER FRAUD ANNUAL PLAN AND UPDATE

The Committee RECEIVED the update report and took ASSURANCE that appropriate counter fraud systems were in place. APPROVED the Counter Fraud Annual Report 2024/25 and APPROVED the Counter Fraud Work Plan 2026/27.

INFORMATION GOVERNANCE TOOLKIT

The Committee took ASSURANCE from the Health Board's 2025-26 Information Governance toolkit submission and performance against data protection legislation and regulator recommendations.

FINANCE GRIP AND CONTROL REPORT

The Committee RECEIVED the report and took ASSURANCE that controls were in place across non-workforce cost areas, with clear governance, active oversight and targeted grip in higher-risk areas.

HOSTED BODY ANNUAL REPORT

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The Committee RECEIVED the hosted body annual assurance report for Health & Care Research Wales (HCRW) and took ASSURANCE that the hosting agreement was being managed appropriately by both host and hosted body.

INTERNAL AUDIT PROGRESS REPORT 2025/2026

The Committee NOTED the Internal Audit Progress Report, including the findings and conclusions from the finalised audit reports.

INTERNAL AUDIT REPORTS:

- a. North powys integrated wellbeing hub
- b. Asbestos management
- c. Risk management & assurance
- d. Mattresses follow-up.

The Committee NOTED and DISCUSSED the Internal Audit reports

EXTERNAL AUDIT PROGRESS REPORT

The Committee RECEIVED and DISCUSSED the External progress Report.

EXTERNAL AUDIT REPORTS:

- a. Quality Governance Follow-up
- b. Digital Transformation
- c. Structured Assessment Management Response

The Committee RECEIVED and DISCUSSED the External Audit Reports.

SINGLE TENDER WAIVERS AND ANNUAL REPORT

The Committee:

- NOTED there had been three Single Tender Waiver requests made between 1 March 2026 to 31 March 2026;
- RECEIVED the report covering the period 2020/21 to 2025/26 and;
- took ASSURANCE that appropriate reporting mechanisms were in place.

LOSSES AND SPECIAL PAYMENTS ANNUAL REPORT

The Committee RECEIVED the Interim Report on Losses and Special payments covering the period 01 April 2025 to 31 March 2026.

PTHB POLICIES AND WRITTEN CONTROL DOCUMENTS

The Committee:

- CONSIDERED the position (as at end March 2026) of Policies and Written Control Documents;
- DISCUSSED the current position of Policies and Written Control Documents with a particular focus on those Policies given High Priority ratings and;
- took ASSURANCE that the organisation has an appropriate system for tracking and reviewing these documents.

The following matters were discussed as part of the In-Committee meeting:

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.

DIGITAL FIRST 6 MONTHLY MONITORING REPORT (INCLUDING CYBER SECURITY)

The Committee:

- Took ASSURANCE that delivery is progressing against the Digital Strategic Framework (DSF) 2023–2027, and that appropriate governance, controls and assurance are in place across the Digital First portfolio,

	• NOTED the key achievements, challenges/constraints, and the current overall delivery confidence position and; • NOTED the emerging Audit Wales digital transformation findings and the Health Board's planned response/focus for the next 90 days.
Inform	The following items were RECIEVED as part of the consent agenda: • Post Payment Verification Year End Report 2025/2026 • Annual Audit Summary 2025 • Annual Committee Work Programme 2026/27 • Committee Annual Report 2025/2026
NEXT MEETING: 23 June 2026	

Key:

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

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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Reporting Committee:	Audit, Risk and Assurance Committee
Committee Chair	Stephen Elliot
Date of last meetings:	07 July 2026
Paper prepared by:	Corporate Governance Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

1. SITUATION/BACKGROUND

This report had been prepared to provide Board Members with a summary of the key issues considered by the Audit, Risk and Assurance Committee (ARAC) at its meeting on 07 July 2026.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

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

3. HIGHLIGHT REPORT

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

Alert / Escalate	There are no matters to alert/escalate.
Advise	There are no matters to advise.
Assure	INTERNAL AUDIT PROGRESS REPORT The Committee NOTED the Internal Audit Progress Report, including the findings and conclusions from the finalised audit reports. INTERNAL AUDIT REPORTS: BUDGET SETTING, MORTALITY REVIEWS

The Committee RECEIVED and NOTED the Internal Audit Reports

EXTERNAL AUDIT PROGRESS REPORT

The Committee NOTED the External Audit Progress Report, including the findings and conclusions from the finalised audit reports.

EXTERNAL AUDIT REPORTS: URGENT AND EMERGENCY CARE: ARRANGEMENTS FOR MANAGING DEMAND

The Committee RECIEVED the External Audit reports.

AUDIT FINDINGS TRACKER

The Committee:

- DISCUSSED the current position of Internal and External audit findings that remained overdue and findings that have had their deadlines revised;
- CONSIDERED the current position of all Internal and External Overdue audit findings given High Priority ratings and;
- TOOK ASSURANCE that the organisation has an appropriate system for tracking and responding to audit findings.

INFORMATION GOVERNANCE AND RECORDS MANAGEMENT ANNUAL REPORT

The Committee:

- DISCUSSED the actions identified to improve compliance
- APPROVED the 2025-2026 Information Governance and Records Management Annual Report
- Took ASSURANCE from the reported activities undertaken and performance in maintaining compliance with legislation, standards and regulator guidance.

	COUNTER FRAUD UPDATE The Committee NOTED and APPROVED the Counter Fraud Work Plan 2026/27 and NOTED that, whilst appropriate systems and processes were in place, capacity challenges had impacted the pace of delivery against elements of the work programme. WELSH HEALTH CIRCULAR AND MINISTERIAL DIRECTIONS REPORT The Committee CONSIDERED and RECEIVED the report in recognition that the position would be reported to Audit Wales, Internal Audit and Welsh Government for scrutiny and reviewed as part of the Annual Report 2025/26. ORGANISATIONAL REGISTER OF INTERESTS, GIFTS AND HOSPITALITY The Committee RECEIVED the contents of the Declarations of Interests and Gifts and Hospitality Register; and took ASSURANCE that the organisation has appropriate processes to support the collection, management and reporting in line with the Standards of Behaviour Policy. COMMITTEE GOVERNANCE ACTION The Committee NOTED and RECEIVED the Committee Governance Action Plan. The Board is asked to NOTE that the following matters were discussed at the In-Committee meeting: • WCCIS Update
Inform	The following items were RECIEVED as part of the consent agenda: • Committee Risk Register Update • Confirmation of Clinical Audit Programme • Single Tender Waivers

	Internal Audit Reports: Standard of Behaviour
NEXT MEETING 06 October 2026	

Key:

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

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Reporting Committee:	Charitable Funds Committee
Committee Chair	Ian Thomas
Date of last meeting:	08 June 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 08 June 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 and papers: 08 June 2026 - Powys Teaching Health Board	
Escalate/Alert	There are no matters to escalate/alert.
Advise	There are no matters to advise
Assure	Project outcome presentation – Bags for Looked After Children The Committee heard the significant positive impact that the modest financial investment had made to children and young people entering care or moving placements at particularly vulnerable points in their lives Applications for support from the General Fund

Patterson, Liz 28/07/2026 11:46:29	The Committee APPROVED the application by Improving Cancer Journey of funding of £514,000 for a three year period. The Committee delegated a decision on an application to deliver Safeguarding Training via VR headsets to a Chair’s Action on receipt of additional information. The Chair’s Action subsequently APPROVED the application to Deliver Safeguarding Training of funding of £24,662.80. Charity Strategy 2026 - 2030 The Committee RECOMMEND to the PTHB Board (as Charity Trustees), the APPROVAL of the Charitable Funds Strategy 2026-2030. Powys Charity Annual Plan 2026/27 and Operational Budget 2026/27 The Committee APPROVED the Powys Health Strategy Annual Plan for 2026/27. The Committee APPROVED the operational budget of £12,000 for the 2026/27 year. Head of Charity Report The Committee RECEIVED the Head of Charity report and took ASSURANCE charity activities are progressing in line with the Charity purpose. Financial Report The Committee: • DISCUSSED and NOTED financial summary. • NOTED the current level of income received and expenditure of funds from 01 April 2025 to 31 March 2026 • Took ASSURANCE an appropriate financial reporting approach is in place • NOTED any actions or recommendations linked to the financial position of the funds. ITEMS CONSIDERED IN-COMMITTEE: • Investment Manager Portfolio Update and Report
	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

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Reporting Committee:	Finance and Performance Committee
Committee Chair	Ronnie Alexander
Date of last meetings:	14 May 2026
Paper prepared by:	Corporate Governance, Risk and Assurance Officer
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
1. SITUATION/BACKGROUND This report had been prepared to provide Board Members with a summary of the key issues considered by the Finance and Performance Committee (F&P) at its meeting on 14 May 2026. Key highlights from the meeting are reported in Section 3.	
2. PURPOSE The Purpose and Role of the Finance and Performance Committee is set out in Schedule 4 (pages 17 – 27) of Standing Orders .	
3.HIGHLIGHT REPORT (Links to agenda and reports: Finance and Performance Committee (previously Delivery and Performance Committee) - Powys Teaching Health Board)	
Escalate/Alert	There are no matters to alert/escalate.
Advise	There are no matters to advise.
Assure	The Board is asked to NOTE that the following matters were discussed at the meeting held on 14 May 2026. 2026/2027 ANNUAL WORK PROGRAMME The Committee RECEIVED and APPROVED the Committee Annual Work Programme for 2026/27.

ORGANISATIONAL ESCALATION STATUS PRESENTATION FINANCE AND PERFORMANCE MONITORING

The Committee RECEIVED the Organisational Escalation 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 REPORT MONTH 12 AND MONTH 01

The Committee RECEIVED the financial reports for Month 12 2025/26 and Month 1 2026/27 and took assurance that the organisation has effective financial monitoring and reporting mechanisms in place and CONSIDERED and DISCUSSED the pre-audit financial performance for 2025/26 of £33.3m and the underlying deficit of £45.1m.

INTEGRATED QUALITY AND PERFORMANCE REPORT MONTH 12

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

REVIEW OF LONG WAITS AT ROBERT JONES AGNES HUNT

The Committee NOTED the contents of the report including the current and future planned work being undertaken with Robert Jones Agnes Hunt, NHS Performance and Improvement and external colleagues.

ANNUAL DELIVERY PLAN PROGRESS REPORT Q4 (2025/26)

The Committee CONSIDERED the report ahead of submission to PTHB Board and took ASSURANCE that there was a process in place for monitoring progress against plan.

DEEP DIVE-MINOR INJURY UNITY (MIUS)

The Committee RECEIVED the Deep Dive on Minor Injury Units, NOTING the current position and developments

	DEEP DIVE ON HOSPITAL DELAYS The Committee took ASSURANCE that plans were in place to address the risks and impacts of hospital delays. COMMITTEE RISK REGISTER The Committee RECEIVED the Committee Risk Register and TOOK ASSURANCE that the risks were being managed in line with the risk management framework. COMMITTEE TERMS OF REFERENCE The Committee ENDORSED the proposed amendments to the Terms of Reference and AGREED that the Chair of the Committee and Director of Corporate Governance to finalise the revised Terms of Reference for presentation to the Board in May 2026 for approval. The Board is asked to NOTE that the following matters were discussed at the In-Committee meeting: PRIVATE PROVIDERS – MENTAL HEALTH This item had been deferred due to the ongoing live work being undertaken. The following matter was discussed as part of the In-Committee meeting: • Health and safety action plan update
Inform	The following items were RECEIVED as part of the consent agenda: • Committee Annual Report 2025/2026 • Internal Audit Report: Catering Services
NEXT MEETING: 25 June 2026	

Key:

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

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Reporting Committee:	Finance and Performance Committee
Committee Chair	Ronnie Alexander
Date of last meetings:	25 June 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 an overview of the key issues considered by the Finance and Performance Committee (F&P) at its meeting on 25 June 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: 25 June 2026 - Powys Teaching Health Board	
Escalate/Alert	ORGANISATIONAL ESCALATION STATUS PRESENTATION FINANCE AND PERFORMANCE MONITORING The Committee RECEIVED the 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.
Advise	There are no matters to advise.
Assure	The Board is asked to NOTE that the following matters were discussed at the meeting held on 25 June 2026. FINANCE REPORT MONTH 02 2025/26

	The Committee RECEIVED the report and took ASSURANCE that the organisation has effective financial monitoring and reporting mechanisms in place and CONSIDERED and DISCUSSED the financial forecast and the underlying deficit for 2026/27 of £44.652m. INTEGRATED QUALITY AND PERFORMANCE REPORT MONTH 01 The Committee DISCUSSED the report and took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues. OPTOMETRY ANNUAL REPORT TO INCLUDE PERFORMANCE The Committee took ASSURANCE that the Primary Care Eye Care Service Annual Report 2025/26 had been produced and responded to the requirements as set out in the relevant NHS Directions. DEEP DIVE-CHC SAVINGS (TRACK GROWTH ON CASE NUMBERS) The Committee DISCUSSED the report and took ASSURANCE that plans were in place to effectively address the risks and impacts associated with the Continuing Health Care programme of work. COLONOSCOPY UPDATE REPORT The Committee NOTED the contents of the paper. COMMITTEE RISK REGISTER The Committee NOTED the update and that a revised Committee Risk Register would be presented at the next meeting in September 2026. The following matter was discussed as part of the In-Committee meeting: • Health and safety action plan update
Inform	The following items were RECEIVED as part of the consent agenda:

	• Committee work programme • Internal Audit Report: Asbestos Management • JCC – Highlight Report from the planning performance and finance sub-committee 26 May 2026 • PTHB Glossary
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NEXT MEETING: 10 September 2026

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

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Reporting Committee:	Planning, Partnerships and Population Health Committee
Committee Chair	Rhobert Lewis
Date of last meetings:	18 May 2026
Paper prepared by:	Corporate Governance Officer
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
1. SITUATION/BACKGROUND	
This report had been prepared to provide Board Members with a summary of the key issues considered by the Planning, Partnerships and Population Health Committee meeting on 18 May 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 (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 committees) against the Level 4 de-escalation criteria.
Advise	There are no matters to advise.
Assure	STRATEGIC CHANGE REPORT AND ENGAGEMENT REPORT The Committee NOTED the report and DISCUSSED the content.

	ADULT WEIGHT MANAGEMENT PATHWAY UPDATE The Committee NOTED the contents of this report and the data provided by the level 2 and level 3 services relating to the weight management pathway, NOTED the developments highlighted in this report, including the delivery of weight management medication as part of the level 3 service, and NOTED the opportunities described in this report for closer integration of the level 2 and level 3 services, particularly in the context of national work related to the Obesity Pathway Innovation Programme being led by Public Health Wales. HEALTHY CHILD WALES PROGRAMME (CR) HEALTH VISITING PROGRAMME The Committee NOTED the contents of this briefing and took ASSURANCE about progress made on implementing a whole system approach to the prevention of overweight and obesity in Powys targeting 'Children, Families and Access to Healthy Food'. PTHB COMMISSIONED THIRD SECTOR SERVICES REVIEW The Committee RECEIVED the report as an UPDATE on progress in relation to the third sector services commissioned by Powys Teaching Health Board (PTHB) which were reviewed between September and December 2025. COMMITTEE RISK REGISTER The Committee RECEIVED the strategic risks within the committee's remit; DISCUSSED any relevant issues; and took ASSURANCE that risks are being managed in line with the Risk Management Framework.
Inform	The following documents were received for information: • NWSSP Performance Report • Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Reports (17 March & 23 March 2026)
NEXT MEETING: 15 September 2026	

Key:

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

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Reporting Committee:	PEOPLE AND CULTURE COMMITTEE
Committee Chair	Jennifer Owen-Adams
Date of last meetings:	11 June 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 11 June 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, and the Committee RECEIVED the report as an update on

priorities within the Workforce section of the Integrated Plan 2026/27, that 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.

POWYS FINANCIAL GRIP CONTROL BOARD ASSURANCE

The Committee RECIEVED the information provided in the update and took ASSURANCE that the organisation collects, analyses and monitors relevant people and culture data.

THEME 1 – STAFF HEALTH AND WELLBEING

The Committee REVIEWED the information provided in the update and took ASSURANCE of delivery against the plan.

THEME 3 WORKFORCE SUSTAINABILITY AND TRANSFORMATION

The Committee RECEIVED the information and took ASSURANCE that the Workforce Transformation and Sustainability of our Workforce actions have been implemented.

WELSH LANGUAGE ANNUAL REPORT

The Committee RECOMMENDED approval of the Annual Welsh Language Standards Monitoring Report 2025–26 to the PTHB Board and took ASSURANCE from the progress made against the Plan.

PRIMARY AND COMMUNITY CARE ACADEMY

The Committee deferred this item to September 2026 Committee.

COMMITTEE RISK REGISTER

The Committee RECEIVED the corporate risks within the Committee's remit, DISCUSSED any relevant issues and took ASSURANCE that risks are being managed in line with the Risk Management Framework.

Inform	The following documents were received for information: • Anti Racism Plan • Committee Annual Report 2025/2026
NEXT MEETING: 08 September 2026	

Key:

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

Patterson, Liz
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Reporting Committee:	Executive Committee
Committee Chair	Hayley Thomas, Chief Executive and Pete Hopgood, Deputy Chief Executive / Executive Director of Finance, Capital and Support Services
Date of last meeting:	08 July 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 13 May, 27 May, 17 June, 23 June and 08 July 2026. Meetings following these dates will be reported to the Board in September 2026. This report also includes content from the Financial Recovery Board (FRB), chaired by the Chief Executive and comprised of all members of the Executive Team, the group meets fortnightly with an urgent focus on financial recovery. Key highlights from the Executive Committee and Financial Recovery Board meetings are reported below.	

Alert/ Advise/ Assure/ Inform	Topic	Purpose	Additional Comments	Onward to Committee /Board	Date of Executive Committee
Alert	NHS Wales App - Cross Border Functionality	No new updates to Board during this period.			
Advise	Nothing to report – all content captured in either assure or inform sections below.				
Assure	Integrated Quality and Performance Report Month 12	Assurance	The Committee DISCUSSED the content of this report; and took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.	Finance and Performance Committee; Board	13.05.2026
	Finance Performance Report Month 01	Assurance	The Committee RECEIVED the financial report and took assurance that the organisation has effective financial monitoring and reporting mechanisms in place; and CONSIDERED and DISCUSSED the financial forecast and the underlying deficit for 2026/27 of £44.652m.	Finance and Performance Committee; Board	13.05.2026
	WCCIS Monthly Update	Assurance	The Committee NOTED the current delivery confidence assessment and programme exception position and took ASSURANCE that mobilisation activity is progressing within current tolerances; NOTED the key delivery risks and dependencies requiring ongoing Executive oversight.	Demonstration of system at Board Development	13.05.2026

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			The Committee SUPPORTED the release of protected clinical and operational Subject Matter Expert (SME) time (May–June 2026) to maintain pathway sign-off and data readiness trajectory and CONFIRMED whether the Executive Committee would like a short supplier demonstration of RIO at a future meeting.	Audit, Risk and Assurance Committee	
	Healthy Child Wales Programme: Health Visiting Programme	Assurance	The Committee RECEIVED the paper and took ASSURANCE in relation to Provision of Children's Public Health Nursing in PTHB; Progress of implementation of the Healthy Child Wales Programme for school age children; The governance of reporting arrangements in place locally and nationally for the programme; Progress of the immunisation programme; Statutory responsibilities regarding safeguarding.	Planning, Partnerships and Population Health Committee	13.05.2026
	Better Together Highlight Report	Assurance	The Committee RECEIVED and NOTED the regular update.		27.05.2026
	Workforce Performance Report	Assurance	The Committee NOTED the update.	People and Culture Committee	27.05.2026
	Director of People and Culture Report	Assurance	The Committee took ASSURANCE against delivery of those priorities. The paper also provided an update on any workforce areas identified nationally. The Committee RECEIVED this report as an update on priorities within the Workforce section of the Integrated Plan 2026/27, that are not part of the committee's agenda and take ASSURANCE against delivery of those priorities.	People and Culture Committee	27.05.2026

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	Theme 1: Staff Health and Wellbeing	Assurance	The Committee REVIEWED the information provided in the update and took ASSURANCE of delivery against the plan.	People and Culture Committee	27.05.2026
	Theme 3: Workforce Sustainability and Transformation	Assurance	The Committee REVIEWED the information provided in the update and APPROVED the assurance update for People and Culture Committee.	People and Culture Committee	27.05.2026
	Equality, Diversity and Inclusion Annual Report	Assurance	The Committee RECOMMENDED the Equality Annual Report 2025–26 to the People and Culture Committee and PTHB Board and took ASSURANCE from the progress made against the Strategic Equality Plan.	People and Culture Committee; Board	27.05.2026
	Welsh Language Annual Report	Assurance	The Committee RECOMMENDED the Annual Welsh Language Standards Monitoring Report 2025–26 to the People and Culture Committee and PTHB Board and took ASSURANCE from the progress made against the Plan.	People and Culture Committee; Board	27.05.2026
	Primary Care and Community Academy	Assurance	The Committee NOTED the report will be provided to the People and Culture Committee (June 2026 and took ASSURANCE the Primary and Community Care Academy operates as per its plan.	People and Culture Committee	27.05.2026
	Consent Agenda Items	Assurance Information	PTHB Hepatitis B and C Elimination Plan Update RIF Exit Management Plan Update		27.05.2026
	Finance Performance Report - Month 02	Assurance	The Committee RECEIVED the financial report and took ASSURANCE that the organisation has effective financial monitoring and reporting mechanisms in place; it also CONSIDERED and DISCUSSED the financial forecast and the underlying deficit for 2026/27 of £44.652m.	Finance and Performance Committee	17.06.2026

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	Integrated Quality and Performance Report - Month 01	Assurance	The Committee DISCUSSED the content of this report; and took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.	Finance and Performance Committee	17.06.2026
	CHC Performance Deep Dive	Assurance	The Committee REVIEWED and DISCUSSED the content of this report and took ASSURANCE that plans are in place to effectively address the risks and impacts associated with the Continuing Health Care programme of work.	Finance and Performance Committee	17.06.2026
	Information Governance Annual Report	Assurance	The Committee DISCUSSED the actions identified to improve compliance and APPROVED the 2025-2026 Information Governance and Records Management Annual Report. The Committee also took ASSURANCE from the reported activities undertaken and performance in maintaining compliance with legislation, standards and regulator guidance.	Audit Risk and Assurance Committee	17.06.2026
	WCCIS Monthly Update	Assurance	The Committee NOTED the programme remains AMBER, with delivery feasible but constrained by capacity and external dependencies and took ASSURANCE that governance, clinical safety, and mobilisation arrangements are in place and actively managing risk. The Committee ACKNOWLEDGED the material delivery risk associated with the fixed March 2027 WCCIS end-of-support date and SUPPORTED the protection of clinical, operational and digital capacity required to deliver readiness, testing and training (with ongoing competing priorities). The Committee	Finance and Performance Committee	17.06.2026

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			also SUPPORTED escalation to national partners where integration sequencing, funding or timelines place delivery at risk and NOTED no decisions are required at this stage; escalation routes are in place should tolerances be exceeded.		
	Data Improvement Delivery Plan	Assurance	The Committee NOTED and DISCUSSED the progress made through the Data Improvement Delivery Plan and took ASSURANCE that the majority of initial actions have been completed or materially progressed, with the remaining work now focused on a defined next phase of improvement.		17.06.2026
	Neurodevelopment Services Escalation Oversight Update	Assurance	The Committee took ASSURANCE that the implementation of the IQPF Escalation Oversight mechanism is providing robust oversight of the quality improvement and risk mitigation work being undertaken within Neurodevelopmental Services. The committee also took ASSURANCE from the ongoing monitoring and evaluation mechanisms in place as part of IQPF.	Patient Experience, Quality and Safety Committee	17.06.2026
	Consent Agenda Items	Assurance	• FOR ASSURANCE: Business Continuity • FOR RATIFICATION: GIRFT Report • FOR APPROVAL: Finance Recovery Board - Terms of Reference		17.06.2026
	Nationally Reportable Incidents (NRI) Update Report	Assurance	The Committee NOTED the current position, key risks, and organisational learning, and the implementation of the pilot multidisciplinary quality assurance process to improve the timeliness and consistency of NRI closure. The Committee took ASSURANCE on the management, reporting, and oversight of NRIs and the actions in place to address overdue investigations and external reporting requirements.		08.07.2026

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			The Committee APPROVED in principle the move from bimonthly to quarterly NRI assurance reporting to support more effective and proportionate governance oversight – this would be confirmed following receipt of the next report which already aligned with the timescales of the next Integrated Quality Report.		
	Quality and Safety Improvement Plan	Assurance	The Committee took ASSURANCE from the progress made in delivering the Quality and Safety Improvement Plan and NOTED the actions completed and progress against actions in development. The Committee SUPPORTED continued focus on embedding improvements and strengthening organisational assurance arrangements; and DETERMINED any further reporting or assurance requirements.		08.07.2026
	Transition of Care Update	Assurance	The Committee RECEIVED the report and took ASSURANCE an action plan is in place; NOTED the report will be further updated in advance of PEQS in July.	Patient Experience, Quality and Safety Committee	08.07.2026
	Quarterly Digital Monitoring Report	Assurance	The Committee took ASSURANCE that delivery is progressing against the Digital Strategic Framework (DSF) 2023–2027, and that appropriate governance, controls and assurance are in place across the Digital First portfolio. The Committee NOTED the key achievements, challenges/constraints, and the current overall delivery confidence position (AMBER–GREEN) and NOTED the emerging Audit Wales digital transformation findings and the Health Board’s planned response/focus for the next 90 days.		08.07.2026

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	ALN Act: Introduction of a National Reporting Framework for Health Boards	Assurance, Approval	The Committee NOTED the contents of the paper and the pending introduction of a national reporting framework for Health Boards regarding their duties under the ALN Act and APPROVED the plan for ALN reporting to be integrated into Integrated Quality and Performance Dashboard for the Women and Children's Directorate from October 2026. The Committee DECIDED on the most appropriate reporting route for ALN within the Health Board's Committee structure, noting the statutory, partnership, quality and performance aspects of compliance and received ASSURANCE regarding the Health Board's current position with regard to its ability to report and its level of compliance and the plans to mitigate the current challenges by September. Assurance should also be received that if risks to achieving these objectives are identified, this will be escalated to the Executive Board for awareness and to determine any additional actions required.	Planning, Partnerships and Population Health Committee	08.07.2026
	Consent Agenda Items	Assurance	• FOR ASSURANCE: Audit Recommendation Tracker • FOR ASSURANCE: WHC Tracker	Audit Risk and Assurance Committee	08.07.2026
Inform	Vacancy Freeze Management	Approval	The Committee REVIEWED and APPROVED applications submitted for advertising.		13.05.2026 27.05.2026 17.06.2026 08.07.2026

	Extension of Practice-Based Pharmacy Support Service	Approval	The Committee AGREED to directly commission Red Kite Health Solutions CIC to continue delivery of the existing practice-based pharmacy support service for a period of 12 months beyond the current contract end date of 30 June 2026.		13.05.2026
	All-Wales Disciplinary Policy	Approval	The Committee APPROVED the adoption of the All-Wales Disciplinary Policy (2026) and ENDORSED the proposed approach to implementation, including the key enabling arrangements.		13.05.2026
	Better Together: Step Report with Recommended Options	Approval	The Committee RECEIVED and APPROVED the Step Report and took ASSURANCE from the options development and appraisal process; NOTED and DISCUSSED the proposed options and supporting rationale. The Committee APPROVED development of the Pre-Consultation Business Case and SUPPORTED the Consultation Plan. The Committee RECEIVED the deliberative event and staff engagement plans and APPROVED proceeding with the Deliberative Event on 10 June and staff engagement based on the recommended options.	Board	27.05.2026
	Fracture Liaison Service Business Case	Approval	The Committee NOTED the proposal to establish a Fracture Liaison Service for Powys patients, as set out in the accompanying business case; and DISCUSSED the proposal, providing Executive challenge and assurance. The Committee DID NOT APPROVE progression to implementation of the preferred option (option 5), subject to confirmation of funding and governance		27.05.2026

			arrangements and to take assurance that the proposal aligns with national guidance.		
	Clinical Oversight Model Business Case	Approval	The Committee NOTED the proposal to establish a consultant-led medical model, as set out in the accompanying business case, subject to clarification of how funding is provided and DISCUSSED the proposal, providing Executive challenge and assurance. The Committee APPROVED progression to implementation of the business case, SUBJECT TO confirmation of funding and governance arrangements		27.05.2026
	Interventions Not Normally Undertaken (INNU) / Evidence Based Interventions (EBI) - Proposal for Implementation 26/27	Approval	The Committee NOTED and DISCUSSED the contents of the report and APPROVED proposals for immediate implementation.		27.05.2026
	Workforce Policies	Approval	The Committee APPROVED amendments and introduction of the below policies: - HR063: Supporting Staff Members to Continue Breastfeeding when they return to work Policy. - HR008: Work Placement and Work Experience Policy.		17.06.2026
	Frailty Directed Supplementary Service	Approval	The Committee DID NOT SUPPORT the change from an LSS to the DSS and the issues and communication which will be implemented and that a proposal to		17.06.2026

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			bring back a more developed plan by the end of August would be appropriate.		
	Stage 3 Audiology Strategy Paper		The Committee took ASSURANCE on Stage 3 delivery progress, controls and risk management and NOTED the work completed to date and the anticipated efficiency gains from service realignment.		17.06.2026
	Better Together: Women, Children & Families	Approval	The Committee APPROVED an extension of the deferral of the Women, Children and Families Programme to Q1 2027/28 earliest to support ongoing programme management of financial recovery and recognising wider organisational capacity constraints to support an additional transformation programme at this time. The Committee DISCUSSED and AGREED timescale for review. It is proposed that this is early Q4 FY27/28. Service improvement activity will continue as defined in the annual plan. The Committee: • NOTED impact that this will have on Phase 2 Better Together timeline for WCF and Clinical Services Plan delivery. • NOTED the associated impact on establishment of a place-based workstream. • NOTED the interdependency with the North Powys Wellbeing Programme – this service planning work will continue. • AGREED to defer the phase 2 stage 2 engagement and consultation timeline until after a board decision on phase 1 (option 1) with associated reporting to the July board.	Board	08.07.2026

	Hand Arm Vibration Policy	Approval	The Committee NOTED the principal changes listed on page 3 of the policy under the summary changes / amendments and in key changes section and APPROVED HSP 004 - Hand Arm Vibration Policy (Version 6).		08.07.2026
	Violence and Aggression Prevention and Reduction Policy for Protecting Employees	Approval	The Committee APPROVED HSP 005 Violence and Aggression Prevention and Reduction Policy for Protecting Employees (Version 12) and NOTED the principal changes from the existing policy and the proposed implementation and assurance arrangements.		08.07.2026
	Annual Review of Response Plans	Approval	The Committee RECOMMENDED to the PTHB Board the APPROVAL of the revised PTHB Major Incident and Emergency Response Plan and APPROVED the PTHB Corporate Business Continuity Plan, NOTING it will be presented to the PTHB Board for ASSURANCE.	Board	08.07.2026
	NHS Emergency Planning, Resilience and Response Annual Report	Recommendation	The Committee RECOMMENDED to the PTHB Board (July 2026 meeting), the APPROVAL of the attached NHS Emergency Planning, Resilience and Response Annual Report.	Board	08.07.2026
	Update paper on Pandemic Preparedness and NPO Planning	Information	The Committee RECEIVED the update provided in this paper for information.		08.07.2026
	Llanrhaeadr Medical Centre Engagement Plan	Approval	The Committee APPROVED the Engagement Plan and NOTED that the Executive Director of Primary and Community Care with the Llanrhaeadr Medical Centre		08.07.2026

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			task and finish group will be responsible for planning and delivery.		
	Full implementation of the agreed MSK FCP Business Case	Approval	The Committee APPROVED Option 1 which is to continue to progress full implementation of the agreed MSK FCP Business Case approved in July 2021 and to continue with MSK FCP service delivery in the remaining six North Cluster Primary Care Practices funded recurrently by the Health Board from June 2026.		08.07.2026
	General Dental Services	Approval	The Committee NOTED the procurement process has complied with The Health Services (Provider Selection Regime) (Wales) 2025 regulations and RECOMMENDED to the PTHB Board, the APPROVAL the award of the Knighton recurrent £250k annual contract to Imperial Dental Group, to commence in 2026/2027, with the 2026/27 contract value to be determined depending on start date.	Board	08.07.2026
	Defynnog Ward Options	Approval	The Committee DID NOT approve the options paper at this time and agreed to DEFER any further work on the business case for a period of 12 months.		08.07.2026

The following matter was discussed as part of the confidential part of the meeting on a monthly basis:

- Health and safety action plan update

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: 22 July 2026

Reporting Committee:	Finance Recovery Board
Committee Chair	Hayley Thomas, Chief Executive and Pete Hopgood, Deputy Chief Executive / Executive Director of Finance, Capital and Support Services
Date of last meeting:	17 June 2026
Paper prepared by:	Director of Corporate Governance and Corporate Business Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Finance Recovery Board is chaired by the Chief Executive with all members of the Executive team acting as members of the Committee. The Board is also supported by external expertise and other relevant members of staff within the Health Board. The Board has been established for strengthened executive oversight in response to the seriousness of the financial position and Welsh Government Level 4 escalation, with a clear expectation of a step-change in pace, accountability and delivery.

This report has been prepared to provide Board Members with a summary of the key issues considered by the Finance Recovery Board when it met on the 19 May, 05 June and 17 June 2026. Meetings following these dates will be reported to the Board in September 2026.

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

- The Board continued to oversee delivery of the Financial Recovery Plan, noting progress in the proportion of identified savings schemes moving into green and amber categories, with delivery confidence improving but remaining below the level required to satisfy Welsh Government expectations.
- Feedback from Welsh Government recognised the significant progress made to date and the disciplined financial recovery arrangements established by the Health Board; however, further work is required to demonstrate a fully deliverable and sustainable financial plan.

- The Board maintained a strong focus on de-risking high-value savings schemes and improving the balance between identified savings and delivery confidence, with recovery sprints and enhanced oversight continuing throughout the period.
- Detailed scrutiny was undertaken of Continuing Healthcare (CHC) savings plans. While significant opportunities have been identified, members recognised ongoing delivery risks and requested clearer delivery plans, workforce arrangements and assurance regarding the achievability of savings.
- Positive progress was reported within provider services, particularly Mental Health and Learning Disabilities, where planned savings opportunities have been substantially progressed and moved into green/amber delivery categories.
- The Board reviewed a strengthened commissioning position, including progress on long-term agreements and contract management arrangements, with opportunities identified to increase confidence in delivery and further reduce the financial gap.
- Workforce controls and workforce redesign remain key enablers of financial recovery. The Board received updates on vacancy controls, workforce baselining and productivity reviews, recognising the need to balance pace of delivery with workforce capacity and service sustainability.
- Governance and programme management arrangements have been strengthened, with an increased focus on accountability, delivery assurance and data quality.
- The Board received assurance that a structured communication and engagement programme is underway, including manager briefings and targeted staff engagement, to support understanding and ownership of the financial recovery programme across the organisation.
- While progress continues across several workstreams, members recognised that delivery pace must continue during the coming months, with particular focus on converting plans into demonstrable recurrent savings and developing a sustainable trajectory for Years 2 and 3 of the financial recovery programme.

NEXT MEETING: 15 July 2026

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Key:

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

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Region:	Powys
Report:	Regional Directors Report
Period Covered:	16 May 2026 – 17 July 2026
Author:	Katie Blackburn (Regional Director)
Status:	For Information
Date:	29th July 2026

Advocacy:

	Last period	May 2026	June 2026
New cases opened	12	11	15
Cases closed	11	30	27
Open advocacy cases	127	121	119

Representations

	5 May – 17 July	Representation Subject
New representations	6	• SBUHB Maternity Services Review: Powys perspective • RIF: future arrangements • Powys County Council: Discharge to home policy • PtHB Deliberative Event: Event feedback/ assurance • Brecon GP Practice: Changes to access • Paediatric Cancer Services: travel costs

Patterson, Liz
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Closed representations	4	• SBUHB Maternity Services Review: Powys perspective • Powys County Council: Discharge to home policy • Brecon GP Practice: Changes to access • Accessibility Issues: Concerns Service
Outstanding representations	1	• RIF Funding: RPB
Representations not due yet	2	• Deliberative Event: Event feedback/ assurance • Paediatric Cancer Services: Travel Costs

Engagement

Quarter 1 was a quarter of growth, team development and laying strong foundations given the pre-election period. We have invested significant time in building our team, volunteers, systems and processes while continuing to deliver meaningful engagement, representation and impact for people across Powys.

HDUHB Consultation - Machynlleth	30/5/2026
One Voice Wales Conference – Builth Wells	1/6/2026
Llais Local -Ystradgynlais Patient Participation Group Meeting	18/06/2026
Llais Local -Ystradgynlais Ti & Fi Coffee Morning	09/07/2026
Llais Local -Ystradgynlais Pen Goraf Surgery	09/07/2026
Llais Local -Ystradgynlais Sight Life Tea and chat	10/07/2026
Llais Local -Ystradgynlais Ystradgynlais AFC Football Event,	10/07/2026
Llais local - online event	13/07/2026
Llais Local -Ystradgynlais Abercrave Surgery	13/07/2026
Llais Local -Ystradgynlais - Food Bank	14/07/2026
Llais Local -Ystradgynlais Men's shed	14/07/2026
Llais Local -Ystradgynlais Ystradgynlais Football 5ives	14/07/2026
Llais Local -Ystradgynlais Llais hosted Coffee drop in	15/07/2026
Pride Brecon 2026	25/07/2026
RWAS	20-23/7/2026

At the time of writing this report Llais is in the midst of the Llais Local in Ystradgynlais – feedback on “what we heard” will be reported at the next meeting.

Dates for Quarter 2:

Engagement Event	Location	Date
Llais Hosting Coffee drop in - part of our follow-up return to locality work	Newtown	04/08/2026
Llais Hosting Coffee drop in - part of our follow-up return to locality work	Welshpool	10/08/2026
Llais locality work - Food bank	Llandrindod	12/08/2026
Llais locality work - Knit and Natter	Presteigne	19/08/2026
Llais locality work - Wellbeing Group Llanidloes	Llanidloes	26/08/2026

Llais locality work - Talgarth Outreach Group (Mind Charity)	Talgarth	27/08/2026
Llais local - Brecon 01/09/2026 till 09/09/2026	Brecon	01/09/2026
LLais Local - Brecon Llais hosted Coffee drop in	Brecon	04/09/2026
Llais Hosting Coffee drop in - part of our follow-up return to Llais local work	Ystradgynlais	23/09/2026

Please contact powysenquiries@llaiscymru.org for specific details – all welcome.

In addition, we will be attending all the Better Together events.

National Updates:

Llais Statement - <https://www.llaiswales.org/news-and-reports/news/llais-responds-concerns-raised-about-powys-teaching-health-boards-better>

Llais ImpactReport – April 2026

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

Llais Impact Report – May 2026

<https://sh1.sendinblue.com/afm8cb2kclpfe.html?t=1780305915381>

Katie Blackburn

Regional Director – Llais

16 July 2026

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28/07/2026 15:46:29

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Better Together

Adult Physical and Mental Health Community Services

Phase 1 Update

PTHB In-Public Board Meeting - 29th July 2026



Gwella Gyda'n Gilydd

Llunio dyfodol gwasanaethau iechyd diogel, o ansawdd uchel i Bowys



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Better Together

Shaping the future of safe, quality health services for Powys

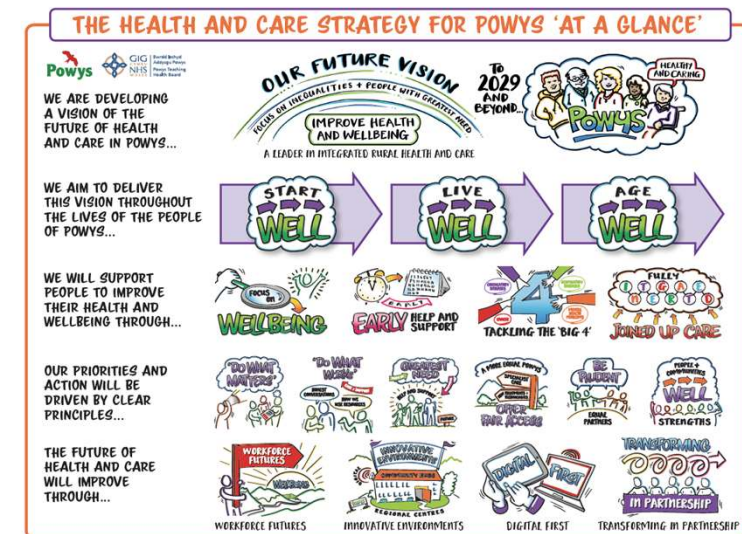
PTHB Board		29 July 2026
Subject:	Better Together Update - Phase 1 (adult physical and mental health community services)	
Approved and Presented by:	Debra Wood-Lawson, Executive Director of People, Culture and Transformation Elaine Lorton, Executive Director of Primary Care, Community and Mental Health	
Author:	Director of Improvement & Transformation	
Purpose:	This item provides a progress update on the position for Better Together Phase 1, adult physical and mental health community services as assurance to the Board.	
Recommendations:	PTHB Board is asked to: • NOTE the updated position • Take ASSURANCE of the progress towards presenting the options for Phase 1 of Better Together • NOTE the timeline for presentation of the Pre-Consultation Business Case to Board in September 2026	
Previously Considered by:	N/A	
Executive Summary:	This item provides a Board update on the progress of Better Together Phase 1 – adult Physical and mental health community services. It provides an overview and reminder of the case for change which was shared through previously public and staff engagement, and describes the vision for the future model of provision for community, inpatient and urgent care services in Powys for Physical Health and Mental Health Older adults and acute inpatients. It provides a case study to bring to life the current experience for Powys residents and what the new proposed models could mean and how they seek to improve patient outcomes and experience. The options development process is described with an outline of the next steps which will be taken leading to consideration of a pre-consultation business case at the September 2026 Board meeting.	

- An update on the Better Together programme and why this is critical to future health and wellbeing in Powys
- A reminder of the key opportunities and challenges for healthcare in Powys, and what we have heard from citizens and stakeholders
- A summary of progress to date on our work on adult physical and mental health community services
- An overview of the next steps



Why Better Together matters for Powys

- Better Together is our commitment to work with our stakeholders and the public to transform healthcare services for the people of Powys.
- We must change how we work so we can continue to deliver the safe, quality health services you need, and to achieve the vision set out in the Health and Care Strategy for Powys.
- We're starting with adult physical and mental health community services, because patients, staff and partners say they are most urgent.



What do we mean by “adult physical and mental health community services”?

Inpatient Services: we are looking at our inpatient care, which includes our community hospital inpatient wards and mental health inpatients wards. It will also include how we are providing palliative and end of life care both in and out of hospital.

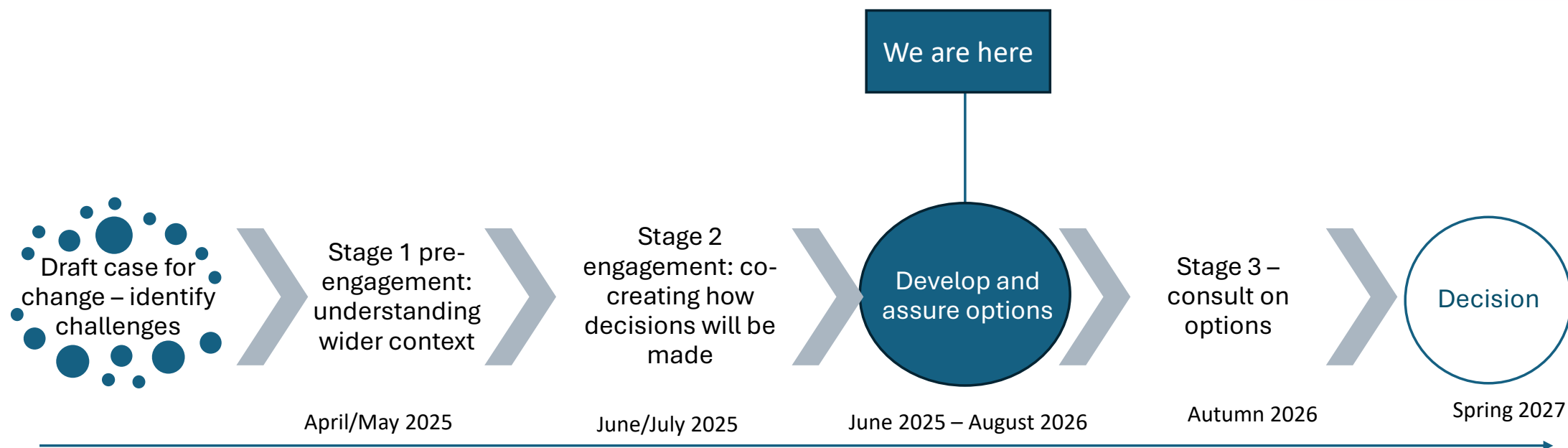
Urgent Care: this includes looking at how we meet urgent care needs in the future, including the Minor Injury Units that the health board provides and how we work with the GP practices and acute hospitals that the Health Board funds.

Mental Health: this includes our single ‘front door’ to access mental health services and our teams in the community that support older adults and inpatient care.

Other important community-based services include those teams which may visit someone at home to provide support and treatment and work closely with primary care and third sector partners. These include District Nursing, Home First and Falls Prevention teams, as well as services where you might have an appointment either in person or online, for example condition specific teams, therapies and imaging.



Progressing towards consultation



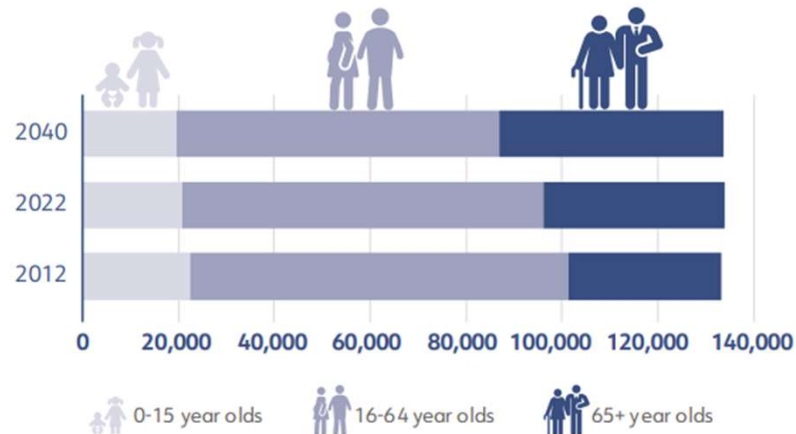
Better Together started in 2024. We've been talking and listening ever since. We set out our challenges and asked for feedback in April/May 2025 (Stage 1 Pre Engagement). We then asked for feedback on scenarios during Stage 2 engagement to help us focus on adult physical and mental health community services. We have been undertaking the technical work since summer 2025, this work is required to ensure options are robust and viable. There have been some delays due to new options being introduced as a result of an internal check and challenge process. We are now finalising the options ready for a decision on consultation in Autumn 2026.

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Changing Population, Needs and Expectations of Citizens

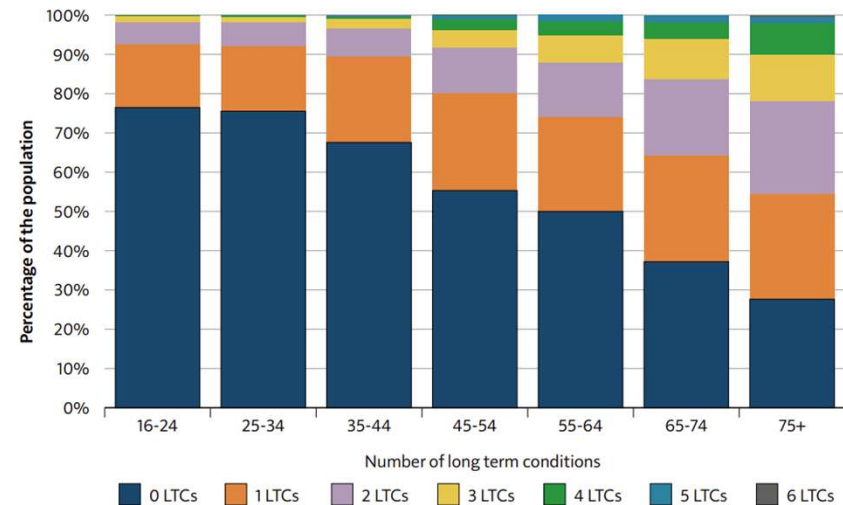
The population of Powys is ageing and the proportion of people of working age is reducing. There will be fewer people of working age to meet growing demand for care and support. Nearly half of people aged 75+ are living with two or more long term conditions.

Projected change in Powys population by age group, 2012-2040



Source: Mid-year population estimates and Population projections, Office for National Statistics

Figure 2.18: Percentage of the population with 0 to 6 long-term conditions (LTCs), by age, in 2018



Source data: Department of Health and Social Care, analysis of data from Health Survey for England 2018⁸

Image source: Redrawn from image in Chief Medical Officer's Annual Report 2020, Health trends and variation in England⁹



Shaped by local voices

There is significant civic pride in local services, including recognising and valuing that many health services are provided by and with local communities including dependence on volunteer and unpaid carers.

You are concerned about the distance to District General Hospital care for planned and emergency care, with concerns about access to travel and transport (including ambulance services and public & community transport), pressure on the NHS, waiting times for planned care, and Emergency Department waits.

You see opportunities for the NHS, local authority, third sector and other partners to work more closely together i.e. ensure timely discharge from hospital to home with a package of care and support in place.

There is recognition that Powys is at the forefront of an ageing population, and with an increasing number of people living with multiple health conditions – and that our workforce is also ageing.

You describe varied patient and user experience, including concerns about equity of access to services between different parts of the county. Living in the England border you experience the impact of different policies and priorities between England and Wales

You experience challenges in patient communication. This includes ensuring that “information follows the patient”, particularly when you receive care in England.

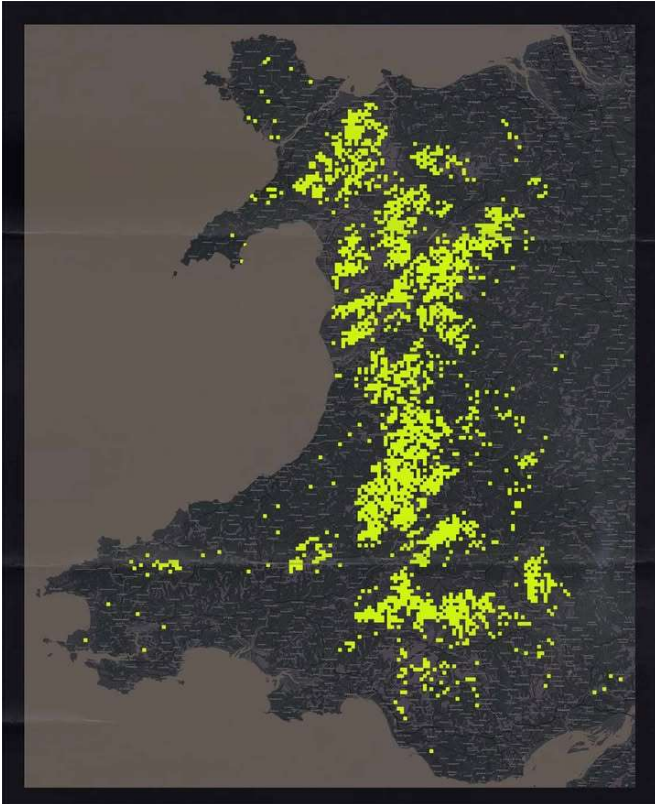
You say that more can be done to focus on prevention to reduce the future burden of ill health for individuals and society.

You feel the impact of social isolation and loneliness in a sparsely populated county, and this can affect circles of support including for unpaid carers, and impact on mental & emotional health.

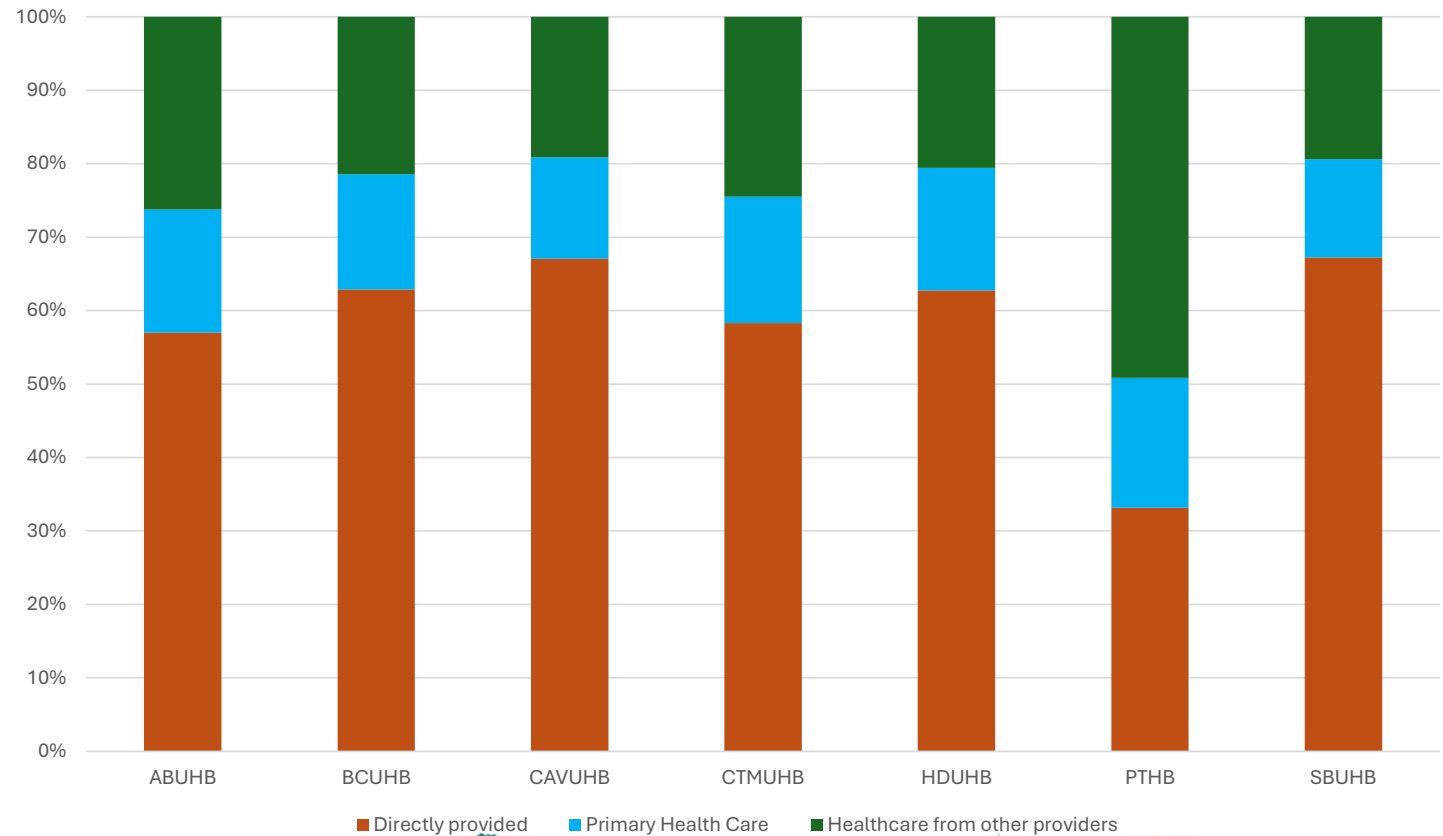
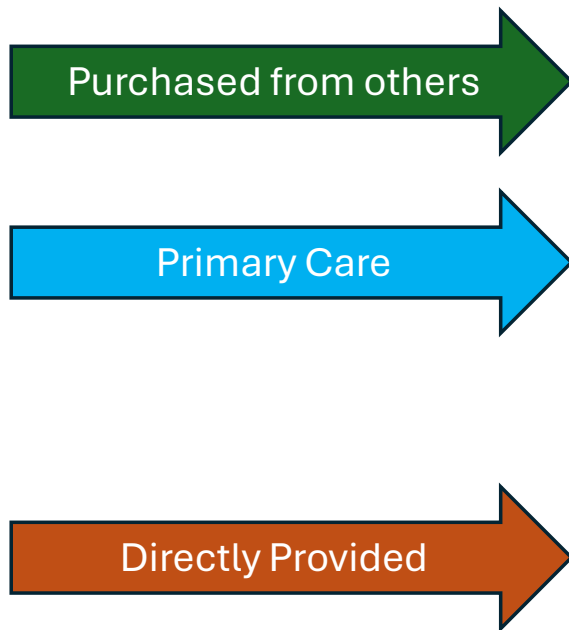
You feel we could use digital options to provide more care at home or close to home, whilst also highlighting there is a need for education in use of digital, and also some people prefer not to use digital technology.



Physical Environment

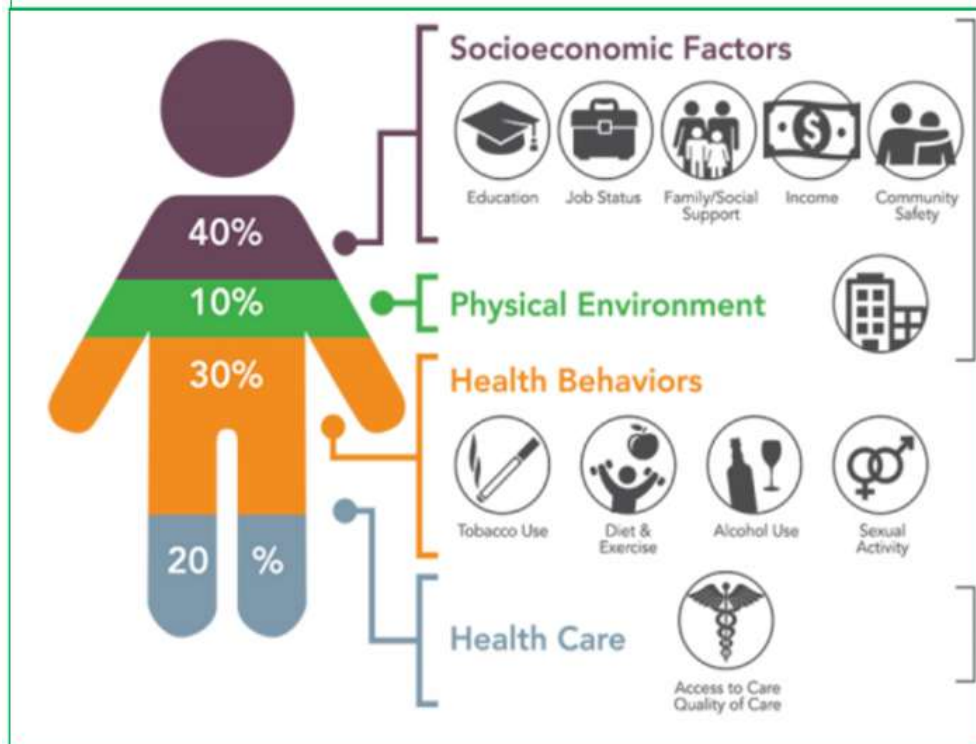


Why Financial Sustainability Matters



Focus on the Future

Estimates of the contribution of the main drivers of health status



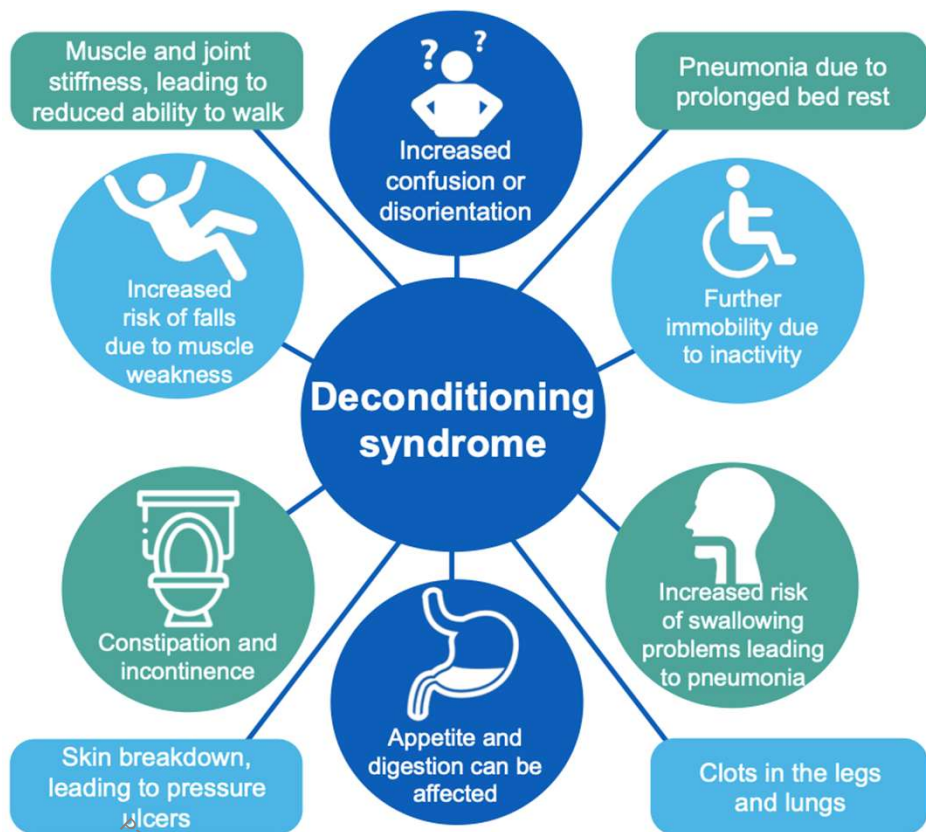
Together, we want to create a future that:

1. Helps people to stay healthy.
2. Makes local health services better
3. Joins up care for the whole person
4. Improves how we provide our inpatient care
5. Improves same day care in the community
6. Uses technology to help people.
7. Makes Powys Teaching Health Board a great place to work
8. Enables us to live within our means



What does the evidence tell us?

Deconditioning



Up to **50%**
older people
become incontinent
within 24 hours of
admission

1:6
older people who
normally walk
independently need
help with walking on
discharge from
hospital

61%
older people who
develop a new disability
are not back to their
usual level of function
at 1 year

50%
of older patients experience functional
decline between admission and discharge

50%
leave hospital with increased concern about
falls and reduced confidence in their mobility

Delirium

Delirium is linked to significant adverse outcomes – it can result in:

- **3x increase in the risk of mortality**
- **2x increase in length of stay in hospital**
- **2x increase in risk of a fall whilst an inpatient**
- **1 in 5 patients die within 1 month**

Approx. 40% of delirium is preventable

Graphics and figures from NHS Wales Executive Preventing Deconditioning Webinar (13/02/2025)

Our local data confirms the need for change

The current model is increasingly challenged by:

High reliance on hospital-based care

- **Over 37,000 out-of-county admissions generated almost 100,000 bed days in 2024/25.**
- **Average community hospital stays are around 40 days**, almost double the Welsh Government expectation of 21 days.

Growing complexity of need

- Most high-cost hospital activity is associated with **older people living with frailty, multiple long-term conditions and increasing support needs.**
- **Demand from people with frailty and complex needs is increasing rapidly**, with Continuing Healthcare costs rising by 89% over four years.

Insufficient alternatives to admission and discharge

- **Almost half of people in community hospital beds are clinically ready to go home**, demonstrating the need for stronger community alternatives and discharge support.
- Community capacity is not yet consistently available to prevent avoidable admissions or support earlier discharge.

Physical health and mental health pathways remain fragmented

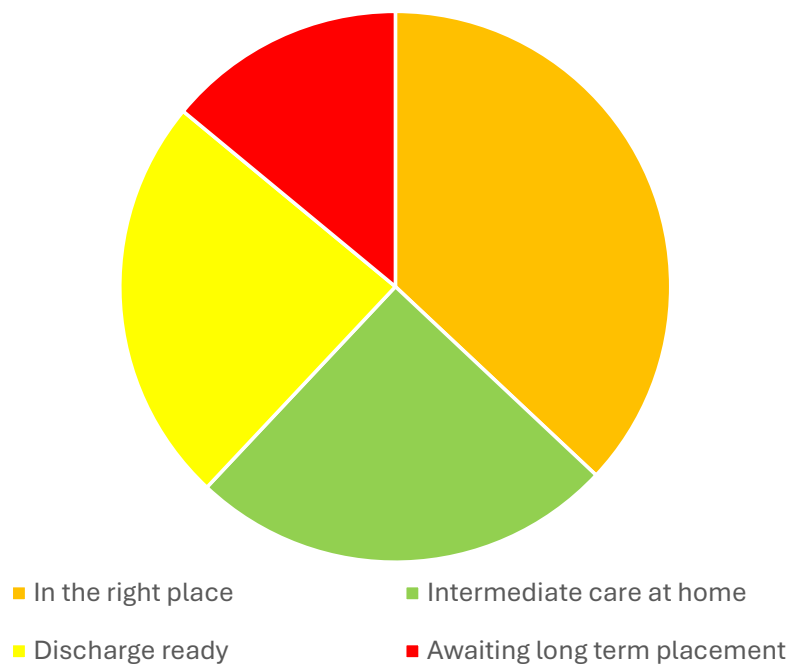
- People with both physical and mental health needs often experience multiple services, transitions and hand-offs across care settings.



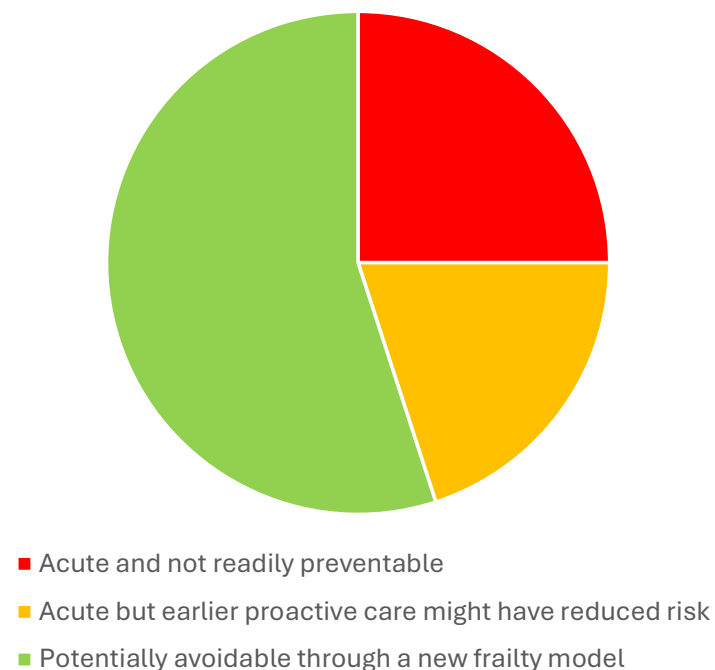
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Testing the evidence in Powys

Rapid Review of Inpatient Community
Hospital Caseloads in Powys June/July
2025



Prospective MDT review of emergency
admissions to Wye Valley Trust
November 2025



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The future model builds on improvements already being delivered across Powys today

Access ➡ SPOA, 111 Press 2, Digital Services

Prevention ➡ Frailty, Early Intervention, Community Support

Alternatives to Admission ➡ Virtual Wards, Sanctuary, Crisis Response

Recovery & Independence ➡ Reablement, Intermediate Care, Discharge Support

Integration ➡ Physical Health, Mental Health, Social Care and Third Sector Working Together

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Why further transformation is needed

While significant improvements are already underway, evidence shows that meeting future physical and mental health needs will require a greater shift towards prevention, recovery, independence and care closer to home.

The potential service changes that we are exploring to address the issues within the case for change include:

Adult Physical Health Inpatient and Community Based services

- *How services in the community can be strengthened to better support people at home, reduce admissions and prevent harm*
- *What Community inpatient services are required in the future to best meet population needs, the size of these units and where they are located.*

Urgent Care and Diagnostics

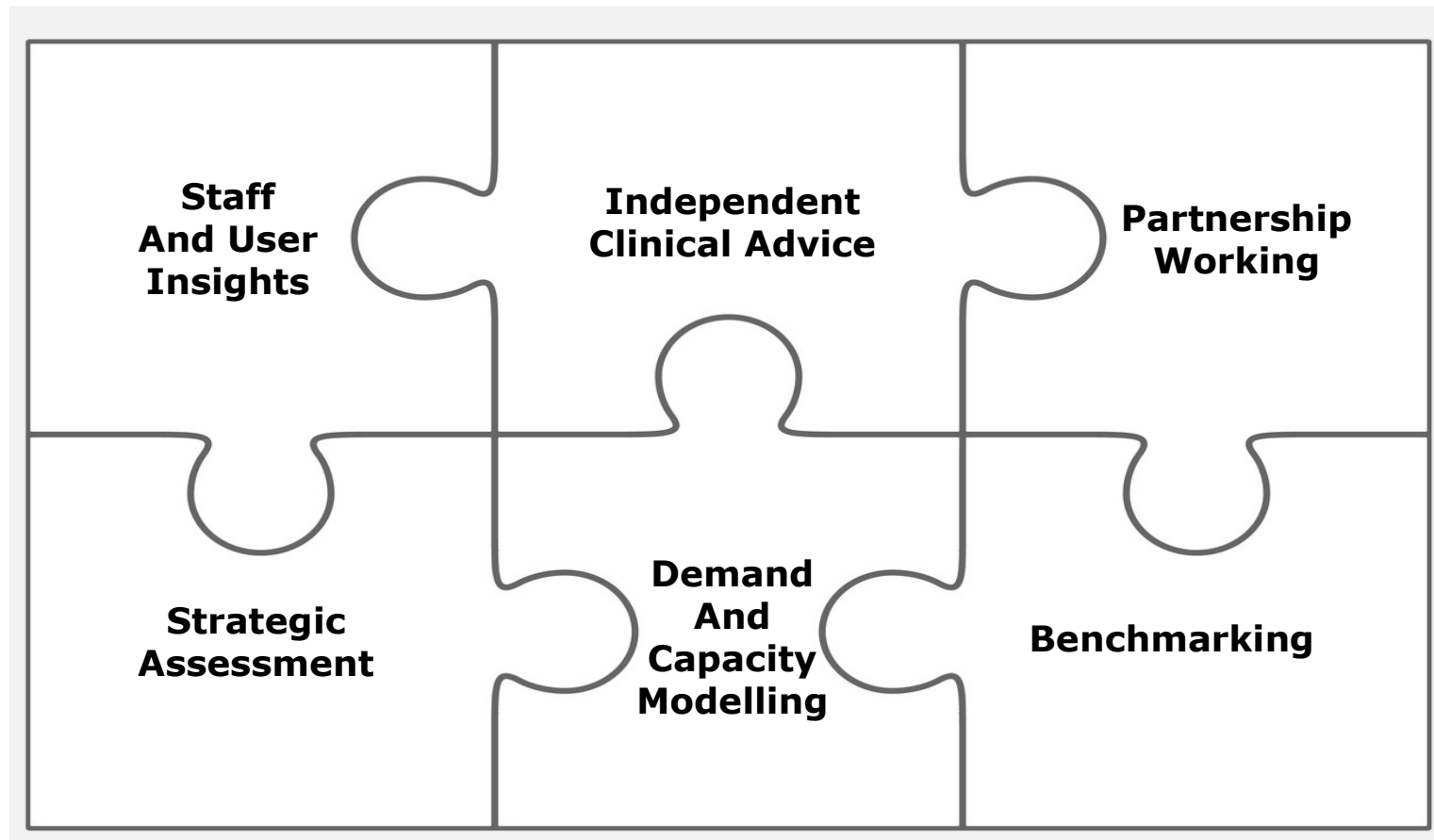
- *How urgent care services could be organised differently to provide a more resilient local offer which prevents people travelling out of county (when safe and appropriate).*
- *The number and location of urgent care centres within Powys.*
- *Improving access to diagnostics (tests and scans).*

Adult Mental Health Inpatient and Community Based services

- *How services in the community can be strengthened to better support people at home and prevent needs from escalating.*
- *What mental health inpatient services are required in the future to best meet population needs, and the size of these units and where they are located.*

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How we have developed and tested the options



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Learning, Assurance and Independent Challenge

We have consistently sought to learn from others and to embed this alongside formal and informal assurance throughout the process, some examples are provided below:

Reflection and learning from other health service change e.g. Hywel Dda University Health Board

Procurement of Independent Advice and Assurance (HICO Ltd)

Procurement of Independent consultation insight and analysis (ORS)

Llais and Staff Side participation in programme governance (OD, Engagement and Communication workstream)

Review and Assurance (External Clinical Expertise, Grant Thornton, GIRFT)

Engagement through partnership mechanisms (e.g. Regional Partnership Board, Joint Committees)

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From Evidence to Options

Case For Change

Understanding the opportunities and challenges by developing the "case for change"

Ideas Generation

Working with staff, patients, communities and stakeholders to develop ideas for the future

Hurdle Criteria and Assessment Criteria

Assessing whether the ideas are feasible and optimal

Pre-Consultation Business Case

Agree options and rationale for consultation

Formal Consultation

Consult on options for the future



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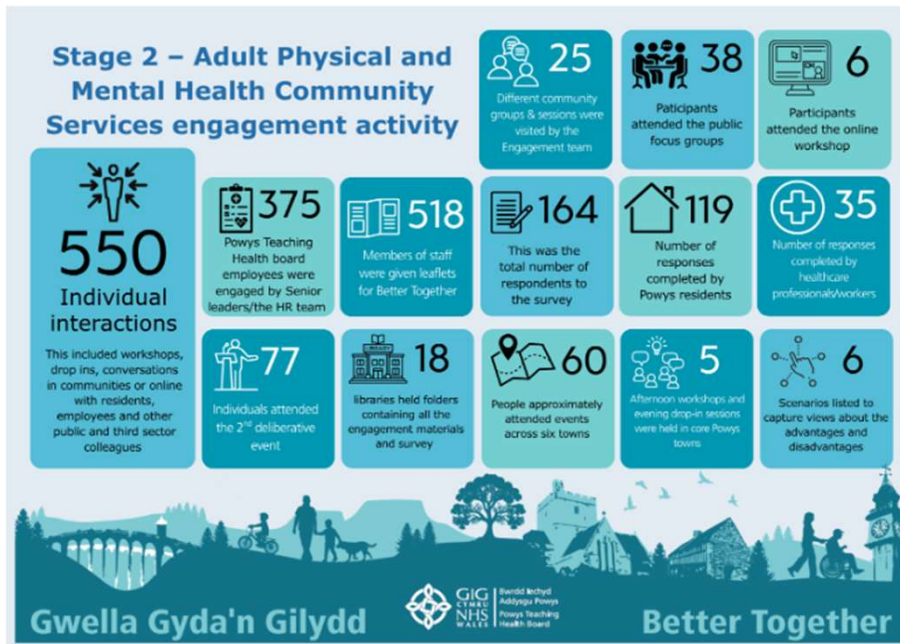
What matters most to people

People want **centres of excellence** or rural **regional centres** **with** strengthened **primary and community care**.

They want an **integrated approach** and are **positive about change**.

Staff think that this will encourage **skills development, recruitment and retention**.

People want a **partnership** between health, social care and the 3rd sector.



People want a **focus on prevention** and **early intervention**, and they want to know that **End of Life care** will be delivered **effectively and compassionately** by **skilled staff**.

Respondents recognised the need for **flexibility**, and that some **specialist services** might need to be delivered outside of Powys to achieve best outcomes.

People wanted services to be **equitable**.

This isn't happening in isolation: deep connections need to be maintained with 3rd sector and Powys County Council services including social service provision.

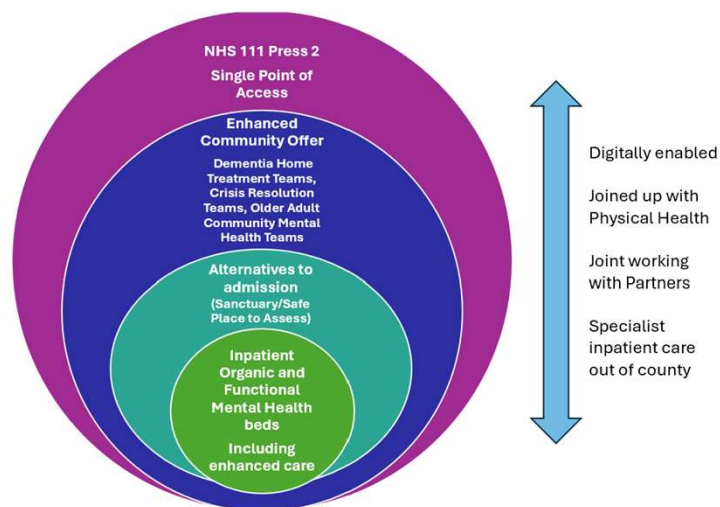
Transport, rurality, weather and geographical isolation were concerns for staff and communities.

IT infrastructure and digital exclusion need addressing.

There are strong relationships between communities and health board estates.

The role and contribution of population, patient and system data needs exploring and refining.

Mental Health Proposed Future Model



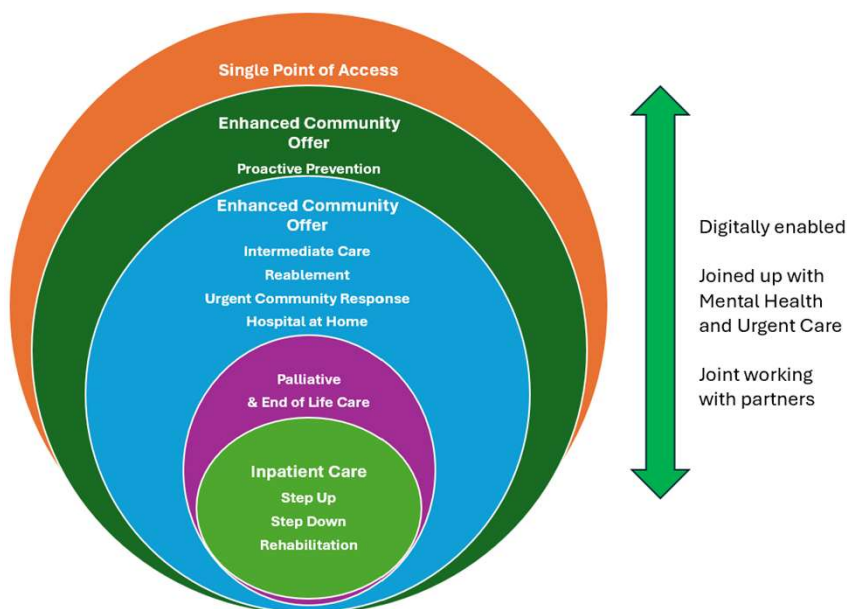
Integrated, recovery-focused mental health system with early intervention and 'no wrong door' access

The mental health model delivers a whole-system pathway spanning prevention, crisis, inpatient care and recovery, with a strong emphasis on early intervention and community-based support. It introduces a single point of access, crisis alternatives such as sanctuary provision, and integrated inpatient and community pathways.

Care is trauma-informed, recovery-focused and integrates physical health, with expanded multidisciplinary teams and digital enablement. The model aims to reduce crisis escalation and admissions while improving outcomes, experience and long-term recovery.



Physical Health Proposed Future Community Model



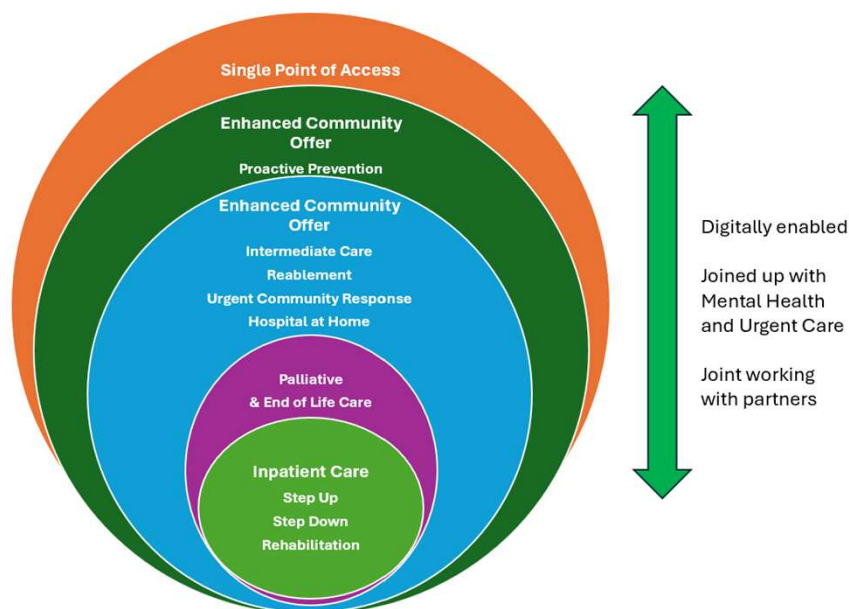
Proactive, integrated community model to prevent deterioration and support care at home

The community model combines proactive prevention with rapid, time-limited intermediate care to support people earlier and avoid escalation. It uses multidisciplinary, place-based teams to identify risk, coordinate care and deliver personalised support, including urgent community response, rehabilitation and hospital-at-home services.

The model is designed to improve independence, reduce avoidable admissions and enable safe discharge, with strong integration across health, social care and the third sector and enabled by digital tools.



Physical Health Proposed Future Inpatient Model



Integrated community inpatient model to support recovery and reduce hospital dependency

The future inpatient model brings together community hospital beds and intermediate care into a single, flexible system delivering step-up, step-down, rehabilitation and complex care closer to home. It focuses on reducing unnecessary hospital stays, improving patient flow and preventing deconditioning, particularly for people with frailty and complex needs. Care is delivered through multidisciplinary teams with integrated physical and mental health support, underpinned by seven-day services and digital coordination. The model supports faster recovery, better outcomes and more efficient use of inpatient capacity. Whilst also supporting a model of community and inpatient provision for EOL care.

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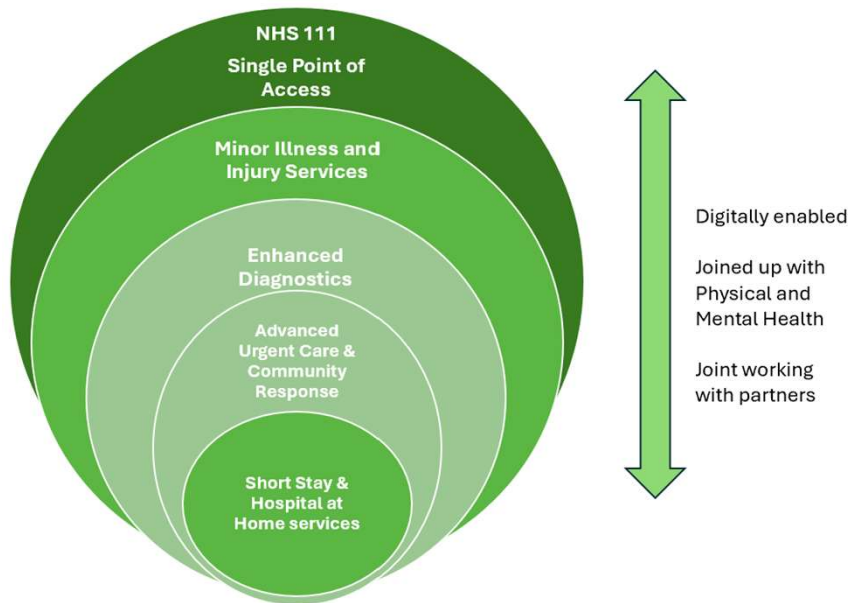


Urgent Care including Diagnostics Proposed Future Model

Expanded community-based urgent care to improve access and reduce hospital reliance

The urgent care model provides timely access to assessment, diagnostics and treatment for non-life-threatening conditions through a phased, modular system. It builds from Minor Injury Units to broader Urgent Care Centres, supported by and supporting community-based rapid response, ambulatory care and home-based acute treatment.

The model aims to reduce emergency department attendance and the need to travel out of county, improve patient flow and strengthen system resilience, with digital connectivity and flexible workforce models enabling coordinated care across a rural system.



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What the future model could mean for Delyth

One person · One plan ·
One pathway

Delyth, 75, lives independently on a family farm in Powys. Welsh is her first language. She has vascular dementia and experiences delirium during a UTI, raising both physical health and mental health support needs.

NOW: Fragmented pathway

- 1 Physical and cognitive decline recognised late**
Following a fall and short hospital stay, memory problems are identified and Delyth is diagnosed with vascular dementia.
- 2 Acute episode managed away from Powys**
A UTI causes delirium. Delyth requires a brief stay in a large acute hospital outside Powys.
- 3 Family carries the coordination burden**
Her family worry about memory, confidence, physical health, independence and future support needs.
- 4 Inpatient care considered separately**
Potential future mental health inpatient care is considered, with risk of fragmented transition from home to hospital and back.

FUTURE: Integrated community and inpatient model

- 1 Early joined-up response around Delyth**
Physical illness, dementia, delirium risk and independence are considered together through one coordinated plan.
- 2 More support to stay safely at home**
Dementia Home Treatment and an improved Older Adults Community Team support Delyth at home.
- 3 Integrated monitoring and step-up care**
Community teams can respond to changing physical and mental health needs, supporting confidence and independence.
- 4 Specialist inpatient care when needed**
If admission is required, expertise is available and accessible in county with improved therapeutic spaces avoiding travel and admission out of county.
- 5 Better continuity and Welsh language support**
Care is more continuous across home, community and inpatient services, with more services available in Welsh.

The future model reduces fragmentation, strengthens care closer to home, and provides specialist inpatient support when needed — helping Delyth maintain independence for longer.

What happens next?

No decisions will be made until there has been full and meaningful consultation with the public and our staff about the future of community services in Powys.

We plan for the consultation to ask important questions such as:

How do we ensure a greater focus on preventing ill health?

How do we strengthen primary and community services so that more people are supported to stay well in the county, and fewer people need admission to hospital?

What is the right way to provide bed-based services in the future?

A pre-consultation business case (PCBC) is in development and will be presented to the Board in September for a decision on whether to proceed to consultation.

The consultation plan will be presented to this Board today for consideration.



What is a Pre-Consultation Business Case?

A **Pre-Consultation Business Case (PCBC)** is a document that explains why change may be needed, what options have been considered, and the evidence supporting those options before any formal public consultation takes place. It helps determine whether proposals are ready to be shared with the public for feedback and is **not a final decision**.

What does it include?

- The **case for change** and current challenges.
- The **options considered** and how they were assessed.
- The potential **benefits, risks and impacts** for patients, staff and communities.
- Evidence from **engagement with patients, staff and stakeholders**.
- Consideration of **quality, access, workforce, equality and affordability**.
- Recommended next steps, including whether to proceed to **formal public consultation**.

A PCBC provides the evidence and options for consideration, enabling informed public consultation before any decisions are made.



Timeline

Consultation and Decision Timeline

- Week beginning 7th September – Publication of Board papers
- 16th September – Board decision on launch of consultation
- Public Consultation – 21st September to 13th December 2026
- Conscientious consideration of consultation feedback – Quarter 4 FY2026/27
- Post-consultation decision case considered by Board – Spring 2027

Future Phases – Planned Care, and Women, Children and Families

We do not plan to formally engage on these areas ahead of Phase 1 consultation however we will continue our improvement work and informal engagement during this period and anticipate that members of the population will provide valuable feedback and insights as part of Phase 1 consultation which will help us to further shape these future phases.



PTHB Board		29 July 2026 Item 3.1b
Subject:	Stage 3 Formal Service Change Consultation Plan for Phase 1 (adult physical and mental health community services)	
Approved and Presented by:	Debra Wood-Lawson, Executive Director People, Culture and Transformation Helen Bushell, Director of Corporate Governance (Workstream Chair)	
Author:	Deputy Director (Engagement, Communication and Corporate Governance)	
Purpose:	This paper seeks formal approval of the Phase One Consultation Plan (adult physical and mental health community services).	
Recommendations:	PTHB Board is asked to: APPROVE the Consultation Plan (recognising the pre consultation business case will be considered by the Board in September) NOTE that review and assurance of the Consultation Plan continues to be undertaken by HICO.	
Previously Considered by:	The Consultation Plan was reviewed by Better Together Portfolio Board on 20 April 2026 and approved by Executive Committee on 27 May for presentation to Board.	
Executive Summary:	Later this year the Health Board, pending Board decisions in September 2026, is likely to undertake a period of formal consultation on a range of options for the future shape of adult physical and mental health community services developed through the Better Together programme. As well as agreeing the future shape of a range of local services, this process will also resolve a number of temporary and legacy service changes in the county including the Temporary Service Changes introduced in December 2024 and other legacy service changes introduced during COVID-19. This Consultation Plan sets out the framework for communication and engagement of the proposals with stakeholders, including how we will invite and seek views. Plans include a public drop-in event in each of the 13 Powys localities, staff roadshow events reaching out to PTHB sites and satellite locations, and a programme of outreach events designed to gather insights aligned to potential equality and related impacts of the proposals. Materials will include a main consultation document, summary consultation document, and information in a range of other formats and languages. This plan has been developed through the Better Together Organisational Development, Engagement and Communication Workstream which includes Llais and staff-side observer representations, and gathers on the continuous engagement feedback we receive from our communities. It attends to the requirements set out the NHS Wales Service Change guidance and related policy & legislation. Independent review has been undertaken by HICO with their feedback fully incorporated into the current version. This Plan will continue to be an evolving document reflecting emerging issues and needs. Subject to the views of the Board on this plan – and without prejudice of Board decisions on the pre-consultation business case which is currently expected in September 2026 – work will continue to operationalise this plan ready for formal consultation from September 2026	

Better Together

Stage 3 Formal Service Change Consultation Plan for Phase 1 (adult physical and mental health community services)

21 September 2026 to 13 December 2026

Version 1.0 - Last updated 27 May 2026



Gwella Gyda'n Gilydd

Llunio dyfodol gwasanaethau iechyd diogel, o ansawdd uchel i Bowys



GIG
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WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Better Together

Shaping the future of safe, quality health services for Powys

Document Version Control

This document is a version 1.0 approved by Executive Committee on 27 May 2026.

During 2025 a plan was developed reflecting the original ambition to undertake Better Together Phase 1 (adult physical and mental health community services) consultation from Q3 2025/26. This was developed through the Better Together portfolio governance arrangements and was approved by Portfolio Board on 16 September 2025. The health board subsequently agreed to review and update the timetable for consultation so that further work could be undertaken on the development and appraisal of options for the future delivery of services.

The Consultation Plan agreed in September 2025 has been adopted as the basis of a refreshed plan for Better Together Phase 1 (adult physical and mental health community services) consultation from Q3 2026/27. Following initial feedback from tacODEC the plan was shared for awareness and comment at Portfolio Board on 20 April 2026. An updated draft to reflect initial feedback from Portfolio Board Members and was endorsed by ODEC on 8 May 2026. In parallel with this it was shared with HICO (independent consultation assurance), and ORS (independent analysis) for approval by Executive Committee on 27 May 2026 and thence to form part of the pre-consultation business case for future consideration by the Board.

Where content is highlighted in **yellow** this remains under active consideration as a potential activity/channel/publication with final decisions subject to assessment of resource, capacity, risk and assurance.

This Plan will continue to be an evolving document reflecting emerging issues and needs.

Version	Date	Reason for update	Updated by	Approved by	Approval Date
V0.1	24 March 2026	This document remains substantially similar to the previous Consultation Plan approved by Portfolio Board on 16 September 2025 and has been updated to reflect key changes including the updated timetable for consultation. It was shared with tacODEC for initial feedback.	AO	Not applicable (previous Consultation Plan was approved by PB on 16/09/25)	Not applicable
V0.2	31 March 2026	Updated to reflect feedback from tacODEC	AO	Not applicable	Not applicable
V0.3	30 April 2026	Updated dates to match timetable discussed at Portfolio Board and other minor amendments reflecting comments from Portfolio Board members	AO	Not applicable	Not applicable
V0.4	8 May 2026	Endorsed by ODEC on 8 May 2026	AO	ODEC	8 May 2026
V0.5	14 May 2026	Updated to include independent assurance feedback from HICO	AO	Not applicable	Not applicable
V1.0 3/28	27 May 2026	Approved by Executive Committee with no amendments	AO	Executive Committee	27 May 2026

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1.0 Service Change Consultation Plan Requirements

The purpose of this project plan is to set out the scope of the issues to be included a period of formal service change consultation from October 2025, on service changes proposed in relation to the Better Together options development process, and to set out the service change consultation process that will be followed. Services included within the scope of this consultation relate to adult physical and mental health NHS community services provided or commissioned by Powys Teaching Health Board.

This plan assumes that the proposals are substantial in nature (as defined by Welsh Government *Guidance on changes to health services*, 2023).

The Health Board is therefore responsible in accordance with Section 183 of the National Health Service (Wales) Act 2006 to involve and consult citizens about services that we provide or commission from another body, and in developing and considering proposals for changes in the way these services are provided. The Board has responsibility in accordance with its Standing Orders for formally launching the consultation and using the information gathered throughout the consultation to inform its decision-making process.

Accountability for the consultation management process is delegated to Executive Directors (in line with their delegated authority) and to the Better Together Portfolio Board and its sub-groups (in line with the Better Together Portfolio Governance Framework), including:

- Developing the draft service change consultation project plan
- Reviewing associated consultation documents for presentation to the Health Board
- Identification of risks and proposing mitigation relating to the consultation
- The establishment of a working group to manage and monitor the consultation progress and monitor the responses as they are received
- The development of a system to log incoming responses into a database for analysis at the end of the process
- Acknowledgment of responses with a letter / email where contact details are provided
- The development of a system to share our progress and findings with stakeholders
- The development of a system to use feedback to inform further discussions and decision making
- The development of a mid-point review process to ensure the consultation is progressing as anticipated and any emerging issues are addressed as part of the consultation process and management plan
- Gathering insights to support the further development of the Equality Impact Assessment (EqIA) at the start, mid-point and end of the consultation process to help identify barriers, and any needs to be addressed to support participation from our diverse communities
- The development of a system to consider impact throughout the process and adjust as necessary to eliminate or mitigate any potential or actual adverse impact at the earliest opportunity.

1.1 Key Requirements in relation to this Plan

Legislation / Guidance	Overview
Equality Act 2010	Our duties in relation to equality and diversity are outlined in The Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011. The Act aims to ensure those carrying out a public function consider how they can positively contribute to a fairer society in our day-to-day activities through paying due regard to eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations. To make this happen, the regulations place specific duties on the devolved public sector, including health boards in Wales to carry out Equality Impact Assessments (EqIA). In the context of this consultation project plan we are required to assess the impact of our proposals to ensure that, as far as is practicably possible, the opportunities for promoting equality and human rights for people with protected characteristics are maximised and any actual or potential negative impact is eliminated or minimised.
Socio-Economic Duty	The Wales Act 2017 enabled Welsh Ministers to enact Part 1, Section 1 of the Equality Act 2010 – the socio-economic duty. It requires specified public bodies, when making strategic decisions such as deciding priorities and setting objectives, to consider how their decisions might help to reduce the inequalities associated with socio-economic disadvantage.
Mental Capacity Act 2005	The Mental Capacity Act 2005 is a law designed to ensure that all people aged 16 and over are protected and empowered if they lack the capacity to make a decision about their care and treatment.
Human Rights Act 1998	The Human Rights Act 1998 (the HRA) sets out the fundamental rights and freedoms that everyone in the United Kingdom is entitled to. It requires all public bodies, including health boards, to respect and protect your human rights.
The Health and Social Care (Quality and Engagement) (Wales) Act 2020	The Health and Social Care (Quality and Engagement) (Wales) Act 2020 provides the legal framework for, among other things, the establishment of Llais as the statutory Citizen Voice Body for health and social care and the statutory Duty of Quality.
Welsh Language (Wales) Measure 2011 and The Welsh Language Standards (Health Sector) Regulations 2016	The Welsh Language Standards are a set of statutory requirements relevant to the Health Board. They clearly identify our responsibilities to provide bilingual services. Under the Standards, Welsh should not be treated less favourably than English. In line with the Welsh Language Standards, the organisation will be expected to consider, when formulating a new policy, or reviewing or revising an existing policy, what effects, if any (whether positive or adverse), the policy's formulation or decision would have on: (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language. When publishing a consultation document which relates to a decision, the document must consider, and seek views on, these effects.

Legislation / Guidance	Overview
National Health Service (Wales) Act 2006	Section 183 of the National Health Service (Wales) Act 2006 requires health boards to involve and consult citizens in: • planning to provide services for which they are responsible • developing and considering proposals for changes in the way those services are provided, and • making decisions that affect how those services operate
The National Health Service Finance (Wales) Act 2014	The National Health Service Finance (Wales) Act 2014 makes planning the bedrock of the health system in Wales – the change from a market driven commissioning approach to a planned system – and introduced the need for the development of integrated medium-term plans.
Welsh Government Guidance on changes to health services 2023	Ministerial Guidance recommends that should a two change process should take place if substantial changes are proposed that are likely to require formal consultation: • Phase 1 Extensive discussion with key stakeholders to explore potential issues, refine options and determine the questions to be included within the consultation • Phase 2 Formal consultation for a minimum of six weeks The Better Together programme has satisfied Phase 1 through Stage 1 Pre-Engagement on the case for change and Stage 2 Engagement on the issues. It is now recommended that a period of formal consultation takes place for 12 weeks, significantly exceeding Welsh Government guidance, to allow sufficient time for wider stakeholders to consider options and provide feedback. The guidance also references key requirements and expectations including the Gunning Principles
National Principles for Public Engagement in Wales (reviewed 2022) Patterson, Liz 28/07/2026 15:46:29	The National Principles for Public Engagement in Wales are a set of ten principles for engaging with the public and service users. The principles aim to guide the way engagement is carried out to make sure it is good quality, open, and consistent. They offer a set of guidelines to organisations within the public and voluntary sectors in Wales: • Design your engagement to make a difference • Invite people to get involved, if they choose to • Plan and deliver your engagement in a timely and appropriate way • Work with relevant partner organisations • Provide jargon free, appropriate, and understandable information • Make it easy for people to take part • Ensure people benefit from the experience • Ensure the right resources and time are in place for your engagement to be effective • Let people know the impact of their contribution • Learn and share to improve your engagement

Legislation / Guidance	Overview
The Well-being of Future Generations (Wales) Act 2015	The Well-being of Future Generations (Wales) Act 2015 is legislation which has at its heart the well-being of future generations, through the establishment of seven national well-being goals and five ways of working: • A prosperous Wales – where everyone has jobs and there is no poverty • A resilient Wales – where we're prepared for things like floods • A healthier Wales – where everyone is healthier and can see the doctor when they need to • A more equal Wales – where everyone has an equal chance whatever their background • A Wales of cohesive communities – where communities can live happily together • A Wales of vibrant culture and thriving Welsh language – where we have opportunities to do different things and where people can speak Welsh • A globally responsible Wales – where we look after the environment and think about other people around the world.
The Social Services and Well-being (Wales) Act 2014	The Social Services and Well-being (Wales) Act 2014 imposes duties on local authorities, health boards, and Welsh Ministers, that require them to work to promote the well-being of those who need care and support, or carers who need support. The Powys Regional Partnership Board (PRPB) has been established under Part 9 of the Social Services and Well-being (Wales) Act 2014 with specific duties to promote the integration of community care and support services. The PRPB is a statutory stakeholder for the purpose of this consultation project plan.
Social Partnership and Public Procurement (Wales) Act 2023	This Act places a statutory duty on public bodies to involve recognised Trade Unions in a formal, timely, and collaborative consultation process on proposed policy or service changes. This includes engagement with the PTHB Local Partnership Forum as part of our overall approach to service change consultation.
Convention on the Rights of the Child	The Welsh Government has made a commitment to promote and support children and young people's participation, and to implementing children and young people's rights to participate as stated in Article 12: "Children and young people have a right to participate in the decision-making processes that are relevant to their lives and a right to influence the decisions made in their regard within the family, the school, or the community." Whilst the majority of services for children and young people are outside the scope of this consultation, their interests will relate to issues such as use of Minor Injury Services, their role as young carers, and as future users of the services under consideration.
Health Impact Assessment (Wales) Regulations 2025	New Health Impact Assessment requirements will come into effect from April 2027 and consideration is being given to how these future requirements can be incorporated in planning and decision-making for Better Together, particularly in relation to post-consultation decision making.

1.2 Health Board Policies and Guidelines

The health board will adhere to its own policies, procedures and guidelines during the consultation. Some areas which may be pertinent during the consultation include:

Freedom of Information Policy	Freedom of Information requests – members of the public are entitled to request information from public authorities and we have a process in place to manage these requests. See more information and contact details here: Freedom of information - Powys Teaching Health Board
Data Protection and Confidentiality Policy and related policies and procedures	There will be some requirements for the sharing of person-identifiable information including in relation to the receipt, processing and analysis of consultation responses by ORS, engagement with Llais, operation of online and in-person events etc. The health board as a framework of policies and procedures in place in order to ensure compliance with data protection and confidentiality requirements and appropriate agreements will be in place with key partners to support the effective and compliant delivery of consultation activity.
Listening To People framework	Complaints and concerns may arise that fall within the jurisdiction of concerns, complaints and redress arrangements. The new Listening To People framework came into effect from April 2026: Feedback and Concerns - Powys Teaching Health Board
Social Media Policy and guidance	PTHB has adopted the all-Wales social media policy and has in place guidelines for social media and comment moderation: Our approach to social media and comment moderation - Powys Teaching Health Board Social media comments will not be gathered and recorded as part of this consultation, and users of our social channels will be signposted to the routes available to them for submitting comments and feedback.
Petitions	PTHB has a petitions protocol in place for the consideration of petitions either directly to the health board or via third party systems. Should the health board receive a petition as part of the consultation, it will be handled by acknowledging receipt, and a copy forwarded to ORS as part of the consultation analysis process, where it will be reported under a separate section of the feedback report. The feedback report will outline the background and scope of the petition, including the statement that signatories have signed, and the number of signatures received.
Media Relations	Media relations will be managed in accordance with the health board's media policy and procedures. All media enquiries should be directed to the press office for response in accordance with agreed delegated authorities.
Other	Where additional policy requirements are identified through ongoing development and review of this Plan they will be included here.

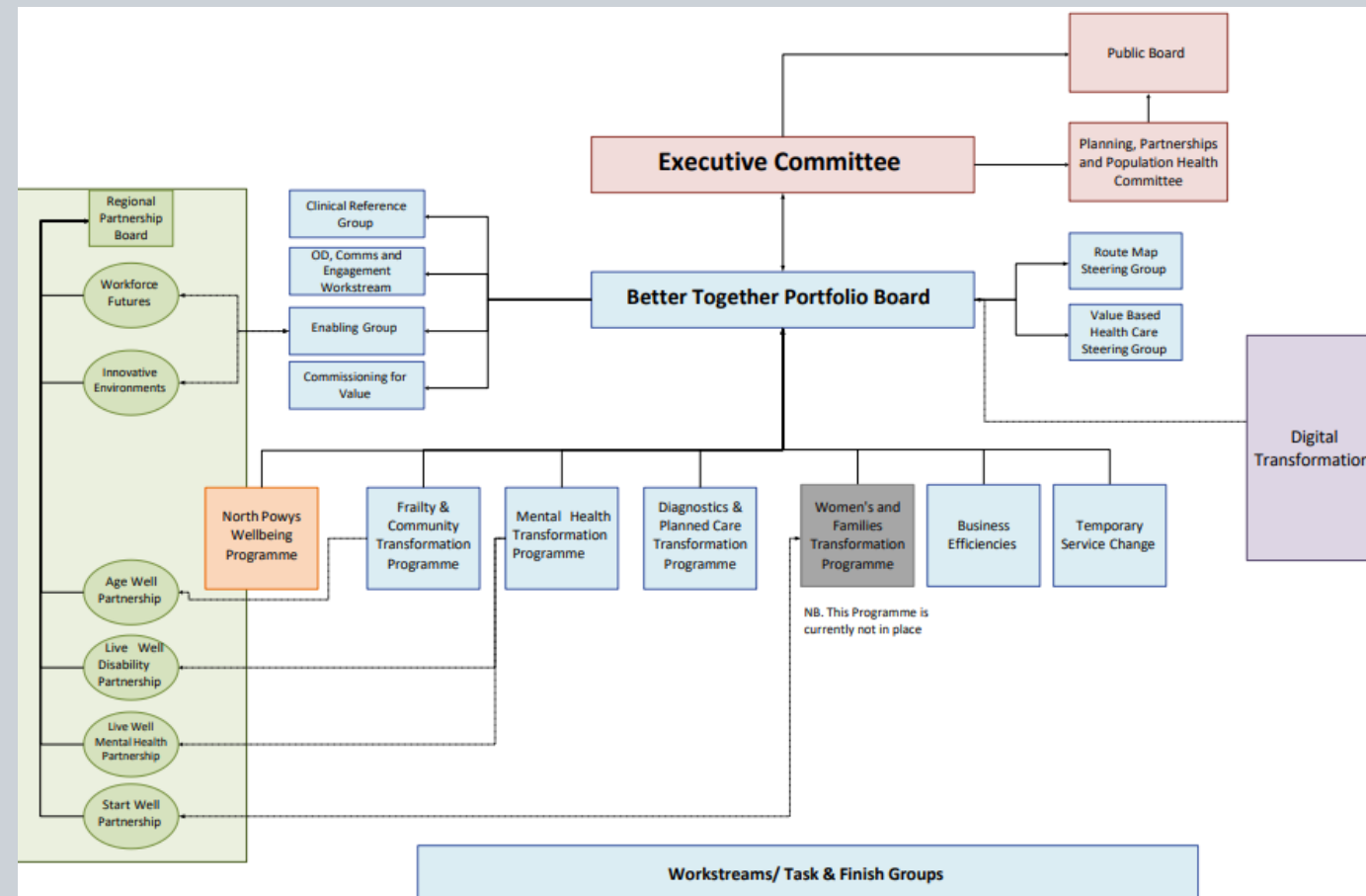
2.0 Consultation Scope and Mandate	
Consultation Scope	Powys Teaching Health Board (PTHB) (the consulting body) will undertake a formal consultation exercise with the public, its staff, statutory stakeholders, wider stakeholders, and targeted groups most impacted / affected by its proposals. We will ensure equality of opportunity to engage between people who share a protected characteristic and those who do not. The Health Board will engage all key stakeholders (the consultees) identified through stakeholder analysis on both a qualitative and quantitative basis, to understand the views on the following issue: • Service change options for adult physical and mental health NHS community services The health board will be asked at a meeting in September 2026 to undertake a consultation to determine the options that should be taken forward on a phased implementation basis, recognising that some interim changes may also be required in order to achieve the overall implementation journey.
Consultation Timescale	The consultation period will commence in September 2026 and end in December 2026 with the aim of presenting a consultation closing and output report at a Health Board public meeting in March 2027: • July-September: Consultation planning and document development • September-December: Consultation period • January-March: Analysis, conscientious consideration and decision making
Matters for inclusion in the consultation	The following matters have not yet been decided and are open to influence in the consultation, so we want to gather views on: • The suitability of each of the service change options • The positive and negative impacts associated with each of the service change options • Alternative options not yet considered within the scope of the consultation The development of the consultation programme and supporting materials has been informed by ongoing equality, Welsh language and socio-economic considerations. The impact assessment process is iterative and will continue throughout the consultation period to ensure emerging impacts, barriers and mitigations are identified and considered as part of decision-making.
Matters excluded from the consultation	The following matters have been decided on and are not open to influence in the consultation: • The scope of the consultation (namely adult physical and mental health community services) • The overall Health and Care Strategy agreed by the Board in 2017, which has been re-adopted and extended to 2029. • Matters relating to services outside the scope of the consultation This consultation focuses on service change consultation and is not formal HR consultation with staff in relation to terms and conditions through an Organisational Change Process. OCP consultation would normally follow at a later date once service change consultation and decisions have taken place.
Consultation Mandate	The purpose of the consultation scope defined within the consultation project plan is to enable the Board to make a formal decision on: Better Together adult physical and mental health NHS community service change options

3.0 Programme Governance and Resources

Better Together Portfolio Governance

The overall governance arrangements are set out in the Portfolio Execution Plan. This describes the agreed strategy and portfolio procedures to be adopted by the Better Together Portfolio Board, related programmes and workstreams for the successful control and implementation of the Portfolio. The portfolio of work is overseen by the Better Together Portfolio Board which oversees a portfolio of improvement and transformation programmes across PTHB to ensure delivery of impact and benefits in line with the Powys Health and Care Strategy. It acts as the strategic decision-making group with oversight of the portfolio to ensure that it delivers against intended outcomes and benefits, within time, cost and quality.

The Portfolio Board has constituted several Programmes and Groups within the portfolio structure, which are summarised below:



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Organisational Development, Engagement and Communication (ODEC) Workstream	The Portfolio Board has established an Organisational Development, Engagement and Communication workstream (ODEC) to provide effective and efficient OD, engagement and communications across the portfolio. The group is also be responsible for providing support and advice on OD, engagement and consultation in line with best practice guidance and legislation. This includes oversight of development and delivery of the engagement, communication and consultation plans for Stages 1, 2 and 3 of the current phase of Better Together.
Tactical ODEC (tacODEC)	The Tactical Group has responsibility for day-today delivery of the communication and engagement activity that supports the consultation. Each member of the group brings their delegated authorities and responsibilities, and their professional and operational accountabilities to their respective Executive Director, and will operationalise these authorities through their participation in the Tactical Group to support agile and dynamic delivery of the Consultation Plan in line with the framework agreed through Programme and wider organisational governance. The work of this group can be summarised as: • Planning and managing a range of consultation events and opportunities for both staff and public, both in person and on-line. This includes targeted engagement to ensure that people from groups with protected characteristics are fully engaged in a way that is accessible to ensure there are opportunities to participate. • Providing consultation materials, in a mix of digital and hard-copy formats, and in alternative versions and languages to enable participation • Promoting the consultation and encouraging our communities and staff to get involved. • Monitoring the following, and giving ongoing consideration if any changes in approach (e.g. additional communication messages or materials, or additional engagement activities) need to be put in place: • dialogue across communications and engagement channels (e.g. addressing myths and misperceptions) • responding to new interested participants to the consultation (e.g. responding to requests for more information from new campaign or interest groups; responding to requests through communication channels including corporate correspondence, political party or representative correspondence, or complaints; and receiving petitions) • monitoring the effectiveness of communications and engagement activities • reviewing targeted engagement and on-going analysis and identification of under-represented stakeholder groups. • Providing updates to the Workstream Group, Portfolio Board and the lead Executive Directors (Director of Corporate Governance as lead Exec for engagement and communication; Executive Director of Planning, Performance and Commissioning and lead Exec for service change engagement; Executive Director of People and Culture as Senior Responsible Owner) on progress and issues / mitigations for delivery of the consultation, or to endorse actions.

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3.1 Programme Resources

Consultation Tactical Team	Project leadership, project management, and Communications and Engagement posts identified for the programme are funded within existing team budgets, or from additional requirements already agreed through Programme Business Case development and previously approved. Therefore, no further additional staffing costs are currently envisaged for the delivery of the project. However, this will be kept under review subject to the changing needs and requirements of the programme.
Supplier Costs for Quality Assurance Support and Consultation Delivery and Analysis	A contract for consultation delivery and analysis has been awarded to ORS. The contract value in 2026/27 is estimated at £80k. There is scope within the award to extend the contract for up to a further two years for the next two phases of Better Together. Final costs and scope for 2026/27 are currently being determined. A contract for consultation assurance has been awarded to HICO. The initial contract value in 2026/27 is estimated at £100k. There is scope within the award to extend the contract for up to a further two years for the next two phases of Better Together. Final costs and scope for 2026/27 are currently being determined.
Communications and Engagement Costs	Documentation (including design and printing of multiple versions of consultation documentation, household leaflet drop): £40,000 Opportunities to engage (including events and other engagement activity): £15,000 Promotion (including advertising opportunities to engage with our communities): £15,000 Support, translation and administration (including alternative and additional languages, postage etc.): £30,000 Van Hire (conveyance of event resources between venues): £3,250
Other Programme Costs	Costs associated with Stage 3 Deliberative and Clinical Design events for Adult Physical and Mental Health Community Services, as well as for pre-engagement / engagement on planned care: £15,000
Total Costs	Estimated non-pay costs during 2026/27 are £300,000. *** These costs are an estimate only, with final costs based on stakeholder analysis and EQIA.

3.2 Programme Quality Assurance

Better Together Quality Assurance

The consultation process is being supported through a combination of operational delivery support, quality assurance and external assessment arrangements. HICO is providing quality assurance support and advice on consultation good practice through associates recognised by the Centre for Consultation. Any Consultation Mark award decision will be considered independently through the Centre for Consultation. These arrangements are intended to support transparency, continuous improvement and confidence in the consultation process.

This quality assurance process will include testing and review of the project plan, consultation documentation, the mid-point review, closing date review and a final report.

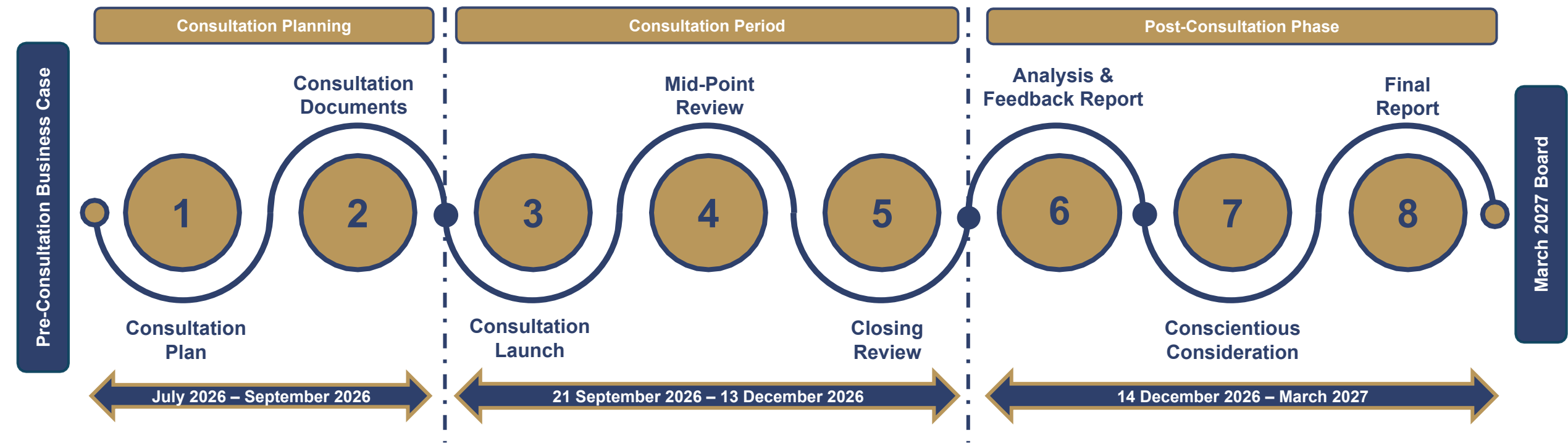
These arrangements complement and assure, rather than replace, the statutory responsibilities of the health board.

Consultation feedback will be analysed externally by Opinion Research Services via a questionnaire and focus groups. The nature and scope of other analysis is being determined as part of contract agreement with Opinion Research Services and may include written submissions, review of engagement meeting notes, staff focus group – further decisions on which outputs will be analysed internally by PTHB and which will be subject to external analysis by ORS will be made prior to consultation and kept under review.

Key documents in advance of the consultation launch will also be presented to a meeting in public of Powys Teaching Health Board in September 2026.

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4.0 Proposed Timeline for Consultation



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5.0 Stakeholders

Stakeholder Identification	These proposals have the potential to affect all adults in Powys. In addition, there are potential impacts on children including in relation to access to urgent care (Minor Injury Units can treat people aged 2 and above), as young carers of people using adult physical and mental health NHS community services, and as future users of adult services. Our approach will be to create as open and accessible an opportunity for as many people as possible to be aware of the consultation and to get involved if they wish to do so. We will build on the stakeholder mapping and analysis that was undertake as part of Stage 1 and Stage 2 Engagement. This is to make sure that any stakeholders identified during the options development process are being considered. This stakeholder mapping and analysis exercise will help us identify statutory consultees and those most affected by the potential options within the identified services so that it can inform our work. Stakeholder mapping will include a focus on disadvantaged, marginalised and minority groups and communities. Engagement will be tailored to suit different circumstances and requirements. We will work with local community and voluntary sector groups and networks to make sure that seldom heard groups can have their say in decisions that affect them. Throughout the consultation process we will need to ensure due regard is given to the general and specific equality duties for public sector organisations in Wales, and the requirement to engage with representatives of protected groups in assessing the potential impact of proposals on these groups. This applies to all adults in the Powys area, regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.
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Initial Stakeholder Analysis

These stakeholders are likely to be broadly interested in this consultation:

- Patients, carers, advocates and proxies including Leagues of Friends
- Public including town and community councils
- NHS staff, and unions and professional bodies that represent them
- Primary care providers including general medical practitioners, dentists, pharmacists, optometrists
- Local partner organisations including Powys County Council, Powys Association of Voluntary Organisations, Dyfed Powys Police, Mid and West Wales Fire and Rescue Service, Powys Regional Partnership Board and its members and working groups, Powys Public Service Board and its members and working groups
- Community and third sector organisations across Powys
- National partner organisations including Welsh Government, NHS Performance & Improvement, Welsh Ambulance Service University NHS Trust, Health Education and Improvement Wales, Public Health Wales
- Neighbouring NHS organisations and commissioned health services in England and Wales including all health boards in Wales, Robert Jones and Agnes Hunt NHS Foundation Trust, The Shrewsbury and Telford Hospital NHS Trust, Wye Valley NHS Trust
- Political representatives including MSs, MPs and county councillors
- Powys Llais

Specifically we will need to ensure engagement as part of this Plan with:

- Current and potential future users of adult physical and mental health NHS community services, and organisations that represent them and/or campaign on their behalf
- Current NHS staff and primary care contractors working in or with adult physical and mental health NHS community services
- Whilst the services under consideration are primarily used by adults, there will be specific areas of potential impact for children and young people including as users of minor injury services, as young carers of adults using adult physical and mental health community services, and as future users of adult services.

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Equality Considerations of this Consultation Plan

In the context of this consultation project plan we are required to assess the impact of our proposals to ensure that, as far as is practicably possible, the opportunities for promoting equality and human rights for people with protected characteristics are maximised and any actual or potential negative impact is eliminated or minimised.

The baseline EqIA and will be shared as part of the consultation technical documents to gather additional impacts and views on issues or potential mitigations which may not have already been considered. By reviewing the views gathered through the consultation, and by considering the possible socio-economic impact, on identification of an option by the Board a final EqIA will be undertaken for the selected option using this full detail.

This will ensure that decision making is fully compliant with our legal duties under the Public Sector Equality Duty (PSED), Equality Act 2010 and the National Health Service (Wales) Act 2006 and that we are taking account of people’s protected characteristics.

Key considerations in the delivery of the plan include:

- Activities to enable people to participate who may not have digital access (e.g. information available at drop-in events, information in local press, printed information available in local libraries, route to request a copy of printed materials, targeted engagement to seldom heard groups).
- Consideration of different communication needs (e.g. Easy Read, BSL, audio/video)
- Consideration of different languages: previous engagement and consultation activities have seen negligible uptake of documents translated into other community languages and therefore it is proposed that (a) key documentation is published in html format on the health board website so that users can use language translation and other assistive technologies to access information in their language or medium of choice (b) a statement will be included in the consultation document in the main languages identified in the census and through use of HB translation services (Ukrainian, Arabic, Polish, Nepalese) (c) publicity materials for public events will indicate that LanguageLine facilities are available and these will be pre-installed on team devices linked to the PTHB account.
- Access by geographies across a large rural geography (public events to be organised across the county - one in each of the 13 Powys localities; consideration to further events in satellite locations; consideration of outreach programme to community groups aligned with EQIA).
- Activities to enable participation by other groups who may face exclusion e.g. traveller communities, socio-economic deprivation.

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6.0 Service Change Consultation Risks

Description	Cause	Likelihood	Impact	Mitigations
Potential of confusing the public with multiple overlapping consultations or engagement exercises are taking place	Other periods of engagement launched by PTHB during consultation period	2	4	Seek to ensure that all relevant consultation requirements are encompassed within BT. Keep under review through Portfolio Board and Executive Committee
	Urgent or temporary measures introduced by PTHB during consultation period	3	4	Keep under review through Portfolio Board and Executive Committee
	Neighbouring HBs or Trusts launch engagement or consultation periods	4	4	Outside of our control but continue to work closely with neighbouring HBs and Trusts re timing and contextualisation
Lack of public involvement, due to consultation / engagement fatigue or disengagement and/or consultation design insufficiently enabling sufficiently representative feedback, which may leave sections of our communities and protected characteristic groups unrepresented in the consultation process	Consultation proposals insufficiently articulated leading to misunderstanding / misinformation	2	4	Independent assurance support for development of materials. Ensure sufficient time for development of materials
	Frequent / ongoing engagement and/or consultation, lack of feedback loop	3	4	Encourage sign-ups to GovDelivery to increase subscribers, ensure that outputs/outcomes from Stage 2 are widely publicised, comprehensive consultation plan
	Consultation methodology does not reach voices less heard	3	4	Focused work with ORS on insight methodology, stakeholder analysis and EQIA, materials in different formats, print copies in libraries, communication plan
	Materials and formats insufficiently meet equality needs	2	4	Consultation Plan identified different format and languages (e.g. BSL, Easy Read), outreach programme
Reputational risk should political, community, special interest or campaign groups be opposed to the scope or options within the consultation	Opposition to proposals	4	4	Comprehensive consultation plan, process for dealing with petitions, programme of public events
	Perception that decision already made	4	2	Publication of Step Report as part of Pre-consultation business case to demonstrate conscientious process
Consultation insufficiently meets statutory duties (e.g. equalities requirements)	Lack of resourcing	3	4	Additional resources agreed by Executive Committee
	Lack of planning	3	4	Consultation plan sets out compliance requirements
	Lack of review	2	4	Pre-launch, mid point and end point reviews proposed
	Lack of assurance	2	4	Contract being finalised for independent assurance
Consultation proposals and supporting information (e.g. IIAs) insufficiently developed by consultation launch and/or insufficient supporting information	Insufficient programme delivery and/or controls	2	5	Options development plan in place. Assurance through Portfolio Board
	IIAs insufficiently developed	2	5	IIAs developed and approved as part of pre-consultation business case to support "go / no go" decision
Product of consultation insufficiently informs decisions	Insufficient analysis	2	4	Independent methodology and analysis procured from ORS
	Insufficient conscientious consideration	3	4	Programme decision making timetable kept under review

The programme risk register will continue to evolve throughout the programme and will include operational, strategic, reputational, equality, clinical and legal considerations associated with major service change consultation. This will include ongoing review of consultation reach, representativeness, emerging themes, misinformation, accessibility, and compliance with statutory duties.

7.0 Engagement and Insight Plan

Introduction	The engagement plan will support the objectives of the consultation, and specifically: • Raising awareness amongst our people of the opportunities to participate and share views to inform the Board decision on service change options for adult physical and mental health NHS community services • Facilitating ongoing engagement with public, staff, statutory stakeholders, wider stakeholders and targeted groups most impacted / affected by its proposals • Targeting those most affected by the service change options through engagement methods best suited to the key groups • Providing a range of opportunities, taking account of accessibility, for our staff and key stakeholders to give their views Our approach will be underpinned by a commitment to continuous engagement, with particular reference to the seldom heard, and engage in ways that are sensitive and appropriate to their needs and in this way, we will be most likely to meet the needs of our entire population.
Insight Methods	Tools and strategies for ensuring the methodologies used are in keeping with the needs of each stakeholder group will be prioritised. A contract is in place with ORS to support consultation analysis and delivery. The methodology for gathering insights is currently expected to include: • Online questionnaire (EN and CY) with equality monitoring • Printed questionnaire (EN and CY) with equality monitoring • Easy Read printed questionnaire (EN and CY) with equality monitoring • Receipt of correspondence via email and in writing • Receipt of petitions • Targeted public focus groups facilitated by ORS • Notes from public, staff and stakeholder engagement events (currently to be gathered and analysed by PTHB) – <i>wherever possible, attendees at public, staff and stakeholder engagement events will be encouraged to complete the consultation questionnaire</i> • Further options under discussion with ORS include staff focus groups, targeted stakeholder interviews As part of this consultation, the health board will not be logging and analysing: • Social media comments • Comments on external or third party websites (e.g. newspapers) • Other comments and feedback not received via the channels listed above

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Maximising participation

All consultation documents will be available on a dedicated section of the PTHB website and staff intranet. The sites and associated material will be promoted via the Health Board’s corporate platforms to help reach the digital audience to maximise engagement.

A range of events will be organised including:

- A public drop-in event in each of the 13 Powys localities
- A staff roadshow programme reaching out to the main PTHB sites and satellite locations
- A programme of outreach events and/or pop-up events that reach out to community groups aligned with key issues identified in EQIA and/or to reach the main population centres where drop-in events are not taking place
- Independently facilitated public focus groups by ORS and consideration to independently facilitated staff focus groups by ORS
- Consideration to at least two online public event(s) for people not able to attend drop-ins
- Stakeholder events for (a) Town and Community Council representatives (b) County Councillors (c) MSs and MPs (d) Leagues of Friends (e) third sector providers
- Offer of presentations to key forums including Local Partnership Forum, Public Service Board, and Regional Partnership Board

Opportunistic engagement will include:

- Sharing information at pre-existing staff events including Wellbeing Roadshows, online and in-person training events, staff meetings, CEO staff briefings
- Sharing information at pre-existing public and stakeholder events such as PAVO Locality Forums

All engagement will comply with legislation in terms of the Data Protection Act 1998, the UK General Data Protection Regulations, the Freedom of Information Act 2000, and equality and diversity legislation.

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8.0 Communication Plan

Introduction	The communications plan will support the objectives of the consultation by: • Providing clear and timely information about the purpose and scope of the consultation that helps to create understanding, build trust, and encourage engagement in the consultation • Ensuring our communication is proactive, open and transparent – providing enough information for individuals to feel able to participate, without overwhelming individuals and leading to confusion • Reaching out to our diverse range of key stakeholders (inclusive of staff, service users, carers, our partners, the public, particularly those identified as potentially being disadvantaged, marginalised and minority groups) to raise awareness of the consultation and actively encouraging people to get involved and share their views • Reduce likelihood of potential mis-information and myths by monitoring themes from events, correspondence, media and social media and responding to escalating concerns through proactive communication messaging • Demonstrating that the Health Board is listening and responding by sharing themes heard during the consultation, providing responses to concerns, and sharing the results of the consultation • Providing consistent responses wherever possible to people’s enquiries, or concerns (including those from stakeholders such as patient and public representatives and media), and sharing feedback heard to the Health Board.
Marketing and Awareness	The communications plan will document key messages, audiences (which will be informed by the stakeholder analysis), products and channels necessary to support people to take part in the consultation, tactics to reach stakeholders, a schedule of promotion and activities, and how we will monitor and capture feedback. A variety of communication activities will be used to promote involvement in the consultation. More materials and activities will be prepared in advance for the first half of the consultation, allowing us the opportunity to review feedback, themes and engagement, and respond accordingly in the second half of the consultation. Consideration will be given to use of Personas to illustrate how proposals may affect access and experience of health care services, subject to capacity to develop and utilise these.

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Public Channels	Key channels for public communication will include: • PTHB website pthb.nhs.wales/bettertogether and biap.gig.cymru/gwellagy dangilydd – <i>NB as the survey is externally hosted, we suggest that consultation materials are hosted on the PTHB website rather than Engagement HQ</i> • PTHB social media channels (Facebook, LinkedIn, Instagram, Nextdoor) • Media releases and regular news articles through the consultation period • A household leaflet drop to households in Powys • Consider paid-for social media advertising including in paid partnership with local media • Public Drop-in Events • govDelivery subscription service (consider paid-for advertising campaign summer 2026 to boost subscriptions ahead of launch) • Reach out to local community channels, particularly those that may help us reach voices seldom heard or who may face barriers to participation
Stakeholder Channels	Key channels for stakeholder communication will include: • Syndicated articles for publication via stakeholder channels (e.g. PAVO, RPB, PSB) including co-ordination via Powys Engagement and Insight Network • Use existing stakeholder mechanisms and meetings
Staff Channels	Key channels for staff communication will include: • PTHB management cascade • PTHB Team Focus • PTHB CEO Online Briefings • PTHB Intranet - continuing to build and update the information available to staff (including FAQs, key messages, links to news stories, feedback opportunities, etc.) • Staff Roadshows • Staff Closed Facebook Group

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9.0 Document Plan

Document Content	The main consultation document will attend to the specific requirements set out in Welsh Government guidance on NHS Service Change that consultation documents should: • Explain the case for change, why change is necessary and provide clear evidence. • Include a clear vision of the future service. • Explain the consequences of change or of maintaining the status quo, on quality, safety, accessibility and proximity of services. • Include information on outcomes for patients and service users. • In the case of changes relating to hospitals, demonstrate how services will in future be provided within an integrated service model including working with local authorities. • Set out clearly the evidence for any proposal to concentrate services on a single site. • Include the evidence of support from clinicians for any proposed change. • In the case of changes prompted by clinical governance issues, show how these have been tested through independent review. • Show which options were considered during the engagement phase - the NHS needs to ensure that, if a preferred option is specified, this will not be seen as a 'fait accompli'. • Explain any risks and how they will be managed. • Give a clear picture of the financial implications of the different proposals. • Spell out who will be affected by the proposed changes and how their interests are being protected. • Explain how any change and benefit will be evaluated after implementation. • Be bilingual and in a range of formats, appropriate for the needs of the affected patients and communities including British Sign Language. For example, materials in Welsh could be particularly important for a patient with dementia, as their ability to use a second language may be diminished or lost. • Be agreed by the Board of the NHS body. [source: How to make changes to health services: guidance for NHS organisations GOV.WALES]
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Document Versions

- We will aim to be open and transparent in the provision of all our consultation materials. We acknowledge that to be involved in a consultation, some of our diverse communities will need to be provided with alternative versions, or support to participate.
- Informed by the stakeholder analysis and EQIAs, in order to make the consultation as accessible as possible we will produce:
- A bilingual consultation document in as plain writing as possible and minimum font size 12, that complies with digital accessibility guidance and best practice
 - A bilingual summary version:
 - Consider audio (C)
 - Easy Read (M)
 - Consider publication of a youth-friendly version subject to capacity and recognising that the majority of proposals have an indirect or future impact on young people (C)
 - British Sign Language (M)
 - html publication on the health board’s digital channels so that readers can use assistive technologies, screen readers, language translation
 - Information within the consultation document in the four main language identified through census data and use of PTHB interpretation services (Ukrainian, Arabic, Polish, Nepalese) to indicate how information can be requested in their language of choice. A bespoke and reactive approach to translation will therefore be taken.
 - A suite of supporting technical/support documents to be identified by the Programme Team as part of the pre-consultation business case. This will include the current version of the Integrated Impact Assessments.
 - In addition, subject to capacity, consideration will be given to video promotion or animation to attract interest from groups who may not access other versions of documents (potentially those with low literacy) and signposting to support to attend events or speak to someone (C)

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10.0 Consultation Review	
Pre-launch readiness review	A pre-launch readiness review will be undertaken during August 2026: • Sufficiency of consultation plan to meet key requirements • Sufficiency of readiness of consultation materials • Capacity and capability to deliver the agreed plan
Mid Point Review	The mid-point review will be undertaken between week 4 and week 6 of the consultation period (indicatively, w/b 2 November 2026), in order to review how the consultation has met the project plan to date and any new and emerging issues, including: • Evaluating what has been learned to date, through: • Effective monitoring of the debate and the reactions and activities of interested parties, including challenges and opposition • Considering the need for the plan to be amended as a reaction to what is being learned • Considering whether new information is needed or needs sharing • Discussing how contingency will be managed if changes to the plan are needed • Confirming sufficient media and social media awareness of the consultation or any gaps that need addressing • Evaluating stakeholder participation and identifying gaps in reach, and in particular from seldom heard voices. • Identifying any significant equalities and impact issues arising that have a material impact on the plan
Closing Review	The closing review will be undertaken one week before the consultation period formally closes (indicatively w/b 7 December), in order to review how the consultation has met the project plan, including: • Evaluating what has been learned to date through effective monitoring of the debate and the reactions and activities of interested parties, including challenges and opposition • Considering any further essential actions to support the effectiveness and appropriateness of the consultation • Reviewing what should happen post consultation and what the timeline will be for response, evaluation and analysis, sharing the outputs and feedback, and making decisions • Review and updating of the EqIAs.
Post Decision Learning and Reflection	Learning and reflection will take place to learn lessons from the consultation period to support continuous improvement.

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11.0 Consultation Findings Report	
Evaluation and Analysis Plan	The consultation analysis, initial output report and final report will be undertaken independent to the Health Board via Opinion Research Services (ORS) who have been procured in advance of consultation. The consultation findings report will provide an accurate and balanced overview of the feedback received through the consultation process. The report will support, but remain distinct from, the subsequent Board decision-making and conscientious consideration process.
Key Components	The purpose of the final consultation report is to: • provide the Board with an accurate and balanced overview of the feedback received through the consultation process to support a decision on the service change options taking the impacts into consideration The final report is likely to include: • Summary of key themes • Overview of findings • Key issues raised through consultation The final consultation report will be presented and deliberated at a meeting in public of the Health Board on a date to be determined. Review and reflection of the findings from the consultation as set out in the consultation report will inform the post consultation decision case for decision by the Board. This will include updated Integrated Impact Assessments to ensure emerging impacts, barriers and mitigations are identified and considered as part of decision-making. The date and time of the meeting will be publicised through the health board channels, and the agenda and papers will be published in advance. The meeting will be livestreamed for the public to observe. There will be an opportunity for questions from the public in line with normal health board procedures and Standing Orders, recognising that this is a “meeting in public” and not a public meeting.

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12.0 Decision Reporting	
Following Board Decision	A feedback report summarising the outcome of the consultation, the decision of the Board and the next steps will be published and shared: • PTHB staff (intranet, PTHB News Update, staff briefings, PTHB Team Focus) • Stakeholders (email distribution) • Public (govDelivery subscribers, PTHB website, social media channels) It is currently anticipated that Wales will enter the pre-election period for the Local Authority elections 2027 shortly after a decision is taken, so it will be important that due regard is given to the specific requirements and sensitivities of the pre-election period to ensure political fairness and impartiality.

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Powys THB Finance Department Financial Performance Report Board

**Period 03 (June 2026)
FY 2026/27**

**Date Meeting: 29 July 2026
Item 3.2**

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Introduction

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 03 OF FY 2026/27
Approved & Presented by:	Hywel Pullen, Acting Executive Director of Finance
Prepared by:	Assistant Director of Finance
Other Committees and meetings considered at:	Executive Committee – 22 July 2026

PURPOSE:
This paper provides an update on the June 2026 (Month 03) Financial Position, including progress with savings delivery.
RECOMMENDATION:
The Board is asked to receive the financial report and take assurance that the organisation has effective financial monitoring and reporting mechanisms in place. The Board is asked to consider and discuss the financial forecast and the underlying deficit for 2026/27 of £44.652m.

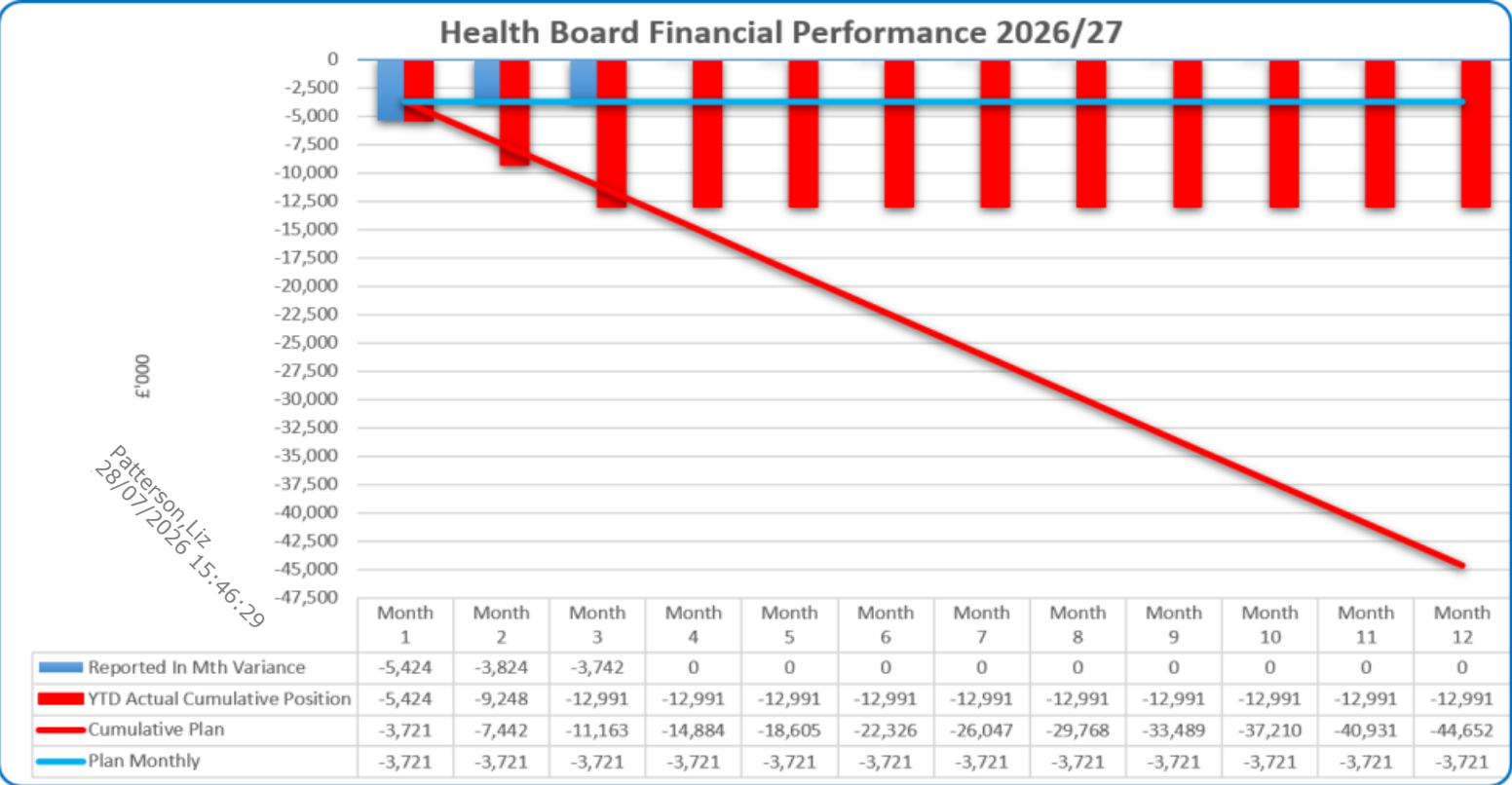
THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	• Focus on Wellbeing	✗
	• Provide Early Help and Support	✗
	• Tackle the Big Four	✗
	• Enable Joined up Care	✗
	• Develop Workforce Futures	✗
	• Promote Innovative Environments	✗
	• 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
	✓	

Revenue			
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by WG	Plan	Actual	Trend
	£'000	£'000	
Reported in-month financial position – (deficit)/surplus	-3,721	-3,742	↑
Reported Year To Date financial position – (deficit)/surplus	-11,163	-12,991	↑
Year end – (deficit)/surplus	-44,652	-44,652	→

Capital		
	Value £'000	Trend
Capital Resource Limit	9,510	→
Reported Year to Date expenditure	1,125	↑
Reported year end – (deficit)/surplus – Forecast	9,510	→

PSPP		
PSPP Target : To pay a minimum of 95%	%	Trend
% of all non NHS creditors within 30 days of receipt of goods or a valid invoice		
Cumulative year to date % of invoices paid within 30 days (by number) @end Q1 -Red	92.7%	↑
% of all NHS creditors within 30 days of receipt of goods or a valid invoice		
Cumulative year to date % of invoices paid within 30 days (by number) @end Q1 -Red	78.8%	↑



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

At month 03, there is a £12.991m overspend. Compared to a planned deficit of £11.163m, (which is 3/12ths of the planned £44.652m deficit), this equates to the Health Board having an overspend of £1.827m.

The capital resource limit for 2026/27 is £9.510m, the forecast outturn is £9.510m; with a YTD spend of £1.125m.

The Health Board is not meeting its prompt payment (PSPP) performance targets.

Overall Summary of Variances £'000s

	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(114,595)	(114,595)	0
02 - Capital Donations	(32)	(32)	0
03 - Other Income	(2,545)	(2,439)	105
Total Income	(117,172)	(117,067)	105
05 - Primary Care - (excluding Drugs)	13,165	12,659	(506)
06 - Primary care - Drugs & Appliances	8,906	8,982	76
07 - Provided services - Pay	32,080	32,842	762
08 - Provided Services - Non Pay	6,249	6,162	(87)
09 - Secondary care - Drugs	354	273	(80)
10 - Healthcare Services - Other NHS Bodies	50,616	51,499	883
12 - Continuing Care and FNC	10,852	11,274	422
13 - Other Private & Voluntary Sector	1,967	2,220	253
14 - Joint Financing & Other	2,585	2,585	0
15 - DEL Depreciation etc	1,751	1,751	0
16 - AME Depreciation etc	(233)	(233)	0
18 - Losses, Special Payments and Irrecoverable Debts	43	43	0
25 - Profit/Loss Disposal of Assets	0	0	0
Total Costs	128,335	130,057	1,722
Reported Position	11,163	12,991	1,827

At Month 03, there is a £12.991m overspend against the forecast deficit of £11.163m giving the Health Board an overspend of £1.827m compared to Plan.

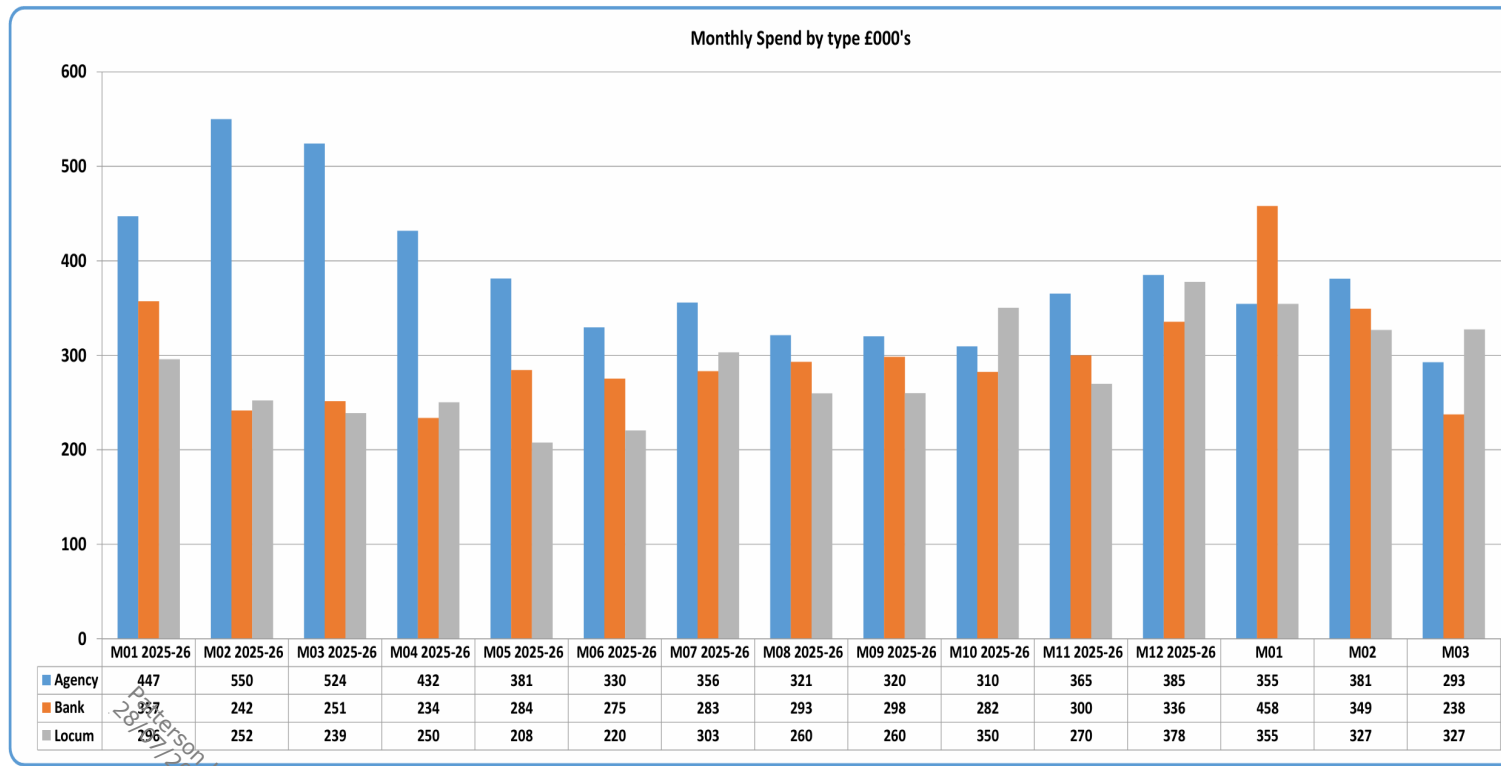
Within this position, the savings target of £22.889m is profiled in equal 12ths. As detailed on page 9, there is a £3.326m YTD adverse variance in savings.

The most significant variances to highlight are:

- Commissioning of Healthcare Services from other NHS Bodies is £0.883m overspent at M03. This is in the English system, around savings target shortfall.
- Other private and voluntary sector is overspent YTD by £0.253m. This is due to savings not being achieved.
- Agency expenditure of £0.293m in the month, compared to M03 2025/26 it is £0.231m lower.
- CHC is overspent by £0.422m YTD. There are 414 packages of care, a net increase of 7 since Month 12 2025/26.
- There are underspends in Primary Care within dental and general medical services and in Provider Services – non-pay.

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 June variable pay was lower than the previous month. It is £156k less than in month 3 last year.
 - However, Powys continues to be an outlier within NHS Wales as agency and locum spend is much greater than the Wales average of 1.4%.
 - 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 2026/27 by reducing the quantity of elective activity commissioned, particularly, with SaTH, WVT and RJAH. The contracts with these three providers are currently being negotiated (quantum of expenditure circa £75m).

NHS Commissioning Variance to Date 2026/27

Commissioning	Budget to Date £000	Actual to Date £000	Variance to Date £000
Welsh Providers	13,088	12,702	(386)
English Providers	20,789	22,188	1,399
JCC	15,065	14,957	(108)
Other NHS Providers	1,489	1,489	(0)
Mental Health (LTAs Only)	185	163	(22)
Total	50,616	51,499	883

Risks

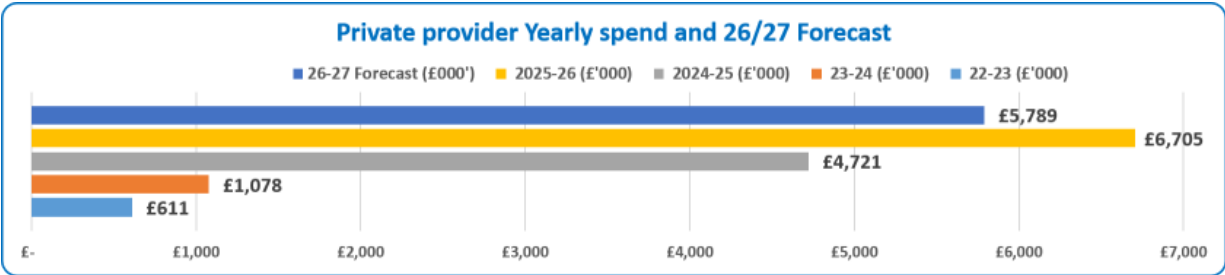
- Capacity and performance of Adult Social Care services
- Providers exceed their RTT recovery targets
- Winter pressures and capacity of the system generally to treat patients and thus avoid secondary care admissions
- Delivery of saving plans

Performance

- *Welsh Providers* – there is an underspend due to less activity being undertaken by some neighbouring health boards. As this is based on two months of data an element of caution should be applied.
- *English providers*
 - The savings target is not currently forecast to be fully achieved (see later slide). There is a YTD variance of £1.4m.
 - 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* – there is an underspend forecast by the JCC.

We are focused on this because:

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



Performance and Action

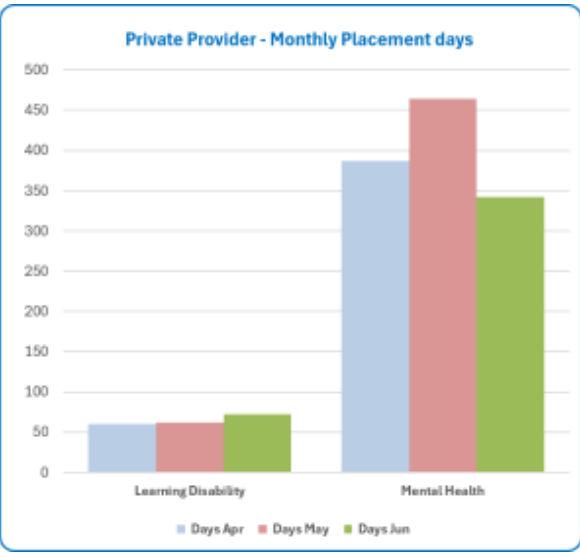
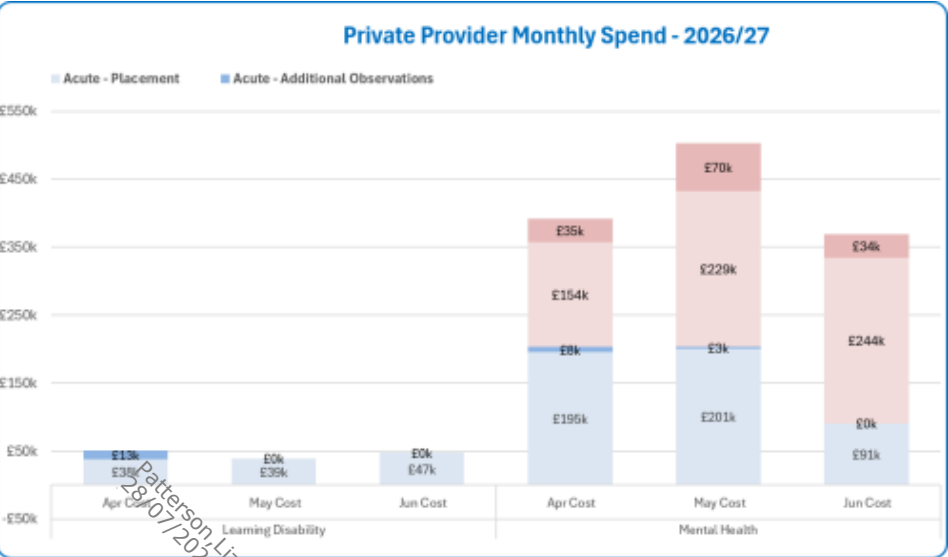
The 2026/27 financial plan had provision for private provider expenditure for acute mental health patients to match equivalent expenditure in 2025/26, reduced by an expectation that actions could be taken for costs to be £2.5m lower on a recurrent basis (£1m assumed in underlying deficit).

As at M03, it is forecast that the costs be £5.789m. This is an increase of £0.164m compared to M02.

The number of open packages is 17 at the end of June, an increase of 1 in month.

LD and MH costs have stayed consistent, which is primarily driven by high cost PICU placements and Additional Needs.

Action has been taken to strengthen operational decision making and the monitoring of commissioned packages. The Health Board is exploring the option of 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.

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:
 - 2,228 days within Powys community hospitals related to Health processes, 3,226 days to Social Care and 572 days to joint processes. Associated costs to date of £1.1m, £1.6m and £0.3m, respectively.
 - 3,505 days within district general hospitals (DGHs) and English community hospitals related to Health processes; 1,782 days to Social Care and 421 to joint processes. Associated costs to date of £1.1m, £0.5m and £0.1m, respectively.

Please note the days are costed at £506 in Powys, an average of £459 for a community hospital in England and £335 for an excess bed day in a DGH in England.

2026-27	Health			Joint			Social Care		
	YTD		Forecast	YTD		Forecast	YTD		Forecast
	Days	£m	£m	Days	£m	£m	Days	£m	£m
PTHB Provider Delays	999	£0.50	£2.00				1,515	£0.80	£3.10
PTHB Provider Assessment Delays	1,229	£0.60	£2.50	572	£0.30	£1.20	1,711	£0.90	£3.50
Subtotal PTHB Provider	2,228	£1.10	£4.50	572	£0.30	£1.20	3,226	£1.60	£6.50
Shropshire Community Bed Delays	202	£0.10	£0.30				29	£0.00	£0.00
WWT Community Bed Delays	435	£0.20	£0.90				155	£0.10	£0.30
DGH Bed Delays - England	2,298	£0.80	£3.10	227	£0.10	£0.30	1,263	£0.40	£1.70
DGH Bed Delays - Wales	570	£0.00	£0.00	194	£0.00	£0.00	335	£0.00	£0.00
Subtotal English & Welsh Providers	3,505	£1.10	£4.30	421	£0.10	£0.30	1,782	£0.50	£2.10
Total Opportunity Cost (at full cost)	5,733	£2.20	£8.80	993	£0.40	£1.50	5,008	£2.10	£8.60
							Total All	11,734	£4.70
									£18.90

Note: There has been a service change in regard to responsibility for the Reablement service. Previously PCC led on Reablement and Enablement. In October 2025, the responsibility for Reablement passed to PtHB. 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.

We are focused on this because:

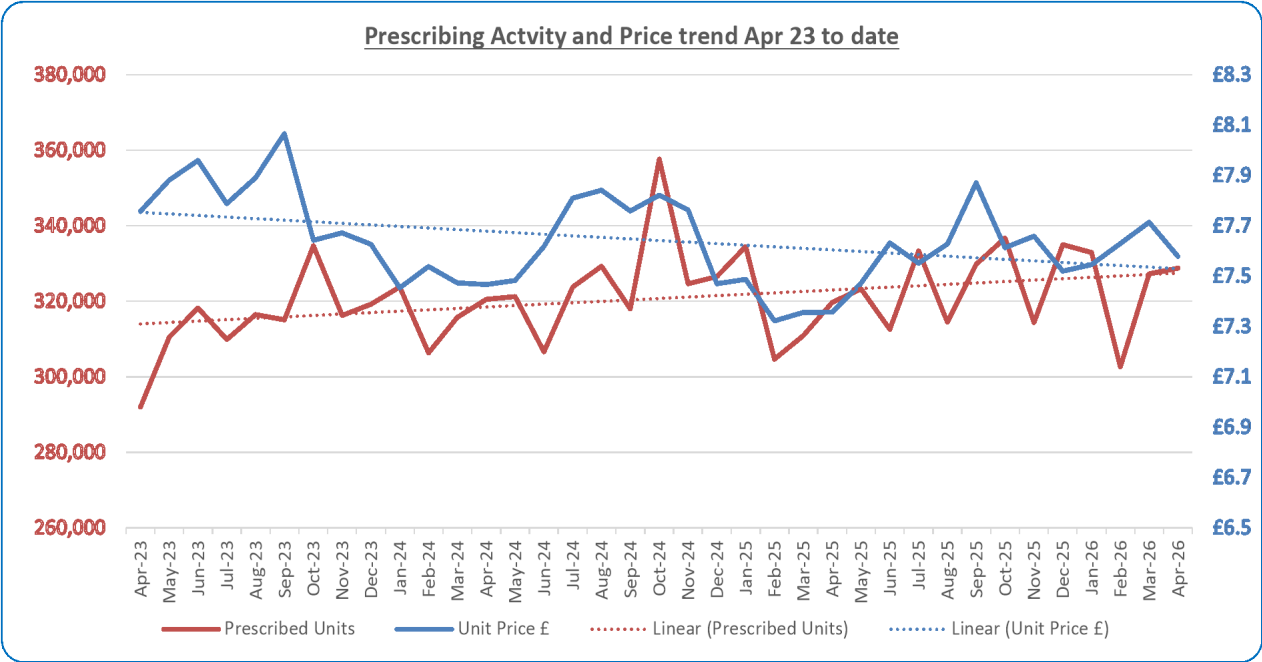
The costs of prescribing rose significantly from April 2022 to September 2023. This was driven by both price inflation and increased prescribing activity. Whilst prescribing costs rose during FY23-24, the final outturn reduced significantly from earlier forecasts in line with reduced prices on certain drugs, and other successful savings initiatives. This trend continued in FY25-26, the savings related to SGLT-2 inhibitors offset by other price rises in Q4, demand was stable across the full year.

Status Update

A forecast overspend at M3 of £0.8m (incl £1.3m saving target) based on PAR report (which won't reflect full forecast savings). Prescribing costs are reported 2 months in arrears. Forecast based only on 1 month of PAR for FY26-27.

- A low unit price increase year on year of 1.0%.
- Unit costs are expected to continue at a lower rate through FY26-27 as the FY impact of reduced costs for SGLT-2 inhibitors come into the position.
- Activity yr on yr is increasing - 2.8% increase - driving the forecast overspend.

Prescribing cost increases	FY22-23	FY23-24	FY24-25	FY25-26	F'Cast FY26-27
	£k	£k	£k	£k	£k
Prescribing Budget	24,694	28,959	31,161	28,962	29,754
Prescribing Annual costs/f'cast	27,469	29,195	29,488	29,437	30,548
Yr on Yr % increase/decrease	7.3%	6.3%	1.0%	-0.2%	3.8%
Yr on Yr increase £ Total	1,859	1,727	292	-51	1,111
Yr on Yr increase £ Growth	655	747	2,858	-25	834
Yr on Yr increase £ Inflation	1,204	980	-2,566	-26	277



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

- Predicted 1.8m of savings for FY26-27, against a target of £1.3m. 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.

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	22/23 Year end Position £'000	23/24 Year end Position £'000	24/25 Year end Position £'000	25/26 Year end Position £'000	26/27 Budget £'000	26/27 Forecast £'000	26/27 Variance £'000	Growth 2025/26 to 2026/27 Forecast £'000	Growth 2025/26 to 2026/27 Forecast %
Children	£329	£514	£692	£355	£642	£303	(£339)	(£51)	(14.5%)
Learning Disabilities	£13,949	£16,201	£19,714	£22,242	£22,752	£24,390	£1,637	£2,148	9.7%
Mental Health	£1,882	£2,123	£2,301	£2,485	£3,007	£2,396	(£611)	(£90)	(3.6%)
Mid Locality	£2,646	£3,475	£3,927	£3,848	£4,631	£5,165	£535	£1,317	34.2%
North Locality	£1,904	£1,955	£1,670	£2,058	£2,477	£2,170	(£307)	£113	5.5%
South Locality	£2,427	£2,589	£3,405	£3,601	£3,648	£4,762	£1,114	£1,161	32.2%
CHC Provisions	£2,132	£3,035	£3,630	£5,410	£6,251	£6,386	£135	£977	18.1%
Grand Total	£25,269	£29,892	£35,338	£39,999	£43,409	£45,573	£2,164	£5,574	13.9%
Number of active clients	295	327	355	407	416	414		2	(0.5%)
D2RA	£696	£201	£7	£0	£0	£0	£0	£0	0.0%
FNC	£779	£683	£248	£326	£326	£0	£0	(£326)	(100.0%)
Total	£26,744	£30,777	£35,592	£40,324	£43,735	£45,573	£2,164	£5,248	14.7%

Performance and Action

The 2026/27 financial plan had provision for CHC inflation and growth based on the forecast for 2025/26 at Month 12. There is a saving target of £4m.

At month 03, there is an overspend of £0.422m on a budget of £10.852m against Continuing Care and FNC.

The number of CHC packages has increased by 7 to 414, since the 2025/26 outturn, which is a 1.7% increase. However, there has been a 2% increase in the number of days of CHC provided.

The table shows that a £2.164m 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 2026/27 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.

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

Month 3		In-year 2026/27 (£'000)							Recurrent for future years			YTD - 2026/27		
Directorate	Targeted Area	2026/27 Target	No. Green + Amber	Green (forecast)	Amber (forecast)	Green + Amber (forecast)	Forecast vs Target	Red (potential)	Recurrent 2026/27 Target	Forecast FYE	FYE vrs Recurrent Target	Target to Date	YTD Actual Savings	YTD vrs Target
Planning and Performance	Contracting and Commissioning	5,600	8	5,665	1,785	7,450	1,850	1,250	5,600	200	-5,400	1,400	1,248	-152
	Pathways	4,995	7	1,916	0	1,916	-3,079	0	4,995	1,916	-3,079	1,249	11	-1,238
	Planning and Performance Other	20	3	47	0	47	27	0	20	25	5	5	19	14
Director of Primary Care; Community & MH	MH - Private Providers	1,500	2	528	68	596	-904	0	1,500	596	-904	375	0	-375
	MH Variable Pay + 3%	1,901	10	1,261	783	2,044	143	502	1,901	2,075	174	475	75	-400
	CHC inc. 3%	3,965	3	0	3,965	3,965	0	0	3,965	3,292	-673	991	0	-991
	CSG	1,719	18	1,212	165	1,376	-343	0	1,719	916	-803	430	254	-176
	Primary Care	57	4	98	0	98	41	0	57	281	224	14	13	-1
Medical and Pharmacy	Medical and Pharmacy	1,296	8	1,803	0	1,803	507	0	1,296	1,803	507	324	417	93
Finance and Estates	Finance and Estates	554	14	576	5	581	27	150	554	506	-48	138	131	-8
Public Health	Public Health	526	1	500	0	500	-26	0	526	0	-526	132	0	-132
Women and Children and Nursing	Women and Children and Nursing	353	12	422	58	480	127	0	353	224	-129	88	135	47
Therapies and Digital	Therapies and Digital	145	13	210	0	210	65	0	145	113	-32	36	32	-4
Corporate Governance	Corporate Governance	126	4	126	0	126	-0	0	126	11	-115	32	31	-0
People and Culture (inc Transformation)	People and Culture (inc Transformation)	124	7	126	0	126	2	0	124	126	2	31	28	-3
Grand Total		22,881	114	14,489	6,829	21,317	-1,564	1,902	22,881	12,083	-10,798	5,720	2,394	-3,326

The Health Board is working with an external partner (Grant Thornton) to identify and implement recurrent savings with an annual value of £22.9m and establish the foundations for achieving the route map to sustainability in future years.

Risks

Timescales and capacity of teams to deliver the schemes.
Identification of additional schemes.

Performance and Actions

- As shown in the table, green and amber schemes with £21.317m savings are currently forecast, against the £22.881m target, giving a gap of £1.564m to be closed.
- The recurrent impact of saving schemes is £12.083m, compared to the £22.881m recurrent target. Currently an under achievement of £10.798m.
- Note: RAG rating is per WG's guidance in WHC (2023) 012: [Welsh Health Circular 2023 012 \(English\).pdf](#)

We are focused on this because:

The revised £44.652m 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
Dental Ring Fenced Allocation Underspend Potential Claw back	(500)	Low
Under delivery of Amber Schemes included in Outturn via Tracker	(509)	Low
Non Delivery of Planned Mitigations Yet To Be Finalised	(782)	Low
Total	(1,791)	

Opportunity	£ '000	Likelihood
0	0	-
0	0	-
Total	0	

Risks

- Risk associated with clawback by WG of Dental Allocation underspend of £0.500m.
- Under Delivery of Saving Schemes – these feed directly from the Savings Table and at this point we have assumed amber schemes have an element of risk categorised as 50% (£0.509m).
- A £0.782m risk of non-delivery of Planned mitigations yet to be finalised, which is 50% of our current savings gap.

Opportunities

It is too early to identify opportunities, due to the amount of information linked to expenditure which is not available or is limited to one month.

Risks Removed

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, and the same for 2026/27. PTHB is not accepting these charges. All invoices have been disputed and WG supports the stance taken by PtHB. Given the matter is considered closed at WG level the related risks in relation to Commissioning – NSE parity of funding 2024/25-2026/27 have been removed from the table. The matter has been disclosed in the 2025/26 annual accounts as a contingent liability.

1. At Month 03, PTHB is reporting a £12.991m deficit. This comprises the evenly profiled forecast deficit of £11.163m, with an overspend of £1.827m.
 - The overspend is due to the £22.881m savings target being 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 services and use of external placements (private providers) and the use of agency in non-ward areas and of locums in mental health.
2. The Health Board's forecast deficit for the year and assessment of the underlying deficit is as per Plan at £44.652m.
3. Other financial matters:
 - The Health Board has a £9.510m capital allocation, which it plans to spend fully.
 - Due to the £44.7m forecast financial deficit, the THB will require Strategic Cash during February 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 2026-27 Q1 performance was 92.4%, which was slightly higher than Q 4 in 2025-26. Additional work is being undertaken to improve this, and we are seeing a monthly decrease in agency PSPP breaches.

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Powys THB Finance Department

Financial Performance Report – Appendices

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Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 13 July 2026.

MMR Narrative


MMR Narrative
M03

MMR Tables


MMR Tables M03

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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 30th June 2026
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	2.363	2.363	0.219
Llandrindod Wells Memorial Hospital - Reconfiguration Phase 2b	2.425	2.425	0.430
TEF - Fire	0.420	0.420	0.001
TEF - Infrastructure	0.583	0.583	0.382
TEF - Decarbonisation	0.140	0.140	0.000
TEF - Mental Health	0.200	0.200	0.000
TEF - Infection Prevention Control	0.199	0.199	0.033
Mental Health Quality and Safety Schemes	0.130	0.130	0.009
Mental Health Quality and Safety Schemes 2026-27	0.230	0.230	0.000
Llandrindod Integrated Health, Care & Wellbeing Hub	0.020	0.020	0.018
North Powys Integrated Health, Care and Wellbeing Hub	2.800	2.800	0.033
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	9.510	9.510	1.125

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	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	Mth 6	Mth 7	Mth 8	Mth 9	Mth 10	Mth 11	Mth 12
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
OPENING CASH BALANCE	846	5,180	3,437	4,936	500	500	500	500	500	500	500 -	5,532
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	44,625	40,990	43,790	37,574	37,414	44,240	42,540	41,115	43,255	40,905	36,453	0
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA	(94)	(94)	(94)	(205)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)
WG Revenue Funding - Other (e.g. invoices)	56	162	2	50	5	20	900	5	1,055	145	0	3,100
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	500	500	3,116	1,375	1,117	860	725	753	405	159
Income from other Welsh NHS Organisations	1,072	448	589	590	800	500	950	620	720	900	265	1,820
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	1,531	489	419	550	1,850	240	560	660	1,270	650	1,350	650
Total Receipts	47,190	41,995	45,206	39,059	43,035	46,225	45,917	43,110	46,875	43,203	38,323	5,579
Payments												
Primary Care Services : General Medical Services	3,305	3,010	3,824	3,000	2,700	3,100	3,200	2,900	2,800	3,100	2,800	3,000
Primary Care Services : Pharmacy Services	309	668	603	900	0	450	900	0	900	0	450	450
Primary Care Services : Prescribed Drugs & Appliances	1,494	1,391	1,562	3,100	0	1,550	1,550	0	3,100	0	1,550	1,550
Primary Care Services : General Dental Services	268	284	331	450	450	450	450	450	450	450	450	450
Non Cash Limited Payments	130	179	151	150	150	150	150	150	150	150	150	150
Salaries and Wages	11,324	10,930	10,955	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000
Non Pay Expenditure	25,890	26,572	25,996	23,571	27,072	28,146	27,550	27,750	27,750	27,750	27,550	27,810
Capital Payment	136	704	285	1,324	1,663	1,379	1,117	860	725	753	405	289
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	42,856	43,738	43,707	43,495	43,035	46,225	45,917	43,110	46,875	43,203	44,355	44,699
NET CASH FLOW IN MONTH	4,334	(1,743)	1,499	(4,436)	0	0	0	0	0	0	(6,032)	(39,120)
Balance c/f	5,180	3,437	4,936	500	500	500	500	500	500	500	(5,532)	(44,652)

Due to the £44.7m forecast financial deficit, the THB will require Strategic Cash from Welsh Government during M11 to meet its obligations.

	Opening Balance Beginning of Apr-26	Closing Balance End of Jun-26	Forecast Closing Balance End of Mar-27
	£'000	£'000	£'000
Non-Current Assets			
Property, plant and equipment	111,055	112,185	112,185
Intangible assets	227	227	227
Trade and other receivables	79	79	79
Other financial assets	0	0	0
Non-Current Assets sub total	111,361	112,491	112,491
Current Assets			
Inventories	175	175	175
Trade and other receivables	9,021	10,635	10,635
Other financial assets	0	0	0
Cash and cash equivalents	846	4,936	(44,652)
Non-current assets classified as held for sale	0	0	0
Current Assets sub total	10,042	15,746	(33,842)
TOTAL ASSETS	121,403	128,237	78,649
Current Liabilities			
Trade and other payables	46,991	51,839	51,839
Borrowings (Trust Only)	0	0	0
Other financial liabilities	0	0	0
Provisions	2,898	2,894	2,894
Current Liabilities sub total	49,889	54,733	54,733
NET ASSETS LESS CURRENT LIABILITIES	71,514	73,504	23,916
Non-Current Liabilities			
Trade and other payables	587	540	540
Borrowings (Trust Only)	0	0	0
Other financial liabilities	0	0	0
Provisions	645	643	643
Non-Current Liabilities sub total	1,232	1,183	1,183
TOTAL ASSETS EMPLOYED	70,282	72,321	22,733
FINANCED BY:			
Taxpayers' Equity			
General Fund	23,208	14,195	(35,393)
Revaluation Reserve	47,074	58,126	58,126
PDC (Trust only)	0	0	0
Retained earnings (Trust Only)	0	0	0
Other reserve	0	0	0
Total Taxpayers' Equity	70,282	72,321	22,733

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Core Financial Plan Year 1 2026/27

Financial Plan	(£m)
Underlying deficit	45.1
Inflationary cost pressures	6.8
Growth and demand cost pressures	16.8
Net allocation increase	-1.1
Savings and mitigating actions – 3% of HCHS Allocation	-11.8
Additional ambition to manage in-year financial cost pressures – further 3%	-11.1
Total Deficit	44.7

Powys THB submitted its 2026/27 Annual Plan to Welsh Government in March 2026, which included a deficit of £44.7m.

This includes an ambitious £22.9m recurrent savings target.

Underlying deficit

The underlying deficit associated with the 2026/27 Financial Plan is £44.652m. The drivers of the deficit brought forward into 2026/27 are as follows.

Area	£(m)
Continuing Healthcare	20
Secondary and Specialist health care	12
Provider Services (Mental Health)	7
Out of County Mental Health placements	6
TOTAL	45



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Addysgu Powys
Powys Teaching
Health Board

Agenda item: 3.3

BOARD		29 July 2026
Subject:	Integrated Quality, Performance & Assurance Report (IQPAR) Month 2 (May) 2026/27.	
Presented by:	Nicola Johnson, Executive Director of Planning, Performance, and Commissioning	
Approved by:	Deputy Director of Performance and Commissioning	
Prepared by:	Head of Performance	
Other Committees and meetings considered at:	Executive Committee – 22 July 2026 Finance and Performance Committee considered the month 1 report at its meeting in June.	
PURPOSE:		
This Integrated Quality, Performance & Assurance Report (IQPAR) provides the Board with the latest available performance position summary against the NHS Wales Performance and Planning Frameworks 2026/27 and local measures where applicable.		
This report provides performance data up until the end of May 2026.		
RECOMMENDATION(S):		
The Board is asked to:		
• DISCUSS the content of this report; and • TAKE ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.		
Approve/Take Assurance	Discuss	Note
Y	Y	Y
ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

SUMMARY:

The Integrated Quality Performance Assurance Report (IQPAR) has been redesigned to provide a clearer and more complete picture of how Powys Teaching Health Board is performing. All measures within the IQPAR have been mapped to the following domains:

- Quality & Safety.
- Access & Outcomes.
- Population Health and Prevention.
- People & Culture.
- Productivity & Efficiency.

Key metrics within each domain have been mapped to the health board strategic priorities from various frameworks and priorities including:

- Annual Plan objectives and deliverables.
- NHS Wales Performance Framework measures.
- Ministerial Priorities and National Delivery Expectations (Enabling Actions).
- NHS Wales Planning Framework Minimum Data Set (MDS) measures;
- GIRFT (Getting It Right First Time) productivity and efficiency opportunities.
- NHS Performance and Improvement – Beacons Dashboard.
- Local enabling actions and improvement programmes.

This integrated approach enables a single line of sight from national expectations through to organisational delivery and assurance, and shifts the emphasis from reporting performance within strategic themes to reporting performance against the domains through which the Health Board delivers care, improvement, and value, thereby strengthening accountability and assurance.

The IQPAR will continue to evolve as national measures develop and as improvements identified through programmes such as Better Together, GIRFT and external reviews are incorporated into future reporting.

Domain Assurance

How the domain assurance rating is calculated

The assurance rating for each domain reflects the performance and escalation status of the measures within it. Ministerial Deliverables are given a higher weighting than other measures to reflect their strategic importance.

Each measure is scored according to its escalation level, with Level 1 providing the highest assurance, Level 2a identifying an exception or delivery concern, and Level 3 representing a significant concern requiring enhanced oversight. The weighted scores are combined and expressed as an overall assurance percentage:

Green: 85% or above

Amber: 70% to 84.9%

Red: below 70%

Escalation overrides ensure that significant concerns are not masked by stronger performance elsewhere. A domain containing one Level 3 Ministerial Deliverable cannot be rated Green, while a domain containing two or more Level 3 Ministerial Deliverables will be rated Red.

Measures awaiting an escalation assessment are excluded from the calculation and reported separately. The final rating may also reflect material quality, safety, governance or data-quality concerns where the calculated score alone would not provide a fair and balanced assessment.

Domain assurance ratings are calculated monthly to support timely identification of changes in performance, risk and escalation. The summary presents the latest position, while assurance over time is formally reviewed at the end of each quarter to provide a clearer and more stable view of direction across the year. Monthly movements are interpreted alongside changes in assessment coverage, reporting frequency and escalation status.

The Domain Assurance ratings for month 2 are as follows:

Domain Assurance Ratings

Domain	Assurance score	Overall RAG	Level 3 concerns	Measures waiting escalation level assessment	Assurance
Quality & Safety	80%	Amber	0	2	Assurance remains strong across assessed measures with no Level 3 concerns. Two new measures will not have an escalation assessment until 2026/27 data is available.
Access & Outcomes	77%	Amber	1	0	Continued challenges to access standards for Powys residents especially for urgent and emergency care. One Level 3 escalation concern remaining in place from 2026/26 for Bowel Screening Colonoscopies performance.
Population Health & Prevention	74%	Amber	0	0	Positive performance in key smoking measure for 2025/26, but key risks remain in diabetes and dental care. Although non compliant vaccination/immunisations all perform well but slightly below national standard.
People & Culture	73%	Amber	0	0	Performance remains stable across key measures with some challenge for turnover, sickness absence, and PADR compliance.
Productivity & Efficiency	90%	Green	0	0	The Productivity and Efficiency tab remains under development as part of the wider Better Together workstream and GIRFT engagement. Broadly achieving or close to achieving targets against plan.

Domain: Quality and Safety

Sixteen measures are currently reported within this domain, comprising 12 NHS Performance Framework measures and four local measures designed to provide assurance against Ministerial priorities.

The domain presents a positive position at month 2 2026/27, however there are areas of concern relating to national reportable incidents (ref 40), prescribing rates for gabapentin and pregabalin (ref 46) and patient experience (ref 50).

Key messages

- Clinical coding timeliness continues to perform exceptionally well, with 99.6% of episodes clinically coded within one reporting month of discharge at month 1, significantly exceeding the 95% target.
- There have been no reported Never Events, this supporting continued Level 1 assurance.

- All infection prevention and control indicators are currently compliant in month 1, however the "Cumulative number of C.difficile infection cases" did not meet the target at the end of 2025/26, although most reported cases were not within Powys inpatient facilities.

Areas of challenge

At month 2 the most significant quality and safety concerns continue to relate to incident management, and patient experience:

- Nationally reportable incidents open for more than 12 months remain above the organisational target of zero with 4 in May. This measure has been revised from 2025/26 with a shift from reporting all incidents open over 90 days to those open over 12 months. The data in 2025/26 has been investigated with NHS Performance and Improvement following data concerns, the PTHB Performance team also highlighting to Welsh Government colleagues that there were calculation errors in the latest data provided, thus challenging data quality assurance.
- Complaints resolved through early resolution (a local measure to meet the Ministerial expectation) did not meet the 40% or higher target to the end of March 2026.
- Patient experience remains below the desired standard at the end of May 2026. The overall Health Board patient experience score fluctuated throughout the 2025/26 year. Although Q4 improvement is evident, performance remains significantly below the target score of 7.8 out of 10. The health board also ranks 9th in Wales, and below the All Wales position of 8.7.
- Medicines and sustainable prescribing have three measures but only Gabapentin and pregabalin DDDs per 1,000 patients can be assessed against target. This KPI did not meet the 10% reduction target for Q4 2025/26, performance reported as 1408.4 per 1,000 patients.

Continued focus will be required for this domain to strengthen confidence in year-end delivery.

Domain: Access and Outcomes

Thirty measures are currently reported within this domain, 25 of which are NHS Performance measures including 9 flagged as ministerial deliverables; with 4 local measures to support delivery of key PTHB access assurance; and a further one is linked to the health board plan (MDS).

The Access & Outcomes domain presents a mixed picture at the start of 2026/27. Significant progress has been achieved in several elective care and mental health measures, demonstrating the impact of focused improvement during 2025/26.

However, substantial challenges remain in diagnostic screening, urgent and emergency care pathways, neurodevelopmental services, RTT, ambulance handovers and outpatient backlog management. The number of Level 2a and Level 3 escalations reflects the continued pressure across access standards and waiting time performance.

Key Messages

Mental Health

Mental health access standards continue to represent one of the strongest areas within the domain:

- In May therapeutic assessments (96.1%), interventions (83.3%) and care treatment plans (CTP) (95.1%) for children and young people within Local Primary Mental Health Support Services (LPMHSS) achieved target, continuing very high levels of performance throughout 2025/26.
- Adult therapeutic interventions commenced within 28 days of assessment also remained strong, recovering from periods of variation in 2025/26 to achieve 96.6% by year-end and reporting compliance in month 2 of 92.9%.
- Performance relating to specialist adult mental health psychological therapies demonstrates sustained improvement, increasing from 71.3% in March 2025 to 88.2% by March 2026, reflecting successful waiting list management and improved service capacity. A further improvement to 88.5% compliance against the 80% target is reported in month 2.

Emergency Care

- Powys provider access to Minor Injury units reports 100% of patients seen within 4hrs in April and no 12hr breaches.

Elective and diagnostic waits

- Provider RTT patients waiting more than 104 weeks reduced from one patient in March 2024 to zero and remained at this level of performance throughout 2025/26 and into 2026/27.
- R1 Ophthalmology pathways managed within target date improved significantly from 68.7% in March 2024 to 89.7% by March 2026, demonstrating sustained improvement in clinically prioritised ophthalmology pathways. This measure has been revised from 2025/26 and the target has moved from a 12-month improvement trend to a 95% target in 2026/27. Data within the current dashboard reflects the revised measure. However, month 2 does not achieve target, performance of 89.4% reported.
- The revised measure for RTT requires new outpatients to have their first appointment within 26 weeks, setting a target of zero breaches. When looking retrospectively against this measure for 2025/26 numbers waiting fall from a peak of 673 in July to 63 by March 2026. However, the health board is reporting deterioration in May 2026 with 205 pathways waiting over 26 weeks.
- Diagnostic waits exceeding eight weeks improved significantly during 2025/26 meeting set recovery trajectories, reducing from 116 breaches in March 2024 to a low of one breach by March 2026, representing one of the strongest improvement stories within the domain. However, capacity for echo cardiograms and heart rhythm recording has again presented significant challenge with a total of 65 breaches in May 2026.
- Audiology waits for adults and paediatrics are non-compliant in May against the new zero breach target respectively reporting 4 and 3 breaches.

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- Delayed follow-up outpatient appointments exceeding 100% of their target interval report non-compliant in May. It should be noted that the target has changed from improvement compared to previous year, to a March 2026 baseline percentage reduction for 2026/27 (target of 825). However, performance indicates ongoing capacity constraints with a potential for risk associated with delayed follow-up care.
- Commissioned RTT patients continue to wait longer than 104 weeks across Wales and England with 18 breaching the target in May 2026 (NHS Wales) and 138 breaching the target in April 2026 (NHS England) – 133 RJA, 5 WVT.
- Welsh cancer performance against the SCP 62-day pathway shows decreased compliance in May reporting 33% of 36 pathways treated in target.
- Performance for Powys residents treated in SATH, whilst improving to 80% in May, is still below the 85% standard (62 day target).
- Performance for Powys residents treated in WVT, is at 76.5% in April, below the 85% standard (62 day target).

Urgent and Emergency Care Pressures

Ambulance performance indicators continue to reflect system-wide operational pressures.

- Median response times for purple and red category calls remain above desired performance levels, with considerable month-to-month variation observed. Performance continues to fall short of national expectations.
- Number of ambulance patient handovers exceeding 45 minutes remained consistently high throughout the year with improvement noted to 91 in May 2026.
- Percentage of ambulance patient handovers completed within 15 minutes remained low throughout the year, ranging between 15% and 24%, demonstrating ongoing pressure at the hospital interface. In May 22.3% compliance was reported.

Prescribing Access

Performance against the Community Pharmacy Independent Prescribing Service (PIPS) measure improved during 2025/26, increasing from approximately 35% coverage to 50%. In May 2026, performance was reported at 50% compliance, below the 65.5% target

Areas of challenge

The most significant challenge within the domain remains screening access performance:

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- Patients offered an index colonoscopy procedure within four weeks of booking their Specialist Screening Practitioner assessment appointment remains the most escalated indicator in the domain (Level 3). Performance remained extremely low throughout much of the 2025/26 year, with achievement frequently below 10% and ending 2025/26 at 20.7%, below the required standard. Data quality and methodology continue to be a challenge. A national workstream for review of BSW services across Wales by Public Health Wales (PHW) including targets, reporting, data quality, and operational opportunities has been triggered by sustainability of screening service across Wales concerns, and this process is expected to be run over the next 12 months.
- Adult assessments undertaken by Mental Health support services (LPMHSS) did not meet the 80% target with a considerable drop in performance to 32%. Increased demand has been experienced for assessments, combined with workforce vacancies, retirements and sickness absence.
- Children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopmental assessment deteriorated significantly during 2025/26, falling from 29.9% to a low of 19.5% before recovering modestly to 39.1% in May 2026. Whilst recent improvement is encouraging, performance remains below expected levels and continues to represent one of the most challenged access measures with capacity challenged by higher than expected demand through Q3 and Q4.

Domain: Population Health & Prevention

Twelve measures are currently reported within this domain, comprising 11 NHS Performance Framework measures and 1 MDS measure which supports a Ministerial delivery expectation for diabetes.

Key Messages

Population Health & Prevention compliance remains mixed, with delayed data limiting current assurance against 2026/27 targets and existing risks across vaccination, screening, diabetes care and dental access.

Key areas of robust performance remain substance misuse treatment completion, which has improved from 78.5% in March 2025 to 88.5% in March 2026, exceeding the 80% target. Attempted smoking quit rates met the annual target by Q3 2025/26 (latest data point), however the target for 2026/27 will be challenging, increasing to 7.5%.

Areas of challenge

- Vaccination performance remains variable. Children up to date with scheduled vaccinations by age 5 remains below the 95% target.
- HPV vaccination by age 15 is also below target, remaining around 78–80% against a 90% standard. Flu vaccination uptake in people aged 65+ remains below the 75% target and below the All-Wales average.
- RSV uptake for those turning 75 has improved since implementation but remains below the 70% target.
- New diabetes care indicators show some gradual but limited improvement. % of patients (age 12 and over) with diabetes who have had foot surveillance recorded within last 15 months, performance of 73.2% in May.

- % of patients (age 12 and over) with diabetes who have had their urine albumin recorded within the last 15 months has slowly improved to 69.4% in May.
- Patients receiving all eight diabetes care processes has been added from the MDS planning framework performance in 2025/26 and achieved the 49% plan target consistently, however, does not currently achieve the target of 56% for 2026/27.
- Dental access remains static and below desired improvement levels. Adult NHS dental access is 38% Q4 25/26, while child NHS dental access at 47.8%, both below All-Wales averages.

Domain: People & Culture

Five measures are currently reported within this domain, comprising three NHS Performance Framework measures and a further two local measures which support key elements of the Integrated Quality & Performance Framework review process (historic NHS Performance framework measures).

The People & Culture domain remains broadly stable at the start of 2026/27, with several indicators providing positive assurance regarding workforce sustainability, workforce development and financial impacts.

Key Messages

- The turnover rate for registered nursing, midwifery, medical and dental staff leaving NHS Wales latest reported position of 8.7% in April 2026.
- The agency spend measures have been revised for 2026/27 to a monetary value from a percentage of pay in 2025/26. The target is a 30% reduction from 25/26 which Welsh Government. May performance is compliant.
- The Health Board continues to maintain strong compliance with Mandatory and Statutory Training (MAST) requirements. Performance remained consistently above the organisational target of 85% throughout 2025/26, performance being 87.5% in May 2026.

Areas of challenge

- Sickness absence - whilst the Health Board continues to perform better than the All-Wales average (6.39%), there has been an upward trend from the start of 2025/26 and into May 2026/27.
- Personal Appraisal and Development Review (PADR) compliance has improved over the longer term (2 years) but remains below the organisational target of 85%, compliance at 78.7% in May 2026.

Domain: Productivity & Efficiency

This domain remains underdeveloped in comparison with other domains, with several indicators currently presented for monitoring purposes rather than formal performance management and assurance.

Consequently, the domain should be viewed primarily as an indication of operational productivity trends rather than a comprehensive assessment of organisational efficiency.

Nevertheless, the available measures provide positive evidence of sustained activity levels across outpatient, diagnostic and community services aligned to the Health Board technical plan. For example, the proportion of follow-up appointments managed through Patient Initiated Follow-Up (PIFU) or See on Symptom (SOS) pathways remains above the Health Board's current target of 20%, achieving 23.5% at Month 2 2026/27.

NEXT STEPS:

- **National development workstream for Board reporting.** For 2026/27 Welsh Government and NHS Performance and Improvement are reviewing the approach and standardisation for reporting. At present a working group of key NHS Wales Performance leads are engaged with the rollout of the NHS England Making Data Count approach tailored to NHS Wales with a shift to statistical process reporting (SPC). Powys Teaching Health Board has used this approach for since the pandemic and SPC is already embedded through applicable measures. The IQPAR will continue to ensure this standardisation is adopted as the rollout matures.
- Ongoing development and data quality checks for all KPI's.
- Ongoing development of the Productivity and Efficiency domain to support key elements including Enabling Actions, GIRFT, MDS planning, and Delivery Expectations.

IMPACT ASSESSMENT

Not needed

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Integrated Quality, Performance and Assurance Report



Quality & Safety

Keeping people safe
and improving
outcomes



Access & Outcomes

Timely care and
better health
outcomes



Population Health & Prevention

Better prevention
and healthier
communities



People & Culture

A supported,
healthy and
valued workforce



Productivity & Value

Making the best
use of our
resources



Report month:

Month 2



Report version:

Board 29/07/2026

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IQPAR Information

Why has the Integrated Quality Performance Assurance Report (IQPAR) changed?

The Integrated Quality Performance Assurance Report (IQPAR) has been redesigned to provide a clearer and more complete picture of how Powys Teaching Health Board is performing. Rather than reporting different aspects of performance separately, the new approach brings together quality, access, workforce, productivity and financial information into one integrated report.

Performance is now reported across five key domains that reflect how healthcare is planned and delivered:

- **Quality and Safety**
- **Access and Outcomes**
- **Population Health and Prevention**
- **People and Culture**
- **Productivity and Efficiency**

The measures within each domain have been selected to reflect national NHS Wales performance requirements, Welsh Government priorities, the Health Board's Annual Plan, and recognised improvement programmes. This provides a clearer line of sight between national expectations; local priorities and the services provided to the people of Powys.

The revised report is intended to make performance information easier to understand, improve transparency, and support better decision-making by highlighting where services are performing well and where improvement is needed.

The IQPAR will continue to evolve as national measures develop and as improvements identified through programmes such as Better Together, GIRFT and external reviews are incorporated into future reporting.

Understanding Escalation

The IQPAR uses an escalation framework based on the health boards Integrated Quality and Performance Framework to identify where additional management attention or support is needed. Escalation is not based solely on whether a target has been achieved; it also considers factors such as quality, patient safety, governance, workforce, finance and the sustainability of improvement. Most services operate at **Level 1 (Normal)**, where performance is stable and objectives are being achieved.

Where concerns arise, services may be escalated to:

- **Level 2a** – Performance or delivery concerns requiring additional management oversight and recovery actions.
- **Level 2b** – Significant financial pressures requiring enhanced financial management and monitoring.
- **Level 3** – Serious concerns requiring immediate executive oversight, with formal recovery plans and close monitoring.

Services are de-escalated once concerns have been resolved and sustained improvement has been demonstrated.

For more information on the Escalation Framework please click [here](#)

Icons

Please note that through the dashboard and report key icons will indicate the alignment of the KPI to a key driver for the health board. Please look to the list on the right.

Ministerial priority

NHS Performance Framework

PTHB Local

MDS

Enabling Action Measure



[Statistical process \(SPC\) guidance found here.](#)

Key delivery expectations 2026/27

Escalation Assurance Rating

Amber

79.2%

		Priority level		Ref	KPI	Esc. Level	Assu. Icon	Variation Icon	Target 26/27	Mar-24	Mar-25	Mar-26	Apr-26	May-26	Latest Ranking	All Wales
										23/24	24/25		Q1			
Quality & Safety	Effective Care			PM39	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Level 1			95%	100%	100%	100%	100%		2nd	77.9%
Quality & Safety	Safe Care			PM49	Number of never events	Level 1	N/A	N/A	Zero	0	0	0	0	0	1st	1
Quality & Safety	Safe Care			LM	Complaints resolved through early resolution by March 2027	Level 2a	N/A	N/A	>= 40%		77.3%	23.8%			N/A	N/A
Quality & Safety	Safe Care			LM	Powys Inpatient Rolling 12-month Crude Mortality	Level 1	N/A		Reduction			6.0%	5.8%	6.0%	N/A	N/A
Quality & Safety	Safe Care			LM	Reduce perinatal mortality rates	Level 1	N/A	N/A	TBC	3.27 per 1k					N/A	3.29 per 1k
Quality & Safety	Safe Care			LM	Powys responsible 7 day re-admission rate	Level 2a	N/A		Flat rate			5.8%	7.2%	7.4%	N/A	N/A
Access & Outcomes	Cancer			LM	Percentage of patients starting their first definitive cancer treatment within 62 days. Combined Welsh & English contextual measure.	Level 2a			Local target 75%			61.0%	58.3%		N/A	56.7%
Access & Outcomes	Emergency Care			PM23	Number of ambulance patient handovers over 45 minutes	Level 2a	N/A	N/A	0			238	205	91	1st	4,660
Access & Outcomes	Emergency Care			PM26	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	Level 1			0	0	0	0	0	0	1st	11,066
Access & Outcomes	Elective care			PM29	Number of diagnostic breaches 8+ weeks	Level 2a			0	116	79	1	37	65	1st	35,813
Access & Outcomes	Elective care			PM33	Number of patients waiting more than 26 weeks for a new outpatient appointment	Level 2a			0	370	570	63	171	205	1st	61,214
Access & Outcomes	Elective care			PM33r	Wales - Number of patients waiting more than 26 weeks for a new outpatient appointment	Level 2a			0	1835	1387	394	394	450	0	0
Access & Outcomes	Elective care			PM34	RTT patients waiting more than 104 weeks	Level 1			0	1	0	0	0	0	1st	4,208
Access & Outcomes	Elective care			PM34r	All RTT pathways (England & Wales inc PTHB) waiting more than 104 weeks	Level 2a			0	211	81	124	149		0	0
Access & Outcomes	Elective care			PM35	Number of patient follow-up outpatient appointment delayed by over 100%	Level 2a	N/A		825	1202	1318	1100	1107	1098	1st	308,419
Population Health & Prevention				MDS16	% Proportion of diabetes patients that will receive all eight diabetes care processes	Level 2a	N/A	N/A	Meet or exceed plan (56%)	49%		50.3%	51.8%	51.8%	0	0

IQPAR domain Assurance Ratings – Month 2

Domain Assurance Ratings

Domain	Assurance score	Overall RAG	Level 3 concerns	Measures waiting escalation level assessment	Assurance
Quality & Safety	80%	Amber	0	2	Assurance remains strong across assessed measures with no Level 3 concerns. Two new measures will not have an escalation assessment until 2026/27 data is available.
Access & Outcomes	77%	Amber	1	0	Continued challenges to access standards for Powys residents especially for urgent and emergency care. One Level 3 escalation concern remaining in place from 2026/26 for Bowel Screening Colonoscopies performance.
Population Health & Prevention	74%	Amber	0	0	Positive performance in key smoking measure for 2025/26, but key risks remain in diabetes and dental care. Although non compliant vaccination/immunisations all perform well but slightly below national standard.
People & Culture	80%	Amber	0	0	Performance remains stable across key measures with some challenge for turnover, sickness absence, and PADR compliance.
Productivity & Efficiency	90%	Green	0	0	The Productivity and Efficiency tab remains under development as part of the wider Better Together workstream and GIRFT engagement. Broadly achieving or close to achieving targets against plan.

How are domain assurance ratings calculated?

Each domain is given an overall assurance rating based on the measures within it. Measures linked to Welsh Government Ministerial priorities are given additional weighting to reflect their national importance. The overall score is based on the current escalation level assigned to each measure, which reflects the level of organisational concern. Escalation takes account of performance against target where appropriate, but may also reflect other factors such as quality, safety, governance, financial risk or delivery concerns.

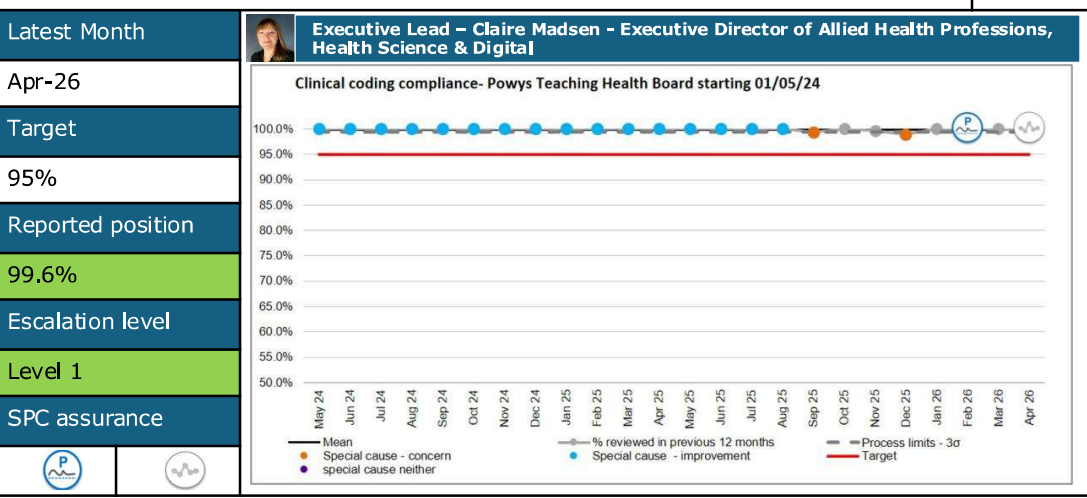
A score of 85% or above is rated Green, indicating that overall assurance is positive with no significant concerns. Where one or more measures are assessed as Level 3 (significant concern), the overall domain rating may be lowered to ensure that important risks are appropriately reflected.

During the implementation of the Integrated Quality, Performance and Assurance Report, some newly introduced or annual measures have not yet been assigned an escalation level. These measures are excluded from the domain assurance score until sufficient information is available to support a consistent assessment.

Quality and Safety

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

PM39



Summary

What the data tells us

Performance has remained consistently above the 95% target throughout the reporting period. SPC demonstrates a stable and capable process, with clinical coding compliance maintained at approximately 99–100%. Powys benchmarks 1st in Wales with the All-Wales position reporting 77.9% for the same period.

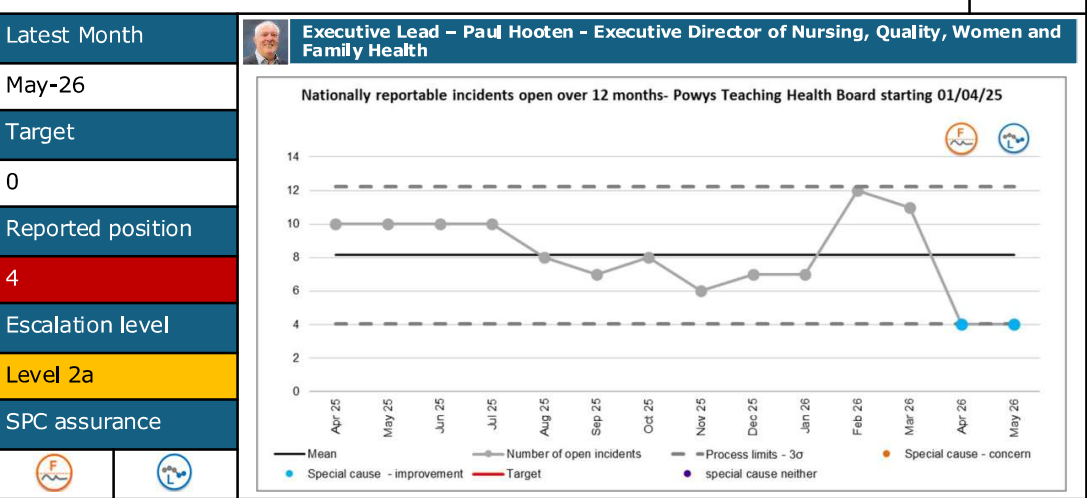
Key challenges/ issues

- No current challenges reported.

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

Nationally reportable incidents open over 12 months

PM40



Summary

What the data tells us

Four NRI's remain open over 12 months not achieving the target of zero in May. The last two consecutive months are at the lower process limit and are identified as special cause improvement (blue markers), indicating evidence of recent validation and data quality work. The health board ranks 6th for the same period where a total of 57 NRI's remain open over 12 months.

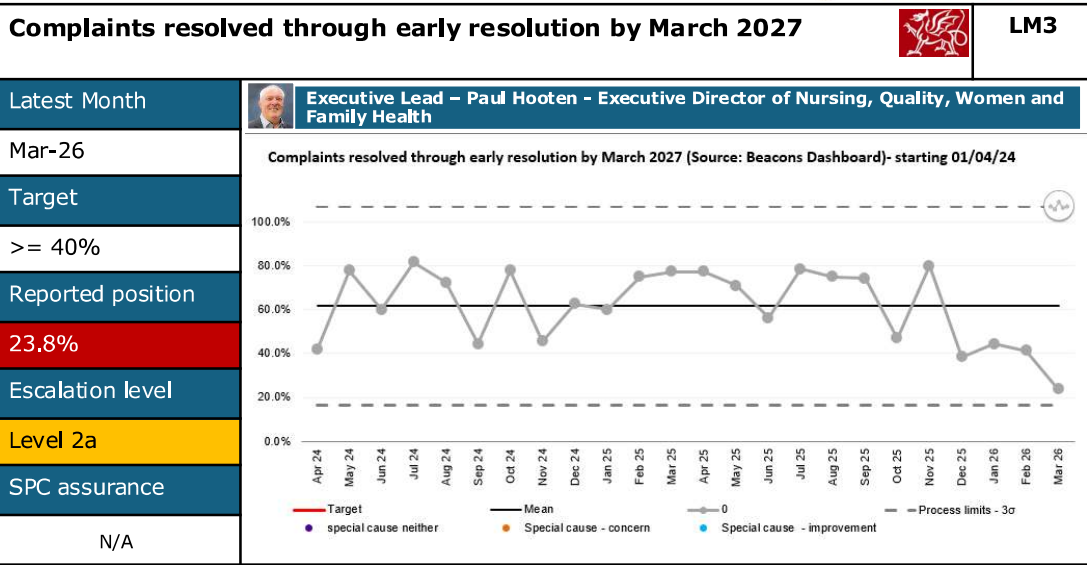
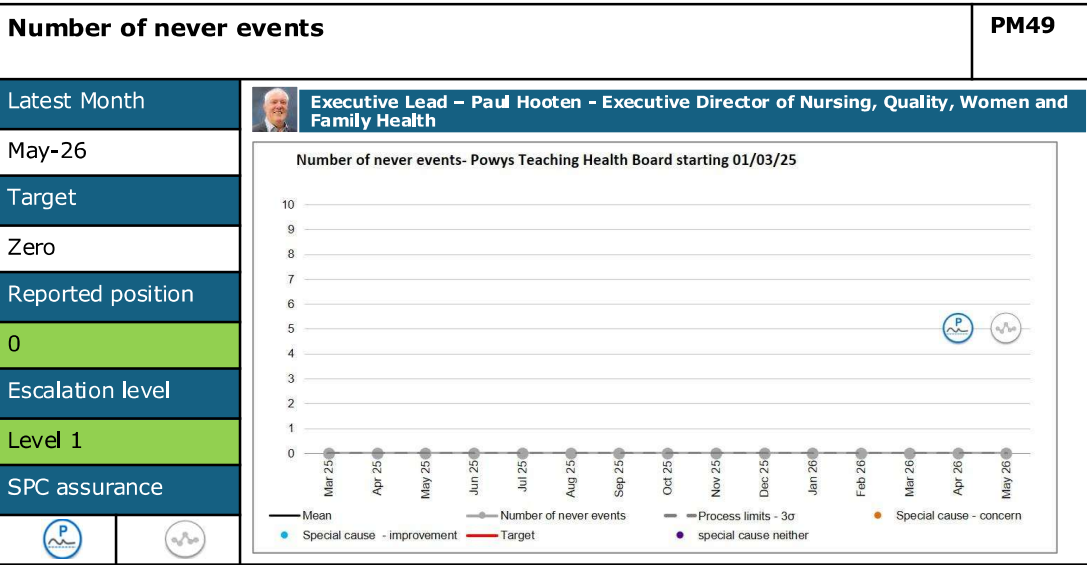
Key challenges/ issues

- Historic, complex issues under investigation, often multi-agency input needed.
- Changes in lead investigators when people have left post.
- Sign off process not followed contributing to delays.

Key action/ initiatives

- Targeted investigation support alongside the investigator – support offered to directorates from Q&S team.
- Escalation to lead exec for directorates where the NRIs sit.
- Improvement will be seen by end Q2.

Quality and Safety



Summary

What the data tells us

Zero never events have been reported in the last 24-month period. Powys ranks joint 1st in Wales with 10 other organisations. Cardiff and Vale UHB reported 1 event in April.

Key challenges/ issues

- No challenges reported

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

Summary

What the data tells us

This measure is a ministerial deliverable, and recent deterioration is of concern. Performance fell to 23.8% in March 2026, the lowest level reported and below the target of at least 40%. Overall, 22 of the 24 months met the target, with an average of 61%. The SPC chart does not currently indicate a statistically significant change in the underlying process. This measure has a 2-month lag to allow for reporting.

Key challenges/ issues

- Capacity issues in the Quality & Safety Team.
- Preparing to implement a new system / resource implications.
- Working to resolved / close all Putting Things Right (PTR) to support embedding of Listening To People (LTP).

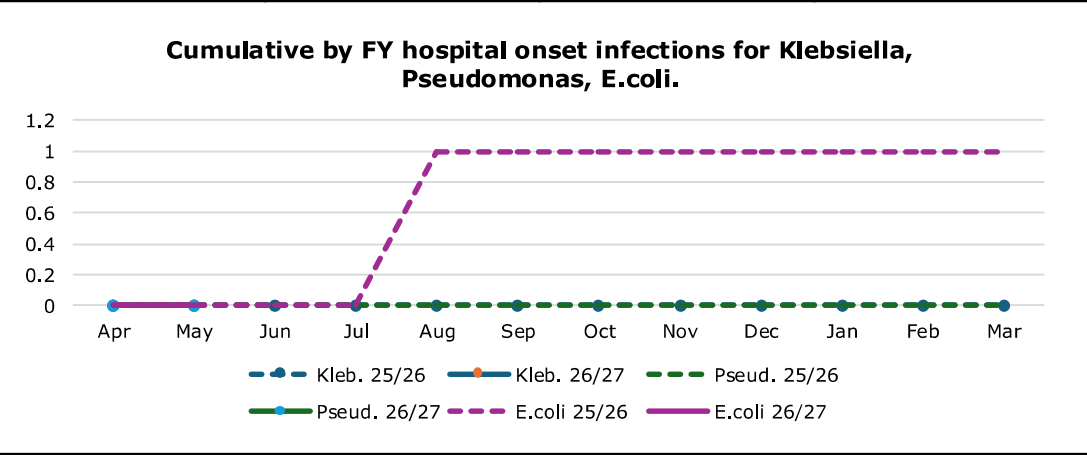
Key action/ initiatives

- Listening To People (LTP) launched 1st April
- Local Standard Operating Procedure (SOP) developed and teams educated and updated.
- Only 4 Putting Things Right (PTR) remain open – facilitating real time improvements.
- 2026/27 ministerial target is 40% by year end – Q1 demonstrates 36% will clear trajectories to meet target.



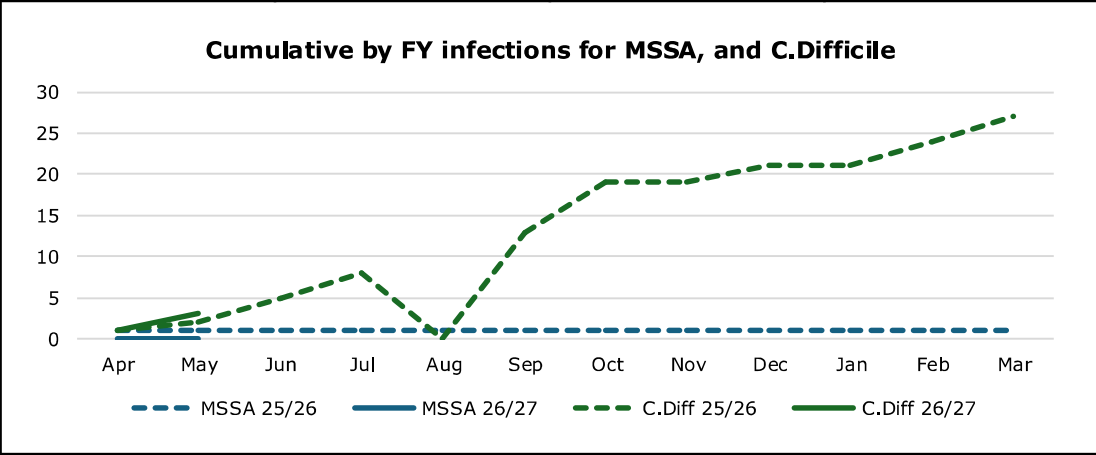
Cumulative number of hospital onset: • Klebsiella spp BSI cases – target zero • Pseudomonas aeruginosa BSI cases – target zero • E.coli BSI cases – target Cuml <2@ Mar-27			PM41 PM42 PM43
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Latest month	May-2026	Escalation level	Level 1
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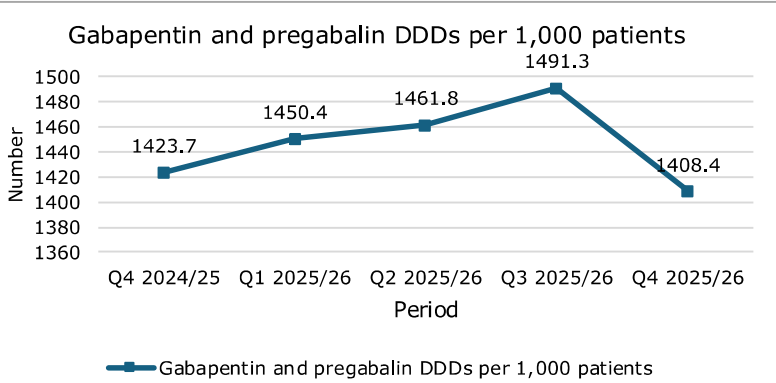
Cumulative number of : • MSSA BSI cases – target Cuml. <2@ Mar-27 • C.Difficile infection cases – target <17@ Mar-27			PM44 PM45
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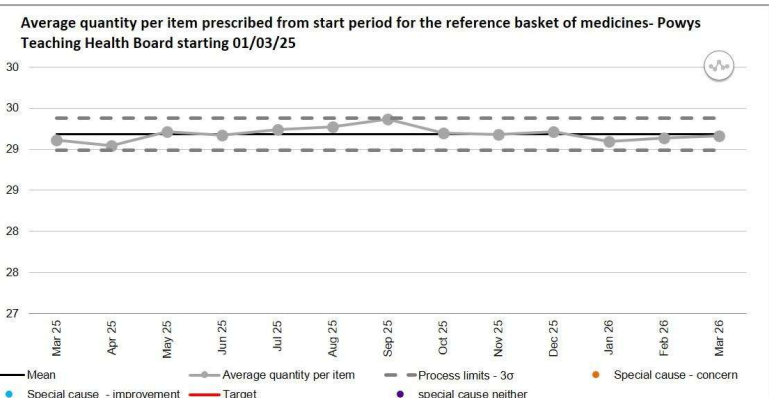
Latest month	May-2026	Escalation level	Level 1
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Summary	What the data tells us • Zero cases of Klebsiella spp., Pseudomonas aeruginosa, and E. coli reported to April–May 2026/27. • Zero MSSA cases reported to April–May 2026/27. • Three C. difficile cases reported to April–May 2026/27. Key challenges/ issues • Communication and handover of previous CDI diagnoses and IPC risks not always consistent. • Delays in escalation of positive microbiology results, impacting timely treatment. • Recurrent CDI risk not always recognised in patients with persistent diarrhoea and previous CDI history. • Variation in compliance with CDI treatment and prescribing guidelines. • Inappropriate routine clearance sampling continuing despite national guidance. • Inconsistent medication reviews for CDI risk factors (e.g. PPIs and antimotility agents). Key action/ initiatives • Reviewed handover and transfer processes; reinforced IPC escalation and documentation requirements. • Reinforced immediate escalation of positive microbiology results and ongoing compliance audits. • Raised awareness of recurrent CDI indicators and promoted MDT review of complex cases. • Reissued EOLAS treatment guidance and strengthened prescribing audits. • Shared learning from post-infection reviews and provided targeted IPC education on sampling. • Promoted medicines optimisation learning through clinical governance forums and AMS pharmacist communications.

Quality and Safety

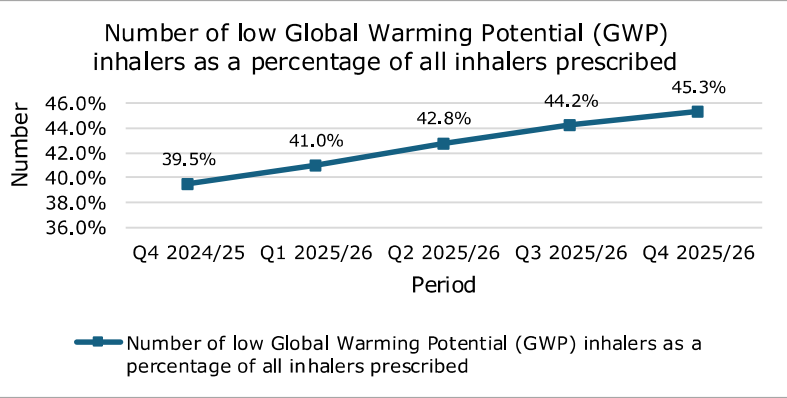
Gabapentin and pregabalin DDDs per 1,000 patients		PM46												
Latest Period	 Executive Lead – Kate Wright - Executive Medical Director Gabapentin and pregabalin DDDs per 1,000 patients <table><tr><th>Period</th><th>Number</th></tr><tr><td>Q4 2024/25</td><td>1423.7</td></tr><tr><td>Q1 2025/26</td><td>1450.4</td></tr><tr><td>Q2 2025/26</td><td>1461.8</td></tr><tr><td>Q3 2025/26</td><td>1491.3</td></tr><tr><td>Q4 2025/26</td><td>1408.4</td></tr></table>	Period	Number	Q4 2024/25	1423.7	Q1 2025/26	1450.4	Q2 2025/26	1461.8	Q3 2025/26	1491.3	Q4 2025/26	1408.4	
Period		Number												
Q4 2024/25		1423.7												
Q1 2025/26		1450.4												
Q2 2025/26		1461.8												
Q3 2025/26		1491.3												
Q4 2025/26	1408.4													
Q4 2025/26														
Target														
10% reduction to same period previous year.														
Reported position														
1408.4														
Escalation level														
Level 2a														
SPC assurance														
N/A														

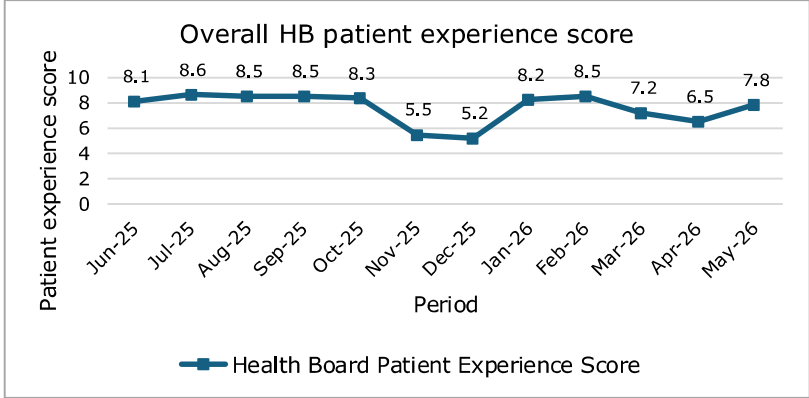
Average quantity per item prescribed from start period for the reference basket of medicines		PM47																																										
Latest Month	 Executive Lead – Kate Wright - Executive Medical Director																																											
Mar-26	Average quantity per item prescribed from start period for the reference basket of medicines- Powys Teaching Health Board starting 01/03/25 <table><tr><th>Month</th><th>Mean</th><th>Target</th></tr><tr><td>Mar 25</td><td>29.16</td><td>35.00</td></tr><tr><td>Apr 25</td><td>29.16</td><td>35.00</td></tr><tr><td>May 25</td><td>29.16</td><td>35.00</td></tr><tr><td>Jun 25</td><td>29.16</td><td>35.00</td></tr><tr><td>Jul 25</td><td>29.16</td><td>35.00</td></tr><tr><td>Aug 25</td><td>29.16</td><td>35.00</td></tr><tr><td>Sep 25</td><td>29.16</td><td>35.00</td></tr><tr><td>Oct 25</td><td>29.16</td><td>35.00</td></tr><tr><td>Nov 25</td><td>29.16</td><td>35.00</td></tr><tr><td>Dec 25</td><td>29.16</td><td>35.00</td></tr><tr><td>Jan 26</td><td>29.16</td><td>35.00</td></tr><tr><td>Feb 26</td><td>29.16</td><td>35.00</td></tr><tr><td>Mar 26</td><td>29.16</td><td>35.00</td></tr></table>		Month	Mean	Target	Mar 25	29.16	35.00	Apr 25	29.16	35.00	May 25	29.16	35.00	Jun 25	29.16	35.00	Jul 25	29.16	35.00	Aug 25	29.16	35.00	Sep 25	29.16	35.00	Oct 25	29.16	35.00	Nov 25	29.16	35.00	Dec 25	29.16	35.00	Jan 26	29.16	35.00	Feb 26	29.16	35.00	Mar 26	29.16	35.00
Month			Mean	Target																																								
Mar 25			29.16	35.00																																								
Apr 25			29.16	35.00																																								
May 25			29.16	35.00																																								
Jun 25			29.16	35.00																																								
Jul 25			29.16	35.00																																								
Aug 25			29.16	35.00																																								
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Oct 25	29.16	35.00																																										
Nov 25	29.16	35.00																																										
Dec 25	29.16	35.00																																										
Jan 26	29.16	35.00																																										
Feb 26	29.16	35.00																																										
Mar 26	29.16	35.00																																										
Target																																												
35.00 from Apr-26																																												
Reported position																																												
29.16																																												
Escalation level																																												
N/A																																												
SPC assurance																																												
																																												

Summary	What the data tells us This measure does not meet the target of 10% reduction on the previous year and reported 1408.4 in Q4 2025/26 (target 1281.3). Powys benchmarks 3rd in Wales with All Wales compliance reporting 1550.8 per 1k patients.
	Key challenges/ issues - Long-term established use in many patients limits opportunities for further reduction. Reviews must balance reducing inappropriate use against maintaining symptom control and quality of life. - Prescribers report that patients are remaining on treatment for longer periods whilst awaiting specialist review or pain-management procedures. - Limited access to services supporting patients with dependency or addiction issues can make optimisation and withdrawal more challenging. - Powys has a comparatively low level of gabapentinoid prescribing relative to other Welsh Health Boards, reducing the scope for further reductions. Key action/ initiatives - Included in the Medicines Management Incentive Scheme for several years and remains a key 2026/27 indicator (15% of scheme value). - Practices receive regular prescribing data, benchmarking and Medicines Management support to identify review and deprescribing opportunities. - Also included in the GMS Contract Assurance Framework, with assurance required from the highest-prescribing 20% of practices in Wales.

Summary	What the data tells us 2026/27 target is prescribing interval of 35 days or where average is ≥ 35 days in March 2026, an increase of at least 10% on March 2026 baseline. Target compliance will be added once Apr-26 data is received. In March Powys ranked 6th in Wales with the All-Wales position reported at 31.43.
	Key challenges/ issues - Powys has a high proportion of patients registered with dispensing practices. Local audit work estimated that achieving the target prescribing intervals could reduce dispensing fee income by around £900k per annum, creating a significant challenge to implementation. - Performance varies across clusters, with average quantities per item of 27.82 in South Powys, 34.21 in Mid Powys and 28.20 in North Powys. The higher figure in Mid Powys reflects the lack of dispensing practices within the cluster. - Any move towards longer prescribing intervals requires a consistent approach across practices and clusters to avoid unintended financial consequences for community pharmacy contractors through reduced dispensing remuneration. Key action/ initiatives - Medicines Management colleagues undertook targeted work within the non-dispensing Mid Powys cluster to support implementation of 56-day prescribing and optimise prescription durations. - Powys Teaching Health Board is contributing to discussions on proposed GMS contractual arrangements to support a more sustainable approach to prescription duration across dispensing and non-dispensing practices.

Quality and Safety

Number of low Global Warming Potential (GWP) inhalers as a percentage of all inhalers prescribed			48												
Latest Period		Executive Lead – Kate Wright - Executive Medical Director													
Q4 2025/26	Number of low Global Warming Potential (GWP) inhalers as a percentage of all inhalers prescribed <table><tr><th>Period</th><th>Percentage</th></tr><tr><td>Q4 2024/25</td><td>39.5%</td></tr><tr><td>Q1 2025/26</td><td>41.0%</td></tr><tr><td>Q2 2025/26</td><td>42.8%</td></tr><tr><td>Q3 2025/26</td><td>44.2%</td></tr><tr><td>Q4 2025/26</td><td>45.3%</td></tr></table>			Period	Percentage	Q4 2024/25	39.5%	Q1 2025/26	41.0%	Q2 2025/26	42.8%	Q3 2025/26	44.2%	Q4 2025/26	45.3%
Period				Percentage											
Q4 2024/25				39.5%											
Q1 2025/26				41.0%											
Q2 2025/26				42.8%											
Q3 2025/26				44.2%											
Q4 2025/26				45.3%											
Target															
60.3% (for 26/27)															
Reported position															
45.3%															
Escalation level															
N/A															
SPC assurance															
N/A															

Overall HB patient experience score		PM50																										
Latest Month		Executive Lead – Paul Hooten - Executive Director of Nursing, Quality, Women and Family Health																										
May-26	Overall HB patient experience score <table><tr><th>Period</th><th>Score</th></tr><tr><td>Jun-25</td><td>8.1</td></tr><tr><td>Jul-25</td><td>8.6</td></tr><tr><td>Aug-25</td><td>8.5</td></tr><tr><td>Sep-25</td><td>8.5</td></tr><tr><td>Oct-25</td><td>8.3</td></tr><tr><td>Nov-25</td><td>5.5</td></tr><tr><td>Dec-25</td><td>5.2</td></tr><tr><td>Jan-26</td><td>8.2</td></tr><tr><td>Feb-26</td><td>8.5</td></tr><tr><td>Mar-26</td><td>7.2</td></tr><tr><td>Apr-26</td><td>6.5</td></tr><tr><td>May-26</td><td>7.8</td></tr></table> Health Board Patient Experience Score		Period	Score	Jun-25	8.1	Jul-25	8.6	Aug-25	8.5	Sep-25	8.5	Oct-25	8.3	Nov-25	5.5	Dec-25	5.2	Jan-26	8.2	Feb-26	8.5	Mar-26	7.2	Apr-26	6.5	May-26	7.8
Period			Score																									
Jun-25			8.1																									
Jul-25			8.6																									
Aug-25			8.5																									
Sep-25			8.5																									
Oct-25			8.3																									
Nov-25	5.5																											
Dec-25	5.2																											
Jan-26	8.2																											
Feb-26	8.5																											
Mar-26	7.2																											
Apr-26	6.5																											
May-26	7.8																											
Target																												
8.5 (out of 10)																												
Reported position																												
7.8																												
Escalation level																												
Level 2a																												
SPC assurance																												
N/A																												

Summary	What the data tells us 2026/27 target is 80% or an increase of at least 15 percentage points on the March 2026 baseline which was 45.3% towards 80% (minimum improvement must reach 60.3%). Target compliance will be added once Q1 26/27 data is received.
	Key challenges/ issues Achieving the 2026/27 target will require a significant increase in the rate of change compared with previous years. While lower GWP inhaler prescribing continues to improve, uptake remains dependent on ensuring patients are clinically suitable for a switch, supporting shared decision-making, and maintaining disease control. Considerable variance in GP practice prescribing (19% - 64% in March 26).
	Key action/ initiatives This indicator has been included within the Medicines Management Incentive Scheme for a number of years and remains a key focus within the 2026/27 scheme. The indicator accounts for 15% of the overall scheme value, providing a strong incentive for practices to review prescribing and identify opportunities to increase the use of clinically appropriate lower GWP inhalers. Practices continue to receive regular prescribing data and support from Meds Management. Top 3 practices have had Red Kite Pharmacy Team focussed on this work / actively reviewing and switching patients.

Summary	What the data tells us The health board does not achieve the target in May 2026 reporting an experience score of 7.8, reported experience has fallen since February to April. Performance increased from 6.5 to 7.8, moving 1.3 points closer to the 8.5 target in May 2026. The health board ranks 9 th in Wales with an All Wales reported score of 8.7 for the same period.
	Key challenges/ issues - Changes to 104 week waiting times in NHS England impacting experiences of people's experience
	Key action/ initiatives - Thematic review undertaken as per IQR to PEQs. - Learning network in early stages of development to support organisation wide learning. - Directorate reviews to determine and support key target areas. - Patient Experience Framework Strategic Groups reimagined and launched in new guise to enhance engagement and support delivery of improvement.

Quality and Safety

Powys Inpatient Rolling 12-month Crude Mortality



Latest Month

May-26

Target

Reduction

Reported position

6.0%

Escalation level

Level 1

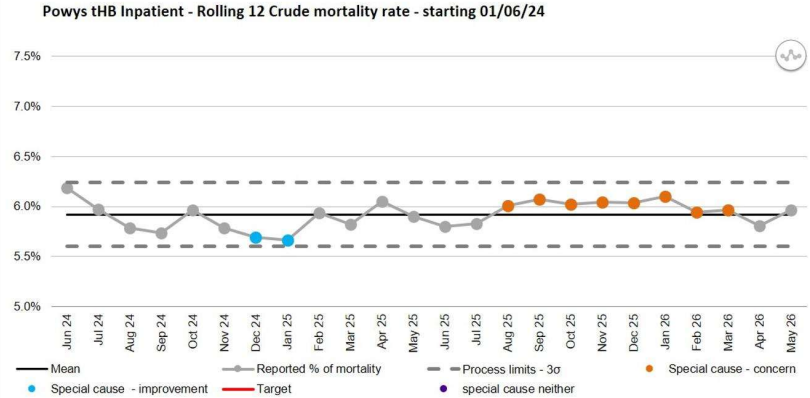
SPC assurance





Executive Lead – Kate Wright - Executive Medical Director

Powys tHB Inpatient - Rolling 12 Crude mortality rate - starting 01/06/24



Summary

What the data tells us

The crude mortality rate should be interpreted alongside other mortality indicators and clinical review processes, as it is not adjusted for case mix or patient complexity. However, SPC demonstrates a sustained increase in the rolling 12-month crude inpatient mortality rate during the latter half of the reporting period. Whilst recent performance has moved closer to the historical mean. Although reporting slight increase in May the measure remains at level 1 escalation.

Key challenges/ issues

- The Health Board is an outlier in Wales as a large proportion of end-of-life care is supported via Inpatient community wards. With its aim to prevent any person at the end of their life dying in a DGH when a community support could have been provided, the crude mortality rate remains a poor metric for community services.

Key action/ initiatives

Triangulation is necessary with qualitative information from the ME service and learning from incidents. A discussion on meaningful assessment of mortality rates in community settings would be valuable.

2026-05-26 15:46:29

Liz

Reduce perinatal mortality rates (extended perinatal mortality)



Latest Month

Calendar Year 2024

Target

N/A

Reported position

Com.4.97 /Prov.3.27

Escalation level

Level 1

SPC assurance

N/A

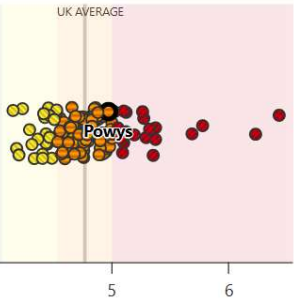
N/A



Executive Lead – Paul Hooten - Executive Director of Nursing, Quality, Women and Family Health

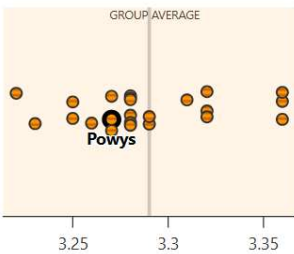
Mortality rates, 2024

Stabilised extended perinatal mortality rate per 1,000 total births



Mortality rates, Under 2,000 births, 2024

Stabilised & adjusted extended perinatal mortality rate per 1,000 total births



Summary

What the data tells us

- The data reported is provided by Mothers and Babies: Reducing risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK). The health board reports extended perinatal figures that are stabilised & adjusted because of the low numbers of births as best practice. The data is reported in calendar years rather than financial and the latest available is for 2024.
- Commissioned mortality for Powys residents e.g., based on the postcode of mother's residence at time of birth reported a rate of 4.97 per 1000 births in 2024 slightly higher than the UK average of 4.77 per 1k with a reported denominator of 918 births.
- As a provider e.g., based on place of birth for the same period (2024) reported 3.27 per 1k births slightly lower than the comparator group (under 2000 births) which reported 3.29 per 1k births, the reported denominator was 172 births.

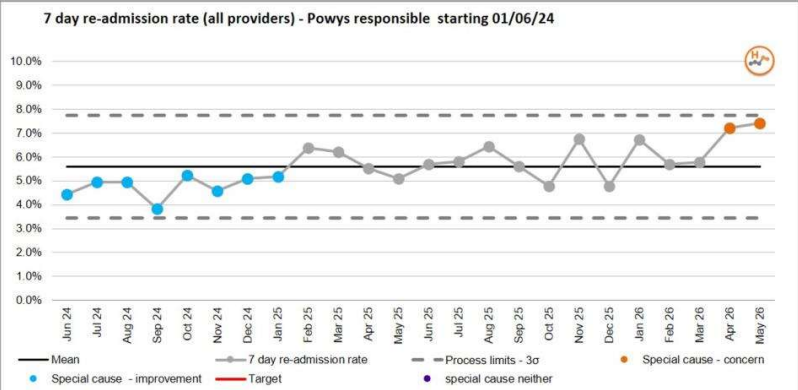
Key challenges/ issues

- Small data sets, impacting fluctuations in rates more significantly.
- Mortality events are uncommon to occur in Powys and generally birth occurs in a commissioned service where the data counts in Powys.

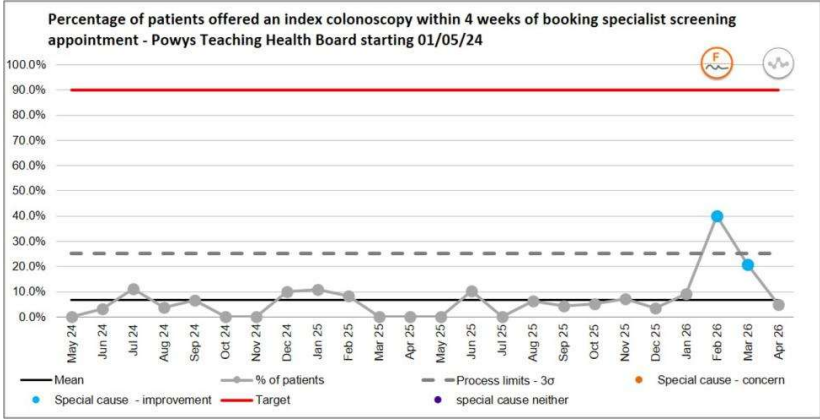
Key action/ initiatives

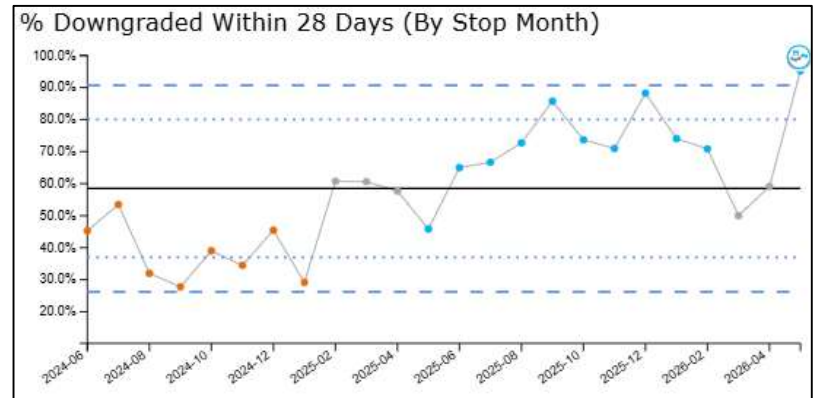
- Work jointly to undertake PMRT reviews with commissioned services.
- Deliver against the MATNEO programme to enhance safety.
- Embed learning from National Reviews and benchmark analysis.
- Timely reviews of care is critical to take early learning opportunities.
- Continue to deliver against high rates of training as consistently demonstrated.
- Ensure safe staffing remains in place – work with HEIW when new maternity staffing tool launched.

Quality and Safety

Powys responsible patients 7-day re-admission rate		LM
Latest Month	7 day re-admission rate (all providers) - Powys responsible starting 01/06/24 	
May-26		
Target		
Flat rate		
Reported position		
7.4%		
Escalation level		
Level 2a		
SPC assurance		
Summary	What the data tells us This measure has been included as a ministerial deliverable in 2026/27 and has not been formally reported by the health board previously. The seven-day readmission rate remained relatively stable for much of the reporting period but has increased in recent months. The rate rose to 7.4% in May 2026, its highest level above the historical average of 5.6%.	
	Key challenges/ issues As an aggregated measure of all re-admissions for Powys responsible patients across all admitted care in Wales and England within 7 days ongoing analysis will be required for outliers.	
	Key action/ initiatives Undertake analysis of re-admission rates for month 3.	
	Patterson Liz 28/07/2026 15:46:29	

Access and Outcomes

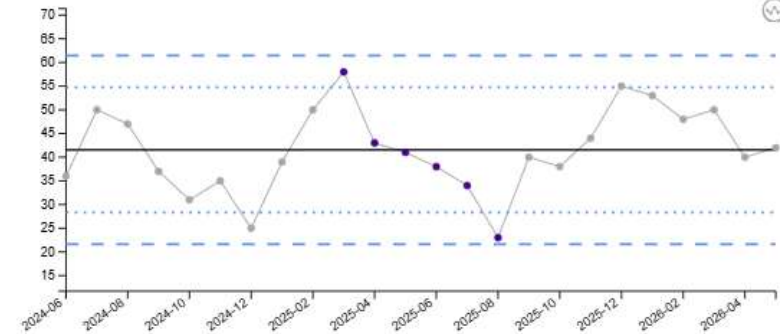
Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment		PM8
Latest Month	Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health	
Apr-26	Percentage of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment - Powys Teaching Health Board starting 01/05/24 	
Target		
90%		
Reported position		
4.8%		
Escalation level		
Level 3		
SPC assurance		
		

Provider - Single cancer pathway downgrades within 28 days best practice		LM1
Latest Month	Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health	
May-26	% Downgraded Within 28 Days (By Stop Month) 	
Target		
N/A		
Reported position		
95.2%		
Escalation level		
Level 1		
SPC assurance		
		

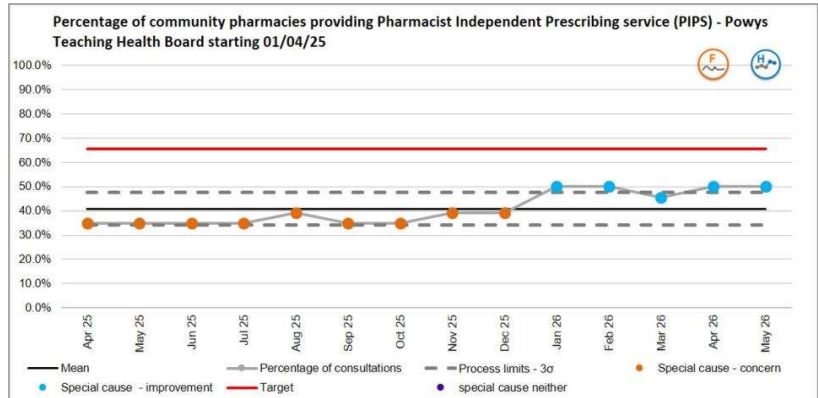
Summary	What the data tells us
	Performance remains significantly below the 90% target despite recent improvement. SPC indicates special cause improvement in the last two months; however, at 20–40%, performance is still far from the expected standard. Powys ranks 5th in Wales with an All-Wales performance of 11.8%. Public Health Wales have assured us via service meetings in Q1 that there are no concerns with PTHB
	Key challenges/ issues
	Service is reliant on insourced consultant colonoscopist.
Summary	Key action/ initiatives
	- Powys physical capacity (treatment rooms) offered as part of mutual aid for regional solutions further discussions with Associate Director Regional Delivery NHS Performance & Improvement. - PTHB fully engaged with the All-Wales Review of Bowel Screening Programme. - Exploring opportunities for joint bowel screening consultant appointment with ABUHB.

Summary	What the data tells us
	Performance has improved significantly over the reporting period. Earlier results were generally below the process average, but a sustained improvement became evident from June 2025, with most subsequent months recording between approximately 65% and 88% of SCP downgrades completed within 28 days.
	Key challenges/ issues
	Small volumes of patients can result in significant variability, however this remains a key focus for teams as demonstrated in the improvements seen.
Summary	Key action/ initiatives
	Maintain focus.

Access and Outcomes

Provider - New Cancer Referrals		MDS87
Latest Month	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health SCP Pathways By Suspicion Month (WPAS) 	
May-26		
Target		
No target		
Reported position		
42		
Escalation level		
Level 1		
SPC assurance		

Summary	What the data tells us This measure provides context on demand rather than performance against a target. Powys Teaching Health Board does not provide definitive cancer treatment but supports SCP pathways through outpatient appointments and diagnostic services; changes in pathway numbers therefore affect demand on these services. An average of 42 new pathways was recorded each month. Activity ranged from around 23 to 58 pathways, remaining within the expected process limits. The sustained reduction between April and August 2025 represents special-cause variation, indicating an unusual period of lower demand. Demand subsequently increased, reaching approximately 55 pathways in December 2025, before returning to around the historical average in the latest months. There is currently no evidence of exceptional demand outside the expected range. However, the level and variation in new pathways should continue to be monitored to support capacity planning for outpatient and diagnostic services.
	Key challenges/ issues • Fragility of in-reach consultants supporting SCP pathways. • Reliance on acute care centre diagnostics including CT, MRI, histology, and pathology.
	Key action/ initiatives • Ongoing service development. • Escalation via Commissioning Quality & Performance Reporting Meetings (CQPRM) around challenges directly with acute care provider.

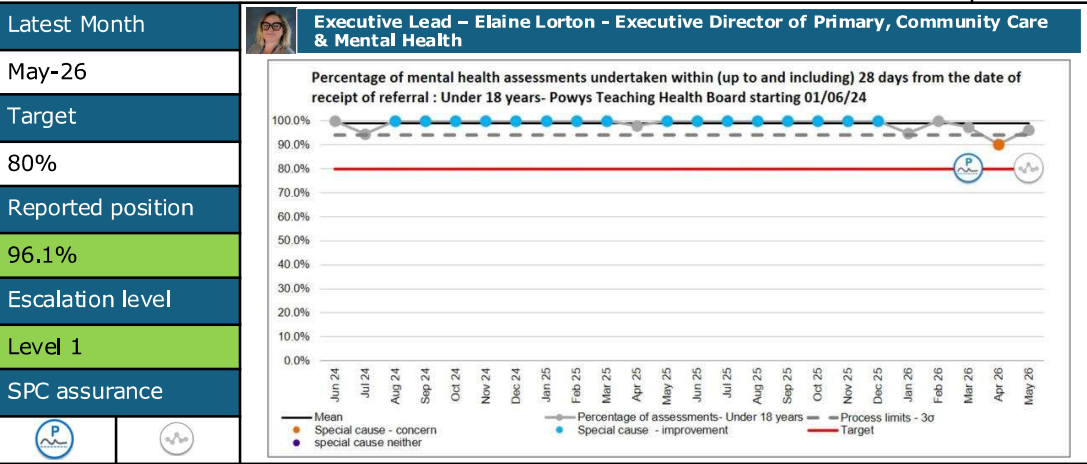
Percentage of community pharmacies providing Pharmacist Independent Prescribing service (PIPS)		PM13
Latest Month	 Executive Lead – Kate Wright - Executive Medical Director Percentage of community pharmacies providing Pharmacist Independent Prescribing service (PIPS) - Powys Teaching Health Board starting 01/04/25 	
May-26		
Target		
65.5%		
Reported position		
50.0%		
Escalation level		
Level 2a		
SPC assurance		

Summary	What the data tells us Reporting 50% compliance in May the SPC demonstrates sustained improvement in the proportion of pharmacies delivering PIPS. Powys benchmarks 3rd in Wales with an All-Wales position reported at 46.1%.
	Key challenges/ issues All independent community pharmacies in Powys have now been commissioned to provide PIPS. The remaining non-PIPS pharmacies are all part of larger multiple pharmacy organisations, where rollout has been constrained by workforce challenges, including recruitment and retention of Independent Prescribers, capacity to support prescribing training, and variable uptake amongst experienced employed pharmacists. This reflects the additional training commitment and responsibilities associated with independent prescribing, without always being matched by changes in an individual's remuneration.
	Key action/ initiatives Independent prescribing is becoming the standard qualification for the pharmacy workforce, with the first pharmacists graduating from undergraduate programmes as Independent Prescribers in March 2026. This will strengthen the future prescribing workforce, support service continuity, and reduce reliance on a small number of established prescribers. Engagement continues with multiple pharmacy organisations, particularly Boots to expand PIPS provision across the remaining sites. At least two further pharmacies are expected to go live in 2026/27.

Access and Outcomes

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

PM14



Summary

What the data tells us
Performance has remained consistently above the 80% target throughout the reporting period. Most children and young people received a mental health assessment within 28 days, with monthly performance generally between 94% and 100%. PTHB ranks 4th in Wales with an All-Wales reported position of 93.8%.

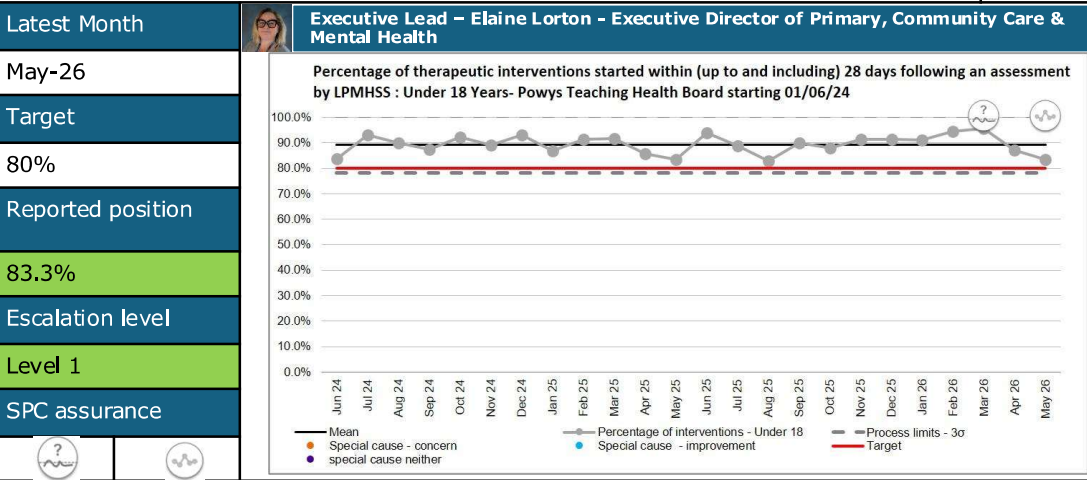
Key challenges/ issues
There have been some reporting challenges due to a shortage in administrative staff.

Key action/ initiatives
Ensure accurate reporting is maintained.

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

PM15



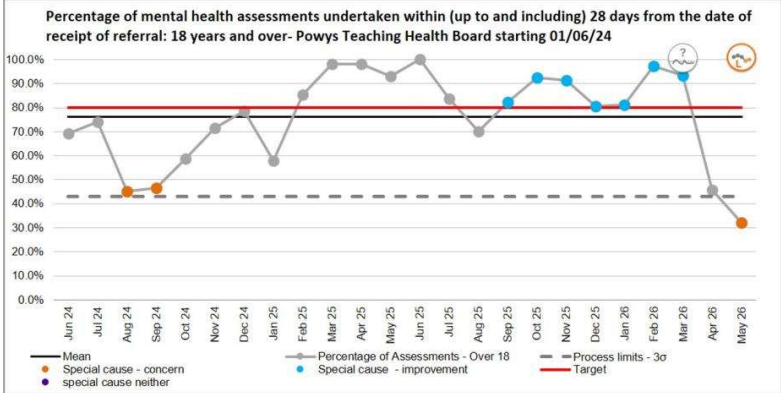
Summary

What the data tells us
Performance has remained above the 80% target throughout the reporting period. On average, approximately 89% of children and young people started a therapeutic intervention within 28 days of their assessment, with monthly performance ranging from approximately 83% to 94%. PTHB ranks 5th in Wales with an All-Wales reported position of 87.0%.

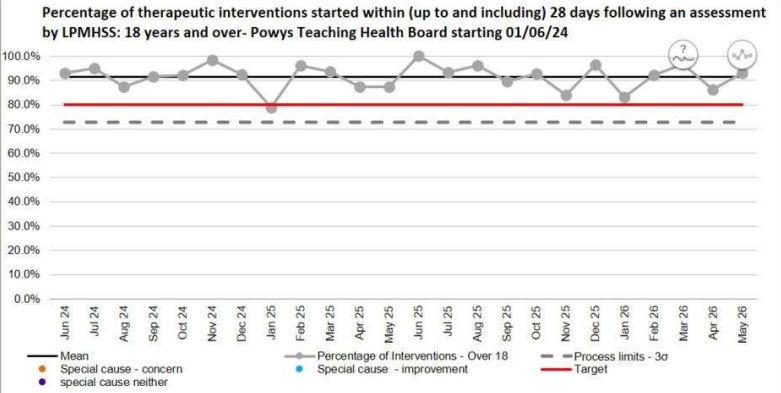
Key challenges/ issues
As for 1a there have been some reporting challenges due to a shortage in administrative staff.

Key action/ initiatives
Ensure accurate reporting is maintained.

Access and Outcomes

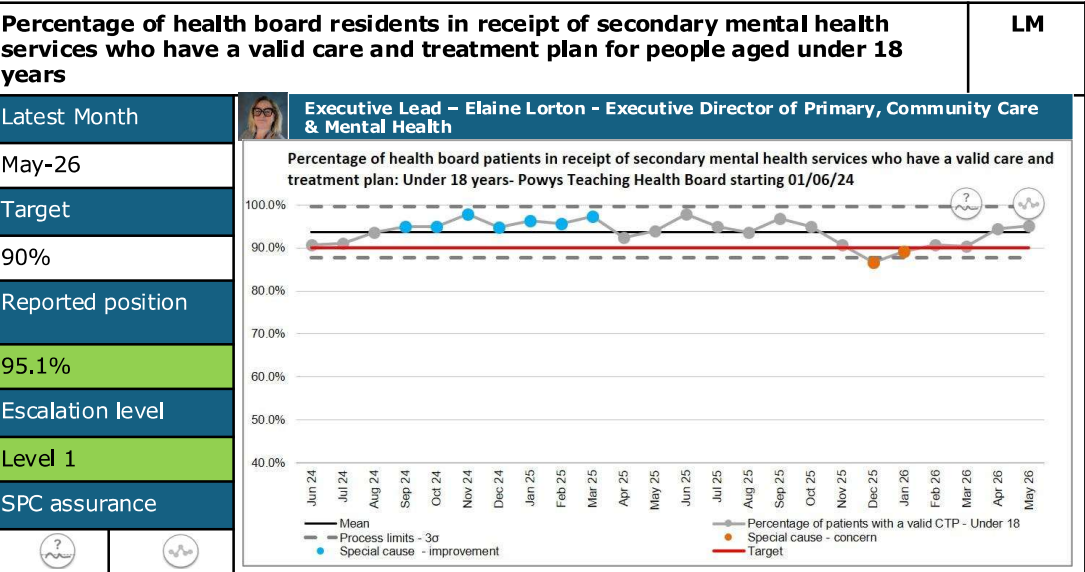
Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over		PM16
Latest Month	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral: 18 years and over- Powys Teaching Health Board starting 01/06/24  — Mean ● Special cause - concern ● Special cause - improvement — Process limits - 3σ — Target	PM16
May-26		
Target		
80%		
Reported position		
32.0%		
Escalation level		
Level 2a		
SPC assurance		

Summary	What the data tells us SPC demonstrates a sustained period of special cause improvement between September 2025 and March 2026, with performance consistently at or above the 80% target. However, the latest result (May 2026) shows a substantial decline to 32%, interrupting this positive trend. Powys benchmarks 7th with the All-Wales position reported as 82.2% in May.
	Key challenges/ issues - Increased demand for assessments, combined with workforce vacancies (two vacant Mental Health Practitioner posts), retirements and sickness absence, has reduced service capacity. - Recruitment delays have impacted the ability to respond to rising demand.
	Key action/ initiatives - Maximising assessment capacity through service-wide workload sharing and weekly waiting list reviews. - Recruiting to vacant posts, increasing bank staffing and progressing a redesigned Single Point of Access (SPOA) pathway to improve efficiency.

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		PM17
Latest Month	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS: 18 years and over- Powys Teaching Health Board starting 01/06/24  — Mean ● Special cause - concern ● Special cause - improvement — Process limits - 3σ — Target	PM17
May-26		
Target		
80%		
Reported position		
92.9%		
Escalation level		
Level 1		
SPC assurance		

Summary	What the data tells us Performance has generally remained above the 80% target. Across the 24-month reporting period, the target was achieved in 23 months, with average performance of approximately 91%. The only exception was January 2025, when performance fell slightly below target to around 79%. PTHB ranked 4 th in Wales with the All-Wales position reported as 89.7% for the same period.
	Key challenges/ issues The challenges with increased demand for assessments has impacted the therapeutic interventions as the same practitioners lead the interventions.
	Key action/ initiatives The recruitment drive and actions to improve staffing should impact service wide and improve performance across part 1a and 1b.

Access and Outcomes



Summary

What the data tells us

Although this measure was removed from the NHS Performance Framework for 2026/27; PTHB continues to monitor it locally against the previous 90% target as an important indicator of care quality. Performance has generally been strong, averaging approximately 93%, and remained above target for most of the reporting period. A deterioration occurred in December 2025 and January 2026, when performance fell below target to approximately 86% and 89%. Both results were identified as special-cause concern and linked to staffing fragility and demand. Performance has since recovered, reaching 95.1% in May 2026. However, the lower process limit remains below the 90% target, meaning the current process may not consistently achieve the local standard every month.

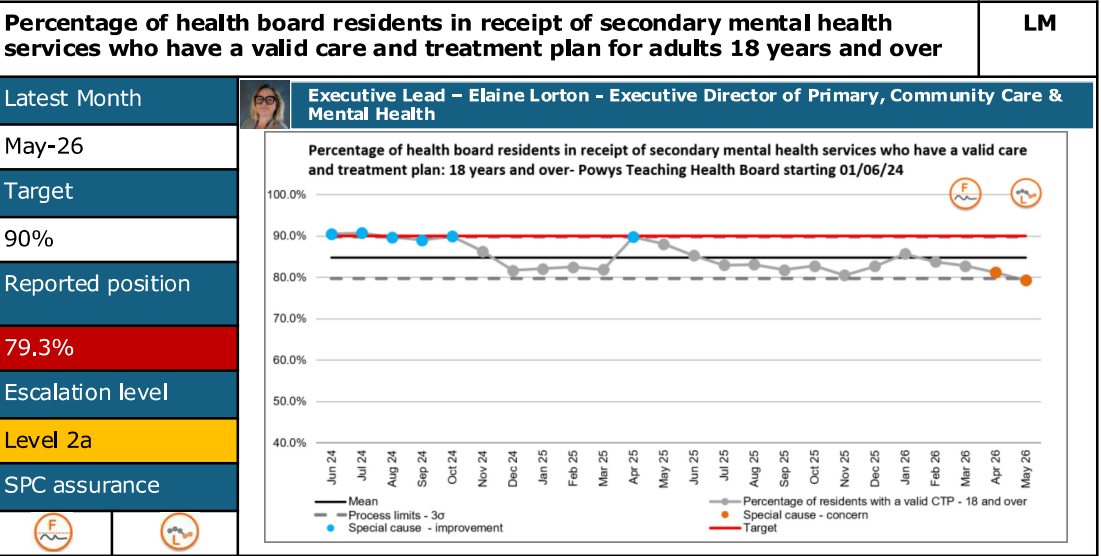
Key challenges/ issues

There have been some reporting challenges due to a shortage in administrative staff.

Key action/ initiatives

Ensure accurate reporting is maintained.

Liz
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Summary

What the data tells us

Although this measure was removed from the NHS Performance Framework for 2026/27; PTHB continues to monitor it locally against the previous 90% target as an important indicator of care quality. Adult performance has remained below target for most of the reporting period, with an average of approximately 85%. Performance was close to 90% during the early months but declined from November 2024 and has not subsequently returned to the required level. The latest results show further deterioration, falling to approximately 81% in April and reported 79.3% in May 2026. These points are identified as special-cause concern, indicating an unusual worsening that is unlikely to be due to normal variation alone. May represents the lowest result in the reporting period.

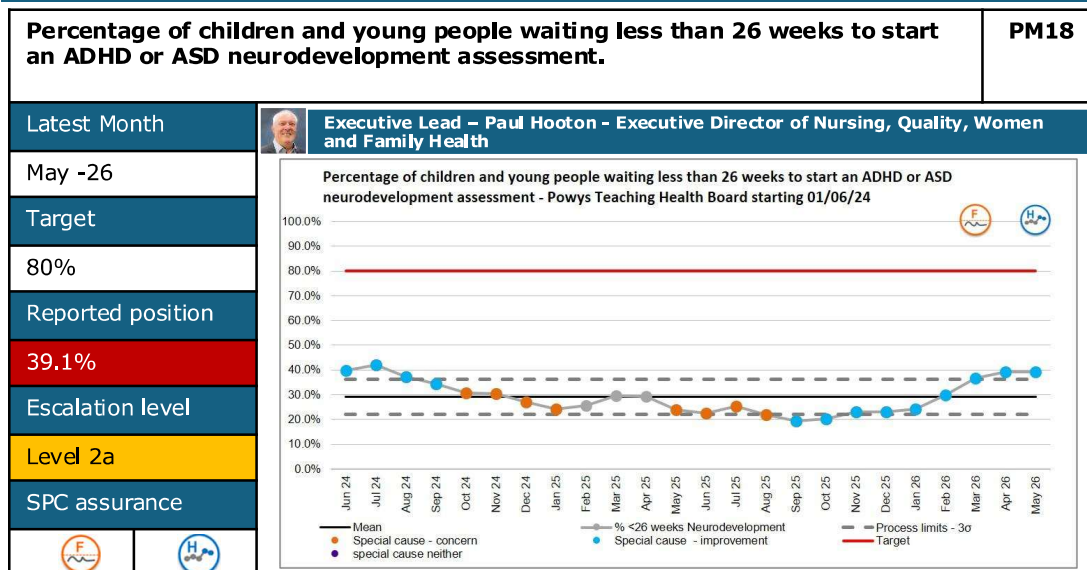
Key challenges/ issues

Care-coordination will continue to be a challenge as social care colleagues

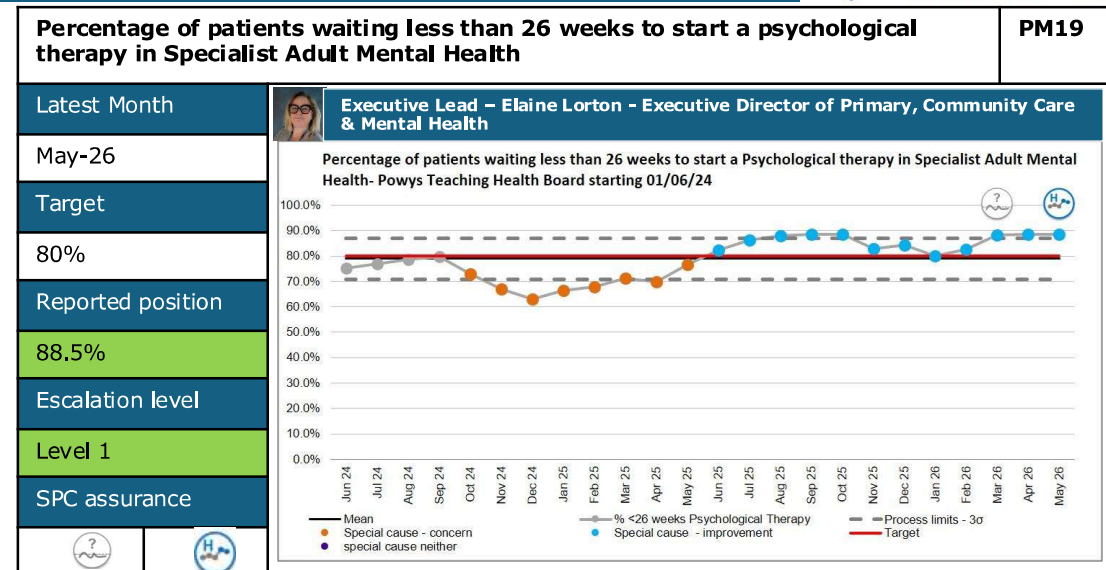
Key action/ initiatives

The recovery plan focusses on targeting individual CMHTs to support each with improving compliance whilst the Open access and assessment system changes which will create the capacity needed to focus on CTP completion and recording effectively.

Access and Outcomes



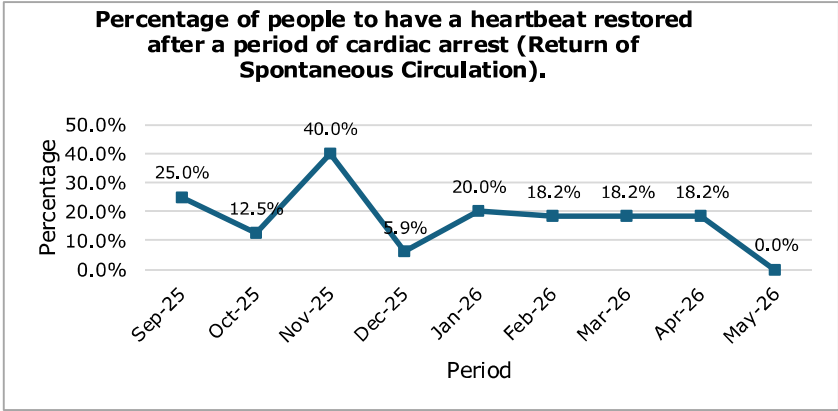
Summary	What the data tells us Performance remains significantly below the 80% target. SPC demonstrates recent improvement with performance increasing to around 40%; however, further sustained improvement is required to meet the expected standard. Powys benchmarks 3rd with the All-Wales position reported at 23.3% in April, it should be noted that the total waiting list and open caseload remain high. Key challenges/ issues - Referral demand remains consistently high since June 2021, averaging 63.5 referrals p/m 2025/26, with demand exceeding this average in Feb, March, May and June 2026 (peak 104 referrals March). - Maintaining assessment workforce capacity and performance improvement whilst managing a significant waiting list and open pathways caseload. - The operational objective remains to maintain waiting times below 104 weeks. One child exceeded 104 weeks at the end of May 2026 following a data-cleansing exercise. A subsequent parental request for the referral remain open and the original referral date was retained. This is not expected to continue into June reporting. - Escalation status remains Level 2a. Key action/ initiatives - Recurrent funding approved to sustain the ND workforce and support continued recovery. - SPOA/SPACE development progressing to strengthen the whole-system ND pathway. - Phase 1 Welsh Government metrics implemented; Phase 2 readiness in place for September 2026. All four evidence-based assessment tools implemented; ADHD QB training completed. - NDIP funding secured for 26/27, including 47 external assessments, Magic Notes and resources. - Parent Voices co-production programme continues to inform service development. - Delivery supported through a comprehensive project plan and new robust Task & Finish Groups, reporting by exception to the ND Remodel Steering Group.



Summary	What the data tells us Performance has improved substantially over the reporting period. Positive and sustained change became evident from June 2025, with almost all subsequent months achieving the target. Key challenges/ issues Maintaining achievement above target given the small staffing numbers. Key action/ initiatives No corrective action required, the achievement continues to be monitored closely.

Access and Outcomes

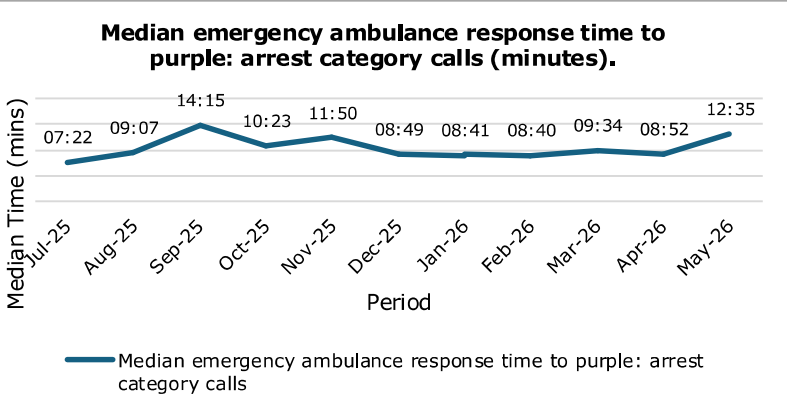
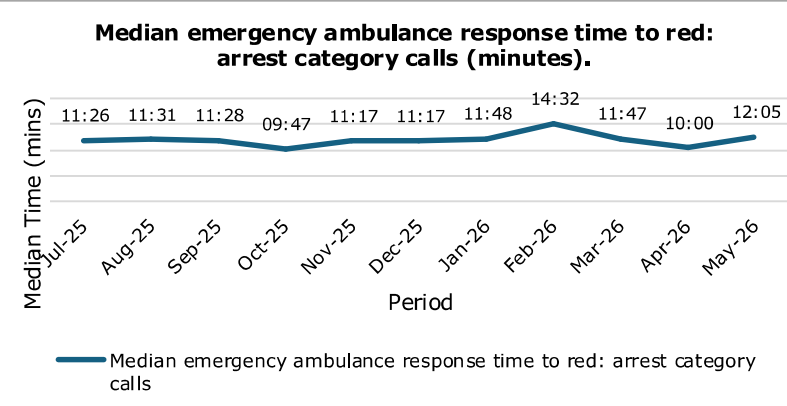
Percentage of people to have a heartbeat restored after a period of cardiac arrest which is subsequently retained until arrival at hospital (Return Of Spontaneous Circulation)		PM20
Latest Month	 Executive Lead – Nicola Johnson - Executive Director of Planning, Performance & Commissioning	
May-26		
Target		
End of quarter on end quarter improvement		
Reported position		
0.0%		
Escalation level		
Level 2a		
SPC assurance		
N/A		



Summary	What the data tells us Reported performance remains below the expected end-of-quarter improvement target. Performance has stabilised in recent months following earlier variation; however, Welsh Government has advised that confidence in the underlying data is currently low, and results should therefore be interpreted with caution.
	Key challenges/ issues Welsh Government has identified low confidence in the quality of the reported data, limiting assurance over current performance.
	Key action/ initiatives TBC

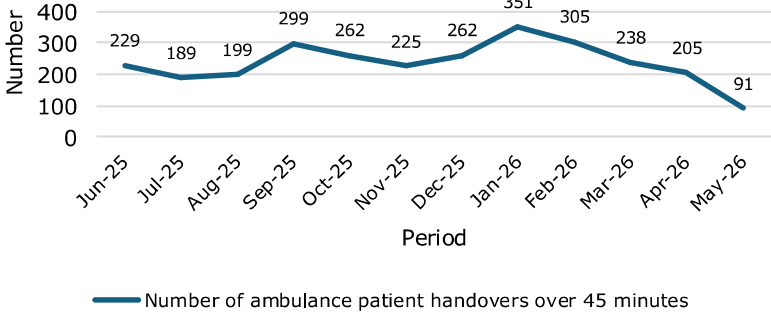
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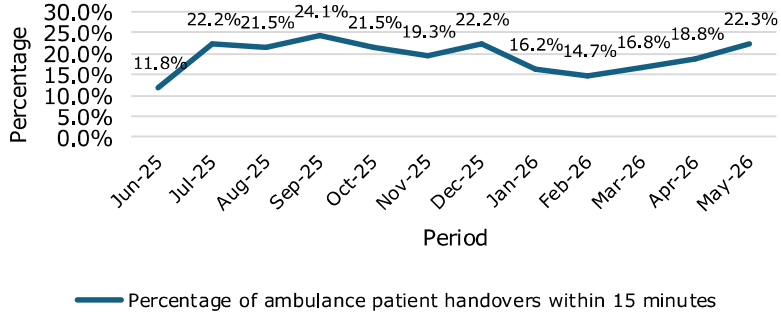
Access and Outcomes

Median emergency ambulance response time to purple arrest category calls		PM21	Median emergency ambulance response time to red: emergency category calls		PM22
Latest Month	 Executive Lead – Nicola Johnson - Executive Director of Planning, Performance & Commissioning	Median emergency ambulance response time to purple: arrest category calls (minutes).  Median emergency ambulance response time to purple: arrest category calls	Latest Month	 Executive Lead – Nicola Johnson - Executive Director of Planning, Performance & Commissioning	Median emergency ambulance response time to red: arrest category calls (minutes).  Median emergency ambulance response time to red: arrest category calls
May-26			May-26		
Target			Target		
6-8 minutes			6-8 minutes		
Reported position			Reported position		
00:12:35			00:12:05		
Escalation level			Escalation level		
Level 2a			Level 2a		
SPC assurance			SPC assurance		
N/A			N/A		

Summary	What the data tells us Purple arrest calls: Median response times remain above the 6–8 minute target, indicating continued underperformance. Following a period of improvement, the latest month shows a deterioration to 12 minutes 35 seconds, highlighting ongoing challenges in achieving the expected standard. Powys ranks 7 th against the All Wales reported position of 7 minutes 45 seconds.
	Red emergency calls: Median response times have remained above the 6–8 minute target throughout the reporting period, indicating that the expected standard has not been consistently achieved. Performance has been relatively stable, with only minor variation over time, and the latest month remains above the target reporting 12 minutes and 5 seconds in May. Powys ranks 7 th against the All Wales reported position of 9 minutes 12 seconds.
	Key challenges/ issues WAST continue to experience challenges with large number of ED attendances and conveyances, large number of lost hours per month and handover delays.
	Key action/ initiatives 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. 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 continues to be active member of the Ambulance Services and 111 Collaborative Commissioning Integration Group, represented by the Deputy Director of Performance and Commissioning. PTHB Level 2 Community Based falls response aligned for delivery via UEC Single Point of Access, supporting admission avoidance.

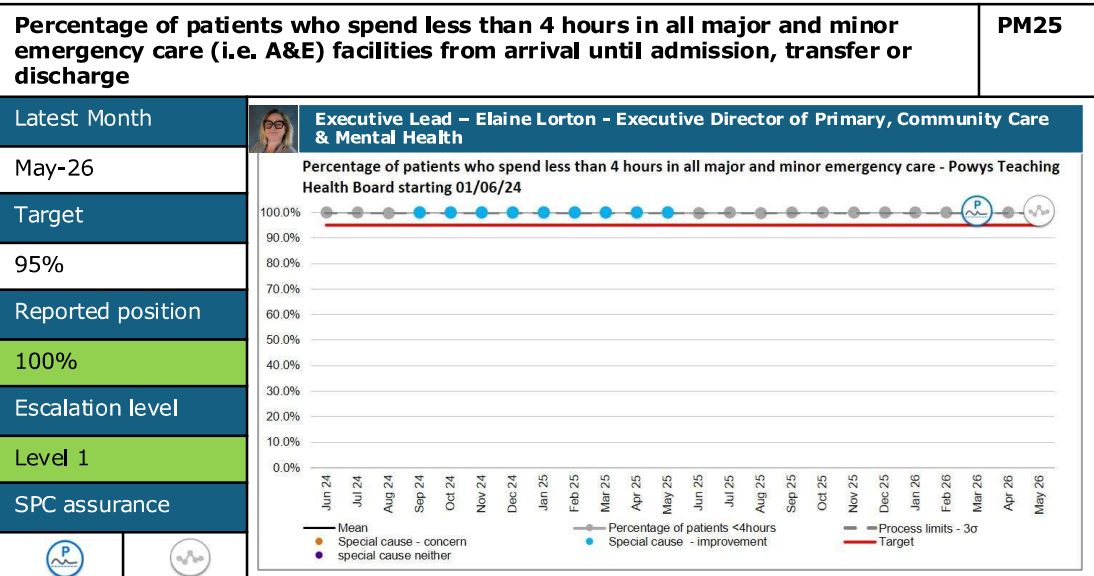
Access and Outcomes

Number of ambulance patient handovers over 45 minutes		PM23
Latest Month	 Executive Lead – Nicola Johnson - Executive Director of Planning, Performance & Commissioning Number of ambulance patient handovers over 45 minutes 	
May-26		
Target		
0		
Reported position		
91		
Escalation level		
Level 2a		
SPC assurance		
N/A		

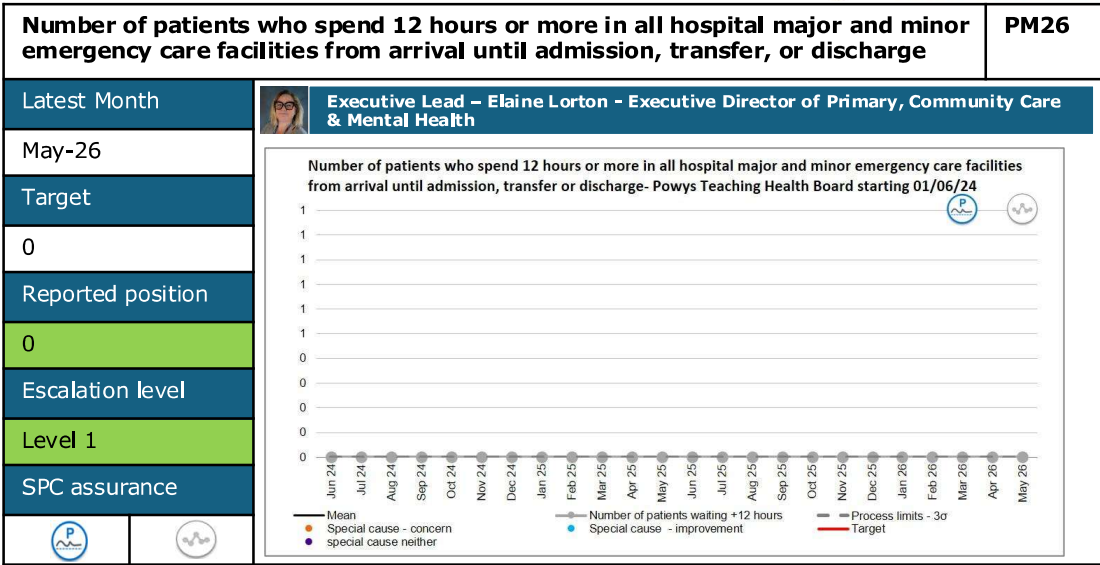
Percentage of ambulance patient handovers within 15 minutes		PM24
Latest Month	 Executive Lead – Nicola Johnson - Executive Director of Planning, Performance & Commissioning Percentage of ambulance patient handovers within 15 minutes 	
May-26		
Target		
80%		
Reported position		
22.3%		
Escalation level		
Level 2a		
SPC assurance		
N/A		

Summary	What the data tells us Handover within 45 minutes: Reported handover delays remain above the target of zero, although the latest month indicates improvement. Interpretation of this measure should be treated with caution as the methodology is under review, May 2026 data is provisional, and revisions are expected from September 2026. Handover within 15minutes: Reported performance remains below the 80% target despite recent improvement. Welsh Government has advised that the methodology is under review and May 2026 data is provisional; therefore, results should be interpreted with caution.
	Key challenges/ issues Welsh Government Performance note that that the methodology is under review and May 2026 data is provisional; therefore, results should be interpreted with caution. Providers experiencing ongoing challenges of high attendance demand, high numbers of patients awaiting admission (causing challenge in ED handover).
	Key action/ initiatives Nationally led clinically focused Providers continue to take forward improvement actions including maintaining ringfenced beds in the Emergency Department to support handover. HBS taking forward enabling actions including managing attendance demand, assessment and decision-making processes in ED, patient flow system wide.

Access and Outcomes

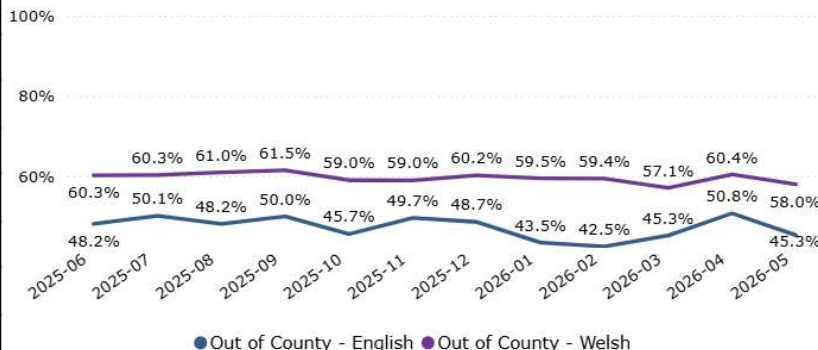


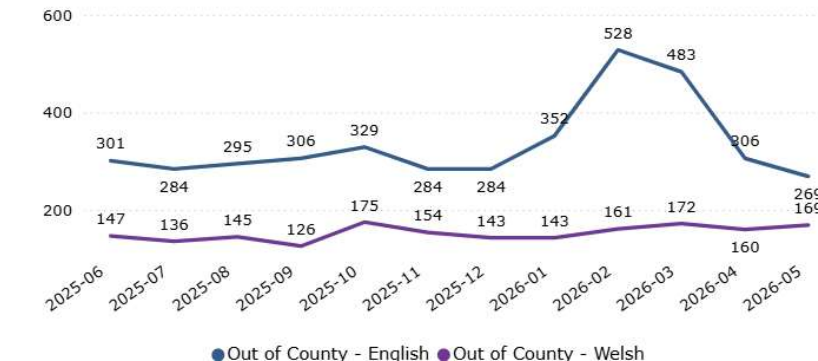
Summary	What the data tells us MIU provision meeting the requisite standard.
	Key challenges/ issues Occasional clinical breach, but no risk to reportable standard
	Key action/ initiatives Continue operational delivery.
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Summary	What the data tells us MIU provision meeting the requisite standard.
	Key challenges/ issues Occasional clinical breach, but no risk to reportable standard.
	Key action/ initiatives Continue operational delivery.

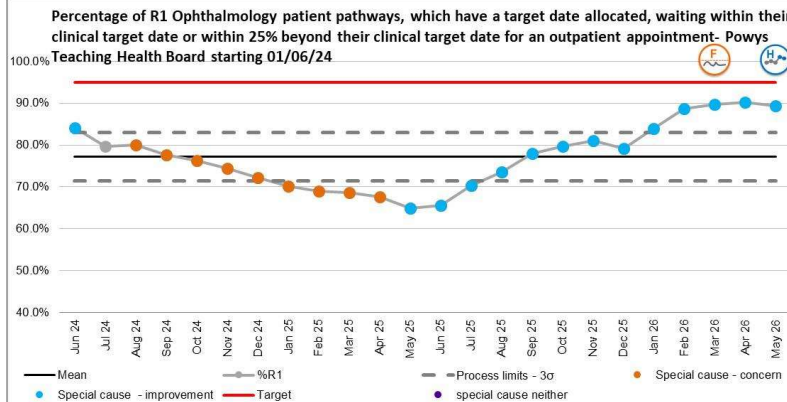
Access and Outcomes - Commissioned

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		LM																																							
Latest Month	 Executive Lead – Nicola Johnson - Executive Director of Planning, Performance & Commissioning Percentage of ED Waits Seen Within 4 Hours by Arrival Month <table><tr><th>Month</th><th>Out of County - English (%)</th><th>Out of County - Welsh (%)</th></tr><tr><td>2025-06</td><td>48.2%</td><td>60.3%</td></tr><tr><td>2025-07</td><td>50.1%</td><td>61.0%</td></tr><tr><td>2025-08</td><td>48.2%</td><td>61.5%</td></tr><tr><td>2025-09</td><td>50.0%</td><td>59.0%</td></tr><tr><td>2025-10</td><td>45.7%</td><td>59.0%</td></tr><tr><td>2025-11</td><td>49.7%</td><td>60.2%</td></tr><tr><td>2025-12</td><td>48.7%</td><td>59.5%</td></tr><tr><td>2026-01</td><td>43.5%</td><td>59.4%</td></tr><tr><td>2026-02</td><td>42.5%</td><td>57.1%</td></tr><tr><td>2026-03</td><td>45.3%</td><td>60.4%</td></tr><tr><td>2026-04</td><td>50.8%</td><td>58.0%</td></tr><tr><td>2026-05</td><td>45.3%</td><td></td></tr></table>		Month	Out of County - English (%)	Out of County - Welsh (%)	2025-06	48.2%	60.3%	2025-07	50.1%	61.0%	2025-08	48.2%	61.5%	2025-09	50.0%	59.0%	2025-10	45.7%	59.0%	2025-11	49.7%	60.2%	2025-12	48.7%	59.5%	2026-01	43.5%	59.4%	2026-02	42.5%	57.1%	2026-03	45.3%	60.4%	2026-04	50.8%	58.0%	2026-05	45.3%	
Month	Out of County - English (%)	Out of County - Welsh (%)																																							
2025-06	48.2%	60.3%																																							
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2025-10	45.7%	59.0%																																							
2025-11	49.7%	60.2%																																							
2025-12	48.7%	59.5%																																							
2026-01	43.5%	59.4%																																							
2026-02	42.5%	57.1%																																							
2026-03	45.3%	60.4%																																							
2026-04	50.8%	58.0%																																							
2026-05	45.3%																																								
May-26																																									
Target																																									
95%																																									
Reported position																																									
Escalation level																																									
SPC assurance																																									

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		LM																																							
Latest Month	 Executive Lead – Nicola Johnson - Executive Director of Planning, Performance & Commissioning Number of ED Waits Over 12 Hours by Arrival Month <table><tr><th>Month</th><th>Out of County - English</th><th>Out of County - Welsh</th></tr><tr><td>2025-06</td><td>301</td><td>147</td></tr><tr><td>2025-07</td><td>284</td><td>136</td></tr><tr><td>2025-08</td><td>295</td><td>145</td></tr><tr><td>2025-09</td><td>306</td><td>126</td></tr><tr><td>2025-10</td><td>329</td><td>175</td></tr><tr><td>2025-11</td><td>284</td><td>154</td></tr><tr><td>2025-12</td><td>284</td><td>143</td></tr><tr><td>2026-01</td><td>352</td><td>143</td></tr><tr><td>2026-02</td><td>528</td><td>161</td></tr><tr><td>2026-03</td><td>483</td><td>172</td></tr><tr><td>2026-04</td><td>306</td><td>160</td></tr><tr><td>2026-05</td><td>269</td><td>169</td></tr></table>	Month	Out of County - English	Out of County - Welsh	2025-06	301	147	2025-07	284	136	2025-08	295	145	2025-09	306	126	2025-10	329	175	2025-11	284	154	2025-12	284	143	2026-01	352	143	2026-02	528	161	2026-03	483	172	2026-04	306	160	2026-05	269	169	
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Summary	What the data tells us Welsh providers have consistently performed better than English providers, but neither group shows sustained improvement and both remain well below target. For no patients waiting > 4 hours, the latest month also shows deterioration from April, when performance was 60.4% in Welsh providers and 50.8% in English providers. The target of no emergency department waits over 12 hours was not achieved in any month. In May 2026, 438 waits exceeded 12 hours for Powys residents attending hospitals outside the county: 269 at English providers and 169 at Welsh providers. This is an improvement from the significant pressures seen in February and March 2026, when English-provider waits were 528 and 483 respectively. English-provider waits have since reduced, although they remain high. Welsh-provider waits have been more stable but increased slightly from 160 in April to 169 in May. The continuing number of waits over 12 hours remains a significant concern because prolonged waits may adversely affect patients' experience and care.
	Key challenges/ issues More Powys residents flow into emergency units in England than Wales, where the greatest compliance pressures occur. Providers experiencing ongoing challenges of high attendance demand, high numbers of patients awaiting admission (causing challenge in ED handover and sustaining 12 hour waits), delay in discharge of clinically optimised patients. Providers continue to take forward improvement actions including increased discharge performance, reduction in unnecessary admissions.
	Key action/ initiatives PTHB as provider 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). As Powys Teaching Health Board does not operate a district general hospital emergency department, delivery depends on neighbouring providers. The Health Board continues to work with these organisations to understand the causes of delays, seek assurance on improvement actions and monitor the experience of Powys residents.

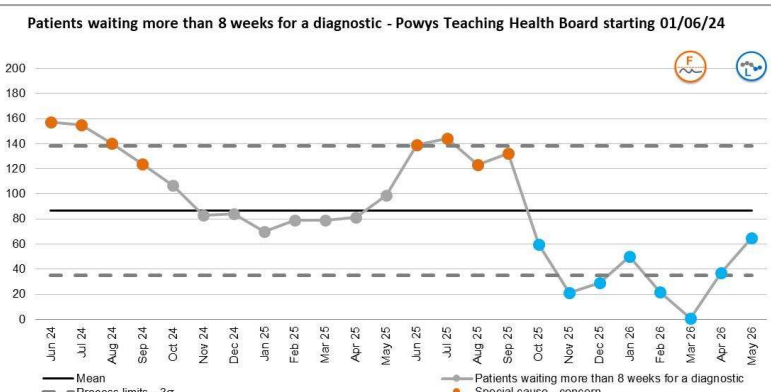
Access and Outcomes

Percentage of R1 Ophthalmology patient pathways, which have a target date allocated, waiting within their clinical target date or within 25% beyond their clinical target date for an outpatient appointment		PM28																																																																																																																													
Latest Month	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health																																																																																																																														
May-26	Percentage of R1 Ophthalmology patient pathways, which have a target date allocated, waiting within their clinical target date or within 25% beyond their clinical target date for an outpatient appointment- Powys Teaching Health Board starting 01/06/24 <table><caption>Approximate data for PM28 chart</caption><tr><th>Month</th><th>Mean</th><th>%R1</th><th>Special cause - improvement</th><th>Special cause - concern</th></tr><tr><td>Jun 24</td><td>75.0</td><td>85.0</td><td></td><td></td></tr><tr><td>Jul 24</td><td>76.0</td><td>80.0</td><td></td><td></td></tr><tr><td>Aug 24</td><td>77.0</td><td>80.0</td><td></td><td></td></tr><tr><td>Sep 24</td><td>76.0</td><td>78.0</td><td></td><td></td></tr><tr><td>Oct 24</td><td>75.0</td><td>76.0</td><td></td><td></td></tr><tr><td>Nov 24</td><td>74.0</td><td>74.0</td><td></td><td></td></tr><tr><td>Dec 24</td><td>73.0</td><td>72.0</td><td></td><td></td></tr><tr><td>Jan 25</td><td>72.0</td><td>70.0</td><td></td><td></td></tr><tr><td>Feb 25</td><td>71.0</td><td>68.0</td><td></td><td></td></tr><tr><td>Mar 25</td><td>70.0</td><td>66.0</td><td></td><td></td></tr><tr><td>Apr 25</td><td>69.0</td><td>64.0</td><td></td><td></td></tr><tr><td>May 25</td><td>68.0</td><td>62.0</td><td></td><td></td></tr><tr><td>Jun 25</td><td>67.0</td><td>60.0</td><td></td><td></td></tr><tr><td>Jul 25</td><td>68.0</td><td>62.0</td><td></td><td></td></tr><tr><td>Aug 25</td><td>69.0</td><td>64.0</td><td></td><td></td></tr><tr><td>Sep 25</td><td>70.0</td><td>66.0</td><td></td><td></td></tr><tr><td>Oct 25</td><td>71.0</td><td>68.0</td><td></td><td></td></tr><tr><td>Nov 25</td><td>72.0</td><td>70.0</td><td></td><td></td></tr><tr><td>Dec 25</td><td>73.0</td><td>72.0</td><td></td><td></td></tr><tr><td>Jan 26</td><td>74.0</td><td>74.0</td><td></td><td></td></tr><tr><td>Feb 26</td><td>75.0</td><td>76.0</td><td></td><td></td></tr><tr><td>Mar 26</td><td>76.0</td><td>78.0</td><td></td><td></td></tr><tr><td>Apr 26</td><td>77.0</td><td>80.0</td><td></td><td></td></tr><tr><td>May 26</td><td>78.0</td><td>89.4</td><td></td><td></td></tr></table>		Month	Mean	%R1	Special cause - improvement	Special cause - concern	Jun 24	75.0	85.0			Jul 24	76.0	80.0			Aug 24	77.0	80.0			Sep 24	76.0	78.0			Oct 24	75.0	76.0			Nov 24	74.0	74.0			Dec 24	73.0	72.0			Jan 25	72.0	70.0			Feb 25	71.0	68.0			Mar 25	70.0	66.0			Apr 25	69.0	64.0			May 25	68.0	62.0			Jun 25	67.0	60.0			Jul 25	68.0	62.0			Aug 25	69.0	64.0			Sep 25	70.0	66.0			Oct 25	71.0	68.0			Nov 25	72.0	70.0			Dec 25	73.0	72.0			Jan 26	74.0	74.0			Feb 26	75.0	76.0			Mar 26	76.0	78.0			Apr 26	77.0	80.0			May 26	78.0	89.4		
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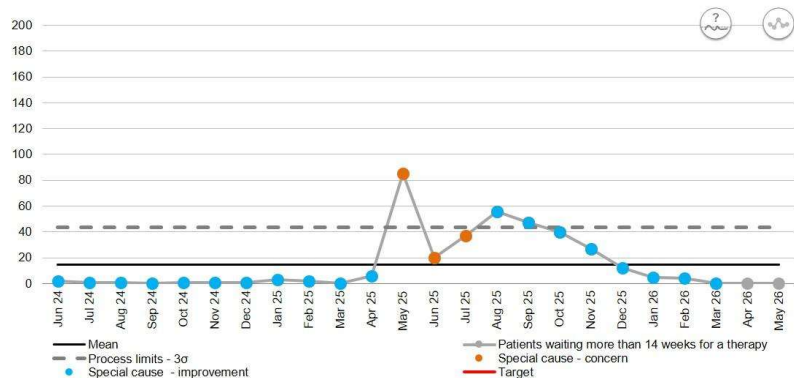


Summary	What the data tells us SPC demonstrates sustained improvement from Q1 2025/26 in performance following an earlier decline. Performance reports in May 89.4%; however, it remains below the 95% target and continued improvement is required. Powys ranks 1 st with the All-Wales position reported as 49.7%.
	Key challenges/ issues Continued challenge from SLA underperformance and some disruption to insourcing provision. Further impacts also experienced during heatwave conditions, leading to some cancellations of Theatre activity due to environmental challenge with mitigating actions in place to ensure no RTT impact.
	Key action/ initiatives Continue to work to strengthen SLA performance through increased clinical leadership, commissioning discussions and operational drive of service.

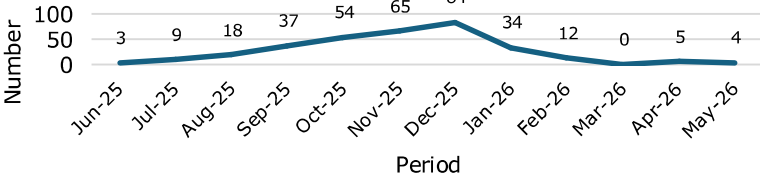
Number of diagnostic breaches 8+ weeks			PM29																																																																																																																													
Latest Month		Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health																																																																																																																														
May-26	Patients waiting more than 8 weeks for a diagnostic - Powys Teaching Health Board starting 01/06/24  <table><caption>Approximate data for PM29 chart</caption><thead><tr><th>Month</th><th>Mean</th><th>Patients waiting more than 8 weeks</th><th>Special cause - improvement</th><th>Special cause - concern</th></tr></thead><tbody><tr><td>Jun 24</td><td>160</td><td>160</td><td></td><td></td></tr><tr><td>Jul 24</td><td>155</td><td>155</td><td></td><td></td></tr><tr><td>Aug 24</td><td>145</td><td>145</td><td></td><td></td></tr><tr><td>Sep 24</td><td>135</td><td>135</td><td></td><td></td></tr><tr><td>Oct 24</td><td>125</td><td>125</td><td></td><td></td></tr><tr><td>Nov 24</td><td>115</td><td>115</td><td></td><td></td></tr><tr><td>Dec 24</td><td>105</td><td>105</td><td></td><td></td></tr><tr><td>Jan 25</td><td>95</td><td>95</td><td></td><td></td></tr><tr><td>Feb 25</td><td>85</td><td>85</td><td></td><td></td></tr><tr><td>Mar 25</td><td>80</td><td>80</td><td></td><td></td></tr><tr><td>Apr 25</td><td>85</td><td>85</td><td></td><td></td></tr><tr><td>May 25</td><td>95</td><td>95</td><td></td><td></td></tr><tr><td>Jun 25</td><td>140</td><td>140</td><td></td><td></td></tr><tr><td>Jul 25</td><td>145</td><td>145</td><td></td><td></td></tr><tr><td>Aug 25</td><td>135</td><td>135</td><td></td><td></td></tr><tr><td>Sep 25</td><td>130</td><td>130</td><td></td><td></td></tr><tr><td>Oct 25</td><td>60</td><td>60</td><td></td><td></td></tr><tr><td>Nov 25</td><td>25</td><td>25</td><td></td><td></td></tr><tr><td>Dec 25</td><td>35</td><td>35</td><td></td><td></td></tr><tr><td>Jan 26</td><td>50</td><td>50</td><td></td><td></td></tr><tr><td>Feb 26</td><td>20</td><td>20</td><td></td><td></td></tr><tr><td>Mar 26</td><td>10</td><td>10</td><td></td><td></td></tr><tr><td>Apr 26</td><td>35</td><td>35</td><td></td><td></td></tr><tr><td>May 26</td><td>65</td><td>65</td><td></td><td></td></tr></tbody></table>			Month	Mean	Patients waiting more than 8 weeks	Special cause - improvement	Special cause - concern	Jun 24	160	160			Jul 24	155	155			Aug 24	145	145			Sep 24	135	135			Oct 24	125	125			Nov 24	115	115			Dec 24	105	105			Jan 25	95	95			Feb 25	85	85			Mar 25	80	80			Apr 25	85	85			May 25	95	95			Jun 25	140	140			Jul 25	145	145			Aug 25	135	135			Sep 25	130	130			Oct 25	60	60			Nov 25	25	25			Dec 25	35	35			Jan 26	50	50			Feb 26	20	20			Mar 26	10	10			Apr 26	35	35			May 26	65	65		
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Summary	What the data tells us SPC demonstrates sustained improvement in performance, with a significant reduction in patients waiting more than eight weeks over the long-term reporting period. Although breaches have increased in the latest months (65 May) following achievement of zero breaches in March 2026, the overall trajectory remains positive and continued improvement is required to consistently achieve the expected standard. Powys benchmarks 1 st in Wales and the reported All Wales position was that 35,813 patients wait over 8 weeks.
	Key challenges/ issues - Continue to operate close to the 8-week margin, leaving little room for unexpected impacts. - Key challenge in Cardiology diagnostics linked to in-reach capacity South Powys. - NOUS high risk reportable diagnostic with limited capacity.
	Key action/ initiatives - Ongoing service fragility, opportunities for sustainable physiology solutions under development with community cardiology service. - Bid in place to access additional planned care funding for Diagnostics.

Access and Outcomes

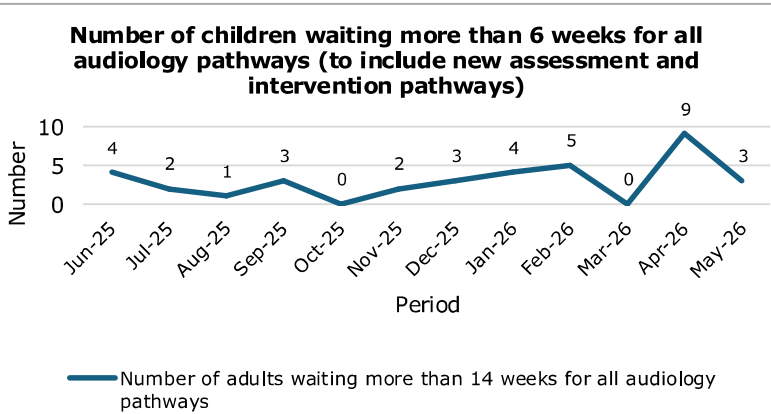
Number of patients (all ages) waiting more than 14 weeks for a specified therapy		PM30																																																		
Latest Month	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health																																																			
May-26	Patients waiting more than 14 weeks for a therapy - Powys Teaching Health Board starting 01/06/24  <table><tr><th>Period</th><th>Number</th></tr><tr><td>Jun-24</td><td>0</td></tr><tr><td>Jul-24</td><td>0</td></tr><tr><td>Aug-24</td><td>0</td></tr><tr><td>Sep-24</td><td>0</td></tr><tr><td>Oct-24</td><td>0</td></tr><tr><td>Nov-24</td><td>0</td></tr><tr><td>Dec-24</td><td>0</td></tr><tr><td>Jan-25</td><td>0</td></tr><tr><td>Feb-25</td><td>0</td></tr><tr><td>Mar-25</td><td>0</td></tr><tr><td>Apr-25</td><td>0</td></tr><tr><td>May-25</td><td>85</td></tr><tr><td>Jun-25</td><td>20</td></tr><tr><td>Jul-25</td><td>40</td></tr><tr><td>Aug-25</td><td>56</td></tr><tr><td>Sep-25</td><td>45</td></tr><tr><td>Oct-25</td><td>40</td></tr><tr><td>Nov-25</td><td>25</td></tr><tr><td>Dec-25</td><td>12</td></tr><tr><td>Jan-26</td><td>5</td></tr><tr><td>Feb-26</td><td>0</td></tr><tr><td>Mar-26</td><td>0</td></tr><tr><td>Apr-26</td><td>0</td></tr><tr><td>May-26</td><td>0</td></tr></table>		Period	Number	Jun-24	0	Jul-24	0	Aug-24	0	Sep-24	0	Oct-24	0	Nov-24	0	Dec-24	0	Jan-25	0	Feb-25	0	Mar-25	0	Apr-25	0	May-25	85	Jun-25	20	Jul-25	40	Aug-25	56	Sep-25	45	Oct-25	40	Nov-25	25	Dec-25	12	Jan-26	5	Feb-26	0	Mar-26	0	Apr-26	0	May-26	0
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Summary	What the data tells us Performance has improved significantly following an increase in the number of patients waiting more than 14 weeks during 2025. The number peaked at approximately 85 in May 2025, which was identified as special-cause concern and indicated an unusual deterioration beyond expected variation. The backlog subsequently reduced from approximately 56 patients in August 2025 to 12 in December and around five in early 2026. This sustained reduction is identified as special-cause improvement. The target of zero has now been achieved for three consecutive months, from March to May 2026. PTHB benchmarks 1 st in Wales and the All-Wales position for the same period reported a total of 5,978 breaches of the 14-week target.
	Key challenges/ issues Small numbers can lead to rapid fluctuation, however every specialty managing lists at an individual patient level.
	Key action/ initiatives Continue to proactively manage lists and services.

Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)		PM31																										
Latest Month	 Executive Lead – Elaine Lorton – Executive Director of Primary, Community Care & Mental Health																											
May-26	Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance) <table><thead><tr><th>Period</th><th>Number</th></tr></thead><tbody><tr><td>Jun-25</td><td>3</td></tr><tr><td>Jul-25</td><td>9</td></tr><tr><td>Aug-25</td><td>18</td></tr><tr><td>Sep-25</td><td>37</td></tr><tr><td>Oct-25</td><td>54</td></tr><tr><td>Nov-25</td><td>65</td></tr><tr><td>Dec-25</td><td>84</td></tr><tr><td>Jan-26</td><td>34</td></tr><tr><td>Feb-26</td><td>12</td></tr><tr><td>Mar-26</td><td>0</td></tr><tr><td>Apr-26</td><td>5</td></tr><tr><td>May-26</td><td>4</td></tr></tbody></table> Number of adults waiting more than 14 weeks for all audiology pathways		Period	Number	Jun-25	3	Jul-25	9	Aug-25	18	Sep-25	37	Oct-25	54	Nov-25	65	Dec-25	84	Jan-26	34	Feb-26	12	Mar-26	0	Apr-26	5	May-26	4
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Summary	What the data tells us Following an increase in breaches to December 2025, performance has improved, with sustained reductions over recent months. Whilst the trajectory is positive, breaches remain above the target of zero (new for 2026/27) and continued improvement is required to consistently achieve the expected standard. Powys ranks 1 st in Wales with the All-Wales position of 18,403 adults waiting over 14 weeks.
	Key challenges/ issues Absence and gaps in workforce continue to challenge. Continuing to use bank and locum cover as needed, which is supporting successful delivery of service.
	Key action/ initiatives Ongoing engagement at national level to support future recruitment, local development and growth of workforce, and continued operational grip.

Access and Outcomes

Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)		PM32																										
Latest Month	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways) <table><tr><th>Period</th><th>Number</th></tr><tr><td>Jun-25</td><td>4</td></tr><tr><td>Jul-25</td><td>2</td></tr><tr><td>Aug-25</td><td>1</td></tr><tr><td>Sep-25</td><td>3</td></tr><tr><td>Oct-25</td><td>0</td></tr><tr><td>Nov-25</td><td>2</td></tr><tr><td>Dec-25</td><td>3</td></tr><tr><td>Jan-26</td><td>4</td></tr><tr><td>Feb-26</td><td>5</td></tr><tr><td>Mar-26</td><td>0</td></tr><tr><td>Apr-26</td><td>9</td></tr><tr><td>May-26</td><td>3</td></tr></table> Number of adults waiting more than 14 weeks for all audiology pathways	Period	Number	Jun-25	4	Jul-25	2	Aug-25	1	Sep-25	3	Oct-25	0	Nov-25	2	Dec-25	3	Jan-26	4	Feb-26	5	Mar-26	0	Apr-26	9	May-26	3	
Period	Number																											
Jun-25	4																											
Jul-25	2																											
Aug-25	1																											
Sep-25	3																											
Oct-25	0																											
Nov-25	2																											
Dec-25	3																											
Jan-26	4																											
Feb-26	5																											
Mar-26	0																											
Apr-26	9																											
May-26	3																											
May-26																												
Target																												
0																												
Reported position																												
3																												
Escalation level																												
Level 2a																												
SPC assurance																												
N/A																												
Summary	What the data tells us Performance remains above the target of zero breaches, with some month-to-month variation over the reporting period. Powys ranks 1st in Wales with the All-Wales position reporting 3,158 children waiting over 6 weeks. Key challenges/ issues Absence and gaps in workforce continue to challenge. Continuing to use bank and locum cover as needed, which is supporting successful delivery of service. Key action/ initiatives Ongoing engagement at national level to support future recruitment, local development and growth of workforce, and continued operational grip. Patterson Liz 28/07/2026 15:46:29																											

Access and Outcomes – RTT Provider

Number of patients waiting more than 26 weeks for a new outpatient appointment

PM33

Latest Month



Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health

May-26

Target

0

Reported position

205

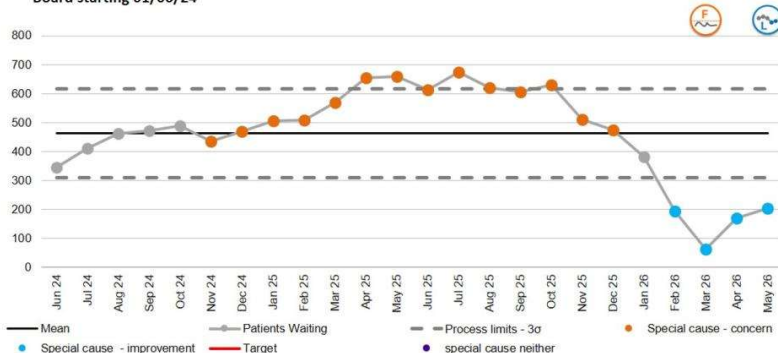
Escalation level

Level 2a

SPC assurance



Number of patients waiting more than 26 weeks for a new outpatient appointment- Powys Teaching Health Board starting 01/06/24



RTT patients waiting more than 104 weeks

PM34

Latest Month



Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health

May-26

Target

0

Reported position

0

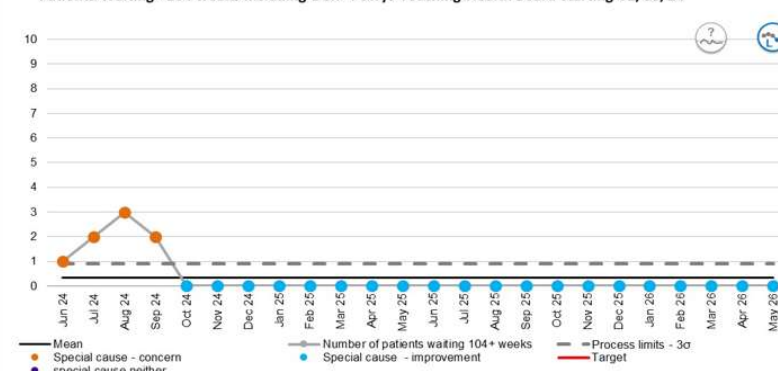
Escalation level

Level 1

SPC assurance



Patients Waiting +104 weeks Including D&T- Powys Teaching Health Board starting 01/06/24



What the data tells us

Powys provider RTT performance finished 2025/26 strongly, achieving the 104-week target of zero breaches and narrowly missing the 52-week outpatient target, with only a small number of Rheumatology breaches remaining. From April 2026, the national standard changed to zero patients waiting more than 26 weeks for a first outpatient appointment. Although SPC demonstrates sustained improvement compared with the previous 24 months, 205 patients were waiting more than 26 weeks in May 2026, indicating further improvement is required to achieve the revised standard. Across Wales, 61,214 patients were waiting more than 26 weeks in April 2026, with Powys provider accounting for less than 0.5% of the national total.

Key challenges/ issues

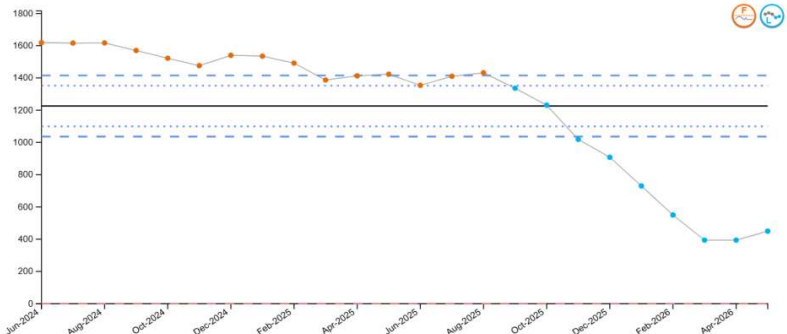
- Performance reliant on fragile in-reach provision from Welsh and English acute care providers.
- Significant shortfalls with in-reach provision from Wye Valley NHS Trust (WVT) for Ophthalmology.
- Rheumatology provision in mid-Powys has ceased from April 2026 (WVT in-reach).
- General Surgery in-reach model fragility in South Powys provided by CTMUHB continues to be a long-standing challenge.
- ENT fragility in North Powys with BCUHB & SATH impacting waiting times.
- Outpatient additional capacity via Healthcare Business Solutions UK (HBSUK) as part of National Planned Care Programme finished in March 2026.

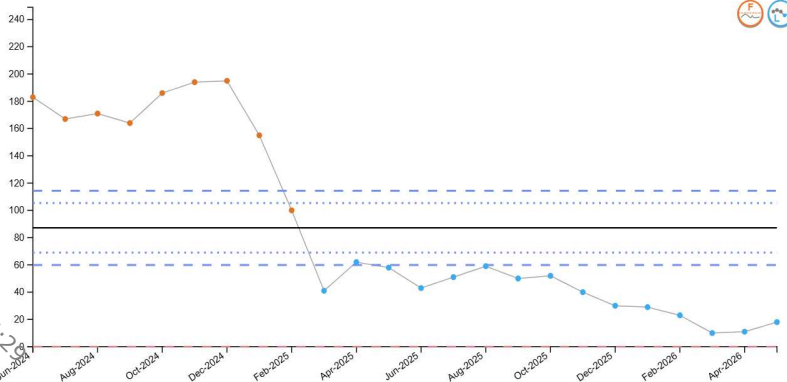
Key action/ initiatives

- Working with WVT to support Rheumatology service in Hereford County Hospital.

Summary

Access and Outcomes – RTT Welsh Commissioned

Total number of patients waiting more than 26 weeks for a new outpatient appointment – Wales but excluding Powys Provider		PM33
Latest Month	 Executive Lead – Nicola Johnson - Executive Director of Planning, Performance & Commissioning	
May-26	Total number of patients waiting more than 26 weeks for a new outpatient appointment – Wales Except Powys Provider	
Target		
0		
Reported position		
655		
Escalation level		
Level 2a		
SPC assurance		

Total RTT patients waiting more than 104 weeks – Wales but excluding Powys Provider		PM34
Latest Month	 Executive Lead – Nicola Johnson - Executive Director of Planning, Performance & Commissioning	
May-26	Total RTT patients waiting more than 104 weeks – Wales Except Powys Provider	
Target		
0		
Reported position		
18		
Escalation level		
Level 2a		
SPC assurance		

Welsh Providers	May-26 % of Powys residents < 26 weeks for treatment	No. long waits by cohort, with latest SPC variance				Total pathways Waiting
		Stage 1 pathways over 26 weeks	All pathways waiting over 52 weeks.	All pathways waiting over 104 weeks.		
Aneurin Bevan University Health Board	70.2%	183	288	4		2322
Betsi Cadwaladr University Local Health Board	59.7%	104	77	5		623
Cardiff & Vale University Health Board	58.1%	32	46	5		346
Cwm Taf Morgannwg University Health Board	61.9%	37	103	1		724
Hywel Dda University Health Board	62.2%	34	265	3		1411
Swansea Bay University Health Board	67.0%	60	224	0		1859
Total	65.5%	450	1003	18		7285

What the data tells us

- In May 2026, 65.5% of Powys residents were waiting less than 26 weeks for treatment, however, 450 new outpatient pathways exceeded 26 weeks, 1,003 pathways exceeded 52 weeks and 18 exceeded 104 weeks, from a total waiting list of 7,285.
- The SPC charts show sustained special-cause improvement, with new outpatient waits over 26 weeks reducing from approximately 1,600 in June 2024 to 450 in May 2026, while waits over 104 weeks fell from 183 to 18 over the same period.

Key challenges/ issues

NHS Wales Planning and Performance Frameworks 2026/27 key targets:

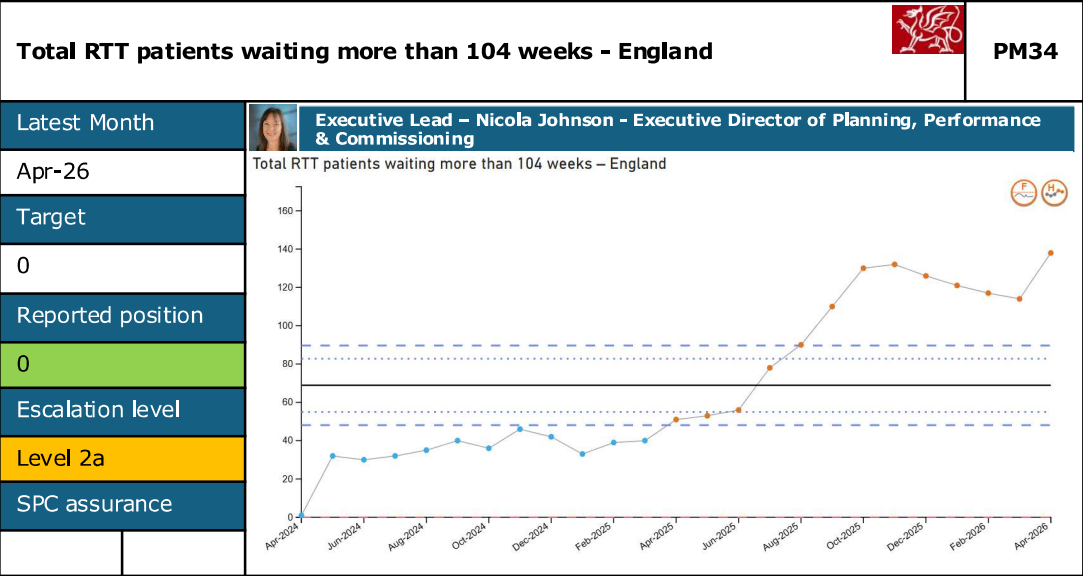
- No patients waiting over 104 weeks for referral to treatment.
- No patients waiting over 26 weeks for new outpatient appointment (target of 52 weeks in 2025/26).

Key action/ initiatives

- PTHB Commissioning Intentions 2026/27 based on principles developed within the Health Board Strategic Commissioning Framework.
- WG Planned Care Recovery – deployment of additional funding for planned care recovery. All Health Boards to submit plans by the 19/7 to ensure 104-week waits are eliminated as a priority, 8-week maximum wait for diagnostic tests.
- HBs also requested to submit to WG Planned Care Recovery Plan by 31/7 detailing Board level commitments to deliver month on month improvements on stage 4 pathways, surgical productivity, outpatient new to follow up rates, clinical validation, diagnostic improved productivity and referral to alternative pathways.
- PTHB developing plan for submission by 31/7 including the reduction in total waiting list at all stages, growth and demand management, and sustainable change with reference to GIRFT strategic assessment of planned care.
- Continued to engage on a regular basis with all commissioned providers via contracting, quality and performance meetings.

Summary

Access and Outcomes – RTT English Commissioned



	Apr-26	No. long waits by cohort, with latest SPC variance				Total pathways Waiting
English Providers	% of Powys residents < 26 weeks for treatment	Stage 1 pathways over 26 weeks	All pathways waiting over 52 weeks.	All pathways waiting over 104 weeks.		
English Other	81.7%		7	0		241
The Robert Jones and Agnes Hunt Orthopaedic Hospital	42.0%		1107	133		3800
The Shrewsbury and Telford Hospital NHS Trust	71.4%		137	0		3628
Wye Valley NHS Trust	66.9%		326	5		3800
Total	60.4%		1577	138		11469

What the data tells us

Performance for Powys residents treated by English providers remains challenging: in April 2026, 60.4% were waiting less than 26 weeks, while 1,577 pathways had exceeded 52 weeks and 138 had exceeded 104 weeks from a total waiting list of 11,469. The SPC chart shows that waits over 104 weeks have risen from around 50 in spring 2025 to approximately 141 in May 2026, with the sustained increase identified as special-cause concern, indicating deterioration beyond normal variation. While English providers have been asked to align the pace of treatment with Welsh targets, a significant proportion of the longest waits relate to capacity pressures at Robert Jones and Agnes Hunt Orthopaedic Hospital, particularly for complex spinal pathways. Continued engagement and focused recovery action with English providers are required to address these long waits and improve delivery against the strengthened 26-week standard.

Key challenges/ issues

NHS Wales Planning and Performance Frameworks 2026/27 key targets:

- No patients waiting over 104 weeks for referral to treatment.
- No patients waiting over 26 weeks for new outpatient appointment (target of 52 weeks in 2025/26).
- Patients have reported concerns to PTHB on the impact on the length of their pathway as a result of PTHB Commissioning Intentions in 2025/26 and 2026/27.

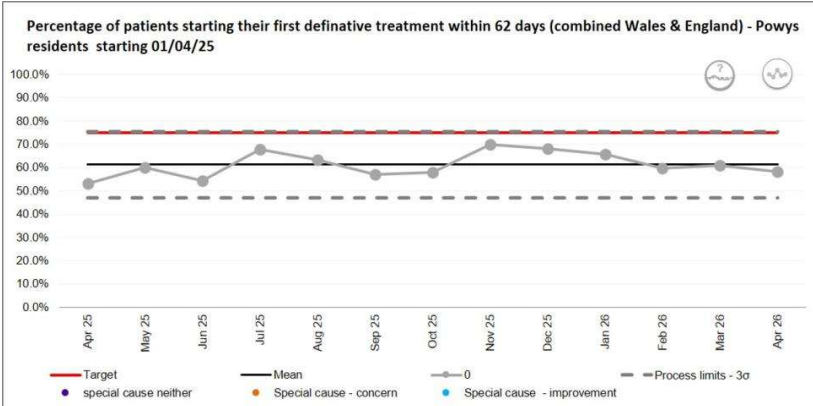
Key action/ initiatives

- PTHB Commissioning Intentions 2026/27 based on principles developed within the Health Board Strategic Commissioning Framework including:
 - Commissioning planned care activity levels to deliver NHS Wales waiting times targets.
 - Incentivising efficiency through delivery of best practice (GIRFT, Evidence Based Interventions).
- WG Planned Care Recovery
 - PTHB developed proposal including joint approach with RJAH to address patients waiting >104 weeks.
 - PTHB developing plan for submission by 31/7 including the reduction in total waiting list at all stages, growth and demand management, and sustainable change with reference to GIRFT strategic assessment of planned care.
- Continue to engage on a regular basis with all commissioned providers via contracting, quality and performance meetings.

Summary

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

Access and Outcomes – Commissioned Cancer

Percentage of patients starting their first definitive cancer treatment within 62 days. Combined Welsh & English contextual measure.			LM
Latest Month		Executive Lead – Kate Wright - Executive Medical Director	
May-26		Executive Lead – Nicola Johnson - Executive Director of Planning, Performance & Commissioning	
Target	Percentage of patients starting their first definitive treatment within 62 days (combined Wales & England) - Powys residents starting 01/04/25 		
Local 75%			
Reported position			
58.3%			
Escalation level			
Level 2a			
SPC assurance			
			

The combined figure provides an overview of the proportion of Powys residents starting cancer treatment within 62 days across Welsh and English providers.

It is a weighted aggregate based on pathway volumes and should be interpreted with caution because national pathway definitions and performance standards differ.

Wales applies a 75% target from the point of suspicion, while England applies an 85% standard across specified urgent referral routes. Provider-level results are therefore also presented for transparency

What the data tells us

This measure is being used in a contextual manner with both English and Welsh pathways being combined to provide a percentage of compliance and should be used for guidance only. Another caveat is that Powys responsible patients will be on cancer pathways in English specialist units outside of the high flow commissioned service of Wye Valley NHS Trust & The Shrewsbury and Telford NHS Trust (SATH) e.g., this is not a measure of all treatment pathways that Powys is responsible for. This combined data is only available from April 2025 following the data challenge with SATH A proxy target based on Welsh compliance has been used (75%).

Key challenges/ issues

- Compliance with the 62-day cancer pathway is often influenced by tumour type. The greatest challenges are generally seen in urology, lower gastrointestinal, gynaecology and breast pathways. Urology pathways can require multiple diagnostic stages, including imaging, biopsy and pathology; lower-GI pathways are affected by endoscopy capacity and demand; gynaecology pathways can experience delays in access to specialist diagnostics and treatment; and breast services face high referral volumes alongside pressures on imaging, biopsy and pathology capacity. These pathway-specific pressures can therefore have a significant effect on overall compliance.
- There remains notable variation in 62-day cancer pathway compliance between providers. Powys residents treated by English providers generally achieve better compliance than those treated in Wales, while performance also varies considerably between individual Welsh providers. This variation reflects differences in tumour mix, diagnostic and treatment capacity, and pressures within key pathways—particularly urology, lower gastrointestinal, gynaecology and breast—rather than factors solely within Powys Teaching Health Board’s control.

Summary

Access and Outcomes – Commissioned Cancer

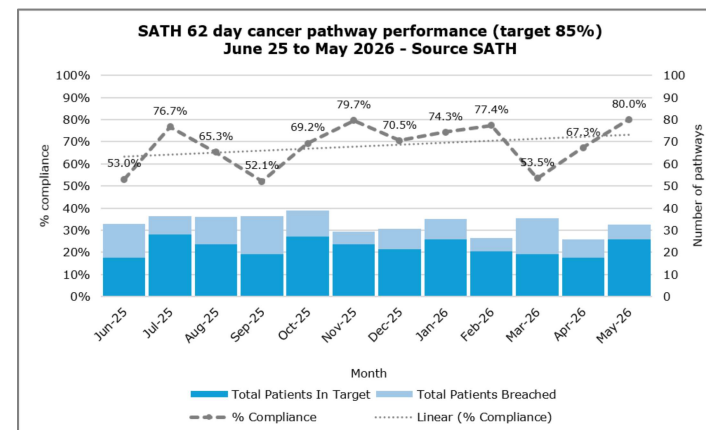
 Executive Lead – Kate Wright - Executive Medical Director

 Executive Lead – Nicola Johnson - Executive Director of Planning, Performance & Commissioning

Welsh cancer by provider latest 12 months

HealthBoard	2025-06	2025-07	2025-08	2025-09	2025-10	2025-11	2025-12	2026-01	2026-02	2026-03	2026-04	2026-05
Aneurin Bevan UHB												
Pathways With Treatment	14	24	14	16	17	18	21	19	19	11	10	15
Treated Within 62 Days	7	19	10	9	7	14	15	11	15	9	7	7
Breaching 62 Day Target	7	5	4	7	10	4	6	8	4	2	3	8
% Treated Within Target	50%	79%	71%	56%	41%	78%	71%	58%	79%	82%	70%	47%
Betsi Cadwaladr UHB												
Pathways With Treatment		3	1	4	2	1	7	6	7	5	5	6
Treated Within 62 Days		1				1	2	2	1		1	
Breaching 62 Day Target		2	1	4	2		5	4	6	5	4	6
% Treated Within Target		33%	0%	0%	0%	100%	29%	33%	14%	0%	20%	0%
Cardiff And Vale UHB												
Pathways With Treatment		1			1	1	2	1	1	1		1
Treated Within 62 Days		1			1		2	1		1		
Breaching 62 Day Target						1			1			1
% Treated Within Target		100%			100%	0%	100%	100%	0%	100%		0%
Cwm Taf Morgannwg UHB												
Pathways With Treatment	5	7	3	8	2	6	2	4	9	8	6	2
Treated Within 62 Days	4	2	1	5	2	3	1	1	4	4	3	
Breaching 62 Day Target	1	5	2	3		3	1	3	5	4	3	2
% Treated Within Target	80%	29%	33%	63%	100%	50%	50%	25%	44%	50%	50%	0%
Hywel Dda UHB												
Pathways With Treatment	11	10	7	6	8	14	4	7	3	5	8	7
Treated Within 62 Days	6	5	3	2	4	6	1	3	1	2	1	1
Breaching 62 Day Target	5	5	4	4	4	8	3	4	2	3	7	6
% Treated Within Target	55%	50%	43%	33%	50%	43%	25%	43%	33%	40%	13%	14%
Swansea Bay UHB												
Pathways With Treatment	5	6	2	14	8	4	5	5	5	5	6	5
Treated Within 62 Days	3	5	1	10	3	2	3	5	1	2	3	4
Breaching 62 Day Target	2	1	1	4	5	2	2		4	3	3	1
% Treated Within Target	60%	83%	50%	71%	38%	50%	60%	100%	20%	40%	50%	80%
Pathways With Treatment	35	51	27	48	38	44	41	42	44	35	35	36
Treated Within 62 Days	20	33	15	26	17	26	24	23	22	18	15	12
Breaching 62 Day Target	15	18	12	22	21	18	17	19	22	17	20	24
% Treated Within Target	57%	65%	56%	54%	45%	59%	59%	55%	50%	51%	43%	33%

Performance for Powys residents treated by Welsh providers remained below the 75% target throughout the 12-month period, with approximately 53% of all completed pathways starting treatment within 62 days. Performance declined over the latest three months, from 51% in March to 43% in April and 33% in May 2026. In May, 12 of 36 patients started treatment within 62 days, while 24 waited longer. Results varied considerably between providers, with Swansea Bay achieving 80% in May, while the other providers remained below target. Provider-level percentages should be interpreted carefully because some organisations treated only a small number of Powys residents, meaning one or two patients can significantly affect the result. Nevertheless, the overall position and recent deterioration remain a concern, requiring continued work with Welsh providers to understand delays and improve timely access to cancer treatment.



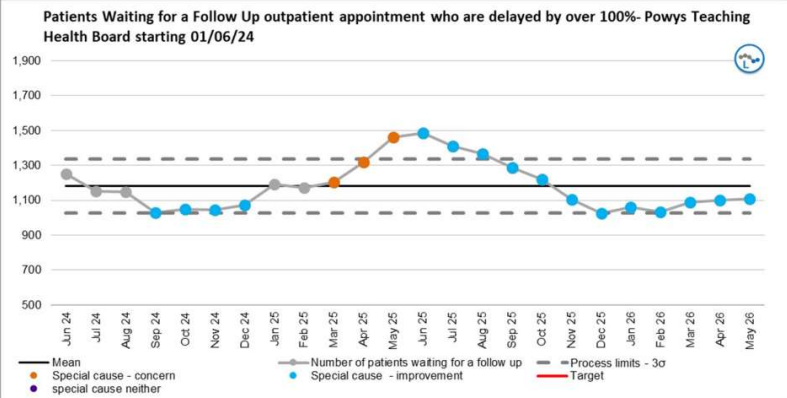
Performance for Powys residents treated by Shrewsbury and Telford Hospital NHS Trust remained below the English 85% standard throughout the 12-month period, although the overall trend shows improvement. An average of 33 Powys residents started treatment each month; at this volume, a small number of breaches can materially affect the monthly percentage. The latest improvement is encouraging, but continued engagement with the Trust is required to reduce delays and achieve sustained delivery against the 85% standard.

Wye Valley Trust % Pathways Treatment Within Target (Based on Breach Indicator) for Powys Responsible Patients (Latest 12 Months)

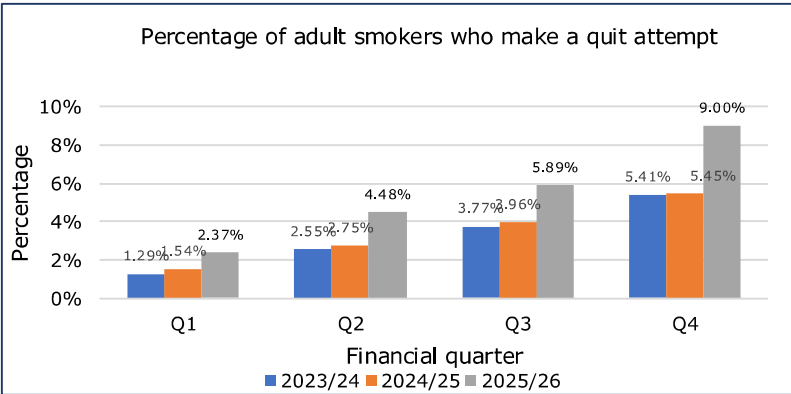


Performance for Powys residents treated by Wye Valley Trust was variable over the latest 12 months, with approximately 71% of 218 patients starting treatment within 62 days. Monthly performance ranged from 52.0% to 94.4%, with the 80% threshold achieved in three months. An average of 18 Powys residents started treatment each month, so a small number of breaches can significantly affect the reported percentage. In April 2026, 13 of 17 patients started treatment within 62 days, giving performance of 76.5%; this met the 75% interim target but remained below the 85% English standard.

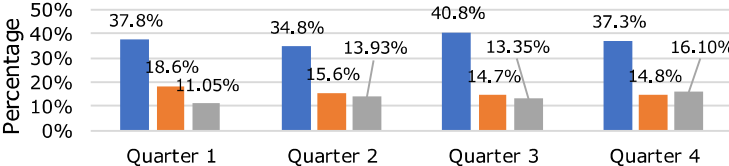
Access and Outcomes

Number of patient follow-up outpatient appointment delayed by over 100%		PM35
Latest Month	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health	
Apr-26	Patients Waiting for a Follow Up outpatient appointment who are delayed by over 100%- Powys Teaching Health Board starting 01/06/24 	
Target		
825		
Reported position		
1107		
Escalation level		
Level 2a		
SPC assurance		
Summary	What the data tells us Performance has improved significantly following an earlier increase in 2025/26 in delayed follow-up patients over 100%, with SPC demonstrating sustained improvement over the reporting period. From April 2026, the performance measure changed from a trajectory of reduction to a fixed target of 825 patients. Whilst the backlog remains stable, current performance remains above the revised target and further improvement is required. Nearly 300k patients in Wales wait over 100% for a FUP appointment in April, Powys provider ranks 1st with 0.37% of the total Welsh delays.	
	Key challenges/ issues Fragility of in-reach provision in key high-volume specialties.	
	Key action/ initiatives - Ongoing utilisation of See on Symptoms (SOS) & Patient initiated follow-ups (PIFU) and discharge in surgical specialties inline with top quartile performance of the model hospital system benchmarking. - Further work to be undertaken in medical specialties including respiratory and consideration around Paediatrics.	
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Population Health and Prevention

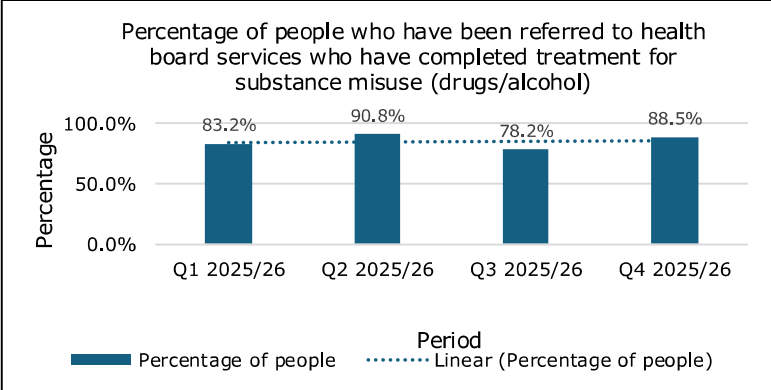
Percentage of adult smokers who make a quit attempt via smoking cessation services		PM1																				
Latest Period	 Executive Lead – Mererid Bowley - Executive Director of Public Health Percentage of adult smokers who make a quit attempt <table><tr><th>Financial quarter</th><th>2023/24</th><th>2024/25</th><th>2025/26</th></tr><tr><td>Q1</td><td>1.29%</td><td>1.54%</td><td>2.37%</td></tr><tr><td>Q2</td><td>2.55%</td><td>2.75%</td><td>4.48%</td></tr><tr><td>Q3</td><td>3.77%</td><td>3.96%</td><td>5.89%</td></tr><tr><td>Q4</td><td>5.41%</td><td>5.45%</td><td>9.00%</td></tr></table>		Financial quarter	2023/24	2024/25	2025/26	Q1	1.29%	1.54%	2.37%	Q2	2.55%	2.75%	4.48%	Q3	3.77%	3.96%	5.89%	Q4	5.41%	5.45%	9.00%
Financial quarter			2023/24	2024/25	2025/26																	
Q1			1.29%	1.54%	2.37%																	
Q2			2.55%	2.75%	4.48%																	
Q3			3.77%	3.96%	5.89%																	
Q4			5.41%	5.45%	9.00%																	
Q4 2025/26																						
Target																						
5% 25/26, 7.5% 26/27																						
Reported position																						
9.0%																						
Escalation level																						
Level 1																						
SPC assurance																						
N/A																						

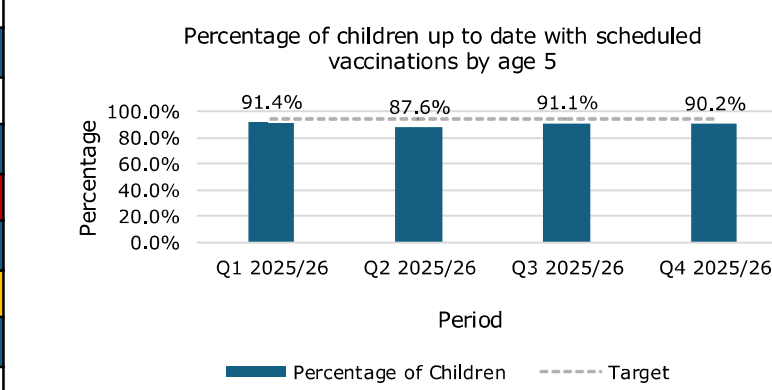
Summary	What the data tells us Smoking cessation performance has been robust in 2025/26 reporting compliance against the 2025/26 5% target by quarter 3 and finishing the year with 9% reported. Powys ranks 2 nd in Wales with the All-Wales position reported as 5.9%. For 2026/27 it should be noted that the milestone targets will be 1.5% by Q1, 3.5% by Q2, 5.5% by Q3, 7.5% by Q4.
	Key challenges/ issues Significant work has been undertaken in recent years to achieve the annual target of 5%, which was met for the first time in 2023/24. The annual target has now been increased to 7.5% for 2026/27, which will require sustained focus and further efforts to achieve.
	Small team covering large geography with increased behavioural support needed to support adult smokers with complex issues to quit smoking.
	Key action/ initiatives Promotional work in Q4 to raise awareness of support available and referral pathways has resulted in increased activity. This has included a GP text message project in 6 GP Practices focused on areas of deprivation across Powys, and a promotional campaign in community pharmacies.

Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks		PM2																				
Latest Period	 Executive Lead – Mererid Bowley - Executive Director of Public Health																					
Q4 2025/26	Percentage of smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks <table><tr><th>Period</th><th>2019/20</th><th>2024/25</th><th>2025/26</th></tr><tr><td>Quarter 1</td><td>37.8%</td><td>18.6%</td><td>11.05%</td></tr><tr><td>Quarter 2</td><td>34.8%</td><td>15.6%</td><td>13.93%</td></tr><tr><td>Quarter 3</td><td>40.8%</td><td>14.7%</td><td>13.35%</td></tr><tr><td>Quarter 4</td><td>37.3%</td><td>14.8%</td><td>16.10%</td></tr></table>		Period	2019/20	2024/25	2025/26	Quarter 1	37.8%	18.6%	11.05%	Quarter 2	34.8%	15.6%	13.93%	Quarter 3	40.8%	14.7%	13.35%	Quarter 4	37.3%	14.8%	16.10%
Period			2019/20	2024/25	2025/26																	
Quarter 1			37.8%	18.6%	11.05%																	
Quarter 2			34.8%	15.6%	13.93%																	
Quarter 3			40.8%	14.7%	13.35%																	
Quarter 4			37.3%	14.8%	16.10%																	
Target																						
40%																						
Reported position																						
16.1%																						
Escalation level																						
Level 2a																						
SPC assurance																						
N/A																						

Summary	What the data tells us By Q4 2025/26 16.1% of treated smokers were reported as CO (Carbon monoxide) validation as quit at 4 weeks. In addition, 44.1% self-reported as having quit at 4 weeks (Q3), this means that the actual total number of smokers who are CO validated is expected to be significantly higher than the reported position.
	Key challenges/ issues Many clients are choosing telephone support, so it is challenging to obtain validated CO reading (rather than self-report). The rurality of Powys, transport issues etc make it challenging for some clients to meet face to face to undertake CO monitoring, preferring to self-validate their successful quit.
	Key action/ initiatives Community pharmacies are in the process of transferring to a new service specification which will include the recording of clients CO monitoring stores onto national HMQ database. This will increase accessibility for both community and pharmacy clients to produce CO monitor result when collecting NRT prescription.
	Midwifery staff continue to take CO readings at home visits and at sonography appointments.

Population Health and Prevention

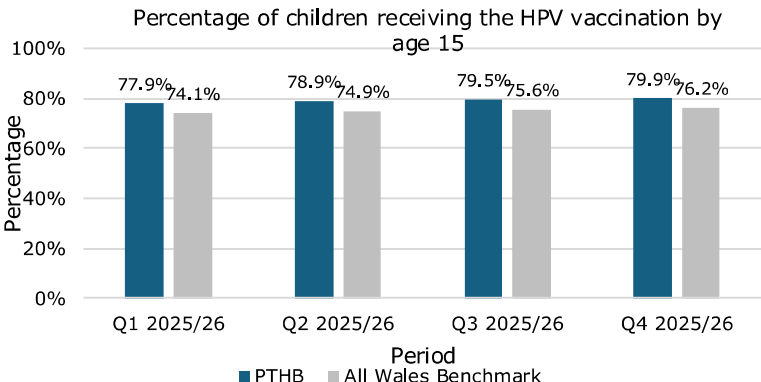
Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)		PM3										
Latest Period	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol) <table><tr><th>Period</th><th>Percentage of people</th></tr><tr><td>Q1 2025/26</td><td>83.2%</td></tr><tr><td>Q2 2025/26</td><td>90.8%</td></tr><tr><td>Q3 2025/26</td><td>78.2%</td></tr><tr><td>Q4 2025/26</td><td>88.5%</td></tr></table>	Period	Percentage of people	Q1 2025/26	83.2%	Q2 2025/26	90.8%	Q3 2025/26	78.2%	Q4 2025/26	88.5%	
Period	Percentage of people											
Q1 2025/26	83.2%											
Q2 2025/26	90.8%											
Q3 2025/26	78.2%											
Q4 2025/26	88.5%											
Q4 2025/26												
Target												
80%												
Reported position	88.5%											
Escalation level	Level 1											
SPC assurance	N/A											

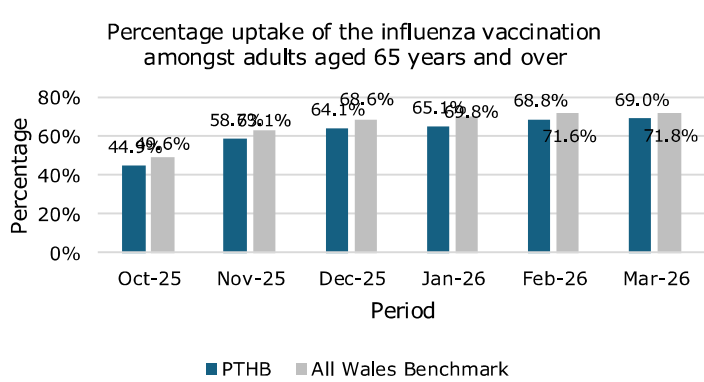
Percentage of children who are up to date with all routine scheduled vaccinations by age 5		PM4										
Latest Period	 Executive Lead – Mererid Bowley - Executive Director of Public Health											
Q4 2025/26	Percentage of children up to date with scheduled vaccinations by age 5 <table><tr><th>Period</th><th>Percentage of Children</th></tr><tr><td>Q1 2025/26</td><td>91.4%</td></tr><tr><td>Q2 2025/26</td><td>87.6%</td></tr><tr><td>Q3 2025/26</td><td>91.1%</td></tr><tr><td>Q4 2025/26</td><td>90.2%</td></tr></table> Percentage of Children ----- Target		Period	Percentage of Children	Q1 2025/26	91.4%	Q2 2025/26	87.6%	Q3 2025/26	91.1%	Q4 2025/26	90.2%
Period			Percentage of Children									
Q1 2025/26			91.4%									
Q2 2025/26			87.6%									
Q3 2025/26			91.1%									
Q4 2025/26			90.2%									
Target												
95%												
Reported position												
90.2%												
Escalation level												
Level 2a												
SPC assurance												
N/A												

Summary	What the data tells us Performance continues to fluctuate by quarter although the target has been achieved 3 out of 4 reported quarters. Latest performance is positive and above target reporting 88.5% in Q4 25/26. PTHB ranks 4th in Wales with an All-Wales reported position of 88.0% for the same period.
	Key challenges/ issues • Interpretation of the target varies across Wales. PTHB have focussed service to concentrate on harm reduction and enabling service users to take control on reducing the harm of substance misuse therefore, this does not always include complete abstinence, and dients may access the service for a significant length of time. • South Powys Dual Diagnosis worker role remains vacant.
	Key action/ initiatives • The provider has recently been awarded a contract to deliver wellbeing service from Housing Support Local Authority.

Summary	What the data tells us Uptake of routine childhood vaccinations in Powys remains below the 95% target for protecting population health. PTHB ranks 2nd in Wales with the All-Wales position reported as 87.5% uptake.
	Key challenges/ issues • Continued focus is required to try to meet the 95% target, including catch-up activity. • Keeping vaccination records accurate requires ongoing data cleansing across systems. • Recent changes to the childhood schedule have increased programme complexity
	Key action/ initiatives • 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 for practices to identify and vaccinate children who have missed routine vaccinations. • Training and guidance provided to support delivery of the updated programme.

Population Health and Prevention

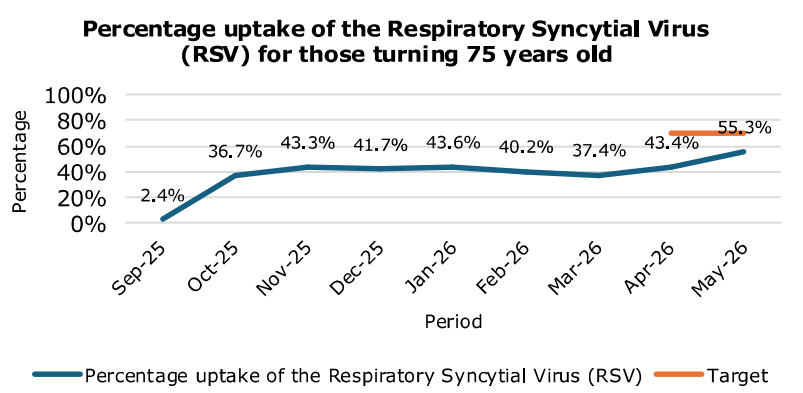
Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15		PM5															
Latest Period	 Executive Lead – Mererid Bowley - Executive Director of Public Health Percentage of children receiving the HPV vaccination by age 15 <table><tr><th>Period</th><th>PTHB</th><th>All Wales Benchmark</th></tr><tr><td>Q1 2025/26</td><td>77.9%</td><td>74.1%</td></tr><tr><td>Q2 2025/26</td><td>78.9%</td><td>74.9%</td></tr><tr><td>Q3 2025/26</td><td>79.5%</td><td>75.6%</td></tr><tr><td>Q4 2025/26</td><td>79.9%</td><td>76.2%</td></tr></table>	Period	PTHB	All Wales Benchmark	Q1 2025/26	77.9%	74.1%	Q2 2025/26	78.9%	74.9%	Q3 2025/26	79.5%	75.6%	Q4 2025/26	79.9%	76.2%	
Period		PTHB	All Wales Benchmark														
Q1 2025/26		77.9%	74.1%														
Q2 2025/26		78.9%	74.9%														
Q3 2025/26		79.5%	75.6%														
Q4 2025/26		79.9%	76.2%														
Q4 2025/26																	
Target																	
90%																	
Reported position																	
79.9%																	
Escalation level																	
Level 2a																	
SPC assurance																	
N/A																	

Percentage uptake of the influenza vaccination amongst adults aged 65 years and over		PM6																					
Latest Month	 Executive Lead – Mererid Bowley - Executive Director of Public Health Percentage uptake of the influenza vaccination amongst adults aged 65 years and over <table><tr><th>Period</th><th>PTHB</th><th>All Wales Benchmark</th></tr><tr><td>Oct-25</td><td>44.9%</td><td>46.6%</td></tr><tr><td>Nov-25</td><td>58.7%</td><td>61.1%</td></tr><tr><td>Dec-25</td><td>64.1%</td><td>68.6%</td></tr><tr><td>Jan-26</td><td>65.1%</td><td>69.8%</td></tr><tr><td>Feb-26</td><td>68.8%</td><td>71.6%</td></tr><tr><td>Mar-26</td><td>69.0%</td><td>71.8%</td></tr></table>	Period	PTHB	All Wales Benchmark	Oct-25	44.9%	46.6%	Nov-25	58.7%	61.1%	Dec-25	64.1%	68.6%	Jan-26	65.1%	69.8%	Feb-26	68.8%	71.6%	Mar-26	69.0%	71.8%	
Period		PTHB	All Wales Benchmark																				
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Mar-26		69.0%	71.8%																				
Mar-2026																							
Target																							
75%																							
Reported position																							
69.0%																							
Escalation level																							
Level 2a																							
SPC assurance																							
N/A																							

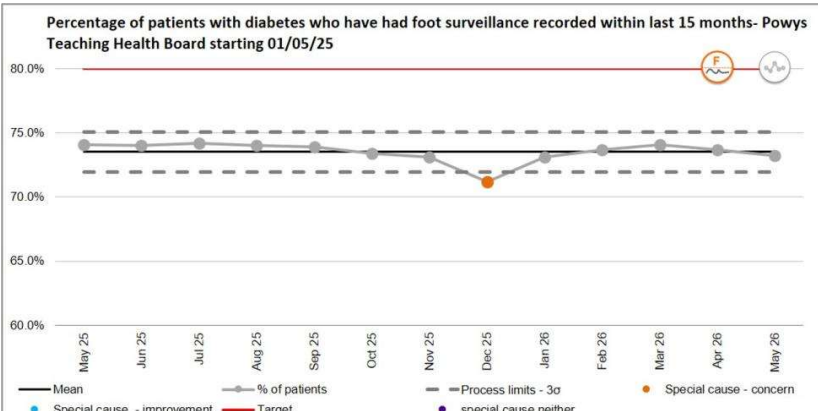
Summary	What the data tells us Uptake in Powys has increased to 79.9% and continued focus towards increasing uptake to the 90% target which is aimed to reduce cervical cancer cases to fewer than 4 per 100,000 women. PTHB ranks 3 rd in Wales with the All-Wales position reporting 76.2% for the same period.
	Key challenges/ issues Obtaining parental consent can be challenging. Child Health team have had some staffing issues which affects accuracy of child immunisation record and thus impacts on programme delivery and data cleansing.
	Key action/ initiatives Teenage Immunisation Improvement Plan for Powys has been developed and is being implemented to address gradual decline in uptake over the past five years across all teenage vaccination programmes. Further work is underway to narrow inequalities gap.

Summary	What the data tells us For 2025/6, population surveillance data has been used as a denominator to report uptake, differing from previous years where uptake data has aligned to delivery. Using population data, uptake reached 69%, below the target of 75%.
	Uptake by Powys population registered with GPs in Powys achieved 72%. This performance measure aligns to delivery and has been the performance metric used in previous years to measure performance, and enables HBs to target improvement in uptake.
	Key challenges/ issues Population surveillance data includes patients who may reside in Powys and are registered with General Practice outside of Wales and with other HBs in Wales. Residents registered with GPs in England will be offered vaccination by NHS England due to GPs being contracted to deliver flu vaccination.
	Key action/ initiatives Planning is underway for the 2026/27 vaccination programme, to try to vaccinate as many patients as early as possible. This includes developing a communications programme to raise awareness of the vaccination and the consequences of catching flu. The issue of using surveillance data to report on operational performance metrics has been raised with Welsh Government.

Population Health & Prevention

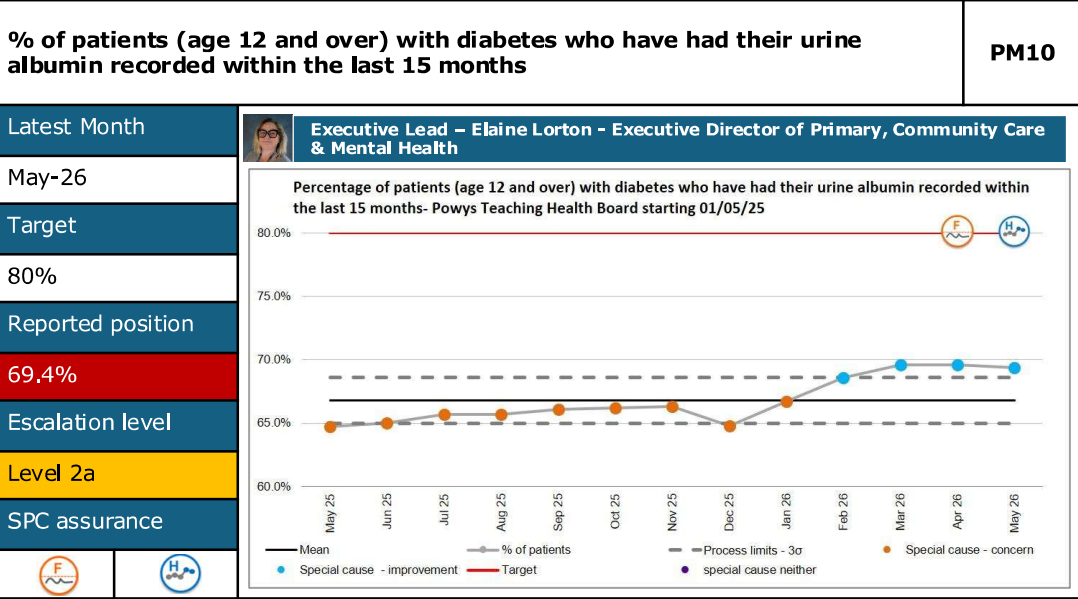
Percentage uptake of the Respiratory Syncytial Virus (RSV) for those turning 75 years old		PM7																														
Latest Month	 Executive Lead – Mererid Bowley - Executive Director of Public Health																															
May-26	Percentage uptake of the Respiratory Syncytial Virus (RSV) for those turning 75 years old <table><tr><th>Period</th><th>Percentage uptake of the Respiratory Syncytial Virus (RSV)</th><th>Target</th></tr><tr><td>Sep-25</td><td>2.4%</td><td></td></tr><tr><td>Oct-25</td><td>36.7%</td><td></td></tr><tr><td>Nov-25</td><td>43.3%</td><td></td></tr><tr><td>Dec-25</td><td>41.7%</td><td></td></tr><tr><td>Jan-26</td><td>43.6%</td><td></td></tr><tr><td>Feb-26</td><td>40.2%</td><td></td></tr><tr><td>Mar-26</td><td>37.4%</td><td></td></tr><tr><td>Apr-26</td><td>43.4%</td><td></td></tr><tr><td>May-26</td><td>55.3%</td><td>55.3%</td></tr></table>	Period	Percentage uptake of the Respiratory Syncytial Virus (RSV)	Target	Sep-25	2.4%		Oct-25	36.7%		Nov-25	43.3%		Dec-25	41.7%		Jan-26	43.6%		Feb-26	40.2%		Mar-26	37.4%		Apr-26	43.4%		May-26	55.3%	55.3%	
Period		Percentage uptake of the Respiratory Syncytial Virus (RSV)	Target																													
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Mar-26	37.4%																															
Apr-26	43.4%																															
May-26	55.3%	55.3%																														
Target																																
70%																																
Reported position																																
55.3%																																
Escalation level																																
Level 2a																																
SPC assurance																																
N/A																																

Summary	What the data tells us Uptake in Powys remains below target for residents turning 75years. Powys ranks 1st in Wales with the All-Wales position reported at 45.1%. Timeliness of offering RSV vaccination directly impacts reported uptake rates. Residents are offered RSV vaccination within 3 months of turning 75year of age. This metric reports uptake for residents turning 75yrs of age within the month and therefore is not aligned to all Wales commissioning and delivery directives.
	Key challenges/ issues - Low public awareness of Respiratory Syncytial Virus and why people are being invited for a vaccine. - Commissioned GPs need to enter administered vaccines onto patient immunisation records in a timely manner, otherwise programme delivery is affected by inaccurate records. Key action/ initiatives - Making Every Contact Count by offering RSV vaccination alongside COVID vaccination for eligible people during the Spring COVID Programme. - Planning for catch up clinics in Q2 for any eligible person who has not yet received their vaccination. - Vaccination Co-ordinator working with GP practices across Powys to highlight the importance of timely recording of vaccinations.

% of patients (age 12 and over) with diabetes who have had foot surveillance recorded within last 15 months		PM9																																										
Latest Month	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health																																											
May-26	Percentage of patients with diabetes who have had foot surveillance recorded within last 15 months- Powys Teaching Health Board starting 01/05/25 <table><thead><tr><th>Month</th><th>% of patients</th><th>Special cause</th></tr></thead><tbody><tr><td>May 25</td><td>73.5%</td><td>neither</td></tr><tr><td>Jun 25</td><td>73.5%</td><td>neither</td></tr><tr><td>Jul 25</td><td>73.8%</td><td>neither</td></tr><tr><td>Aug 25</td><td>73.5%</td><td>neither</td></tr><tr><td>Sep 25</td><td>73.5%</td><td>neither</td></tr><tr><td>Oct 25</td><td>73.0%</td><td>neither</td></tr><tr><td>Nov 25</td><td>72.8%</td><td>neither</td></tr><tr><td>Dec 25</td><td>71.5%</td><td>concern</td></tr><tr><td>Jan 26</td><td>72.8%</td><td>neither</td></tr><tr><td>Feb 26</td><td>73.2%</td><td>neither</td></tr><tr><td>Mar 26</td><td>73.5%</td><td>neither</td></tr><tr><td>Apr 26</td><td>73.2%</td><td>neither</td></tr><tr><td>May 26</td><td>73.2%</td><td>neither</td></tr></tbody></table>		Month	% of patients	Special cause	May 25	73.5%	neither	Jun 25	73.5%	neither	Jul 25	73.8%	neither	Aug 25	73.5%	neither	Sep 25	73.5%	neither	Oct 25	73.0%	neither	Nov 25	72.8%	neither	Dec 25	71.5%	concern	Jan 26	72.8%	neither	Feb 26	73.2%	neither	Mar 26	73.5%	neither	Apr 26	73.2%	neither	May 26	73.2%	neither
Month			% of patients	Special cause																																								
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Mar 26	73.5%	neither																																										
Apr 26	73.2%	neither																																										
May 26	73.2%	neither																																										
Target																																												
80%																																												
Reported position																																												
73.2%																																												
Escalation level																																												
Level 2a																																												
SPC assurance																																												
 																																												

Summary	What the data tells us Performance remains stable over the last 12 months but below the 2026/27 target of 80%. Powys ranks 1st in Wales with the All-Wales reported position of 66.9%. Current PTHB position (as of May 26) 73.05%
	Key challenges/ issues Despite increased training over last 12-18 months, figures have remained similar. Key action/ initiatives Current initiative with podiatry team completing opportunistic foot surveillance following DESW appointments (limited ability to expand this due to clinic space restrictions, and access to list of patients due to attend DESW appointment). More focus on patient education on the importance of foot checks. Improved practice specific support following publishing of data.

Population Health & Prevention

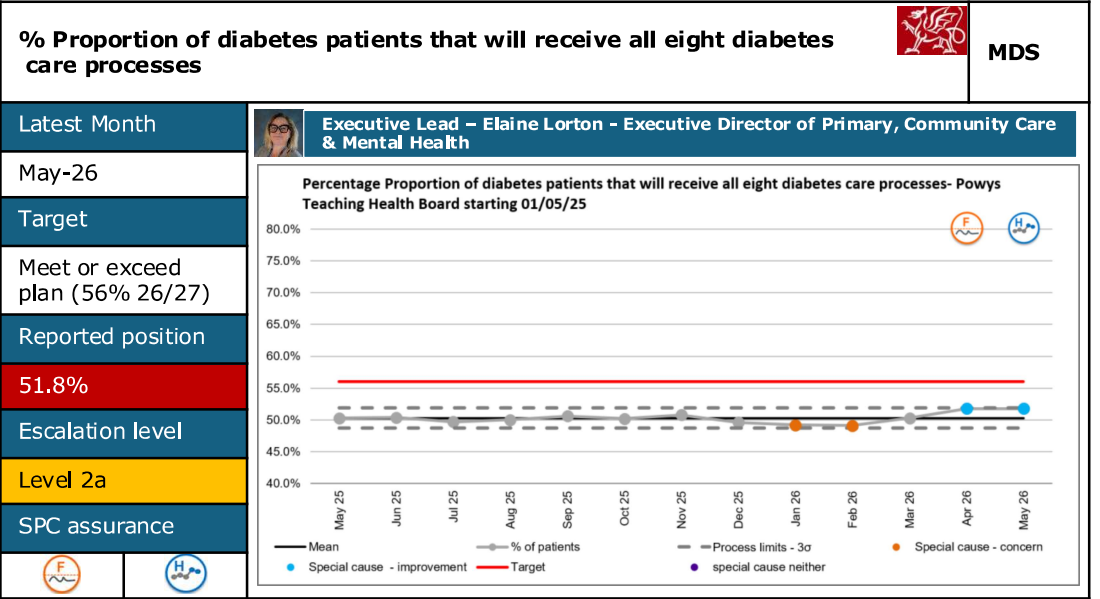


Summary

What the data tells us
As a new measure performance has remained stable with limited month-to-month variation for the preceding 12 months. Whilst recent performance has remained broadly consistent, it is below the 80% target, and further improvement is required to achieve this. Powys ranks 3rd in Wales against an All-Wales position of 66.9%.

Key challenges/ issues
Practice feedback has identified poor patient compliance to provide samples.

Key action/ initiatives
Guidance from PHW has confirmed any urine sample will do (as opposed to being early morning specimen only) which may improve figures.
There has been a 4.3% increase from 2025 to 2026
Opportunistic reminders for urine samples making every contact count
Improved practice specific support following publishing of data.



Summary

What the data tells us
Performance has remained stable throughout the reporting period, with limited month-to-month variation and a slight improvement in recent months. An ambitious target of 56% has been agreed as part of the Health Board's 2026/27 planning assumptions. Whilst current performance is below this ambition, it provides a baseline from which improvement will be monitored during 2026/27.

Key challenges/ issues
Ongoing data quality and coding variance
Lack of patient engagement for foot surveillance, and urine albumin specimens.

Key action/ initiatives

- Consistent approach with individual practice data being fed back to all 16 practices (from PCIP).
- Practices reviewing data and identifying key actions needed for improvement, monitored through UCAF process.
- Clinical supervision offered to all practices.
- Sharing of standardised template for EMIS (standardised coding) may improve data quality.
- QI project in North DN team to enhance management of LTCs, with initial focus on diabetes and completion of 8 care processes for housebound patients.
- Suggested increased searches (i.e. 6 monthly) to check for gaps and proactively complete any care processes; Recall in advance (i.e. 10 months, not 12 months); Pre-review health questionnaires (digital via AccuRx)
- Looking at options for Cluster projects

Population Health & Prevention

% of adult population receiving NHS dental care over a 24-month period - GDS		PM11
Latest Period	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health Percentage of adult population receiving NHS dental care over a 24-month period - GDS Percentage 100% 80% 60% 40% 20% 0% 38.5%38.6%38.4%38.2%38.1%37.0% Q3Q4Q1Q2Q3Q4 2024/252024/252025/262025/262025/262025/26 Period — Percentage of population (adult) receiving NHS dental care	
Q4 2025/26		
Target		
Improvement compared to the same period in the previous year		
Reported position		
37.0%		
Escalation level		
Level 2a		
SPC assurance		
N/A		

Summary	What the data tells us Latest reported performance in Q4 2025/26 (37.0%) does not improve on the same period in the previous year 38.6%. Quarter 4 is not currently benchmarked but in quarter 3 Powys ranks 5 th in Wales with the All-Wales position for the same period reporting 40.0%.
	Key challenges/ issues As of the 1 st of April 2026, access to NHS General Dental Services has been significantly compromised due to 5 contract terminations linked to the new GDS /2026 Regulations, that came into force on 1 st April 2026. This is having a significant effect on dental access, particularly in North Powys during 26/27.
	Key action/ initiatives Recurrent GDS funding has been agreed to reinvest £2.2m to support and stabilise GDS access. This is progressing and includes one imminent contract award approval, and three contracts in various stages of the tender process. Full implementation of these contracts will not take full effect until 27/28 Urgent access and new patient registration continues to be managed with support from the Community Dental Service or independent contractors.

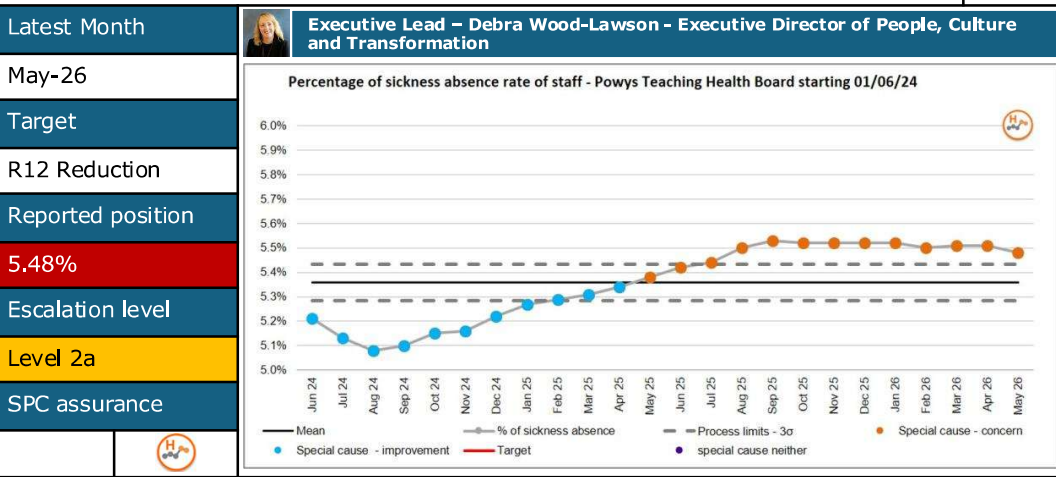
% of child population receiving NHS dental care over a 12-month period - GDS		PM12
Latest Period	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health % of child population receiving NHS dental care over a 12-month period - GDS Percentage 100% 80% 60% 40% 20% 0% 45.8%46.9%46.4%46.1%45.6%47.8% Q3Q4Q1Q2Q3Q4 2024/252024/252025/262025/262025/262025/26 Period — Percentage of population (child) receiving NHS dental care	
Q4 2025/26		
Target		
Improvement compared to the same period in the previous year		
Reported position		
47.8%		
Escalation level		
Level 1		
SPC assurance		
N/A		

Summary	What the data tells us Latest reported performance in Q4 2025/26 (47.8%) improves on the same period in the previous year 46.9%. Quarter 4 is not currently benchmarked but in quarter 3 Powys ranks 5 th in Wales with the All-Wales position for the same period reporting 47.5%.
	Key challenges/ issues As of the 1 st of April 2026, access to NHS General Dental Services has been significantly compromised due to 5 contract terminations linked to the new GDS /2026 Regulations, that came into force on 1 st April 2026. This is having a significant effect on dental access, particularly in North Powys during 26/27.
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People and Culture

Percentage of sickness absence rate of staff

PM36



Summary

What the data tells us

The SPC shows a gradual deterioration from July 2024, increasing from 5.13% to a peak of 5.54% in September 2025. Since then, performance has broadly stabilised, with the rolling position remaining between 5.48% and 5.53% over the last nine months. The latest position for May 2026 is 5.51%, which is a slight improvement on March 2026 at 5.52%, but remains above the overall mean for this period. This indicates that, while the previous upward trend has levelled off and is beginning to reduce, a reduction is not yet being achieved. The latest benchmarking position for April 2026 places Powys 5th out of 13 NHS Wales organisations, compared with an All-Wales sickness absence rate of 6.39%.

Key challenges/ issues

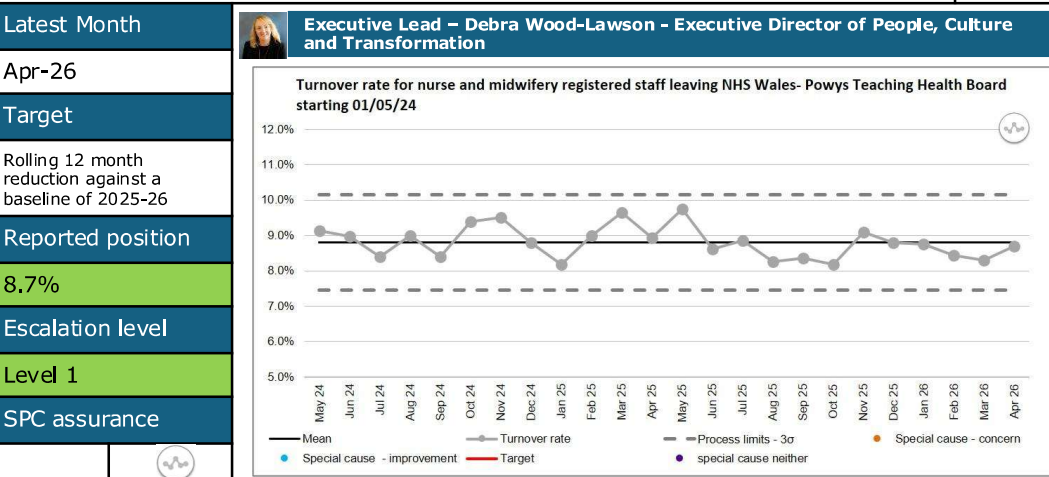
- Anxiety, Stress & Depression remains the highest reason for absence.
- Review of short-term absence suggests high levels of manager discretion is applied to the management of short-term absence process.

Key action/ initiatives

- To target short term absence, the People and Culture Business Partner team (P&C BP) are monitoring absences prompts in ESR and following these up with managers to ensure policy is followed.
- 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.
- 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 mindfulness & compassion team into the areas of the organisation in most need.

Turnover rate of nurse, midwifery, medical and dental registered staff leaving NHS Wales

PM37



Summary

What the data tells us

The SPC shows an overall improvement in turnover for registered nursing and midwifery staff since March 2024. The rate reduced from 10.9% in March 2024, which was identified as special cause concern, and has since remained within expected process limits. Performance has fluctuated during the period, but generally within a narrower range of around 8.2% to 9.7%. The latest reported position for April 2026 is 8.7%, which is below the SPC mean and indicates that turnover has stabilised at a lower level. Continued focus on retention remains important, but the current position suggests improved workforce stability compared with the start of the reporting period.

Key challenges/ issues

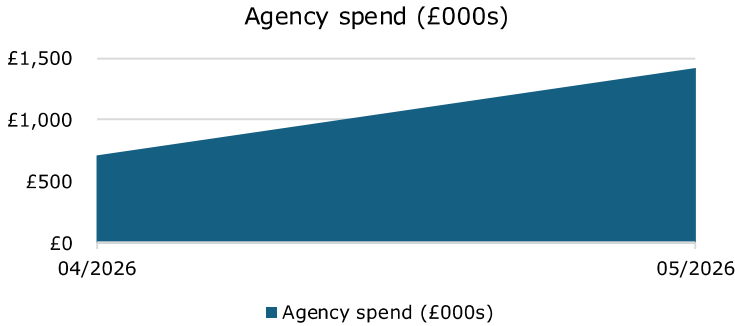
- There are high levels of leavers recorded as other/not known

Key action/ initiatives

- Managers continue to be encouraged to undertake exit interviews with staff where appropriate to try and gather clear intelligence for the reasons staff leave.
- The People & Culture (P&C) Directorate have developed good practice guides to support managers in working to improve retention.
- Through the BP team and the use of workforce intelligence, Team Climate surveys will be used to support retention, alongside the escalation framework for OD intervention developed with the OD team.
- The People & Culture directorate together with the Trade Unions and colleagues from services continue with a series of Staff Roadshows across all Hospital sites. The aim of these events is to support staff wellbeing and promote the support that is available within the Health Board.

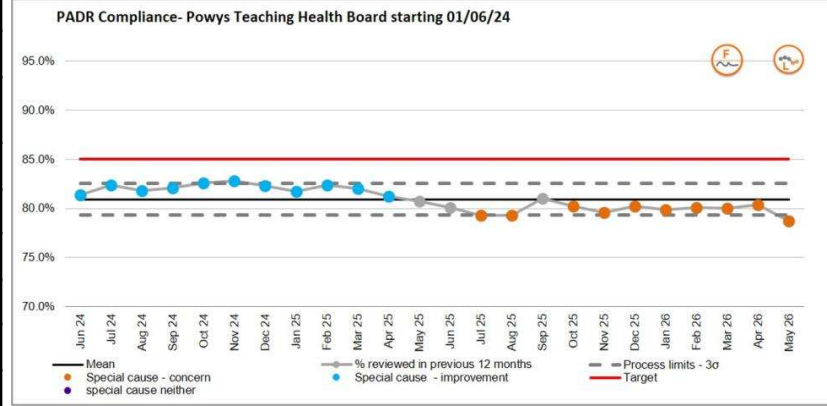
People and Culture

Agency Spend (000s)		PM38
Latest Month	 Executive Lead – Debra Wood-Lawson - Executive Director of People, Culture and Transformation	
May-26	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health	
Target		
£5215		
Reported position		
£1417		
Escalation level		
Level 1		
SPC assurance		
N/A	N/A	

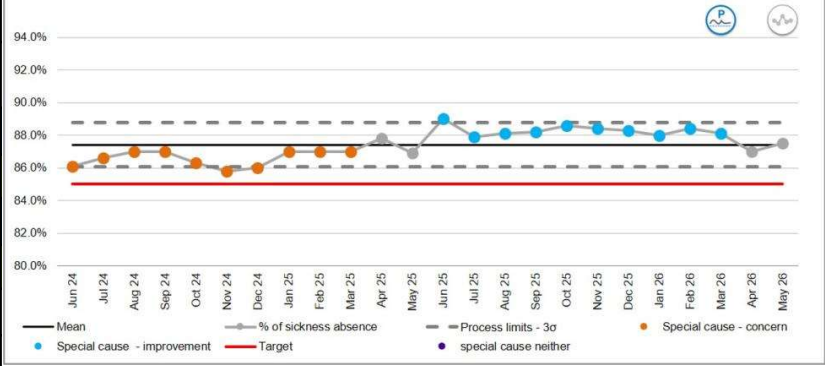


Summary	What the data tells us This measure is revised for 2026/27 and only currently contains two data points. Welsh Government performance reported the Powys position at £1,417 in May 2026, ranking us 8 th in Wales. The All-Wales reported position was £17,930 for the same period.
	Key challenges/ issues - Some apparent discrepancy between WG and PTHB figures. - Continued balanced between performance delivery and reliance on locum provision.
	Key action/ initiatives Re-establishment of variable pay scrutiny and challenge meetings. Further focus on recruitment in therapy services. Further focus on mental health ward, community and medical recruitment.

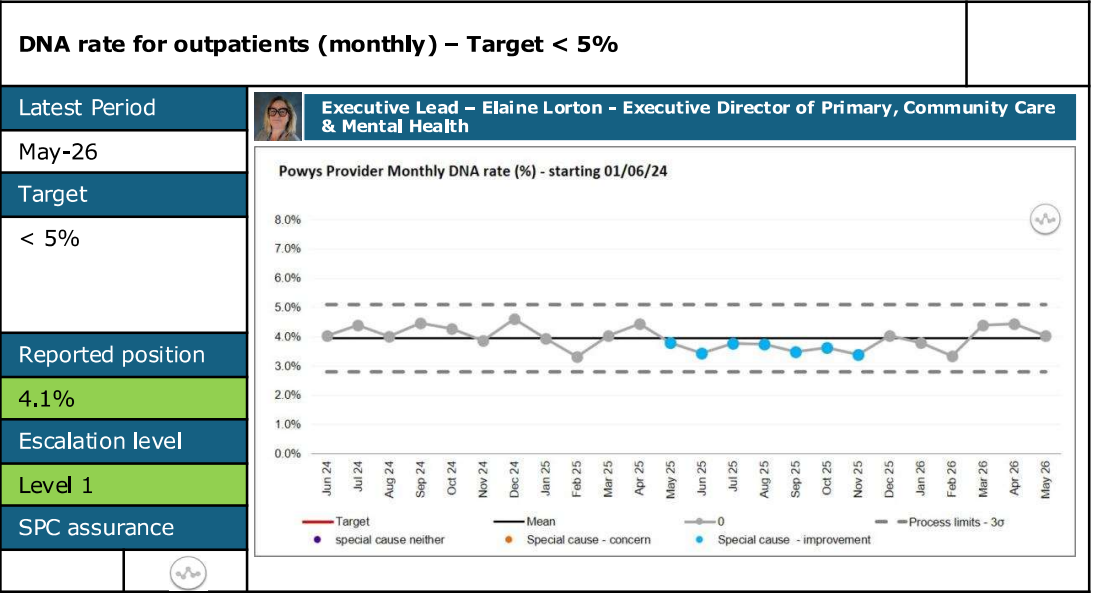
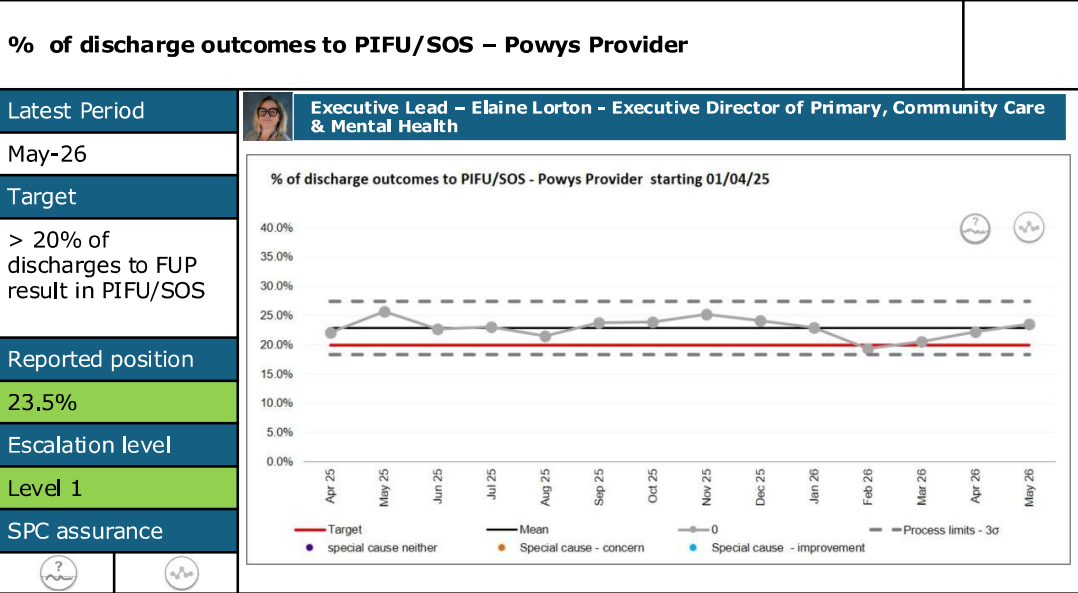
Percentage headcount of those who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)		LM
Latest Month	 Executive Lead – Debra Wood-Lawson - Executive Director of People, Culture and Transformation	
May-26		
Target		
85%		
Reported position		
79%		
Escalation level		
Level 2a		
SPC assurance		



Summary	What the data tells us The SPC shows a gradual deterioration in PADR compliance over the reporting period, reducing from 83% in July 2024 to 79% in June 2026. Performance remained relatively stable at 82–83% during 2024/25, before moving to a lower range of 79–81% during 2025/26. Although PADR compliance is no longer included within the NHS Wales Performance Framework, the Health Board has retained the original 85% target. The latest reported position of 79% remains below this standard and indicates that further improvement is required to recover compliance.
	Key challenges/ issues - 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. 6 of 17 directorates were above the 85% compliance target in May.
	Key action/ initiatives - 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. - All supervisors receive a monthly report with a breakdown of their teams' compliance.

Mandatory and Statutory Training Compliance %		LM
Latest Month	 Executive Lead – Debra Wood-Lawson - Executive Director of People, Culture and Transformation Percentage compliance of statutory and mandatory training- Powys Teaching Health Board starting 01/06/24 	
May-26		
Target		
85%		
Reported position		
87.5%		
Escalation level		
Level 1		
SPC assurance		
Summary	What the data tells us The SPC shows sustained improvement in statutory and mandatory training compliance from June 2025, following a period of stable performance just above the 85% target. Compliance has remained above target throughout the reporting period, moving from around 86–87% during 2024/25 to a higher level of around 88–89% for much of 2025/26. The latest reported position for May 2026 remains above the 85% target, although there has been a slight reduction from the recent peak. The current position indicates improved and sustained compliance, with continued focus required to maintain performance and avoid slippage.	
	Key challenges/ issues Directorates continue to report that a combination of staff absence, vacancies and operational pressures have continued to have an impact on completion of S&M training.	
	Key action/ initiatives - The P&C BP team discuss compliance at senior management meetings within services, escalating to Assistant Directors areas of concern as required. - All supervisors receive a monthly report with a breakdown of their teams' compliance.	

Productivity and Efficiency – Planned Care



Summary

What the data tells us
PTHB planned care services on average discharge above the recommended PIFU/SOS target in Wales. It should be also noted that nearly 77% of patients in May were outcome from an appointment as discharged.

Key challenges/ issues
SLA arrangements can lead to some variance between specialties, but on the whole, with PIFU / SOS being just a small part of the overall discharge performance, the service is achieving a good balance of follow up and discharge.

Key action/ initiatives
Continue to operationally monitor and challenge.

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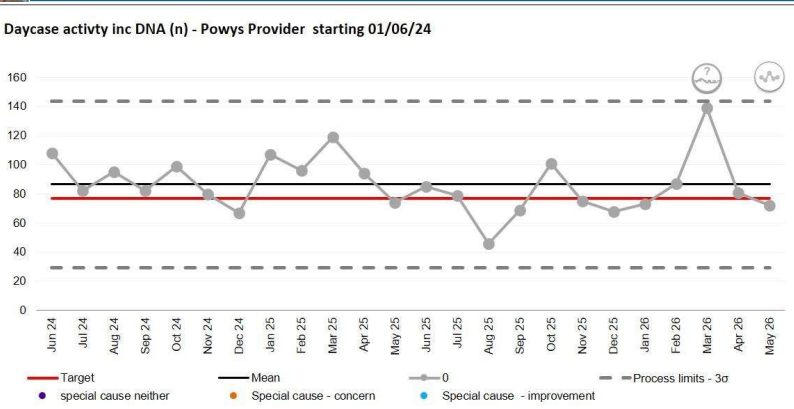
Summary

What the data tells us
DNA rate for Powys as a provider has always been low when compared to other providers. In the last 24 months it has an average rate of 3.95% for outpatient appointments. A key to the low rate is the flexible partial booking service used by the operational teams.

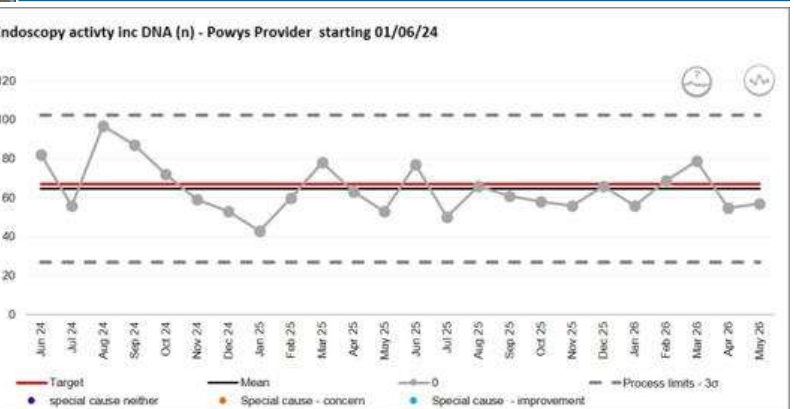
Key challenges/ issues
Greater reliance on manual booking systems across therapies. Seeking to explore opportunities to move to text reminders across all OPD services.

Key action/ initiatives
Focus on digital development for booking across all teams.

Productivity and Efficiency – Planned Care

Provider - Reported Daycase activity Inc. DNA		MDS
Latest Period	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health	Daycase activity inc DNA (n) - Powys Provider starting 01/06/24 
May-26		
Target		
926 procedures annually circa 76 min per month.		
Reported position		
72		
Escalation level		
Level 2a		
SPC assurance		

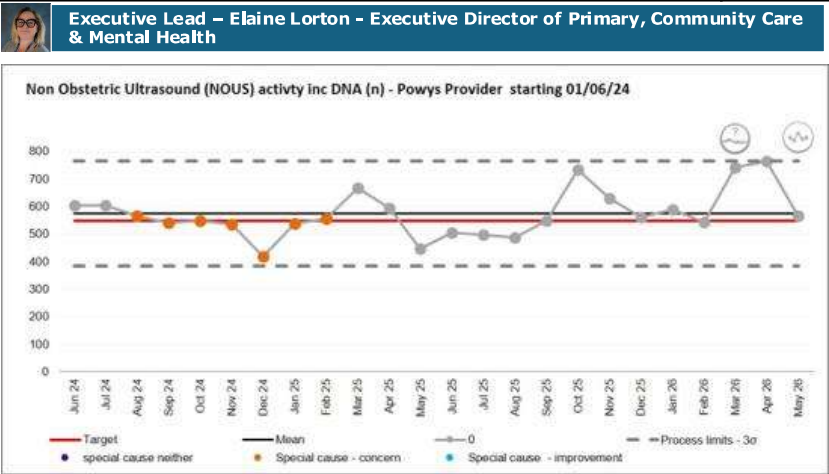
Summary	What the data tells us As part of the health board plan technical support template key trajectories were set for planned care. The forecast was to carry out at least 926 day cases in 2026/27
	Key challenges/ issues • PTHB activity can vary will vary with the in-reach provision for specialties. Activity can be particularly volatile when viewed monthly. • Activity will fluctuate in response to the waiting list. • In-reach Ophthalmology carrying our procedures has reduced in 26/27 when compared to previous years.
	Key action/ initiatives • Better Together transformational projects to look for repatriation of services and procedures. • Regional offers for physical theatre capacity in Brecon War Memorial Hospital and Llandrindod Wells War Memorial Hospital.

Provider - Reported Endoscopy activity inc DNA		MDS
Latest Period	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health	Endoscopy activity inc DNA (n) - Powys Provider starting 01/06/24 
May-26		
Target		
825 procedures annually circa 69 min per month.		
Reported position		
57		
Escalation level		
Level 2a		
SPC assurance		

Summary	What the data tells us Total endoscopy activity has reduced for the last 4 years from 22/23 primarily linked to the CTMUHB in-reach provision into South Powys and retirement of key consultant. A large proportion of activity remains for the Bowel Screening Wales service contract. But both month 1 and 2 have reported less activity than the 24-month average and slightly below the monthly activity guide to meet or exceed 825 procedures in 2026/27.
	Key challenges/ issues • PTHB activity will vary with the in-reach provision for specialties. Activity can be particularly volatile when viewed monthly. • Bowel Screening Wales activity is currently carried out by in source provider. • Activity will fluctuate in response to the waiting list.
	Key action/ initiatives • Powys physical capacity (treatment rooms) offered as part of mutual aid for regional solutions further discussions with Associate Director Regional Delivery NHS Performance & Improvement.

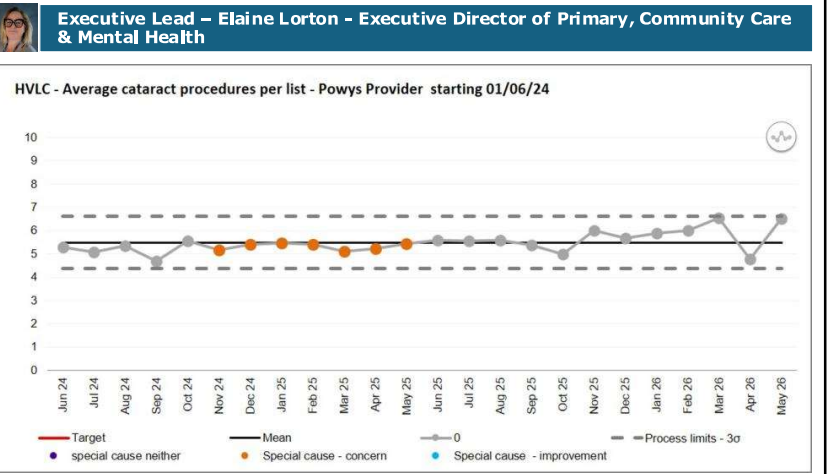
Productivity and Efficiency – Planned Care

Provider - Non-Obstetric Ultrasound activity		MDS
Latest Period	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health	
May-26		
Target		
6570 annually or minimum of 548 per month		
Reported position		
567		
Escalation level		
Level 1		
SPC assurance		
 		



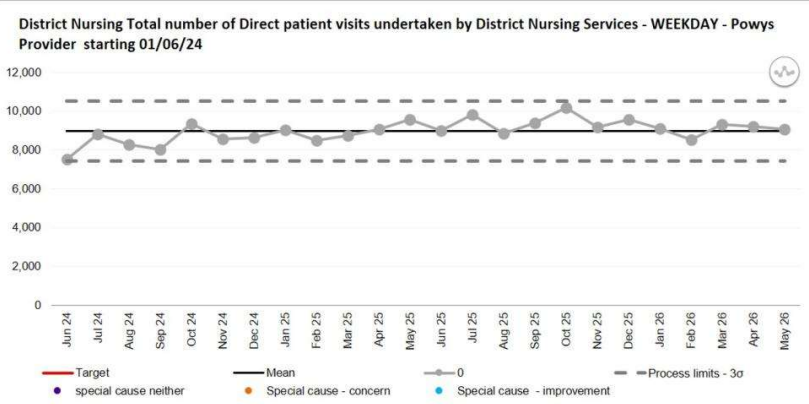
Summary	What the data tells us PTHB provides significant activity to meet the NOUS requirements in Powys. The monthly total waiting list is circa 600 average. The health board is on track to meet or exceed the number of planned patient scans for 2026/27.
	Key challenges/ issues - The service currently requires agency capacity to meet waiting times. - Whilst delivers against the national 8-week standard, the margins are very slim, with continual risk for breaches.
	Key action/ initiatives Seeking access to national planned care recovery funding to extend performance to within 6 weeks and build margin of capacity through further recruitment and agency resourcing.

GIRFT High Value Low Complexity (HVLC) - Cataract procedures per list		GIRFT
Latest Period	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health	
May-26		
Target		
90% of lists to have 7 per list by end of Q2 26/27		
Reported position		
6.5		
Escalation level		
Level 1		
SPC assurance		
 		

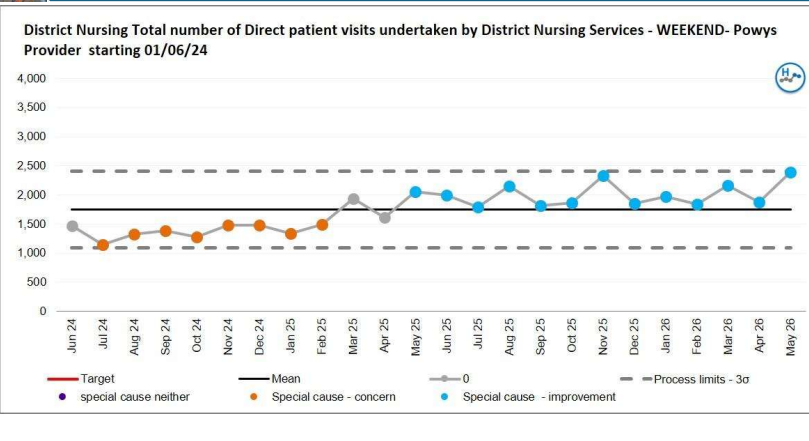


Summary	What the data tells us The GIRFT target has not been met so far in 2026/27 but will not be RAG rated until the end of Q2. It should be noted that the GIRFT target will be very challenging for PTHB as often non cataract procedures are booked and undertaken with cataracts. There is also variance across the theatres, for example in May an average of 6.7 cataracts were carried out per list in Llandrindod Wells War Memorial Hospital whilst 6.0 average cataract procedures per list were carried out in Brecon War Memorial Hospital.
	Key challenges/ issues No cataract specific caseload mix.
	Key action/ initiatives PTHB service efficiencies have enabled that 8 cataracts can be carried out per list. This has been achieved through insourcing lists however there are challenges with Wye Valley NHS Trust in reach capacity provision.

Productivity and Efficiency – Community Care

District Nursing Total number of Direct patient visits undertaken by District Nursing Services - WEEKDAY		MDS
Latest Period	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health District Nursing Total number of Direct patient visits undertaken by District Nursing Services - WEEKDAY - Powys Provider starting 01/06/24 	
May-26		
Target		
130,000 patients visits annually or 10833 per month minimum.		
Reported position		
9089		
Escalation level	Level 2a	
SPC assurance		
N/A		

Summary	What the data tells us An ambitious target was set in the MDS for the number of direct patient visits undertaken by District Nursing Services on weekdays of 130,000, this would require an average of 10,833 per month. The number of visits reported for May was 9,089 slightly above the 24-month average.
	Key challenges/ issues - Achievement of plan is reliant on demand for visits linked to caseload of District Nurses. - Some capacity to be released with on boarding of Aspiring newly qualified nurses in Q3.
	Key action/ initiatives - Every patient contact is recorded on Civica, this includes Leg Club and Wound care clinics - NDN funding used for Leg Club provision through the county – all areas will have drop in leg clubs and a leg club passport meaning Leg care can be access anywhere in Powys to suit the needs of the patient.

District Nursing Total number of Direct patient visits undertaken by District Nursing Services - WEEKEND		MDS
Latest Period	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health District Nursing Total number of Direct patient visits undertaken by District Nursing Services - WEEKEND- Powys Provider starting 01/06/24 	
May-26		
Target		
4,000 patient visits annually or 333 per month minimum.		
Reported position		
2391		
Escalation level	Level 1	
SPC assurance		
N/A		

Summary	What the data tells us The number of weekend visits increased at the start of 2025/26 and has remained above the 24-month average. May reported 2391 weekend visits were made far above plan.
	Key challenges/ issues Achievement of plan is reliant on demand for visits linked to caseload of District Nurses.
	Key action/ initiatives - OCP implemented to achieve 0800-2000 teams across North Powys enabling a sustainable delivery of weekend and evening service which has positively impacted our ability to increase weekend % and availability. - Some additional capacity coming online in Q3 with aspiring nurses. This will naturally increase weekend capacity.

Appendix 1 – Quality and Safety

Domain		Priority level		Ref	KPI	Esc. Level	Assu. Icon	Variation Icon	Target 26/27	Mar-24	Mar-25	Mar-26	Apr-26	May-26	Latest Ranking	All Wales
										23/24	24/25	Q4	Q1			
Quality & Safety	Effective Care			PM39	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Level 1			95%	100%	100.0%	100.0%	99.6%		2nd	77.9%
Quality & Safety	Safe Care			PM40	Nationally reportable incidents open over 12 months	Level 2a			Zero			11	4	4	6th	57
Quality & Safety	Safe Care			PM49	Number of never events	Level 1	N/A	N/A	Zero		0	0	0	0	1st	1
Quality & Safety	Safe Care			LM	Complaints resolved through early resolution by March 2027	Level 2a	N/A	N/A	>= 40%		77.27%	23.8%			N/A	N/A
Quality & Safety	Infection Control			PM41	Cumulative number of hospital onset Klebsiella spp BSI cases	Level 1	N/A	N/A	0		0	0	0	0	N/A	N/A
Quality & Safety	Infection Control			PM42	Cumulative number of hospital onset Pseudomonas aeruginosa BSI cases	Level 1	N/A	N/A	0		0	0	0	0	N/A	N/A
Quality & Safety	Infection Control			PM43	Cumulative number of hospital onset E.coli BSI cases	Level 1	N/A	N/A	Cuml. < 2 @ March 27		2	1	0	0	N/A	N/A
Quality & Safety	Infection Control			PM44	Cumulative number of MSSA BSI cases	Level 1	N/A	N/A	Cuml. < 2 @ March 27		2	1	0	0	N/A	N/A
Quality & Safety	Infection Control			PM45	Cumulative number of C.difficile infection cases	Level 1	N/A	N/A	Cuml. < 17 @ March 27		22	27	1	3	N/A	N/A
Quality & Safety	Prescribing			PM46	Gabapentin and pregabalin DDDs per 1,000 patients	Level 2a	N/A	N/A	10% reduction to same period		1423.7	1408.4			3rd	1550.84
Quality & Safety	Prescribing			PM47	Average quantity per item prescribed from start period for the reference basket of medicines		N/A	N/A	Prescribing interval of 35 days or where average is >= 35 days in		29.11	29.16			6th	31.43
Quality & Safety	Prescribing			PM48	Number of low Global Warming Potential (GWP) inhalers as a percentage of all inhalers prescribed		N/A	N/A	80% or an increase of at least 15 percentage points on the March 2026 baseline towards 80%		39.46%	45.3%			6th	48.70%
Quality & Safety	Experience			PM50	Overall HB patient experience score	Level 2a	N/A	N/A	8.5 (out of 10)			7.2	6.5	7.8	9th	8.7
Quality & Safety	Safe Care			LM	Powys Inpatient Rolling 12-month Crude Mortality	Level 1	N/A		Reduction			6.0%	5.8%	6.0%	N/A	N/A
Quality & Safety	Safe Care			LM	Reduce perinatal mortality rates	Level 1	N/A	N/A	TBC	3.27 per 1k					N/A	3.29 per 1k
Quality & Safety	Safe Care			LM	Powys responsible 7 day re-admission rate	Level 2a	N/A		Flat rate		6.2%	5.8%	7.2%	7.4%	N/A	N/A

Appendix 1 – Access & Outcomes

Domain		Priority level		Ref	KPI	Esc. Level	Assu. Icon	Variation Icon	Target 26/27	Mar-24	Mar-25	Mar-26	Apr-26	May-26	Latest Ranking	All Wales
										Q4	Q4	Q4	Q1			
Access & Outcomes	Screening			PM8	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	Level 3			90%	0.0%	0.0%	20.7%	4.8%		5th	11.8%
Access & Outcomes	Cancer			LM	Percentage of patients starting their first definitive cancer treatment within 62 days. Combined Welsh & English contextual measure.	Level 2a			Local target 75%			61.0%	58.3%		N/A	56.7%
Access & Outcomes	Cancer			LM	Provider - Single cancer pathway downgrades within 28 days best practice	Level 1	N/A		No target	31.8%	60.6%	50.0%	59.1%	95.2%	N/A	
Access & Outcomes	Cancer			MDS87	Provider - New Cancer Referrals	Level 1	N/A		No target	44	58	50	40	42	N/A	
Access & Outcomes	Prescribing			PM13	Percentage of community pharmacies providing Pharmacist Independent Prescribing service (PIPS)	Level 2a	N/A	N/A	65.5%			45.5%	50.0%	50.0%	3rd	46.1%
Access & Outcomes	Mental Health			PM14	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years	Level 1			80%	97.7%	100%	97.4%	90.2%	96.1%	4th	93.8%
Access & Outcomes	Mental Health			PM15	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years	Level 1			80%	100.0%	91.7%	95.7%	87.0%	83.3%	5th	87.0%
Access & Outcomes	Mental Health			PM16	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over	Level 2a			80%	60.8%	98.0%	93.2%	45.8%	32.0%	7th	82.2%
Access & Outcomes	Mental Health			PM17	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	Level 1			80%	91.1%	93.5%	96.6%	86.3%	92.9%	4th	89.7%
Access & Outcomes	Mental Health			LM	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	Level 1			90%	97.0%	97.4%	90.4%	94.4%	95.1%	N/A	
Access & Outcomes	Mental Health			LM	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	Level 2a			90%	79.5%	81.9%	82.8%	81.2%	79.3%	N/A	
Access & Outcomes	Mental Health			PM18	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Level 2a			80%	42.2%	29.9%	36.8%	39.3%	39.1%	*3rd	23.3%
Access & Outcomes	Mental Health			PM19	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Level 1			80%	75.9%	71.3%	88.2%	88.4%	88.5%	1st	53.4%

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Appendix 1 – Access & Outcomes continued

Domain		Priority level		Ref	KPI	Esc. Level	Assu. Icon	Variation Icon	Target 26/27	Mar-24	Mar-25	Mar-26	Apr-26	May-26	Latest Ranking	All Wales
										Q4	Q4	Q4	Q1			
Access & Outcomes	Emergency Care			PM20	Percentage of people to have a heartbeat restored after a period of cardiac arrest which is subsequently retained until arrival at hospital (Return Of Spontaneous Circulation)	Level 2a	N/A	N/A	End of quarter on end quarter improvement			18.2%	18.2%	0.0%	7th	22.1%
Access & Outcomes	Emergency Care			PM21	Median emergency ambulance response time to purple: arrest category calls	Level 2a	N/A	N/A	Target range of 6-8 minutes			00:09:34	00:08:52	00:12:35	7th	00:07:45
Access & Outcomes	Emergency Care			PM22	Median emergency ambulance response time to red: arrest category calls	Level 2a	N/A	N/A	Target range of 6-8 minutes			00:11:47	00:10:00	00:12:05	7th	00:09:12
Access & Outcomes	Emergency Care			PM23	Number of ambulance patient handovers over 45 minutes	Level 2a	N/A	N/A	0			238	205	91	1st	4,660
Access & Outcomes	Emergency Care			PM24	Percentage of ambulance patient handovers within 15 minutes	Level 2a	N/A	N/A	80%			16.8%	18.8%	22.3%	5th	26.7%
Access & Outcomes	Emergency Care			PM25	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	Level 1			95%	99.9%	100%	99.9%	100%	100%	1st	64.4%
Access & Outcomes	Emergency Care			PM26	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	Level 1			0	0.0%	0	0	0	0	1st	11,066
Access & Outcomes	Elective care			PM28	Percentage of R1 Ophthalmology patient pathways, which have a target date allocated, waiting within their clinical target date or within 25% beyond their clinical target date for an outpatient appointment	Level 2a	N/A	N/A	95%	68.7%	68.6%	89.7%	90.1%	89.4%	1st	49.7%
Access & Outcomes	Elective care			PM29	Number of diagnostic breaches 8+ weeks	Level 2a			0	116	79	1	37	65	1st	35,813
Access & Outcomes	Elective care			PM30	Number of therapy breaches 14+ weeks (all ages)	Level 1			0	135	0	0	0	0	1st	5,978
Access & Outcomes	Elective care			PM31	Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)	Level 2a	N/A	N/A	0		Not available	0	5	4	1st	18,403
Access & Outcomes	Elective care			PM32	Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)	Level 2a	N/A	N/A	0		Not available	0	9	3	1st	3,158
Access & Outcomes	Elective care			PM33	Number of patients waiting more than 26 weeks for a new outpatient appointment	Level 2a			0	370	570	63	171	205	1st	61,214
Access & Outcomes	Elective care			PM33r	Wales - Number of patients waiting more than 26 weeks for a new outpatient appointment	Level 2a			0	1835	1387	394	394	450		
Access & Outcomes	Elective care			PM34	RTT patients waiting more than 104 weeks	Level 1			0	1	0	0	0	0	1st	4,208
Access & Outcomes	Elective care			PM34r	All RTT pathways (England & Wales inc PTHB) waiting more than 104 weeks	Level 2a			0	211	81	124	149			
Access & Outcomes	Elective care			PM35	Number of patient follow-up outpatient appointment delayed by over 100%	Level 2a	N/A		825	1202	1318	1100	1,107	1,098	1st	308,419

Appendix 1 – Population Health & Prevention

Domain	Priority level		Ref	KPI	Esc. Level	Assu. Icon	Variation Icon	Target 26/27	Mar-24	Mar-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Ranking	All Wales
									Q4	Q4	Q4			Q1			
Population Health & Prevention			PM1	% Attempted to quit smoking	Level 1	N/A	N/A	5% target (25/26) 7.5% annual target 26/27	5.4%	5.5%	9.0%					2nd	5.90%
Population Health & Prevention			PM2	% of Adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	Level 2a	N/A	N/A	40% each quarter	N/A	14.8%	16.1%					6th	23.3%
Population Health & Prevention			PM3	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)	Level 1	N/A	N/A	80%	67.1%	78.5%	88.5%					4th	88.0%
Population Health & Prevention			PM4	% of children up to date with scheduled vaccinations by age 5	Level 2a	N/A	N/A	95%	94.5%	89.6%	90.2%					2nd	87.5%
Population Health & Prevention			PM5	% of children receiving the HPV vaccination by the age of 15	Level 2a	N/A	N/A	90%	77.4%	77.3%	79.9%					3rd	76.2%
Population Health & Prevention			PM6	Flu Vaccines - 65+	Level 2a	N/A	N/A	75%	69.9%	69.0%	65.1%	68.8%	69.0%			6th	71.8%
Population Health & Prevention			PM7	Percentage uptake of the Respiratory Syncytial Virus (RSV) for those turning 75 years old	Level 2a	N/A	N/A	70%			43.6%	40.2%	37.4%	43.4%	55.3%	1st	45.1%
Population Health & Prevention			PM9	% of patients (age 12 and over) with diabetes who have had foot surveillance recorded within last 15 months	Level 2a	N/A	N/A	80%			73.1%	73.7%	74.1%	73.7%	73.2%	1st	66.9%
Population Health & Prevention			PM10	% of patients (age 12 and over) with diabetes who have had their urine albumin recorded within the last 15 months	Level 2a	N/A	N/A	80%			66.7%	68.6%	69.6%	69.6%	69.4%	3rd	66.9%
Population Health & Prevention			MDS16	% Proportion of diabetes patients that will receive all eight diabetes care processes	Level 2a	N/A	N/A	Meet or exceed plan (56% 26/27).	49.3%		49.2%	49.1%	50.3%	51.8%	51.8%		
Population Health & Prevention			PM11	% of adult population receiving NHS dental care over a 24-month period - GDS	Level 2a	N/A	N/A	Improvement compared to the same period in the previous year		38.6%	37.0%					5th	40.0%
Population Health & Prevention			PM12	% of child population receiving NHS dental care over a 12-month period - GDS	Level 1	N/A	N/A		46.9%		47.8%					5th	47.5%

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Appendix 1 – People & Culture

Domain		Priority level		Ref	KPI	Esc. Level	Assu. Icon	Variation Icon	Target 26/27	Mar-24	Mar-25	Mar-26	Apr-26	May-26	Ranking	All-Wales
												Q4	Q1			
People & Culture				PM36	Percentage of sickness absence rate of staff	Level 2a	N/A		R12 reduction	5.3%	5.3%	5.5%	5.5%	5.5%	5th (Apr-26)	6.39%
People & Culture				PM37	Turnover rate of nurse, midwifery, medical and dental registered staff leaving NHS Wales	Level 2a	N/A		R12 reduction	10.9%	9.7%	8.3%	8.7%		10th	6.70%
People & Culture				PM38	Agency spend (£000s) - Financial monitoring return	Level 1	N/A	N/A	30% reduction from 25/26 (£5215)				£709.00	£1,417.00	8th	£17,930.00
People & Culture				LM	Percentage headcount of those who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	Level 2a			85%	77.5%	82.0%	80.0%	80.4%	78.7%	N/A	
People & Culture				LM	Mandatory and Statutory Training Compliance %	Level 1			85%	86.0%	87.0%	88.1%	87.0%	87.5%	N/A	

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Appendix 1 – Productivity & Efficiency

Domain		Priority level		Ref	KPI	Esc. Level	Assu. Icon	Variation Icon	Target 26/27	Mar-24	Mar-25	Mar-26	Apr-26	May-26
												Q4	Q1	
Productivity and efficiency	Access & Outcomes			LM	% of discharge outcomes to PIFU/SOS – Powys Provider	Level 1			≥20%			20.5%	22.3%	23.5%
Productivity and efficiency	Access & Outcomes			LM	DNA rate for outpatients (monthly)	Level 1			<5%		4.05%	4.4%	4.5%	4.1%
Productivity and efficiency	Access & Outcomes			MDS	Provider - Reported Daycase activity inc DNA	Level 2a			77 min per month	92	119	139	81	72
Productivity and efficiency	Access & Outcomes			MDS	Provider - Reported Endoscopy activity inc DNA	Level 2a			67 min per month	89	77	79	55	57
Productivity and efficiency	Access & Outcomes			MDS	Provider - Non Obstetric Ultrasound activity	Level 1			548 min per month	605	667	665	766	567
Productivity and efficiency	Community Services			MDS	District Nursing Total number of Direct patient visits undertaken by District Nursing Services - WEEKDAY	Level 2a	N/A		10,833 per month	7823	8734	9343	9235	9089
Productivity and efficiency	Community Services			MDS	District Nursing Total number of Direct patient visits undertaken by District Nursing Services - WEEKEND	Level 1	N/A		333 per month	1401	1931	2157	1871	2391
Productivity and efficiency	GIRFT			GM	GIRFT High Value Low Complexity (HVLC) - Cataract procedures per list	Level 1	N/A		7 per list by end of Q2		5.1	6.5	4.8	6.5

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Appendix 2 - Measures guidance – Using statistical process control (SPC)

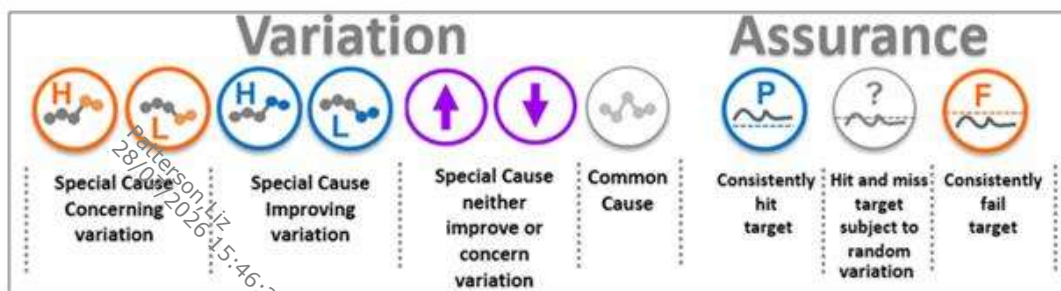
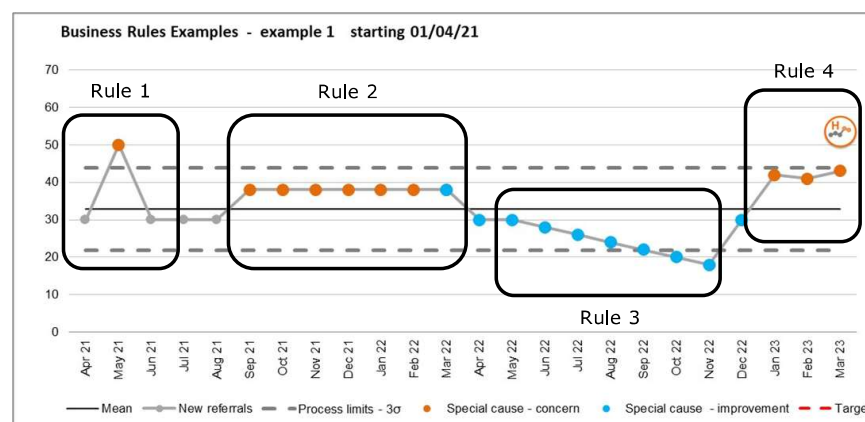
SPC charts are used as an analytical technique to understand data (performance) over time. Using statistical science to underpin data, and using visual representation to understand variation, areas that require appropriate action are simply highlighted. This method is widely used within the NHS to assess whether change has resulted in improvement.

Key facts for SPC

- A minimum of 15-20 data points is needed for this method (24 are used within this document where available).
- 99% of all data points will fall between lower and upper confidence intervals (outside of this should be investigated).
- Two types of trend variation: Special cause (**Concerns** or **Improvement**) and **Common Cause** (no significant change)

Key Rules of SPC

1	Single data point outside of limit (upper or lower) – unexpected (data quality? Isolated event or significant service pressure?)
2	Consecutive points above or below mean (not normally natural) - A run of six or more values showing continuous increase or decrease is a sign that something unusual is happening in the system.
3	Consecutive points increasing/decreasing (trend of at least 6 if monthly, more for shorter time periods e.g., days/weeks) showing special cause variation.
4	Two of three points close to process limits – especially in volatile data (wide control lines) can provide early warning requiring further escalation.



Appendix 3 – PTHB Integrated Quality & Performance Framework Escalation Framework 2025/26

Escalation level	Trigger	Action expected	Monitoring and support
Level 1 (No concerns)	- Local delivery of agreed objectives and performance, finance ambitions in line with agreed trajectories. - No exceptions or quality concerns. - Sound governance arrangements in place. - Performance within expected targets either national or local	- No escalation action. - Could result in frequency adjustment for some monitoring mechanisms and meetings including IQPG.	Main monitoring through base performance review process. Key measures bi-annually in IQPR to the Board.
Level 2a (Exception)	- Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance. - Sustained deterioration on 1 or more domain. This can include: - Failure to deliver on an NHS Performance Framework target or local target trajectory. - A deviation or departure from the normal or expected course of action signifying specific condition or event that requires attention or further action to address the deviation. - Failure of quality standard. - Where SPC methodology notes variance of concern.	- Correspondence to Clinical service area/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring. - Recovery plan to be developed that address issues to be recovered/improved. - Depending on issue – change in frequency of and focus of standard meeting and consideration of increasing frequency including IQPG. - Reported through to Executive Committee. - Monthly reporting where appropriate via IQPR as an exception to performance.	Options include: - IQPG engagement monthly with Executive - Internal support as required (QI/vbhc/planning – issue dependent). - Consideration of compliance with Professional clinical codes and standards and proportionate response. - Consideration of compliance with managerial code of practice. - Internal peer review. - Executive support (directly or from other teams). - Consider need for bespoke response. - Minimum monthly updates to Executive Committee.
Level 2b (Exception)	Specially for finance: Where Corporate Directorate or Clinical Service Area level budget is overspending by more than £0.5m Year to date or £1m forecast.	Identified through monthly financial reporting	CEO to call a special 'Budget Review Meeting' of all Executive Directors and the Divisional or Directorate budget holder (up to 3 team members may attend in support). Agreed action plan established: - Monitored through financial reporting arrangements. - Review period established if plan failing.
Level 3 (Escalation)	- Serious concerns on quality and governance. - Continued and consistent failure to meet agreed performance improvements and trajectories across a number of objectives. - Clear articulation of reasons for escalation and criteria for escalation. This can include: - Where a performance matter (exception) does not meet target and hits criteria for higher level of resolution, decision making or further action. - Any measure that continues to fail a health board submitted trajectory as part of the Ministerial Priority measures. - Performance recovery is failing to improve or maintain performance. - Any significant failure of quality standard. - Where IQPG deems that a service or measured outcome requires escalation resulting from identified challenge or significant concern.	- Correspondence to service area/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring. - Service Area or corporate directorate demonstrating recognition of issues and commitment to improve. - Improvement/recovery plan required to address issues identified. - Reported through to executive and relevant committee. - Escalated frequency of IQPG meetings and resultant remedial action plan completion. - Challenge review on appropriate shift to the Escalations Oversight Group (EOG). - Monthly reporting where appropriate via IQPR as an exception to performance.	Actions could include: - Escalation Oversight Group (EOG) - Independent review of service/corporate department effectiveness. - Deployment of appropriate HR policies e.g. Capability policy. - Weekly/fortnightly meetings with CEO and/or relevant execs to track progress against improvement actions (which directly related to de-escalation criteria). - Consideration of compliance with Professional clinical codes and standards and proportionate response. - Consideration of compliance with managerial code of practice. - Suspension or revision of service provision. De-escalation: The appropriate outcome for a challenge to be de-escalated. Either challenge has been rectified, requirement has changed, or via senior committee decision. A level 3 escalation may return to any previous lower level of escalation dependant on the remaining challenge and required monitoring.