

PTHB Board

Wednesday 30 September 2026, 09:30 - 16:00

Agenda

09:30 - 09:30 1. PRELIMINARY MATTERS

0 min

 Board_Agenda_30Sept26 FINAL.pdf (4 pages)

1.1. Welcome and apologies for absence

Chair

1.2. Declarations of interest

All

 Board_1.2_Board Members Declaration Of Interests Aug26.pdf (3 pages)

1.3. Board Action Log

Chair

 Board_1.3_Board Action Log Sept26.pdf (1 pages)

1.4. Experience Story

1.4.1. Staff Experience Story

1.5. Questions to Board from the public

1.6. Update from the:

1.6.1. Chair

Chair

 Board_1.6ai_Board Chairs Report September 2026.pdf (4 pages)

 Board_1.6aii_PTHB PSOW letter for Board.pdf (14 pages)

1.6.2. Vice-Chair

 Board_1.6b_Vice Chair report Sept 26.pdf (3 pages)

1.6.3. Chief Executive

Chief Executive

 Board_1.6c_CEO Board Report Sept 2026.pdf (7 pages)

1.7. Assurance Reports of Board Committees

 Board_1.7_Committee Chair Reports_Sept26.pdf (11 pages)

 Board_1.7a_AppA_CFC_AAAI Chairs Report 28Sept26 summary.pdf (2 pages)

 Board_1.7b_AppB_F&P AAAI Chairs Full Report_10Sept26.pdf (3 pages)

 Board_1.7c_AppC_AAAI Chairs Report PEQS 04Aug26.pdf (5 pages)

 Board_1.7d_AppD_AAAI Chairs Report_P&C_08Sept26.pdf (3 pages)

 Board_1.7e_AppE_AAAI Chairs Report_PPPH_15Sept26.pdf (4 pages)

 Board_1.7f_AppF_EC Chair's Assurance Report SEP26.pdf (15 pages)

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1.8. Report of the Regional Director of Llais

Regional Director of Llais

 Board_1.8_Llais RD Report Sept26.pdf (7 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 Phase One - Community and Mental Health Services: Consultation Document

Executive Director of People, Culture and Transformation

 Board_3.1_Better Together Consultation Assurance.pdf (5 pages)

3.2. Financial Performance 2026/27 Month 05

Executive Director of Finance

 Board_3.2_Financial Performance Report Mth 05.pdf (19 pages)

3.3. Integrated Quality and Performance Report 2026/27 Month 04

Executive Director of Planning, Performance and Commissioning

 Board_3.3_IQPAR_Month_4_Summary.pdf (6 pages)

 Board_3.3a_IQPAR_Full_Month 4_Final.pdf (54 pages)

3.4. Planning Matters

Executive Director of Planning, Performance and Commissioning

3.4.1. Integrated Plan Approach 2027/28

 Board_3.4ai_Plan Approach_Board_Sept26.pdf (5 pages)

 Board_3.4aii_Integrated Plan Approach 2728_.pdf (17 pages)

3.4.2. Annual Delivery Plan 2026/27 Quarter 1

 Board_3.4bi_Q1 2026-27 Delivery Plan Cover Paper.pdf (16 pages)

 Board_3.4bii_FINAL PTHB Delivery Plan 2026-2027 Q1.pdf (91 pages)

3.5. Winter Plan 2026 and Covid Influenza Vaccination Winter Plan 2026

Executive Director Public Health

 Board_3.5a_Powys RPB Winter Resilience Plan 26-27 submitted to WG 25.09.26.pdf (29 pages)

 Board_3.5b_Covid Influenza Vaccination Paper 26-27 revised.pdf (11 pages)

3.6. Nurse Staffing Levels

Executive Director Nursing, Quality, Women and Family Health

 Board_3.6_In-patient ward Establishment review 2025-2026.pdf (23 pages)

3.7. Pharmaceutical Needs Assessment 2026

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Executive Medical Director

-  Board_3.7_Powys Pharmaceutical Needs Assessment 2026 cover paper.pdf (9 pages)
-  Board_3.7a_Powys Pharmaceutical Needs Assessment 2026.pdf (158 pages)
-  Board_3.7b_Powys Pharmaceutical Needs Assessment 2026 Appendices.pdf (60 pages)

3.8. Duty of Quality Annual Report 2025/26

Executive Director Nursing, Quality, Women and Family Health

-  Board_3.8_Duty of Quality cover paper.pdf (3 pages)
-  Board_3.8a_PTHB Annual Duty of Quality Report 2025-2026.pdf (43 pages)

3.9. Safeguarding Annual Report 2025-26

Executive Director Nursing, Quality, Women and Family Health

-  Board_3.9_PTHB Safeguarding Annual Report 2025-26 cover paper.pdf (5 pages)
-  Board_3.9a_PTHB Safeguarding Annual Report 2025-26.pdf (76 pages)

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

Executive Director of People, Culture and Transformation

-  Board_3.10_Annual Equality Report 2025-26 cover paper.pdf (3 pages)
-  Board_3.10a_2025-26 Equality Annual Report Final.pdf (74 pages)

3.11. Director of Corporate Governance Report

Director of Corporate Governance

-  Board_3.11_DCG report.pdf (3 pages)

3.12. Minutes of the previous meeting held on 29 July and 16 September 2026, for approval

Chair

-  Board_3.12a_Unconfirmed Board Minutes 29JUL2026.pdf (15 pages)
-  Board_3.12b_Unconfirmed Board Minutes 16Sept2026 Final.pdf (12 pages)

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_Sept26.pdf (2 pages)
-  Board_4.1a_AppA_JC Highlight Report - 21 July 2027.pdf (5 pages)
-  Board_4.1b_MWJC Update Report September 26.pdf (7 pages)

4.2. Assurance Report of the Board's Partnership Arrangements

-  Board_4.2_Summary of Partnership Board Activity Sept26.pdf (3 pages)
-  Board_4.2a_App1_SSPP Assurance Report 16 July 2026.pdf (5 pages)

4.3. Assurance Report of the Board Advisory Groups

-  Board_4.3_Assurance Report of Boards Advisory Group Sept26.pdf (2 pages)
-  Board_4.3a_AppA_AAAI Chairs Report_LPF_13 July 2026.pdf (2 pages)

4.4. Regional Partnership Board Annual Report 2025-26

-  Board_4.4_RPB Annual Report Updated.pdf (7 pages)
-  Board_4.4a_RPB Annual Report 2025-26.pdf (53 pages)

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- Board_4.4b_RPB Adroddiad Blynyddol 2025-26.pdf (57 pages)
- Board_4.4c_RPB Easy Read Annual Report 2025-26.pdf (17 pages)
- Board_4.4d_RPB Adroddiad Blynyddol Hawdd ei Ddarllen 2025-26.pdf (17 pages)

4.5. Strategic Risk Register

- Board_4.5_Strategic Risk Register Summary Sept2026.pdf (6 pages)

4.6. Board Work Programme

- Board_4.6_Board Work Programme Sept26.pdf (3 pages)

4.7. GLOSSARY

- Board_4.7_PTHB Glossary.pdf (7 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: 25 November 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. Minutes of Previous In-Committee meeting held on 30 July 2026

8.2. Primary Care Procurement - General Dental Services Contract: Newtown, Llandrindod Wells and Welshpool

Patterson, Liz
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8.3. CEO update

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

0 min

There are no In-Committee consent items

09:30 - 09:30 10. OTHER MATTERS

0 min

10.1. Any other urgent business

10.2. Close

**POWYS TEACHING HEALTH BOARD
BOARD MEETING
WEDNESDAY 30 SEPTEMBER 2026
09:30 – 15.55 Via Teams
MEETING CHAIR: Rhianon
Beaumont-Wood**



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	Attached	Executive Director of People, Culture and Transformation
	1.5	Questions to Board from the public	Verbal	Director of Corporate Governance
10.00 20 mins	1.6	Update from the: a) Chair b) Vice Chair c) Chief Executive	Attached Attached Attached	Chair Vice-Chair Acting Chief Executive
10.20 20 mins	1.7	Assurance Reports of the Board's Committees	Attached	Committee Chairs Acting 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 15 mins	3.1	Better Together Phase 1 Consultation Preparedness Purpose: Assurance	Attached	Executive Director of People, Culture and Transformation
11.15 30 mins	3.2	Financial Performance: 2026/27 - Month 05 Purpose: Assurance	Attached	Acting Executive Director of Finance
11.45 30 mins	3.3	Integrated Quality and Performance Report 2026/27 Month 04 Purpose: Assurance	Attached	Executive Director of Planning, Performance and Commissioning / All Directors
12.15 15mins	3.4	Planning Matters:	Attached	Executive Director of Planning, Performance and

		A. Integrated Plan Approach 2027/28 Purpose: Assurance		Commissioning /All Directors
		B. Annual Delivery Plan Quarter 1 Purpose: Assurance		
12.30 20 mins	3.5	Winter Plan 2026 Purpose: Assurance	Attached	Executive Director of Primary Care, Community and Mental Health
		Covid Influenza Vaccination Winter Plan Purpose: Assurance	Attached	Executive Director Public Health
12.50 15 mins	3.6	Nurse Staffing Levels Purpose: Assurance	Attached	Executive Director Nursing, Quality, Women and Family Health
13.05	LUNCH – 30 minutes			
13.35 15 mins	3.7	Pharmaceutical Needs Assessment 2026 Purpose: Assurance/Approval	Attached	Executive Medical Director
13.50 15 mins	3.8	Duty of Quality Annual Report 2025-26 Purpose: Approval	Attached	Executive Director Nursing, Quality, Women and Family Health
14.05 10 mins	3.9	Safeguarding Annual Report 2025-26 Purpose: Approval	Attached	Executive Director Nursing, Quality, Women and Family Health
14.15 10 mins	3.10	Equality, Diversity and Inclusion Annual Report 2025/26 Purpose: Approval	Attached	Executive Director People, Culture and Transformation
14.25 5 mins	3.11	Director of Corporate Governance Report Purpose: Approval and Assurance	Attached	Director of Corporate Governance
14.30 5 mins	3.12	Minutes of Previous Meeting held on 30 July and 16 September 2026 Purpose: Approval	Attached	Chair
4. CONSENT AGENDA				
Patterson LJ 25/09/2026 14:52:15	4.1	Assurance Report of the Board's Joint Committees Purpose: Assurance	Attached	Chief Executive
	4.2	Assurance Report of the Board's Partnership Arrangements Purpose: Assurance	Attached	Chief Executive

	4.3	Assurance Report of the Board's Advisory Groups Purpose: Assurance	Attached	Executive Director People, Culture and Transformation
	4.4	Regional Partnership Board Annual Report Purpose: Assurance	Attached	Executive Director Public Health
	4.5	Risk Management: • Strategic Risk Summary Purpose: Information	Attached	Director of Corporate Governance
	4.6	Board Work Programme Purpose: Assurance	Attached	Director of Corporate Governance
	4.7	Glossary Purpose: Information	Attached	Director of Corporate Governance
5: OTHER MATTERS				
14.35	5.1	Any Other Urgent Business	Verbal	Chair
	5.2	Close		
	5.3	Date of the Next Meeting: ▪ 25 November 2026 via Teams		
6. The Chair, with advice from the Director of Corporate Governance, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting: Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960 <i>"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"</i>				
14.50	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				
14.50 5 mins	8.1	Minutes of Previous In-Committee Meetings held on 30 July 2026 and Action Log Purpose: Approval	Attached	Chair
14.55 10 mins	8.2	Primary Care Procurement - General Dental Services Contracts: Purpose: Approval	Attached	Executive Director Primary, Community Care and Mental Health

15.05 30 mins	8.3	Better Together Phase One – Community and Mental Health Services: Consultation Document Purpose: Approval	Attached	Executive Director People, Culture and Transformation
15.35 15 mins	8.4	CEO update Purpose: Assurance/Information	Verbal	Acting Chief Executive
9: IN-COMMITTEE CONSENT AGENDA				
	9.1	There are no In-Committee consent items		
10: OTHER MATTERS				
15.50	10.2	Any other urgent business	Verbal	Chair
15.55	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.

Patterson, Liz
25/09/2026 14:52:15

POWYS TEACHING HEALTH BOARD - REGISTER OF DECLARATION OF INTERESTS 2026-27							Updated: August 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	02-Feb-25	Current	Sole Trader, Mandy Williams Consulting, The Wellbeing Coach	NIL
		Indirect Interests	Loyalty Interests	02-Apr-25	Current	Family member is an employee of Cardiff & Value University Health Board (non Director).	NIL
Vice Chair	Rhiannon Beaumont-Wood	Indirect Interests	Outside Employment	Jun-23	Current	Director and Owner of RBW Executive and Professional Coaching	NIL
		Non Financial professional interests	Loyalty Interests	01-Jan-08	Current	Royal College of Nursing	NIL
		Indirect Interests	Outside Employment	07-Apr-23	31-May-26	Dorset ICB (NHS Dorset) Non-Executive Member	NIL
		Indirect Interests	Outside Employment	01-Mar-24	31-Mar-27	Registrant Council Member - Nursing and Midwifery Council (NMC)	Renumerated as per Registrant Council Member Terms and Conditions
Independent Member (General)	Rhobert Lewis	Non Financial professional interests	Outside Employment	17-Nov-21	Current	Chair NPTC Group of Colleges	NIL
		Indirect Interests	Outside Employment	01-Jan-20	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-Apr-24	Current	Honorary Fellow and Lifetime Member of Healthcare Financial Management Association	NIL
		Non Financial professional interests	Outside Employment	17-Apr-24	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	01-Mar-15	28-Feb-29	Personal: Senior Professional Fellow, Cardiff University-Various Healthcare Programmes	Honoury Role
		Indirect Interests	Loyalty Interests	18-Jun-25	Current	Sister: Senior Operational Manager, Milestone Trust, Bristol	Salaried Employment
		Indirect Interests	Loyalty Interests	18-Jun-25	Current	Spouse: District Nurse, Cardiff and Vale UHB	Salaried Employment
		Non Financial professional interests	Loyalty Interests	02-Jan-20	Current	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	01-Jun-16	10-Jun-27	Member (not a NED) of Glas Cymru the holding company of Dwr Cymru/Welsh Water	NIL
		Non Financial professional interests	Loyalty Interests	01-Sep-24	01-Jun-28	Coopted Member of PAVO	NIL
		Non Financial professional interests	Loyalty Interests	01-Apr-24	01-Apr-27	Chair Public Services Board Scrutiny Committee	NIL
Patterson,Liz 25/09/2026 14:52:15		Non Financial professional interests	Loyalty Interests	01-Jun-10	Current	Member of Community Speed Watch Group	NIL
				01-Jan-19	Current	Member of Society Genealogists	
				08-May-22	Current	Associate Member of the Association of Genealogists and Registered Archivists	
		Financial Interests	Shareholdings and other ownership interests	01-Jun-03 01-Jun-22 01-Jun-88	Current	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	01-Jul-22 05-May-22 10-Aug-95 22-May-17 25-Sep-17 01-Jun-10	Current	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	01-Jan-86 31-Mar-88	Current	•Member of Royal College of Nursing •Registered Member of Nursing and Midwifery Council	NIL
		Non Financial professional interests	Loyalty Interests	01-Dec-88	Current	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	01-Jun-26	Current	Trustee of a UK Charity - Family Fund that provides financial support to families with disabled and seriously ill children	NIL
		Indirect Interests	Outside Employment	01-Apr-23	31-Mar-24	Previous work as an associate for HICO Consultancy	Self Employed
		Non Financial professional interests	Outside Employment	10-May-26	Current	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 (Acting CEO 13 Jul 26 -	Pete Hopgood	Non Financial Interests	Loyalty Interests	18-Jun-18	Current	Partner is Finance Manager working in SBUHB	Not Relevant
Deputy Director of Finance (Acting Executive Director of Finance 13 Jul 26 -	Hywel Pullen	Indirect Interests	Loyalty Interests	01-Feb-23	Current	A relation has a share in the ownership of St Joseph's Hospital and also works at the Hospital	NIL
		Indirect Interests	Loyalty Interests	01-Feb-23	Current	A relation works as a consultant at Aneurin Bevan UHB and is currently a clinical director and the south-east regional lead for orthopaedics.	NIL
		Indirect Interests	Loyalty Interests	01-Feb-23	Current	A relation works in a clinical role at CTM UHB and St Joseph's Hospital.	NIL
		Non Financial professional interests	Outside Employment	01-May-25	Current	I volunteer as the Treasurer of the Monmouth Churches Together Housing Group	NIL
		Non Financial professional interests	Outside Employment	01-Apr-25	Current	I am the Vice President of Cymru CIPFA Wales, the regional branch of the Chartered Institute of Public Finance and Accountancy (CIPFA)	NIL
Executive Director of Allied Health Professions, Health Science and Digital	Claire Madsen	Financial Interests	Outside Employment	07-Jan-19	01-Apr-28	Occasional Lecturer for University of West of England.	Hourly rate
		Non Financial professional interests	Loyalty Interests	01-Apr-26	01-Mar-28	Member of the The Chartered Society of Physiotherapy	NIL
Executive Medical Director (Acting Deputy Chief Executive 13 Jul 26 -	Kate Wright	NIL	NIL	NIL	NIL	NIL	NIL
Executive Director of People and Culture and Transformation	Debra Wood Lawson	Indirect Interests	Outside Employment	01-Nov-24	01-Nov-27	Non Executive Board Director - Cadarn Housing Group Limited (Powys is a zonal partner)	Remunerated
			Outside Employment	01-Oct-24	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	14-May-25	Current	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	14-May-25	Current	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	01-Nov-23	Current	Self - School Governor – Langynwyd primary school (Bridgend)	Not remunerated
		Indirect Interests	Outside Employment	01-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	01-Jun-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	01-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	01-Apr-24	Current	Independent Member – ateb - housing Association	Remunerated
		Non Financial professional interests	Outside Employment	01-Nov-19	Current	Chair of the Board - West Wales Care and Repair	Voluntary
		Indirect Interests	Outside Employment	02-Jun-25	Current	Family Member is an employee of Hywel Dda University Health Board (non Director)	NIL
		Indirect Interests	Outside Employment	01-Aug-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	Loyalty Interests	2018	Current	Member of the Royal College of Nursing	25/10/2025 Started with PTHB October 2025

Patterson,Liz
25/09/2026 14:52:15

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 (30 SEPTEMBER 2026)									
27/11/2024	PTHB/24/131	DCG	Assurance Reports of Board's Committees	Peoples Experience Framework to be brought to future Board for discussion	27.01.2025 update: This is on the agenda for February PEQS and March Board. Action not yet due to report to Board. 6.03.25 update - PEQS considered an update in February, release of the national framework awaited, update will be provided to the Board in May following PEQS in April. Date change requested. 21.05.25 update - PEQS in April received an update including the recently released national framework. The PTHB framework will be considered by PEQS in July, date change requested to the September 2025 Board. 24.09.2025 Update: Framework now received and internal work underway to develop the PTHB framework, due to be considered by PEQS in October and therefore Board in November - date change requested. 26.11.2025 Update: Internal work remains underway to develop the framework, it is now due to be considered by PEQS in February and therefore Board in March - date change requested. 28.01.26 update - update remains as above 25.03.2026 update - PEQS 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. 30.09.26 update: Policy drafted and considered by Executive Committee, further work requested. Timescales to be confirmed verbally during Board meeting.	Mar-25	Nov 2026 or Jan 2027	At risk	
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE (30 SEPTEMBER 2026)									
28/01/2026	PTHB/25/141	ED PCC&MH	Director of Corporate Governance Report	Sampling of decisions by Hospital Managers taken at Power of Discharge Committee.	25.03.2025 update: Collaborative work is underway to review the governance of the Hospital Manager work, including decisions made at the Power of Discharge Committee. Further recruitment is also planned. It is expected that a review and paper will be presented in 2026/27 Q3. 20.05.26 update - work on track for revised date, no further updates will be provided until due date unless there is an issue to report.	Nov-26		On track	
ACTIONS RECOMMENDED FOR CLOSURE (30 SEPTEMBER 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 30.09.26 update: Committee work programmes reviewed, commissioning embedded through work programmes for remainder of 2026/27 and will be further reviewed for 2027/28 in light of development work underway in Commissioning team.	Sep-26		Completed	
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. 30.09.26 update: Action superceeded by PTHB/26/37 and will continue to be reported to the Board.	Jul-26	Sep-26	Completed	
29/07/2026	PTHB/26/37	DCG / Chair	Report from Chief Executive	Ascertain appropriate governance routes for maintaining Board oversight of EMRTS	30.09.26 update: The Board will continue to receive updates through the CEO report and any other required reports.	Sep-26		Completed	
29/07/2026	PTHB/26/238	DCG	Report of Board Committees (Executive Committee)	The Chair's Forum to ascertain appropriate governance routes for maintatining Board oversight of cross-border functionality of NHS Wales app	30.09.26 update: Chair's Forum considered and agreed item will be referred back to ARAC for oversight and reported back to Board through the Chairs report. ARAC will receive regular scheduled updates.	Sep-26		Completed	

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Agenda item: 1.6a

BOARD		DATE: 30 SEPTEMBER 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 July 2026.			
RECOMMENDATION(S):			
It is recommended that the Board RECEIVES this report.			
Approve/Take Assurance		Discuss	Note
N		Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The report of the Chair covers a wide range of activities across the health board 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:

Board Membership

Since the last meeting of the Board Dr Rhobert Lewis' time as an independent board member has come to an end, as has that of Cllr. Chris Walsh. Both colleagues have made a significant contribution to the effectiveness and productivity of the Board during their years of service. We have greatly benefitted from their knowledge, experience and expertise. They leave us with our sincere gratitude and very best wishes.

We are liaising with Welsh Government regarding the recruitment of Rhobert and Chris' successors.

Better Together

At our Board meeting on 16th September, we made an important decision to approve and accept the Pre-Consultation Business Case for phase 1 of our clinical services transformation programme, *Better Together*.

This authorises the initiation of a public consultation on the possible options contained within the PCBC. It is important to reiterate that no decision has been taken on the future model of services. This is an opportunity for citizens, staff members, partners and all stakeholders to work with us in scrutinising the evidence base, challenging the thinking and shaping the proposals for future consideration.

I encourage everyone to take every opportunity to participate in the consultation process.

Public Services Ombudsman for Wales (PSOW) Annual Letter

I have received the Annual Letter from the PSOW. It is included in the papers for today's meeting as an appendix to this report.

There are several matters that are noteworthy in the report, not least the fact that, again this year, the Ombudsman received fewer complaints, numerically and proportionately, regarding Powys Teaching Health Board (PTHB) compared with all other health boards in Wales. Of the Powys complaints, most were not investigated, many reached an early resolution and none were upheld.

This letter will be discussed in more detail at the next meeting of our Patient Experience Quality and Safety Committee (PEQS). Any consequential actions or matters for escalation will be reported in the PEQS report to our next board meeting.

Regional Partnership Board (RPB)

Over recent months I have been chairing the RPB as a temporary arrangement pending its election of a new chair. I am pleased to report the RPB has elected our vice-chair, Rhiannon Beaumont-Wood, as its chair for the coming period.

The RPB is an important mechanism, required by statute, that brings partners together to plan for the improvement of population health and wellbeing. It is specifically mandated to focus on developing the integration of health, care & wellbeing services, the co-production of provision with citizens and prioritising the prevention of ill health.

We wish Rhiannon well as she takes on these responsibilities and works with her co-vice chairs from Powys County Council and Powys Association of Voluntary Organisations.

Defence Employer Recognition Scheme: Gold Award

On behalf of our Health Board, I was delighted to accompany the vice chair and the executive director for public health at an event to receive the The Defence Employer Recognition Scheme (DERS) Gold Award.

DERS encourages employers to support defence and inspire others to do the same. The scheme encompasses bronze, silver and gold awards for employer organisations that pledge, demonstrate or advocate support to defence and the armed forces community, and align their values with the [Armed Forces Covenant](#).

Our gold award is a well-deserved tribute to the impressive achievements of colleagues within the organisation and their support of armed services personnel.

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. Recent sessions have included engagement with the Pharmacy and Medicine Management Team, the Quality and Safety Team (to discuss the Quality Management System) and a demonstration of the new Connected Care Digital Platform, Rio.

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

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

- Residential Care
The vice-chair and I visited a residential nursing home in the north of the county. It was useful to gain a better insight into this dimension of aspect of health care. I was pleased to note the positive working relationship with PTHB.
- Finance Team
All of our corporate teams play a key role in enabling the smooth and safe operation of the organisation. It was a pleasure to spend time with our Finance Team and glimpse a little of its day-to-day work, and to learn from colleagues' perspectives and observations. I was particularly struck by the strength of mutual trust and confidence within team relationships
- Primary Care Cluster
I attended one of the regular workshops of the pan-Powys primary care cluster. This brings together primary care providers and PTHB primary care colleagues to explore and implement innovative ways of collaboration in the care of people. It was encouraging to see GPs, pharmacists, optometrists and dentists sharing ideas and pursuing possibilities in order to improve outcomes for patients.

Strategic Contacts and Involvement

- **Political Engagement and Contact**

The Chief Executive and I have held meetings with all Senedd Member political groups in Powys to share information and discuss our Better Together programme and process.

We will continue to hold regular meetings to build positive, constructive relationships and ensure our elected representatives are informed and supported. This is always important, but particularly so as we prepare for public consultation on *Better Together* options.

Together with the Chief Executive and Deputy Chief Executive, I was pleased to meet with the Cabinet Minister for Health and Social Care and his officials. This provided an important opportunity to discuss our vision and strategic direction for health care in the county, and its alignment with Government policy and priorities.

Executive colleagues and I provided a briefing for Powys County Council on the Better Together programme. We were pleased to engage with colleagues for a key partner agency on this important transformation programme and its significant for residents and communities.

- **General Medical Services**

I have attended individual meetings with GP surgeries around Powys. These have provided important opportunities to listen to key, primary care colleagues. It has been especially useful to hear perspectives on our *Better Together* programme and other aspects of health services from a variety of locations across the county.

Patterson, Liz
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Ask for: Complaints Standards



01656 641150



Caseinfo@ombudsman.wales

Date: 17 September 2026

Mr Carl Cooper
Chair
Powys Teaching Health Board

By email only
carl.cooper@wales.nhs.uk

Dear Carl

Annual Letter 2025-26

Our role

As the Public Services Ombudsman for Wales, we independently consider complaints about public services and investigate alleged breaches of the councillor Code of Conduct. We also set complaints handling standards for public bodies, drive continuous learning from complaints and undertake investigations into public services on our own initiative.

Purpose of this Annual Letter

This letter provides an update on our work for this period, and highlights key trends in Welsh health and public service complaints. It details performance specific to your organisation and outlines the positive actions we would like you to take.

Overview - a record-breaking year

This letter, as always, coincides with the publication of our Annual Report, which holds special significance this year as we mark our 20th anniversary. We closed our busiest year on record where the office received 4,507 duly made complaints across its public services and Code of Conduct remits — 27% more than last year, 47% more than 3 years ago, and 3 times as many as 20 years ago.

To meet this demand, we closed a record number of complaints, 29% more than last year and 43% more compared with 3 years ago. We intervened in 568 of complaints that we closed.

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Finding swift resolutions to complaints, where possible, remains important to us and benefits all parties involved. This year, 85% of our interventions included an element of Early Resolution, a process we hope has proved valuable to both your organisation and to complainants.

Despite the increased volume of cases, our case handling times remained efficient. Initial assessments and Early Resolutions were completed within 4 weeks - well ahead of our 6 week target. Additionally we maintained a downward trend in our average investigation time which was 54 weeks this year from 64 weeks in 2023-24.

Overview of health board complaints

During 2025-26, we received 1,351 complaints about health boards marking a significant 42% increase from the previous year. Clinical treatment in hospitals remains the most frequent source of concern. Additionally, complaint handling accounted for approximately 14% of complaints. While this represents a positive decline from 18% 2 years ago, specific concerns in this area are detailed below.

We intervened in 22% of health board complaints that we closed – compared to 27% last year.

Performance specific to your organisation

During 2025-26, we received 31 complaints about your organisation and closed 28 complaints (some of which may have been carried over from the previous year).

We intervened in 25% of the complaints we closed about your organisation.

We made 9 new recommendations to your organisation in the cases closed this year.

There were 10 recommendations that fell due during this period. Your organisation complied with 70% of these within the agreed timescales.

Detailed data on the complaints we handled about your organisation in this period can be found in the appendices below.

Improving compliance with our recommendations

We always take time to ensure that recommendations and timescales are agreed with public bodies before finalising them. Therefore we expect agreed deadlines to be met. Timely compliance is not, however, as high as it should be; with only 69% of our recommendations across Wales complied with on time as at 31 March 2026. Promptly delivering agreements to resolve injustice or hardship for individuals, and implementing systemic learning on time, is vital to build and maintain public trust in both our office and your organisation.

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We recognise that unexpected challenges arise that make deadlines difficult to meet. In response to feedback from public bodies, we have adapted our approach moving forward: if you request a reasonable extension on or before the original deadline, and you meet that new date, it will be recorded as complied with on time. We hope this is a welcome adjustment that will help demonstrate a more accurate compliance rate over the coming years.

Supporting improvement of public services – key themes and our own initiative work

When an investigation reveals serious systemic risks that may affect many individuals, or offer wider sector lessons, we publish a public interest report. We published 9 such reports during this period, the vast majority concerning health boards. If you have not already done so, I encourage you to read these reports for their valuable insights - [here](#).

Tragically, we have seen some instances of both individual shortcomings and wider systemic failures causing injustice to citizens in Wales. Key themes in this period have included: poor waiting list management (including inappropriate removal of patients from waiting lists); poor prescribing practice failures where we have seen communication and process breakdown between medical and pharmacy teams; and delays and clinical failures in urgent cancer referrals and ophthalmology.

We have also seen concerning complaint handling failures. Some health board complaint investigations have shown a lack of curiosity, objectivity and rigour which are essential to robust and thorough complaint investigation. In addition, we have seen failures to remain open and transparent with service users who have experienced harm, falling short of duty of candour requirements.

I strongly encourage all health boards and trusts to read the 5 public interest reports and recommendations issued during this period, and to use these insights to proactively strengthen your own complaint handling practices where appropriate.

We continue to expand the use of our own initiative powers. These allow us to investigate emerging issues proactively, addressing administrative failings before they multiply.

This year we issued a follow up report on public bodies' compliance with our previously published report on carers. You will recall I shared my original report with you given your role in identifying, assessing and supporting carers, especially during hospital discharge, and working collaboratively with others as part of an integrated system. Our follow up report can be found [here](#).

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Ongoing own initiative investigations

As at March 2026, we were conducting a further 4 own initiative investigations which focus, among other things, on:

- potential maladministration and service failure in health care
- how social landlords deal with complaints about disrepair and damp and mould.

We expect to complete this work later in 2026, and will determine then if the findings warrant publication in the public interest.

Our Complaints Standards Work

By the end of March 2026, all local authorities, health boards and 21 housing associations in Wales were operating under our model complaints policy. During 2025-26, we initiated the transition for the remaining housing associations and we expect them to be fully compliant by the end of September 2026.

Organisations that are already compliant, or will be shortly, account for 85% of new complaints about public services which we receive.

Our free complaint handling training remains highly requested; we delivered 58 sessions to public bodies across Wales this year, bringing our total since 2020 to over 600 sessions and 10,000 participants.

More broadly we expect to publish the data on complaints handled by local authorities in Wales during 2024-25 and 2025-26 in the Autumn.

Action we would like your organisation to take

To build on findings from this period, can I ask that your organisation takes the following actions:

- Present this Annual Letter and associated data to the Board at the next available opportunity and notify me of the planned meeting dates.
- Review the data in this letter, alongside your own data to better understand your performance, identify trends, and review your compliance with recommendations made by my office.
- Read the reports highlighted in this letter to extract relevant learning for your own Authority.

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- Provide my office with a copy of your Annual Report for 2025-26 on the Duty of Candour and Quality.
- Inform me of the outcome of your considerations and proposed action plan at the earliest opportunity.

I would like to thank you, and your officers, for your continued openness and engagement with my office.

Yours sincerely

Michelle Morris
Public Services Ombudsman

Cc. H Thomas
L Mathias

Patterson, Liz
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Information Sheet

Glossary of terms a guide to some of the terms used within our Annual Letters and Appendices.

Appendix A shows the number of complaints we received for all health boards in 2025-26. These complaints are contextualised by the population of each authority.

Appendix B shows the categorisation of each complaint received, and what proportion of received complaints represents for the Health Board.

Appendix C shows intervention rates for all health boards in 2025-26. An intervention is categorised by either an upheld complaint (either public interest or non-public interest), an early resolution, or a voluntary settlement.

Appendix D shows outcomes of the complaints we closed for the Health Board in 2025-26. This table shows both the volume, and the proportion that each outcome represents for the Health Board.

Appendix E shows the compliance performance of each health board.

Patterson, Liz
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Annual Letters - Glossary of terms

Term	Definition
Complaints received	The number of duly made complaints we receive about a Public Body.
Duly made complaint	A complaint about public services is duly made when: - the organisation is within our jurisdiction and - the organisation has replied or had the opportunity to reply and - the events complained about happened less than a year ago, or the complainant became aware of them less than a year ago (unless there was a good reason the complainant could not complain sooner) and - the complainant is entitled to bring a complaint and - we have the details we need e.g. name, contact details, organisation being complained about, we can understand the complaint. A complaint about a local councillor is duly made when: - we have the details we need e.g. name and contact details of the complainant, the name of the councillor and the Local Authority they are a member of - we have a signed declaration from the complainant and any third parties whose evidence has been submitted.
Early Resolution	A matter which is closed without investigation because there is an obvious solution and the body agrees to carry out action to resolve the matter. The body must give us evidence that it has taken action within the timeframe agreed.
Intervention	Cases which we have closed and we have either: - Upheld the complaint after investigation. - Resolved the complaint by way of Voluntary Settlement. - Resolved the complaint by way of Early resolution.

Voluntary Settlement	A matter which has progressed to investigation stage but closed without the investigation being completed because we agree that action which the body has voluntarily suggested it will take is appropriate to resolve the matter. The body must give us evidence that it has taken action within the timeframe agreed.
Uphold	A matter we have closed after investigation and where we found that something went wrong.
% of interventions	The number of public service complaints we closed that involved Early Resolution/Voluntary Settlement and those which we upheld following an investigation, divided by the total number of duly made public service complaints we closed in the reporting period.
Upheld %	The proportion of the complaints in which we intervened that we upheld in the reporting period, shown as a percentage.
Cases Closed	The number of complaints we closed during the reporting period. This may be different from the number we received because there may be some complaints we received in the previous reporting period but which we closed in this reporting period.
Recommendation	These are actions which we ask bodies to take within agreed timescales when we find something has gone wrong. These may be actions to help the individual complainant or systemic actions to help improve services for all service users. We can make recommendations as part of an Early Resolution, Voluntary Settlement or when upholding a complaint following investigation. When we make recommendations, organisations must provide evidence to us that they have complied.
Recommendations made	The number of recommendations we made to bodies during the reporting period. (1 April 2025 to 31 March 2026)
Recommendations falling due	The number of recommendations which needed to be complied with within the reporting period (1 April 2025 to 31 March 2026). Some recommendations will have been made in the previous reporting period but fell due within this reporting period.

Recommendations complied with in line with agreed target date %	The number of recommendations which were complied with by the agreed timescale as set out in Early Resolution, Voluntary Settlement or Investigation report (applicable for those falling due in 2025-26).
Population	Population is included to provide context, based upon the size of an organisation. However, it is recognised that complaints can be made by people who are not included in the population figure, for example, residents from outside the health board or local authority area, or non-contract holders. • For local authorities, population refers to the estimated total number of people living in the local authority area. The figures are taken from the StatsWales.¹ • For housing associations, population refers to the total stock at social rent, shown in units. This includes general needs stock, sheltered stock, other supported stock and extra care stock with non self-contained bedsits, hostels and shared housing. This figure is taken from StatsWales.² • For health boards, population refers to the estimated total number of people living in the health board area. The figures are taken from StatsWales.³

Patterson, Liz
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¹ [Population estimates by local authority, year, sex and age | StatsWales](#)

² [Social landlord housing stock, including social and non social housing | StatsWales](#)

³ [Population estimates by local health boards, year, sex and age | StatsWales](#)

Appendix A – Complaints received (overview)

Health Board	Complaints Received	Population	Received per 1,000 residents
Aneurin Bevan University Health Board	263	601,686	0.44
Betsi Cadwaladr University Health Board	283	697,115	0.41
Cardiff and Vale University Health Board	230	519,662	0.44
Cwm Taf Morgannwg University Health Board	173	449,346	0.39
Hywel Dda University Health Board	172	389,160	0.44
Powys Teaching Health Board	31	135,059	0.23
Swansea Bay University Health Board	199	394,553	0.50
Welsh Ambulance Services University NHS Trust	37	-	-
Total	1388	3,186,581	0.44

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Appendix B – Complaints received (by organisation)

Powys Teaching Health Board	Complaints Received	% share
Admissions/discharge and transfer procedures	1	3%
Adult Mental Health	1	3%
Ambulance Services	0	
Appointment procedures (including outpatients)	2	6%
Care Homes	0	
Child and Adolescent Mental Health	2	6%
Clinical treatment in hospital	11	35%
Clinical treatment outside hospital; Dentist	0	
Clinical treatment outside hospital; GP	1	3%
Clinical treatment outside hospital; Other	1	3%
Clinical treatment outside hospital; Physiotherapist	1	3%
Complaints Handling	0	
Confidentiality	0	
Continuing care	3	10%
De-Registration	0	
Disclosure of personal information / data loss	0	
Finance and Taxation	0	
Funding	0	
Gender Identity Funding	0	
Health	5	16%
Housing	0	
Independent Health Care providers	0	
Medical records/standards of record-keeping	0	
Medication; Prescription dispensing	0	
Non-medical services	0	
Nosocomial (Framework)	0	
Other	0	
Other miscellaneous	0	
Out of Hours GP care	0	
Patient list issues	2	6%
Poor/No communication or failure to provide information	0	
Prisoner Care	0	
Recruitment and appointment procedures	0	
Referral to treatment time	1	3%
Rudeness/inconsiderate behaviour/staff attitude	0	
Services for vulnerable adults (eg with learning difficulties. or with mental health issues)	0	
Various Other	0	
Whistle-blowing	0	
Total	31	

Appendix C – Cases with PSOW intervention (overview)

Health Board	No. of interventions	No. of closures	% of interventions
Aneurin Bevan University Health Board	64	254	25%
Betsi Cadwaladr University Health Board	57	272	21%
Cardiff and Vale University Health Board	38	216	18%
Cwm Taf Morgannwg University Health Board	32	172	19%
Hywel Dda University Health Board	43	160	27%
Powys Teaching Health Board	7	28	25%
Swansea Bay University Health Board	49	195	25%
Welsh Ambulance Services University NHS Trust	8	36	22%
Total	298	1333	22%

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Appendix D – Complaint outcomes (by organisation)

Powys Teaching Health Board		% Share
Complaint investigation discontinued (with early resolution at assessment stages)	0	
Complaint investigation discontinued (without settlement)	0	
Decision not to investigate complaint	12	43%
Early resolution	7	25%
Matter out of jurisdiction	2	7%
Non-public interest report issued: complaint not upheld	0	
Non-public interest report issued: complaint not upheld with early resolution at assessment stage	0	
Non-public interest report issued: complaint upheld	0	
Non-public interest report issued: complaint upheld with early resolution at assessment stage	0	
Premature	7	25%
Public interest report issued: complaint upheld	0	
Public Interest report issued: complaint upheld with early resolution at assessment stage	0	
Special Interest Report	0	
Voluntary settlement	0	
Total	28	

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Appendix E – Compliance performance comparison

Health Board	Number of recommendations made on complaints closed in 2025-26	Number of recommendations falling due in 2025-26	% of recommendations, complied with in line with agreed target date
Aneurin Bevan University Health Board	175	142	70%
Betsi Cadwaladr University Health Board	157	137	61%
Cardiff and Vale University Health Board	86	92	71%
Cwm Taf Morgannwg University Health Board	94	93	72%
Hywel Dda University Health Board	118	118	81%
Powys Teaching Health Board	9	10	70%
Swansea Bay University Health Board	143	144	60%
Welsh Ambulance Services University NHS Trust	23	36	83%

Patterson, Liz
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Agenda item: 1.6b

BOARD MEETING		DATE: 30 SEPTEMBER 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 July 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	The Vice Chair's covers a range of activities across 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	

VICE CHAIR'S REPORT

Since the last Vice Chairs report in July, it has been holiday season and very hot temperatures continued across the UK. I have observed staff working in more challenging environments due to these higher temperatures but recognise a continued professionalism and commitment to caring for patients.

This report is shorter than usual due to period of leave.

I was asked to join the selection panel for the People's Choice awards, reading the accolades was moving and made me feel very proud of the of the staff working for the Health Board. It was difficult to choose between the stories, as many of them illustrated very positive experiences across a range of different service areas. The themes for selection included making a difference in relation to compassion, kindness, person centredness, good communication and working in collaboration to achieve improvements that matter to people and patients, the stories were evidenced through feedback from patients and staff. The winners will receive certificates in September.

Out and About

Visits made during this period were to Presteigne Medical Practice and Brecon Surgery, this was a good opportunity to hear firsthand about some of the successes, challenges and concerns expressed by the GP's and Practice Managers working in these practices.

The Chair and I visited Bethshan Nursing home in Newtown, where we had the opportunity to speak to residents, staff and Trustees at the home. It was positive to hear that there weren't any workforce challenges identified at the time of the visit, and a positive commissioner/provider working relationship was described.

Following the Board Development session in August I joined other Board members visiting Brecon Hospital, specifically meeting with staff and some patients in outpatients, community dental services and community mental health which is temporarily located in Brecon.

Partnership Working

I will be taking over the Chairing of the Regional Partnership Board (RPB) after the September meeting, following a selection process. I am very much looking forward to taking on the role, and importantly to work with Councillor Pete Roberts and Councillor Gary Mitchell and the wider Regional Partnership Board members to continue to build on the current foundations and achievements, to focus on improving outcomes and experience for the residents of Powys through a culture of collaboration. The RPB has acknowledged and thanked Carl Cooper for his valuable leadership and contribution to stabilise and progress the work of the RPB over the past year.

Mental Health

On the 10 August I met with a group of Hospital Managers, who are Volunteers providing an important role on behalf the Health Board in respect of the power of discharge under the Mental Health Act 1983. This opportunity to meet was welcomed to understand more about the role and hear first-hand about improvements that can be made to better support the volunteers in fulfilling their roles.

National meetings

I have not attended any national meetings during this reporting period.

Quality and Safety

The recent Patient Experience Quality and Safety (PEQS) Committee meeting reflects that there is a lot of work happening within the context of quality, patient' safety and experience. The Committee was pleased to consider several annual reports, demonstrating several areas of improvement in safeguarding and Infection Prevention and Control. The Committee also considered the commencement of the work to implement a Quality Management System (QMS) and was pleased to have the opportunity to discuss and influence this work at the commencement of the work. The QMS system has the potential to support an underpinning of systemisation and improved use of data to inform a more proactive approach and less reliance on retrospective data. PEQS will seek assurance against progress on this on behalf of the Board. The Committee is also keen to see the impact of the 'Listening to People' framework as it embeds and to ensure we have sufficient experience feedback from both directly provided services and our commissioned services.



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Agenda item: 1.6c

BOARD MEETING		30 SEPTEMBER 2026	
Subject:	CHIEF EXECUTIVE REPORT		
Approved and presented by:	Pete Hopgood, Acting Chief Executive		
Prepared by:	Deputy Director (Engagement, Communication and Corporate Governance) on behalf of the 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 • Health and Wellbeing including Vaccination and Health Protection • Continuous engagement with our communities • PTHB Service Developments • Commissioned Services Updates • Powys Public Service Board Well-Being Assessment			
A number of other key matters are contained within the Board’s agenda for the 30 September 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

Our latest Certificate of Appreciation event on 10 September was once again a wonderful opportunity for us to recognise the achievements of colleagues across the organisation. Our event including recognition for Machynlleth Hospital Catering Team for reaching the final of the Welsh Catering Team of the Year at the Estates and Facilities Health Care Heroes Awards. The team was one of three finalists, alongside a team from BCUHB and the eventual winners from ABUHB.

Our Certificate of Appreciation Event also includes presentation of our People's Choice Award. Kara Edwards and Kiran Chiluveru were announced as joint winners: Kara was recognised after a relative described the dignity, reassurance and calm support she provided during a patient's final hours; Kiran was recognised for patient, clear and personalised support during a six-week Parkinson's exercise programme that helped the patient build confidence and make progress.

We are proud of the achievements of PTHB staff in innovation and improvement. One recent example is Senior Medicines Management Pharmacy Technician Jade Bell who was awarded **APTUK Katherine Miles Innovation Award Best Poster** at the Association of Pharmacy Technicians UK national conference for work on the audit of cold chain and vaccine management in primary care.

HEALTH AND WELLBEING: Sepsis Awareness Month

September is Sepsis Awareness Month. [Sepsis](#) is a life-threatening response to infection that can affect anyone, at any age. Recognising the signs early and acting quickly can make a vital difference. Sepsis is often treatable if caught early.

This month, we have been raising awareness of the importance of spotting sepsis, and seeking urgent medical help when needed. Early recognition of sepsis is absolutely vital, knowing the signs, trusting your instincts and seeking urgent medical help when needed can save lives. Sepsis can progress quickly, so understanding what to look for and acting without delay is key to improving outcomes. Sepsis is a medical emergency that affects over 245,000 people every year in the UK. But knowing the signs – and acting fast – can save lives". We are encouraging everyone to learn more about sepsis and understand that early recognition and rapid treatment can save lives. Trust your instincts. If you

or a loved one has an infection and just know something's wrong, Just Ask: "Could it be Sepsis?"

Find out more about the signs and symptoms of sepsis at: [Sepsis Awareness Month 2026](#)

VACCINATION AND HEALTH PROTECTION UPDATE

Meningococcal B (MenB) Vaccination Programme

The MenB vaccination programme for young adults was launched in Powys on 20 July 2026, targeting 17 to 18-year-olds and individuals under 25 years of age entering higher education for the first time in September 2026, in line with Welsh Government Directive issued on 18 June 2026. The programme is being introduced as a precautionary measure following the unprecedented outbreak of MenB primarily among University of Kent students in March 2026 and other more recent unseasonal clusters elsewhere in the UK. Evidence shows that young people face higher risk of contracting MenB, and that there are particularly risks associated with higher educational settings due to high levels of close social mixing.

Appointments have continued throughout the summer period, with second-dose clinics commencing from 17 August 2026 with the aim of completing the 2-dose schedule before students commence in higher education. A comprehensive approach has been taken to maximise uptake, including delivery through eight vaccination clinic locations across Powys, and ongoing communications campaign to raise awareness of eligibility and access arrangements. Drop-in opportunities have also been made available to reduce barriers to vaccination and improve accessibility for eligible cohorts.

Performance to date has been highly encouraging, with Powys currently achieving the highest uptake rates of 50.7% compared to Wales average of 44.1% for the first dose.

[RSV vaccination](#)

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 75 years 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 further strengthening protection for those at highest risk of serious RSV-related illness.

Uptake across all eligible cohorts remains strong, with coverage ranging from 60.1% in the routine cohort of adults turning 75 years of age to 76.2% amongst care home residents. The catch-up cohort has achieved uptake at 74.3%, reflecting effective delivery and engagement across the Health Board. These levels of coverage compare favourably with Wales and provide assurance that the programme is reaching many of those most vulnerable to the complications of RSV infection, and it continues its focus on narrowing gap in uptake between the least and most deprived communities to tackle health inequalities.

CONTINUOUS ENGAGEMENT WITH OUR COMMUNITIES: Llanrhaeadr Medical Centre

Following my update in July, our period of engagement following the application from the Llanfyllin Group Practice to close their GP branch surgery in Llanrhaeadr-ym-Mochnant ends on 30 September 2026. Resident and stakeholder feedback will be critical in informing the decisions that will need to be made by the Board when we consider the outcome of engagement later this year. I encourage any final responses by the closing date at midnight on 30 September 2026 via <https://pthb.nhs.wales/lym>

PTHB DEVELOPMENTS: Defence Employer Recognition Scheme Gold Award for 2026

In my July report I was delighted to confirm that Powys Teaching Health Board was one of eight Welsh employers honoured with a prestigious Ministry of Defence Employer Recognition Scheme (ERS) Gold Award. The formal presentation of the award is due to take place on 24 September 2026, shortly after this report is written. I will therefore provide an oral update to the Board at our meeting on 30 September 2026. This award is evidence of strong organisational commitment to the Armed Forces Covenant, veteran friendly employment practices, and support for reservists and service families.

PTHB & PARTNERSHIP DEVELOPMENTS: North Powys Wellbeing Programme

The North Powys Wellbeing Programme is experiencing a delay while work continues to secure the appropriate arrangements to take forward the first phase of the project. The first phase, due to be built on the site of Y Parc offices, remains focused on bringing a range of health, care and wellbeing services together in a modern, purpose-built environment. The plans include "one stop shop" health and wellbeing services, new training facilities to help recruit and retain health and care staff, expanded community dental services, and specialist clinics for people with long-term conditions. Programme partners remain committed to the project and an update on the timetable will be brought to a future meeting of the Board.

PTHB & PARTNERSHIP DEVELOPMENTS: Launch of Powys SPACE (Single Point of Access for Children's Emotional wellbeing)

A new service designed to make it easier for Powys children, young people and families to access emotional wellbeing support has been officially launched. Powys SPACE (Single Point of Access for Children's Emotional wellbeing) was launched on Thursday (3 September) and provides a single, coordinated route to advice, information, early help and emotional wellbeing support for babies, children and young people aged 0 to 25 and their families.

The service acts as a multi-agency virtual front door, bringing together partners from across education, health, social care and support services to ensure families receive the right support, at the right time, without having to navigate multiple referral pathways.

Through one point of contact, families, young people and professionals can access advice, guidance and support. Following a referral or enquiry, the SPACE team will hold a 'What Matters' conversation to better understand individual needs, strengths and circumstances before connecting people to the most appropriate support.

Powys SPACE aims to provide:

- Early access to advice, information and guidance
- Faster connections to appropriate services and support
- A more joined-up experience for families
- Consistent decision-making through a multi-agency approach
- Reduced duplication and clearer support pathways for professionals

The service is available through:

- Online referral forms: [Emotional Health & Wellbeing support for your family](#)
- A public-facing webpage: [Get Emotional Health and Wellbeing support for Your Child or Family | Powys SPACE](#)
- A dedicated telephone number: 01873 377758

Routes into existing services remain and SPACE does not replace routes into emergency or crisis services, safeguarding procedures or CAMHS referral routes. If you need urgent support, call NHS 111, option 2, or 999 in an emergency.

Powys SPACE has been developed with the help of Welsh Government's Regional Integration Fund (RIF) investment, supported by the Powys Regional Partnership Board and Start Well Board.

PTHB DEVELOPMENTS: Primary Care Dental Services

Since the last meeting of the board, the tender has been awarded for the General Dental Services contract in Knighton. Three invitations to tender for the provision of General Dental Services have closed covering Llandrindod Wells, Newtown and Welshpool and the procurement process is continuing.

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

At the last meeting of the NHS Wales Joint Commissioning Committee (JCC) on 22 September 2026, the JCC received the update below on the next steps on Rural Response Models in the context of the EMRTS Service Review. Whilst at the time of my last report the JCC had indicated that this engagement would commence from summer 2026, their latest update indicates engagement from October 2026. PTHB will continue to work as part of the JCC on the next steps on this work, and to update the Board on progress.

Rural Response Model

Following the Joint Committee's consideration of the Rural Response Options paper in March 2026 and its agreement to an engagement approach in July 2026, work has progressed to develop supporting materials and secure the involvement of Health Boards, the Welsh Ambulance Services University NHS Trust (WAST) and Llais. During this process, further questions have arisen aimed at ensuring meaningful engagement.

The revised focus is proposed to cover the effective delivery of both emergency and planned response and health transport services in rural areas. The findings would provide the evidence base for a future commissioning strategy for rural ambulance provision. Delivery options range from using existing Health Board mechanisms to circulate a bilingual briefing and questionnaire, through to externally commissioned focus groups and the use of learning from relevant Health Board consultations.

Discussions are ongoing on the revised approach with the aim of beginning engagement during October 2026 and report to the Joint Committee in January 2027. It is proposed that the outputs are jointly analysed by JCC, Health Board and WAST colleagues through a focused task and finish group, with Llais asked to confirm that the revised process remains appropriate.

NATIONALLY COMMISSIONED SERVICE DEVELOPMENTS: Non-Emergency Patient Transport

Non-emergency patient transport is commissioned nationally from Welsh Ambulance Service University NHS Trust (WAST) by NHS Wales Joint Commissioning Committee based on criteria set by Welsh Government. WAST is proposing changes to the way it assesses people for patient transport and is seeking views by 27 October 2026. Further information is available from the WAST website: [Proposed Changes to Patient Transport Assessments](#)

NATIONALLY COMMISSIONED SERVICE DEVELOPMENTS: Welsh Gender Service

The NHS Wales Joint Commissioning Committee (NWJCC) has taken the decision to pause referrals for gender affirming surgery from the Welsh Gender Service.

The NWJCC recognises that this pause will cause uncertainty and worry for patients waiting for surgery and their families. The decision has not been taken lightly. Our priority is to ensure safe, high-quality care. This pause is to allow an urgent independent clinical review to take place, a precautionary step taken on clinical advice to ensure referrals for gender affirming surgery are supported by arrangements that help make sure care is safe and of a high standard. To emphasise, this is a pause and not a permanent change to the service. More information is available from the NWJCC website: [Update on the Welsh Gender Service Surgical Referral Pause](#)

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

Following a period of consultation ending on 26 July 2026 by Hywel Dda University Health board as part of their second phase consultation on proposals for stroke services, they are entering a period of conscientious consideration of the consultation findings. Recommendations following consultation are expected during Q3 2026/27.

PARTNERSHIP DEVELOPMENTS: Powys Well-being Assessment

My last report highlighted the current period of engagement to inform the next Powys Well-being Assessment. Engagement closes on 30 September 2026 and I would urge all residents, staff and Powys partner organisations to share their views to ensure that this pivotal document which will drive collective action to improve well-being in Powys adequately reflects the key opportunities and challenges for the county. The draft Powys Well-being Assessment can be accessed at: [Powys Well-being Assessment | Have Your Say Powys](#)



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Powys Teaching
Health Board

Agenda item: 1.7

BOARD		30 SEPTEMBER 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. - SUPPORT the recommendation to de-escalate the action relating to NHS app and cross border functionality as recommended by the Chair, DCG and Chairs Forum.			
Approve/Take Assurance		Discuss	Note
Y		Y	

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

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EXECUTIVE SUMMARY:

ASSURANCE REPORTS FROM COMMITTEE CHAIRS

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

Charitable Funds Committee

- The Committee Chair's summary report of the meeting held on 28 September 2026 is attached at Appendix A. A full report of this meeting will be provided to Board in November 2026.

Finance and Performance Committee:

- The Committee Chair's report of the meeting held on 10 September 2026 is attached at Appendix B.

Patient Experience, Quality and Safety Committee:

- The Committee Chair's report of the meeting held on 04 August 2026 is attached at Appendix C.

People and Culture Committee:

- The Committee Chair's summary report of the meeting held on 08 September 2026 is attached at Appendix D.

Planning Partnership and Public Health Committee:

- The Committee Chair's report of the meeting held on 15 September 2026 is attached at Appendix E.

Executive Committee / Financial Recovery Board:

- The Committee Chair's report of the meetings held from 15 July to 02 September 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 04 August 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. Item remains escalated.
F&P	Organisational Status	Feb 2025	For Board awareness, no specific action requested	F&P 10 September 2026 The Committee RECEIVED the report and took ASSURANCE that appropriate mechanisms are in place to monitor and report to the Board (and its committees) in relation to the organisation's escalation status.

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				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 Board meeting of the 29 July asked the Chair and Director of Corporate Governance and Chair's Forum to consider the appropriate treatment for this escalation. This was considered and agreed the item will be referred back to ARAC for oversight and reported back to Board through the Chairs report. ARAC will receive regular scheduled updates. Item recommended to be de-escalated.

NEXT STEPS:

Further updates from the Chairs of the Board Committees will be received at the Board meeting scheduled for 25 November 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 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.
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

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		Experience Framework within Patient Experience, Quality and Safety Committee.
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Reporting Committee:	Charitable Funds Committee
Committee Chair	Ian Thomas
Date of last meeting:	28 September 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 28 September 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: Charitable Funds Committee - Powys Teaching Health Board	
Escalate/Alert	There are no expected matters to escalate/alert.
Advise	There are no expected matters to advise
Assure	The Board is asked to NOTE that the following matters are scheduled to be discussed at the meeting held on 28 September 2026. A full report will be available at the Board meeting in November 2026. • Project outcome presentation • Head of Charity Report • Financial Report 2026/27 Q1 • Projects under delegated authority

	• Chair's Action – Safeguarding training application • Investment Manager Presentation
Inform	There are no expected matters to inform.
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:	10 September 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 10 September 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: 10 September 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 are in place to monitor and report to the Board (and its committees) in relation to the organisation’s escalation status.
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 10 September 2026.

	ORGANISATIONAL SAVINGS - (INCL SIX MONTHLY REPORT ON CONTINUING HEATH CARE COSTS) The Committee RECEIVED the report and took ASSURANCE that plans are in place to manage CHC and evolve the service based on expected national changes. FINANCE REPORT MONTH 04 2026/27 The Committee RECEIVED the financial report and took ASSURANCE that the organisation has effective financial monitoring and reporting mechanisms in place. The Committee also CONSIDERED and DISCUSSED the financial forecast and the underlying deficit for 2026/27 of £44.652m. INTEGRATED QUALITY AND PERFORMANCE REPORT MONTH 03 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. Q1 ANNUAL DELIVERY PROGRESS REPORT The Committee CONSIDERED the report ahead of submission to PTHB Board and took ASSURANCE that there is a process in place for monitoring progress against plan. VARIABLE PAY REPORT The Committee RECEIVED the paper and took ASSURANCE of the action and focus being taken to improve the position. ANNUAL CANCER SERVICES IMPROVEMENT PLAN AND PERFORMANCE UPDATE The Committee NOTED the progress made against the cancer improvement plan, took ASSURANCE that the key areas of delivery of the plan are being met and NOTED actions are in place within the action plan to continue to drive delivery in relevant areas.
Inform	The following items were RECEIVED as part of the consent agenda:

- Endoscopy Update to include JAG accreditation
- Highlight Report from the Planning, Performance and Finance Sub Committee- 21.07.2026
- Committee Work Programme
- Committee Governance Development Plan
- Internal Audit Report: Budget Setting (Reasonable Assurance)
- Audit Wales Report: Urgent & Emergency Care for Managing demand
- PTHB Glossary

NEXT MEETING: 13 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:	Patient Experience, Quality and Safety Committee
Committee Chair	Rhiannon Beaumont-Wood
Date of last meeting:	05 August 2026
Paper prepared by:	Head of Corporate Governance
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
1. SITUATION/BACKGROUND This report had been prepared to provide Board Members with a summary of the key issues considered by the Patient Experience, Quality and Safety Committee (PEQS) at its meeting on 05 August 2026. Key highlights from the meeting are reported in Section 3.	
2. PURPOSE The Purpose and Role of the PEQS Committee is set out in Schedule 4 (pages 28 – 38) of Standing Orders.	
3. HIGHLIGHT REPORT Links to agenda and reports: 04 August 2026 - Powys Teaching Health Board	
Escalate/Alert <i>Patterson-Liz 25/09/2026 14:52:15</i>	CHILDREN'S NEURODIVERSITY SERVICES The Committee: Took ASSURANCE that the implementation of the IQPF Escalation Oversight mechanism is providing robust oversight of the quality improvement and risk mitigation work being undertaken within Neurodevelopmental Services.

	• Took ASSURANCE from the ongoing monitoring and evaluation mechanisms in place as part of IQPF.
Advise	The Chair noted a developing theme that further assurance on patient experience in Commissioned Services was required. Legislation and guidance on patient experience is focussed on provider services and thus there is no direct guidance for PTHB to follow in the commissioning context. The Committee have asked that a Routemap be shared outlining the proposed approach to develop a quality and safety framework for commissioned services. The Chair noted that attention was being given to the development of a Quality Management System which had also been the subject of a Board Development session. It is key to ensure it drove continuous improvement, and that there was a need to use real time quality intelligence, to distinguish quality assurance from quality control and to support the cultural change required for successful implementation.
Assure	DUTY OF QUALITY ANNUAL REPORT 2025/26 The Committee: • RECOMMENDED to the Board the APPROVAL of the Duty of Quality Annual Report which evidenced progress and areas for improvement for 2025-2026. • Took ASSURANCE from the evidence presented regarding delivery of the Duty of Quality during 2025/26 and the arrangements in place to support continued improvement during 2026/27. SAFEGUARDING ANNUAL REPORT 2025/26 The Committee: • RECEIVED the Annual Report and took ASSURANCE from the progress made during 2025–2026, whilst noting the key priorities and areas of focus for 2026–2027. • RECOMMENDED the approval of the report to the Board. INFECTION PREVENTION AND CONTROL ANNUAL REPORT 2025/26 The Committee took ASSURANCE from the contents of the Infection Prevention and Control Annual Report 2025/26 that appropriate systems, governance arrangements and controls are in place to support the prevention and management of healthcare associated infections across the Health Board.

INTEGRATED QUALITY REPORT

The Committee:

- **NOTE** progress in embedding the revised Integrated Quality Report structure and principles;
- Take **ASSURANCE** from the triangulated analysis of quality and safety intelligence for Q1, and
- **DISCUSS** any concerns or lines of enquiry.

PEOPLE'S EXPERIENCE FRAMEWORK

The Committee:

- **RECEIVED** the report and took **ASSURANCE** that the NHS (national) Wales People's Experience Framework is being implemented within the Health Board
- **REVIEWED** the draft PTHB People's Experience and Listening Policy providing any feedback ahead of the policy being produced into a final draft
- **AGREED** the final draft policy can be shared via Chair's Action for the Committee to consider recommendation to the Board in September.

MATERNITY SERVICES

The Committee:

- Took **ASSURANCE**: the Health Board has reviewed findings of the Regulation 28 report and considered the relevance of the learning to local maternity services.
- **NOTED** the All-Wales response and the actions taken nationally and locally to strengthen assurance in the areas identified by the Coroner.
- **DISCUSSED** and/or scrutinise the assessment and seek assurance regarding any concern, remaining gaps, risks and improvement opportunities.

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.

SIX MONTHLY UPDATE ON ANTIMICROBIAL STEWARDSHIP

1. **NOTED** three of the four goals are being achieved by the Health Board and its partners and took **ASSURANCE** plans are in place with both managed and contracted services to achieve goal four (70% of total antibiotic usage from the 'access' group).
2. **NOTED** the requirement of strengthened antimicrobial stewardship leadership across the system to provide ongoing assurance, following the recent inclusion of other services in the reported data (e.g. community pharmacy independent prescribers and out-of-hours GP services).

The Committee:

- Took **ASSURANCE** that inpatient wards are operating within safe staffing parameters in line with Nurse Staffing Levels (Wales) Act 2016
- **NOTED** the key themes, risks, and system pressures impacting sustainability of safe staffing (non-nursing factors) identified through establishment reviews
- **NOTED** the system-wide pressures impacting sustainability of safe staffing (non-nursing factors)
- **RECOMMENDED** the paper to the Board for its September meeting.

The Committee took **ASSURANCE** an approach has been set out to develop a Quality Management System (OMS) for the Health Board. A further report will be provided to the October Committee.

ITEMS CONSIDERED IN-COMMITTEE:

- **HEALTH AND SAFETY EXECUTIVE COMMITTEE NOTICE UPDATE**

Inform

The following documents were received for information:

	• Internal Audit Reports on: ○ Mattresses (Follow-up) ○ Mortality Reviews (Reasonable Assurance) • Board Out and About Programme • Committee Work Programme The following documents were received for assurance: • Joint Commissioning Committee highlight report from the Quality, Safety and Outcomes Sub-Committee 27 April and 29 June 2026 • Committee Governance Action Plan • ePMA update • Committee Risk Register
NEXT MEETING: 04 August 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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25/09/2026 14:52:15

Reporting Committee:	PEOPLE AND CULTURE COMMITTEE
Committee Chair	Jennifer Owen-Adams
Date of last meetings:	08 September 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 08 September 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	THEME 2 – GREAT PLACE TO WORK
	The Committee REVIEWED the information provided in the update and took ASSURANCE of delivery against the plan.

SPEAKING UP SAFELY AND RAISING CONCERNS REPORT

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

VIOLENCE AND AGGRESSION INCIDENTS

The Committee took ASSURANCE that the appropriate reporting mechanisms are in place to report against policy implementation.

PRIMARY AND COMMUNITY CARE ACADEMY

The Committee took ASSURANCE that the Primary and Community Care Academy operates as per its plan.

CLINICAL REVALIDATION UPDATE

The Committee took ASSURANCE that the Health Board is compliant in respect of statutory professional registration requirements.

COMMITTEE GOVERNANCE ACTION PLAN

The Committee RECEIVED the Governance Development Plan 2026-27 and took ASSURANCE that the implementation of development actions will be monitored and reported on throughout the year as a key principle of good corporate governance.

WORKFORCE PERFORMANCE REPORT

The Committee took ASSURANCE that appropriate monitoring is in place and NOTED the relevant actions and mitigations in place.

	EXECUTIVE DIRECTOR OF PEOPLE AND CULTURE REPORT
	The Committee RECEIVED and NOTED the report on the workforce activities and initiatives.
Inform	The following documents were received for information: • Committee Work Programme 2026/2027 • PTHB Glossary • Staff Story
NEXT MEETING: 08 December 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

Reporting Committee:	Planning, Partnerships and Population Health Committee
Committee Chair	Simon Wright
Date of last meetings:	15 September 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 15 September 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	Concern from Committee regarding the time delay from Welsh Government in deciding the appeal on the decision of the Pharmaceutical Applications Committee (decision on Llanfyllin Pharmacy)
Advise	There are no matters to advise.
Assure	PTHB INTEGRATED PLAN 2027/2028 Development

The Committee took ASSURANCE that the plans are in place and will go forward with some adjustments from the Committee discussion to the Board on the 30 of September for full Board discussion and approval

STRATEGIC CHANGE AND ENGAGEMENT REPORT

The Committee NOTED the report and DISCUSSED the content, and took ASSURANCE that mechanisms are in place to ensure strategic change programmes are captured that do or may impact on Powys

PRIMARY CARE CLUSTER REPORTING AGAINST DELIVERY 2025/2026

The Committee RECEIVED the report and took ASSURANCE that primary care clusters plans are in place and monitored.

WINTER PLAN 2026/2027 INCLUDING COVID INFLUENZA VACCINATION PAPER

The Committee took ASSURANCE that there has been engagement and collaborative working with the RPB in completion of the template with active participation and coordination of Health Board, Powys County Council and Third Sector input. NOTED that the template met the Welsh Government (WG) submission deadline of 27 August. NOTED that this template forms a part of the Winter Preparedness Plan which is also being worked up with system colleagues for submission on the 25 September 2026.

REGIONAL PARTNERSHIP BOARD (ANNUAL REPORT) 2025/026

The Committee RECEIVED the Regional Partnership Board (RPB) Annual Report and ASSURANCE that the RPB is fulfilling its role and providing an effective mechanism for delivery of the Joint Area Plan as part of the ten-year Health and Care Strategy "A Healthy, Caring Powys"

PHARMACEUTICAL NEEDS ASSESSMENT (PNA)

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	The Committee NOTED the statutory requirement to publish the Powys Pharmaceutical Needs Assessment 2026 no later than 01October 2026 and the outcome of the 60-day consultation; took ASSURANCE that Planning, Partnerships and Population Health Committee considered and endorsed the final PNA and recommended it to the Board for approval; NOTED the principal findings, including the current unmet need for pharmaceutical services in Llanfyllin and the classification of the proposed Llanrhaeadr-ym-Mochnant service change as a monitoring risk rather than an identified current or future need; RECOMMENDED to the Board the approval of the Powys Pharmaceutical Needs Assessment 2026 and its appendices for publication. PARTNERSHIP GOVERNANCE AND ASSURANCE FRAMEWORK REPORT The Committee took ASSURANCE that appropriate arrangements are in place to monitor and review partnership governance against the PTHB framework. ADDITIONAL LEARNING NEEDS (ALN) The Committee took ASSURANCE the relevant Governance arrangements are in place to support effective Health/Education collaboration and to ensure that the Health Board meets its statutory duties under the ALN Act, in readiness for anticipated national reporting requirements. RECIEVED PARTIAL ASSURANCE with regard to the Health Board's current compliance with its legal duties, though it is anticipated that compliance will be at least 80% for all reportable duties, when the trail period of reporting commences in October 2026. COMMITTEE GOVERNANCE ACTION PLAN The Committee RECEIVED the Governance Development Plan 2026-27 and took ASSURANCE that the implementation of development actions will be monitored and reported on throughout the year as a key principle of good corporate governance.
Inform	The following documents were received for information:

	• Joint Commissioning Committee (JCC) Planning, Performance and Finance Sub Committee Highlight Report • Vaccine Storage Final Internal Audit Report
NEXT MEETING: 19 November 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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25/09/2026 14:52:15

Reporting Committee:	Executive Committee
Committee Chair	Pete Hopgood, Acting Chief Executive
Date of last meeting:	02 September 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 22 July, 05 August, 19 August and 02 September 2026. Meetings following these dates will be reported to the Board in November 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.	

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Alert/ Advise/ Assure/ Inform	Topic	Purpose	Additional Comments	Onward to Committee /Board	Date of Executive Committee
Alert	Nothing to report – all content captured in either assure or inform sections below.				
Advise	Nothing to report – all content captured in either assure or inform sections below.				
Assure	Better Together: Highlight Report	Assurance	The Committee NOTED the update.		22.07.2026
	Financial Performance Report - Month 03	Assurance	The Committee RECEIVED the financial report and took ASSURANCE that the organisation has effective financial monitoring and reporting mechanisms in place. The Committee CONSIDERED and DISCUSSED the financial forecast and the underlying deficit for 2026/27 of £44.652m.	Board	22.07.2026
	Integrated Quality and Performance and Assurance Report - Month 02	Assurance	The Committee DISCUSSED the content of this report; and took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.	Board	22.07.2026
	Ward Establishment Review	Assurance	The Committee took ASSURANCE that inpatient wards are operating within safe staffing parameters in line with Nurse Staffing Levels (Wales) Act 2016.	Patient Experience, Quality and Safety	22.07.2026

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			The Committee NOTED the key themes, risks, and system pressures impacting sustainability of safe staffing (non-nursing factors) identified through establishment reviews; NOTED the system-wide pressures impacting sustainability of safe staffing (non-nursing factors).	Committee; Board	
	Safeguarding Annual Report	Assurance	The Committee RECEIVED the Annual Report and took ASSURANCE from the progress made during 2025–2026, whilst noting the key priorities and areas of focus for 2026–2027.	Patient Experience, Quality and Safety Committee; Board	22.07.2026
	Maternity Services Report	Assurance	The Committee took ASSURANCE the Health Board has reviewed findings of the Regulation 28 report and considered the relevance of the learning to local maternity services and NOTED the All-Wales response and the actions taken nationally and locally to strengthen assurance in the areas identified by the Coroner. The Committee DISCUSSED and/or scrutinised the assessment and seek assurance regarding any concern, remaining gaps, risks and improvement opportunities.	Patient Experience, Quality and Safety Committee	22.07.2026
	Integrated Quality Report	Assurance	The Committee NOTED progress in embedding the revised Integrated Quality Report structure and principles and took ASSURANCE from triangulated analysis of quality and safety intelligence for Q1. The Committee DISCUSSED any concerns or lines of enquiry to support scrutiny objective.	Patient Experience, Quality and Safety Committee	22.07.2026
	Duty of Quality Annual Report	Assurance	The Committee recommended the APPROVAL of the Duty of Quality Annual Report which evidences progress and areas for improvement for 2025-2026 and took ASSURANCE from the evidence presented regarding	Patient Experience, Quality and Safety	22.07.2026

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			delivery of the Duty of Quality during 2025/26 and the arrangements in place to support continued improvement during 2026/27.	Committee; Board	
	Infection Prevention & Control Annual Report	Assurance	The Committee took ASSURANCE from the contents of the Infection, Prevention and Control annual report that the Health Board is fulfilling its responsibilities.	Patient Experience, Quality and Safety Committee	22.07.2026
	EPMA Update	Assurance	The Committee took ASSURANCE that Phase 1 inpatient delivery remains on track, with governance, clinical safety, training, business continuity, and onboarding arrangements in place and actively managing risk. The Committee NOTED the programme remains GREEN, with delivery progressing across eight hospital sites and twelve wards; however, delivery confidence is dependent on active management of pharmacy capacity, GP/Out of Hours training compliance and SBUHB service adoption; and NOTED the principal risks to delivery confidence, including pharmacy workforce constraints in South Powys, training compliance for GP and Out of Hours clinicians, Welsh Government expectations for delivery within 12 months, and the current position regarding SBUHB Out of Hours adoption. The Committee NOTED that no formal decision is required at this stage; escalation routes are in place should tolerances be exceeded.	Patient Experience, Quality and Safety Committee	22.07.2026
	Connected Care Programme Update	Assurance	The Committee NOTED amber confidence; took ASSURANCE on mobilisation; ACKNOWLEDGED delivery risk and SUPPORTED capacity protection an early escalation.		05.08.2026
	Consent Agenda Items	Assurance	FOR INFORMATION & AWARENESS: GOS Public Perceptions Survey.		05.08.2026

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			FOR ASSURANCE: HSE Contravention monthly update	H&S Sub Committee	
	Finance Performance Report - Month 04	Assurance	The Committee RECEIVED the financial report and took ASSURANCE that the organisation has effective financial monitoring and reporting mechanisms in place. The Committee CONSIDERED and DISCUSSED the financial forecast and the underlying deficit for 2026/27 of £44.652m.	Finance and Performance Committee	19.08.2026
	Integrated Quality and Performance Report - Month 03	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	19.08.2026
	Annual Delivery Progress report Q1	Assurance	It was agreed that a further discussion should be scheduled, at the Executive Committee on the 02 September, to review the impact of plan adjustments, agree sign-off arrangements and provide assurance regarding communication of the revised delivery plan. The Committee REVIEWED the report ahead of submission to Finance and Performance Committee and took ASSURANCE that there is a process in place for monitoring progress against plan. The Committee DISCUSSED and strengthened the report with any additional information provided to the Planning Team for inclusion before submission to the Finance and Performance Committee and thereafter to Board; DISCUSSED and APPROVED items that are appropriately BRAGG rated and Delivery Confidence assessments and APPROVED the change requests.	Finance and Performance Committee	19.08.2026 02.09.2026

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	Winter Plan Preparedness Template	Assurance	The Committee took ASSURANCE that there has been engagement and collaborative working with the RPB in the completion of the template with active participation and coordination of Health Board, Powys County Council and Third Sector input. The Committee also took ASSURANCE that the template will meet the Welsh Government submission deadline of 27 August and NOTED that this template forms a part of the Winter Preparedness Plan which is also being worked up with system colleagues for submission 25 September 2026.		19.08.2026
	Director of People and Culture Report	Assurance	The Committee RECEIVED and NOTED the report on the workforce activities and initiatives.	People and Culture Committee	19.08.2026
	Theme 2: Great Place to Work	Assurance	The Committee REVIEWED the information provided in the update and took ASSURANCE of delivery against the plan.	People and Culture Committee	19.08.2026
	Annual Speaking up Safely Report	Assurance	The Committee REVIEWED the information provided in the update and took ASSURANCE of delivery against the plan.	People and Culture Committee	19.08.2026
	Violence and Aggression Incidents	Assurance	The Committee took ASSURANCE that appropriate reporting mechanisms are in place to report progress against policy implementation.	People and Culture Committee	19.08.2026
	Better Together: BCPC	Assurance and Approval	The Committee RECEIVED and REVIEWED the final draft Pre-Consultation Business Case; Took ASSURANCE that the case for change, options development, appraisal process, stakeholder engagement and consultation approach remain aligned with the previously approved Step Report. The Committee took ASSURANCE that all reviewer feedback has been incorporated, the PCBC actions have been completed, with a few minor updates still pending	Board	02.09.2026

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			as outlined below; NOTED the remaining minor actions; RECEIVED the Integrated Impact Assessment documents for approval and assurance. The Committee APPROVED progression of the PCBC to the Board stage of approval subject to the minor amendments outlined, taking assurance from Portfolio board and Informal Executive Committee and further review by HICO – of which all associated feedback has been incorporated.		
	Better Together: Consultation Plan and Documentation	Assurance	The Committee NOTED the content requirements set out in Welsh Government guidance on NHS Service Change (Section 1); NOTED the assurance questions set out by HICO and that further work is underway with HICO to finalise this document reflecting finalisation and assurance of the PCBC (Section 2); NOTED the proposed timetable or publication and RECEIVED the current version of the Consultation Document. The Committee APPROVED the delegation to CEO, Executive Medical Director and Executive Sponsor (Executive Director of People, Culture and Transformation) to approve the final version for consideration by Board and APPROVED the updated Consultation Plan for Consideration by the Board as part of the PCBC).		02.09.2026
	Variable Pay	Assurance	The Committee NOTED the paper and took ASSURANCE of the action and focus being taken to improve the position.		02.09.2026
	Strategic Change and	Assurance	The Committee NOTED the report and DISCUSSED the content, providing assurance and any <u>further updates</u> that colleagues are aware of that may not yet be	Planning, Partnerships and	02.09.2026

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	Engagement Report		captured prior to submission for the Planning, Partnerships and Population Health Committee on 15 September.	Population Health Committee	
	Cancer Services Performance and Improvement Plan	Assurance	The Committee NOTED the progress made against the cancer improvement plan; took ASSURANCE that the key areas of delivery of the plan are being met and NOTED where challenges remain and the actions in place.	Planning, Partnerships and Population Health Committee	02.09.2026
	Pharmaceutical Needs Assessment	Assurance	The Committee NOTED the statutory duty to publish a compliant PNA no later than 01 October 2026 and the outcome of the 60-day consultation; DISCUSSED the finding of a current unmet need in Llanfyllin and the classification of the proposed Llanrhaeadr service change as a monitoring risk rather than an identified current or future need; took ASSURANCE that the final draft is compliant with the statutory framework and addresses the principal statutory content requirements, including the Schedule 1 service classifications, current and future need conclusions and statutory provider map. The Committee RECOMMENDED that the Board approve the PNA for publication.	Planning, Partnerships and Population Health Committee; Board	02.09.2026
	Workforce Performance Report	Assurance	The Committee took ASSURANCE appropriate monitoring is in place and note the relevant actions and mitigations in place.	People and Culture Committee	02.09.2026
	Primary Care Cluster Reporting against	Assurance	The Committee NOTED the update.	Planning, Partnerships and Population	02.09.2026

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	delivery 2025/26			Health Committee	
	Six Monthly Report on CHC	Assurance	The Committee REVIEWED and DISCUSSED the content of this report and took ASSURANCE that plans are in place to effectively manage CHC and evolve the service based on expected national changes.	Planning, Partnerships and Population Health Committee	02.09.2026
	Endoscopy Update	Assurance	The Committee RECEIVED the update on endoscopy services and JAG accreditation ahead of update to Finance and Performance Committee.	Finance and Performance Committee	02.09.2026
	Additional Learning Needs Update	Assurance	The Committee ACCEPTED this report as an accurate overview of activity from the Health Board to meet the requirements of the ALN Act; NOTED the introduction of an ALN national reporting framework for Health Boards and received ASSURANCE regarding activity to date and plans to meet the requirements of the ALN Act moving forward.	Planning, Partnerships and Population Health Committee	02.09.2026
	Partnership Governance and Assurance Framework report	Assurance	The Committee took ASSURANCE that appropriate arrangements are in place to monitor and review partnership governance against the PTHB framework.	Planning, Partnerships and Population Health Committee	02.09.2026
	Information Governance Report	Assurance	The Committee RECEIVED the report and took ASSURANCE on areas of good compliance, acknowledging efforts and successes and took ASSURANCE from the reported activities undertaken and performance in maintaining compliance with legislation, standards and regulator guidance.	Audit Risk and Assurance Committee	02.09.2026

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	Consent Agenda Items	Assurance	FOR INFORMATION: Final Internal Audit Report - Learning Disabilities Eligibility Assessment and Care Co-ordination Processes FOR INFORMATION: Financial Recovery Workforce Programme (People and Culture)	Audit Risk and Assurance Committee People and Culture Committee	02.09.2026
Inform	Vacancy Freeze Management	Approval	The Committee REVIEWED and APPROVED applications submitted for advertising.		22.07.2026 05.08.2026 19.08.2026 02.09.2026
	Better Together: Mental Health Option	Approval	The Committee RECEIVED the Board Insight Report; NOTED the three priority actions identified; NOTED the advisory briefing note prepared by HICO Ltd and ACCEPTED the recommendation to progress with a single option for Mental Health to the Board in September.		22.07.2026
	Referral Hub Business Case	Approval	It was agreed to support the business case in principle and proceed with Phase 1, recognising the strategic importance of the programme and existing commitments to WG. Approval was linked to a phased implementation approach, with further consideration of affordability and future investment requirements before subsequent phases are progressed. It was noted that the initial six-month phase will focus on establishing the Referrals Hub, including recruitment of a Hub Manager and key administrative support, alongside early work on data, pathway mapping and service design.		19.08.2026
	Policies	Approval	The Committee APPROVED the following policies: - HR007 Family Leave Policy - HR090 Rostering Policy		19.08.2026

	Covid and Influenza Vaccination Programme	Approval	The Committee NOTED the National changes made to the Influenza and COVID-19 Immunisation programmes. The Committee APPROVED the plan for delivering the COVID-19 immunisation programme in Powys and APPROVED the plan for delivering the National Influenza immunisation programme in Powys. The Committee NOTED the 'agile' planning and delivery will continue to be deployed to deliver the Programme to eligible population groups throughout the Autumn/Winter period in line with Welsh Government guidance and NOTED the proactive approach being taken to increase vaccination uptake across all eligible groups and reduce the inequity gaps in vaccination uptake across Powys.		19.08.2026
	North Powys Wellbeing Programme update	Information	The Committee NOTED the verbal update.	Planning, Partnerships and Population Health Committee; Board	02.09.2026
	Better Together: Security	Approval	The Committee NOTED the potential safety, wellbeing and reputational risks associated with the delivery of a high-profile service change consultation; NOTED the Health Board's responsibilities to protect the health, safety and welfare of staff, Board members, volunteers, contractors and members of the public participating in consultation activities and APPROVED the Better		02.09.2026

			Together Safety Guidance Framework, including personal safety, event safety and site safety guidance. The Committee support implementation of the guidance throughout the Better Together consultation period.		
	Women's Hub Funding Proposal	Approval	Following a detailed discussion, the Committee AGREED to proceed with the WG funding bid and to indicate support in principle for the ongoing sustainability of the service as part of the Health Board's wider transformation programme. It was agreed that the programme would be kept under regular review, with continued funding contingent on demonstrating benefits, achieving intended outcomes and remaining affordable within future organisational priorities. Further work will be undertaken across commissioning, finance, performance and service teams to develop a sustainable long-term approach and identify opportunities for recurrent funding.		02.09.2026
	Climate Adaptation Plan	Approval	The Committee APPROVED the Climate Adaptation Plan (2026–2030) and APPROVED the Climate Risk Register as the organisational framework for managing climate-related risks.		02.09.2026

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: 16 September 2026

Reporting Committee:	Finance Recovery Board
Committee Chair	Pete Hopgood, Acting Chief Executive
Date of last meeting:	26 August 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 15 July, 30 July and 26 August 2026. Meetings following these dates will be reported to the Board in November 2026.

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

- Continued oversight of the Financial Recovery Programme, with significant progress made in identifying savings opportunities; however, substantial delivery risk remains and focus has shifted from plan development to delivery, assurance and benefits realisation.
- Enhanced financial governance arrangements were implemented through a delivery assurance framework, strengthening scrutiny of Red and Amber-rated schemes and supporting escalation of delivery risks and mitigations.
- Commissioned healthcare expenditure, particularly contractual arrangements with Wye Valley NHS Trust and Robert Jones and Agnes Hunt Orthopaedic Hospital, remained a significant financial risk, with ongoing

discussions regarding planned care funding, contractual settlements and the implications for service delivery and waiting time performance.

- Continuing Healthcare (CHC) remained a major area of focus, with progress reported on review programmes, transformation activity, demand management, workforce capacity and savings delivery, whilst recognising ongoing risks associated with assessment capacity and sustainable long-term arrangements.
- Attention given to workforce recovery and productivity initiatives, including vacancy management, variable pay reduction, recruitment controls, establishment management and the development of strengthened governance arrangements to support financial recovery.
- Consideration given to the recurrent versus non-recurrent nature of savings schemes and emphasised the importance of developing sustainable recurrent savings to reduce future financial pressures and support longer-term recovery plans.
- Deep-dive reviews highlighted several high-risk areas, including Commissioning and Contracting and Mental Health services, with particular focus on delivery confidence, workforce pressures, variable pay expenditure, service sustainability and achievement of savings targets.
- Assurance received regarding progress in pathway redesign, commissioning and transformation programmes, although further work was requested to strengthen reporting, baselines and benefits realisation evidence to demonstrate financial and operational impact.
- Members emphasised the need to maintain effective engagement and communication with managers and budget holders, alongside strengthening financial management capability, accountability and ownership of recovery actions across the organisation.
- Oversight maintained of the transition into Phase 2 of the Financial Recovery Programme, including programme governance, delivery partner support arrangements and the development of longer-term recovery planning for future financial years.

NEXT MEETING: 09 September 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
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Region:	Powys
Report:	Regional Directors Report
Period Covered:	18 July 2026 – 21st September 2026
Author:	Katie Blackburn
Status:	For Information
Date:	30th September 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

The advocacy service continued to support people experiencing difficulties accessing health and social care services across Powys. During both July and August, concerns raised through advocacy reflected themes emerging through engagement activity, particularly access to services, communication, waiting times, mental health support and navigating complex care pathways.

Advocacy outcomes during August included improvements to information provided following surgical menopause treatment, successful progression of complaints relating to emergency and secondary care services, support securing suitable adapted accommodation for a disabled resident and resolution of significant concerns regarding community mental health care. These cases demonstrate the importance of independent advocacy in helping people resolve issues, improve communication and contribute to learning across services.

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Representations

	Last period	18 July – 22 September 2026	Representation Subject
New representations	6	8	• RIF funding – follow-up • Haygarth Medical Centre Proposed Changes • NHS 111 press 2 • Prescription process, Pen Gora surgery • Specialist Gender Affirming Services • Spotlight on Welsh Language • Ambulance Waiting Times • GP provision at Wylcwm surgery
Closed representations	4	2	Haygarth Medical Centre Proposed Changes Specialist Gender Affirming Services
Outstanding representations	1	2	Paediatric Cancer Services: Travel Costs NHS 111 press 2
Representations not due yet	2	4	Ambulance Waiting Times GP provision at Wylcwm surgery RIF funding follow-up Prescription process, Pen Goraf surgery

Engagement

July and August were among the busiest months for the Powys team. Activity included locality work, outreach events, awareness-raising activity and attendance at major public events across the county.

Engagement activity included:

- Ystradgynlais Llais Local - coffee morning, surgery visits, carers groups, foodbank, men's shed and outreach delivered as part of the single locality programme
- One Voice Wales Conference
- Royal Welsh Show
- Brecon Pride
- Abermule + Area Mail Drop
- Newtown Coffee Morning
- Welshpool Coffee Morning

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Ystradgynlais Social Hub
Llandrindod Food Bank
Police Open Day Newtown
Llangunllo Knit and Natter
Veterans Coffee and Chat Welshpool
Talgarth Outreach (Mind)

During July and August, the Powys team attended and delivered 15+ engagement activities across the county, engaging directly with over 1,000 people through locality programmes, community events, outreach activity and partnership working

What People Tell Us Is Working Well

Positive feedback continues to focus on frontline services and staff.

People consistently highlighted:

- Community hospitals and local healthcare facilities.
- District nursing services.
- Diabetes services.
- Community transport schemes.
- Care home and domiciliary care staff.
- 3 specific GP practices
- Individual consultants and clinicians who were repeatedly praised for kindness, professionalism and responsiveness.

A consistent message remains that, once people are able to access services, the quality of care they receive is often viewed positively. The difficulties people describe are increasingly related to accessing and navigating services rather than the care itself.

What People Continue To Be Concerned About

- Access to GP Services

Access to primary care remains the most frequently raised issue across communities. People described:

- Long waits for appointments.
- Difficulties accessing face-to-face consultations.
- Lack of continuity of care.

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- Concerns regarding triage systems.
- Difficulties navigating telephone systems.
- Digital exclusion as services increasingly move online

These concerns were reported consistently.

Waiting Times

Long waits continue to be reported across a number of pathways, including:

- Orthopaedics.
- Diagnostics and imaging.
- Mental health services.
- ADHD and learning disability assessments.
- Women's health services.
- Specialist referrals.

People frequently linked lengthy waits with deteriorating physical health, worsening mental wellbeing, impacts on employment and increasing pressure on families and carers.

Dentistry

Access to NHS dentistry continues to be a significant concern across Powys. People reported:

- Lack of NHS dental provision.
- Long travel distances to receive treatment.
- Increasing reliance on private dentistry.
- Delays in accessing routine and urgent care.

Transport and Rurality

Transport remains a major factor influencing access to healthcare. People consistently described:

- High travel costs.
- Limited public transport provision.
- Difficulties accessing hospital transport.
- Long journeys to appointments.
- Additional barriers faced by older people and people with mobility difficulties.

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Social Care and Community Support

People continue to raise concerns regarding:

- Availability of domiciliary care.
- Delays in care packages.
- Access to respite support.
- Support for unpaid carers.
- Hospital discharge arrangements.
- Community support for older people and people with complex needs.

Better Together

Awareness of the Better Together programme increased significantly during August, with communities increasingly discussing possible future service changes.

Importantly, people are not only talking about hospital beds. The issues most frequently raised include:

- Access to urgent care.
- Availability of diagnostics.
- Travel requirements.
- Community nursing capacity.
- Care packages and domiciliary care.
- Carer support.
- Workforce capacity.
- Access for rural communities.
- Cross-border implications.

A recurring message from engagement is that people understand change may be necessary, but they want confidence that the infrastructure required to support care closer to home will be in place before any reduction in local provision takes place. Communities consistently raised questions regarding transport, community services, social care, domiciliary care and workforce capacity.

Llais also continues to hear questions about participation and trust, particularly how feedback will be used, how consultation responses will

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influence decisions and whether groups who face barriers to participation are being heard.

Ensuring people can meaningfully participate in consultation and engagement activity, including those facing barriers because of disability, transport, language, caring responsibilities or digital exclusion.

Conclusion

People across Powys continue to express strong appreciation for frontline staff and the care they receive once services are accessed. However, recurring concerns remain regarding access to primary care, waiting times, transport, dentistry and the availability of community-based support services.

As discussion regarding Better Together develops, communities are increasingly seeking assurance that existing challenges will be addressed alongside any future service changes. People continue to tell us that any future service changes will need to be considered alongside the capacity and resilience of community services, social care, transport and workforce provision. Communities are seeking assurance that these wider factors are addressed as part of any future transformation plans

National Updates:

Llais Impact Report – July 2026 :

<https://www.llaiswales.org/sites/default/files/2026-07/Impact%20July%202026.pdf>

Llais Impact Report – August 2026 :

<https://www.llaiswales.org/sites/default/files/2026-08/Impact%20August%20Effaith%20Awst%202026.pdf>

<https://www.llaiswales.org/news-and-reports/reports/priorities-seventh-senedd-health-and-social-care-committee>

<https://www.llaiswales.org/news-and-reports/reports/spotlight-using-welsh-health-and-social-care-services>

<https://www.llaiswales.org/news-and-reports/news/llais-welcomes-rollout-call-concern-maternity-and-neonatal-wards>

<https://www.llaiswales.org/news-and-reports/news/our-letter-about-access-enhertu-people-wales-her2-low-advanced-breast-cancer>

<https://www.llaiswales.org/news-and-reports/news/llais-sets-out-expectations-powys-nhs-services-consultation>

<https://www.llaiswales.org/news-and-reports/news/update-our-work-regarding-nwjccs-decision-pause-gender-affirming-surgery>

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Katie Blackburn

Regional Director – Llais

22 September 2026

Patterson Liz
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GIG
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WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 3.1

BOARD MEETING		30 SEPTEMBER 2026	
Subject:	Better Together Phase 1 Consultation Preparedness		
Approved and presented by:	Debra Wood-Lawson, Executive Director of People, Culture and Transformation		
Prepared by:	Adrian Osborne, Deputy Director (Engagement, Communication and Corporate Governance)		
Other Committees and meetings considered at:	Elements of this report have been considered at the meetings of the Board on 16 September 2026 and 29 July 2026 and various meetings prior to being presented.		
PURPOSE:			
This paper provides an update to Board on preparedness for Better Together consultation following the decisions of the Board on 16 September 2026.			
RECOMMENDATION(S):			
The Board is asked to RECEIVE and take ASSURANCE from the update on Better Together (phase one) Consultation.			
Approve/Take Assurance		Discuss	Note
Y			Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	The Better Together programme supports the delivery of and/or is enabled by all Health Board wellbeing objectives. Key Better Together ambitions include Early Help and Support (Strategic Priority 4 Primary and Community Care); Tackling the Big Four (Strategic Priority 8 Mental Health); and Joined Up Care Strategic Priority 9 (System Resilience).
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	

SITUATION

This paper provides an assurance update on readiness for consultation on the Better Together proposed options agreed by the Board on 16 September

BACKGROUND

At its meeting in public on 16 September 2026, the Board gave careful and conscientious consideration to the Better Together Phase 1 Pre Consultation Business Case and unanimously:

1. **ACCEPTED** the Case for Change.
2. Took **ASSURANCE** that the proposed options for future service models align with national policy and priorities, the Health and Care Strategy for Powys, the Population Health Strategic Framework and the Strategic Commissioning Framework.
3. Took **ASSURANCE** that the proposed options for consultation have been developed through a structured, clinically led and evidence-based process, informed by engagement with patients, the public, staff, clinicians, partners and wider stakeholders.
4. **NOTED** that, subject to the outcome of consultation, further work will be required to develop a Post Consultation Business Case and Implementation Plan.
5. **CONFIRMED** that no decision on a preferred option will be made until the period of public consultation is concluded, and that the Board will give full and conscientious consideration to the consultation feedback, updated impact assessments, further technical analysis and any revised options before determining the way forward.
6. **APPROVED** the Pre-Consultation Business Case and the five recommended options for consultation as the basis for progressing to formal public consultation. Those five options being:

For physical health:

1. PH005b - Fewer Community Inpatient Beds reduced to 3 sites, with enhanced community model and better join up with mental health
2. PH008 - Even fewer Community Inpatient beds reduced to 2 sites, with enhanced community model and better join up with mental health

For urgent care and diagnostics:

3. UC013 - Local Urgent Care Centres at 2 sites and Minor Illness and Injury Unit at 1 site
4. UC013ii - Local Urgent Care Centres at 2 sites

For mental health:

5. MH006a - All functional and organic inpatient beds at 1 site with enhanced care and strengthened community model

7. **APPROVED** the updated consultation plan (Appendix Z4) **NOTING** that consultation will begin week commencing 05 October 2026.

Based on that decision, detailed operational planning has been under way to enable formal consultation to launch week beginning 05 October 2026.

ASSESSMENT AND ASSURANCE

Work has been undertaken to develop the consultation documents and questionnaire, and a detailed plan for the consultation period in line with the Consultation Plan approved by the Board on 16 September 2026.

Alongside the consultation document and questionnaire, and information in other formats, a broad range of technical information will be published to support intelligent consideration of the proposals including:

- Better Together Pre-Consultation Business Case
- Portfolio Execution Plan
- Overarching Case for Change
- Technical Chapters (Mental Health Technical Chapter, Physical Health Technical Chapter, Primary Care Technical Chapter)
- Stage 2 Engagement Briefing
- Stage 0 and 2 Engagement Report
- Stakeholder Engagement Oversight
- System Level Models of Care
- Strategic Demand & Capacity Final Report
- Long List of Ideas
- Long List of suggested options
- CRG Check & Challenge Report
- Urgent Care Service Issues template
- Urgent Care Service Model of Care
- Physical Health Service Issues template
- Physical Health Service Model of Care
- Mental Health Service Issues template
- Mental Health Service Model of Care
- Estate Assessments
- SWOT Analysis
- Travel Time Analysis Report
- Non-financial proposed option appraisal report – Urgent Care
- Non-financial proposed option appraisal report – All Services
- Recommended Proposed Options Workshop Report
- Deliberative Event Report June 2026
- Level 2 Impact Assessments
- Phase 1 Consultation Plan
- Step Report

Supporting information also includes a series of persona case studies to explain how the Better Together Phase 1 proposals may transform care and outcomes for residents.

In the interests of openness and transparency, Powys Teaching Health Board seeks to publish as much supporting information as possible alongside the Consultation Document and Pre-Consultation Business Case (PCBC). However, a small number of PCBC appendices have been withheld, published in redacted form, or summarised rather than reproduced in full. Where appendices are withheld, redacted or summarised, this reflects a proportionate judgement about what is necessary to support the consultation, balanced against legitimate considerations such as commercial sensitivity, personal data, confidentiality, operational matters and the effective conduct of public business.

A programme of drop-in events has been established reaching out to each of the 13 Powys Localities. This will be alongside outreach to other community venues to support the consultation to hear from voices less heard. The face-to-face events begin at 2pm and end at 7pm, with participants invited to drop in a time suits them:

- Wednesday 14 October 2026 – Strand Hall, Builth Wells LD2 3AA
- Thursday 15 October 2026 – Y Plas, Machynlleth SY20 8ER
- Monday 19 October 2026 – Knighton Community Centre LD7 1DR
- Wednesday 21 October 2026 – Llanfyllin Youth & Community Centre SY22 5DB
- Tuesday 27 October 2026 – Clarence Hall, Crickhowell NP8 1BN
- Tuesday 3 November 2026 – Llanidloes Community Centre SY18 6EY
- Thursday 5 November 2026 – Wellington Hotel, Brecon, LD3 7AD
- Tuesday 10 November 2026 – The Pavilion, Llandrindod Wells LD1 5EY
- Thursday 12 November 2026 – Talgarth Town Hall LD3 0AF
- Thursday 19 November 2026 – The Institute, Llanfair Caereinion SY21 0RY
- Wednesday 25 November 2026 – The Welfare, Ystradgynlais SA9 1JJ
- Tuesday 1 December 2026 – Welshpool Town Hall SY21 7JQ
- Thursday 3 December 2026 – Elephant & Castle Hotel, Newtown SY16 2BQ

Independently facilitated online events will take place from 6.30pm to 8pm on the following dates:

- Thursday 29 October 2026
- Monday 7 December 2026
- Thursday 7 January 2027

To support wider public awareness a household leaflet drop has been commissioned to raise awareness of the consultation taking place and signpost households to where more information is available and how to take part.

A programme of independently facilitated public focus group has been commissioned from ORS to provide deeper understanding of public views.

A comprehensive Better Together consultation website will be available from consultation launch at <https://pthb.nhs.wales/BetterTogether>

Focused staff engagement includes training and support for managers across the organisations, hospital site visits and walkabouts, and staff focus groups.

Quality assurance processes are in place with external support from HICO. Independent analysis of the findings of consultation had been procured from ORS to provide additional assurance to the Board and to the public that the feedback we hear has been independently analysed and reviewed.

Final readiness checks are now under way with HICO and ORS for consultation launch week beginning 05 October 2026. An oral update on the assurance process will be provided to the meeting of the Board on 30 September 2026.

A mid-point review will take place during the consultation to consider the feedback received and identify gaps in responses from stakeholders. This will inform the activities for the remaining weeks of the consultation.

CONCLUSIONS

The Board is asked to RECEIVE and take ASSURANCE that Better Together Phase 1 Consultation is on schedule for launch week beginning 05 October 2026.

NEXT STEPS:

Subject to final readiness checks, formal consultation is due to launch week beginning 05 October 2026 and continue for a 14 week period until 10 January 2027.

The next steps following formal consultation will include:

- Undertake consultation analysis and conscientious consideration.
- Update impact assessments and supporting evidence post consultation.

Subject to conscientious consideration of consultation feedback, the following actions may be required:

- Develop the Post Consultation Decision Business Case and associated implementation proposals.
- Present the Post Consultation Decision Business Case to Board during 2027 for consideration of a preferred option and any subsequent implementation decisions.

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Powys THB Finance Department Financial Performance Report PTHB Board

**Period 05 (August 2026)
FY 2026/27**

**Date Meeting: 30 September 2026
Item 3.2**

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Introduction

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 05 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 – 16 September 2026

PURPOSE:
This paper provides an update on the August 2026 (Month 05) 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.

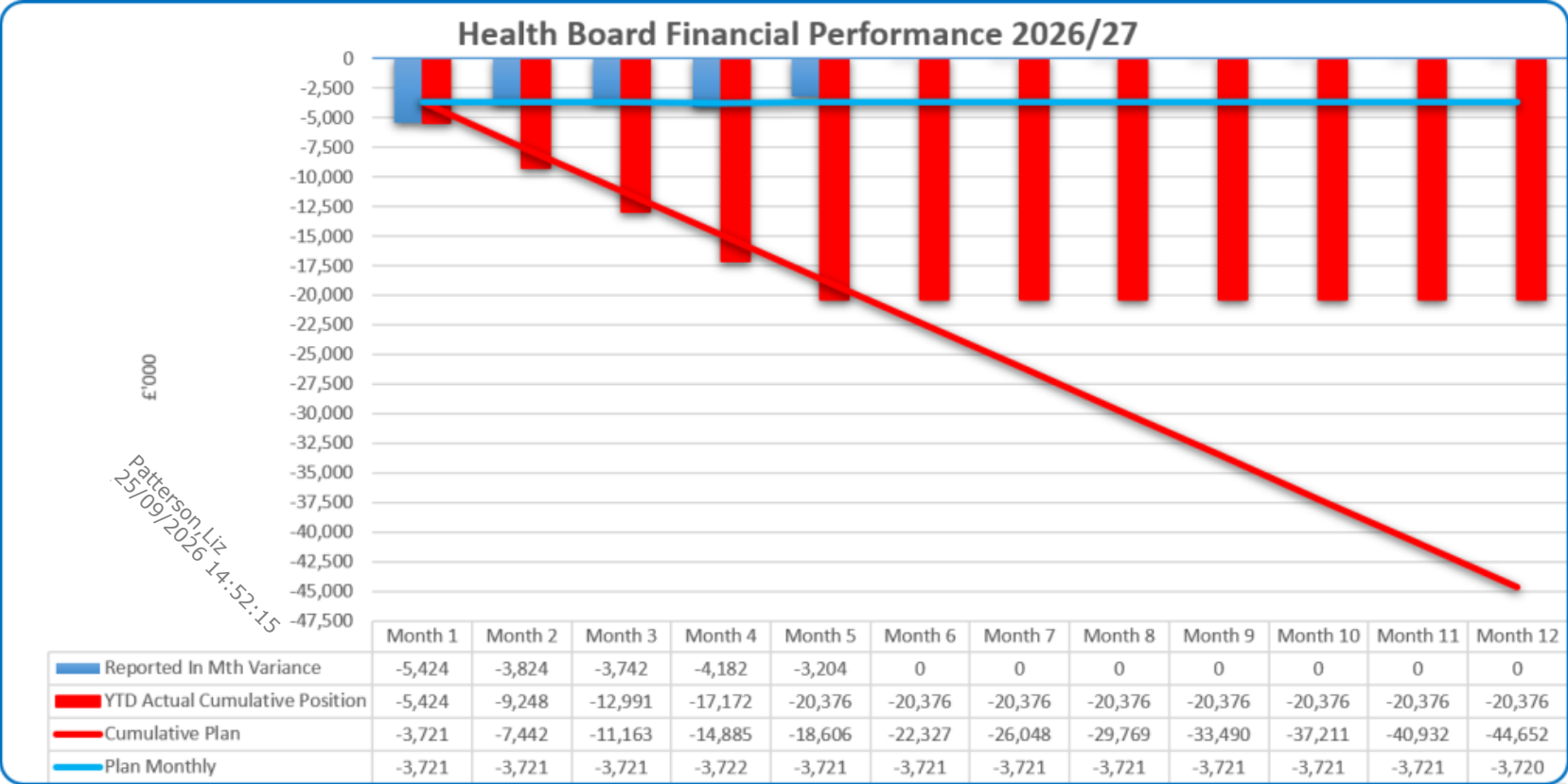
THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	• Focus on Wellbeing	✗
	• Provide Early Help and Support	✗
	• Tackle the Big Four	✗
	• Enable Joined up Care	✗
	• Develop Workforce Futures	✗
	• Promote Innovative Environments	✗
	• 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 £'000	Actual £'000	Trend
Reported in-month financial position – (deficit)/surplus	-3,721	-3,204	↓
Reported Year To Date financial position – (deficit)/surplus	-18,606	-20,376	↑
Year end – (deficit)/surplus	-44,652	-44,652	→

Capital		
	Value £'000	Trend
Capital Resource Limit	10,760	↑
Reported Year to Date expenditure	2,279	↑
Reported year end – (deficit)/surplus – Forecast	10,760	↑

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 05, there is a £20.376m overspend. Compared to a planned deficit of £18.606m, (which is 5/12ths of the planned £44.652m deficit), this equates to the Health Board having an overspend of £1.770m.

The capital resource limit for 2026/27 is £10.760m, the forecast outturn is £10.760m; with a YTD spend of £2.279m.

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	(194,881)	(194,881)	0
02 - Capital Donations	(54)	(54)	0
03 - Other Income	(4,566)	(4,304)	262
Total Income	(199,500)	(199,239)	262
05 - Primary Care - (excluding Drugs)	21,735	20,939	(796)
06 - Primary care - Drugs & Appliances	14,844	14,968	125
07 - Provided services -Pay	53,437	54,750	1,314
08 - Provided Services - Non Pay	10,494	10,859	365
09 - Secondary care - Drugs	590	410	(180)
10 - Healthcare Services - Other NHS Bodies	85,977	86,493	516
12 - Continuing Care and FNC	19,739	19,549	(190)
13 - Other Private & Voluntary Sector	3,272	3,628	357
14 - Joint Financing & Other	4,308	4,308	0
15 - DEL Depreciation etc	2,690	2,690	0
16 - AME Depreciation etc	949	949	0
18 - Losses, Special Payments and Irrecoverable Debts	72	72	0
25 - Profit/Loss Disposal of Assets	0	0	0
Total Costs	218,106	219,615	1,509
Reported Position	18,606	20,376	1,770

At Month 05, there is a £20.376m overspend against the forecast YTD deficit of £18.606m. This is an overspend of £1.770m compared to Plan.

Within this position, the majority of the savings target of £22.889m is profiled in equal 12ths. As detailed on page 9, there is a £4.027m YTD adverse variance in savings.

The most significant variances to highlight are:

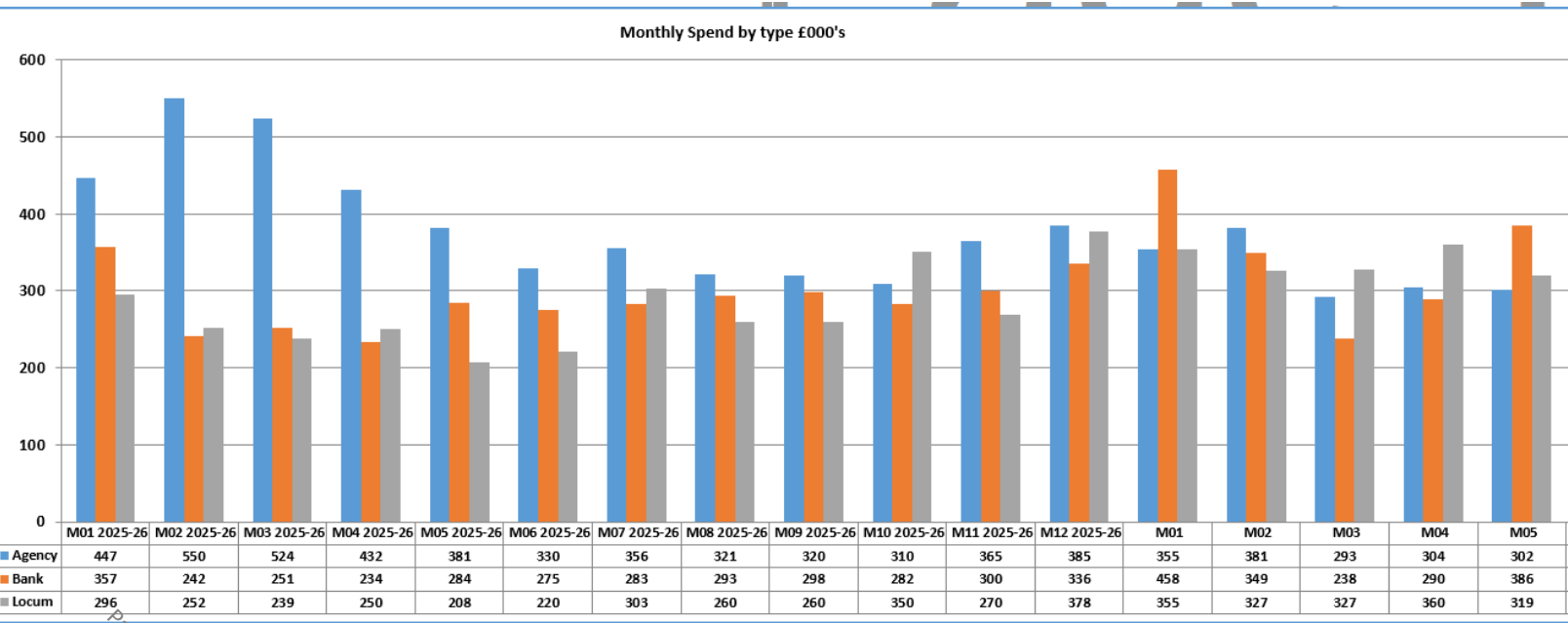
- Pay is £1.314m overspent. Predominantly due to underachievement of savings at circa £0.9m. Agency expenditure of £0.302m in the month, compared to M05 2025/26 is £0.079m lower. However, Medical Locum expenditure has increased.
- Commissioning of Healthcare Services from other NHS Bodies is £0.516m overspent at M05. This is an improvement. In M05 we were notified of £3.509m of Planned Care Recovery funding, of which £3.377m relates to the commissioning of healthcare services from English NHS Trusts.
- Other private and voluntary sector is overspent YTD by £0.357m. This is due to savings not being achieved in respect of private providers.
- CHC is underspent by £0.180m YTD. There are 436 packages of care, a net increase of 29 since Month 12 2025/26. The identified savings are profiled to take effect from October, which is reflected in the YTD position.
- There are underspends in Primary Care, particularly within provided and dental services.

We are focused on this because:

Tackling our high agency and locum spend levels (volume and price) is key to successfully mitigating financial risk and achieving the financial plan. Agency and Locum spend is far too high and is adversely impacting upon our use of resources (and wider outcomes).

Performance and Actions

- The chart opposite shows that in August variable pay was higher than the previous month. It is £134k more than in month 5 last year.
- Powys continues to be an outlier within NHS Wales as agency and locum spend is much greater than the Wales average of 1.4%.
- Each Service Group has a detailed action plan. These are monitored by the Variable Pay Group, which will become part of the Workforce recovery programme.
- Medical locums in Mental Health services is half of all agency and locum expenditure. Improvements on the wards in CSG are being sustained, but high expenditure run rates remain in non-ward services and Mental Health.



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

Risks

- Level of agency and locum (% 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, and by reducing the amount of time patients stay in district general hospitals and community hospitals when they could be cared for more appropriately at or closer to home. The contracts with the three English 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	21,813	21,227	(586)
English Providers	36,055	37,467	1,412
JCC	25,319	25,183	(136)
Other NHS Providers	2,482	2,419	(63)
Mental Health (LTAs Only)	309	197	(112)
Total	85,977	86,493	516

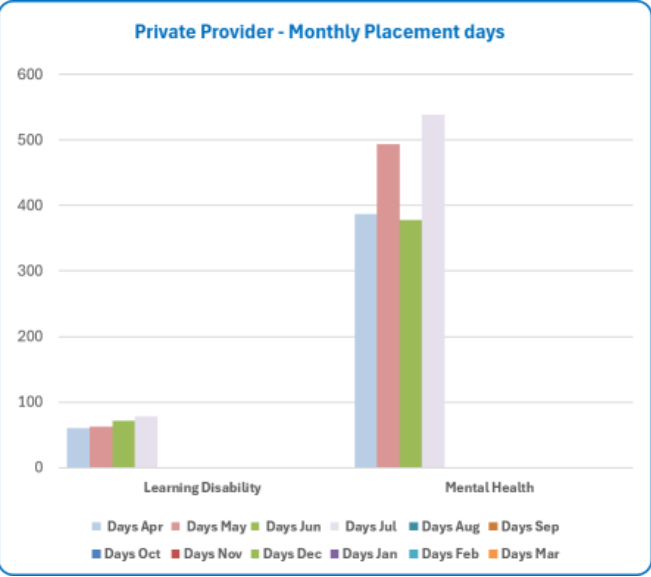
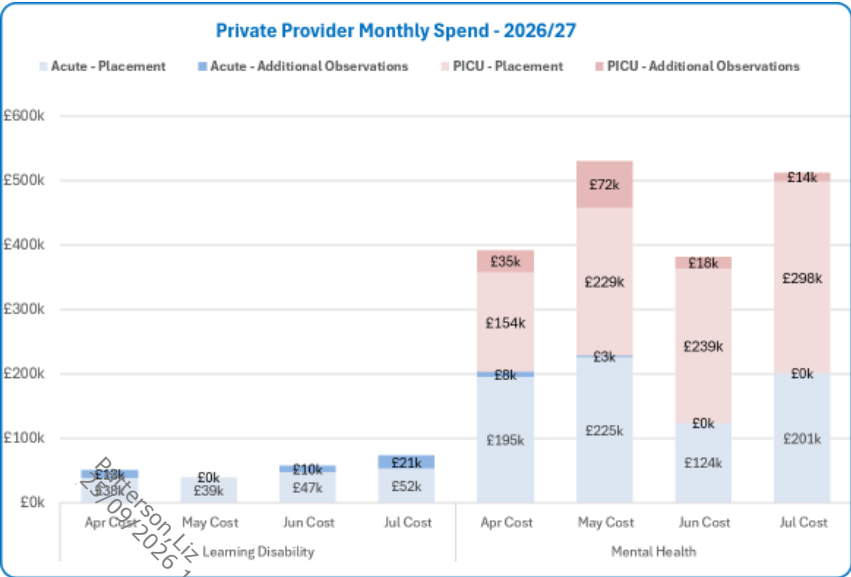
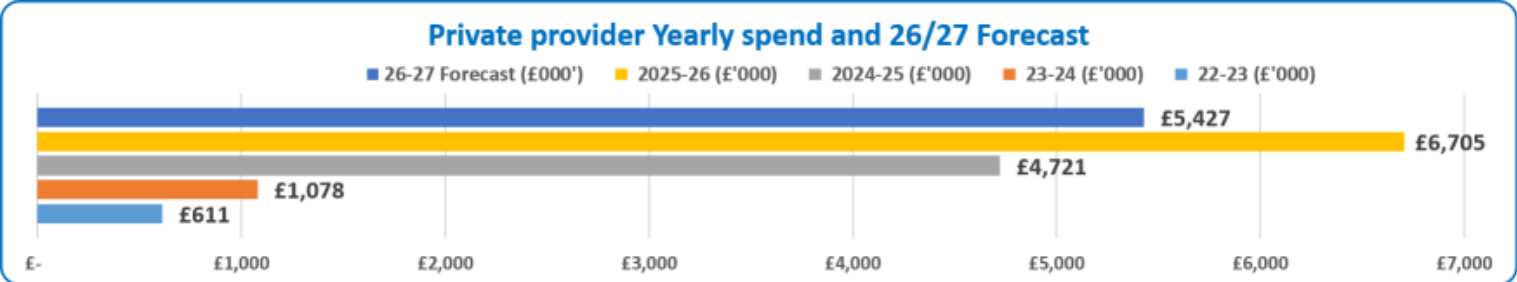
Risks

- 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 four 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 savings variance of £2.958m.
 - 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.
 - In M05 we received notification of £3.377m of Planned Care recovery WG funding for English Providers.
- *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 M05, there are forecast costs of £5.427m. This is a decrease of £0.995m compared to M04.

The number of open packages is 14 at the end of August, a reduction of 6 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 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:

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:
 - 3,927 days within Powys community hospitals related to Health processes, 5,507 days to Social Care and 981 days to joint processes. Associated costs to date of £1.8m, £2.5m and £0.5m, respectively.
 - 5,347 days within district general hospitals (DGHs) and English community hospitals related to Health processes; 3,138 days to Social Care and 598 to joint processes. Associated costs to date of £1.4m, £0.8m and £0.1m, respectively.

Please note the days are costed at £461 in Powys, an average of £402 for a community hospital in England and £293 for an excess bed day in a DGH in England.

2026-27	Health			Joint			Social Care		
Gross Cost of Delays	YTD		Forecast	YTD		Forecast	YTD		Forecast
	Days	£m	£m	Days	£m	£m	Days	£m	£m
PTHB Provider Delays	1,812	£0.8	£2.0				2,682	£1.2	£3.0
PTHB Provider Assessment Delays	2,115	£1.0	£2.3	981	£0.5	£1.1	2,825	£1.3	£3.1
Subtotal PTHB Provider	3,927	£1.8	£4.3	981	£0.5	£1.1	5,507	£2.5	£6.1
Shropshire Community Bed Delays	395	£0.1	£0.3				43	£0.0	£0.0
WVT Community Bed Delays	617	£0.3	£0.7				385	£0.2	£0.4
DGH Bed Delays - England	3,366	£1.0	£2.4	364	£0.1	£0.3	2,235	£0.7	£1.6
DGH Bed Delays - Wales	969	£0.0	£0.0	234	£0.0	£0.0	475	£0.0	£0.0
Subtotal English & Welsh Providers	5,347	£1.4	£3.4	598	£0.1	£0.3	3,138	£0.8	£2.0
Total Opportunity Cost (at full cost)	9,274	£3.2	£7.7	1,579	£0.6	£1.3	8,645	£3.4	£8.1
							Total All	19,498	£7.2
									£17.2

Note: There has been a change in 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 coded as 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 FY26-27

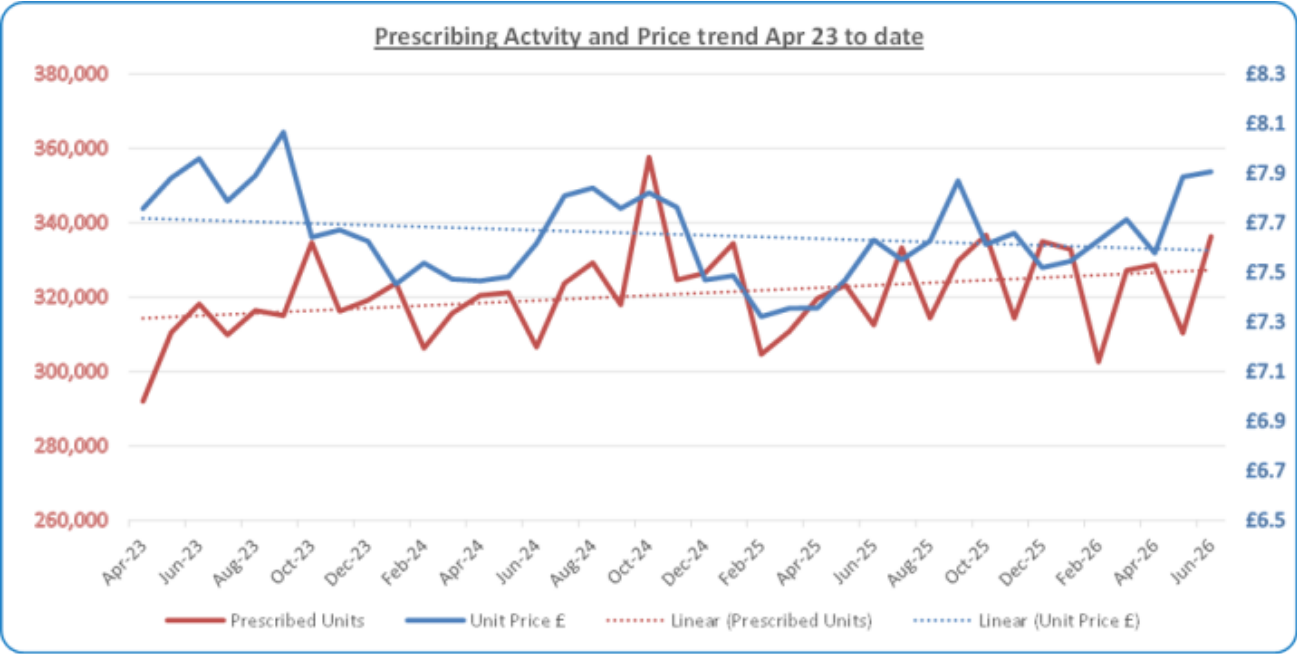
A forecast overspend at M5 of £1.3m (incl. saving target) based on PAR report (which won't reflect full f'cast savings – info below right). Costs reported 2 months in arrears. F'cast based on 3 months of PAR for FY26-27.

- A unit price increase year on year of 2.5% as FYE of large price drops end.
- Demand drivers (2.1% increase year on year) include lipid-lowering and antihypertensive medicines, diabetes treatments—particularly SGLT2 inhibitors—and HRT, suggesting broader growth in long-term condition treatment rather than a single medicine or therapeutic area.

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	31,055
Yr on Yr % increase/decrease	7.3%	6.3%	1.0%	-0.2%	5.5%
Yr on Yr increase £ Total	1,859	1,727	292	-51	1,618
Yr on Yr increase £ Growth	655	747	882	-25	617
Yr on Yr increase £ Inflation	1,204	980	-590	-26	1,002

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

- Forecast £2.3m of savings for FY26-27 offsetting PAR overspend, against a target of £1.3m, inclusive of increasing rebates for diabetes related drugs which is one of the key demand drivers.
- 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 and days of care). 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	£296	£310	£623	£725	£617	£1,747	£1,130	£1,022	140.9%
Learning Disabilities	£2,461	£3,549	£4,322	£5,765	£6,894	£6,503	(£391)	£738	12.8%
Mental Health	£13,949	£16,201	£19,714	£22,242	£22,752	£25,289	£2,536	£3,047	13.7%
Mid Locality	£1,882	£2,123	£2,301	£2,485	£3,007	£2,714	(£293)	£229	9.2%
North Locality	£2,646	£3,475	£3,927	£3,848	£4,631	£5,320	£689	£1,472	38.2%
South Locality	£1,904	£1,955	£1,670	£2,058	£2,477	£2,377	(£101)	£319	15.5%
CHC Provisions	£779	£683	£248	£326	£0	£0	£0	(£326)	(100.0%)
Grand Total	£23,917	£28,296	£32,803	£37,448	£40,378	£43,950	£3,572	£6,501	17.4%
Number of active clients	295	327	355	407	416	436		29	7.1%
D2RA	£696	£201	£7	£0	£0	£0	£0	£0	0.0%
FNC	£2,131	£2,279	£2,782	£2,876	£3,031	£3,000	(£31)	£124	4.3%
Total	£26,744	£30,777	£35,592	£40,324	£43,409	£46,950	£3,541	£6,625	18.6%

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 05, there is an underspend of £0.190m on a budget of £19.739m against Continuing Care and FNC. The savings profile reflects the anticipated phasing of CHC savings in the latter months of the financial year.

The number of CHC packages has increased by 29 to 436, since the 2025/26 outturn, which is a 7.1% increase. However, there has been an 8% increase in the number of days of CHC provided.

The table shows that a £3.572m CHC overspend is currently forecast based upon the number of packages at the current time and without savings being achieved.

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 5		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	5,971	1,785	7,756	2,156	1,250	5,600	200	-5,400	2,333	1,413	-920	
	Pathways	4,995	8	2,057	0	2,057	-2,938	0	4,995	2,057	-2,938	2,081	44	-2,038	
	Planning and Performance Other	20	3	47	0	47	27	0	20	25	5	8	32	24	
Director of Primary Care; Community & MH	MH - Private Providers	1,500	2	528	60	588	-912	0	1,500	588	-912	625	0	-625	
	MH Variable Pay + 3%	1,901	10	1,342	783	2,125	224	502	1,901	2,156	255	792	198	-594	
	CHC inc. 3%	3,965	3	1,673	2,292	3,965	0	0	3,965	3,292	-673	0	0	0	
	CSG	1,719	18	1,171	84	1,255	-464	0	1,719	794	-925	716	450	-266	
	Primary Care	57	5	98	250	348	291	0	57	781	724	24	33	9	
Medical and Pharmacy	Medical and Pharmacy	1,296	8	2,328	0	2,328	1,032	0	1,296	2,328	1,032	540	743	203	
Finance and Estates	Finance and Estates	554	17	666	255	921	367	0	554	612	59	231	244	13	
Public Health	Public Health	526	1	588	0	588	61	0	526	0	-526	219	296	76	
Women and Children and Nursing	Women and Children and Nursing	353	12	446	58	504	151	0	353	224	-129	147	218	70	
Therapies and Digital	Therapies and Digital	145	13	257	0	257	112	0	145	117	-28	60	82	22	
Corporate Governance	Corporate Governance	126	4	126	0	126	-0	0	126	11	-115	53	52	-0	
People and Culture (inc Transformation)	People and Culture (inc Transformation)	124	7	126	0	126	2	0	124	126	2	52	49	-3	
Grand Total		22,881	119	17,424	5,567	22,990	109	1,752	22,881	13,310	-9,571	7,882	3,854	-4,027	
		£'000	Target	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12
		Forecast	22,881	8,768	16,286	21,455	22,990								
		Variance to target	-14,113	-6,595	-1,426	109									

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 £22.990m savings are currently forecast, against the £22.881m target.
- Full delivery of savings is important. In the YTD. £3.9m savings achieved against target of £7.9m. Key shortfalls in Commissioning and Mental Health.
- The recurrent impact of saving schemes is £13.310m, compared to the £22.881m recurrent target. Currently an under achievement of £9.571m.
- 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	(350)	High
Under delivery of Amber Schemes included in Outturn via Tracker	(2,783)	Low
National funding for implementation of digital systems'	(946)	Medium
Total	(4,079)	

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

Risks

- Risk associated with clawback by WG of Dental Allocation underspend of £0.350m.
- 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 (£2.783m).
- There is a risk of £0.946m associated with National funding for implementation of digital systems. This matches our bid to DPIF for funding that we are yet to hear back on.

Opportunities

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

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 05, PTHB is reporting a £20.376m deficit. This comprises the evenly profiled forecast deficit of £18.606m, with an overspend of £1.770m.
 - The overspend is due to the £22.881m savings target being profiled into the position. Actions are progressing to deliver the savings. This is key for the Health Board to deliver its financial plan.
 - 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. The underlying deficit will be re-assessed as part of the Month 6 close down procedures.
3. Other financial matters:
 - The Health Board has a £10.760m 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 Q4 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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25/09/2026 14:52:15



Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 11th August 2026.

MMR Narrative



MMR Tables



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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st August 2026
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	2.363	2.363	0.645
Llandrindod Wells Memorial Hospital - Reconfiguration Phase 2b	2.425	2.425	0.883
TEF - Fire	0.420	0.420	0.018
TEF - Infrastructure	0.583	0.583	0.484
TEF - Decarbonisation	0.140	0.140	0.004
TEF - Mental Health	0.200	0.200	0.000
TEF - Infection Prevention Control	0.199	0.199	0.114
Mental Health Quality and Safety Schemes	0.130	0.130	0.018
Mental Health Quality and Safety Schemes 2026-27	0.230	0.230	0.000
Llandrindod Integrated Health, Care & Wellbeing Hub	0.020	0.020	0.014
North Powys Integrated Health, Care and Wellbeing Hub	2.800	2.800	0.098
Estates Backlog Funding	0.900	0.900	0.001
Digital Backlog Funding	0.350	0.350	0.000
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	10.760	10.760	2.279

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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	1,035	639	500	500	500	500	500 -	9,018
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	44,625	40,990	43,790	40,824	43,419	42,535	42,832	40,820	42,280	40,610	32,808	2,899
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(94)	(94)	(94)	(205)	(39)	(115)	(105)	(105)	(105)	(105)	(105)	(105)
WG Revenue Funding - Other (e.g. invoices)	56	162	2	118	2	20	1,150	5	1,735	145	0	2,868
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	500	500	1,000	2,000	1,000	1,152	1,781	1,640	671	2,802
Income from other Welsh NHS Organisations	1,072	448	589	893	862	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	518	1,424	240	560	660	1,270	650	1,350	650
Total Receipts	47,190	41,995	45,206	42,648	46,668	45,180	46,387	43,152	47,681	43,840	34,989	10,934
Payments												
Primary Care Services : General Medical Services	3,305	3,010	3,824	3,244	2,973	3,100	3,200	2,900	2,800	3,100	2,800	3,000
Primary Care Services : Pharmacy Services	309	668	603	998	0	450	900	0	900	0	450	450
Primary Care Services : Prescribed Drugs & Appliances	1,494	1,391	1,562	3,164	0	1,550	3,100	0	3,100	0	1,550	1,550
Primary Care Services : General Dental Services	268	284	331	231	374	450	450	450	450	450	450	450
Non Cash Limited Payments	130	179	151	138	185	150	150	150	150	150	150	150
Salaries and Wages	11,324	10,930	10,955	10,839	10,852	11,000	11,000	11,000	11,000	11,000	11,000	11,000
Non Pay Expenditure	25,890	26,572	25,996	27,317	32,144	26,895	25,577	26,963	28,023	28,074	27,500	29,321
Capital Payment	136	704	285	618	536	1,724	2,010	1,689	1,258	1,066	607	647
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	42,856	43,738	43,707	46,549	47,064	45,319	46,387	43,152	47,681	43,840	44,507	46,568
NET CASH FLOW IN MONTH	4,334	(1,743)	1,499	(3,901)	(396)	(139)	0	0	0	0	(9,518)	(35,634)
Balance c/f	5,180	3,437	4,936	1,035	639	500	500	500	500	500	(9,018)	(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 Aug-26	Forecast Closing Balance End of Mar-27
	£'000	£'000	£'000
Non-Current Assets			
Property, plant and equipment	111,055	113,340	113,340
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	113,646	113,646
Current Assets			
Inventories	175	175	175
Trade and other receivables	9,021	12,850	12,850
Other financial assets	0	0	0
Cash and cash equivalents	846	639	(44,652)
Non-current assets classified as held for sale	0	0	0
Current Assets sub total	10,042	13,664	(31,627)
TOTAL ASSETS	121,403	127,310	82,019
Current Liabilities			
Trade and other payables	46,991	53,113	44,991
Borrowings (Trust Only)	0	0	0
Other financial liabilities	0	0	0
Provisions	2,898	2,870	2,870
Current Liabilities sub total	49,889	55,983	47,861
NET ASSETS LESS CURRENT LIABILITIES	71,514	71,327	34,158
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	70,144	32,975
FINANCED BY:			
Taxpayers' Equity			
General Fund	23,208	23,071	(16,963)
Revaluation Reserve	47,074	47,073	49,938
PDC (Trust only)	0	0	0
Retained earnings (Trust Only)	0	0	0
Other reserve	0	0	0
Total Taxpayers' Equity	70,282	70,144	32,975

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25/09/2026 14:52:15

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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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 3.3

BOARD		30 September 2026
Subject:	Integrated Quality, Performance & Assurance Report (IQPAR) Month 4 (July) 2026/27.	
Presented by:	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 16/09/2026	
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 July 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	Use this space to provide a brief narrative explanation of alignment with the health board’s wellbeing objectives including reference to our strategic priorities. This can include reference to the Board Assurance Framework.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	

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.

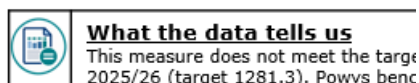
Key metrics within each domain have been mapped to the health board strategic priorities from various frameworks and priorities including:

- 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.

Please note the addition of the “Previous update remains current”. The purpose of this icon  is to denote when a key performance indicator has had no significant update either in position or narrative. This icon is found within the slides at the top right hand corner of the summary box (see below as example).



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.

Assurance Table Month 4

Domain Assurance Ratings

Domain	Overall RAG	Level 3 concerns	Measures waiting escalation level assessment	Assurance
Quality & Safety	Amber	0	1	Assurance remains strong across assessed measures with no Level 3 concerns. One measure remains without escalation assessment until 2026/27 data is available.
Access & Outcomes	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 2025/26 for Bowel Screening Colonoscopies performance.
Population Health & Prevention	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	Amber	0	0	Performance remains stable across key measures with some challenge for turnover, sickness absence, and PADR compliance.
Productivity & Efficiency	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.

Executive Summary

The Month 4 Integrated Quality, Performance & Assurance Report presents a broadly stable organisational assurance position, following improvement across several domains earlier in the year. Four of the five domains remain Amber, with Productivity & Efficiency continuing to provide green assurance.

The relative stability of the domain scores should not, however, be interpreted as an absence of material change in underlying performance. Several individual measures have improved during Month 4, while others have deteriorated and continue to require focused management attention.

Quality & Safety

There are no Level 3 concerns. Strong performance continues in clinical coding and Never Events, and there has been no further increase in E. coli cases during July. However, the seven-day readmission rate has deteriorated further to 10.2%, its highest reported level against a historical average of approximately 5.6% which requires further investigation and analysis. Patient experience remains materially below the desired standard, while continued attention is required across infection prevention and selected medicines measures.

Access & Outcomes

Bowel Screening Wales colonoscopy timeliness remains the Health Board's only Level 3 escalation. There has been encouraging improvement above baseline during Q1 although performance remains below the 90% target. In May, Powys ranked 3rd in Wales, against an All-Wales performance of 22.0%. SPC analysis identified special cause improvement in Q4 2025, demonstrating a positive shift in performance. Public Health Wales (PHW) has provided positive assurance through Q1 service meetings, confirming that there are no concerns regarding PTHB and that they are supportive of the progress being made and the overall direction of travel. Regular meetings between PHW and the PTHB operational team remain in place to maintain momentum, monitor performance and support continued improvement. A key challenge for Powys waiting times continues to be patient choice to delay but enhanced patient support to improve attendance for their diagnostic when offered an appointment working closely with Waiting Well.

Adult primary mental health assessment performance has deteriorated further to 24.7%, and adult Care and Treatment Plan compliance has reduced to 77.0%. Therapies in July reports 10 breaches predominately in Physiotherapy linked to reduced capacity due to vacancy. Commissioned care pressures also remain significant, including long waits in both Welsh and English providers and continued challenges in urgent and emergency care.

There are, however, areas of improvement within Access & Outcomes. Diagnostic breaches reduced to 41 in July, R1 ophthalmology improved to 90.5%, and adult audiology improved to zero breaches. Powys provider RTT also continues to report no patients waiting over 104 weeks.

Population Health & Prevention

The domain continues to present a mixed picture. Smoking cessation engagement remains strong and some diabetes measures show gradual improvement, but validated smoking quit rates, routine childhood vaccination, HPV vaccination, influenza uptake, RSV uptake, adult dental access and diabetes care processes remain below their respective targets or ambitions. The reduction in assurance reflects the balance of these below-target measures rather than a single significant deterioration.

People & Culture

Mandatory and Statutory Training remains above target at 88.2%, while sickness absence has improved marginally to 5.37% and remains below the wider NHS Wales position. PADR compliance has deteriorated further to 77.0%, and sickness absence associated with anxiety, stress and depression continues to require focused attention.

Productivity & Efficiency

Positive performance continues across PIFU/SOS, day-case activity, non-obstetric ultrasound and outpatient DNA rates. Endoscopy activity remains below the monthly planning guide, while weekday District Nursing activity remains below plan. Weekend District Nursing activity significantly exceeds the current planning assumption; however, the existing target is recognised as too low and is due to be reviewed before Month 5 within the in year MDS planning workstream update and review to provide a more meaningful future benchmark.

Summary

Overall, Month 4 provides reasonable organisational assurance, but with material variation between domains and individual measures. The most significant risks remain concentrated within Access & Outcomes, particularly bowel screening, adult mental health and commissioned care. Quality & Safety remains broadly stable but with emerging concern around readmissions, while Population Health & Prevention continues to require sustained improvement across several preventative and long-term condition measures. The improvement in People & Culture achieved earlier in the year has been maintained, and Productivity & Efficiency continues to provide the strongest overall assurance, albeit with some measures and planning assumptions still developing.

NEXT STEPS:

- Revised Integrated Quality & Performance Framework due to Executive Committee TBC Q2.
- New Escalation, Intervention & De-escalation Framework due to Executive Committee TBC Q2.
- New Reporting and Editorial Standards Document for IQPAR due for Month 5 update.

Further metrics for Theatre utilisation currently under report development to be added to Productivity and Efficiency in Q2 with prior validation checks.

IMPACT ASSESSMENT

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

QUALITY:				
	No impact	Negative	Positive	Both
Safe				
Timely				
Effective				
Efficient				
Equitable				
Person Centred				
Workforce				
Leadership				
Culture				
Information				
Learn, Improve, Research				
Whole Systems Approach				

A Quality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Duty of Quality processes (under development). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Quality Impact Assessment should be available as a supporting document to inform the decision making process.

EQUALITY:				
	No impact	Negative	Positive	Both
Age				
Disability				
Gender reassignment				
Marriage / civil partnership				
Pregnancy / maternity				
Race				
Religion or Belief				
Gender				
Sexual Orientation				
Welsh Language				
Socio-economic status				
Social exclusion				
Carers				

An Equality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Equality Impact Assessment policies and procedures (CGP009). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Equality Impact Assessment should be available as a supporting document to inform the decision making process.

RISK ASSESSMENT:				
	Level of risk identified			
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)
Clinical				
Financial				
Corporate				
Operational				
Reputational				

A Risk Assessment should be undertaken for all reports requesting approval, ratification or decision in line with health board Risk Management Framework CGP005. In this space you should briefly describe the key risks and the steps being taken to manage them, and also how these risks relate to the Board's stated Risk Appetite.

Patterson, Liz
25/09/2026 14:52:15

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 4



Report version:

Full – Board Committee

Introduction	
Ministerial Deliverable Assurance 2026/27	
IQPAR Domain Assurance	
Quality and Safety	
Access	
Population Health and Prevention	
People and Culture	
Productivity and Efficiency	
Appendix 1 – Performance Scorecard	Quality and Safety
	Access and Outcomes
	Population Health and Prevention
	People and Culture
	Productivity and Efficiency
Appendix 2 – Measures guidance – Using SPC’s	
Appendix 3 - PTHB Integrated Quality & Performance Framework Escalation Framework	
Appendix 4 – People, and Culture Dashboard	

About the Integrated Quality Performance Assurance Report (IQPAR)

The Integrated Quality Performance Assurance Report (IQPAR) provides a consolidated view of Powys Teaching Health Board's performance, bringing together information on quality, access, population health, workforce and productivity.

Performance is reported across five domains:

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

Measures within the IQPAR reflect national NHS Wales requirements, Welsh Government priorities, the Health Board's Annual Plan and recognised improvement programmes. Together, they provide a clear line of sight between national expectations, local priorities and the services provided to the people of Powys.

The report combines individual measure performance with Domain Assurance, helping readers understand both current performance and the level of concern requiring management attention. Exception reporting focuses on the areas where performance is not meeting expectations, the challenges affecting delivery and the actions being taken in response.

The IQPAR is designed to support transparency and informed decision-making by clearly identifying where services are performing well, where improvement is required and where further assurance or escalation is necessary.

The revised IQPAR was introduced during 2026/27 and is produced in accordance with defined reporting and editorial standards and will continue to develop as national requirements, local priorities and improvement programmes evolve.

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
- Previous update remains current



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

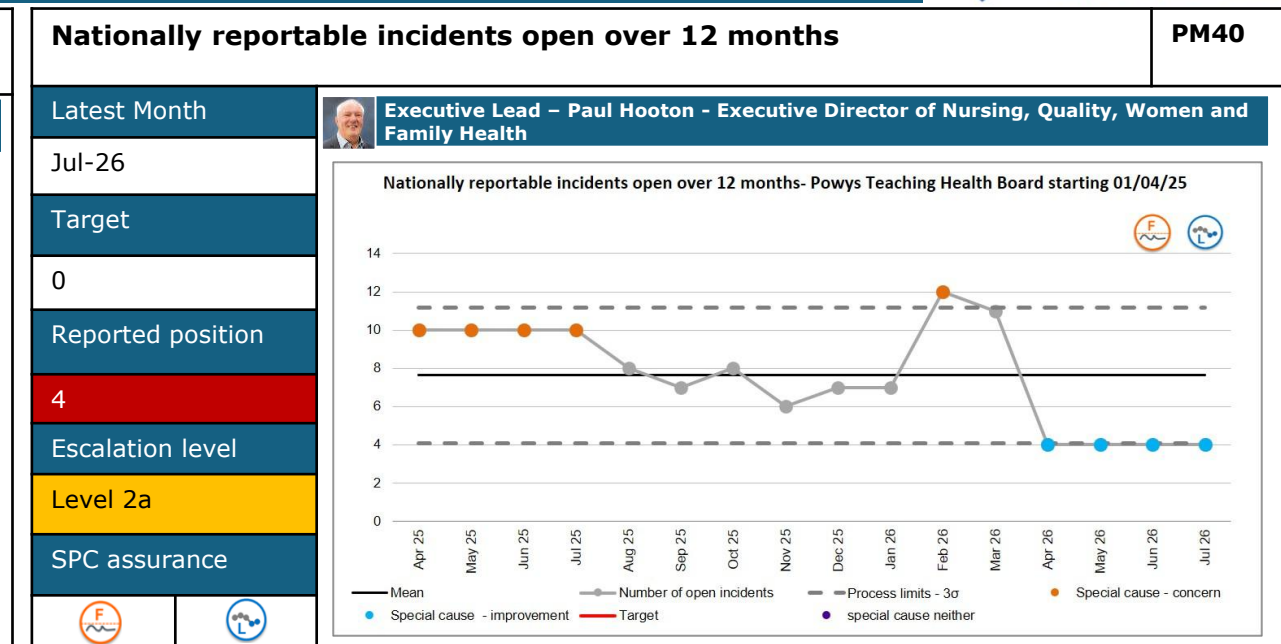
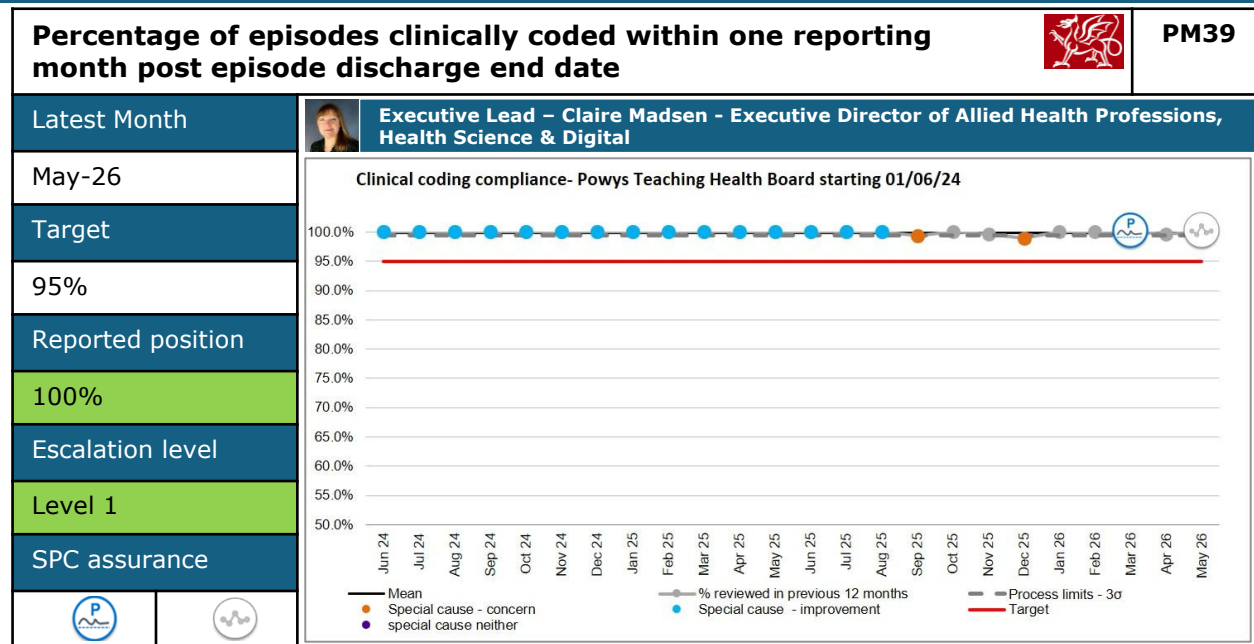
Escalation Assurance Rating	Amber	77.8%
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		Priority level		Ref	KPI	Esc. Level	Assu. Icon	Variation Icon	Target 26/27	Mar-24	Mar-25	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Latest Ranking	All Wales
										23/24	24/25		Q1			Q2		
Quality & Safety	Effective Care			39	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Level 1			95%	100%	100%	100%	100%	100%			1st	82.0%
Quality & Safety	Safe Care			49	Number of never events	Level 1			Zero	0	0	0	0	0	0	0	1st*	1
Quality & Safety	Safe Care			LM	Complaints resolved through early resolution by March 2027	Level 2a			>= 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%	6.0%	5.8%	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			Flat rate			5.8%	7.2%	7.4%	9.1%	10.2%	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%	60%			N/A	56.7%
Access & Outcomes	Emergency Care			23	Number of ambulance patient handovers over 45 minutes	Level 2a	N/A	N/A	0			238	205	205	198		2nd	4,748
Access & Outcomes	Emergency Care			26	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	0	1st	11,717
Access & Outcomes	Elective care			29	Number of diagnostic breaches 8+ weeks	Level 2a			0	116	79	1	37	65	51	41	1st*	39,119
Access & Outcomes	Elective care			33	Number of patients waiting more than 26 weeks for a new outpatient appointment	Level 2a			0	370	570	63	171	205	185	222	1st*	61,974
Access & Outcomes	Elective care			33r	Wales - Number of patients waiting more than 26 weeks for a new outpatient appointment	Level 2a			0	1835	1387	394	394	450	456	489	0	0
Access & Outcomes	Elective care			34	RTT patients waiting more than 104 weeks (Powys provider)	Level 1			0	1	0	0	0	0	0	0	1st*	4,082
Access & Outcomes	Elective care			34r	All RTT pathways (Wales) waiting more than 104 weeks	Level 2a			0	184	41	10	11	18	28	37	0	0
Access & Outcomes	Elective care			35	Number of patient follow-up outpatient appointment delayed by over 100%	Level 2a			825	1202	1318	1100	1107	1098	1084		1st	308,537
Population Health & Prevention				MDS16	% Proportion of diabetes patients that will receive all eight diabetes care processes	Level 2a			Meet or exceed plan (56%)	49%		50.3%	51.8%	51.8%	51.6%		0	0

IQPAR domain Assurance Ratings – Month 4

Domain Assurance Ratings

Domain	Overall RAG	Level 3 concerns	Measures waiting escalation level assessment	Assurance
Quality & Safety	Amber	0	1	Assurance remains strong across assessed measures with no Level 3 concerns. One measure remains without escalation assessment until 2026/27 data is available.
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Productivity & Efficiency	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.



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 82.0% for the same period.

Key challenges/ issues

- No current challenges reported.

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Summary

What the data tells us

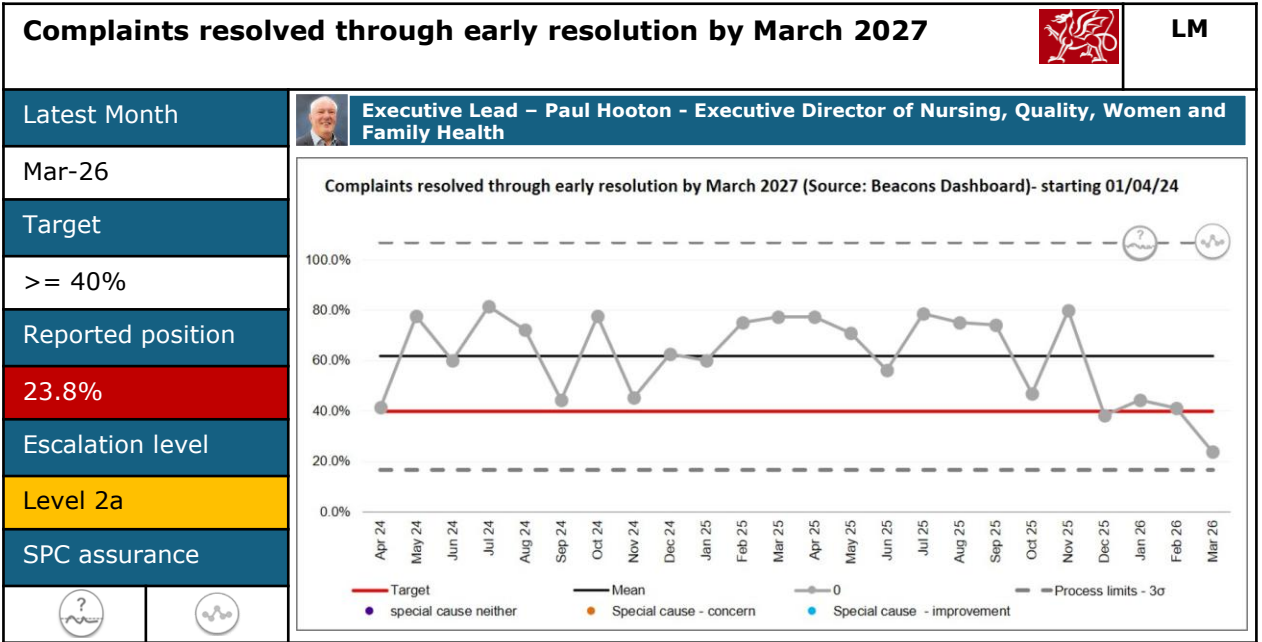
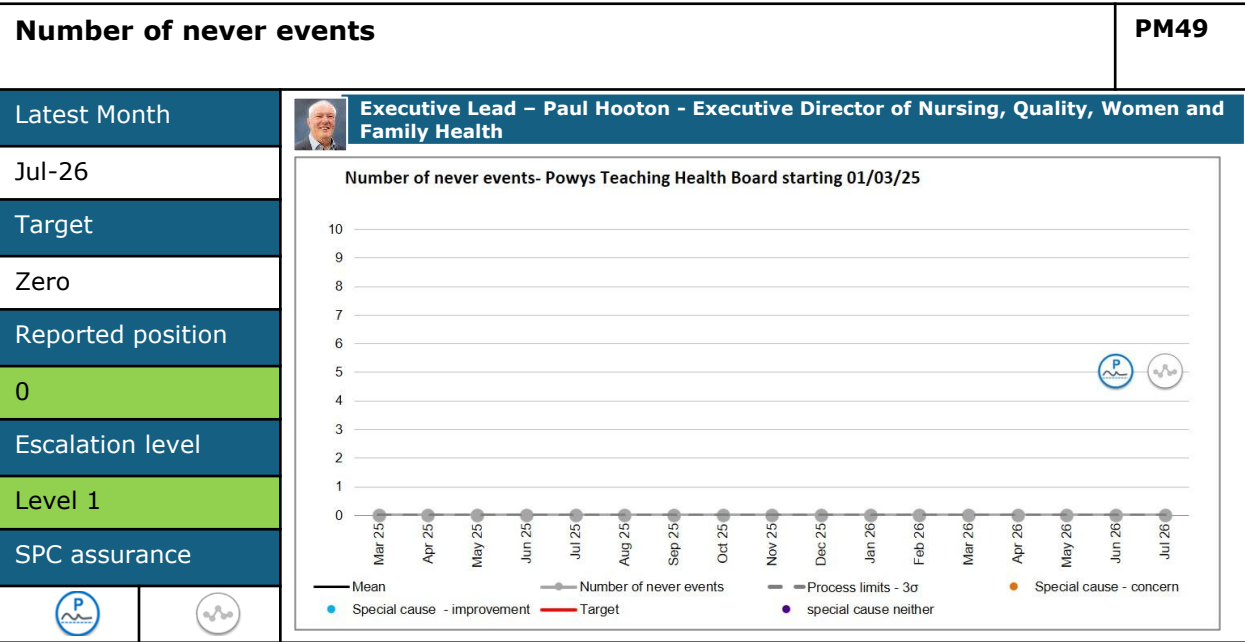
Four Nationally Reportable Incidents (NRI) remain open over 12 months not achieving the target of zero in July. The last four consecutive months are at the lower process limit and are identified as special cause improvement (blue markers), indicating evidence of recent validation and data quality work. The health board ranks 6th for the same period where a total of 33 NRI's remain open over 12 months for NHS Wales.

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 Quality and Safety team.
- Escalation to lead exec for directorates where the NRIs sit.
- Improvement will be seen by end Q2.



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 11 other organisations in June 2026.

Key challenges/ issues

- No challenges reported.

Patterson, Liz
25/09/2026 14:52:15

7/54

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-to-3-month delay to allow for reporting.

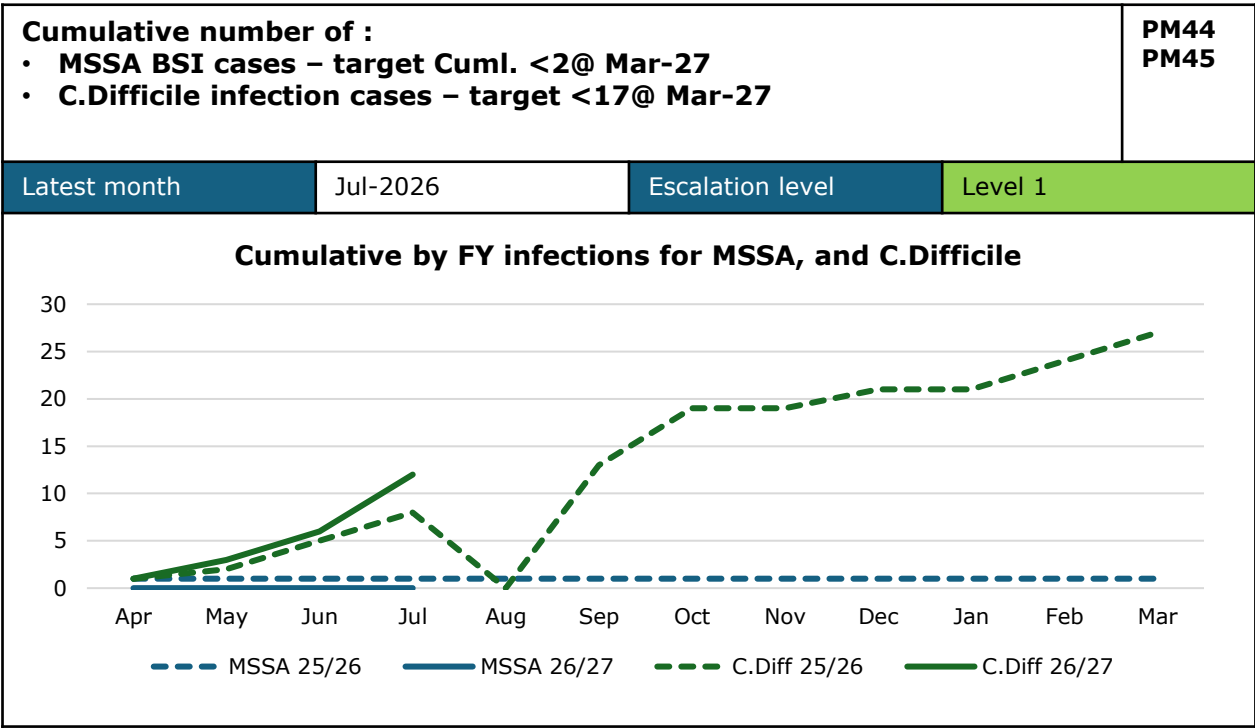
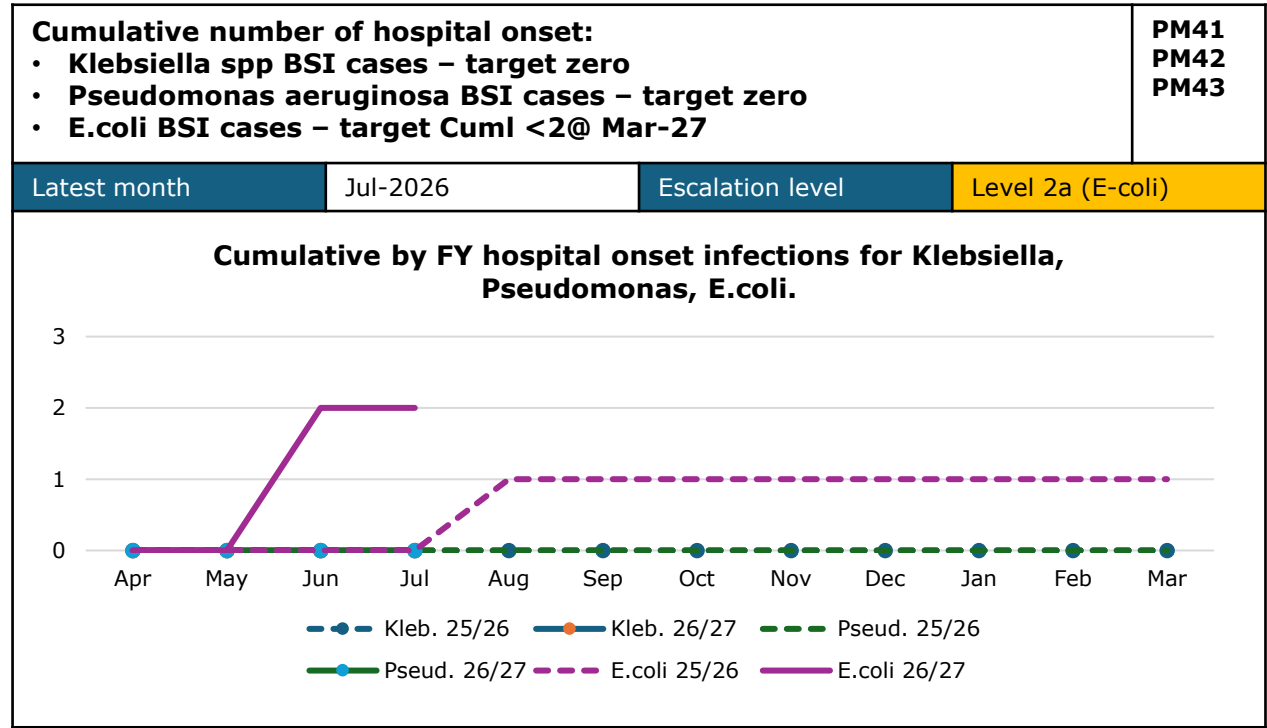
Key challenges/ issues

- 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).

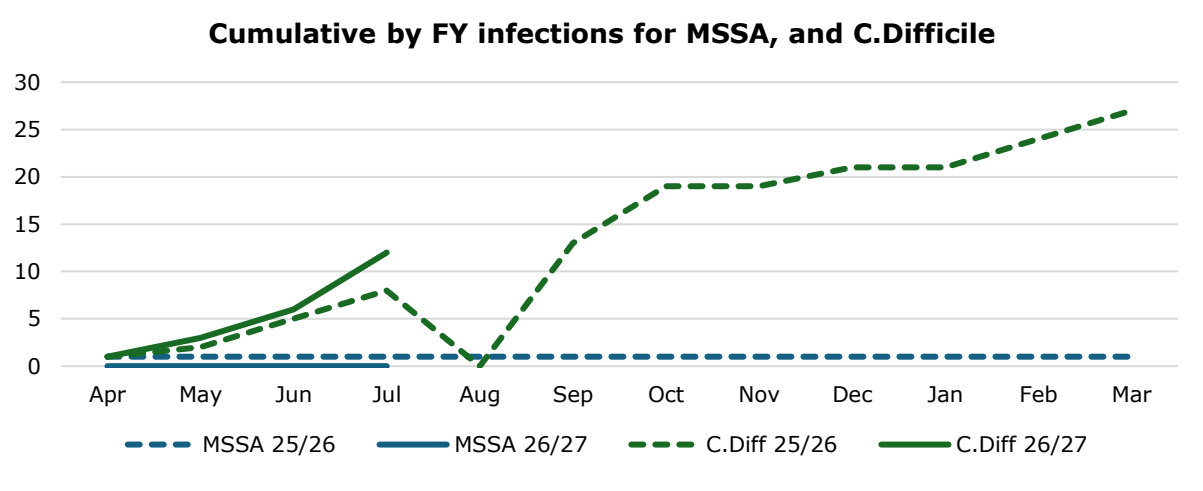
Key action/ initiatives .

- Listening To People (LTP) launched 1st April 2026.
- 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% (for Early Resolution under LTP) by year end – Q1 demonstrates 36% with clear trajectories to meet target.

123/1016



Cumulative by FY infections for MSSA, and C.Difficile



Month	MSSA 25/26	MSSA 26/27	C.Diff 25/26	C.Diff 26/27
Apr	0	0	0	0
May	0	0	0	2
Jun	0	0	0	6
Jul	0	0	0	12
Aug	0	0	0	0
Sep	0	0	0	13
Oct	0	0	0	19
Nov	0	0	0	19
Dec	0	0	0	21
Jan	0	0	0	21
Feb	0	0	0	24
Mar	0	0	0	27

Summary

What the data tells us

- Zero cases of Klebsiella spp., and Pseudomonas aeruginosa reported to April–July 2026/27.
- Zero new cases of E.coli reported in July 2026. Escalated at level 2a due to two cases in June 2026 (annual target <2).
- Zero MSSA cases reported to April–July 2026/27.
- Twelve C. difficile cases reported to April–July 2026/27.

Key challenges/ issues

- Communication and handover of previous c.difficile (CDI) diagnoses and infection prevention control (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).

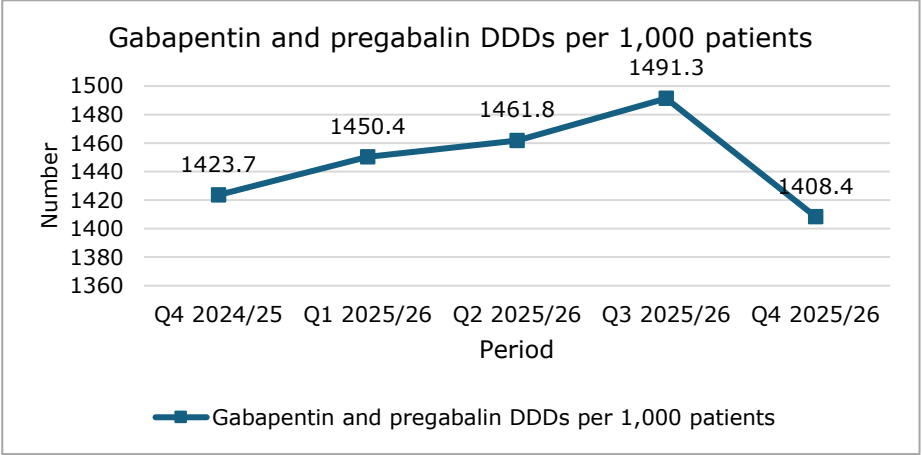
Key action/ initiatives

- 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 multidisciplinary team (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.

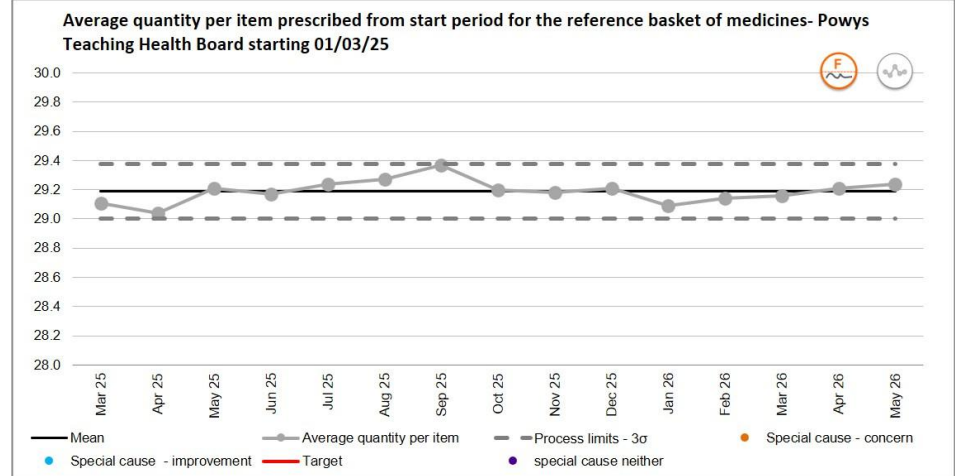
8/54

124/1016

Gabapentin and pregabalin DDDs per 1,000 patients		PM46
Latest Period	Executive Lead – Kate Wright - Executive Medical Director	
Q4 2025/26		
Target		
10% reduction to same period previous year.		
Reported position		
1408.4		
Escalation level		
Level 2a		
SPC assurance		
N/A		

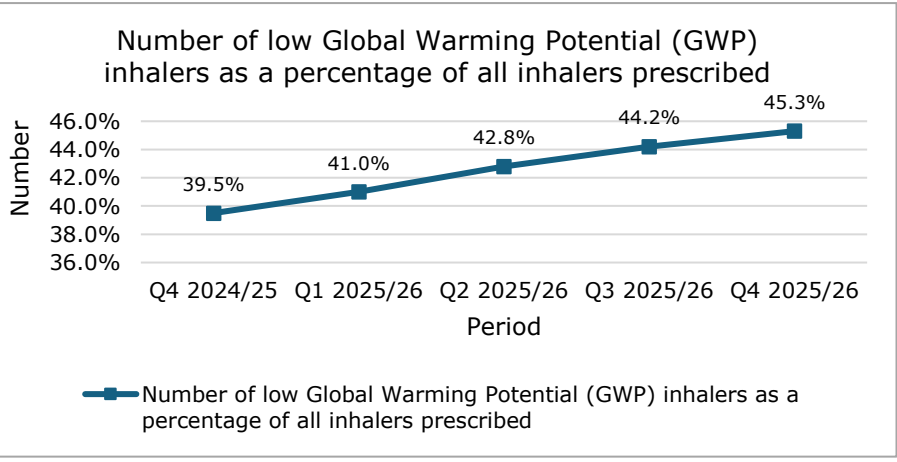


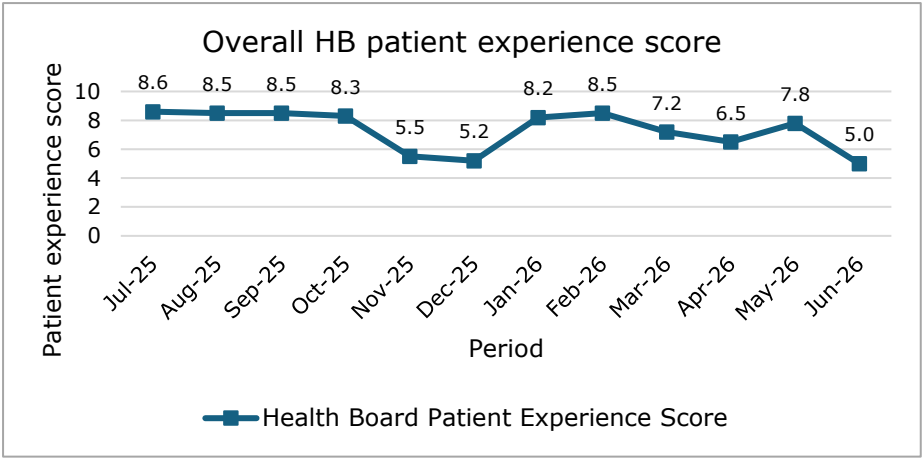
Average quantity per item prescribed from start period for the reference basket of medicines		PM47
Latest Month	Executive Lead – Kate Wright - Executive Medical Director	
May-26		
Target		
35.00 from Apr-26		
Reported position		
29.24		
Escalation level		
Level 2a		
SPC assurance		



Summary	What the data tells us Prescribing was 1,408.4 DDDs per 1,000 patients in Q4 25/26, down 5.6% from Q3 but only 1.1% below the same quarter last year; the 10% reduction target remains unmet. Powys ranks third lowest in Wales. Our dashboard shows approximately twofold variation between practices, with Ystradgynlais above the national upper quartile. The latest reduction follows a longer-term upward trend, so sustained improvement is needed. Key challenges/ issues •The Health Board average masks substantial practice variation. Differences require review to understand patient need and prescribing appropriateness. •Long-established use and limited access to dependence and withdrawal support can make treatment changes challenging. •Lower prescribing volumes alone do not demonstrate better care; reviews must consider clinical benefit, safety and symptom control. Key action/ initiatives •Continue prioritising gabapentinoid reviews through the 26/27 Medicines Management Incentive Scheme, supported by practice-level data and benchmarking. •Proposed focus: prioritise support for higher-prescribing practices, beginning with Ystradgynlais, to understand variation and agree review priorities. •Proposed assurance: track practice-level trends and progress with reviews each quarter to establish whether the recent reduction is sustained.

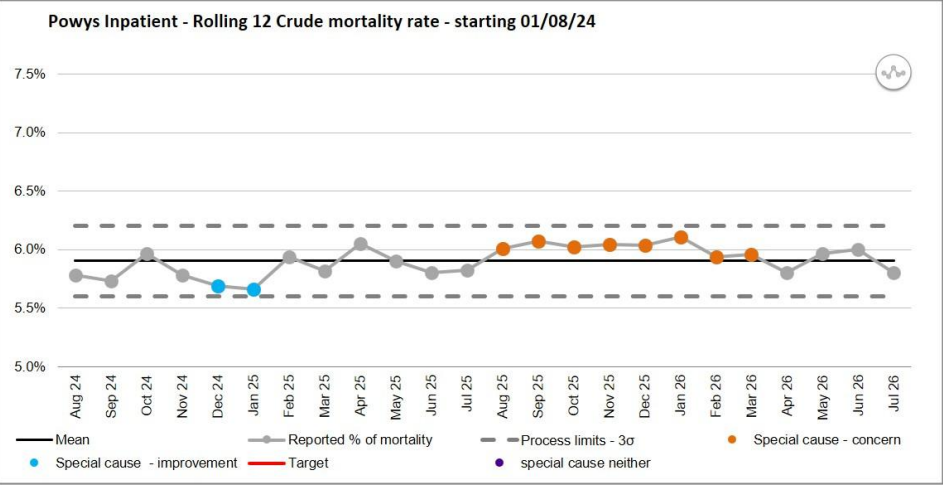
Summary	What the data tells us The average quantity per prescription item was 29.24 in May 2026, compared with 29.21 in April, remaining below the 26/27 target of 35. Powys ranks sixth of seven Health Boards against an All-Wales average of 31.57. The chart shows limited sustained improvement. Cluster variation is substantial: Mid Powys reports 34.21, compared with 28.20 in North Powys and 27.82 in South Powys. 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.

Number of low Global Warming Potential (GWP) inhalers as a percentage of all inhalers prescribed		PM48												
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> —■ Number of low Global Warming Potential (GWP) inhalers as a percentage of all inhalers prescribed		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														

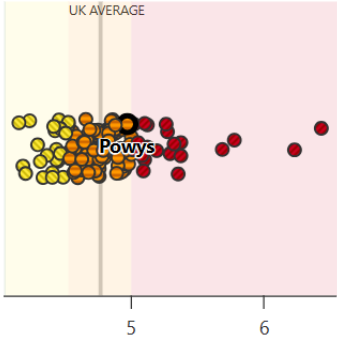
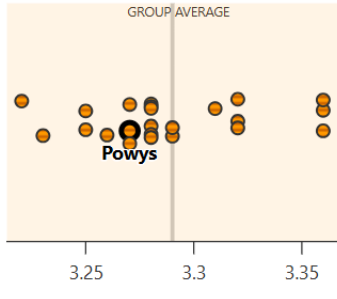
Overall HB patient experience score		PM50																										
Latest Month	 Executive Lead – Paul Hooton - Executive Director of Nursing, Quality, Women and Family Health																											
Jun-26	Overall HB patient experience score <table><tr><th>Period</th><th>Score</th></tr><tr><td>Jul-25</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><tr><td>Jun-26</td><td>5.0</td></tr></table>	Period	Score	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	Jun-26	5.0	
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Target																												
8.5 (out of 10)																												
Reported position																												
5.0																												
Escalation level																												
Level 2a																												
SPC assurance																												
N/A																												

 Summary	What the data tells us Low-GWP inhalers accounted for 45.3% of inhalers prescribed in Q4 25/26, up from 39.5% a year earlier—an increase of 5.8 percentage points. Performance improved each quarter. The minimum target for 26/27 is 60.3%, requiring a further 15 percentage-point increase: approximately 2.6 times the improvement achieved in 25/26. Assessment against the new target awaits Q1 26/27 data.
	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. Practice level prescribing varies substantially, from 19% to 64% in March 2026.
	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.

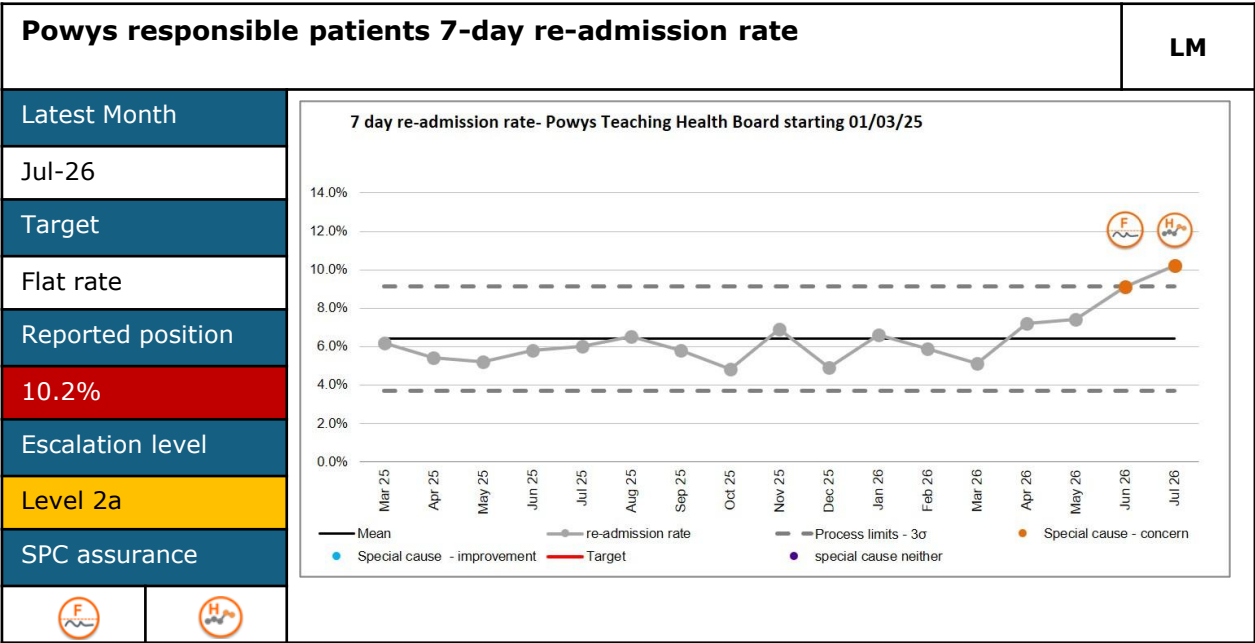
 Summary	What the data tells us The health board does not achieve the target in June 2026 reporting an experience score of 5.0, reported experience has fallen since February 2026. Performance decreased from 7.8 to 5.0 in June 2026. The health board ranks 9th in Wales with an All Wales reported score of 8.6 for the same period. Data consistency is currently under review between national sources.
	Key challenges/ issues - Changes to 104 week waiting times in NHS England impacting people's experiences. - Data delay issues mean that this area repeatedly flags but is not correct.
	Key action/ initiatives - Data review underway to determine where delays lie to ensure more accurate real time reporting. - 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 reimaged and launched in new guise to enhance engagement and support delivery of improvement.

Powys Inpatient Rolling 12-month Crude Mortality			LM
Latest Month	 Executive Lead – Kate Wright - Executive Medical Director		
Jul-26	Powys Inpatient - Rolling 12 Crude mortality rate - starting 01/08/24 		
Target			
Reduction			
Reported position			
5.8%			
Escalation level			
Level 1			
SPC assurance			
N/A			

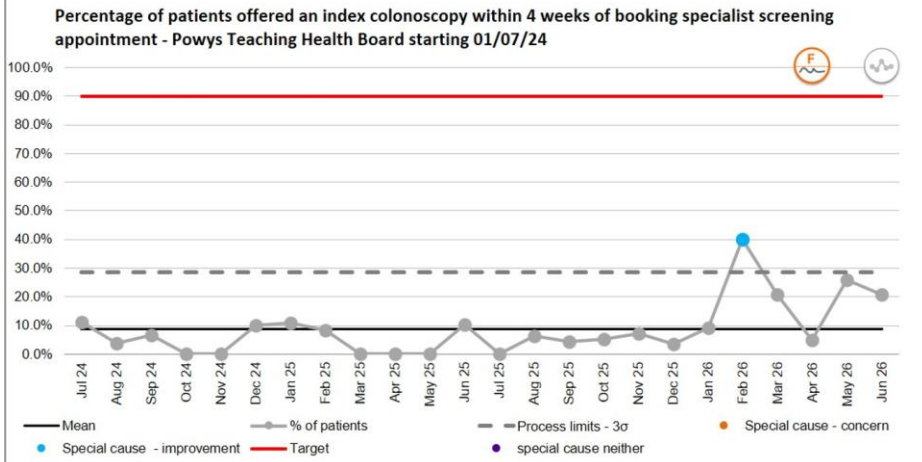
Summary	What the data tells us The crude mortality rate should be interpreted alongside other mortality indicators and clinical review processes, as it is not adjusted for case mix or patient complexity. Although reporting slight improvement in performance in July, variation remains common cause and 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. - Further mortality measures are currently being scoped to improve assurance in Q3 26/27.

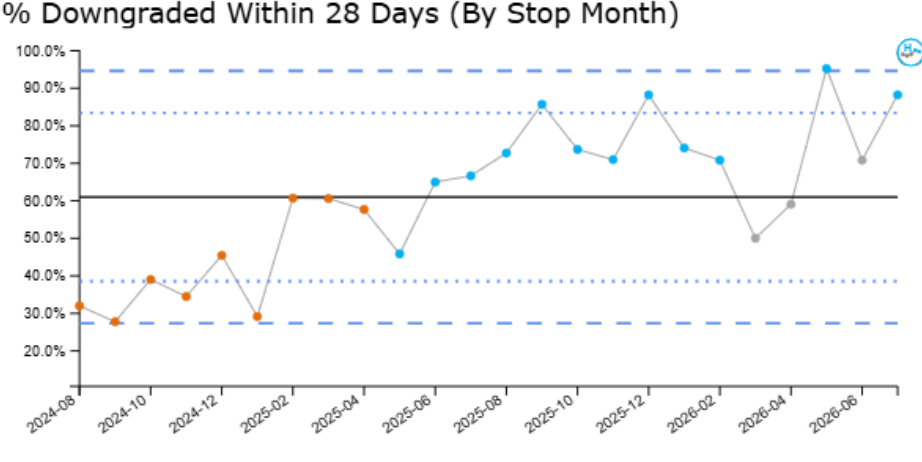
Reduce perinatal mortality rates (extended perinatal mortality)			LM
Latest Month	 Executive Lead – Paul Hooton - Executive Director of Nursing, Quality, Women and Family Health		
Calendar Year 2024	Mortality rates, 2024 Stabilised extended perinatal mortality rate per 1,000 total births  Mortality rates, Under 2,000 births, 2024 Stabilised & adjusted extended perinatal mortality rate per 1,000 total births 		
Target			
N/A			
Reported position			
Com.4.97 /Prov.3.27			
Escalation level			
Level 1			
SPC assurance			
N/A			

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.



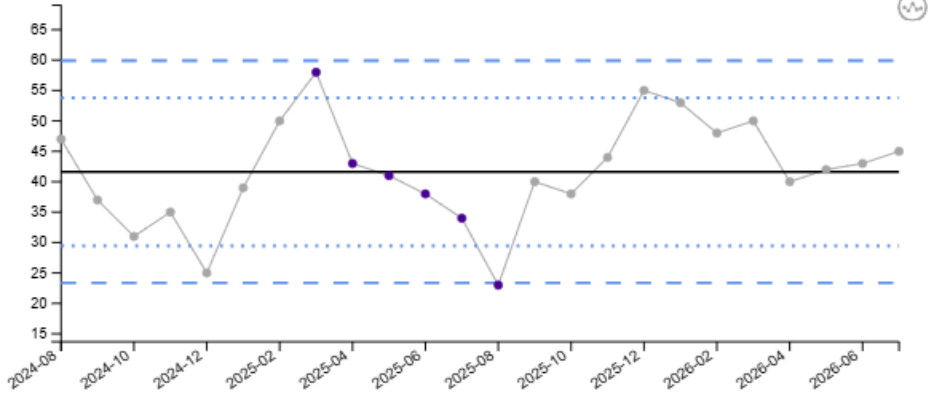
Summary	What the data tells us This measure has been included as a ministerial deliverable in 2026/27 and has not been formally reported by the health board previously. The seven-day readmission rate remained relatively stable for much of the reporting period but has increased in recent months. The rate rose to 10.2% in July 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. - Compliance of measure is significantly impacted by low numerator, and denominator values especially when looking at a provider, and or specialty level data. - Late coding of records can impact this measure in Commissioned services.
	Key action/ initiatives As a ministerial deliverable the re-admission rates also form an important part of the Better Together workstreams linked to urgent and emergency care transformation.

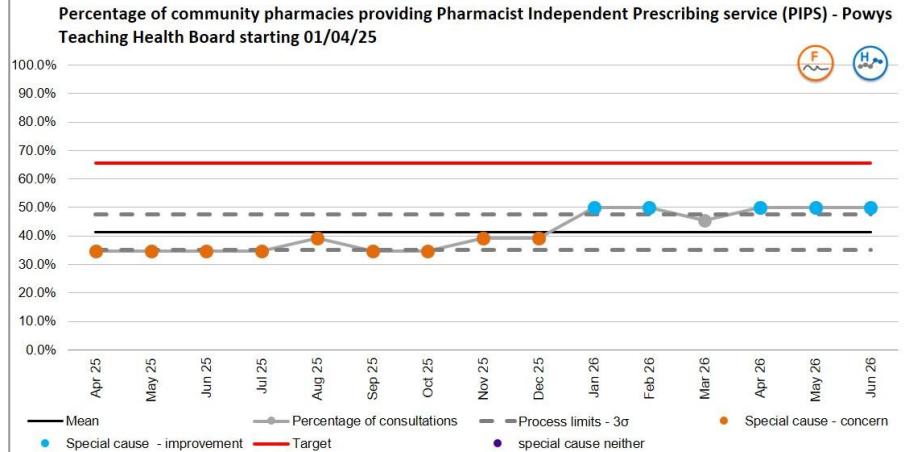
Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment		PM8
Latest Month	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health	
Jun-26	Percentage of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment - Powys Teaching Health Board starting 01/07/24 	
Target		
90%		
Reported position		
20.8%		
Escalation level		
Level 3		
SPC assurance		
		

Provider - Single cancer pathway downgrades within 28 days best practice		LM
Latest Month	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health	
Jul-26	% Downgraded Within 28 Days (By Stop Month) 	
Target		
No set target 26/27		
Reported position		
88.2%		
Escalation level		
Level 1		
SPC assurance		
N/A		

Summary	What the data tells us There has been encouraging improvement above baseline during Q1 although performance remains below the 90% target. In May, Powys ranked 3rd in Wales, against an All-Wales performance of 22.0%. SPC analysis identified special cause improvement in Q4 2025, demonstrating a positive shift in performance. Although current performance remains below the expected standard, progress and improvement are evident. Performance moved from 25.9% in May to 20.8% in June, and this will continue to be closely monitored. Public Health Wales (PHW) has provided positive assurance through Q1 service meetings, confirming that there are no concerns regarding PTHB and that they are supportive of the progress being made and the overall direction of travel. Regular meetings between PHW and the PTHB operational team remain in place to maintain momentum, monitor performance and support continued improvement.
	Key challenges/ issues Service is reliant on insourced consultant colonoscopist.
	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. - Enhanced patient support to improve attendance for their diagnostic when offered an appointment working closely with Waiting Well.

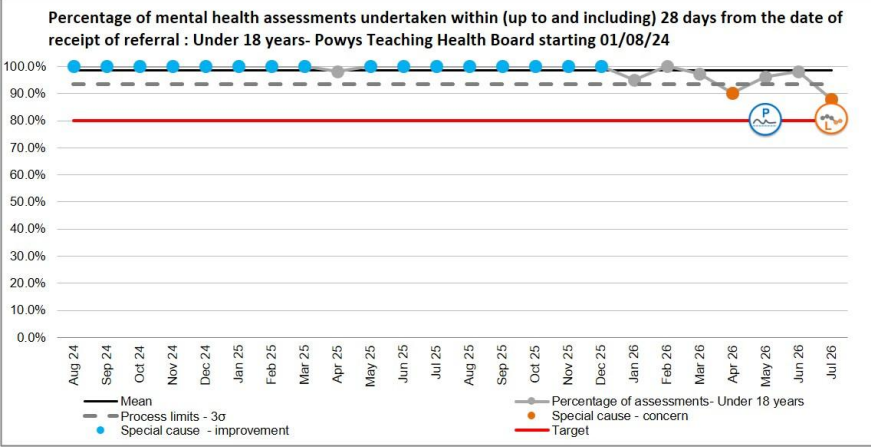
Summary	What the data tells us Performance has improved significantly over the reporting period. Earlier results were generally below the process average, but a sustained improvement became evident from June 2025, with most subsequent months recording between approximately 65% and 88% of SCP downgrades completed within 28 days. July reports that 88.2% of downgraded pathways within Powys Provider were within 28 days of pathway start.
	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.
	Key action/ initiatives Maintain focus.

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) 	
Jul-26		
Target		
No target		
Reported position		
45		
Escalation level		
Level 1		
SPC assurance		

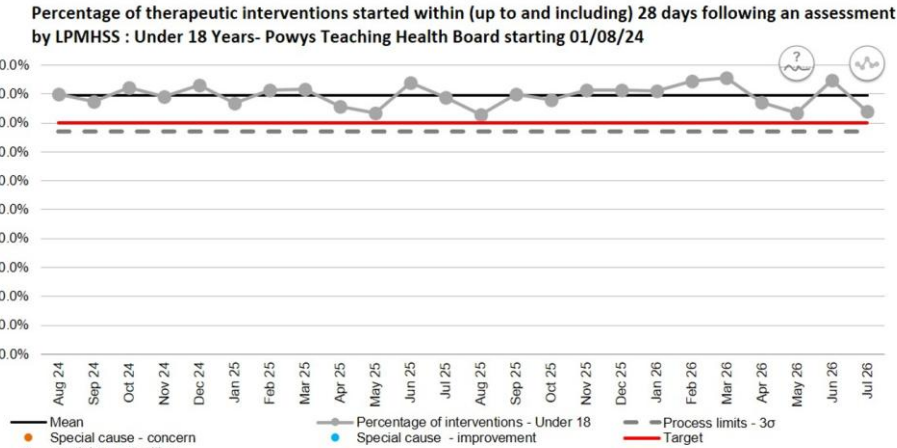
Percentage of community pharmacies providing Pharmacist Independent Prescribing service (PIPS)		PM13
Latest Month	 Executive Lead – Kate Wright - Executive Medical Director Percentage of community pharmacies providing Pharmacist Independent Prescribing service (PIPS) - Powys Teaching Health Board starting 01/04/25 	
Jun-26		
Target		
65.5%		
Reported position		
50.0%		
Escalation level		
Level 2a		
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 over the last 24 months. July reports 45 slightly above average, it should be noted that in July as stop month 50% of pathways went straight to test. 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.

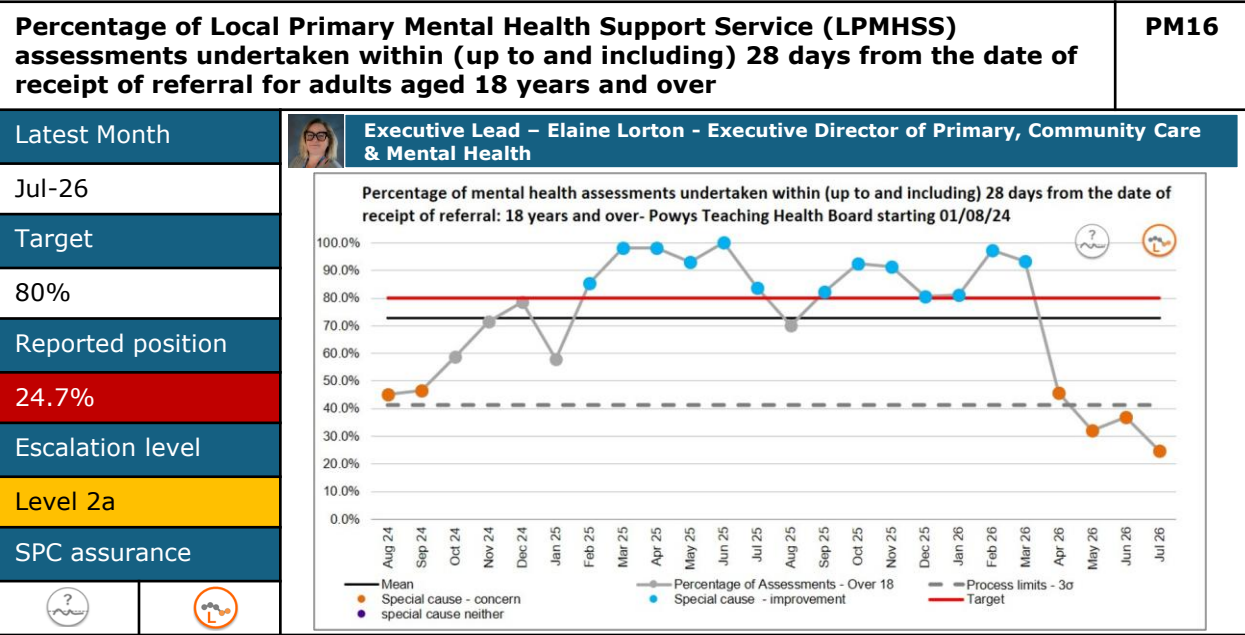
Summary	What the data tells us In June 2026, 50% of community pharmacies provided PIPS, unchanged since April. Powys ranks third in Wales, exceeding the All-Wales position of 45.3%, but remains 15.5 percentage points below the 65.5% target. The SPC chart indicates improvement compared with earlier performance, although coverage has not increased over the latest three months. 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. Changes to undergraduate and foundation training are enabling newly qualified pharmacists to enter the register as independent prescribers, providing an opportunity to strengthen the future workforce. This will 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.

Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people under 18 years		PM14
Latest Month	Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health	
Jul-26	Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral : Under 18 years- Powys Teaching Health Board starting 01/08/24 	
Target		
80%		
Reported position		
87.9%		
Escalation level		
Level 1		
SPC assurance		
		

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%. In July performance was reported at 87.9% and PTHB ranks 2nd in Wales with an All-Wales reported position of 87.5% in June
	Key challenges/ issues There have been some reporting challenges due to a shortage in administrative staff.
	Key action/ initiatives Ensure accurate reporting is maintained.

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
Latest Month	Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health	
Jul-26	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS : Under 18 Years- Powys Teaching Health Board starting 01/08/24 	
Target		
80%		
Reported position		
84.1%		
Escalation level		
Level 1		
SPC assurance		
		

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%. In July performance was reported at 84.1% and PTHB ranks 2nd in Wales with an All-Wales reported position of 86.3% in June.
	Key challenges/ issues There have been some reporting challenges due to a shortage in administrative staff.
	Key action/ initiatives Ensure accurate reporting is maintained.



Summary

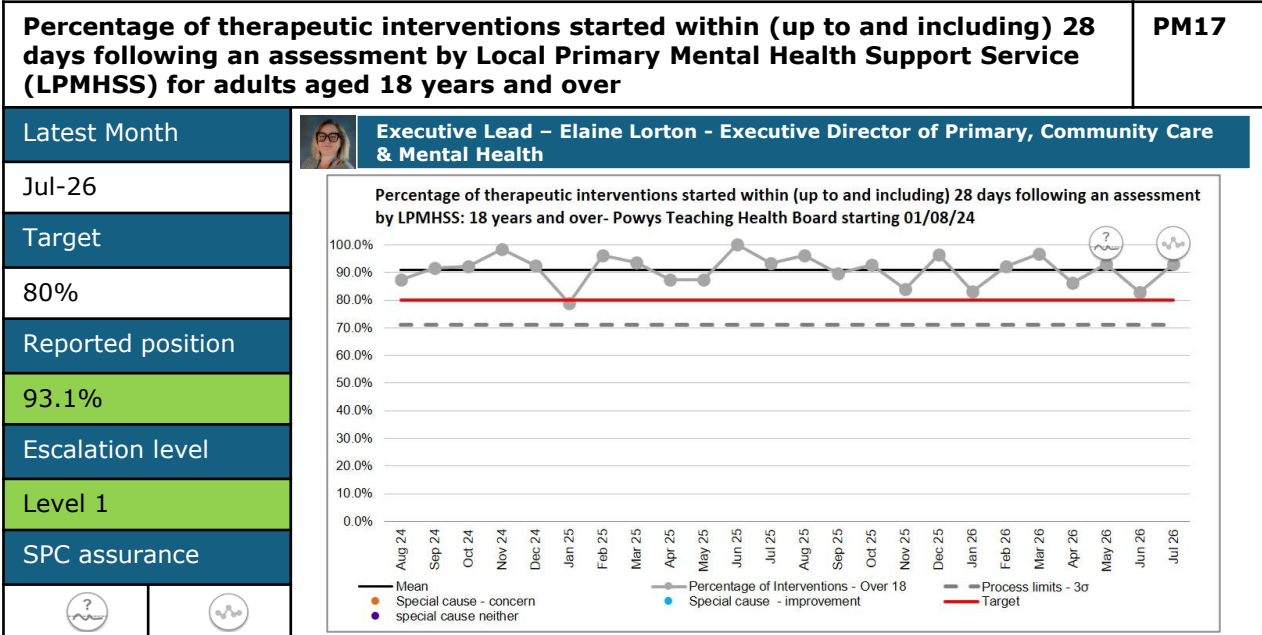
What the data tells us
SPC demonstrates a sustained period of special cause improvement between September 2025 and March 2026, with performance consistently at or above the 80% target. Since April 2026, performance has shifted to special-cause concern, falling to 24.7% in July, from 37% in June. Powys benchmarks 7th with the All-Wales position reported as 82.7% in June.

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.
- Consideration of increasing escalation level from 2a to level 3: to be reviewed with the availability of month 4 performance compliance.



Summary

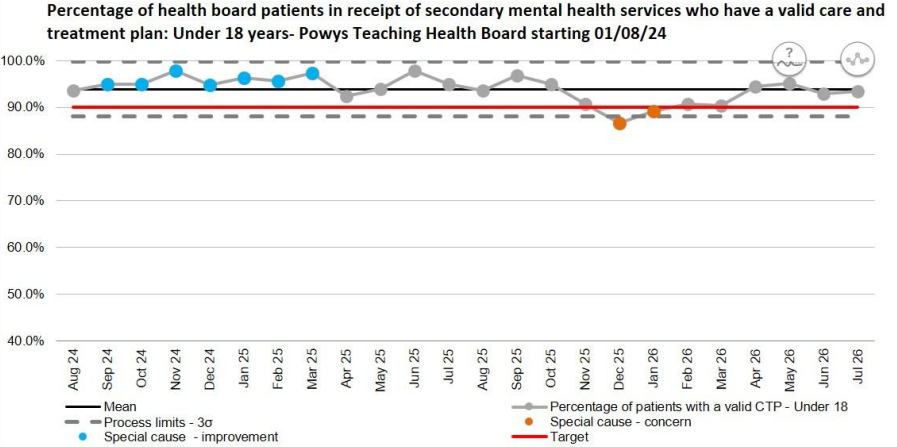
What the data tells us
Performance has generally remained above the 80% target. Across the 24-month reporting period, the target was achieved in 23 months. The only exception was January 2025, when performance fell slightly below target to around 79%. July reports further improvement to 93.1% compliance and in June PTHB ranked 5th in Wales with the All-Wales position reported as 86.8%.

Key challenges/ issues

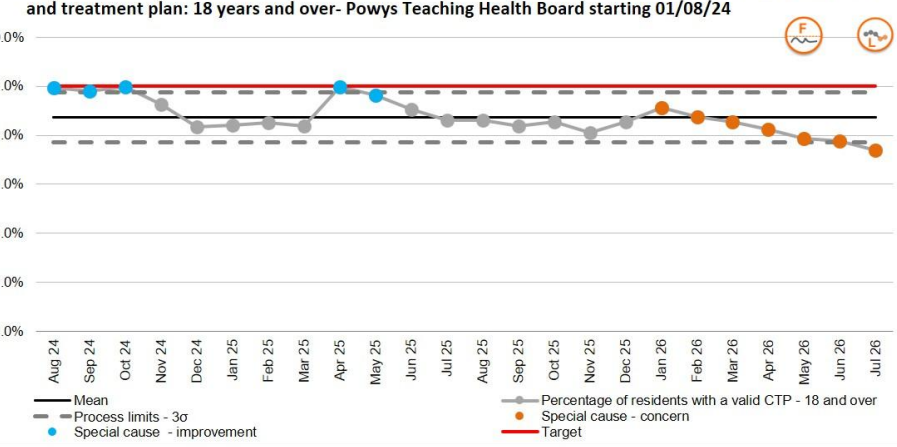
- The challenges with increased demand for assessments has impacted the therapeutic interventions as the same practitioners lead the interventions.

Key action/ initiatives

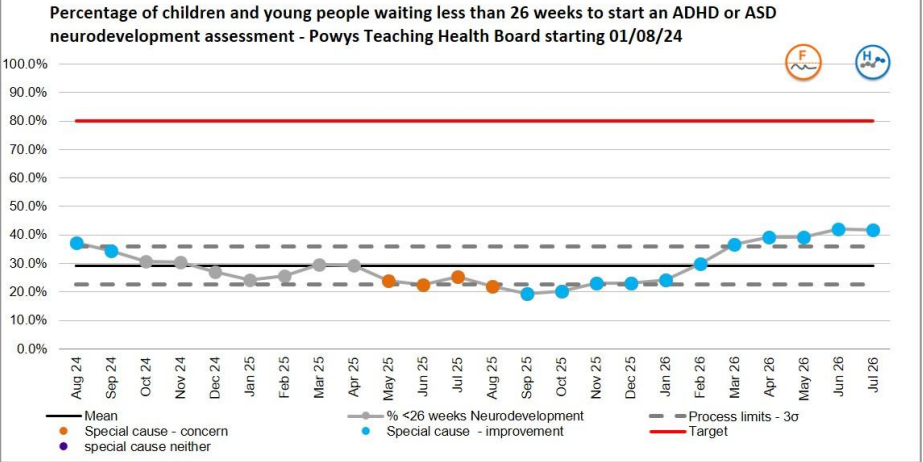
- The recruitment drive and actions to improve staffing should impact service wide and improve performance across part 1a and 1b.

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		LM
Latest Month	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health	
Jul-26	Percentage of health board patients in receipt of secondary mental health services who have a valid care and treatment plan: Under 18 years- Powys Teaching Health Board starting 01/08/24  Percentage of patients with a valid CTP - Under 18 ● Special cause - improvement ● Special cause - concern — Target	
Target		
90%		
Reported position		
93.4%		
Escalation level		
Level 1		
SPC assurance		

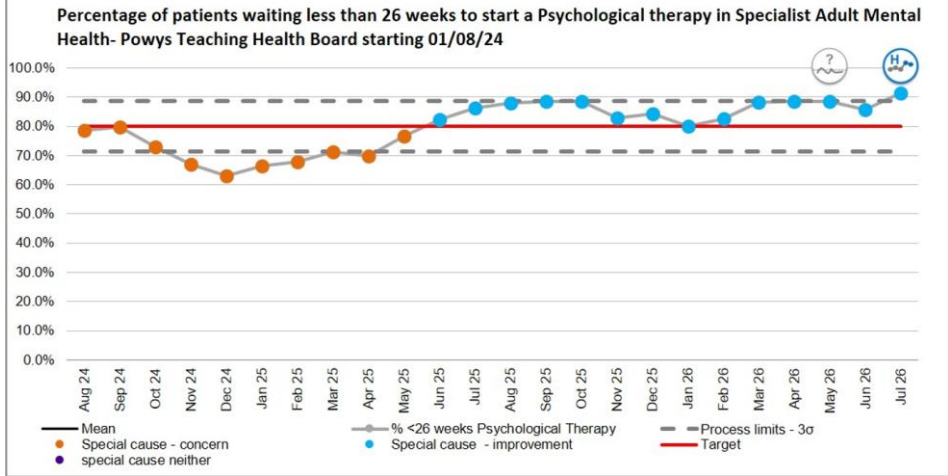
Summary	What the data tells us Although this measure was removed from the NHS Performance Framework for 2026/27; PTHB continues to monitor it locally against the previous 90% target as an important indicator of care quality. Performance has generally been strong, averaging approximately 93%, and remained 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 93.4% in July 2026.
	Key challenges/ issues - There have been some reporting challenges due to a shortage in administrative staff. Key action/ initiatives - Ensure accurate reporting is maintained.

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		LM
Latest Month	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health	
Jul-26	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan: 18 years and over- Powys Teaching Health Board starting 01/08/24  Percentage of residents with a valid CTP - 18 and over ● Special cause - improvement ● Special cause - concern — Target	
Target		
90%		
Reported position		
77.0%		
Escalation level		
Level 2a		
SPC assurance		

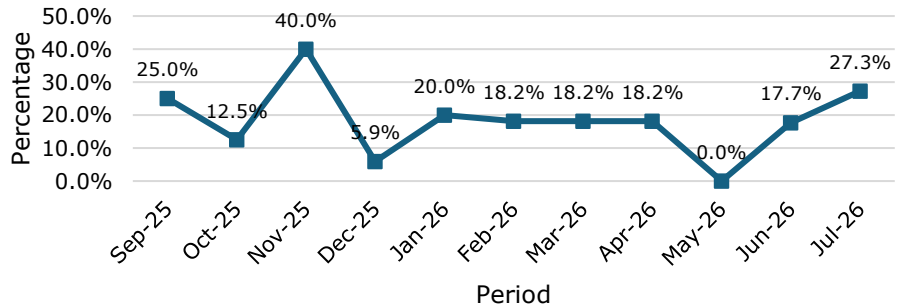
Summary	What the data tells us Although this measure was removed from the NHS Performance Framework for 2026/27; PTHB continues to monitor it locally against the previous 90% target as an important indicator of care quality. Adult performance has remained below target for most of the reporting period, 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 77.0% in July 2026 from 78.8% in June. These points are identified as special-cause concern, indicating an unusual worsening that is unlikely to be due to normal variation alone.
	Key challenges/ issues - Care-coordination will continue to be a challenge as we have a joint model with social care and there is a decline in both care co-ordination and AMPHs on the duty rotas. 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.

Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment.		PM18																																																																																																				
Latest Month	Executive Lead – Paul Hooton - Executive Director of Nursing, Quality, Women and Family Health																																																																																																					
Jul-26	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment - Powys Teaching Health Board starting 01/08/24  <table><caption>Approximate data for PM18 chart</caption><tr><th>Month</th><th>Mean</th><th>Target</th><th>Special cause</th></tr><tr><td>Aug 24</td><td>38%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Sep 24</td><td>35%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Oct 24</td><td>32%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Nov 24</td><td>30%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Dec 24</td><td>28%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Jan 25</td><td>25%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Feb 25</td><td>25%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Mar 25</td><td>28%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Apr 25</td><td>30%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>May 25</td><td>25%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Jun 25</td><td>25%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Jul 25</td><td>28%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Aug 25</td><td>25%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Sep 25</td><td>20%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Oct 25</td><td>22%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Nov 25</td><td>25%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Dec 25</td><td>25%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Jan 26</td><td>30%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Feb 26</td><td>35%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Mar 26</td><td>38%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Apr 26</td><td>40%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>May 26</td><td>40%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Jun 26</td><td>42%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Jul 26</td><td>41.8%</td><td>80%</td><td>Special cause - improvement</td></tr></table>		Month	Mean	Target	Special cause	Aug 24	38%	80%	Special cause - improvement	Sep 24	35%	80%	Special cause - improvement	Oct 24	32%	80%	Special cause - improvement	Nov 24	30%	80%	Special cause - improvement	Dec 24	28%	80%	Special cause - improvement	Jan 25	25%	80%	Special cause - improvement	Feb 25	25%	80%	Special cause - improvement	Mar 25	28%	80%	Special cause - improvement	Apr 25	30%	80%	Special cause - improvement	May 25	25%	80%	Special cause - improvement	Jun 25	25%	80%	Special cause - improvement	Jul 25	28%	80%	Special cause - improvement	Aug 25	25%	80%	Special cause - improvement	Sep 25	20%	80%	Special cause - improvement	Oct 25	22%	80%	Special cause - improvement	Nov 25	25%	80%	Special cause - improvement	Dec 25	25%	80%	Special cause - improvement	Jan 26	30%	80%	Special cause - improvement	Feb 26	35%	80%	Special cause - improvement	Mar 26	38%	80%	Special cause - improvement	Apr 26	40%	80%	Special cause - improvement	May 26	40%	80%	Special cause - improvement	Jun 26	42%	80%	Special cause - improvement	Jul 26	41.8%	80%	Special cause - improvement
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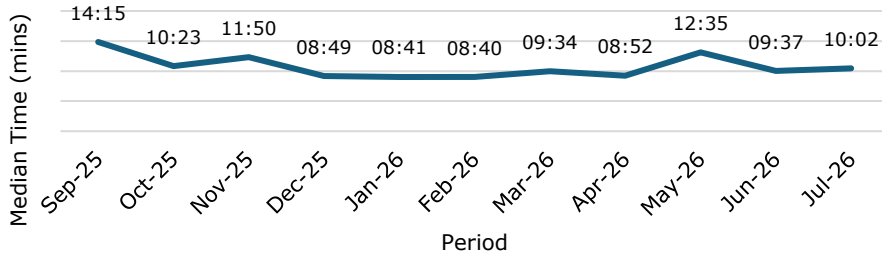
Summary	What the data tells us Performance remains significantly below the 80% target reporting 41.8% in July. SPC demonstrates recent improvement with performance increasing to around 40%; however, further sustained improvement is required to meet the expected standard. Powys benchmarks 2nd with the All-Wales position reported at 26.6% in June. 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. 2 children exceeded 104 weeks at the end of July 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. Key action/ initiatives - Recurrent funding approved to sustain the ND workforce and support continued recovery. - Single point of access (SPOA) 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, (BEAM) Magic Notes, resources. - Parent Voices co-production programme continues to inform service development and delivery. - Delivery supported through a comprehensive project plan and new robust Task & Finish Groups, reporting by exception to the ND Remodel Steering Group.
	18/54

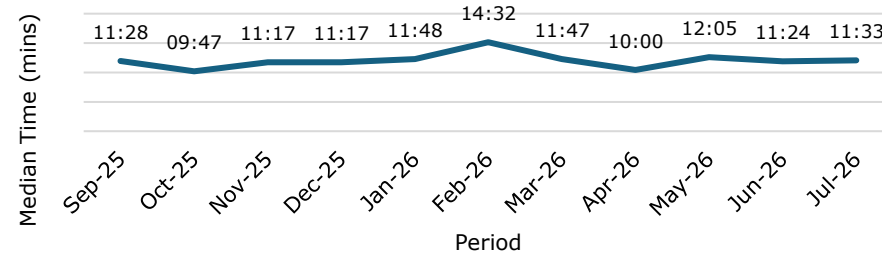
Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health		PM19																																																																																																				
Latest Month	Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health																																																																																																					
Jul-26	Percentage of patients waiting less than 26 weeks to start a Psychological therapy in Specialist Adult Mental Health- Powys Teaching Health Board starting 01/08/24  <table><caption>Approximate data for PM19 chart</caption><thead><tr><th>Month</th><th>Mean</th><th>Target</th><th>Special cause</th></tr></thead><tbody><tr><td>Aug 24</td><td>78%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Sep 24</td><td>80%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Oct 24</td><td>75%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Nov 24</td><td>70%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Dec 24</td><td>68%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Jan 25</td><td>70%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Feb 25</td><td>70%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Mar 25</td><td>72%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Apr 25</td><td>70%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>May 25</td><td>78%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Jun 25</td><td>85%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Jul 25</td><td>88%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Aug 25</td><td>88%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Sep 25</td><td>88%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Oct 25</td><td>88%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Nov 25</td><td>85%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Dec 25</td><td>85%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Jan 26</td><td>82%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Feb 26</td><td>88%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Mar 26</td><td>88%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Apr 26</td><td>88%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>May 26</td><td>88%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Jun 26</td><td>88%</td><td>80%</td><td>Special cause - improvement</td></tr><tr><td>Jul 26</td><td>91.3%</td><td>80%</td><td>Special cause - improvement</td></tr></tbody></table>		Month	Mean	Target	Special cause	Aug 24	78%	80%	Special cause - improvement	Sep 24	80%	80%	Special cause - improvement	Oct 24	75%	80%	Special cause - improvement	Nov 24	70%	80%	Special cause - improvement	Dec 24	68%	80%	Special cause - improvement	Jan 25	70%	80%	Special cause - improvement	Feb 25	70%	80%	Special cause - improvement	Mar 25	72%	80%	Special cause - improvement	Apr 25	70%	80%	Special cause - improvement	May 25	78%	80%	Special cause - improvement	Jun 25	85%	80%	Special cause - improvement	Jul 25	88%	80%	Special cause - improvement	Aug 25	88%	80%	Special cause - improvement	Sep 25	88%	80%	Special cause - improvement	Oct 25	88%	80%	Special cause - improvement	Nov 25	85%	80%	Special cause - improvement	Dec 25	85%	80%	Special cause - improvement	Jan 26	82%	80%	Special cause - improvement	Feb 26	88%	80%	Special cause - improvement	Mar 26	88%	80%	Special cause - improvement	Apr 26	88%	80%	Special cause - improvement	May 26	88%	80%	Special cause - improvement	Jun 26	88%	80%	Special cause - improvement	Jul 26	91.3%	80%	Special cause - improvement
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Summary	What the data tells us Performance has improved substantially over the reporting period. Positive and sustained change became evident from June 2025, with all subsequent months achieving the target. PTHB benchmarks positively in June 1st in Wales with the All-Wales performance at 52.9% 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.
	134/1016

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																									
Jul-26	Percentage of people to have a heartbeat restored after a period of cardiac arrest (Return of Spontaneous Circulation). <table><tr><th>Period</th><th>Percentage</th></tr><tr><td>Sep-25</td><td>25.0%</td></tr><tr><td>Oct-25</td><td>12.5%</td></tr><tr><td>Nov-25</td><td>40.0%</td></tr><tr><td>Dec-25</td><td>5.9%</td></tr><tr><td>Jan-26</td><td>20.0%</td></tr><tr><td>Feb-26</td><td>18.2%</td></tr><tr><td>Mar-26</td><td>18.2%</td></tr><tr><td>Apr-26</td><td>18.2%</td></tr><tr><td>May-26</td><td>0.0%</td></tr><tr><td>Jun-26</td><td>17.7%</td></tr><tr><td>Jul-26</td><td>27.3%</td></tr></table>		Period	Percentage	Sep-25	25.0%	Oct-25	12.5%	Nov-25	40.0%	Dec-25	5.9%	Jan-26	20.0%	Feb-26	18.2%	Mar-26	18.2%	Apr-26	18.2%	May-26	0.0%	Jun-26	17.7%	Jul-26	27.3%
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Escalation level																										
Level 2a																										
SPC assurance																										
N/A																										

Summary	What the data tells us Reported performance achieves end-of-quarter improvement target. Performance reported in July is 27.3%; however, Welsh Government has advised that confidence in the underlying data is currently low, and results should therefore be interpreted with caution. With the ongoing data confidence concern this measure remains escalated to Level 2a for consistency.
	Key challenges/ issues Welsh Government has identified low confidence in the quality of the reported data, limiting assurance over current performance.
	Key action/ initiatives Data quality feedback and update by Welsh Government from month 5.

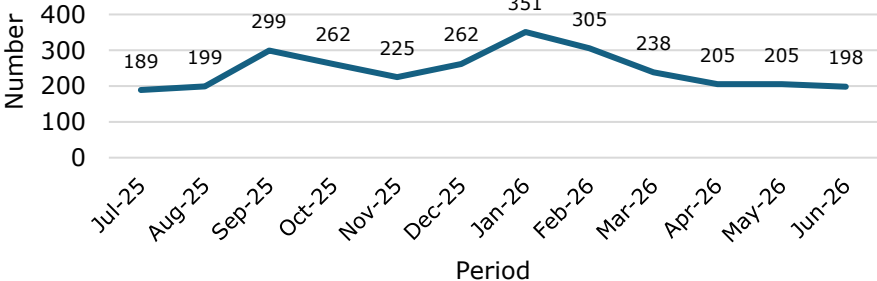
Median emergency ambulance response time to purple arrest category calls		PM21																								
Latest Month	 Executive Lead – Nicola Johnson - Executive Director of Planning, Performance & Commissioning																									
Jul-26	Median emergency ambulance response time to purple: arrest category calls (minutes). <table><tr><th>Period</th><th>Median Time (mins)</th></tr><tr><td>Sep-25</td><td>14:15</td></tr><tr><td>Oct-25</td><td>10:23</td></tr><tr><td>Nov-25</td><td>11:50</td></tr><tr><td>Dec-25</td><td>08:49</td></tr><tr><td>Jan-26</td><td>08:41</td></tr><tr><td>Feb-26</td><td>08:40</td></tr><tr><td>Mar-26</td><td>09:34</td></tr><tr><td>Apr-26</td><td>08:52</td></tr><tr><td>May-26</td><td>12:35</td></tr><tr><td>Jun-26</td><td>09:37</td></tr><tr><td>Jul-26</td><td>10:02</td></tr></table>		Period	Median Time (mins)	Sep-25	14:15	Oct-25	10:23	Nov-25	11:50	Dec-25	08:49	Jan-26	08:41	Feb-26	08:40	Mar-26	09:34	Apr-26	08:52	May-26	12:35	Jun-26	09:37	Jul-26	10:02
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Escalation level																										
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SPC assurance																										
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Median emergency ambulance response time to red: emergency category calls		PM22																								
Latest Month	 Executive Lead – Nicola Johnson - Executive Director of Planning, Performance & Commissioning																									
Jul-26	Median emergency ambulance response time to red: emergency category calls (minutes). <table><tr><th>Period</th><th>Median Time (mins)</th></tr><tr><td>Sep-25</td><td>11:28</td></tr><tr><td>Oct-25</td><td>09:47</td></tr><tr><td>Nov-25</td><td>11:17</td></tr><tr><td>Dec-25</td><td>11:17</td></tr><tr><td>Jan-26</td><td>11:48</td></tr><tr><td>Feb-26</td><td>14:32</td></tr><tr><td>Mar-26</td><td>11:47</td></tr><tr><td>Apr-26</td><td>10:00</td></tr><tr><td>May-26</td><td>12:05</td></tr><tr><td>Jun-26</td><td>11:24</td></tr><tr><td>Jul-26</td><td>11:33</td></tr></table> Median emergency ambulance response time to red: arrest category calls		Period	Median Time (mins)	Sep-25	11:28	Oct-25	09:47	Nov-25	11:17	Dec-25	11:17	Jan-26	11:48	Feb-26	14:32	Mar-26	11:47	Apr-26	10:00	May-26	12:05	Jun-26	11:24	Jul-26	11:33
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SPC assurance																										
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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 decline in performance to 10 minutes 2 seconds. Powys ranks 7th against the All Wales reported position of 7 minutes 39 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 11 minutes and 33 seconds in July. Powys ranks 7th against the All Wales reported position of 9 minutes 13 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.

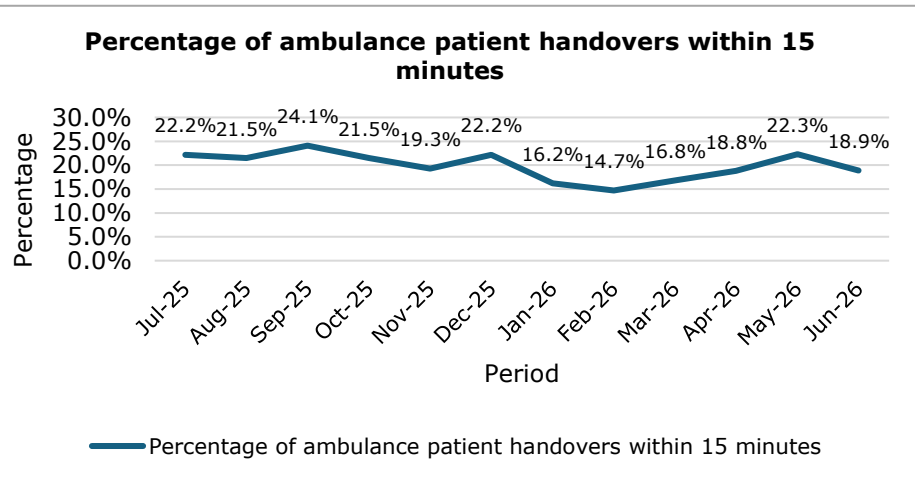
Number of ambulance patient handovers over 45 minutes			PM23
Latest Month		Executive Lead – Nicola Johnson - Executive Director of Planning, Performance & Commissioning	
Jun-26			
Target			
0			
Reported position			
198			
Escalation level			
Level 2a			
SPC assurance			
N/A			

Number of ambulance patient handovers over 45 minutes

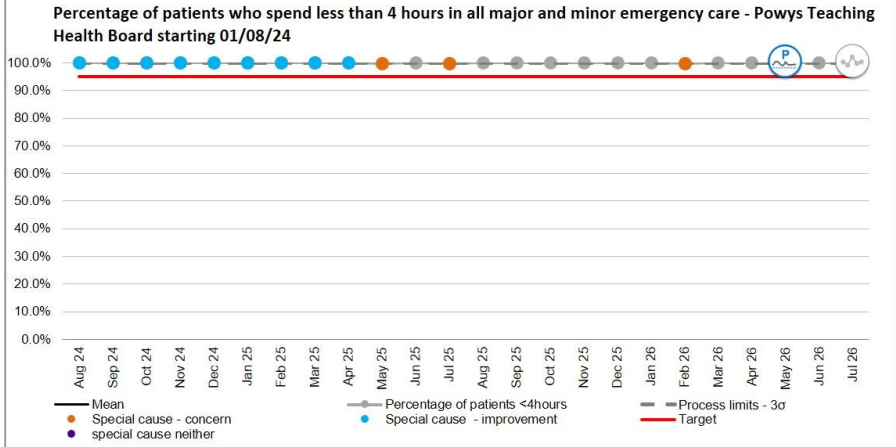


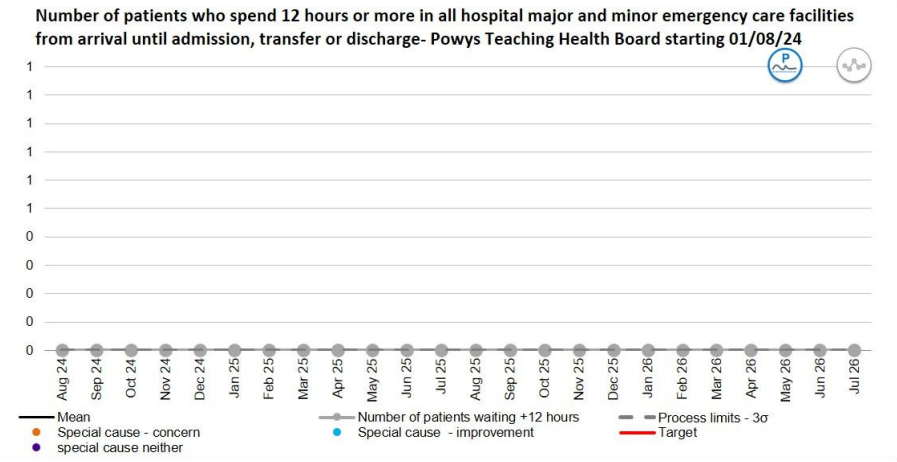
Period	Number
Jul-25	189
Aug-25	199
Sep-25	299
Oct-25	262
Nov-25	225
Dec-25	262
Jan-26	351
Feb-26	305
Mar-26	238
Apr-26	205
May-26	205
Jun-26	198

— Number of ambulance patient handovers over 45 minutes

Percentage of ambulance patient handovers within 15 minutes		PM24
Latest Month	 Executive Lead – Nicola Johnson - Executive Director of Planning, Performance & Commissioning	
Jun-26	Percentage of ambulance patient handovers within 15 minutes  Percentage of ambulance patient handovers within 15 minutes	
Target		
80%		
Reported position		
18.9%		
Escalation level		
Level 2a		
SPC assurance		
N/A		

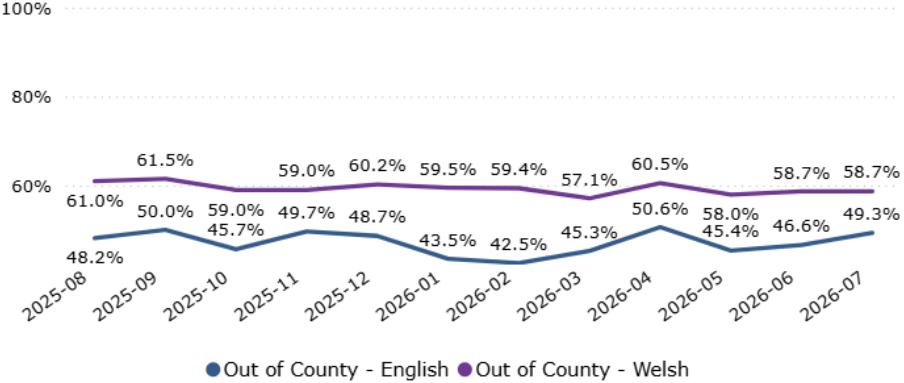
Summary	What the data tells us
	- Handover within 45 minutes: Reported handover delays remain above the target of zero, although the latest month indicates improvement. Interpretation of this measure should be treated with caution as the methodology is under review with an update from Month 5. - Handover within 15 minutes: Reported performance remains below the 80% target despite recent improvement. Welsh Government has advised that the methodology is under review with an update from Month 5.
	Key challenges/ issues Welsh Government Performance note that that the methodology is under review and current 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.

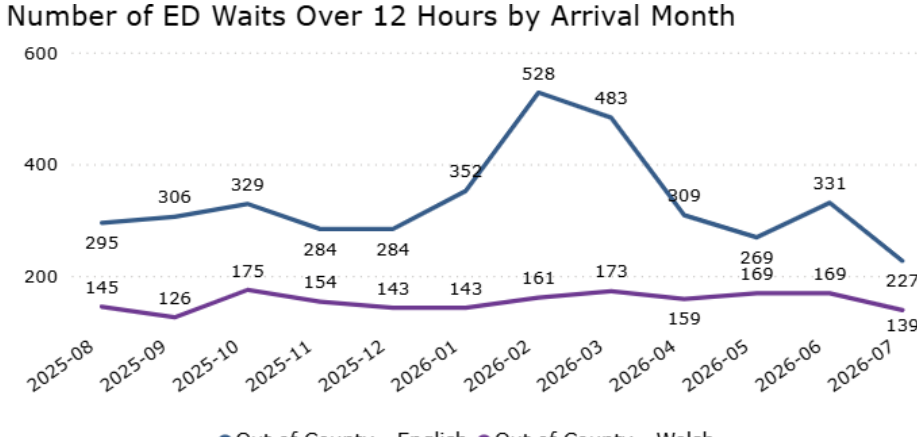
Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge		PM25
Latest Month	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health	
Jul-26	Percentage of patients who spend less than 4 hours in all major and minor emergency care - Powys Teaching Health Board starting 01/08/24 	
Target		
95%		
Reported position		
100%		
Escalation level		
Level 1		
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		PM26
Latest Month	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health	
Jul-26	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- Powys Teaching Health Board starting 01/08/24 	
Target		
0		
Reported position		
0		
Escalation level		
Level 1		
SPC assurance	 	

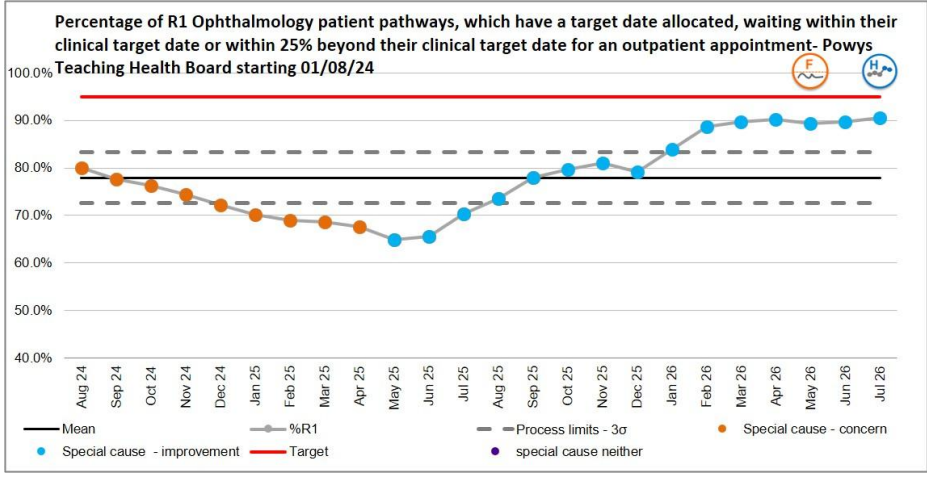
Summary	What the data tells us MIU provision meeting the requisite standard.
	Key challenges/ issues Occasional clinical breach, but no risk to reportable standard.
	Key action/ initiatives Continue operational delivery and seek to strengthen utilisation in line with Better Together programme.

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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																																							
Jul-26		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>2025-08</td><td>48.2%</td><td>61.0%</td></tr><tr><td>2025-09</td><td>50.0%</td><td>61.5%</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>59.0%</td></tr><tr><td>2025-12</td><td>48.7%</td><td>60.2%</td></tr><tr><td>2026-01</td><td>43.5%</td><td>59.5%</td></tr><tr><td>2026-02</td><td>42.5%</td><td>59.4%</td></tr><tr><td>2026-03</td><td>45.3%</td><td>57.1%</td></tr><tr><td>2026-04</td><td>50.6%</td><td>60.5%</td></tr><tr><td>2026-05</td><td>45.4%</td><td>58.0%</td></tr><tr><td>2026-06</td><td>46.6%</td><td>58.7%</td></tr><tr><td>2026-07</td><td>49.3%</td><td>58.7%</td></tr></table> ● Out of County - English ● Out of County - Welsh		Month	Out of County - English	Out of County - Welsh	2025-08	48.2%	61.0%	2025-09	50.0%	61.5%	2025-10	45.7%	59.0%	2025-11	49.7%	59.0%	2025-12	48.7%	60.2%	2026-01	43.5%	59.5%	2026-02	42.5%	59.4%	2026-03	45.3%	57.1%	2026-04	50.6%	60.5%	2026-05	45.4%	58.0%	2026-06	46.6%	58.7%	2026-07	49.3%	58.7%
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Escalation level																																										
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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																																								
Jul -26		Number of ED Waits Over 12 Hours by Arrival Month  <table><thead><tr><th>Month</th><th>Out of County - English</th><th>Out of County - Welsh</th></tr></thead><tbody><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>173</td></tr><tr><td>2026-04</td><td>309</td><td>159</td></tr><tr><td>2026-05</td><td>269</td><td>169</td></tr><tr><td>2026-06</td><td>331</td><td>169</td></tr><tr><td>2026-07</td><td>227</td><td>139</td></tr></tbody></table> ● Out of County - English ● Out of County - Welsh		Month	Out of County - English	Out of County - Welsh	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	173	2026-04	309	159	2026-05	269	169	2026-06	331	169	2026-07	227	139
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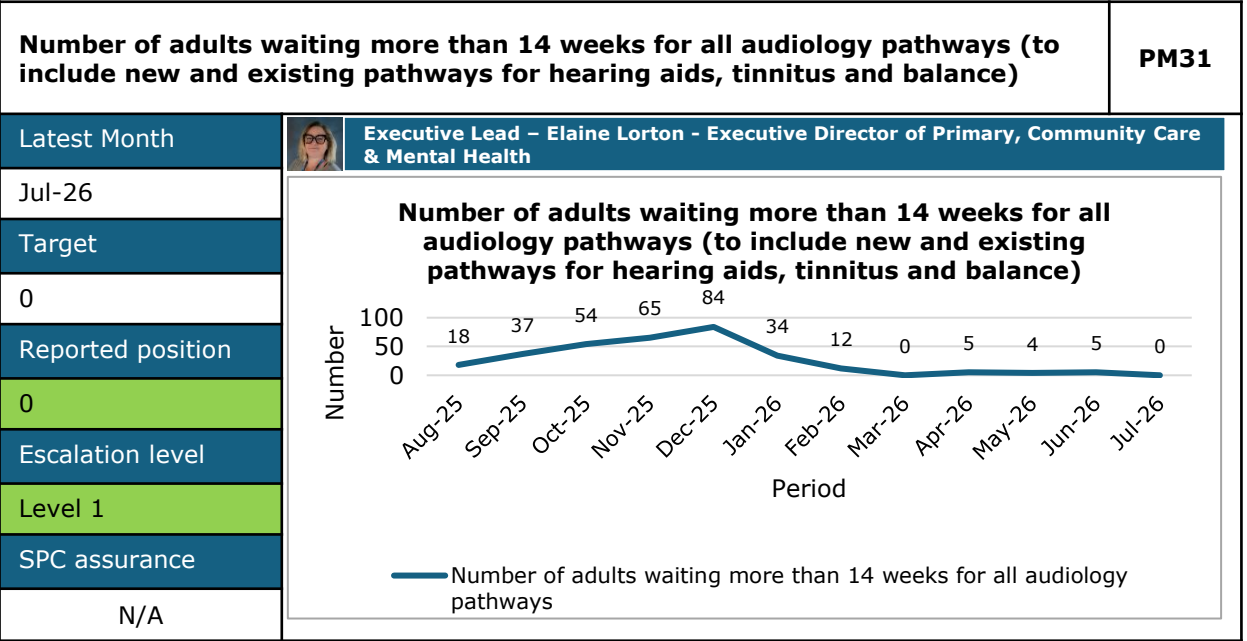
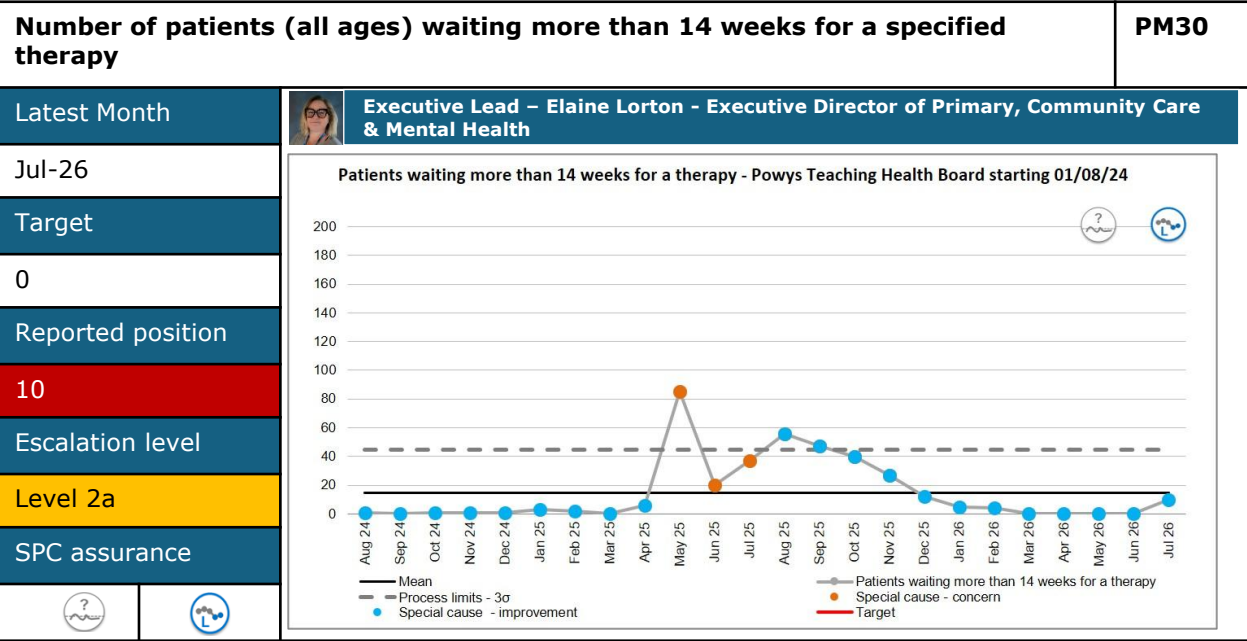
Summary	What the data tells us Welsh providers have consistently performed better than English providers, but neither group shows sustained improvement and both remain well below target. - For patients spending < 4 hours, the latest month also shows improvement from June, when performance was 58.7% in Welsh providers and 49.3% in English providers. - The target of no emergency department waits over 12 hours was not achieved in any month. In July 2026, 366 waits exceeded 12 hours for Powys residents attending hospitals outside the county: 227 at English providers and 139 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 at 169 in May and June. 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.

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																																																																												
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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 July 90.5%; however, it remains below the 95% target and continued improvement is required. Powys ranks 1 st with the All-Wales position reported as 49.8% in June.
	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																																																																																																					
Jul-26	Patients waiting more than 8 weeks for a diagnostic - Powys Teaching Health Board starting 01/08/24 <table border="1"><caption>Patients waiting more than 8 weeks for a diagnostic</caption><thead><tr><th>Month</th><th>Mean</th><th>Special cause - concern</th><th>Special cause - improvement</th></tr></thead><tbody><tr><td>Aug 24</td><td>140</td><td></td><td></td></tr><tr><td>Sep 24</td><td>125</td><td></td><td></td></tr><tr><td>Oct 24</td><td>105</td><td></td><td></td></tr><tr><td>Nov 24</td><td>85</td><td></td><td></td></tr><tr><td>Dec 24</td><td>85</td><td></td><td></td></tr><tr><td>Jan 25</td><td>70</td><td></td><td></td></tr><tr><td>Feb 25</td><td>80</td><td></td><td></td></tr><tr><td>Mar 25</td><td>80</td><td></td><td></td></tr><tr><td>Apr 25</td><td>80</td><td></td><td></td></tr><tr><td>May 25</td><td>100</td><td></td><td></td></tr><tr><td>Jun 25</td><td>140</td><td></td><td></td></tr><tr><td>Jul 25</td><td>145</td><td></td><td></td></tr><tr><td>Aug 25</td><td>125</td><td></td><td></td></tr><tr><td>Sep 25</td><td>135</td><td></td><td></td></tr><tr><td>Oct 25</td><td>60</td><td></td><td></td></tr><tr><td>Nov 25</td><td>20</td><td></td><td></td></tr><tr><td>Dec 25</td><td>25</td><td></td><td></td></tr><tr><td>Jan 26</td><td>50</td><td></td><td></td></tr><tr><td>Feb 26</td><td>20</td><td></td><td></td></tr><tr><td>Mar 26</td><td>10</td><td></td><td></td></tr><tr><td>Apr 26</td><td>35</td><td></td><td></td></tr><tr><td>May 26</td><td>65</td><td></td><td></td></tr><tr><td>Jun 26</td><td>50</td><td></td><td></td></tr><tr><td>Jul 26</td><td>40</td><td></td><td></td></tr></tbody></table>			Month	Mean	Special cause - concern	Special cause - improvement	Aug 24	140			Sep 24	125			Oct 24	105			Nov 24	85			Dec 24	85			Jan 25	70			Feb 25	80			Mar 25	80			Apr 25	80			May 25	100			Jun 25	140			Jul 25	145			Aug 25	125			Sep 25	135			Oct 25	60			Nov 25	20			Dec 25	25			Jan 26	50			Feb 26	20			Mar 26	10			Apr 26	35			May 26	65			Jun 26	50			Jul 26	40		
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Summary	What the data tells us The SPC chart reports special cause improvement in July with 41 breaches reported. Key capacity challenges in cardiac diagnostics have resulted in the reported breaches, two endoscopy breaches were also reported in the same period. Powys benchmarks 1 st in Wales and the reported All Wales position was that 39,119 patients wait over 8 weeks in June.
	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. - Non obstetric ultrasound 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.



Summary

What the data tells us

Performance in July reports 10 patients waiting more than 14 weeks for a specified therapy. The SPC chart shows special cause improvement. PTHB benchmarks 3rd in Wales and the All-Wales position reported a total of 6,827 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.
- Vacancy in Physiotherapy resulting in reduced capacity.

Key action/ initiatives

- Continue to proactively manage lists and services.

25/54

Summary

What the data tells us

Following an increase in breaches in December 2025, performance has improved, with sustained reductions over recent months. In July 2026, there are zero patients waiting more than 14 weeks and therefore PTHB now meets the set target. Powys ranks 1st in Wales with the All-Wales position of 17,534 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.

141/1016

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	
Jul-26	<	

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 3,394 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.

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

PM33

Latest Month

Jul-26

Target

0

Reported position

222

Escalation level

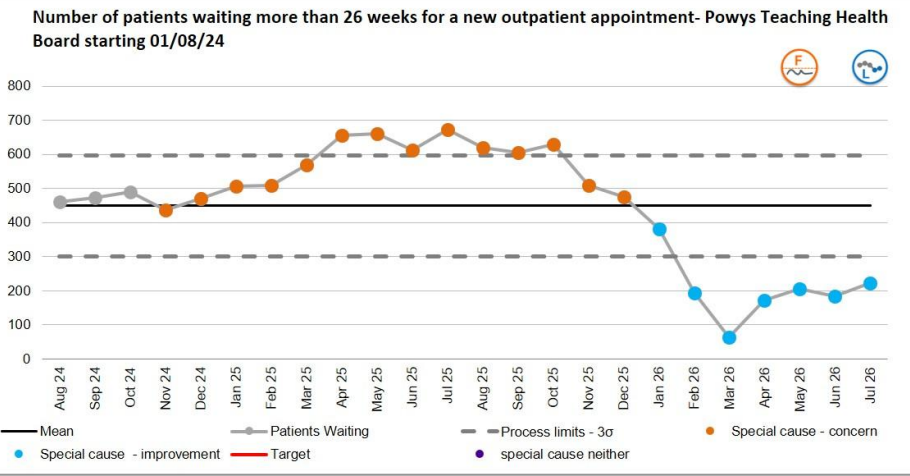
Level 2a

SPC assurance



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

Number of patients waiting more than 26 weeks for a new outpatient appointment- Powys Teaching Health Board starting 01/08/24



— Mean
● Patients Waiting
— Process limits - 3σ
● Special cause - concern
● Special cause - improvement
— Target
● special cause neither

RTT patients waiting more than 104 weeks

PM34

Latest Month

Jul-26

Target

0

Reported position

0

Escalation level

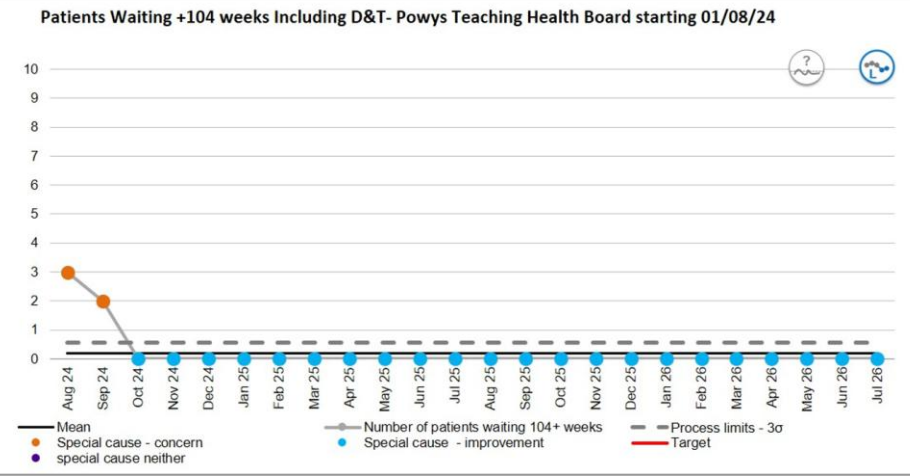
Level 1

SPC assurance



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

Patients Waiting +104 weeks Including D&T- Powys Teaching Health Board starting 01/08/24



— Mean
● Number of patients waiting 104+ weeks
— Process limits - 3σ
● Special cause - concern
● Special cause - improvement
— Target
● special cause neither

Summary

What the data tells us

- 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 financial year, 222 patients were waiting more than 26 weeks in July 2026, indicating further improvement is required to achieve the revised standard. Across Wales, 61,974 patients were waiting more than 26 weeks in June 2026.
- Powys provider RTT performance for very long waits remains good with zero patients reported waiting over 104 weeks.

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). Patients (Llandrindod Clinic) still held on PTHB waiting list. No support available from neighbouring HBs/Trusts for 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.

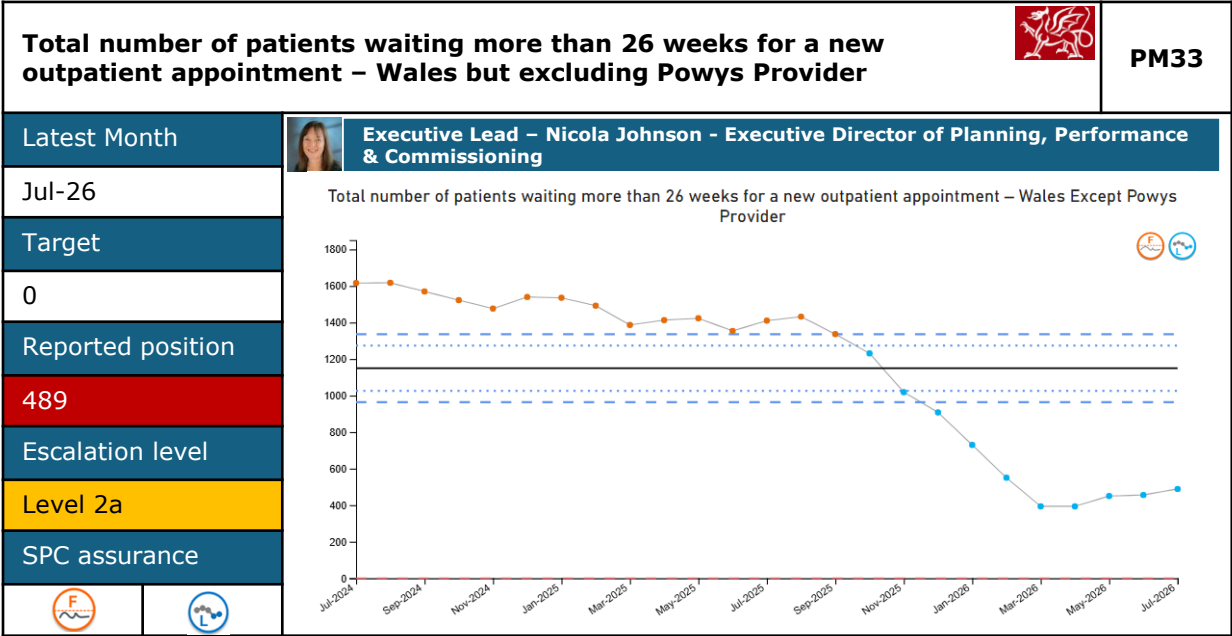
Key action/ initiatives

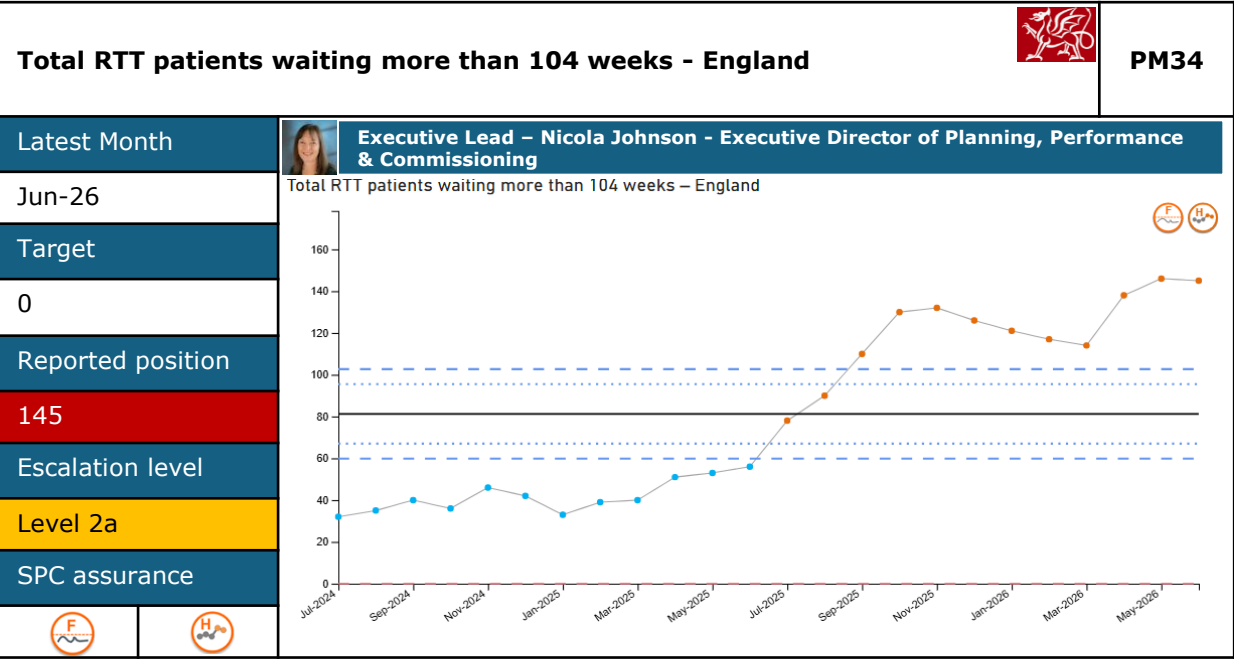
- Continued working with WVT:
 - 3x Waiting List Initiatives (WLI) held to see urgent patients – more planned.
 - Wye Valley Trust (WVT) additional Rheumatology Consultant vacancy unable to accept new activity.
 - Agreement to support WVT with additional costs for interim locum.
 - Aim to confirm additional funding to current proposed Long Term Agreement (LTA) finance envelope by end of August to enable waiting list transfer.
 - Some advice and guidance support being provided for urgent reviews/concerns.

27/54

143/1016

Access – RTT Welsh Commissioned





	Jun-26	No. long waits by cohort, with latest SPC variance			
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.	Total pathways Waiting
English Other	77.6%	Not available from NHSE providers	7	0	335
The Robert Jones and Agnes Hunt Orthopaedic Hospital	44.7%		1104	138	3812
The Shrewsbury and Telford Hospital NHS Trust	77.8%		95	0	3623
Wye Valley NHS Trust	67.3%		376	7	3839
Total	63.5%	0	1582	145	11609

What the data tells us

Performance for Powys residents treated by English providers remains challenging: 63.5% of 11,609 pathways wait under 26 weeks in England. Those pathways waiting over 1 year has increased from 1285 in June 2025 to 1582 in June 2026, and patients waiting over 104 weeks has increased from 56 in June 2025 to 145 in June 2026 (although predominately (138) still in Robert Jones and Agnes Hunt). All key week wait cohort bands now report special cause concern demonstrating the challenging impact of the Commissioning intentions and capacity issues for complex Orthopaedics and Spinal in RJAH.

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.

Percentage of patients starting their first definitive cancer treatment within 62 days. Combined Welsh & English contextual measure.

LM

Latest Month

Jun-26

Target

Local 75%

Reported position

62.7%

Escalation level

Level 2a

SPC assurance

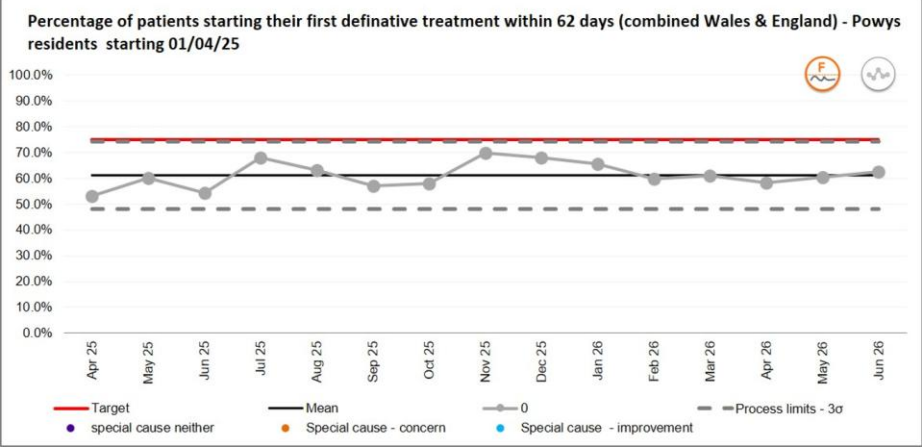


Executive Lead – Kate Wright - Executive Medical Director



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

Percentage of patients starting their first definitive treatment within 62 days (combined Wales & England) - Powys residents starting 01/04/25



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

Summary

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 and 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.

30/54

146/1016

Access – Commissioned Cancer

Executive Lead – Kate Wright - Executive Medical Director

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

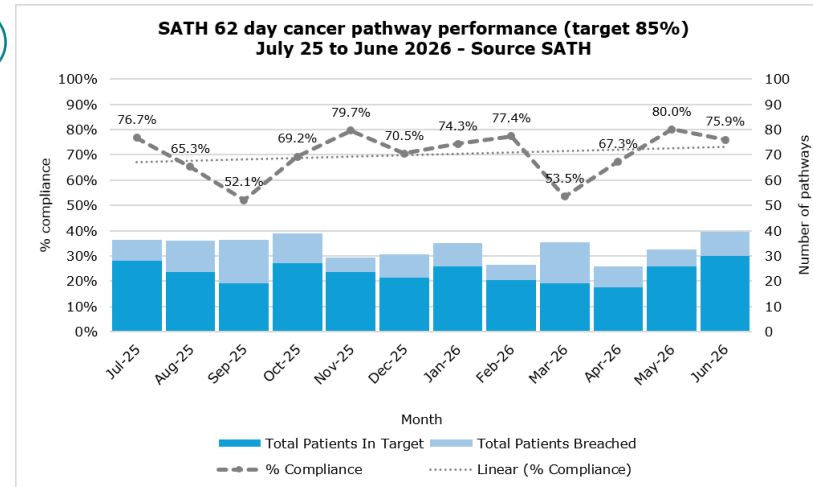
Welsh Provider Cancer Performance Per SCP 62 Day Target - Last 12 Months

HealthBoard	2025-08	2025-09	2025-10	2025-11	2025-12	2026-01	2026-02	2026-03	2026-04	2026-05	2026-06	2026-07
Aneurin Bevan UHB												
Pathways With Treatment	14	16	17	18	21	19	20	18	10	15	10	14
Treated Within 62 Days	10	9	7	14	15	12	16	16	7	7	5	6
Breaching 62 Day Target	4	7	10	4	6	7	4	2	3	8	5	8
% Treated Within Target	71%	56%	41%	78%	71%	63%	80%	89%	70%	47%	50%	43%
Betsi Cadwaladr UHB												
Pathways With Treatment	1	4	2	1	7	6	7	5	5	6	7	7
Treated Within 62 Days				1	2	2			1			1
Breaching 62 Day Target	1	4	2		5	4	7	5	4	6	7	6
% Treated Within Target	0%	0%	0%	100%	29%	33%	0%	0%	20%	0%	0%	14%
Cardiff And Vale UHB												
Pathways With Treatment			1	1	2	1	1	1		1	3	1
Treated Within 62 Days			1		2	1		1			2	1
Breaching 62 Day Target				1			1			1		
% Treated Within Target			100%	0%	100%	100%	0%	100%		0%	67%	100%
Cwm Taf Morgannwg UHB												
Pathways With Treatment	3	8	2	6	2	4	9	8	6	2	1	2
Treated Within 62 Days	1	5	2	3	1	1	4	4	3		1	
Breaching 62 Day Target	2	3		3	1	3	5	4	3	2		2
% Treated Within Target	33%	63%	100%	50%	50%	25%	44%	50%	50%	0%	100%	0%
Hywel Dda UHB												
Pathways With Treatment	7	6	8	14	4	7	3	5	8	7	9	9
Treated Within 62 Days	3	2	4	6	1	3	1	2	1	1	3	4
Breaching 62 Day Target	4	4	4	8	3	4	2	3	7	6	6	5
% Treated Within Target	43%	33%	50%	43%	25%	43%	33%	40%	13%	14%	33%	44%
Swansea Bay UHB												
Pathways With Treatment	2	14	8	4	5	8	8	9	6	5	4	7
Treated Within 62 Days	1	10	3	2	3	7	3	6	3	4	1	1
Breaching 62 Day Target	1	4	5	2	2	1	5	3	3	1	3	6
% Treated Within Target	50%	71%	38%	50%	60%	88%	38%	67%	50%	80%	25%	14%
Pathways With Treatment	27	48	38	44	41	45	48	46	35	36	34	40
Treated Within 62 Days	15	26	17	26	24	26	24	29	15	12	12	13
Breaching 62 Day Target	12	22	21	18	17	19	24	17	20	24	22	27
% Treated Within Target	56%	54%	45%	59%	59%	58%	50%	63%	43%	33%	35%	33%

Performance has remained particularly low in recent months. In May 2026, 33% of pathways met the target, followed by 35% in June and 33% in July. In July, 13 of 40 pathways started treatment within 62 days, while 27 took longer than 62 days. This represents little overall improvement from the previous two months and remains well below the national target.

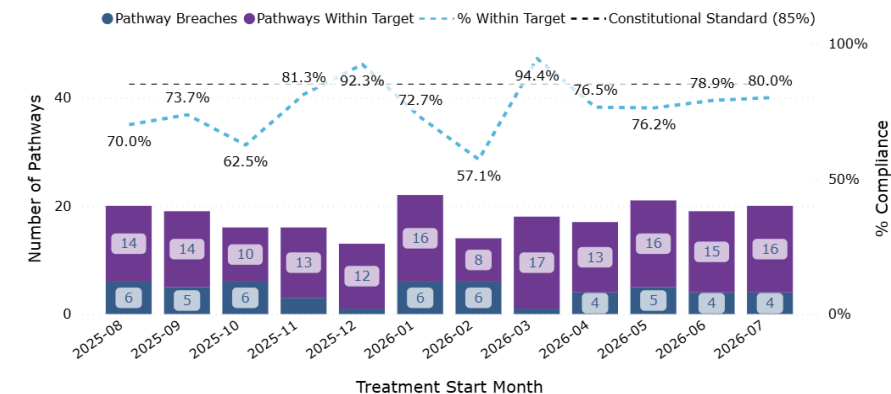
There continues to be considerable variation between Welsh Health Boards. In July, performance ranged from 14% at Betsi Cadwaladr and Swansea Bay to 44% at Hywel Dda and 43% at Aneurin Bevan. Cardiff and Vale reported 100%, but this related to only one Powys resident, while Cwm Taf Morgannwg reported 0% from two pathways. These provider-level percentages should therefore be interpreted with caution, as relatively small numbers mean that the experience of one or two people can have a large effect on the reported percentage.

Overall, the data shows that too many Powys residents are waiting longer than the 62-day standard to begin cancer treatment. Continued work with Welsh Health Boards is underway both locally and part of national workstreams to understand the reasons for delays and support more people to receive treatment within the expected timeframe.

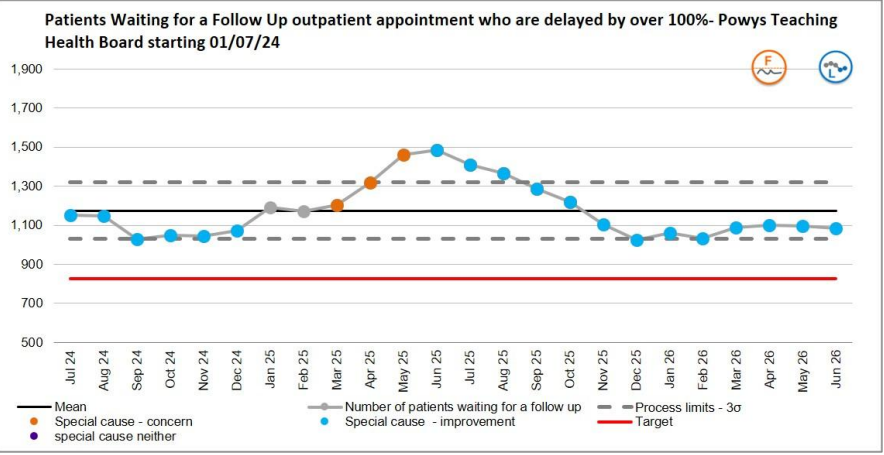


Performance for Powys residents treated by Shrewsbury and Telford Hospital NHS Trust remained below the English 85% standard throughout the 12-month period, although the overall trend shows improvement. An average of 33 Powys residents started treatment each month; at this volume, a small number of breaches can materially affect the monthly percentage. The position in June reported a slight fall to 75.9% but this remains robust when compared to Welsh providers.

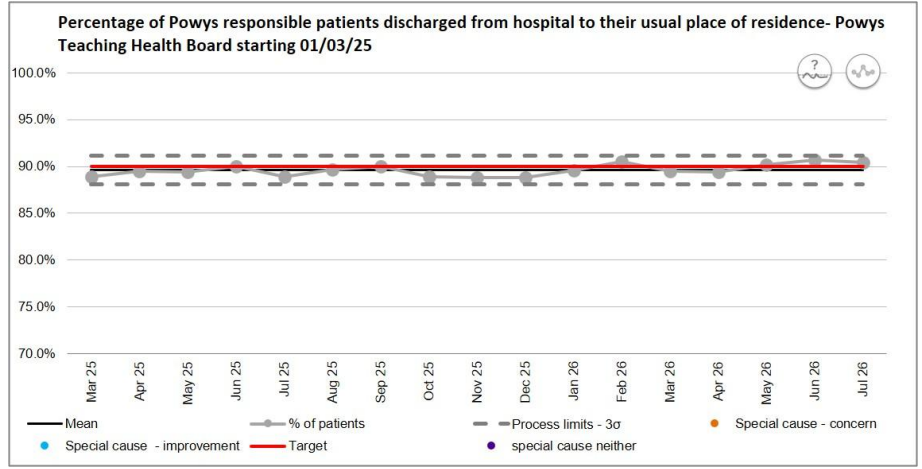
Wye Valley Trust % Pathways Treatment Within Target (Based on Breach Indicator) for Powys Responsible Patients (Latest 12 Months)



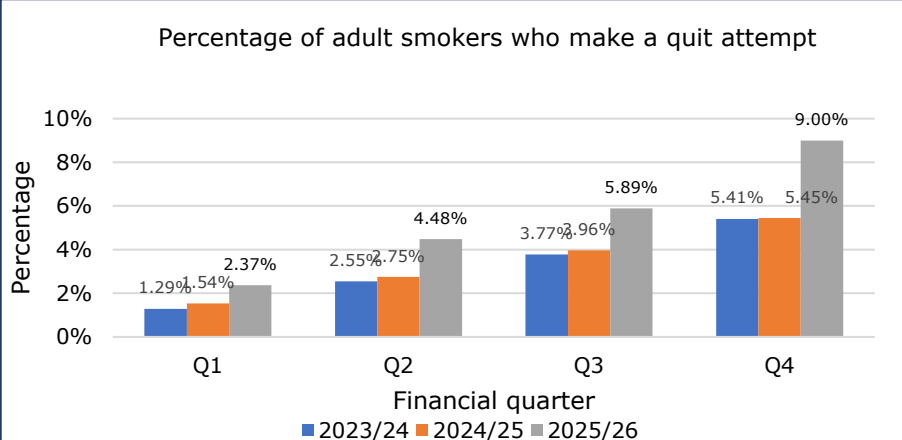
Performance for Powys residents treated by Wye Valley Trust has been variable over the latest 12 months. Reported for July, 16 of 20 patients started treatment within 62 days, giving performance of 80.0%; this met the 75% interim target but remained below the 85% English standard.

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 Patients Waiting for a Follow Up outpatient appointment who are delayed by over 100%- Powys Teaching Health Board starting 01/07/24 	
Jun-26		
Target		
825		
Reported position		
1084		
Escalation level		
Level 2a		
SPC assurance		
		

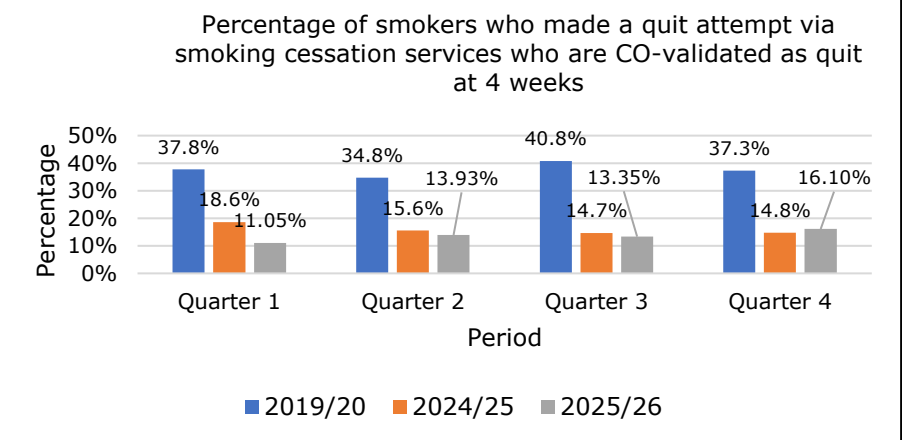
Summary	What the data tells us Performance has improved significantly following an earlier increase in 2025/26 in delayed follow-up patients over 100%, with SPC demonstrating sustained improvement over the reporting period. From April 2026, the performance measure changed from a trajectory of reduction to a fixed target of 825 patients, the health board is not currently achieving this target. Whilst the backlog remains stable, current performance remains above the revised target and further improvement is required. 308,537 patients in Wales wait over 100% for a FUP appointment in June, and Powys provider ranks 1st. 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.

Percentage of Powys responsible patients discharged from hospital to their usual place of residence		LM
Latest Month	Percentage of Powys responsible patients discharged from hospital to their usual place of residence- Powys Teaching Health Board starting 01/03/25 	
Jul-26		
Target		
90%		
Reported position		
90.4%		
Escalation level		
Level 1		
SPC assurance		
		

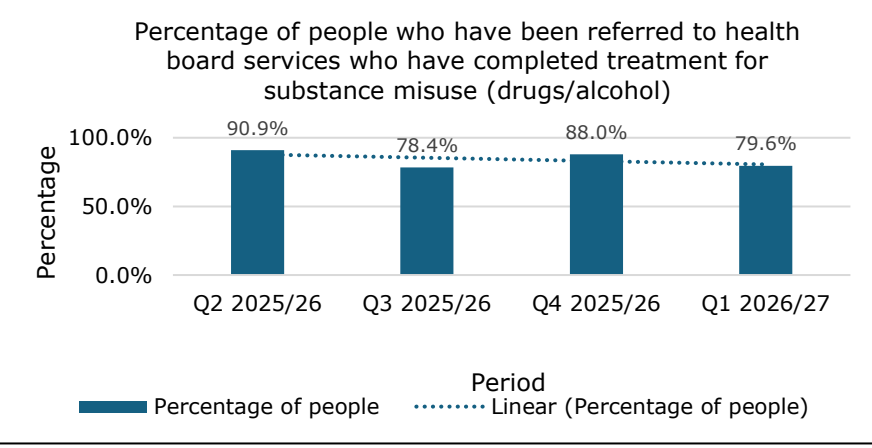
Summary	This new to the IQPAR measure shows the proportion of Powys responsible patients who have been able to return to their usual place of residence following a hospital stay, including people returning to an established care-home setting. It provides an indication of whether care, rehabilitation and discharge arrangements are supporting people to recover and maintain their independence wherever possible. A higher percentage is generally favourable and supports the NHS Wales Six Goals for Urgent and Emergency Care “Home First” approach, although some patients will appropriately require transfer to another care setting or a new placement based on their clinical and support needs. What the data tells us Performance for this measure has remained stable throughout the reporting period with minor variations. Performance is 90.4% in July 2026 meeting the set target of 90%. SPC shows common cause variation. The 90% guide is a locally set ambition based on Powys’ historic performance. It is intended to support continued improvement and is not a national target. Key challenges/ issues - No challenges reported. Key action/ initiatives - Review and analysis of this new outcome measure.

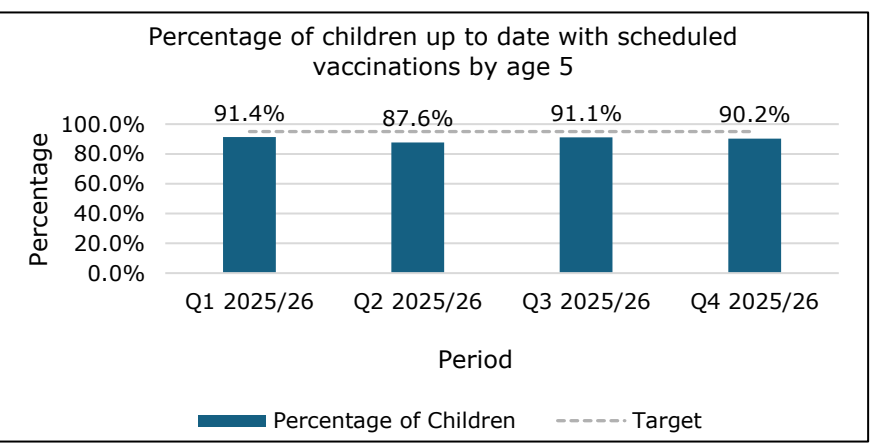
Percentage of adult smokers who make a quit attempt via smoking cessation services		PM1																				
Latest Period	 Executive Lead – Mererid Bowley - Executive Director of Public Health																					
Q4 2025/26	Percentage of adult smokers who make a quit attempt <table><caption>Percentage of adult smokers who make a quit attempt</caption><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%																	
Target																						
5% 25/26, 7.5% 26/27																						
Reported position																						
9.0%																						
Escalation level	N/A																					
Level 1																						
SPC assurance																						

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 2nd 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><caption>Percentage of smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks</caption><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> ■ 2019/20 ■ 2024/25 ■ 2025/26		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																						

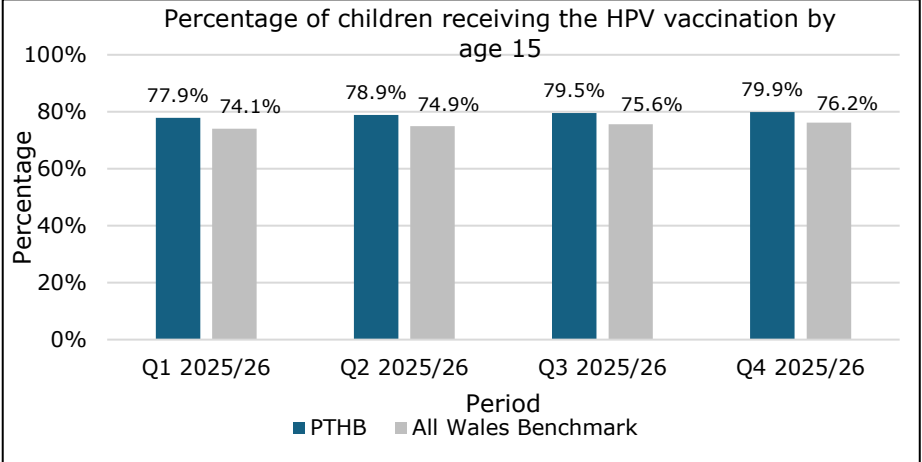
Summary	 What the data tells us By Q4 2025/26 16.1% of treated smokers were reported as CO (Carbon monoxide) validation as quit at 4 weeks. In addition, 44.1% self-reported as having quit at 4 weeks (Q3), this means that the actual total number of smokers who are CO validated is expected to be significantly 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 processing 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.

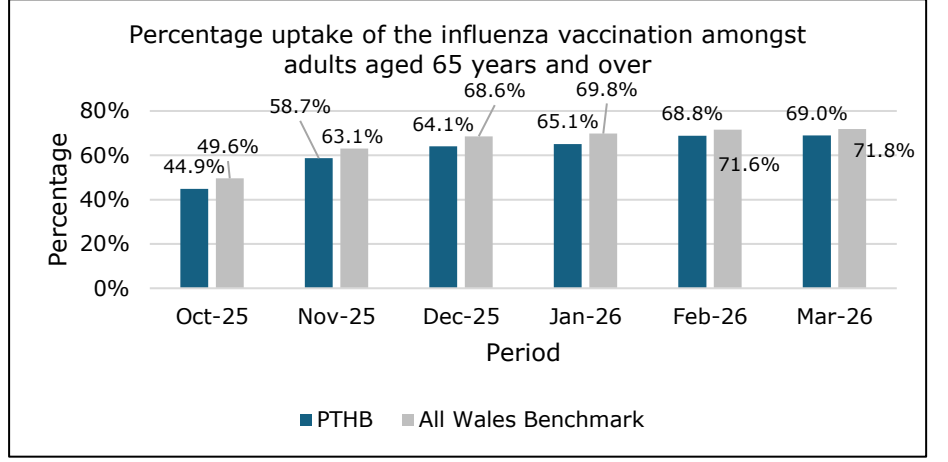
Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)		PM3
Latest Period	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol) 	
Q1 2026/27		
Target		
80%		
Reported position		
79.6%		
Escalation level		
Level 2a		
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 Percentage of children up to date with scheduled vaccinations by age 5 	
Q4 2025/26		
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. Latest performance shows a decline on the previous period. PTHB ranks 6th in Wales with an All-Wales reported position of 86.0% 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 clients 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.

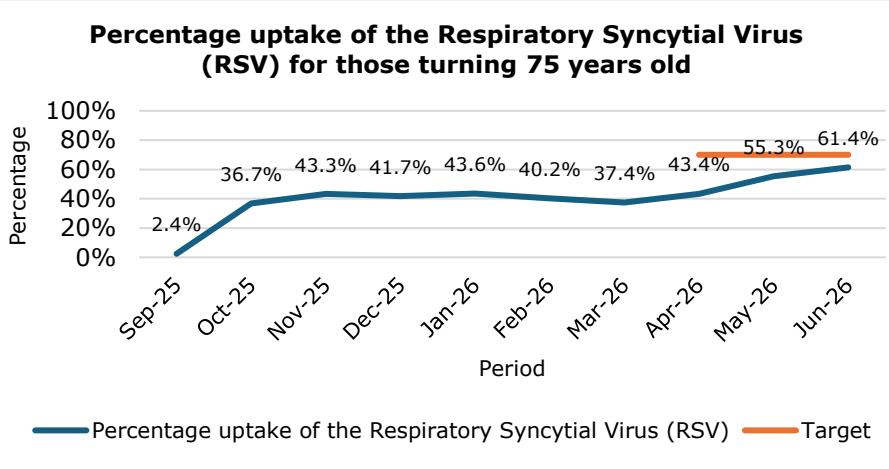
 Summary	What the data tells us Uptake of routine childhood vaccinations in Powys remains below the 95% target for protecting population health. PTHB ranks 2nd in Wales with the All-Wales position reported as 87.5% uptake. Key challenges/ issues • Continued focus is required to try to meet the 95% target, 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.

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																
Q4 2025/26	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%													
Target																	
90%																	
Reported position																	
79.9%																	
Escalation level																	
Level 2a																	
SPC assurance																	
N/A																	

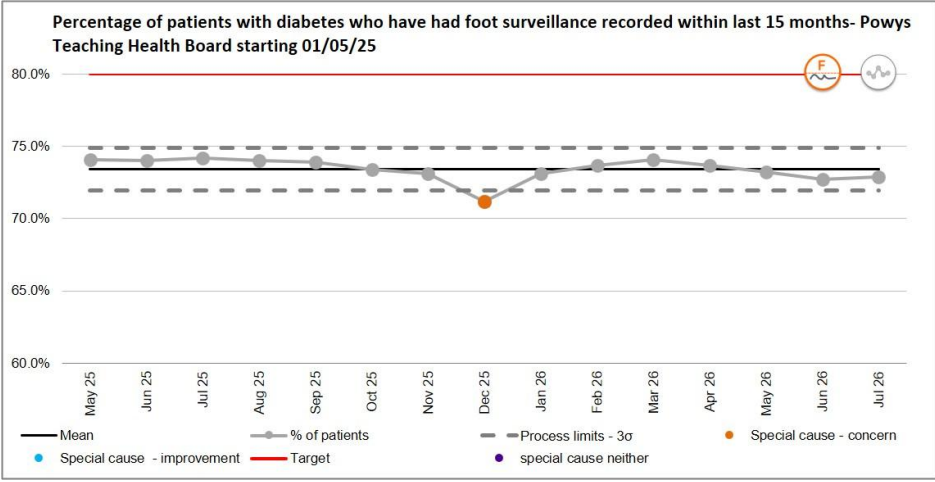
Percentage uptake of the influenza vaccination amongst adults aged 65 years and over		PM6																					
Latest Month	 Executive Lead – Mererid Bowley - Executive Director of Public Health																						
Mar-2026	Percentage uptake of the influenza vaccination amongst adults aged 65 years 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>49.6%</td></tr><tr><td>Nov-25</td><td>58.7%</td><td>63.1%</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%	49.6%	Nov-25	58.7%	63.1%	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																			
Oct-25			44.9%	49.6%																			
Nov-25			58.7%	63.1%																			
Dec-25			64.1%	68.6%																			
Jan-26			65.1%	69.8%																			
Feb-26			68.8%	71.6%																			
Mar-26	69.0%	71.8%																					
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 3rd 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 2025/26, 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.

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																																	
Jun-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>70%</td></tr><tr><td>Oct-25</td><td>36.7%</td><td>70%</td></tr><tr><td>Nov-25</td><td>43.3%</td><td>70%</td></tr><tr><td>Dec-25</td><td>41.7%</td><td>70%</td></tr><tr><td>Jan-26</td><td>43.6%</td><td>70%</td></tr><tr><td>Feb-26</td><td>40.2%</td><td>70%</td></tr><tr><td>Mar-26</td><td>37.4%</td><td>70%</td></tr><tr><td>Apr-26</td><td>43.4%</td><td>70%</td></tr><tr><td>May-26</td><td>55.3%</td><td>70%</td></tr><tr><td>Jun-26</td><td>61.4%</td><td>70%</td></tr></table>	Period	Percentage uptake of the Respiratory Syncytial Virus (RSV)	Target	Sep-25	2.4%	70%	Oct-25	36.7%	70%	Nov-25	43.3%	70%	Dec-25	41.7%	70%	Jan-26	43.6%	70%	Feb-26	40.2%	70%	Mar-26	37.4%	70%	Apr-26	43.4%	70%	May-26	55.3%	70%	Jun-26	61.4%	70%
Period		Percentage uptake of the Respiratory Syncytial Virus (RSV)	Target																															
Sep-25		2.4%	70%																															
Oct-25		36.7%	70%																															
Nov-25		43.3%	70%																															
Dec-25		41.7%	70%																															
Jan-26		43.6%	70%																															
Feb-26	40.2%	70%																																
Mar-26	37.4%	70%																																
Apr-26	43.4%	70%																																
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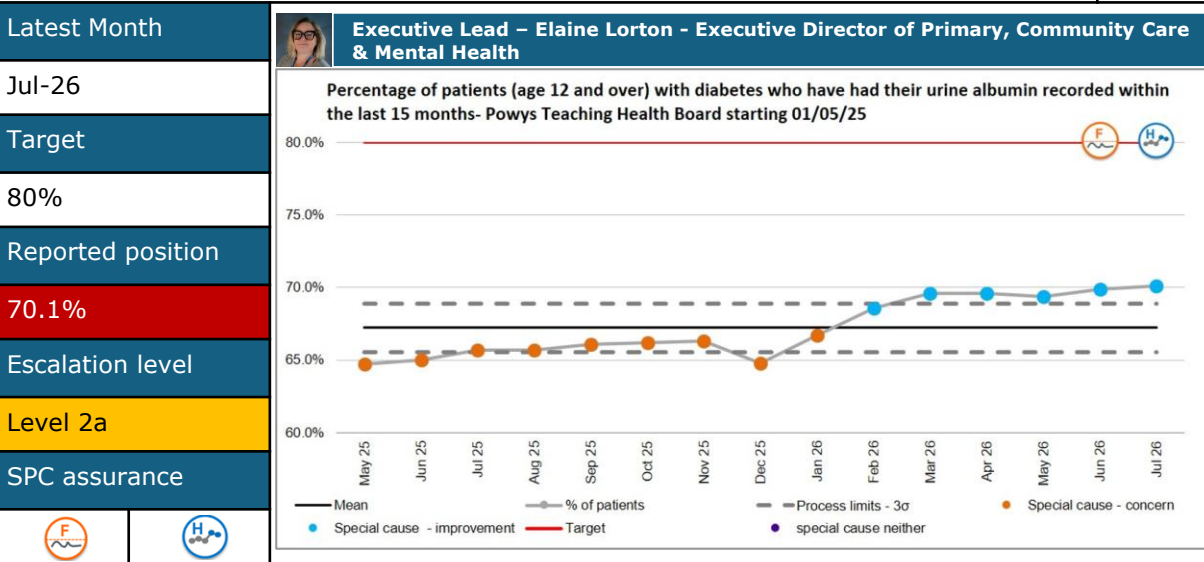
Summary	What the data tells us Uptake in Powys remains below target for residents turning 75 years. Powys ranks 1st in Wales with the All-Wales position reported at 50.6%. Timeliness of offering RSV vaccination directly impacts reported uptake rates. Residents are offered RSV vaccination within 3 months of turning 75 year of age. This metric reports uptake for residents turning 75 yrs 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. - Vaccination service offering opportunistic RSV vaccination to eligible patients when they attend for COVID-9 vaccination during Winter 2026

% 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																																																																	
Jul-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>Target</th><th>Special cause</th></tr></thead><tbody><tr><td>May 25</td><td>73.9%</td><td>80.0%</td><td>neither</td></tr><tr><td>Jun 25</td><td>73.8%</td><td>80.0%</td><td>neither</td></tr><tr><td>Jul 25</td><td>74.0%</td><td>80.0%</td><td>neither</td></tr><tr><td>Aug 25</td><td>73.8%</td><td>80.0%</td><td>neither</td></tr><tr><td>Sep 25</td><td>73.7%</td><td>80.0%</td><td>neither</td></tr><tr><td>Oct 25</td><td>73.4%</td><td>80.0%</td><td>neither</td></tr><tr><td>Nov 25</td><td>73.1%</td><td>80.0%</td><td>neither</td></tr><tr><td>Dec 25</td><td>71.2%</td><td>80.0%</td><td>concern</td></tr><tr><td>Jan 26</td><td>73.1%</td><td>80.0%</td><td>neither</td></tr><tr><td>Feb 26</td><td>73.6%</td><td>80.0%</td><td>neither</td></tr><tr><td>Mar 26</td><td>74.0%</td><td>80.0%</td><td>neither</td></tr><tr><td>Apr 26</td><td>73.6%</td><td>80.0%</td><td>neither</td></tr><tr><td>May 26</td><td>73.2%</td><td>80.0%</td><td>neither</td></tr><tr><td>Jun 26</td><td>72.6%</td><td>80.0%</td><td>neither</td></tr><tr><td>Jul 26</td><td>72.9%</td><td>80.0%</td><td>neither</td></tr></tbody></table>		Month	% of patients	Target	Special cause	May 25	73.9%	80.0%	neither	Jun 25	73.8%	80.0%	neither	Jul 25	74.0%	80.0%	neither	Aug 25	73.8%	80.0%	neither	Sep 25	73.7%	80.0%	neither	Oct 25	73.4%	80.0%	neither	Nov 25	73.1%	80.0%	neither	Dec 25	71.2%	80.0%	concern	Jan 26	73.1%	80.0%	neither	Feb 26	73.6%	80.0%	neither	Mar 26	74.0%	80.0%	neither	Apr 26	73.6%	80.0%	neither	May 26	73.2%	80.0%	neither	Jun 26	72.6%	80.0%	neither	Jul 26	72.9%	80.0%	neither
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Summary	What the data tells us Performance remains stable over the last 12 months with minimal variation, but below the 2026/27 target of 80%. Powys ranks 1st in Wales with the All-Wales reported position of 66.7%. Current PTHB position (as of July 26) 72.9%. Key challenges/ issues - Despite increased training over last 12-18 months, figures have remained similar. Key action/ initiatives - 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). - Continued focus on patient education on the importance of foot checks. - Individual practice data is being circulated to support improvement, incorporating variance and trends. - NHSP&I undertaking foot surveillance survey to establish what's needed to improve foot checks including associated challenges. The survey has been promoted locally to GMS, DNs and Podiatry teams. 'Point of Diagnosis' packs have been circulated to support newly diagnosed. P&CCA supporting training. - NHSP&I national training offer, being supported locally by P&CCA.

% of patients (age 12 and over) with diabetes who have had their urine albumin recorded within the last 15 months

PM10



What the data tells us
As a new measure, performance has remained stable with overall improvement compared to the preceding 12 months, however reporting 70.1% in July remains below the 80% target, and further improvement is required to achieve this. Powys ranks 2nd in Wales (moved up one ranking since last reporting period) with the All Wales reported position of 67.5% for the same period.

Key challenges/ issues

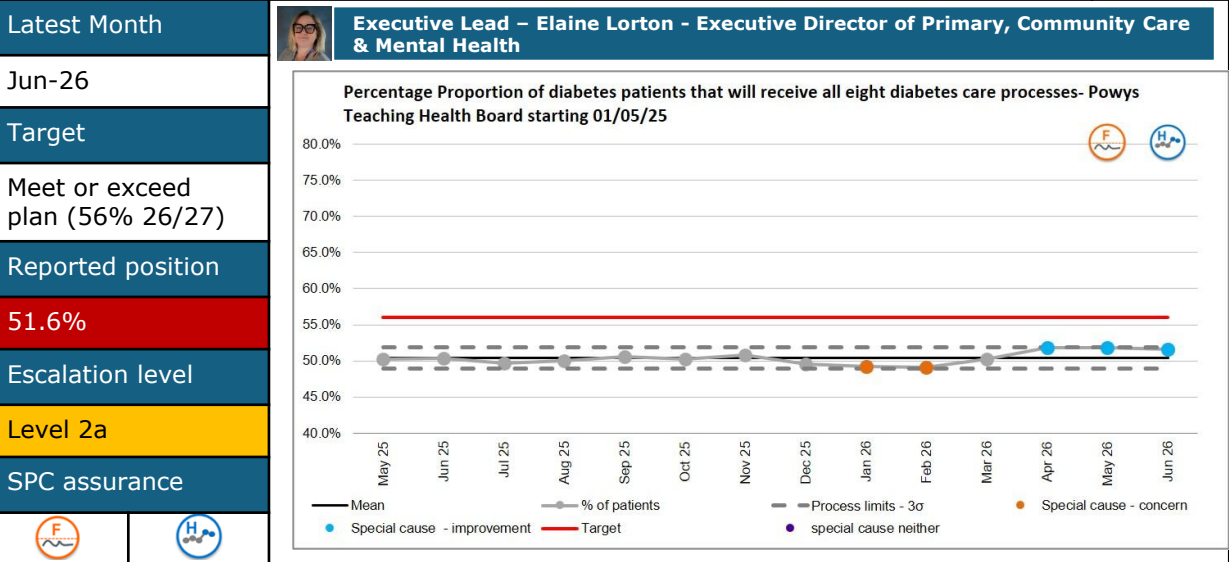
- Practice feedback has identified poor patient compliance to provide samples.

Key action/ initiatives

- Guidance from PHW has confirmed any urine sample will do (as opposed to being early morning specimen only) which may be reflected in the June improvement.
- Opportunistic reminders for urine samples making every contact count
- Individual practice data is being circulated and will incorporate the variance and monitor trends.
- 'Point of Diagnosis' packs have been circulated to support newly diagnosed. P&CCA will provide training to further promote.
- NHS Performance & Improvement national training offer, being supported locally through P&CCA.

% Proportion of diabetes patients that will receive all eight diabetes care processes

MDS



What the data tells us
Performance has remained stable throughout the reporting period, with limited month-to-month variation with a slight improvement in Q1. 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

- Individual practice data being circulated and will incorporate the variance and monitor trends(from PCIP). Practices reviewing data and identifying key actions needed for improvement i.e recall intervals, proactive opportunities etc
- Clinical supervision offered to all practices.
- Sharing of standardised template for EMIS (standardised coding) to support 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.
- 'Point of Diagnosis' packs circulated to support newly diagnosed. P&CCA will provide training to further promote.
- NHSP&I national training offer, being supported locally by P&CCA.

% 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% Q3 Q4 Q1 Q2 Q3 Q4 2024/25 2024/25 2025/26 2025/26 2025/26 2025/26 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		

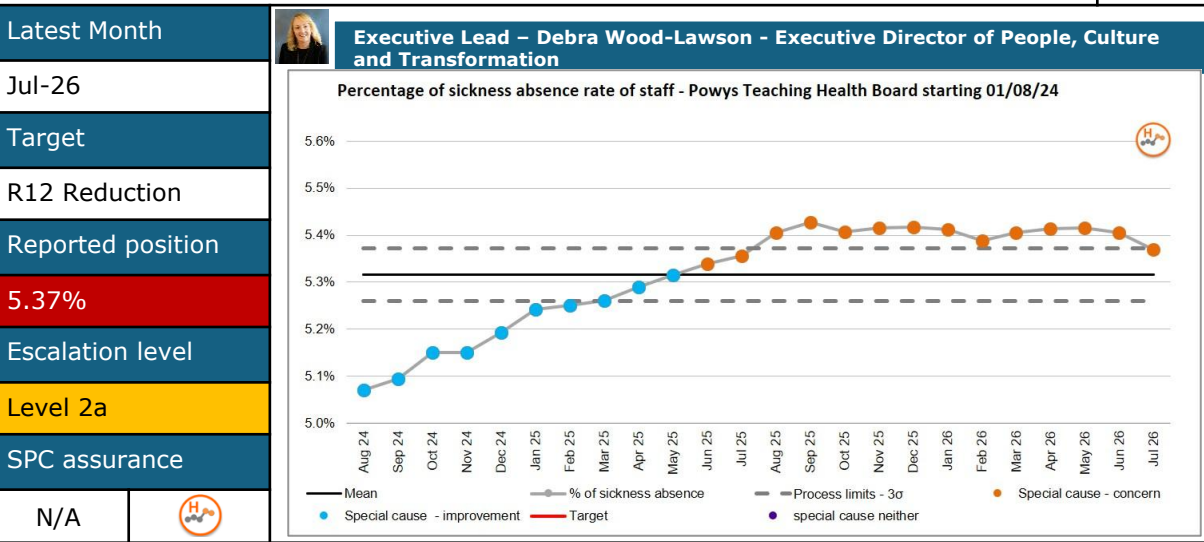
% of child population receiving NHS dental care over a 12-month period - GDS		PM12
Latest Period	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health % of child population receiving NHS dental care over a 12-month period - GDS Percentage 100% 80% 60% 40% 20% 0% 45.8% 46.9% 46.4% 46.1% 45.6% 47.8% Q3 Q4 Q1 Q2 Q3 Q4 2024/25 2024/25 2025/26 2025/26 2025/26 2025/26 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 (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 5th in Wales with the All-Wales position for the same period reporting 40.0%.
	Key challenges/ issues As of the 1st 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 1st 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.

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 5th in Wales with the All-Wales position for the same period reporting 47.5%.
	Key challenges/ issues As of the 1st 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 1st 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.

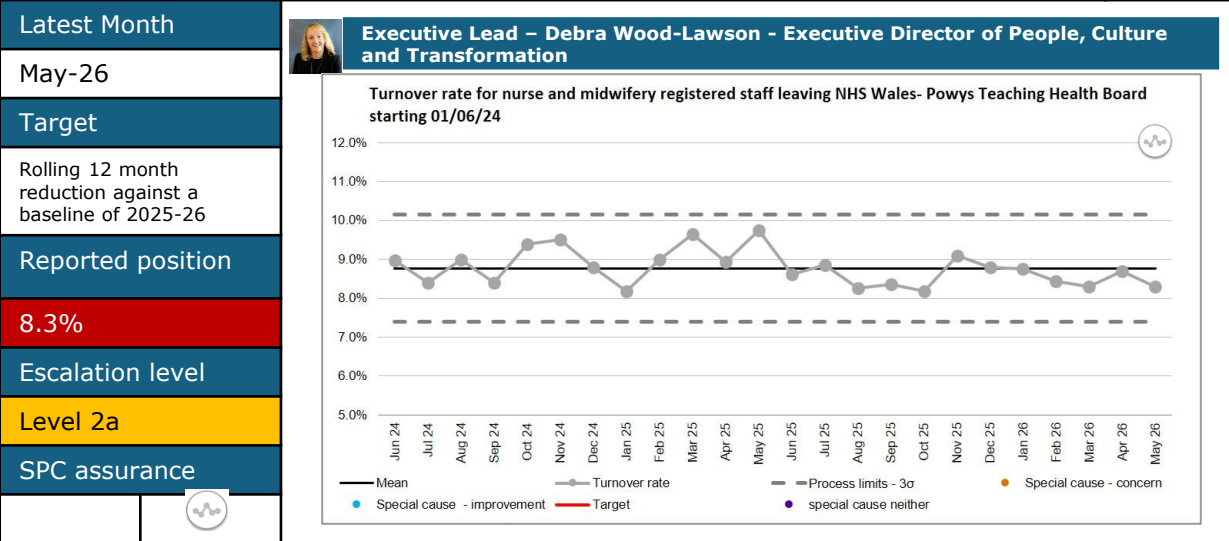
Percentage of sickness absence rate of staff

PM36



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

PM37



Summary

What the data tells us

- Reported rolling 12 months sickness rate has broadly stabilised. The latest position for July 2026 is 5.37%, which is a slight improvement in performance from June (5.40%) but remains marginally above the average for the last 24 months. This indicates that, while the previous upward trend has levelled off and is beginning to reduce, performance has not yet achieved a reduction to take it below the mean. The latest benchmarking position for May 2026 places Powys 5th out of 13 NHS Wales organisations, compared with an All-Wales sickness absence rate of 6.44%.

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.
- A Workforce Wellbeing Risk Framework is being developed to support earlier identification of teams experiencing workforce-related wellbeing pressures.

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 May 2026 is 8.3%, which is below the SPC mean and indicates that turnover has stabilised at a lower level but doesn't meet the target. Continued focus on retention remains important, but the current position suggests improved workforce stability compared with the start of the reporting period.

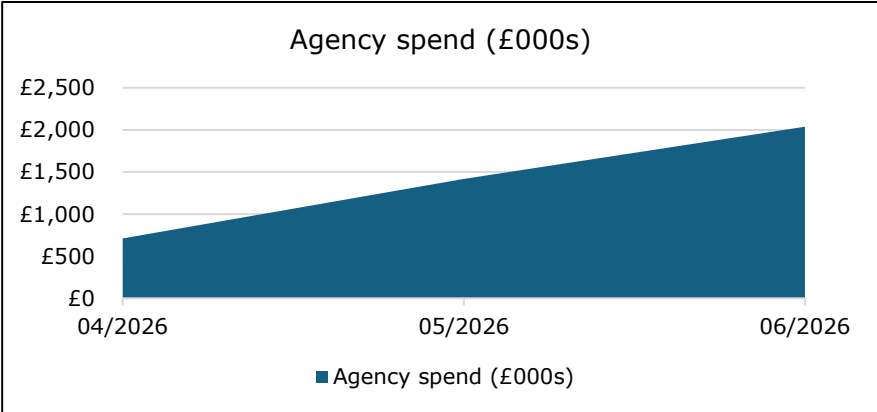
Key challenges/ issues.

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

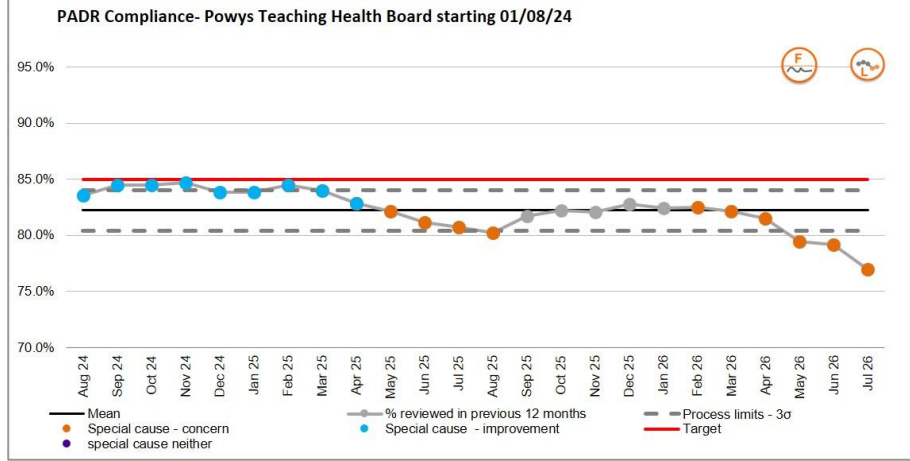
Key action/ initiatives

- 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.

Agency Spend (000s)		PM38
Latest Month	 Executive Lead – Debra Wood-Lawson - Executive Director of People, Culture and Transformation	
Jun-26	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health	
Target		
£5215		
Reported position		
£2037		
Escalation level		
Level 1		
SPC assurance		
N/A	N/A	

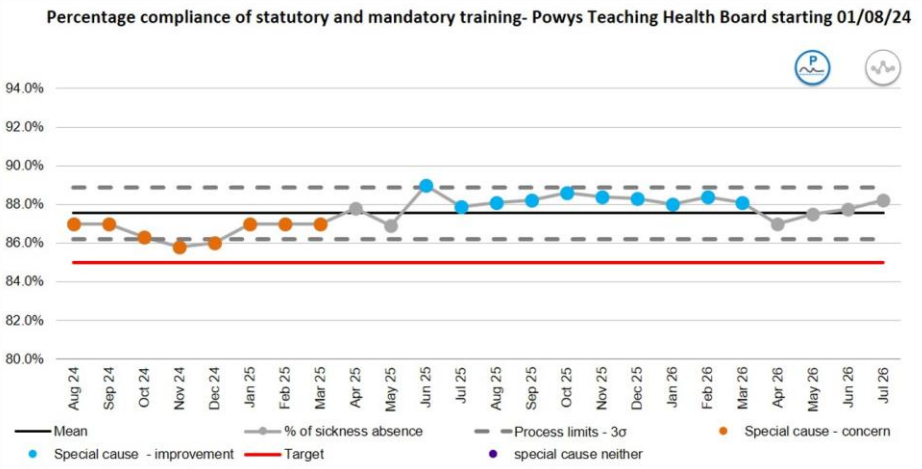


Percentage headcount of those who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)		LM
Latest Month	 Executive Lead – Debra Wood-Lawson - Executive Director of People, Culture and Transformation	
Jul-26		
Target		
85%		
Reported position		
77.0%		
Escalation level		
Level 2a		
SPC assurance		

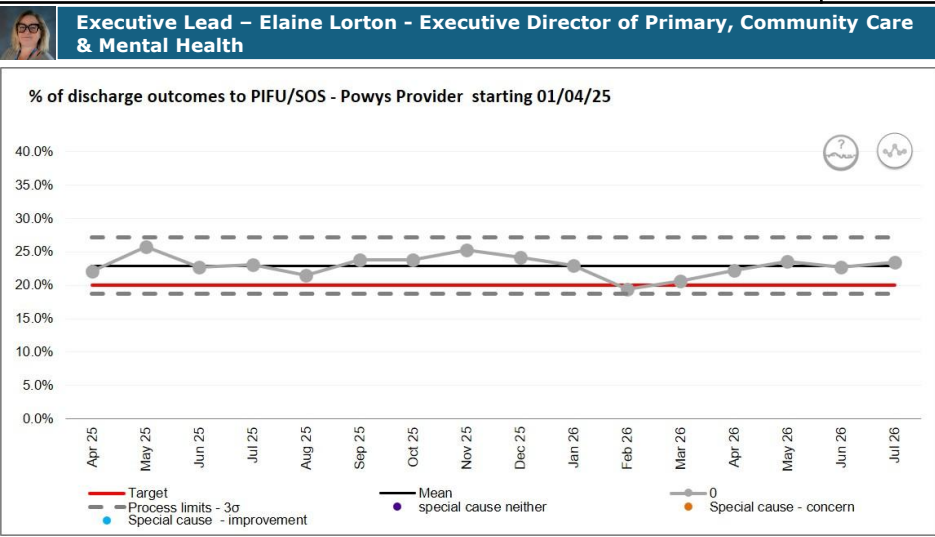


Summary	What the data tells us This measure is revised for 2026/27 and only currently contains two data points. Welsh Government performance reported the Powys position at £2,037 in June 2026, ranking us 8 th in Wales. The All-Wales reported position was £26,558 for the same period.
	Key challenges/ 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.

Summary	What the data tells us The SPC shows a gradual limited deterioration over the last 12 months in July 2025 compliance was reported at 80.71% and now reports 77.0% July 2026. Although PADR compliance is no longer included within the NHS Wales Performance Framework, the Health Board has retained the original 85% target.
	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. 7 of 17 directorates were above achieving or above the 85% compliance target in July.
	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.

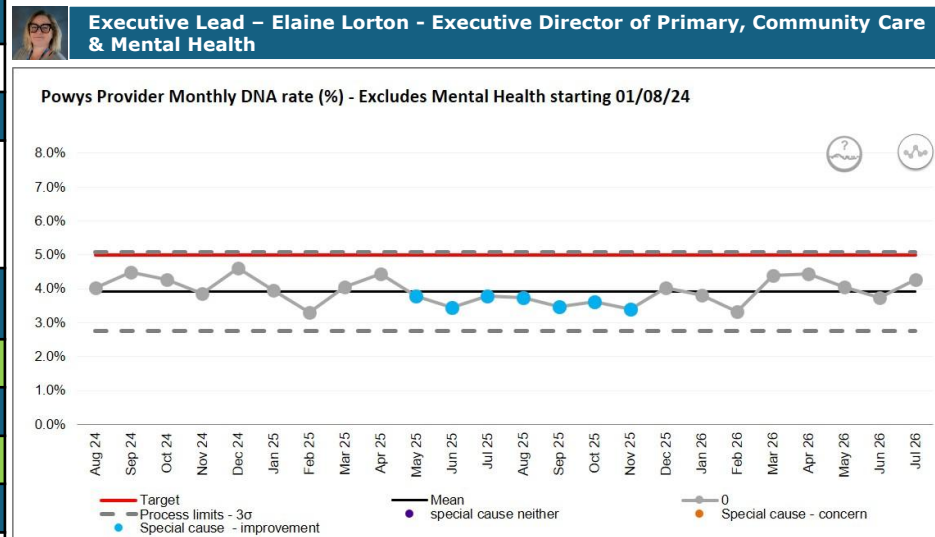
Mandatory and Statutory Training Compliance %		LM
Latest Month	 Executive Lead – Debra Wood-Lawson - Executive Director of People, Culture and Transformation Percentage compliance of statutory and mandatory training- Powys Teaching Health Board starting 01/08/24 	
Jul-26		
Target		
85%		
Reported position		
88.2%		
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 July 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.	

% of discharge outcomes to PIFU/SOS – Powys Provider	
Latest Period	Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health
Jul-26	
Target	
> 20% of discharges to FUP result in PIFU/SOS	
Reported position	
23.5%	
Escalation level	
Level 1	
SPC assurance	
	



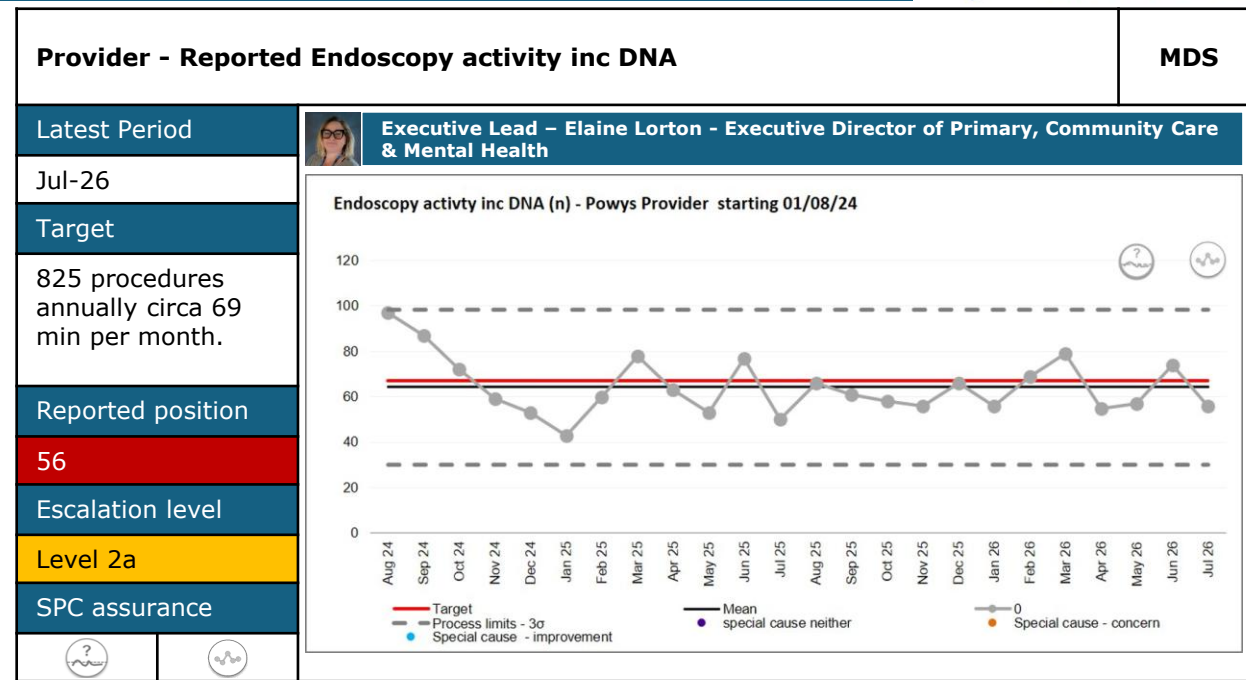
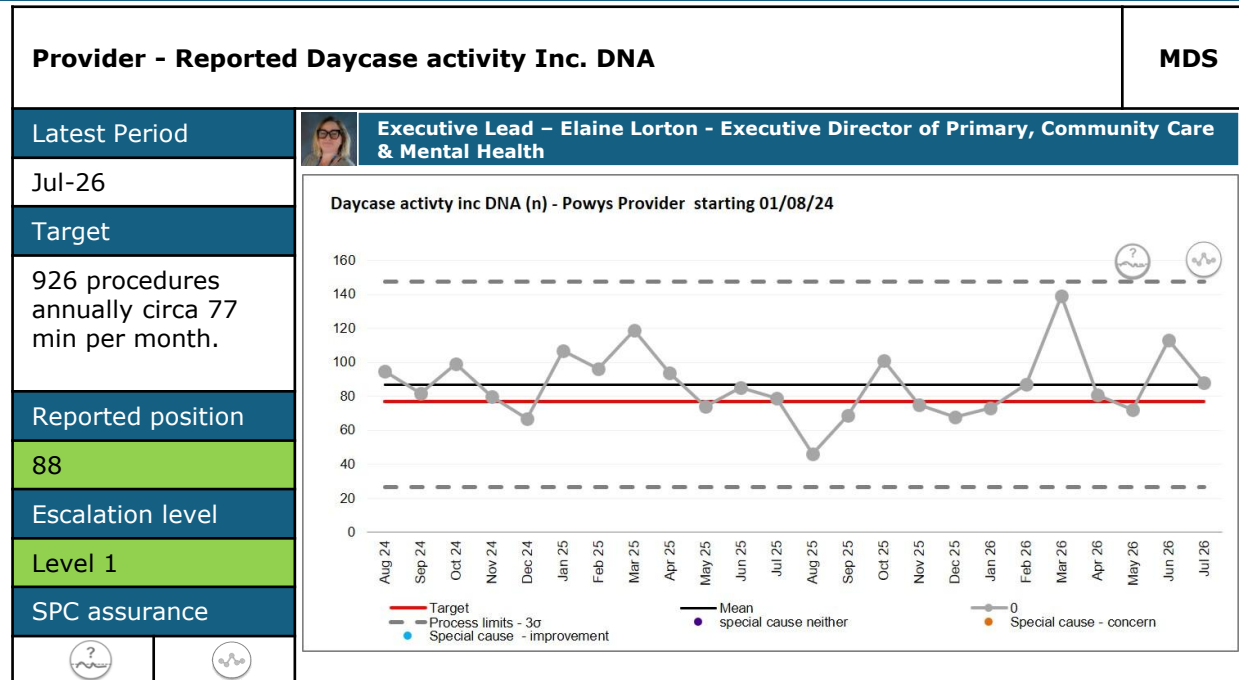
Summary	What the data tells us PTHB planned care services on average discharge above the recommended PIFU/SOS target of 20% in Wales. For July 23.5% of discharges were into SOS/PIFU but also reporting 76.5% of patients had an outcome from an appointment as discharged.
	Key challenges/ issues - SLA arrangements 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.

DNA rate for outpatients (monthly) – Target < 5%	
Latest Period	Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health
Jul-26	
Target	
< 5%	
Reported position	
4.27%	
Escalation level	
Level 1	
SPC assurance	
	



Summary	What the data tells us DNA rate for Powys as a provider has always been low when compared to other providers. A key to the low rate is the flexible partial booking service used by the operational teams. Latest performance in July has been reported at 4.27%.
	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

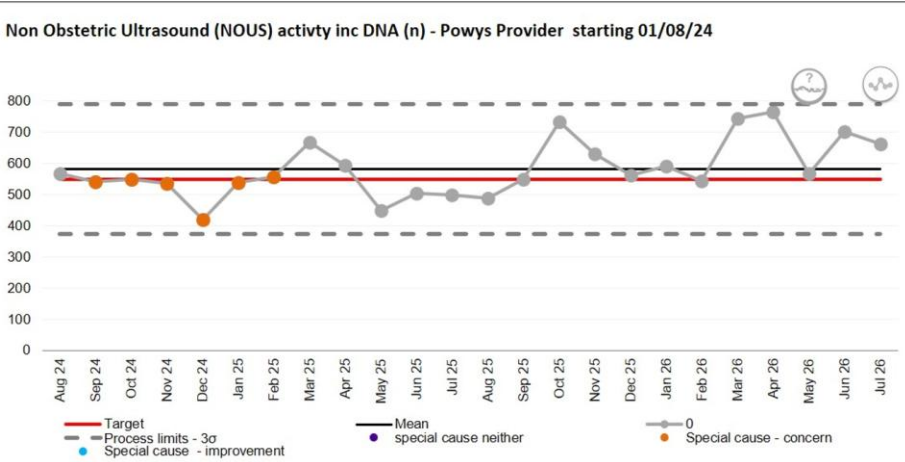


Summary	What the data tells us As part of the health board plan technical support template key trajectories were set for planned care. The forecast was to carry out at least 926-day cases in 2026/27. In July 88 day cases operations had been carried out across the Brecon and Llandrindod theatres.
	Key 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.

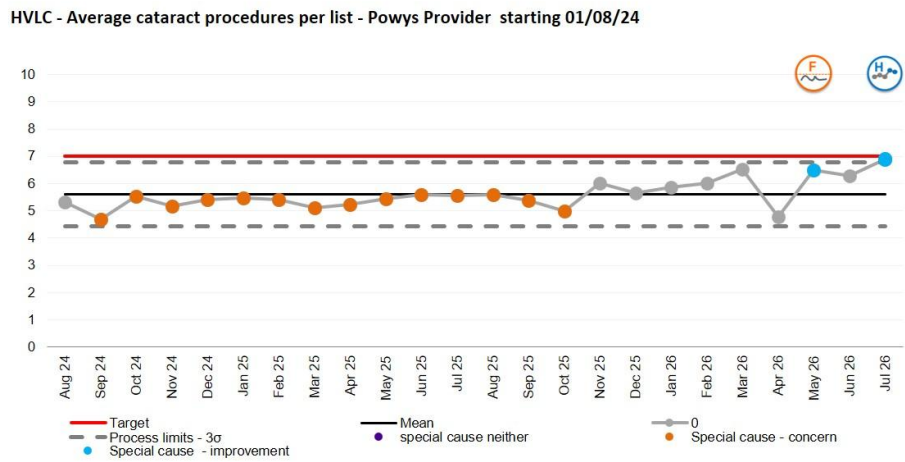
Summary	What the data tells us Total endoscopy activity has reduced for the last 4 years from 22/23 primarily linked to the CTMUHB in-reach provision into South Powys and retirement of key consultant. A large proportion of activity remains for the Bowel Screening Wales service contract. But both month 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. 56 procedures were reported in July 26 which is below the monthly projection target of 69 required per month.
	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	
Jul-26		
Target		
6570 annually or minimum of 548 per month		
Reported position		
661		
Escalation level		
Level 1		
SPC assurance		
		

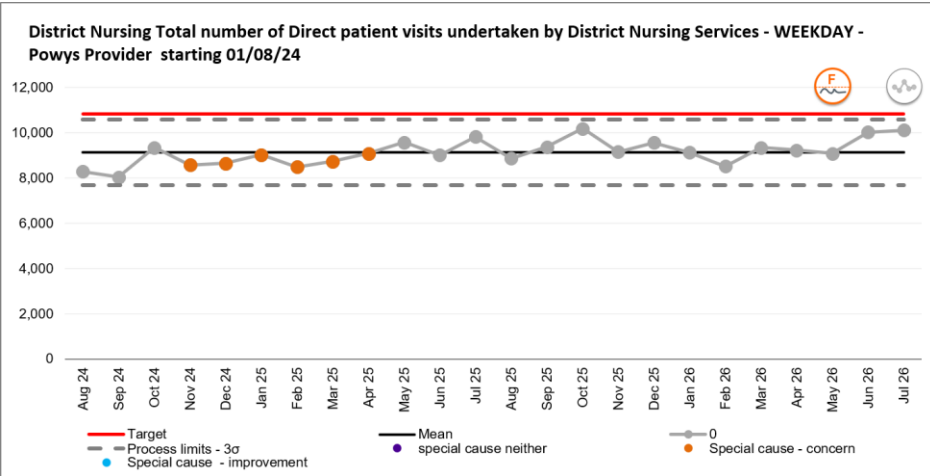
Non Obstetric Ultrasound (NOUS) activity inc DNA (n) - Powys Provider starting 01/08/24	
	

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 with 661 carried out in July.
	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.

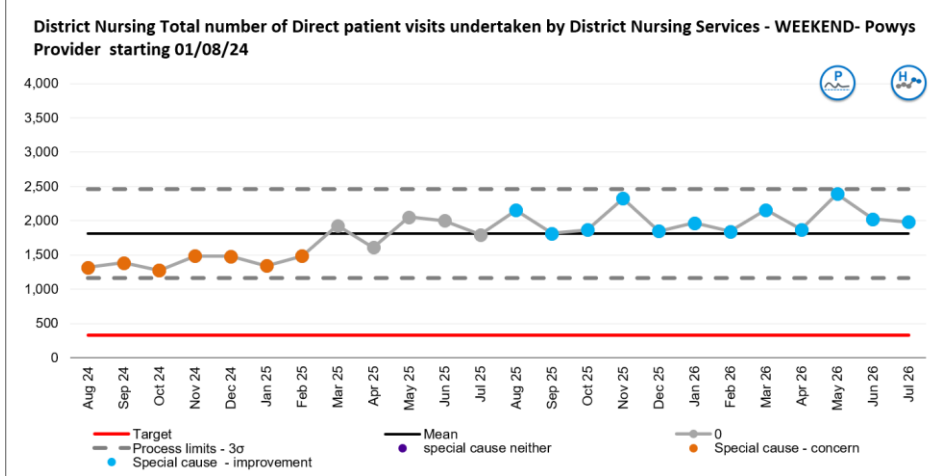
GIRFT High Value Low Complexity (HVLC) - Cataract procedures per list		GIRFT
Latest Period	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health	
Jul-26	HVLC - Average cataract procedures per list - Powys Provider starting 01/08/24 	
Target		
90% of lists to have 7 per list by end of Q2 26/27		
Reported position		
6.9		
Escalation level	Level 1	
SPC assurance	N/A	

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.
	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. - This measure will be reviewed during Q2 to ensure fair and appropriate reporting.

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 01/08/24 	
Jul-26		
Target		
130,000 patients visits annually or 10833 per month minimum.		
Reported position		
10,114		
Escalation level		
Level 2a		
SPC assurance		
 		

Summary	What the data tells us An ambitious target was set in the NHS Planning 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 July was 10,114 which is 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 01/08/24 	
Jul-26		
Target		
4,000 patient visits annually or 333 per month minimum.		
Reported position		
1981		
Escalation level		
Level 1		
SPC assurance		
 		

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. 1981 weekend visits were made in July which is far above the 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	Jun-26	Jul-26	Latest Ranking	All Wales
										23/24	24/25	Q4	Q1			Q2		
Quality & Safety	Effective Care			39	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Level 1			95%	100%	100.0%	100.0%	99.6%	100.0%			1st	82.0%
Quality & Safety	Safe Care			40	Nationally reportable incidents open over 12 months	Level 2a			Zero			11	4	4	4	4	6th	33
Quality & Safety	Safe Care			49	Number of never events	Level 1			Zero		0	0	0	0	0	0	1st*	1
Quality & Safety	Safe Care			LM3	Complaints resolved through early resolution by March 2027	Level 2a			>= 40%		77.27%	23.8%					N/A	N/A
Quality & Safety	Infection Control			41	Cumulative number of hospital onset Klebsiella spp BSI cases	Level 1	N/A	N/A	0		0	0	0	0	0	0	N/A	N/A
Quality & Safety	Infection Control			42	Cumulative number of hospital onset Pseudomonas aeruginosa BSI cases	Level 1	N/A	N/A	0		0	0	0	0	0	0	N/A	N/A
Quality & Safety	Infection Control			43	Cumulative number of hospital onset E.coli BSI cases	Level 2a	N/A	N/A	Cuml. < 2 @ March 27		2	1	0	0	2	2	N/A	N/A
Quality & Safety	Infection Control			44	Cumulative number of MSSA BSI cases	Level 1	N/A	N/A	Cuml. < 2 @ March 27		2	1	0	0	0	0	N/A	N/A
Quality & Safety	Infection Control			45	Cumulative number of C.difficile infection cases	Level 1	N/A	N/A	Cuml. < 17 @ March 27		22	27	1	3	6	12	N/A	N/A
Quality & Safety	Prescribing			46	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			47	Average quantity per item prescribed from start period for the reference basket of medicines	Level 2a			Prescribing interval of 35 days or 80% or an increase of at least 15 percentage points on the March 2026 baseline towards 80%		29.11	29.16	29.21	29.24			6th	31.57
Quality & Safety	Prescribing			48	Number of low Global Warming Potential (GWP) inhalers as a percentage of all inhalers prescribed	N/A	N/A	N/A			39.5%	45.3%					6th	48.70%
Quality & Safety	Experience			50	Overall HB patient experience score	Level 2a	N/A	N/A	8.5 (out of 10)			7.2	6.5	7.8	5.0		9th	8.6
Quality & Safety	Safe Care			LM	Powys Inpatient Rolling 12-month Crude Mortality	Level 1	N/A		Reduction			6.0%	5.8%	6.0%	6.0%	5.8%	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			Flat rate		6.2%	5.8%	7.2%	7.4%	9.1%	10.2%	N/A	N/A

Appendix 1 – Access & Outcomes

Domain		Priority level		Ref	KPI	Esc. Level	Assu. Icon	Variation Icon	Target 26/27	Delivery Confidence against target year end	Mar-24	Mar-25	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Latest Ranking	All Wales
											Q4	Q4	Q4	Q1			Q2		
Access & Outcomes	Screening			8	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	Level 3			90%	Poor	0.0%	0.0%	20.7%	4.8%	25.9%	20.8%		3rd*	22.0%
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%	60.3%	62.7%		N/A	59.2%
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%	70.8%	88.2%	N/A	
Access & Outcomes	Cancer			MDS87	Provider - New Cancer Referrals	Level 1	N/A		No target	N/A	44	58	50	40	42	43	45	N/A	
Access & Outcomes	Prescribing			13	Percentage of community pharmacies providing Pharmacist Independent Prescribing service (PIPS)	Level 2a			65.5%				45.5%	50.0%	50.0%	50.0%		3rd	45.3%
Access & Outcomes	Mental Health			14	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people under 18 years	Level 1			80%		97.7%	100%	97.4%	90.2%	96.1%	98.2%	87.9%	2nd*	87.5%
Access & Outcomes	Mental Health			15	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%	94.6%	84.1%	2nd*	86.3%
Access & Outcomes	Mental Health			16	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%	37.0%	24.7%	7th*	82.7%
Access & Outcomes	Mental Health			17	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%	82.8%	93.1%	5th*	86.8%
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%	92.9%	93.4%	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%	79.2%	78.4%	77.0%	N/A	
Access & Outcomes	Mental Health			18	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%	42.2%	41.8%	2nd*	26.6%
Access & Outcomes	Mental Health			19	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%	85.6%	91.3%	1st*	52.9%

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Appendix 1 – Access & Outcomes continued

Domain		Priority level		Ref	KPI	Esc. Level	Assu. Icon	Variation Icon	Target 26/27	Delivery Confidence against target year end	Mar-24	Mar-25	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Latest Ranking	All Wales
											Q4	Q4	Q4	Q1			Q2		
Access & Outcomes	Emergency Care			20	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%	17.7%	27.3%	3rd	23.4%
Access & Outcomes	Emergency Care			21	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	00:09:38	00:10:02	7th	00:07:39
Access & Outcomes	Emergency Care			22	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	00:11:24	00:11:33	7th	00:09:13
Access & Outcomes	Emergency Care			23	Number of ambulance patient handovers over 45 minutes	Level 2a	N/A	N/A	0				238	205	205	198		2nd	4,748
Access & Outcomes	Emergency Care			24	Percentage of ambulance patient handovers within 15 minutes	Level 2a	N/A	N/A	80%				16.8%	18.8%	22.3%	18.9%		5th	26.4%
Access & Outcomes	Emergency Care			25	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%	Good	99.9%	100%	99.9%	100%	100%	100%	100%	1st	64.1%
Access & Outcomes	Emergency Care			26	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	Good	0.0%	0	0	0	0	0	0	1st	11,717
Access & Outcomes	Elective care			28	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 outoatient	Level 2a			95%		68.7%	68.6%	89.7%	90.1%	89.4%	89.7%	90.5%	1st*	49.8%
Access & Outcomes	Elective care			29	Number of diagnostic breaches 8+ weeks	Level 2a			0		116	79	1	37	65	51	41	1st*	39,119
Access & Outcomes	Elective care			30	Number of therapy breaches 14+ weeks (all ages)	Level 2a			0		135	0	0	0	0	0	10	3rd	6,827
Access & Outcomes	Elective care			31	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 1	N/A	N/A	0			Not available	0	5	4	5	0	1st	17,534
Access & Outcomes	Elective care			32	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	2	1	1st	3,394
Access & Outcomes	Elective care			33	Number of patients waiting more than 26 weeks for a new outpatient appointment	Level 2a			0		370	570	63	171	205	185	222	1st*	61,974
Access & Outcomes	Elective care			33r	Wales - Number of patients waiting more than 26 weeks for a new outpatient appointment	Level 2a			0		1835	1387	394	394	450	456	489		
Access & Outcomes	Elective care			34	RTT patients waiting more than 104 weeks (Powys provider)	Level 1			0		1	0	0	0	0	0	0	1st*	4,082
Access & Outcomes	Elective care			34r	All RTT pathways (England) waiting more than 104 weeks	Level 2a			0		26	40	114	138	146	145			
Access & Outcomes	Elective care			34r	All RTT pathways (Wales) waiting more than 104 weeks	Level 2a			0		184	41	10	11	18	28	37		
Access & Outcomes	Elective care			35	Number of patient follow-up outpatient appointment delayed by over 100%	Level 2a			825		1202	1318	1100	1,107	1,098	1,084		1st	308,537
Access & Outcomes	Outcome			LM	Percentage of Powys responsible patients discharged from hospital to their usual place of residence	Level 1			Local target 90% or higher		92.1%	88.9%	89.5%	89.4%	90.2%	90.7%	90.4%		

Appendix 1 – Population Health & Prevention

Domain	Priority level		Ref	KPI	Esc. Level	Assu. Icon	Variation Icon	Target 26/27	Mar-24	Mar-25	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Ranking	All Wales
									Q4	Q4	Q4	Q1					
Population Health & Prevention			1	% 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			2	% 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			3	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)	Level 2a	N/A	N/A	80%	67.1%	78.5%	88.0%	79.6%				6th	86.0%
Population Health & Prevention			4	% 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			5	% 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			6	Flu Vaccines - 65+	Level 2a	N/A	N/A	75%	69.9%	69.0%	69.0%					6th	71.8%
Population Health & Prevention			7	Percentage uptake of the Respiratory Syncytial Virus (RSV) for those turning 75 years old	Level 2a	N/A	N/A	70%			37.4%	43.4%	55.3%	61.4%		1st	50.6%
Population Health & Prevention			9	% of patients (age 12 and over) with diabetes who have had foot surveillance recorded within last 15 months	Level 2a			80%			74.1%	73.7%	73.2%	72.7%	72.9%	1st	66.7%
Population Health & Prevention			10	% of patients (age 12 and over) with diabetes who have had their urine albumin recorded within the last 15 months	Level 2a			80%			69.6%	69.6%	69.4%	69.9%	70.1%	2nd	67.5%
Population Health & Prevention			MDS16	% Proportion of diabetes patients that will receive all eight diabetes care processes	Level 2a			Meet or exceed plan (56% 26/27).	49.3%		50.3%	51.8%	51.8%	51.6%			
Population Health & Prevention			11	% 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			12	% 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	Jun-26	Jul-26	Ranking	All-Wales
										Q4	Q4	Q4	Q1			Q2		
People & Culture	Our Staff			36	Percentage of sickness absence rate of staff	Level 2a	N/A		R12 reduction	5.34%	5.26%	5.41%	5.41%	5.42%	5.40%	5.37%	5th (May-26)	6.44%
People & Culture	Our Staff			37	Turnover rate of nurse, midwifery, medical and dental registered staff leaving NHS Wales	Level 1	N/A		R12 reduction	10.91%	9.65%	8.30%	8.70%	8.30%			9th	6.70%
People & Culture	Our Staff			38	Agency spend (£000s) - Financial monitoring return	Level 1	N/A	N/A	30% reduction from 25/26 (£5215)				£709.00	£1,417.00	£2,037		8th	£26,558
People & Culture	Our Staff			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%	84.0%	82.2%	81.5%	79.5%	79.1%	77.0%	N/A	
People & Culture	Our Staff			LM	Mandatory and Statutory Training Compliance %	Level 1			85%	86.0%	87.0%	88.1%	87.0%	87.5%	87.8%	88.2%	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	Apr-25	Apr-26	May-26	Jun-26	Jul-26
										Q4	Q4	Q1	Q1		Q2	
Productivity and efficiency	Access & Outcomes			G3	% of discharge outcomes to PIFU/SOS – Powys Provider	Level 1			≥20%			22.1%	22.3%	23.5%	22.7%	23.5%
Productivity and efficiency	Access & Outcomes				DNA rate for outpatients (monthly)	Level 1			<5%		4.05%	4.45%	4.45%	4.04%	3.73%	4.27%
Productivity and efficiency	Access & Outcomes				Provider - Reported All Daycase activity inc DNA	Level 1			77 min per month	92	119	94	81	72	113	88
Productivity and efficiency	Access & Outcomes				Provider - Reported All Endoscopy activity inc DNA	Level 2a			69 min per month	89	77	61	55	57	74	56
Productivity and efficiency	Access & Outcomes				Provider - Non Obstetric Ultrasound activity	Level 1			548 min per month	605	667	594	766	567	702	661
Productivity and efficiency	Community Services			MDS6	District Nursing Total number of Direct patient visits undertaken by District Nursing Services - WEEKDAY	Level 2a			10,833 per month	7823	8734	9091	9235	9089	10033	10114
Productivity and efficiency	Community Services			MDS7	District Nursing Total number of Direct patient visits undertaken by District Nursing Services - WEEKEND	Level 1			333 per month	1401	1931	1611	1871	2391	2024	1981
Productivity and efficiency	GIRFT				GIRFT High Value Low Complexity (HVLC) - Average cataract procedures per list	Level 1	N/A		7 per list by end of Q2		5.1		4.8	6.5	6.3	6.9

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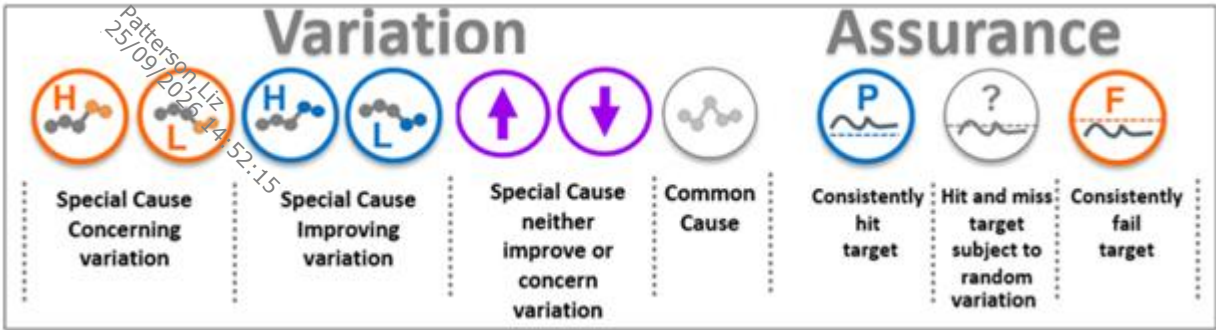
SPC charts are used as an analytical technique to understand data (performance) over time. Using statistical science to underpin data, and using visual representation to understand variation, areas that require appropriate action are simply highlighted. This method is widely used within the NHS to assess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



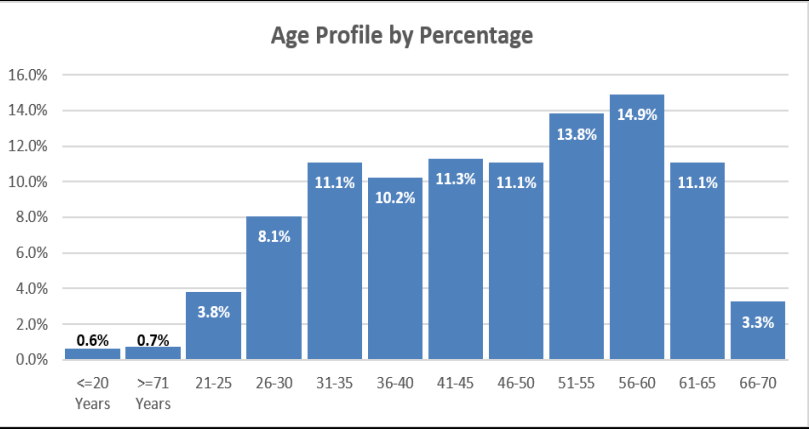
Appendix 3 – PTHB Integrated Quality & Performance Framework Escalation Framework 2026/27

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.

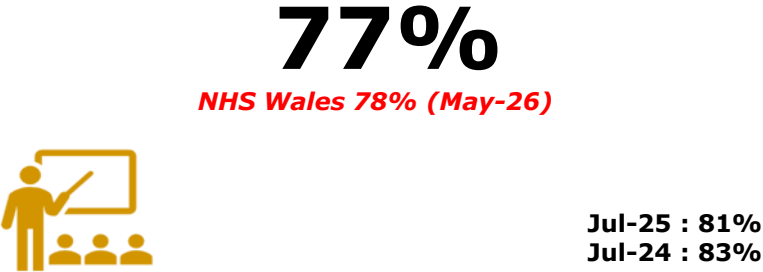
People & Culture Dashboard

*All Data includes Powys THB and HCRW

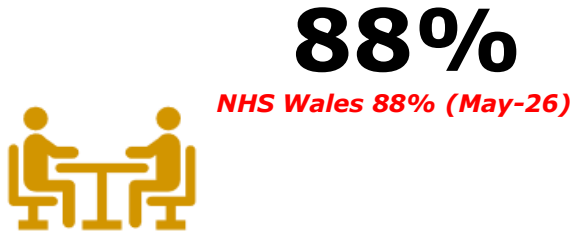
Staff Group	WTE Staff in Post		Variance Jul-25 & Jul-26
	Jul-25	Jul-26	
Add Prof Scientific and Technic	92.37	88.59	-3.78
Additional Clinical Services	428.07	397.05	-31.02
Administrative and Clerical	651.24	642.24	-9.00
Allied Health Professionals	159.73	174.17	14.44
Estates and Ancillary	166.75	167.55	0.80
Healthcare Scientists	10.21	9.01	-1.20
Medical and Dental	39.19	42.34	3.15
Nursing and Midwifery Registered	609.11	635.63	26.52
Grand Total	2,156.67	2,156.59	-0.08



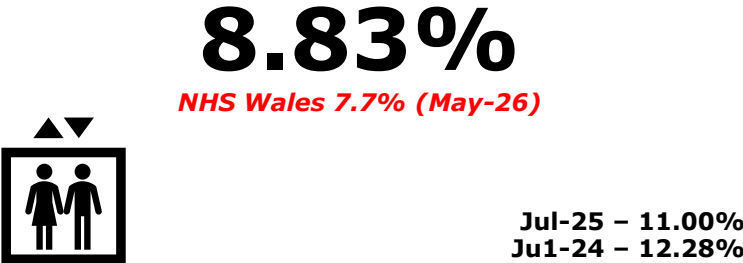
PADR Compliance: Jul-26



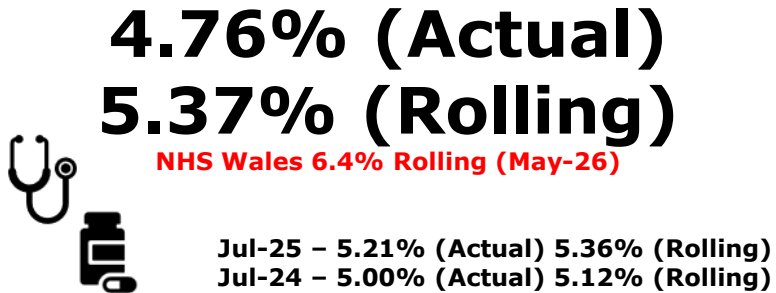
Mandatory & Statutory Training Compliance: Jul-26



Staff Rolling Turnover: Jul-26



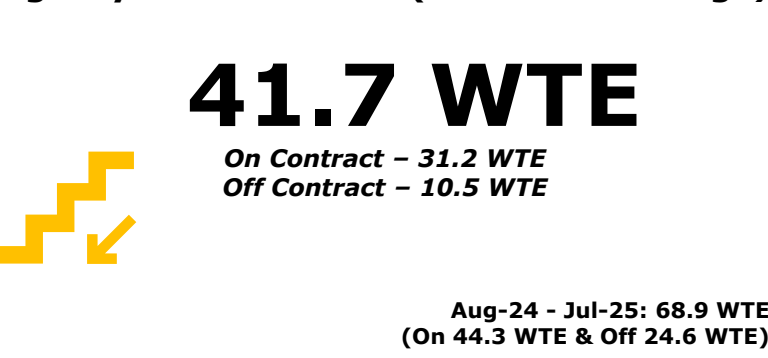
Sickness Absence Percentage: Jul-26



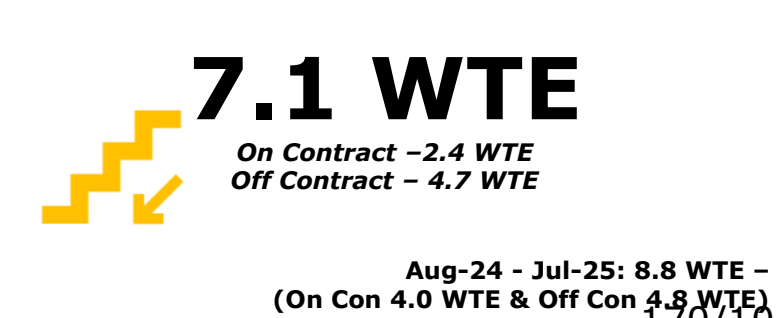
Bank WTE Worked - (12 month Average)



Agency WTE Worked - (12 Month Average)



Medical Agency WTE Worked (12 Month Average)





**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 3.4ai

BOARD		30 September 2026	
Subject:	Annual Plan 2027/28 Development		
Approved and presented by:	Nicola Johnson, Executive Director of Planning, Performance & Commissioning		
Prepared by:	Assistant Director of Planning/Planning Manager		
Other Committees and meetings considered at:	The Plan Approach was considered at: Executive Committee 02 September, Board Development 03 September 2026, and PPPH Committee 15 September 2026 who recommend the approach to the Board.		
PURPOSE:			
This report provides an update on the context, environment and proposed approach for development of the PTHB Annual Plan 2027/28. It recaps the strategic framework, the organisational and external context, learning from the 2026/27 planning process and the alignment of the planning and commissioning cycles, to support Board agreement of the approach for 2027/28.			
RECOMMENDATION(S):			
The Board is asked to:			
- NOTE the context, external environment, organisational progress and learning from the 2026/27 planning process - DISCUSS and AGREE the overall approach to the PTHB Annual Plan 2027/28, including its alignment with strategic and policy drivers, Better Together, the Routemap to Financial Balance and Sustainability, and the Target Operating Model for Commissioning. - Take ASSURANCE that governance arrangements and a structured planning timeline are in place.			
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	

EXECUTIVE SUMMARY:

This report seeks Board agreement to the proposed approach for developing the PTHB Annual Plan 2027/28. The approach reflects the strategic framework for Powys, learning from the 2026/27 planning cycle, Welsh Government feedback, the current escalation and financial context, and the need to align planning and commissioning cycles.

The Plan will continue to be centred on Quality and the shared Health and Care Strategy for Powys, while responding to Level 4 escalation for Strategy, Planning and Finance. It will need to demonstrate clearer measurable commitments, numerical trajectories, financial recovery, delivery of savings, performance improvement and evidence of transformation through Better Together and the Routemap to Financial Balance.

The Board is asked to note the context and learning, agree the proposed approach, and take assurance from the governance arrangements and timeline through to final submission in March 2027.

BACKGROUND

Context and strategic framework

The PTHB Annual Plan 2027/28 will be developed within the shared Health and Care Strategy for Powys, *A Healthy Caring Powys*, which has been extended to 2029. The Plan will also be informed by the Population Health Strategic Framework, Powys Cluster Plans, the Powys Wellbeing Plan, the RPB Joint Area Plan, and the refresh of the Population Needs Assessment, Wellbeing Assessment and Market Stability Report.

A PESTLE analysis has been prepared to analyse the external context to which the plan will need to respond. This is included in Appendix 1, with the main changes from last year being largely related to the change of Government in Wales.. The external environment remains complex, with continuing financial constraints, workforce fragility, increasing demand, health inequalities, technological change, legislative and policy developments, and climate-related pressures.

The Plan will need to remain agile while maintaining focus on quality, prevention, care closer to home, financial sustainability, performance improvement and service transformation.

Proposed approach for 2027/28

- Continue to respond to the needs of the Powys population, centred on quality and the delivery of safe, timely, effective, efficient, equitable and person-centred care.
- Respond to PTHB de-escalation criteria and the NHS Wales Planning and Performance Frameworks.

- Progress Better Together, including work on the community model, planned care and referral optimisation.
- Align the Plan with the Target Operating Model for Commissioning and issue Commissioning Intentions to support provider planning and contracting.
- Develop and deliver Year 2 of the Routemap to Financial Balance and Sustainability.
- Undertake the technical work required to quantify assumptions, impacts and resources, including numerical performance trajectories and savings plans.
- Retain flexibility to respond to national planning guidance, allocation letters, external change and emerging priorities.

A set of Planning and Financial Assumptions are proposed which are summarised in Appendix 1 and these include quantification of the scale of the challenge and further work on the Routemap to Sustainability and Balance (years 2 & 3). These assumptions will inform our priorities for 2027/28, our provider plans and our Commissioning Intentions.

National planning requirements

The NHS Wales Planning and Performance Frameworks for 2027/28 have not yet been released and are expected alongside financial allocations in late November. Early national indications include a continued focus on quality, prevention, primary and community care, planned care recovery, urgent and emergency care, mental health, cancer, women's health, learning disability transformation, productivity and efficiency. There is no indication of at present of the national performance ambitions for 2027/28 as these are usually agreed later in the cycle.

Commissioning Intentions will be issued to providers to support alignment between the PTHB Plan, provider plans, the Joint Commissioning Committee and the wider planning and contracting round. The working assumption is that final submission of the Plan to Welsh Government will be required by the end of March 2027.

Learning from 2026/27

Welsh Government recognised the alignment of the 2026/27 Plan with the Health and Care Strategy and Better Together, but did not support the Plan because it did not provide sufficient assurance on delivery, performance improvement or financial sustainability. It is noted that the agreement of an 'acceptable' plan is a key milestone to demonstrate progress with de-escalation prior to being able to produce a balanced plan which is approvable in line with the statutory planning duty.

For 2027/28, the Plan must provide clearer trajectories, measurable commitments, expected outcomes and a stronger line of sight between narrative, delivery plans and supporting documentation. It must also evidence

financial recovery, savings delivery, productivity, transformation and action on low and medium confidence areas.

Internal feedback highlighted strengths to retain, including early finance and performance assessment, transformation targets and focus on prevention. Areas to improve include clearer ownership, stronger integration, visible benefits and earlier involvement of finance, workforce, commissioning, digital, quality and performance leads.

In line with feedback the planning process has been brought forward by two months to enable further consideration of the approach, to allow time for further work on the Routemap, and to align with the commissioning cycle.

Current progress and risks

PTHB remains in Level 4 escalation for Strategy, Planning and Finance and, as planned, routine monitoring for all other domains. There has been progress through Better Together and generally good provider performance, but challenges remain in commissioned urgent and emergency care, cancer, financial sustainability, workforce capacity and the pace and scale of transformation.

The 2026/27 financial plan included a £44.6m deficit and a £22.9m savings target. There was an overspend of £1.770m on the planned deficit at Month 5.

The key strategic risks that the plan will need to respond to are financial sustainability, commissioned services demand, workforce capacity and managing transformation.

On 16th September the Health Board made the decision to proceed to consult upon the first phase of the Better Together transformation programme of community and physical health, mental health and urgent care. The plan will acknowledge the planning that is included in the pre-consultation business case but will not pre-empt the result of the consultation.

Governance, engagement and commissioning alignment

Executive, Committee and Board oversight will support development of the Plan. A technical planning group will coordinate operational, workforce, financial, performance, quality and commissioning inputs and support the development of trajectories.

Following the Grant Thornton report and further work on the Target Operating Model for Commissioning, this year the planning process will be overtly aligned with the commissioning cycle with the high-level process outlined in Appendix 1. Key milestones include agreement of the approach and draft Commissioning Intentions in September; finance reconciliation, savings validation and issuing Commissioning Intentions in October; financial modelling and provider discussions in November; formal negotiations from December; draft Plan scrutiny in January; Accountable Officer letter and approval of Long Term Agreements in February; and final Plan approval and submission in March.

Llais and wider engagement evidence, including with RPB and staff, patient experience and previous public and community engagement, will inform prioritisation and help test the Plan against lived experience.

NEXT STEPS:

- Agree the Annual Plan 2027/28 approach including the Financial and Planning Assumptions.
- Undertake further work to assess the scale of the challenge and years 2 & 3 of the Routemap to Sustainability and Balance and agree the high-level priorities.
- Issue Commissioning Intentions and progress provider planning, finance reconciliation and savings validation.
- Establish technical group to coordinate technical planning and develop trajectories.
- October and November Board Development Sessions – presentation of progress on assessing the scale of the challenge, further work on the Routemap, priorities and Commissioning Intentions.
- November Board – approve the above and receive progress update with emerging opportunities and risks.

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT



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Annual Plan Approach 2027/28 Board 30 September 2026 Supporting Information

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25/09/2026 14:52:15

Purpose

- To provide an update on the context, environment and approach for the Annual Plan 2027/28
- Provide a recap on key elements of the Strategic Framework, notably:
 - The long term shared Health and Care Strategy for Powys including the Wellbeing Objectives and Enabling Objectives
 - The organisational and external context notably the escalation status and financial position.
- To support agreement of the organisation's approach to the Annual Plan 2027/28 which will:
 - Reflect our strategic and policy drivers
 - Build on the progress towards de-escalation and delivery made in 2026/27
 - Include further work on the Routemap to Financial Balance and Sustainability
 - Frame the prioritisation of PTHB provider choices and plans
 - Ensure alignment between the planning and commissioning cycles (to support the development and issue of Commissioning Intentions to commissioned providers as next step).

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Feedback & Learning from 26/27

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Recap: 2026/27 Plan

- Wellbeing Objectives
 - Focus on wellbeing
 - Early Help and Support
 - Tackling the Big Four
 - Joined up Care
- Enabling Objectives
 - Workforce Futures
 - Digital First
 - Innovative Environments
 - Transforming in Partnership
- The current plan has a set of Strategic Priorities which deliver against the critical areas of delivery for 'Risk, Recovery and Sustainability'

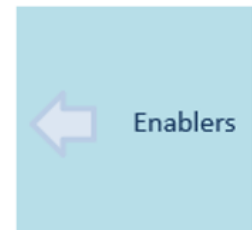


- Whole System Prevention approach including Population Health Strategic Framework
- Health protection response including Vaccination and Screening
- Women, children and family health including Maternity

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

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

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



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

Plan on a Page 2026 > 2027

Overall Assessment

Welsh Government recognised that the plan is aligned to the Joint Health & Care Strategy for Powys and the Better Together transformation programme but concluded that it did not meet the requirements of the NHS Wales Planning Framework. The plan was considered insufficiently robust to provide assurance on delivery, performance improvement or financial sustainability and therefore could not be supported or approved.

Strengths Identified

- Clear alignment with the Joint Health & Care Strategy and Better Together programme
- Recognition of financial ambition and a return towards the target control total
- Progress in savings identification, supported by a significant opportunities pipeline
- Stronger focus on service transformation and sustainable future models

Finance

The principal concern throughout all feedback related to the financial position of a planned deficit of £44.7m and it therefore remained unacceptable and unsupportable.

Transformation and Service Change

The direction of travel described within the plan was welcomed; however, concerns were expressed regarding organisational capacity and capability to deliver transformation at the pace and scale required.

Overall Conclusion

The feedback recognises the strategic intent of the Annual Plan and the progress made in developing savings opportunities and transformation programmes. Need a to improve demonstration of measurable delivery, financial recovery, performance improvement and outcomes. Welsh Government's assessment was that the plan remained unsupportable until greater assurance could be provided on both financial sustainability and the delivery of key priorities.

Key Areas for Improvement

Plan Content and Delivery

The plan was viewed as too descriptive, with limited clarity on delivery, measurable commitments and expected outcomes.

Performance

It was difficult to assess whether the plan would deliver required improvements due to the absence of detailed trajectories and expected outcomes. Concerns remained about performance variation across commissioned providers and the need to reduce reliance on externally commissioned activity.

Priorities for the Health Board

- Strengthen the Annual Plan with clear trajectories and measurable commitments
- Align the narrative, delivery plans and supporting documentation
- Accelerate financial recovery, savings delivery and risk reduction
- Evidence productivity improvements and transformation delivery
- Strengthen performance management through milestones, outcomes and action on low/medium confidence areas

Summary Improvements:

- Improvement in Financial deficit
- Include numerical performance trajectories in the Plan (expected to be supported by improved national MDS) .
- Continue to align narrative and delivery plan.

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Feedback and Learning - Internal

A survey was sent to 27 key internal stakeholders in August to gather feedback on the 2026/27 planning process undertaken last year.

Integrated Plan Survey

12 responses | Strong engagement and confidence | Clear opportunity to strengthen staff line-of-sight

92%

INVOLVED

11 of 12 helped develop the plan

92%

HEARD

11 of 12 rated opportunities positively

83%

SATISFIED

10 of 12 valued the final plan

83%

MONITORING

10 of 12 have team mechanisms

✓ STRENGTHS TO BUILD ON

- Strong engagement and opportunities to contribute
- High satisfaction with the final Annual Plan
- Planning support, touchpoints and templates are valued
- Most teams monitor delivery

! PRIORITIES FOR ATTENTION

- **9 of 12** say staff lack clarity on their role
- Only **4 of 12** felt complex elements were strongly integrated
- Level 4 escalation and risk knowledge is mixed
- **7 of 12** did not attend a workshop

Process Strengths in 26/27:

- Early agreement of finance assessment, financial challenge.
- Early consideration of performance assessment and choices.
- Setting transformation targets, e.g for UEC as a learning point for the organisation.
- Conscious consideration of prevention aspects of the plan

Process Improvements to Build On

1 SIMPLIFY	Make delivery visible. Use fewer headline actions, SMART outcomes, named owners, measurable trajectories and an at-a-glance benefits view.
2 CONNECT	Create staff line-of-sight. Link the plan to PADRs and team objectives, supported by concise role-specific communications and roadshows.
3 ALIGN	Integrate enabling functions earlier. Bring finance, workforce, commissioning, contracting and other enabling teams into the process from the outset.
4 ADAPT	Keep the plan current. Clarify governance for post-publication changes and consider a navigable, version-controlled digital format.

Aligning the Planning and Commissioning Cycle

GT Recommendations on PTHB Commissioning as a function and practice:

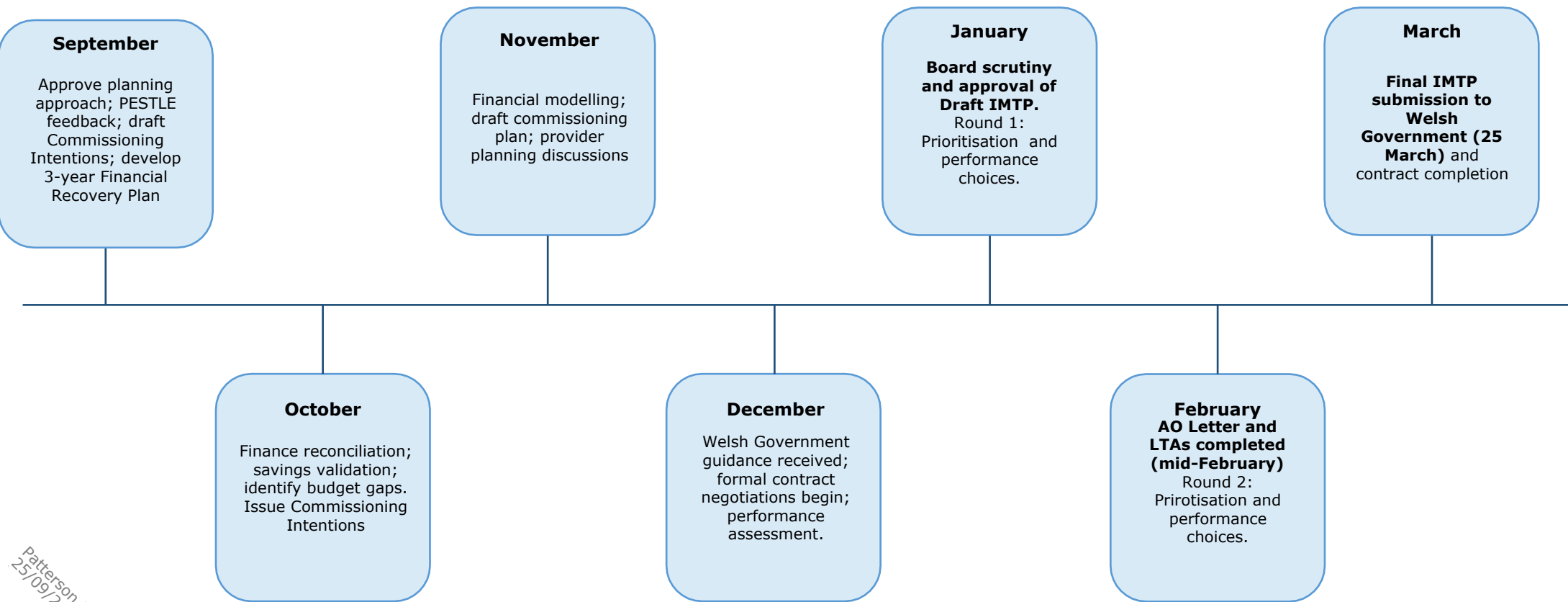


Target Operating Model for Commissioning (TOM)

The TOM describes the high-performing, integrated function across the organisation that brings strategic and service planning, commissioning, contracting, and performance management together as a single coherent system. It lays out the challenge and recommendations for delivering the Strategic Commissioning Framework and it sets out:

- The **vision**: an integrated commissioning function that plans, resources, contracts, and assures delivery as one system, clinically informed, intelligence-led, and focused on outcomes and value for the people of Powys.
- The **design principles**: integrated by design, outcomes and value focused, strong governance and grip, and people, relationships and culture.
- The **commissioning model**: a continuous cycle (Strategic Planning; Service Design and Procurement; Assurance and Evaluation) grounded in the Board-approved Strategic Commissioning Framework.
- The **governance framework**: a three-level structure from Contract Quality, Performance and Resource Meetings (CQPRM) through to Board, with a single consolidated Commissioning Performance and Value Group at its operational heart, replacing two previously inactive groups.
- The **partnership and system working** framework: covering the Regional Partnership Board, neighbouring health boards, cross-border English providers, PAVO, Llais, and the NHS Wales Joint Commissioning Committee.
- The **benefits framework**: across four domains: population health and outcomes, quality, safety and patient experience, financial sustainability and value, and operational effectiveness and governance.

Integrated Planning and Commissioning Timeline – Key Dates



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Environment, Context, Progress, Approach, and Assumptions for 2027/28

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External Environment – PESTLE Analysis

Political

- Global conflicts impacting on supply chain and associated costs
- Senedd Election outcome, new Government/ constituencies / members
- NHS Wales Performance and Improvement has new leadership team; changes to Accountability arrangements and requirements
- Differing policy for NHS and social care between England and Wales
- Changes in recent years in Powys County Council leadership, portfolios and management arrangements / responding to inspectorate findings

Economic

- Impacts of global conflicts (and residual impacts of Pandemic, Brexit); and potential energy supply issues; impacts on public sector resources; supply chain and cost of living
- Increase in climate related incidents particularly wildfires in Summer 2026; further impact on resources and budget prioritisation
- Impact of resolved & ongoing trade union / industrial action
- Employment challenges, in health and care, fragility in services and scarcity across workforce and professions
- Financial impact on healthcare of system pressure/ care delays
- New Government choices and direction in relation to public sector budget setting; some unknowns; potential impacts on funding streams

Social

- Complexity in civil life; balance of stability / protest in society and associated requirements for emergency planning preparedness
- Growing inequality and health inequalities; long term trends in life expectancy plateauing / increased excess mortality
- Increase in healthcare demand; Orford report NHS in 10+ Years
- Covid inquiry and learning, ongoing pandemic preparedness
- Trends for flexible 'portfolio' approaches to work and careers
- New technologies supporting new forms of social connection / intelligence sharing across traditional boundaries of state / place
- Differential impacts and benefits of social changes across population groups / characteristics and urban/rural geographies

Technological

- Exponential growth in new technologies including Artificial Intelligence (although evidence base for utility / effectiveness lacking; widely contrasting views on risk)
- Advancements in medicine including genetics, drug discovery and telecare
- Legacy of fast growth - high redundancy rate in infrastructure and devices
- Plurality of digital platforms which are not necessarily interoperable, high rate of replacement / refurbishment / investment required to keep pace
- Roles / functions/ education and training of workforce and users / public
- Lack of progress on national Digital programmes
- Advancements will radically transform our lives - and the way in which public services and healthcare need to be delivered

Legislative

- Existing legislative and policy requirements are significant and further major legislative reform of the NHS in recent years in England
- Change to procurement legislation introduced and being implemented
- Potential further legislative change in Wales with new Government in place
- Complex architecture of statutory bodies and partnerships
- Ministerial Advisory Group report on Performance and Productivity highlighted the need for stronger and more public accountability; new machinery in NHS Wales
- Significant proportion of organisations across NHS Wales and wider UK with Escalation and Intervention arrangements, reflecting system wide challenges
- PTHB at Level 4 Escalation for Strategy, Planning and Finance (routine monitoring for all other domains) – requires additional and intensive action and responses

Environmental

- Increasing incidences of climate related major emergencies with significant impacts
- Welsh Government declared a Climate Emergency in 2019 supported by members of the Senedd – a number of actions and delivery plans in place including Net Zero Strategic Plan (2022) and Decarbonisation Strategic Delivery Plan 2021 – 2030
- Some progress particularly in decarbonisation of the estate and energy use reported by Welsh Government but further urgent change required
- Innovations in technology emerging will enable greater scale and pace of initiatives / alternatives beneficial to climate (such as those seen with electric vehicle charging and limitations on emissions)

Strategic Framework and Context

Local Strategic Framework:

- The RPB Health and Care Strategy, A Healthy Caring Powys runs to 2029, this underpins the PTHB Plan and 'Better Together', with a vision for Regional Rural Centres and care closer to home.
- A refresh of the strategy will be informed by an updated Population Needs Assessment and Wellbeing Assessment (due Spring 2027) and Market Stability Report (March 2027).
- The current RPB Joint Area Plan spans to March 2028, with annual delivery and resource planning (RIF funding ends March 2027, and an announcement expected in Autumn 2026 on successor funding).
- The PTHB Population Health Strategic Framework sets out an evidence-based approach to preventing the preventable and addressing modifiable risk factors across the life course, to reduce inequity in health outcomes. Key actions have been identified as part of the framework which will be captured in the PTHB Plan 2027/28.
- Powys Cluster Plans are also set in this context and consideration of priorities for 26/27.
- The Powys Wellbeing Plan is due to be updated by the Public Services Board by May 2028 and is subject to a period of consultation with the Future Generations Office.
- There has been significant progress on our Clinical Services Plan via Better Together with planned consultation on Phase 1 leading up to May 2027; and active delivery of Phase 2 (planned care & community model) starting in 26/27.

Nationally, early indications for 2027/28 are:

- Health boards in Wales have been told they must deliver an increase in proportion of funding going into primary care by 0.5% each year from 2027 onwards.
- A National Clinical Services Plan will be agreed by April 2027 and early priorities will be included in the Planning Framework – it is not yet clear what they are.
- New Clinical Services Plan for Adult Mental Health (to be approved by December 2026)
- Outcome of 100-day Plan review of RPBs
- Shift to prevention, care closer to home and Community by Design
- New dental contract
- National 10-year Cancer strategy implementation
- Further implementation of the Womens Health Plan
- Learning Disability Transformation Programme 2026-29
- Continued emphasis on productivity and efficiency.
- Funding will remain constrained

The 26/27 Plan included the critical actions to address the Escalation Criteria AND overtly included the ambition to remain in routine monitoring for all other domain.

De-Escalation Criteria – agreed by Welsh Government & PTHB

Strategy and Planning

- Submission of a balanced and credible three-year medium-term plan or acceptable annual plan in line with the current planning framework
- Board clarity on the strategic vision for the organisation
- Evidence of a clear roadmap and implementation of the health board's clinical services plan
- Welsh Government's confidence in delivery based on an assessment against an agreed planning maturity matrix
- Delivery of commitments set out within the health board's plan, particularly in relation to the ministerial priorities, delivery expectations and enabling actions

Finance

- Demonstrate that there is robust financial governance and a robust financial control environment in place with risks minimised
- Substantial progress to be made in delivering the level 4 action plan including actions to improve the organisation's understanding of the existing deficit and key drivers and development and realisation of opportunities
- Annual plan developed with Board approval demonstrating a substantial financial improvement trajectory and delivering as a minimum the target control total

Expected Outcomes (full de-escalation)

Finance:

- Financial governance and control environment and mechanisms; sufficient assurance on their effectiveness
- Articulation of drivers of deficit, triangulated approach and actions to improve efficiency and maximise use of resources
- Clear policies and processes supporting identification, delivery and monitoring of savings schemes and opportunities
- Integrated planning approach and strategy to deliver (recurrent) breakeven position medium term; roadmap and key milestones
- Submission of balanced three year medium term plan

Strategy and Planning:

- Improved integrated planning to develop approvable IMTP and route map to longer term ambition
- Effective regional planning to ensure patients have access to best possible care; demonstration that services of higher risk are more sustainable and benefit population (*may be removed*)
- Clinical strategy/ plan to lead future planning and investment – *Welsh Government terminology; for PTHB this is the translation of the Health and Care Strategy into a Routemap*

- **Escalation Status:** PTHB remains in Level 4 escalation for Strategy, Planning and Finance and routine monitoring for all other domains.
- **Leadership:** Whilst acknowledging CEO personal challenges, the leadership of the organisation remains stable with good feedback received from Welsh Government and NHS Performance & Improvement.
- **Strategy and Transformation:** Stable local Strategic environment; noting review of Regional Partnership Boards and challenges around RIF. Significant progress on Better Together, moving to consultation on Phase 1 of the Clinical Services Plan and delivery of aspects of Phase 2 (Planned Care Getting It Right First Time report and referral optimisation, community and IEC models). Response on planned care bid awaited.
- **Performance:** Generally good provider performance. Variable commissioner performance for Urgent and Emergency Care and cancer, balanced choices continuing to be made on Planned care. Evidence of good delivery of the Annual Plan at Q1.
- **Quality and Safety:** HSE investigation. Need to strengthen Quality Management Systems, timely response to concerns & workforce aligned to key areas.
- **Workforce:** Productivity programme in place aligned to Financial Recovery Board. Fragility remains across services.
- **Governance and Risk:** Reputational pressure will increase during remainder of 26/27 due to Better Together consultation. Top risks are financial sustainability, commissioned services demand, workforce capacity and managing transformation.
- **Finance:** £44.6m deficit plan with savings target of £22.9m. Very good progress on savings planning. There was an overspend of £1.770m on the planned deficit at Month 5.

The PTHB Annual Plan 2027/28 will:

- Continue to respond to the needs and changes of the Powys population's health, centred around **Quality**, in line with the agreed extension of '**A Healthy Caring Powys**' up to 2029 and the Health Board's **Population Health Strategic Framework**.
- Respond to **PTHB De-escalation Criteria** and **NHS Wales Planning and Performance Frameworks** - a challenging balance to be achieved across escalation domains and a complex national picture including National Clinical Plan.
- Continue to progress **Better Together** - outcome of consultation on Phase 1 and developing/delivering Phase 2 Community Model and Planned Care change (inc referral optimisation).
- Progress significant work on the **Target Operating Model for Commissioning** to deliver high impact strategic commissioning in line with the **Strategic Commissioning Framework**; alongside tactical decisions signalled through Commissioning Intentions
- Development and Delivery of Year 2 of the 3 Year **Routemap to Financial Balance** - continuing strong Recovery approach.
- Undertake more granular **technical supporting work** – including quantification of assumptions, impacts and use of resources – to produce numerical performance trajectories and to underpin savings plans, this will include detailed trajectories for 2027/28.
- Retain **agility** to respond to NHS Planning and Performance Frameworks and Allocation Letters when published, external change and emerging priorities.

Three-Year Financial Strategy

Year	Focus	Objective
2026/27	Stabilise & Change	Establish control and deliver plan
2027/28	Embed	Deliver recurring improvements
2028/29	Transform	Achieve sustainable financial position

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The financial and planning assumptions will inform PTHB Commissioning Intentions for commissioned providers and the planning assumptions for PTHB as a provider.

To quantify by October at a high level:

- Outturn position
- Scrutiny of non-recurrent savings and potential for recurrency
- Years 2 & 3 Routemap and scale of challenge

Financial Assumptions:

- No growth in provider or commissioner services
- No uplift
- Set efficiency expectations in line with national requirements / GIRFT recommendations
- Set initial savings requirements to inform baseline contracting position and provider choices

Planning Assumptions:

- **Service Plan** - Outline key areas of improvement / change in line with Routemap
- **Performance** - noting difficult choices will need to be made in the context of the above, the ambition is to retain good provider performance and make balanced choices in commissioned services.
- **Q&S** - ambition is to maintain good quality, strengthen Quality Management Systems and address key quality challenges.
- **Workforce** - ambition is to continue to address key challenges and productivity.
- **Risk** - plan to respond to top 4 organisational risks.

Plan governance timeline

Month	Meeting	Key Focus / Decisions / Products
September	Executive Committee 2nd, Board Development 3rd	Initial discussion on Plan approach including learning and progress on current plan, critical areas for next year's plan, financial plan, strategic framework and prioritisation approach, alignment to Better Together
September	Informal Executives	Further discussion on Plan approach including learning and progress on current plan, critical areas for next year's plan, financial plan, strategic framework and prioritisation approach, alignment to Better Together
September	30th - PTHB Board Meeting	Board engagement on Plan approach as noted above
October	13th F&P Committee	Updates provided via finance and performance reports on current positions
October	22nd Board Development	Board discussion on priorities
October	Technical Group – fortnightly	Technical Group to be established to carry out baseline assessment, co-ordinate technical planning and production of key trajectories and alignment of operational/workforce/financial/performance and quality
November	12th Board Development	Consideration of plan development & financial framework in line with progress and emerging positions (possibly consider NHS Wales Planning Framework if released by this point and how this informs PTHB priorities and positions)
November	19th PPPH Committee	Consideration of plan development in line with progress and emerging positions (possibly further detailed consideration of NHS Wales Planning Framework and alignment to PTHB Plan if released by this point)
November	25th - PTHB Board Meeting	Board oversight and scrutiny in relation to the above
December	3rd F&P Committee	Updates provided via finance and performance reports on current positions
December	10th Board Development	Consideration of plan development in line with progress and emerging positions
January	14th Board Development	
January	27th – PTHB Board Meeting	Board oversight and scrutiny in relation to the above
February	2nd PPPH Committee	Update on plan development in line with progress and emerging positions
February	25th Board Development	Board Development Session. Accountable Officer Letter due if unable to produce balanced IMTP – may lead to further actions / potentially escalation
February	18th F&P Committee	Consideration of any final finance/performance components of plan prior to Board submission
February	27th	Confirmation required on ability to agree LTAs 2027/28
March	18th Board Development	Consideration of final stage of plan development / FINAL DRAFT PLAN prior to Board submission
March	24th – PTHB Board Meeting	Submission of FINAL PLAN for approval
March	25th	FINAL Strategic Plan and Accountable Officer Letter; FINAL DRAFT Delivery Plan; FINAL Ministerial Templates (if applicable this year); Technical Return 'MDS'



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Agenda item: 3.4bi

BOARD		30 SEPTEMBER 2026
Subject:	Progress Against the Annual Plan (Delivery Plan 2026/27) for the Quarter 1 Period, – Year End Report	
Approved and presented by:	Nicola Johnson, Executive Director of Planning, Performance & Commissioning	
Prepared by:	Assistant Director of Planning/Planning Managers	
Other Committees and meetings considered at:	Executive Committee - 19 August and 02 September 2026 F&P Committee 10 September 2026	
PURPOSE:		
This report provides the Board with an update of the progress made against the Annual Plan in the Quarter 1 period (April to June) 2026/27.		
Following consideration at Board it will then be submitted to to Welsh Government, as a formal report of Progress against the Plan for 2026/27.		
RECOMMENDATION(S):		
The Board are 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	

EXECUTIVE SUMMARY:

This report provides the Finance and Performance Committee with an update of the progress in the Quarter 1 period (April to June) 2026/27. This is the cumulative output of the reviews carried out by each Executive Lead on their respective areas.

This report has been considered, moderated and approved by the Executive Committee prior to submission to the Finance and Performance Committee and will subsequently report to PTHB Board and finally to Welsh Government as a formal report of Progress against Plan for 2026/27, in line with national reporting requirements. It has also been agreed to share the reports with the planning team in NHS P&I for information.

This is an important component of the health board's assurance and performance management regime. This is particularly relevant in the context of the Health Board's escalation status of 'Level 4' for strategy, finance and planning. Improvements have been made continuously to this report to enable sufficiently detailed yet concise reporting of the PTHB Annual Plan.

The Delivery Plan has also been mapped to the Ministerial Priorities, Ministerial Advisory Group (MAG) requirements which are now also reflected in the Welsh Government publication 'Improving Performance Together' (IPT).

All areas of delivery and associated deliverables have been tagged so that it is possible to interrogate further on request, for any related category such as MAG/ Improving Performance Together and the Grant Thornton report. This will enable the quarterly reporting information to support the Integrated Quality & Performance Assurance Report as that matures (supporting the digital development - explained below - which will improve this even more).

BACKGROUND

This report provides the F&P Committee with an update of the progress made in Quarter 1 (April to June 2026) against the 2026-27 Annual Plan.

As this is the first report of the new Annual Plan, there are items that were identified as part of the plan development and progression of items from the previous plan. Notably:

- i) items that are annual cycles of delivery and therefore repeated in each annual plan
- ii) items that cross over multiple years of delivery as they are medium / longer terms programmes of work
- iii) items that adapt / refine or build on actions that were not completed at year end 2025/26 and have been carried over to 2026/27.

The change control process will be applied in the same way as previous year, to ensure the integrity of tracking across all areas of the plan.

Executive Committee 19 August 2026

The Executive Committee considered the Q1 report on 19th August 2026 where no change requests were approved. It was agreed that organisational capacity would be discussed separately later that day and in the light of that discussion a follow-up email would be issued to all Executive colleagues to review the scheduling and content of the Plan and the delivery confidence. Any amendments were to be submitted by Monday 24th August for further consideration by the Executive Committee on 2nd September.

No further amendments were received through this process and the Q1 Report was subsequently approved on this basis.

Recap and context in relation to Wellbeing Objectives

For context, the PTHB Integrated Plan is set in the context of the shared, long term health and care strategy, A Healthy Caring Powys – and the Wellbeing Objectives, which are a component part of this. These were developed by the Powys Regional Partnership Board (RPB), following extensive engagement with the communities and stakeholders in Powys, and is the basis both for the RPB Area Plan and the PTHB Integrated Plan.

The PTHB annual plan is therefore shaped around the vision, Wellbeing Objectives and Enabling Objectives in this shared strategy. This was pioneering at the time, and remains best practice to date, as it means that there is a deep connection between and reporting of the PTHB annual plan, and the delivery against the shared Wellbeing Objectives.

The quarterly reports of Progress against Plan, are inherently, and at a very high level of detail, progress against the Wellbeing Objectives. The attached full report is formatted in such a way that it provides an overall progress assessment for each Wellbeing Objective, with these forming the sections of the report. This provides a clear and direct line of sight to the Strategic Priorities that are driving action within each of these. There is a highly granular assessment by deliverable in each case. Further, this cover paper also extracts the key achievements, by Wellbeing Objective, from the overall report.

For 2026/27, the organisational delivery plan has also been inputted in to MS Excel and work is ongoing with colleagues in the digital team to produce a dashboard, allowing for further quarterly analysis and trends to be identified.

The organisation now has the ability to filter relevant deliverables by a number of tags such as MAG or Grant Thornton. It also allows colleagues to filter by RAG rating and/or Lead Executive feeding through to an automated chart output. For 2026/27, quarterly reporting will also be closely aligned with performance data allowing deliverables to be correlated with organisational performance.

1) Development of Progress Report against Plan

Each of the Strategic Priorities set out within the Annual Plan have been reviewed and a commentary provided by Executive Leads on key achievements and challenges.

An additional explanation including mitigating action is also included where any items are **BRAGG** rated as Red. Improvements have been made continuously to this report to enable sufficiently detailed yet concise reporting of progress against the PTHB Integrated Plan. There has been an increased focus on the commentary in response to feedback from Committee and Board, to provide greater insight into the impacts that actions are having and the key achievements.

The Delivery Plan has also been mapped to the Ministerial Priorities, Ministerial Advisory Group (MAG) requirements which are now also reflected in the Welsh Government publication 'Improving Performance Together' (July 2025).

This is an important component of the Health Board's monitoring, assurance and performance management regime. This is particularly relevant in the context of the Health Board's escalation status of 'Level 4' for strategy, finance and planning.

Executive Lead sign off has been maintained, to ensure that the report reflects the appraisal carried out within Directorates and is given as part of the Executive Leads accountability for their portfolio and strategic priorities.

2) Progress Summary

The report shows the progress made with delivery of the Wellbeing Objectives and Strategic Priorities in the Plan.

BRAGG ratings:

At the end of Q1, the key deliverables were reported as:

- 23 (5%) Complete (blue)
- 170 (41%) On track (green)
- 59 (14%) At risk (Amber)
- 12 (3%) Behind schedule (red) – 7 of which are tagged as critical actions, 2 are aligning to MAG, IPT and/or Grant Thornton
- 152 (37%) Not due yet (grey)

Critical actions:

Of the 202 key deliverables relating to critical actions identified in the Plan:

- 13 (6%) are "complete"
- 77 (38%) are "on track"
- 38 (19%) are reported as "at risk"
- 7 (4%) are reported as "behind schedule", these are linked to Workforce and Digital
- 67 (33%) are "not due yet"

Year-end delivery confidence assessments:

In response to feedback, all items are now given a delivery confidence, including those not due, to strengthen tracking across the totality of the plan at each quarter. This then allows any lows - potentially including those not yet due yet - to be highlighted and earlier mitigation to be considered.

There are 3 deliverables marked as low confidence for the year end at the end of Quarter 1. These relate to:

- Deferral of the establishment of the Women, Children & Families Programme, at the earliest, to Q1 of 2027/28, to support ongoing programme management of financial recovery and recognising wider organisational capacity constraints to support an additional transformation programme at this time.
- The Adult Community Model remains out of scope for phase 1 Better Together. However, interdependencies with in-patient model and physical health have led to high level assumptions for the Adult Community Model being devised and used to inform recent demand & capacity modelling work for the Better Together programme. This deliverable will inform Adult Community Model work planned for inclusion in phase 2 of Better Together.
- The work on the Welsh Emergency Care Dataset national programme to improve visibility of activity and outcome data across health and social care service is stalled currently with significant clinical issues within the system.

3) Ministerial Advisory Group Recommendations

Work has been completed in Q1 to add cross references to the Progress against Plan reporting to the Ministerial Priorities, Enabling Actions, MAG (Ministerial Advisory Group report & recommendations on productivity) as part of tracking of actions in these areas.

Further detailed tracking in line with the recently released Welsh Government 'Improving Performance Together' document (which incorporates the MAG, Cabinet Secretary priorities and planning / performance framework) is included in the PTHB IQPF and IQPAR (Integrated Quality and Performance Framework and Assurance Report).

Detailed updates on key areas of delivery and performance including ministerial priorities and enabling actions are provided at monthly IQPD sessions and also at Joint Executive Team (JET) meetings.

4) Items Behind Schedule

The table below summarises areas of delivery which remain with a red BRAGG rating at the end of Quarter 1.

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Strategic Priority	Key Areas of Delivery	Key Deliverables	Commentary on Red Actions	Delivery Confidence Assessment	Mapping
SP3	3.1) Better Together Women, Children and Families Workstream	3.1.1) Progress the future model for Women, Children & Families as part of Better Together Portfolio	A paper is being presented at Executive Committee on 8 th July 2026 which provides an update as formal review of the decision taken by Executive Committee on 1 st April 2026 to defer establishment of the Women, Children & Families Programme. The Executive Committee will be asked to approve an extension of the deferral of the Women, Children & Families Programme, at the earliest, to Q1 of 2027/28, in order to support ongoing programme management of financial recovery and recognising wider organisational capacity constraints to support an additional transformation programme at this time. It is proposed early Q4 2027/28 with service improvement activity identified in the plan to continue.	Low	Cabinet Secretary Priority Improving Performance Together Escalation status
SP4	4.4) Journey to Consultation	4.4.8) Progress development of Place Based approach as part of Better Together portfolio and consider outputs of Regional Partnership Board Innovative Environments workstream and similar neighbourhood and place-based planning by partners	Wider organisational capacity to service an additional transformation programme at this time is assessed to be significantly limited, taking into account the Phase 1 consultation timeline, delivery of the Grant Thornton recommendations, delivery of Getting It Right First Time recommendations through the Diagnostics and Planned Care Programme and in year annual plan delivery through the Frailty & Community, and Mental Health programmes. A paper will be presented at Executive Committee on 8 th July requesting the deferral of new programmes being established, this impacting on setting up place based workstream.	High	
SP5	5.5) Outpatients	5.5.2) To complete business case for investment of a clinical room booking system (rolled over from 2025/26)	A change request was agreed at the Planned Care Transformation Board in June 2026 to pilot NHS Open space in Q2.	High	Ministerial Advisory Group
	5.7) Theatres	5.7.2) Work towards accreditation for PTHB theatres (accreditation criteria process to be arranged by National Planned Care Programme)	Accreditation to be piloted in surgical hub sites in first wave, Clinical Improvement Network timelines for future waves are not yet known.	High	
SP12	12.4) Core training	12.4.1) Embed role-essential training requirements into ESR to enable a strategic, standardised approach to workforce capability assurance and compliance monitoring	Embed role essential training requirements into ESR to enable a strategic, standardised approach to workforce capability assurance and compliance monitoring – Courses that impact the most have been added with those remaining being the courses that have to be applied to individual or smaller service/ teams. This is a process that take considerable time and is currently undertaken by a single resource, that has demands on their time supporting financial savings and transformation. This action is forecast to be complete by end Q2 - 3 – Change in timescale request below.	High	

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SP13 – Employee Health and Wellbeing	13.1) Intelligence-Led Workforce Wellbeing	13.1.1) Develop and implement a workforce wellbeing risk framework that utilises sickness absence data, hotspot analysis, and workforce metrics to identify, prioritise, and monitor high-risk services requiring targeted wellbeing interventions	Delayed due to capacity restrictions and focus on Financial Recovery Board activity. Request to change timescale to Q3.	High	Critical Action
SP15 – Citizen Centred Care and Support	15.2) Complete implementation of in scope Digital Maternity Cymru (DMC)	15.2.1) Draft a business case for the next phases to implement a full electronic maternity patient record for service transformation (including wider system integration e.g. Patient Admin System)	Discussions are still ongoing at a national level, however we have secured DPIF funding to progress local integration to enable scans/radiology information flow	Medium	Critical Action
	15.4) Implement Welsh Emergency Care Data Set (WECDS)	15.4.1) Replace the existing Emergency Department Data Set module within the Welsh Patient Admin System with a DHCW App	Emergency Department App Digital Health Care Wales led programme paused, and with significant clinical issues within the system	Medium	Critical Action
		15.4.2) Complete rollout across all four Minor Injury Unit sites	Emergency Department App Digital Health Care Wales led programme paused, and with significant clinical issues within the system	Medium	Critical Action
		15.4.3) Improve visibility of activity and outcome data across health and social care service	Emergency Department App Digital Health Care Wales led programme paused, and with significant clinical issues within the system	Low	Critical Action
SP16 – Enabling Efficiency and Effectiveness	16.2) Implementation of a digital communications platform (SMS Text, Hybrid Mail, Patient Portal)	16.2.1) Approval of Business case for a Communications platform to secure funding	Business Case to be moved to next financial year potentially	Medium	Critical Action
		16.2.2) Further phase to scope for Planned Care Transformation	Business Case to be moved to next financial year potentially	Medium	Critical Action

5) Achievements to date

Following feedback from the Committee in the previous financial year, to enhance the content to provide greater insight into what difference actions were making, a consolidated list of Q1 achievements from the PTHB Delivery Plan 2026–2027 Q1 report is included below.

Focus on Wellbeing

Whole System Prevention Approach

- The Stop Smoking service activity is currently on track for the Quarter 1 target of 1.5% of smokers making a quit attempt.

Health Protection, Vaccination and Screening

- During Quarter 1, HPV vaccination coverage at age 15 increased to 79.9% (+2.6%), DTP vaccination coverage at age 15 increased to 82.1% (+3.7%), Meningitis ACWY vaccination coverage at age 15 increased to 82.6% (+4.2%).

- COVID-19 Spring Vaccination uptake reached 52.3%, above the Wales average.
- More than 12,200 COVID-19 vaccinations delivered and Care home resident uptake exceeded the Wales average.
- RSV vaccination uptake for adults aged 80+ reached 60.4%, above the Wales average.

Women, Children and Family Health

- There has been early success to containing growth in the adult and Mental Health and Learning Disabilities pathways in Quarter 1. Planning is in place to further strengthen this work and reduce spend.

Early Help and Support

Enhanced Primary and Community Care

- Better Together clinical oversight model approved through Frailty & Community Programme Board, Investment Benefits Group and Executive Committee.
- Community teams fully engaged with virtual ward model across all areas.
- Recruitment to cluster frailty post in progress, alongside progress on clinical leadership model.
- Out of Hours service contract secured through September 2027.
- New General Dental Services contract implemented across all independent contractors.
- Medicines Management Incentive Scheme developed and continued roll-out of Blueteq and improvements to Electronic Prescribing and Medicines Administration.

Planned Care and Diagnostics

- The strategic assessment from Getting It Right First Time has been received and reviewed and a governance process established to track overarching recommendations through the Diagnostics and Planned Care Programme Board, ensuring alignment with relevant programme workstreams.
- The successful launch of Community Health Pathways represents a significant achievement in improving access to timely, consistent, and patient-centred care. Community Health Pathways provides clinicians with clear, evidence-based guidance on the assessment, management and referral of patients.
- New pre-operative assessment facility opened in Brecon.
- Estates/Dementia friendly work for Llanidloes nearing completion which will enable repatriation of biometric pathways in addition to nurse lead injector service.

- Ophthalmology improvement programme recognised nationally.

Tackling the Big Four

Major Conditions

- Mid Powys Cardiac Diagnostics service launched in Llandrindod and development of a Local Enhanced Service for Cardiac Arrhythmia progressed.

Mental Health

- Live Well Partnership embedded as a key multi-agency priority which will enable joint working to achieve delivery.
- Direct referral pathway development between Single Point of Access/111 and Online Cognitive Behaviour Therapy progressed which, when embedded, will see greater early intervention.
- Postvention team review completed. Additional capacity in the team will allow for more support for those directly and indirectly impacted by suicides in Powys localities. This is part of prevention strategy given the proven evidence that specialist support as early as possible helps to mitigate further incidences and the impact on mental health and emotional wellbeing of many other people.
- Suicide prevention collaboration strengthened with Dyfed Powys Police supporting the launch of their suicide response strategy and aligning priorities for delivery this year.
- Child and Adolescent Mental Health Service Breathing Space Phase 2 delivered improved attendance and engagement. Important therapeutic approach added to journey of recovery for young people.
- Older Adult Community Team workforce planning progressed.

Joined Up Care

System Resilience

- Level 2 Falls Response Pathway implemented and 27 falls prevention training sessions delivered to care homes.
- Revised Trusted Assessor model introduced.
- Welsh Ambulance Services Trust co-location established within Single Point of Access.
- Emergency Department turnaround pilot business case developed.
- Optimal hospital flow framework initiated.

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Commissioning for Value

- Significant work progressed on the Strategic Commissioning Framework including intensive work with Clarity Consultants on the development of a Target Operating Model (which continues into Q2).
- Cross organisational workshops on the Commissioning cycle, contributing to a wider mapping exercise against each of the stages and activities of that cycle, involving key senior leads across PTHB.
- Mentoring for key senior posts to support change management in relation to the development of the Target Operating Model.
- The development of a Commissioning dashboard to strengthen the collation and use of data, improve intelligence, and inform evidence based decisions on commissioned services.
- The commissioning team have progressed work to update provider contracts, to improve governance and optimise contract levers.
- Work undertaken to develop the Referral Interface Service to support evidence-based decision-making and contract management.

Workforce Futures

- Vacancy control and recruitment process embedded and recruitment advertising reduced by 40%.
- Approval secured for September 2026 Aspiring Nurse cohort with over 400 applications and "Grow Our Own" Clinical Psychologist pipeline agreed.
- The Academy Careers Education Enterprise Scheme (ACEES) Evaluation Report 2025/26 has been completed. The programme reached 4,826 learners through the Whole School Approach in 2025/26, with continued expansion into primary schools, Additional Learning Needs provision and cross-border settings. Early evidence suggests ACEES is influencing career choices, with Powys County Council reporting a 47% increase in applications for Year 12 Health & Social Care and Medical Science courses. Health & Social Care is now the sixth most popular sixth-form subject and the top choice for learners progressing to college.
- Agency expenditure reduced through targeted workforce actions.
- Comprehensive staff survey analysis completed and improvement actions implemented for the lowest-performing survey themes.
- Staff engagement campaign ("You Said, We Did") delivered and draft staff recognition framework produced.
- The Tier 1 and 2 Clinical Leadership Immersive Programmes (CLIP) continue to deliver positive outcomes for participants, evidenced through evaluation reports and personal testimonies shared at presentation events. The Tier 2 programme has been delivered to two national Primary Care cohorts, including GPs and other healthcare professionals, achieving similar

positive outcomes. The programme has been independently evaluated by HEIW. During this quarter:

- CLIP Tier 1 delivered 2 courses with 13 participants
- CLIP Tier 2 delivered 1 course with 10 participants

Over the last 12 months:

- 88 staff have completed CLIP Tier 1
- 50 staff from PTHB have completed CLIP Tier 2

The programmes continue to be offered regularly, with CLIP Tier 1 delivered monthly and CLIP Tier 2 delivered every two months.

- New Ways of Working protocols have been launched which are a set of guidelines designed to help staff work better together at Powys Teaching Health Board, whether in the office, working clinically or remotely, or using a hybrid approach. Launched. They provide clear guidance on wellbeing, meeting etiquette, email management, and diary/workflow management to support agile working, staff wellbeing, and productivity.

Digital First, Data and Innovation

- Open Eyes user testing completed, and rollout plan agreed.
- Blueteq implementation progressed.
- Positive Operational engagement within the Connected Care programme, early indication that we will secure further funding via Digital Priority Investment Funding to support in year costs.
- Successful Digital Maternity Cymru Funding bid for integration with radiology systems and commitment from suppliers to implement the image and information flow to be presented in Badgernet.
- Electronic Prescribing and Medicines Admin rollout is on track with the clinically led onsite support team receiving positive feedback.
- Scan for safety stock control has released space that is now repurposed for clinical use.
- Continuing Healthcare solution procured and is being actively managed by the service.
- The Digital development team have developed a Patient Reported Outcome Measure System platform that is currently in User Acceptance Testing, confident that this will meet the requirements for a Proms platform (avoiding the procurement of a separate solution).

Innovative Environments

- All capital schemes reported as on track and Llandrindod Hospital upgrades progressing.
- North Powys Wellbeing Programme business case progressed.

- Keep Wales Tidy have confirmed that Bronllys has retained Green Flag status for biodiversity for 2026-2027 with official announcement 14th July 2026.
- Climate Adaptation Plan and Climate Risk Register drafted.
- Green space and social prescribing initiatives delivered across multiple sites.
- ISO14001 assessment preparations completed.

Finance

- Financial Recovery Board and associated Programme Management Office established. Initially, this has been driving the identification of savings for 2025/26.
- Financial grip and control actions implemented and Savings of £21.3m identified against plan of £22.9m, which is 93%. The focus is on delivery of these savings and on increasing the recurrent impact of savings.

Quality

- Listening to People Framework successfully embedded.
- Peoples Experience Framework launched with steering group facilitating ongoing assurance, monitoring and improvement.

Engagement, Communication and Corporate Affairs

- A significant focus for the Senedd election in May included establishing relationships and working arrangements with newly elected Ministers of the Senedd.
- Better Together communications and engagement activity for Quarter 1 delivered and statutory consultation activity supported.
- Board Assurance Framework and committee work plans reviewed and approved.
- Information Governance Toolkit submitted and endorsed by Executive Team and Audit, Risk and Assurance Committee May 2026.

Research and development

- The Value Based Health Care (VBHC) stocktake and organisational review have been completed, providing an assessment of the Health Board's current position and informing a refreshed approach to governance, leadership and delivery.
- Work has progressed to develop an in-house digital solution for PROMs collection in the form of a PROM App.

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NEXT STEPS:

For 2026/27, work is ongoing with colleagues in the digital team to produce a dashboard, allowing for further quarterly analysis and trends to be identified.

Quarterly reporting will also be closely aligned with performance data allowing deliverables to be correlated with organisational performance.

On consideration by Board the report will then be submitted to Welsh Government as a formal report of Progress against the 2026/27 Annual Plan in line with national reporting requirements.

IMPACT ASSESSMENT

Not required

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Appendix 1

Strategic Priority	Key Areas of Delivery	Key Deliverables	Change Request Type	Description of change	Lead Director
SP3	3.1) Better Together Women, Children and Families Workstream	Progress the future model for Women, Children & Families as part of Better Together Portfolio	Deliverable to be removed	Programme has been deferred to release resource and will not be established this financial year – change request to remove deliverable.	ED P&C DI&T ED NQW&FH
SP3	3.8) Maternity Quality & Safety	3.8.4) Deliver an improved template for assurance on quality and safety of commissioned services	Timescale	Timescale change to Q2/Q3. Change in timescale to commissioned services template - the consultation commenced later than intended and is still ongoing and there is some wider organisational wide work ongoing to improve oversight of commissioned services, therefore an extended time scale has been applied to enhance the quality and outcome of the work being undertaken.	ED NQW&FH
SP4	4.2) Integrated Community Model	4.2.22) Identify opportunities to grow local resource, delivering seven days per week, through re-investment of commissioning funding and where appropriate, develop business plan for 2027-28	Deliverable to be removed	Request to be removed	ED PCC&MH ED P&C DI&T
	4.2) Integrated Community Model	4.2.9) Commence organisational change process and finalise implementation plan (subject to approval)	Timescale	Change in timescale from Q1 to Q3	
	4.6) Cluster & Collaborative Development	4.6.1) Strengthen the delivery framework at cluster and collaborative level to enable population based commissioning	Timescale	Change in timescale to Q2-Q4	ED PCC&MH
		4.6.4) Cluster and Collaborative engagement and maturity development to deliver Community by Design priorities	Timescale	Change in timescale to Q2-Q4	
	4.7) Enhanced Primary Care	4.7.17) Support rollout and implementation of the national Electronic Referral System	Timescale	Timescale change to Q3/Q4	
SP5	5.1) Getting It Right First Time (GIRFT) Strategic Assessment	5.1.4) Develop phased implementation plan to deliver benefits of pathway re-design – phase 1 to focus on 2026/27 opportunities and benefits	Timescale	Phase 1 to focus on 2026/27 opportunities and benefits - Change in timescale from Q1 to Q2	DI&T ED P&C ED PP&C

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	5.2) Referral Optimisation	5.2.2) Develop phased implementation plan for delivery of referral optimisation at scale business case	Timescale	Change in timescale from Q1 to Q2	
		5.2.7) Support Better Together in procuring medical devices and equipment aligned with any changes to service delivery	Deliverable to be removed	To be removed as considered BAU, agreed at Planned Care Programme Board	
		5.2.8) Ensure all procurement and financial requirements are met and enable smooth, efficient transition including equipment transfer or disposal and ensuring all governance and compliance requirements are upheld throughout the process	Deliverable to be removed	To be removed as considered BAU, agreed at Planned Care Programme Board	
		5.2.9) Improvements in patient safety and experience through development of digital processed and standard operating procedures	Deliverable to be removed	To be removed as considered BAU, agreed at Planned Care Programme Board	
	5.5) Outpatients	5.5.2) To complete business case for investment of a clinical room booking system (rolled over from 2025/26)	Deliverable to be removed	Request to be removed	
SP9	9.1) Falls – Prevention and Response	9.1.1) Scope and clarify the roles of commissioned and non-commissioned Level 1 falls response pathways, establishing a clear and consistent approach to supporting safe lifting, early intervention, and avoidance of unnecessary escalation	Timescale	Change in timescale from Q2 to Q3.	ED PCC&MH ED P&C DI&T
SP12	12.4) Core training	12.4.1) Embed role-essential training requirements into ESR to enable a strategic, standardised approach to workforce capability assurance and compliance monitoring	Timescale	Courses that impact on the most staff have been added with those remaining being the courses that have to be applied to individuals or smaller service areas. This is a process that takes considerable time and is undertaken by a single resource within P&C that has demands on their time supporting financial savings and transformation programmes. This action is forecast to be completed in Q2-3.	ED P&C
SP13	13.1) Intelligence-Led Workforce Wellbeing	13.1.1) Develop and implement a workforce wellbeing risk framework that utilises sickness absence data, hotspot analysis, and workforce metrics to identify, prioritise, and monitor high-risk services requiring targeted wellbeing interventions	Timescale	Delayed due to capacity restrictions and focus on Financial Recovery Board activity. Request to change timescale to Q3.	ED P&C

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SP19	19.3) Support Better Together, North Powys Wellbeing Programme & the Strategic Commissioning Framework	19.3.5) Support the specification, procurement and governance to implement a digital Patient Related Outcome Measures platform (subject to approval of Business case in Q1)	Deliverable to be removed	PTHB are now developing own solution rather than procuring.	ED AHPHS&D
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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Board
30 September 2026
Item 3.4bii

FINAL PTHB Delivery Plan 2026-2027

Q1 Report

- i) Escalation response including Grant Thornton review – GT
- ii) Cabinet Secretary Priorities - CS
- iii) MAG & IPT – MAG/IPT
- iv) Critical Actions - CA

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Plan on a Page 2026 > 2027

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



A whole system approach to wellbeing & prevention

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



A responsive community based model of care

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



Effective care across the Big Four

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



Sustainable and resilient health care

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

Wellbeing Objectives



Strategic Priorities

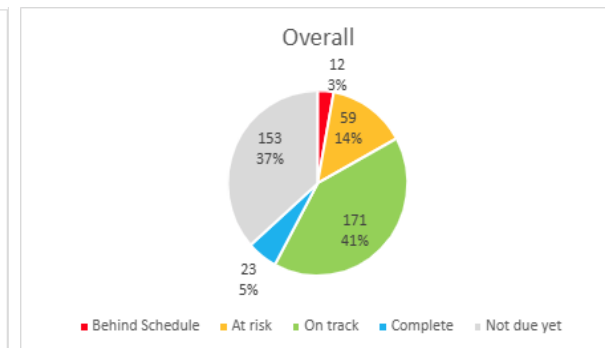
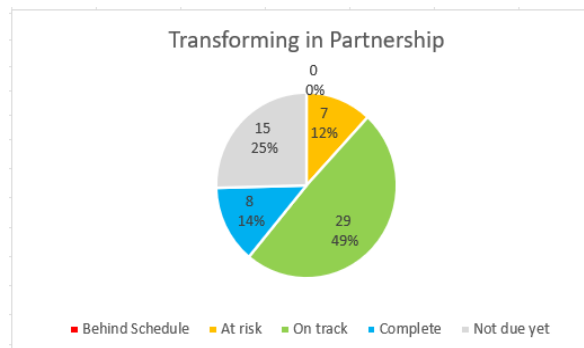
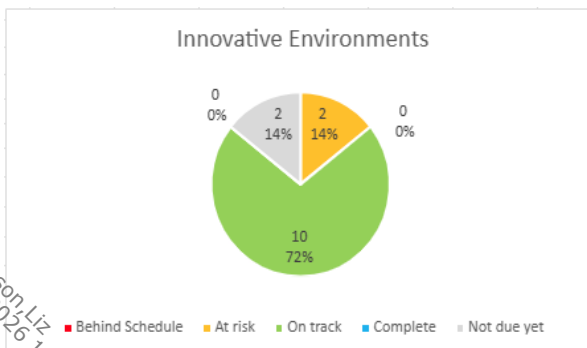
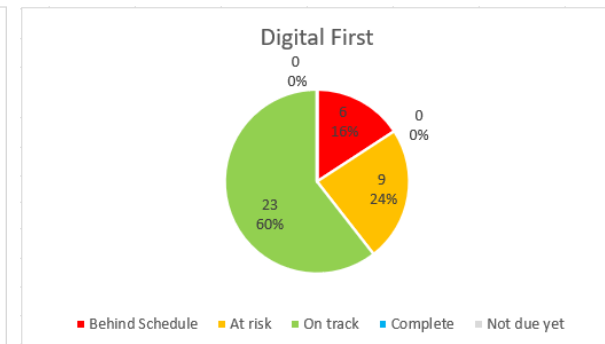
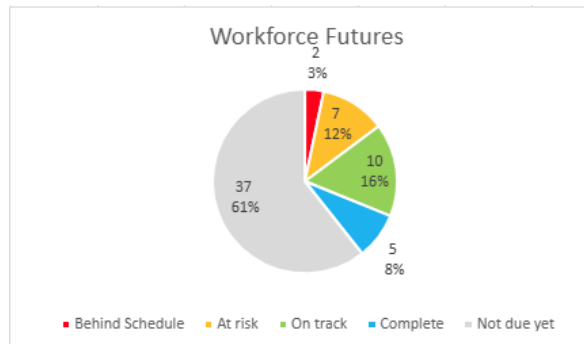
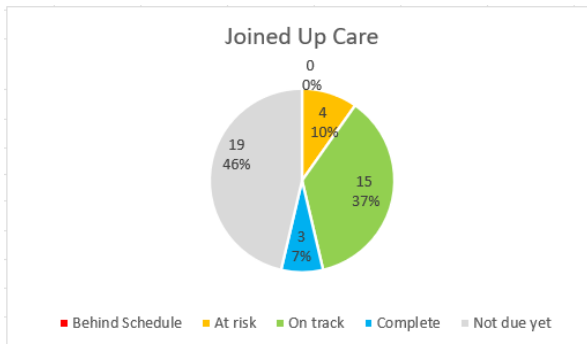
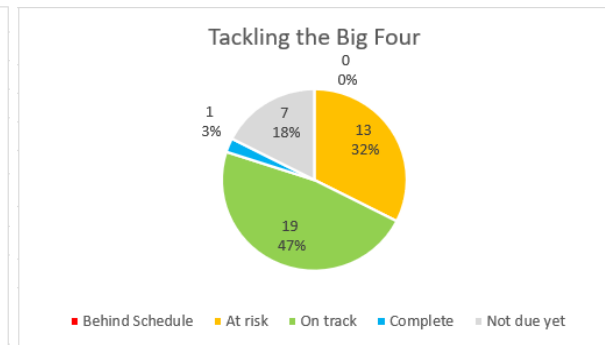
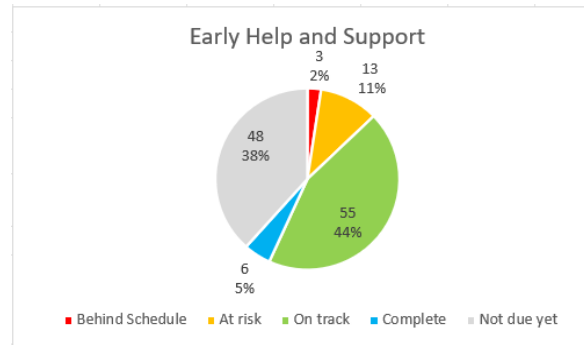
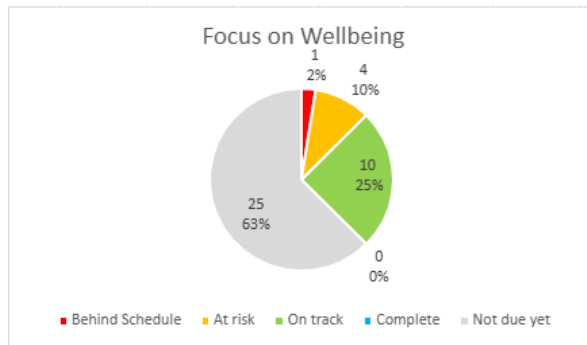


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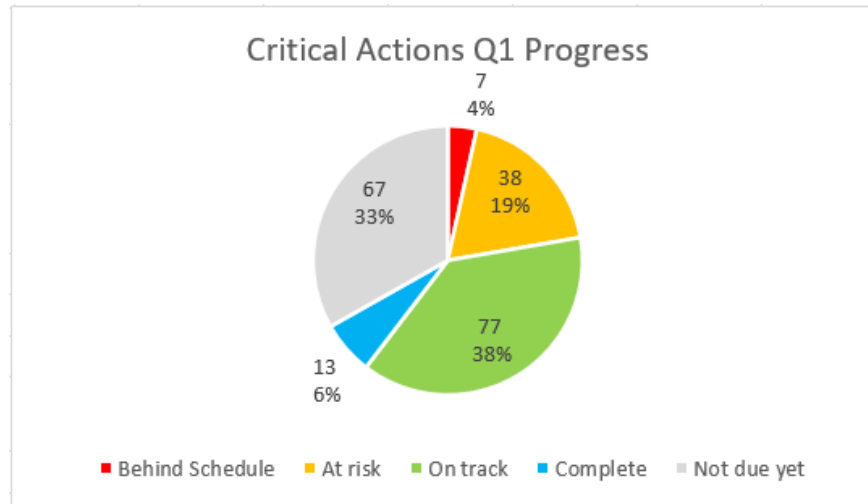
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SUMMARY OVERVIEW



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Critical Actions



Of the 202 critical actions identified in the Plan:

- 67 are “not due yet”
- 13 are “complete”
- 77 are “on track”
- 38 are reported as “at risk”
- 7 are reported as “behind schedule”, these are linked to Workforce and Digital

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Focus on Wellbeing

Strategic Priority 1: Whole System Prevention approach

Commentary on Progress in this Quarter:

- **1.8.1)** The Stop Smoking service activity is currently on track for the Quarter 1 target of 1.5% of smokers making a quit attempt.
- **1.10.2)** Good progress has been made in developing the North Powys Place-Based Community Wellbeing Model. The model aligns with the Regional Partnership Board's Social Model for Health and Wellbeing and supports a shift towards prevention, early intervention, self-management and community resilience. The model will help inform the development of the hub's service specification and design, promoting a community-focused "front door" approach that integrates health, social care and third-sector services. Alignment has also been strengthened with Better Together, Sustainable Powys and wider Regional Partnership Board transformation priorities. The direction of travel remains positive, with the model expected to improve access to preventative support, strengthen community connections and enable more integrated care pathways. No significant strategic risks have been identified at this stage, although continued partnership engagement will be essential as the model progresses towards implementation.

Commentary on red rated actions: N/A

Achievements:

- Smoking target for 2025/26 of 5% of smokers making a quit attempt was exceeded in 2025/26.

Key Areas of Delivery	Key Milestones and Deliverables	Mapping	Timescale	Lead Executive	Status				Year End Delivery Confidence Assessment			
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Work with partners to implement the Population Health Strategic Framework: ‘Preventing the Preventable’												
1.1) Training and resources to support Population Health and Prevention	1.1.1) Develop and pilot training and resources for staff on Population Health Prevention approach to increase understanding, grow capability to build the momentum to embed prevention, as business as usual, across the Health Board	CS / CA	Q4	ED PH					Medium			

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1.2) Making Every Contact Count	1.2.1) Deliver Making Every Contact Count training to frontline Health Board staff, to support systematically embedding prevention into every contact	CS / IPT / CA	Q2 & Q4						High			
1.3) Prevention Embedded in Planned Care	1.3.1) Ensure prevention is embeded across the re designed Planned Care patient pathways	CS / CA	Q4						Mediu m			
1.4) Develop Cluster profiles for prevention bundle	1.4.1) Scope and develop clusters profiles for agreed prevention bundle to support clusters to identify their priorities (subject to Cluster funding)	CS / CA	Q4						Mediu m			
1.5) Targeted Healthy Ageing Programme	1.5.1) Develop a targeted primary prevention Healthy Ageing Prevention Programme, to reduce healthcare inequalities, and supporting behaviour change in middle age (subject to internal funding)	CS / CA	Q3						Mediu m			
1.6) Winter wellness campaign	1.6.1) Develop and implement a Winter wellness campaign	CS / IPT / CA	Q3						High			
Delivery of health board-led population level health improvement programmes, ensuring an equity focus												
1.7) Healthy Weights and obesity	1.7.1) Continue to lead the implementation of the multi-agency Powys Whole System Approach to Healthy Weights Action Plan to address childhood obesity	CS	Q2 & Q4	ED PH					High			
	1.7.2) Pending outcome of the national all Wales Obesity Pathway Innovation Programme (OPIP) funding bid, scope a local operational delivery plan (subject to national funding)	CS	Q3-Q4						High			
1.8) Smoking cessation, Smoke Free, tobacco and vaping control	1.8.1) Increase service to meet the target (if confirmed) of 7.5% of smokers making a quit attempt (subject to internal funding)	CS	Q1-Q4		Green				Mediu m			
	1.8.2) Implement the Powys Smokefree Delivery Plan in alignment with national plan (when published)	CS	Q4						High			
	1.8.3) Work with partners to respond to and implement legislation on tobacco and vaping	CS	Q4						High			
1.9) Business cases for improvement	1.9.1) Implementing the Population Health Framework health improvement actions through the development of business cases	CS	Q4						Mediu m			

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Regional Partnership Board - North Powys Wellbeing Programme													
1.10.1) Place Based Community Wellbeing model		1.10.1)	Confirm Place Based Community Wellbeing model to support delivery of the Integrated Hub in Newtown (linked to Regional Partnership Board Social Model for Health and Wellbeing Pan Powys)	CS	Q1-Q2	ED P&C DI&T	Green				Medium		
		1.10.2)	Implement Place Based Community Wellbeing model elements (that are not dependent on new build)	CS	Q3-Q4						Medium		
Formal change request (Please tick as applicable and provide explanation below)													
Change in Scope	N/A		Change in Timescale	N/A									
Executive Director Sign Off	Mererid Bowley (Executive Director of Public Health) Debra Wood Lawson (Executive Director of People and Culture) Lucie Cornish (Director of Improvement and Transformation)												

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Focus on Wellbeing

Strategic Priority 2: Health Protection Response including Vaccination and Screening

Commentary on Progress in this Quarter:

- **2.3.1)** COVID-19 Spring Programme and RSV expansion to 80+ and care home residents commenced on 1st April 2026. Delivered via a blended delivery model with 8 outreach clinics held across the county to increase accessibility, along with housebound patients by District Nurses and inpatients by ward staff. Further Respiratory Syncytial Virus (RSV) catch up clinics during Q2 to maximise uptake of vaccination prior to the Winter.
- **2.3)** Flu vaccination orders submitted with all 16 GPs and all 22 pharmacies in Powys expressing an interest to deliver adult influenza programme in 2026/27. This will increase accessibility to flu vaccinations for the Powys population, allowing them to attend for a flu vaccination at a time and location that is convenient for them.
- **2.3)** A Teenage Immunisation and Flu Improvement working group has developed a local Teenage Immunisation Improvement Action Plan and a Flu Improvement action plan (signed off at Powys Vaccination Group 25th June 2026) and is working through the actions.
- **2.3)** For Diphtheria, Tetanus and Pertussis (whooping cough) (DTP)/Meningitis (MenACWY) delivered through Q4 and the beginning of Q1, enhanced work on obtaining consent has been undertaken in schools with the lowest return of e-consent. This enhanced work increased some consent returns by 20%. For example, according to the VPW Teenage Immunisation Dashboard (unverified data), this work increased uptake of DTP/MenACWY to 90% in a secondary school where it was trialled.
- **2.3)** Human Papilloma Virus (HPV) delivery by School Nursing Team started after Easter 2026 with catch up clinics planned during the Summer. The local data dashboard is monitored on a weekly basis to support improvement in delivery and to drive increase in uptake. Verified and published data is through the quarterly and annual COVER (Cover of Vaccination Evaluated Rapidly) reports.
- **2.3)** Plan currently underway to deliver a new two-dose MenB vaccination programme to young people in year 13 (17/18 year olds) and those under 25 attending University for the first time, commencing from mid July. A series of teenage immunisation catch-up clinics will be delivered during August 2026 for young people who have missed one or more of their scheduled vaccinations.

Commentary on red rated actions: N/A

Achievements:

- 2025/26 COVER data for HPV by age 15 is 79.9%. An increase of 2.6% from 2024/25.
- 2025/26 COVER data for DTP by age 15 is 82.1%. An increase of 3.7% from 2024/25.
- 2025/26 COVER data for MenACWY by age 15 is 82.6%. An increase of 4.2% from 2024/25.
- COVID-19 Spring Vaccination uptake is 52.30% (Wales average 49.4 %) with over 12,200 doses administered. 47 of those vaccinated had no previous COVID-19 Vaccine administered. 641 (76.86%) care home residents vaccinated (Wales average 68.2%) [as at 29/06/2026].

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- RSV uptake for adults ages 80+ is 60.4% (Wales average 51.4%) and 76% of care home residents received RSV vaccine (Wales Average 65.9%) [as at 29/06/2026].

Key Areas of Delivery	Key Milestones and Deliverables	Mapping	Timescale	Lead Executive	Status				Year End Delivery Confidence Assessment			
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Emergency preparedness and Health Protection												
2.1) Ensure emergency preparedness and organisation resilience	2.1.1) Review of civil contingency response plans and compliance against Civil Contingencies Act - including participation in training and exercises		Q2-Q4	ED PH					High			
2.2) Provide Health Protection response to all hazards	2.2.1) Deliver proactive and reactive health protection in line with Communicable Disease Outbreak Plan for Wales to protect the population and vulnerable groups from communicable disease		Q1-Q4		Green				High			
Vaccination, immunisation and screening												
2.3) Implement respiratory vaccination programme	2.3.1) Plan and deliver a range of vaccination programmes, in line with Welsh Government directives, narrowing inequities and maximising uptake in all groups, including Respiratory syncytial virus (RSV), Influenza and covid vaccines	CS CA	Q1, Q3, Q4	ED PH	Green				Medium			
	2.3.2) Plan and deliver a new vaccination programme - expansion of RSV programme to care home residents and the population over the age of 80 years	CS CA	Q3						High			
2.4) Implement immunisation schedule	2.4.1) Plan and implement vaccination catch-up programme for children and young people in line with National Immunisation Framework and Welsh Health Circulars, narrowing inequities and maximising uptake in all groups	CS CA	Q2						High			
2.5) Promote uptake of national screening programmes in partnership with Welsh Government and Public Health Wales	2.5.1) Ensure PTHB is represented in planning for lung cancer screening in Wales (from 2027)	CS CA	Q4						High			
Formal change request (Please tick as applicable and provide explanation below)												

Change in Scope	N/A	Change in Timescale	N/A	
Executive Director Sign Off	Mererid Bowley (Executive Director of Public Health)			

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Focus on Wellbeing

Strategic Priority 3: Women, Children and Family Health

Commentary on Progress in this Quarter:

- **3.3)** Following the publication of the Welsh Government Year 2 Women's Health Plan, a local plan has been developed and is progressing. Following the success of Year 1, a revised structure has been established to deliver enhanced strategic oversight with an Executive Senior Responsible Officer and concise structured Task focussed groups reporting directly. Engagement continues with commitment to delivery from PTHB to the national workstreams.
- **3.8.4)** The improved template for assurance on quality and safety of commissioned services consultation commenced later than intended and is still ongoing. There is some wider organisational work ongoing to improve oversight of commissioned services, therefore an extended time scale has been applied to enhance the quality and outcome of the work being undertaken.

Commentary on red rated actions:

- **3.1.1)** A paper is being presented at Executive Committee on 8th July 2026 which provides an update as formal review of the decision taken by Executive Committee on 1st April 2026 to defer establishment of the Women, Children & Families Programme. The Executive Committee will be asked to approve an extension of the deferral of the Women, Children & Families Programme, at the earliest, to Q1 of 2027/28, in order to support ongoing programme management of financial recovery and recognising wider organisational capacity constraints to support an additional transformation programme at this time. It is proposed early Q4 2027/28 with service improvement activity identified in the plan to continue.
- **3.1.2)** Planning with North Powys Wellbeing Programme interdependencies will continue to deliver to the Full Business Case timeline.

Achievements:

- There has been some early success to containing growth in the adult and Mental Health and Learning Disabilities pathways in Q1. Planning is in place to further strengthen this work, and de-risk planning to reduce spend. Progress also made to deliver initial actions identified from external review, including some joint development of procedures, modelling of future workforce and securing provider for ICT system.

Key Areas of Delivery	Key Milestones and Deliverables	Mapping	Timescale	Lead Executive	Status	Year End Delivery Confidence Assessment
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					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Better Together Programme and Partnership Priorities												
3.1) Better Together Women, Children and Families Workstream	3.1.1) Progress the future model for Women, Children & Families as part of Better Together Portfolio	CS IPT Esc	Q1-Q4	ED P&C	Red				Low			
	3.1.2) Progress requirements of the north Powys wellbeing hub		Q1-Q4	DI&T ED NQW &FH	Green				High			
	High Impact Service Improvement											
	3.1.3) Identify high impact service improvement opportunities and develop plan		Q1		Green				Medium			
	3.1.4) Delivery of high impact Service Improvement actions		Q1-Q4		Green				Medium			
3.2) Partnership Priorities	3.2.1) Progress joint priority areas for Women, Families and Childrens in Regional Partnership Board and Public Service Board Delivery Plans, for prevention and early interventions	CS IPT	Q4						Medium			
Women's Health												
3.3) Women's Health	3.3.1) When national Year 2 plan is published, develop and deliver clear programme of work and continue Strategic Oversight Group for implementation	CS	Q1	ED NQW &FH	Green				High			
	3.3.2) Implementation of Year 2 actions to deliver against (National) Women's Health Strategy including Hub model	CS	Q1 - Q4		Amber				High			
	3.3.3) Develop and deliver reporting structures to demonstrate impact	CS	Q3-Q4						High			
Families and Children's Health												
3.4) UNICEF Baby Friendly	3.4.1) Progress to Stage 2 of UNICEF Baby Friendly, delivering actions for training compliance and updated infant feeding pathways		Q3	ED NQW &FH					Medium			
	3.4.2) Develop and implement reporting structures to demonstrate impact and population health outcomes		Q4	ED PH					Medium			
3.5) Healthy Weight Pathway for Women, Children and Families	3.5.1) Define and embed the Healthy Weight advice and referral pathway within Women, Families and Children services, aligned to the All-Wales Obesity Strategy	CS	Q1		Amber				Medium			

	3.5.2) Develop and implement reporting structures to demonstrate impact and inform future scaling		Q4						Medium			
3.6) Neuro-development Services for Children and Young People	Review progress and demand within neurodevelopmental services and identify achievable improvement actions			ED NQW & FH								
	3.6.1) Implement agreed actions to improve access, pathway clarity or waiting times, and report progress against agreed metrics.		Q1-Q4		Green				High			
	3.6.2) Progress to sufficient assurance to enable step out of local escalation		Q2-Q3						High			
3.7) Complex and Continuing Health Care for Children and Young People	Implement Year 2 of Business Case (including response to Grant Thornton recommendations)			ED PCC& MH ED NQW & FH								
	3.7.1) Confirm revised pathways, governance and quality assurance	GT	Q2						Medium			
	3.7.2) Develop and deliver reporting structures to demonstrate impact and provide good governance	GT	Q3						High			
3.8) Maternity Quality & Safety	Implement systems and processes known to reduce peri-natal mortality rates			ED NQW & FH								
	3.8.1) Continue to deliver and implement recommendations within the maternity and neonatal programme (once 2026/27 plan published)	CA	Q1-Q4		Green				High			
	3.8.2) Deliver against recommendations made within the National review of maternity and neonatal services (to be confirmed when published)	CA	Q1-Q4		Amber				Medium			
	3.8.3) Implement the Saving Babies Lives recommendations with respect to fetal growth (offering robust assurance on quality)	CA	Q2						Medium			
	3.8.4) Deliver an improved template for assurance on quality and safety of commissioned services	CA	Q1		Amber				High			

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	✓	Change in Timescale	✓	
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Q1 Change in Timescale and Scope

- **3.1.1)** Programme has been deferred to release resource and will not be established this financial year – change request to remove deliverable.

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- **3.8.4)** Change in timescale to commissioned services template - the consultation commenced later than intended and is still ongoing and there is some wider organisational wide work ongoing to improve oversight of commissioned services, therefore an extended time scale has been applied to enhance the quality and outcome of the work being undertaken. Timescale change to Q2/Q3.

Executive Director Sign Off	Mererid Bowley (Executive Director of Public Health) Debra Wood Lawson (Executive Director of People and Culture) Lucie Cornish (Director of Improvement and Transformation) Elaine Lorton (Executive Director Primary Care, Community & Mental Health) Amie Symes (Director of Midwifery, Women and Family) Paul Hooton (Executive Director of Nursing, Quality, Women and Family Health)
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Early Help and Support

Strategic Priority 4: Enhanced Primary & Community Care

Commentary on Progress in this Quarter:

- **4.1.1)** Model confirmed and business case approved, moving towards recruitment for early Q2.
- **4.2.1)** Community teams optimised and fully engaged with virtual ward model across all areas. Recruitment to cluster frailty post in progress, alongside progress on clinical leadership model. Further work in Q2 to develop operational leadership model.
- **4.2.3)** Monitoring of performance and impact built into operational reporting and monitoring, and used to inform wider improvement and performance, including financial recovery planning.
- **4.2.4)** Recruitment ongoing and further work needed to develop monitoring.
- **4.2.5)** Further work needed to align reporting from the Supplementary service and core Health Board teams.
- **4.2.13)** Scoping incorporated into work to strengthen clinical leadership roles, which is moving to recruitment.
- **4.2.15)** Incorporated into implementation of Powys County Council contract for Glan Irfon, with improved delivery seen in first quarter.
- **4.2.20)** Business case approved at Investment Benefits Group, but further refinement required to achieve support from Executive Committee. Additional review completed and due to be returned to Executive Committee in coming month.
- **4.5.1)** Good progress has been made in identifying opportunities for extended primary and community models within the Integrated Health, Care and Wellbeing Hub as part of the emerging Integrated Community Model. Initial service redesign work has explored a range of enhanced primary and community care pathways, including prevention, chronic disease management, social prescribing and multidisciplinary approaches aligned to the Community by Design principles. Engagement has commenced with primary care stakeholders to better understand existing and potential future GP and automated pharmacy provision within the hub model. The direction of travel remains positive, with opportunities identified to improve coordination between primary care, community services and the wider wellbeing offer. Whilst no significant strategic risks have been identified at this stage, delivery remains dependent on ongoing engagement with GP practices, and wider partners to agree the future operating model and workforce requirements. The anticipated impact is improved access to care, enhanced prevention and reduced reliance on secondary care services through a more integrated community-based approach.
- **4.5.2)** Discussions with primary care stakeholders are continuing to refine service requirements, accommodation needs and potential operating models. Dental service provision has been incorporated within the Phase 1 hub proposals, whilst engagement continues with General Medical Services and pharmacy colleagues to determine the most appropriate model for delivery and integration within the hub environment.
- **4.6.1) & 4.6.4)** Timescale change to Q2-Q4.
- **4.6.2)** Implementation of mid-south cluster merge went live on 1st April 2026.
- **4.7.9)** Direct Award of Alternative Provider Medical Services (APMS) contract to Shropdoc completed, sustaining existing Out Of Hours provision from 1st July 2026 – 30th September 2027 whilst revised model work continues.

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- **4.7.16)** Eye care patient pathway for Hydroxychloroquine (HCQ) agreed. Welsh Government funded equipment intended for primary care HCQ pathway has been utilised within planned care community Ophthalmology services to launch local HCQ, mitigating against lack of WGOS 4 HCQ provision.
- **4.7.17)** Electronic Referral System is live in PTHB community optometry. Work is ongoing for full implementation with cross border pathways - estimated Q3/Q4.
- **4.7.20)** Implementation of new General Dental Services contract in place with all independent contractors offering NHS dentistry as of 1st April 2026. Procurement processes in hand to expand General Dental Service contracting offer. Contract award for Knighton awaiting Board approval in July meeting.
- **4.7.32)** Developed the 2026/27 Medicines Management Incentive Scheme (MMIS) to support cost-effective, high-quality prescribing and align practice-level delivery with national and local prescribing priorities. Embedded prescribing improvement priorities within the MMIS, including opioids, pregabalin and gabapentin, antimicrobial stewardship, inhaler decarbonisation and Short Acting Beta Agonist (SABA) inhaler use.
- **4.7.34)** Maintained progress with Blueteq implementation and high-cost medicines governance, supporting improved assurance, data quality and access to medicines in line with national arrangements.
- **4.7.39)** Continued preparatory and implementation work for Electronic Prescribing and Medicines Administration (ePMA) as a core medicines safety and digital transformation priority for inpatient services.

Commentary on red rated actions:

- **4.4.8)** Wider organisational capacity to service an additional transformation programme at this time is assessed to be significantly limited, taking into account the Phase 1 consultation timeline, delivery of the Grant Thornton recommendations, delivery of Getting It Right First Time recommendations through the Diagnostics and Planned Care Programme and in year annual plan delivery through the Frailty & Community, and Mental Health programmes. A paper will be presented at Executive Committee on 8th July requesting the deferral of new programmes being established, this impacting on setting up place based workstream.

Achievements:

- Better Together clinical oversight model approved and recruitment underway.
- Community teams embedded within the virtual ward model.
- Out of Hours service contract secured through September 2027.
- New General Dental Services contract implemented across all independent contractors.
- Medicines Management Incentive Scheme developed and being implemented.
- Continued roll-out of Blueteq and improvements to ePMA.

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Key Areas of Delivery	Key Milestones and Deliverables		Mapping	Timescale	Lead Executive	Status				Year End Delivery Confidence Assessment			
						Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Better Together Programme													
4.1) Clinical Oversight Model	4.1.1)	Confirm clinical oversight model required to deliver the Better Together Integrated Community, Inpatient and Urgent Care models of care, including interface with Out of Hours service, Single Point of Access and Minor Injury Units (including the use of digital/remote networks and tools)	CA	Q1	ED PCC&MH ED P&C DI&T	Green				High			
	4.1.2)	Develop phased implementation plan and business case for new clinical oversight model including medium to long term workforce pipeline plan	CA	Q2						High			
	4.1.3)	Subject to approval, implement phase 1 of new clinical oversight model	CA	Q3-Q4						High			
4.2) Integrated Community Model	<u>Commence implementation of model</u>												
	4.2.1)	Commence implementation of the Better Together Integrated Community Model within existing resources to develop proactive prevention and intermediate care services	CA	Q1		Green				High			
	4.2.2)	Develop business case and plan to reinvest some existing commissioning spend into additional community capacity	CA	Q3-Q4						High			
	4.2.3)	Review and implementation of plans to address 2025/26 Patient Pathway Testing recommendations (week of care survey Mid Powys; accelerated learning event North Powys)	CA	Q1						High			
	<u>Proactive prevention including enhanced community capacity & polypharmacy</u>												
	4.2.4)	Implement cluster-based Frailty Services to deliver proactive prevention Multidisciplinary Teams approach - subject to identified cluster funding	CS CA	Q1-Q4		Green				High			
	4.2.5)	Monitoring and evaluation of cluster-based Frailty Services against benefit framework and target improvement metrics	CS CA	Q1-Q4		Amber				Medium			

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4.2.6) Develop a model for strengthened clinical leadership for medicines optimisation structures at practice, cluster, and integrated community team level, working collaboratively with pharmacy teams to ensure effective, safe, and consistent medication optimisation across Powys and in alignment with the agreed clinical oversight model developed through Better Together <u>Intermediate care</u> Colocation of intermediate care Colocation of existing community resources to enable a whole team, holistic approach enabling seamless co-ordinated care (key interdependency with North Powys Wellbeing Programme) 4.2.7) Finalise scoping including estates and workforce implications 4.2.8) Commence organisational change process and finalise implementation plan (subject to approval) 4.2.9) Implementation of colocation changes (subject to approval) Enhanced Community Capacity 4.2.10) In partnership, codesign next phase of Enhanced Community Capacity Local Supplementary Service for General Medical Services 4.2.11) Implement the new Local Supplementary Service 4.2.12) Scope Hospital@home capability to support enhancement Urgent Community Response 4.2.13) Implementation of Outpatient Parenteral Antimicrobial Therapy service (subject to approval) including monitoring and evaluation against benefits framework Intermediate Care Inpatient 4.2.14) Implementation of improvement actions for inpatient intermediate care bed base	CA	Q1-Q4	Green				High			
	CA									
	CA	Q1	Green				High			
	CA	Q1	Amber				Medium			
	CA	Q2					Medium			
	CA	Q2-Q3					High			
	CA	Q4					High			
	CA	Q1-Q4	Green				High			
	CA	Q2					High			
	CA	Q1	Green				High			

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	4.2.15) Joint review of inpatient intermediate care bed base capacity and utilisation with partners to identify improvement actions with financial plan and clear outcome delivery	CA	Q3-Q4						High			
	Integrated Physical Health & Mental Health				Green				High			
	4.2.16) Undertake demand and capacity analysis for integrated Physical & Mental Health provision in community and inpatient settings	CA	Q1									
	4.2.18) Map competency requirements and pathways for delivery of joined up, holistic provision in the community and inpatient settings.	CA	Q3-Q4						High			
	4.2.19) Development and implementation training development plan to optimise joined up care between physical and mental health settings	CA	Q4						High			
	Fracture Liaison Service											
	4.2.20) Subject to business case, implement Fracture Liaison Services with development of dashboard to enable monitoring and evaluation	CA	Q1-Q4		Amber				High			
	Last Year of Life											
	4.2.21) Improve co-ordination of the Last Year of Life through a phased approach with partners within existing resources	CA	Q1-Q3		Green				High			
4.3) Temporary Service Changes	4.2.22) Identify opportunities to grow local resource, delivering seven days per week, through re-investment of commissioning funding and where appropriate, develop business plan for 2027-28	CA	Q3-Q4						High			
	4.3.1) Monitoring and evaluation of Temporary Service Changes (Ready to Go Home Units and Rehabilitation Units) to inform the pre-consultation business case for Better Together Phase 1 options on adult physical and mental health community service		Q1-Q2		EMD ED PCC&MH ED P&C DI&T				High			
4.4) Journey to Consultation	Phase 1 Adults Physical and Mental Health Community Services				ED P&C DI&T							
	4.4.1) Finalise pre-consultation business case and supporting materials		Q1-Q2			Green			High			
	4.4.2) Undertake formal consultation		Q3-Q4						High			

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	4.4.3)	Develop the clinical service strategy following outcome of the Consultation		Q4					High			
	Phase 2, Planned Care, Women, Children and Families											
	4.4.4)	Undertake stakeholder engagement on phase 2 planned care, women, children and families		Q2-Q4					High			
	4.4.5)	Development of Powys Provider Scheduled Care Model		Q1 – Q2		Green			High			
	4.4.6)	Development of options to delivery on the future scheduled care model to ensure sustainable services		Q4					High			
	4.4.7)	Commence development of clinical service strategy planning and Pre-Consultation Programme Business Case for Phase 2 (if required)		Q4					High			
	Place Based Care											
	4.4.8)	Progress development of Place Based approach as part of Better Together portfolio and consider outputs of Regional Partnership Board Innovative Environments workstream and similar neighbourhood and place-based planning by partners		Q1-Q4		Red			High			
North Powys Wellbeing Programme												
4.5) Integrated Wellbeing Hub	4.5.1)	Agree opportunities within the new Integrated Wellbeing Hub for extended GP and Pharmacy roles as part of the Integrated Community Model, aligned to Community by Design Multidisciplinary Teams approach	CS	Q1 - Q2	ED P&C DI&T	Green			High			
	4.5.2)	Confirm Primary Care contractor model (Dental, General Medical Services, Community Pharmacy) within Integrated Wellbeing Hub		Q1		Green			High			
Cluster Development & Primary Care												
4.6) Cluster & Collaborative Development	4.6.1)	Strengthen the delivery framework at cluster and collaborative level to enable population based commissioning		Q1	ED PCC&MH	Amber			Medium			
	4.6.2)	Implementation of mid-south cluster merge		Q1-Q2		Blue			High			
	4.6.3)	Support and strengthen the Cluster Lead role		Q1-Q4		Green			High			

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	4.6.4)	Cluster and Collaborative engagement and maturity development to deliver Community by Design priorities	CS	Q1	Amber				Medium			
	4.6.5)	Implementation of Professional Nursing Collaborative		Q1	Green				Medium			
	4.6.6)	Implement integrated pathways aligned to Community by Design	CS	Q3					Medium			
4.7) Enhanced Primary Care	<u>General Medical Services (GMS)</u> Ensure equitable, robust and sustainable model of core GMS											
	4.7.1)	Monitor GMS provision in mid cluster, and if appropriate scope alternative models to support patient access		Q1-Q4	Green				High			
	4.7.2)	GMS Practice Sustainability analysis, review, & action planning		Q3-Q4					High			
	4.7.3)	Patient Access analysis, review and action planning		Q3-Q4					High			
	4.7.4)	Collate and share patient access models and solutions to maximise access opportunities and share good practice		Q4					High			
	4.7.5)	Unified Contract Assurance Framework assurance and outcome management		Q2-Q4					High			
	4.7.6)	Quality Improvement Framework project analysis & planning		Q1-Q2	Green				High			
	4.7.7)	Supplementary Service audit review, analysis and feedback		Q2-Q3					High			
	4.7.8)	Supplementary Service Review with focus on Virtual ward/Community Resource Team & Directed Collaborative Service		Q1-Q4	Green				Medium			
	<u>Out of Hours (OOH)</u>											
	4.7.9)	Direct Award Alternative Provider Medical Services contract to sustain existing OOH provision from 01/07/2026 – 30/09/2027		Q1	Blue				High			
	4.7.10)	Resolve service issues around OOH delivery model for Ystradgynlais patients		Q1	Green				Medium			

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Patterson, Liz 25/09/2026 14:52:15	4.7.11) Develop a new OOH model/ specification		Q1-Q2	Green				High			
	4.7.12) Commence an open market procurement process for a new OOH model/specification (for implementation from 01/10/2027)		Q3-Q4					High			
	<u>Optometry</u> Ensure continued growth of community optometric services to enable a wider range of eye care services to be delivered within Powys										
	4.7.13) Monitor service provision and patient access to specialist Optometry services for Medical Retina, Glaucoma and Independent Prescribing Optometrists (IPOS)		Q1-Q4	Green				High			
	4.7.14) Support further development of eyecare services in line with Ophthalmology CIN recommendations and Better Together Getting It Right First Time Transformation Prioritisation		Q1-Q4	Green				High			
	4.7.15) Implement pathways with outreach Ophthalmology Services, clusters and Optometry practices for Glaucoma and Medical Retina pathways		Q1-Q2	Green				High			
	4.7.16) Scope primary care optometry options to support existing Hydroxychloroquine (HCQ) patient pathway		Q1	Blue				High			
	4.7.17) Support rollout and implementation of the national Electronic Referral System		Q1	Amber				High			
	4.7.18) Quality Framework assurance and outcome management		Q1-Q4	Green				High			
	4.7.19) Review Practice development plans to inform Eye Health Needs Assessment provision		Q2-Q3					High			
	<u>Dental Services</u> Grow capacity and sustainability of dental, orthodontic and special care dentistry services across Powys										
	4.7.20) Implementation of new dental contract		Q1	Blue				High			
	4.7.21) Implement new contract management assurance framework and outcome management		Q1-Q2	Green				High			
	4.7.22) Systematic review of service provision to support stabilisation and future capacity for primary care dental & orthodontic care		Q1-Q4	Green				High			

Person Liz 20/02/2026 14:52:11	4.7.23)	Maintain urgent access in General and Community Dental Service to balance demand and capacity		Q1-Q4	EMD	Green				Medium			
	4.7.24)	Continue to transfer patients from the Dental Access Portal to General Dental Service providers		Q1-Q4		Green				High			
	4.7.25)	Continue to offer Welsh enhanced recruitment offer for Welsh foundation dentists		Q1-Q4		Green				High			
	4.7.26)	Continue with dental student placements		Q1-Q4		Green				High			
	4.7.27)	Scope utilization of digital and Artificial Intelligence to improve efficiency and patient experience		Q1-Q2		Green				Medium			
	4.7.28)	Formalise special care dentistry pathways with external providers for special care patients who are unable to be treated safely in Powys		Q2						Medium			
	4.7.29)	Develop a Community Dental Service Future Strategy and Delivery Plan		Q1-Q2		Green				High			
	4.7.30)	Recruitment of consultant in oral surgery		Q4						Medium			
	<u>Primary & Community Care Academy</u>		CS	Q1-Q4		Green				High			
	4.7.31)	Develop educational offer across primary and community services to ensure improving leadership, collaborative, administrative and clinical skills are aligned to the requirements to deliver Community By Design pathways											
	<u>Medicines Management and Pharmacy</u>				EMD								
	Optimising Medicines Use												
	4.7.32)	Deliver medicines optimisation aligned to Value & Sustainability Board, improving prescribing efficiency		Q1-Q4		Green				High			
	4.7.33)	High-Cost Drug Rebates - Progress work to ensure High-Cost Drug rebates are received working with English NHS Trusts		Q1-Q4		Amber				Medium			
	4.7.34)	Blueteq (High-Cost Drugs) - Continue working with All Wales Therapeutic Toxicology Centre and Welsh health boards to develop Blueteq forms and ensure utilisation for PTHB patients		Q1-Q4		Green				High			
	Antimicrobial Stewardship			Q1-Q4		Green				High			

	4.7.35) Maintain and strengthen antimicrobial stewardship activity to improve prescribing quality and reduce risk of resistance				Green							
	Community Pharmacy 4.7.36) Support the delivery and development of community pharmacy clinical services, improving access to care and integration with primary care services across Powys		Q1-Q4		Green				High			
	Independent Prescribers 4.7.37) Support the development and expansion of Independent Prescriber capacity across pharmacy services to strengthen clinical capability and service resilience		Q1-Q4		Green				High			
	Mental Health Pharmacy				Amber				Medium			
	4.7.38) Provide pharmacy professional support to mental health services, with a focus on improving medicines safety and optimisation within inpatient and community pathways		Q1-Q4		Amber				Medium			
	Electronic Prescribing and Medicines Administration (ePMA)				Green				High			
	4.7.39) Implement and embed ePMA across inpatient services		Q1-Q4		Green				High			
Formal change request (Please tick as applicable and provide explanation below)												
Change in Scope	✓	Change in Timescale	✓									
<u>Q1 Change in Timescale and Scope</u> - Request to be removed 4.2.9) Change in timescale from Q1 to Q3 4.6.1) Timescale change to Q2-Q4 4.6.4) Timescale change to Q2-Q4 4.7.17) Timescale change to Q3/Q4.												
Executive Director Sign Off	Kate Wright (Executive Medical Director) Elaine Lorton (Executive Director Primary Care, Community & Mental Health) Debra Wood Lawson (Executive Director of People and Culture) Lucie Cornish (Director of Improvement and Transformation)											

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Early Help and Support

Strategic Priority 5: Planned Care and Diagnostics

Commentary on progress this quarter:

- **5.1)** The strategic assessment from GIRFT has been received and reviewed. A governance process has been established to track overarching recommendations through the Diagnostics and Planned Care Programme Board, ensuring alignment with relevant programme workstreams. A metrics tracker has been developed to monitor progress, support performance reporting, and provide assurance on the implementation of GIRFT recommendations.
- **5.2.6)** The successful launch of Community Health Pathways represents a significant achievement in improving access to timely, consistent, and patient-centred care. Community Health Pathways provides clinicians with clear, evidence-based guidance on the assessment, management and referral of patients.
- **5.3.1)** 8 cataracts on list achieved for insourcing demonstrating service capabilities further discussions on-going with main provider Wye Valley NHS Trust to support this.
- **5.7.1)** Pre-operative assessment service/Health Screening Questionnaire live in place, face to face (F2F) and virtual in line with CIN requirements. 6-4-2 in place to be strengthened with senior clinical leadership in August 2026. To align procedures to correct setting ocularplasty operating protocol developed, orthopaedics protocols under development. Full day lists in place across ophthalmology, orthopaedics, urology.
- **5.9.2)** Business case to explore options for the future configuration of Echo Cardiology services in Mid and South Powys, informed by Getting It Right First Time findings, with consideration of capacity, workforce and models of care is written, and will be progressed in Q2.

Commentary on red rated actions:

- **5.3.1)** Roll out of Open Eyes, in line with requirements, is missing as a priority reference for Welsh Government to implement the system last year. PTHB were notified of funding late in the year and therefore recruited digital post late and the funding ended March 2026. However good progress has been made in Q1 with user testing completed, roll out plan agreed, go live date on first site in early Q2. Digital architect resources still require funding - this is essential to system roll out bid to Executive Committee in late June.
- **5.5.2)** A change request was agreed at the Planned Care Transformation Board in June 2026 to pilot NHS Open space in Q2.
- **5.7.2)** Accreditation to be piloted in surgical hub sites in first wave, Clinical Implementation Network (CIN) timelines for future waves are not yet known.

Achievements:

- The strategic assessment from GIRFT has been received and reviewed and a governance process established to track overarching recommendations through the Diagnostics and Planned Care Programme Board, ensuring alignment with relevant programme workstreams. A metrics tracker has been developed to monitor progress, support performance reporting, and provide assurance on the implementation of GIRFT recommendations.

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- The successful launch of Community Health Pathways represents a significant achievement in improving access to timely, consistent, and patient-centred care. Community Health Pathways provides clinicians with clear, evidence-based guidance on the assessment, management and referral of patients.
- New preoperative facility fully operational in Brecon for Face 2 Face and virtual appointments.
- Estates/Dementia friendly work for Llanidloes nearing completion additional equipment purchase for eyecare which will enable repatriation of biometric pathways in addition to nurse lead injector service.
- Referral To Treatment targets achieved, Follow Up target achieved.
- GIRFT model health system targets achieved in Orthopaedics, Ophthalmology, Urology, General Surgery.
- Positive optimisation assurance from Ophthalmology CIN with request to showcase Provider developments at national meeting.

Key Areas of Delivery	Key Milestones and Deliverables	Mapping	Timescale	Lead Executive	Status				Year End Delivery Confidence Assessment			
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Better Together Programme / Interdependencies with North Powys Wellbeing Programme												
5.1) Getting It Right First Time (GIRFT) Strategic Assessment	<u>GIRFT Strategic Assessment of Planned Care (Top 10 Specialities by activity and cost)</u>	MA G CA	Q1	DI&T ED P&C ED PP&C	Blue				High			
	5.1.1) Receive the GIRFT Strategic Assessment of Planned Care report	CA	Q1		Green				High			
	5.1.2) Review and update of Case for Change Technical Chapter	CA	Q1		Green				Medium			
	5.1.3) Recruit to clinical specialty leads and transformation expertise to lead and support delivery	CA	Q1-Q2		Green				Medium			
	5.1.4) Develop phased implementation plan to deliver benefits of pathway re-design – phase 1 to focus on 2026/27 opportunities and benefits	CA	Q1		Amber				Medium			
	5.1.5) Deliver phase 1 of the implementation plan	CA	Q3-Q4									
	5.1.6) Scope the development of Strategic Partnership to review and implement a new in reach model around key sites (1 site to be confirmed in 2026/2027)	CA	Q3		Green				High			
5.2) Referral Optimisation	<u>Referral Optimisation</u>	CA	Q1		Blue				High			

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	5.2.1) Receive the GIRFT business case for referral optimisation at scale													
	5.2.2) Develop phased implementation plan for delivery of referral optimisation at scale business case	CA	Q1		Amber					Medium				
	5.2.3) Secure referral optimisation clinical leadership and transformation support	CA	Q1-Q2		Green					Medium				
	5.2.4) Agree options for an electronic referral system within Wales and across the border into NHS England (will require national support)	CA	Q2							High				
	5.2.5) Deliver 2026/27 benefits of the business case implementation plan via the optimisation workstream of Better Together Planned Care Programme Board	MA G/ CA	Q4							Medium				
	Community Health Pathways 5.2.6) Delivery of community health pathways	CA	Q1-Q4		Green					High				
	<u>Medical Devices</u>				ED AHPHS&D									
	5.2.7) Support Better Together in procuring medical devices and equipment aligned with any changes to service delivery			Q2							High			
	5.2.8) Ensure all procurement and financial requirements are met and enable smooth, efficient transition including equipment transfer or disposal and ensuring all governance and compliance requirements are upheld throughout the process			Q3							High			
	5.2.9) Improvements in patient safety and experience through development of digital processed and standard operating procedures			Q4							High			
Service and Pathway Improvement														
5.3) Ophthalmology	5.3.1) Roll out of Open Eyes in line with national requirements		Q1-Q4	ED PCC&MH	Amber					Medium				
	5.3.2) Increase cataract list to 7 procedures		Q1-Q4		Amber					Medium				
	5.3.3) Development of injecting service to support repatriation of Hywel Dda University Health Board activity		Q1-Q4		Green					High				

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5.4) Orthopaedics/ Musculoskeletal (MSK)	5.4.1) Complete Spread & Scale of MSK First Contact Practitioners Service		Q2					High			
	5.4.2) Embed referral Management processes for NHS England and extend to commissioned Welsh services		Q2					High			
	5.4.3) Develop Single Point of Access for all MSK referrals		Q4					Medium			
	5.4.4) Develop 5 year Spinal Surgery Strategy informed by South Wales Spinal Network principle		Q4					Medium			
	5.4.5) Develop provider review process for Interventions Not Normally Undertaken/Evidence Based Intervention in MSK/Orthopaedics		Q2-Q3					Medium			
5.5) Outpatients	5.5.1) To deliver Clinical Implementation Network Seen On Symptoms/Patient Initiated Follow Up/discharge requirements in PTHB priority specialties	MA G	Q1		Green			High			
	5.5.2) To complete business case for investment of a clinical room booking system (rolled over from 2025/26)	MA G	Q1		Red			High			
5.6) Waiting Well service	5.6.1) Development of Prehabilitation offer in line with requirements of 3P Strategy (awaiting direction from Welsh Government)		Q1-Q4		Green			High			
5.7) Theatres	5.7.1) Development of a Theatre service in line with Better Together Strategic prioritisation in key specialties		Q1-Q4		Green			High			
	5.7.2) Work towards accreditation for PTHB theatres (accreditation criteria process to be arranged by National Planned Care Programme)		Q1-Q4		Red			High			
5.8) Endoscopy	5.8.1) Work towards Joint Advisory Group accreditation for Endoscopy service		Q1-Q3		Green			High			
Diagnostics and Therapies											
5.9) Diagnostic Capability	5.9.1) Use GIRFT findings to inform exploration of future configuration options for Non-Obstetric Sonography services, including consideration of capacity, workforce and models of care	MA G	Q2	ED AHPHS&D				High			

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	5.9.2) Explore options for the future configuration of Echo Cardiology services in Mid and South Powys, informed by GIRFT findings, with consideration of capacity, workforce and models of care	MA G	Q1	ED PCC&MH	Green				High			
	5.9.3) Expand the Welsh Government-funded national C-Reactive Protein (CRP) Point Of Care Testing Trial across primary care settings, supporting improved antimicrobial stewardship and optimised prescribing for acute respiratory infections and Chronic Obstructive Pulmonary Disease exacerbations		Q2						Medium			
5.10) Therapies Services	5.10.1) Undertake a review of Audiology service provision to inform future service development, including consideration of capacity, workforce and service delivery models		Q2- Q3						High			
	5.10.2) Review CPAP/Sleep service provision to identify opportunities to optimise service models, capacity and workforce sustainability		Q2- Q3					High				
Formal change request (Please tick as applicable and provide explanation below)												
Change in Scope	✓	Change in Timescale	✓									
Q1 Change in Timescale and Scope • 5.1.4) Phase 1 to focus on 2026/27 opportunities and benefits - Change in timescale from Q1 to Q2 • 5.2.2) Change in timescale from Q1 to Q2 • 5.2.7) To be removed as considered BAU, agreed at Planned Care Programme Board • 5.2.8) To be removed as considered BAU, agreed at Planned Care Programme Board • 5.2.9) To be removed as considered BAU, agreed at Planned Care Programme Board • 5.5.2) Request to be removed - A change request was agreed working with estates programme to pilot NHS Open space Q2												
Executive Director Sign Off	Debra Wood Lawson (Executive Director of People and Culture) Lucie Cornish (Director of Improvement and Transformation) Elaine Lorton (Executive Director of Primary Care, Community and Mental Health) Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)											

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Early Help and Support

Strategic Priority 6: Complex and Continuing Healthcare (CHC)

Commentary on Progress in this Quarter:

- **6.1.1)** UB Healthcare (UBH) completed 1st tranche of 30 cases. Currently in QA process, 2nd tranche of cases provided awaiting commencement with UBH.
- **6.1.2)** Function in place, currently not tested as no applications.
- **6.1.1)** Recommendations received from UB healthcare. Implementation underway.
- **6.1.4)** First policies and procedures in draft and due to be signed off in coming weeks.
- **6.2.1)** Commissioning complete. Programme support identified and first implementation meeting scheduled with provider.

Commentary on red rated actions: N/A

Achievements:

Key Areas of Delivery	Key Milestones and Deliverables		Mapping	Timescale	Lead Executive	Status				Year End Delivery Confidence Assessment			
						Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Complex Care Transformation													
6.1) Implement transformation plan for Complex Care Team, incorporating actions in response to Grant Thornton review	6.1.1)	Externally commission in depth clinical commissioning reviews for complex cases	GT CA	Q1	ED PCC&MH	Green				High			
	6.1.2)	Implementation of Direct Payment programme	GT CA	Q1		Green				High			
	6.1.3)	Team leadership and structure review and development	GT CA	Q1- Q2		Green				High			
	6.1.4)	Policy review and development to ensure alignment between general nursing, mental health/learning disability and children’s services	GT CA	Q1– Q3		Green				High			
	6.1.5)	Development of a commissioning strategy and Quality Assurance Framework	GT CA	Q2 &Q 3						High			

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	6.1.6)	Brokerage service development and wider market management	GT CA	Q3 & Q4						High			
6.2) Digital commissioning system	6.2.1)	Implement nationally supported digital commissioning system	GT CA	Q1- Q2		Green				High			
	6.2.2)	Evaluate and monitor impacts delivered through national digital commissioning system		Q4						High			
Service Improvement													
6.3) Learning Disability Services	6.3.1)	Review of Learning Disability community services to evaluate the impact on the need for commissioned care and develop improvement plan	CA	Q2	ED PCC&MH					High			
	6.3.2)	Implement improvement plan and monitor impact on level of acute and commissioned care required	CA	Q4						High			
6.4) Provider Development	6.4.1)	Engage with and support providers to develop alternative provision that offers the least restrictive, safe option for complex care needs	CA	Q1 – Q4		Amber					Medium		
Formal change request (Please tick as applicable and provide explanation below)													
Change in Scope	N/A	Change in Timescale	N/A										
Executive Director Sign Off	Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)												

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Tackling The Big Four

Strategic Priority 7: Major conditions (Cancer, Respiratory, Cardiovascular including Stroke, Diabetes)

Commentary on Progress in this Quarter:

- **7.2.1)** Exploration of post-Phase 2 options are underway, with discussions in progress and meeting scheduled for 6th July to agree next steps and the future direction of Improving the Cancer Journey.
- **7.2.2)** Cancer Improvement Plan 2023–26 final update has been submitted, awaiting guidance on the development of the next version of the Cancer Improvement Plan.
- **7.3.1)** Powys Cancer Team business case approved by Executive Committee on 18th March 2026, with matched pump-prime funding secured from two charitable organisations (subject to contract), and mobilisation now underway.
- **7.3.2)** Prehabilitation and rehabilitation delivery is on track but remains dependent on alignment with the forthcoming national service specification, which may present a risk to delivery within this financial year if delayed.
- **7.4.1)** Plan to be informed by outputs from national workshop end of July 2026. Participation in place from clinical team and operational manager. Plan in place to support operational integration of clinical pathways.
- **7.6.2)** Advanced Heart Failure pathway meetings no longer occurring, previous chaired by Dr. T Lewis.
- **7.6.5)** Cardiology - currently no digital or platform infrastructure support the collection or reporting of PROMS in Heart Failure, e.g. Promptly.
- **7.8.1)** Strategic assessment outputs received and reviewed in Q1, Cardiology, Respiratory and Diabetes pathway discussions being taken forwards under Pathway Redesign workstream.
- **7.8.2)** Dependent on clinical specialty leadership.

Commentary on red rated actions: N/A

Achievements:

- Cardiology - Mid Cardiac Diagnostics went live in May 2026, running two clinics per weeks from Llandrindod. Local Enhance Service Cardiac Arrhythmia being taken to board for discussion, for Mid Powys.

Key Areas of Delivery	Key Milestones and Deliverables	Mapping	Timescale	Lead Executive	Status				Year End Delivery Confidence Assessment			
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Diabetes												

7.1) High Value High Impact Pathway	7.1.1)	Development of business plan to deliver consistent approach to Diabetes Prevention across Powys sustainably utilising repatriated commissioning resource	CS	Q1	ED PCC&MH	Blue				High			
	7.1.2)	Monitor General Medical Services provision of the Diabetes 8 NICE recommended care processes and target intervention to support improvement of delivery	CS/I PT	Q1- Q4		Green				High			
	7.1.3)	Subject to approval, implement Diabetes Prevention plan including robust benefits tracking and monitoring of target improvement metrics		Q3- Q4						High			
Cancer													
7.2) Improving the Cancer Journey	7.2.1)	Explore options post Phase 2 of Improving the Cancer Journey		Q1- Q3	EMD	Green				High			
	7.2.2)	Improving the Cancer Journey programme to review and update the Cancer Improvement Plan		Q1- Q4		Green				Medium			
7.3) Service Development	7.3.1)	Progress the Powys Cancer Team business case with support from charitable organisations (subject to Executive Committee approval)		Q1- Q4		Green				High			
	7.3.2)	Agree and implement a model for Cancer prehabilitation (national service spec pending) and rehabilitation		Q1- Q4		Green				Medium			
Respiratory													
7.4) Breathlessness Pathway	7.4.1)	Develop implementation plan for breathlessness groups/clinics from within existing resources with clear evidence base, benefits and target improvement metrics	IPT	Q1- Q2	ED PCC&MH	Green				High			
	7.4.2)	Implementation of breathlessness groups/clinics including robust benefits tracking and monitoring of target improvement metrics	IPT	Q3 &Q 4						High			
Cardiac													
7.5) Quality Improvement	7.5.1)	Uptake of Welsh Government funded Primary Care Quality Improvement projects (ABCD+ and CKD prevention) by General Medical Services		Q1- Q4	ED PCC&MH	Amber				Medium			
7.6) Service Improvement	7.6.1)	Collaborate with Public Health Wales to implement the National Cardiovascular Disease Prevention Plan for Wales (<i>cross reference to Strategic Priority 1</i>)		Q1- Q4		Amber				Medium			

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	7.6.2)	To agree and implement an Advanced Heart Failure Pathway which includes updating the Heart Failure Supplementary Service in line with NICE guidance		Q1-Q4		Amber			High			
	7.6.3)	Implement an Arrhythmia supplementary service		Q1-Q4		Green			High			
	7.6.4)	Multidisciplinary Teams provide Pan Powys Cardiac Diagnostics (ECHOs) to provide timely diagnosis of Heart Failure through a ‘one stop shop’ approach (<i>cross reference to Strategic Priority 5 - Echocardiology business case</i>)		Q1-Q4		Green			High			
	7.6.5)	Capture outcomes (Patient Reported Outcome Measures and Patient Reported Experience Measures) for patients with Heart Failure	CS	Q1-Q4		Amber			High			
Stroke												
7.7) Regional Working	7.7.1)	Targeted engagement in national / regional planning forums / Joint Committees including South West Regional Joint Committee, South East Regional Joint Committee and Mid Wales Joint Committee (Stroke Task and Finish Group)	MA G	Q1-Q4	ED PP&C EMD ED AHPHS&D	Green			High			
Better Together												
7.8) Planned Care Major Conditions Pathway	7.8.1)	Review of outputs of strategic assessment completed in Quarter 4 2025-26 by Getting It Right First Time team in relation to major conditions pathway opportunities	MA G	Q1	ED P&C DI&T	Green			High			
	7.8.2)	Implementation of high impact recommendations of strategic assessment (not requiring consultation) relating to major conditions including referral management		Q2-Q4					Medium			
Formal change request (Please tick as applicable and provide explanation below)												
Change in Scope	N/A	Change in Timescale	N/A									
Executive Director Sign Off	Kate Wright (Executive Medical Director) Elaine Lorton (Executive Director of Primary Care, Community and Mental Health) Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital) Debra Wood Lawson (Executive Director of People and Culture) Lucie Cornish (Director of Improvement and Transformation) Nicola Johnson (Executive Director of Planning, Performance and Commissioning)											

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Tackling The Big Four

Strategic Priority 8: Mental Health

Commentary on Progress in this Quarter:

- **8.1.1)** In Q1, the Live Well Partnership for Mental Health adopted this deliverable as a key priority and it is embedded in draft delivery plan. The structure of the Partnership has been reviewed to ensure multi-agency ownership and delivery. Next steps are to agree the actions for next quarters but work in Q2 is already underway to enable partner agencies to map current activity to support improvement objectives.
- **8.1.2)** In Q1, there was a focus on identification of opportunities including mapping a direct Referral Pathway Between Single Point Of Access/111#2 & Online Cognitive Behaviour Therapy (CBT) and considering a national Open Access Suite of Wellbeing Programmes. Q2 will focus on revision of Demonstrator project proposals for PTHB Implementation Team & NHS Performance & Improvement. PTHB will present progress at National Online CBT Stakeholder Meetings. A fortnightly implementation workstream comprising implementation team has been established to take the work forward.
- **8.1.5)** Two areas of focus in Q1 – a) Prevention Plan review initiated and ongoing and b) restructure of Postvention team to respond to increased demand. The multi-agency forum also requires a review to ensure levels of strategic leadership and ownership across partner agencies is robust (focus for Q2). Dyfed Powys Police launched their suicide prevention strategy in Q1 in which PTHB were engaged.
- **8.1.6)** Breathing Space project (CAMHS) work in Q1 has included improved attendance and engagement observed in Phase 2 of the project following relocation from Llandrindod to Brecon, informed by learning from the evaluation of phase 1. Arts in Health: Development of SharePoint page is underway, which will publish the pledge, current and past project information and provide templates and guidance to support staff in progressing projects from initial idea through to delivery.
- **8.1.7)** PTHB CAMHS leadership for this agenda has been fully engaged in progressing conversations. In Q1 the ask from NHS Performance & Improvement was to give a position statement on current delivery and potential for transition to a new model/consideration of what would be needed to enhance early intervention approach. PTHB submitted timescales.
- **8.2.1)** Whilst this workstream is in process of being established, further analysis of demand & capacity projections has informed a proposed workforce plan for the Older Adult Community Team. Workstream will be established during July and Q2 work will build upon the outline community model to provide detail for Older Adult Community Team design, in alignment with wider projects.
- **8.2.2)** Work is ongoing to update baselines of services in scope for phase 1 of the Better Together programme i.e. Older Adults community-based MDTs. Discussion is ongoing regarding the wider scope of this deliverable which reduces the Q1 status to amber.
- **8.2.3)** This has been severely impacted by recent initiatives (post agreement of 2026-27 Integrated Plan), from NHS National Strategic Programme Board for Mental Health regarding 'Open Access', 'One at a Time' and 'Stepped Care 2.0' 'Demonstrator Area' pilots. To be fully implemented, these projects require significant redesign of existing Single Point of Access processes and require redefinition of the vision for the MH Single Point of Access (and wider Community Model). These development projects will also impact deliverables 8.2.1, 8.3.1, (8.3.2) and joint working with internal and external partners. This work is being project-managed by Mental Health services with leadership and guidance from NHS Performance & Improvement; however, the single

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Point of Access will remain part of the Better Together programme. Whilst clarity of roles within the workstream is being worked through, work has progressed in line with the NHS Performance & Improvement Implementation Plan, which is guiding the demonstrator area pilots.

- **8.3.1)** The Adult Community Model remains out of scope for phase 1 Better Together. However, interdependencies with in-patient model and physical health have led to high level assumptions for the Adult Community Model being devised and used to inform recent demand & capacity modelling work for the Better Together programme. This deliverable will inform Adult Community Model work planned for inclusion in phase 2 of Better Together. Amber status is partly due to interdependencies with deliverables 8.2.2 (strategic assessment), 8.3.2 (Demonstrator Area Pilots) and anticipation of forthcoming new National guidance for the future of adult community teams.
- **8.3.2)** This deliverable represents an interdependency with and considerations to be included across all integrated plan deliverables and future service design, specifically deliverable 8.3.1 (adult community model), however has significant interdependencies with deliverables 8.2.3 (Single Point of Access) and 8.2.1 (Older Adult Community Model). The design of the model also has interdependency with NHS Performance & Improvement leadership for the Demonstrator Area Pilots Implementation Plan.
- **8.5.1)** During Q1, a Financial Recovery Board has been established for PTHB, led by external contractors Grant Thornton. Mental Health have recently attended a meeting with the Financial Recovery Team to outline initial actions required to improve oversight of use of private provider placements, alternatives to use of acute Mental Health beds along with reviewing governance, quality assurance and provider/ market arrangements. A process of mapping these actions to integrated plan deliverables and workstreams is underway, which will assist with tracking progress against these actions.
- **8.6.1)** The continuous improvement plan for quality in MH&LD holds action to sustain improvement in Datix production, review and closure. Ensuring compliance with NRI process, embedding learning, training strategy, improved quality of care and treatment planning and meeting patient safety metrics in both inpatient and community settings. Review and implementation is ongoing.
- **8.6.2)** A governance lead for Mental Health & Learning Disability for mortality review work has been adopted. There are no current cases allocated by the PTHB mortality review panel for consideration.
- **8.6.3)** National guidance requires Health Boards to demonstrate there are plans in place to meet performance measures including waiting time targets on a sustainable basis. Recovery plans are in place for a recent dip in Part 1 performance and for Part 2 compliance increase to 90% from around 82% on average per month. In addition, PTHB can demonstrate engagement in the National Strategic Programme for Mental Health and the Mental Health Patient Safety Programme. Implementation of safe wards has begun on the adult acute ward. The Part 1 Scheme for Powys has been reviewed and an interim statement produced as work to improve the offer continues. A harm reduction plan for substance is in place with a role for clinical lead for substance misuse now funded by the Substance Misuse PTHB ringfence to support strategic development of improved pathway integration. The waiting times for adult Neurodevelopment are of concern, and recovery plans have been initiated but internal escalation is underway given the fragility of the service at present. Annual Health Check work is ongoing and there is 100% compliance for Paul Ridd training in Learning Disability services.
- **8.6.4)** Remaining areas for implementation are connected to longer term modelling as part of Better Together programme.
- **8.6.5)** Q1 saw strengthening and confidence improvement work for the Mental Health & Learning Disabilities Savings Plan. The focus of strategies, projects and other development work is focussed on private providers and an Investment Benefits Group (IBG) case for additional beds locally has been passed to Executive Committee for consideration 1st July 2026. Whilst there has been a short period of improvement in the private provider position thanks to enhanced rapid governance and flow arrangements, variable pay in 111p2 and community settings requires enhanced workforce strategy but

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services are struggling to cope with demand at present creating risk in current plans. This is being reported through specific Mental Health and Finance and variable pay meetings. On target for medical locum reduction costs.

- **8.6.6)** A delivery mechanism within current structure has been agreed but the extent of work will be dependent on capacity currently engaged in developing the Open Access model of care as both projects are interdependent. However, there is additional work planned in partnership through the Live Well Mental Health Partnership who have picked up this agenda as priority from the Mental Health and Wellbeing Strategy.
- **8.6.7)** Priorities were agreed and include strengthening pathways (111p2 and local primary mental health support work). Engagement in Cluster discussions is critical to developing action pan Powys and leadership for this work has been established.

Commentary on red rated actions: N/A

Achievements:

- Live Well Partnership embedded as a key multi-agency priority which enable joint working to achieve delivery.
- Direct referral pathway development between Single Point of Access/111 and Online CBT progressed which when embedded will see greater early intervention.
- Postvention team review completed. Additional capacity in the team will allow for more support for those directly and indirectly impacted by suicides in Powys localities, this is part of prevention strategy given the proven evidence that specialist support as early as possible helps to mitigate further incidences and the impact on mental health and emotional wellbeing of many other people.
- Suicide prevention collaboration strengthened with Dyfed Powys Police supporting the launch of their suicide response strategy and aligning priorities for delivery this year.
- CAMHS Breathing Space Phase 2 delivered improved attendance and engagement. Important therapeutic approach added to journey of recovery for young people.
- Older Adult Community Team workforce planning progressed.

Key Areas of Delivery	Key Milestones and Deliverables	Mapping	Timescale	Lead Executive	Status				Year End Delivery Confidence Assessment			
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Population Health & Wellbeing												

8.1) Targeted Prevention & Intervention	8.1.1)	Improve access to information, advice and assistance to protect and promote good mental health and wellbeing by working with Powys Public Health team and Mental Health Live Well Partnership to extend the reach of communication opportunities		Q1-Q4	ED PCC&MH	Green				High			
	8.1.2)	Support and build resilience through online therapeutic support and intervention (leveraging digital opportunities) including development of a plan as part of National Demonstrator Area project for Cognitive Behaviour Therapy, such as:		Q1-Q2		Green				High			
	8.1.3)	Review PHQ9 threshold to increase access to online Cognitive Behaviour Therapy (CBT) for Powys residents		Q3-Q4						High			
	8.1.4)	Introduce direct referral pathway from 111 (press 2) & Single Point Of Access to online CBT to expedite therapeutic treatment options at front door		Q3-Q4						High			
	8.1.5)	Continue to deliver the Suicide and Self-harm Prevention Strategy for Wales including a review of the prevention plan, encouraging staff to undertake awareness training across PTHB, with ongoing delivery of the Postvention framework and service		Q1-Q4		Amber				Medium			
	8.1.6)	Implement Art in Health Pledge and undertake delivery of project and other work associated to promote access to the arts and creativity for all		Q1-Q4		Green				High			
	8.1.7)	Engage with the National programme of work to improve eating disorder and inpatient services across Wales, developing options for national and regional approaches		Q1-Q4		Green				High			
Better Together Programme / Interdependency with North Powys Wellbeing Programme													
8.2) Older Adult Community Model	8.2.1)	Complete Older Adult Community Model design and draft outline implementation plan, (interdependency with inpatient model and physical health), ensuring care and treatment pathways reflect principles of recovery-focused model	CA	Q1-Q4	ED P&C DI&T ED PCC&MH	Green				Medium			
	8.2.2)	Complete outstanding strategic assessment required for Older Adults community-based Multidisciplinary Teams (will	CA	Q1-Q2		Amber				Medium			

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8.6) Key areas of Continuous Improvement	8.6.1)	Review the Continuous Quality Improvement Plan for Mental Health & Learning Disabilities to maintain areas of focus for key quality and safety indicators in 2026-27	CS CA	Q1 – Q4	ED PCC&MH	Green				High			
	8.6.2)	Improve physical health of people with long term mental health problems by consideration of Mortality Reviews and identification of learning / action as appropriate	CS CA	Q1 – Q4		Green				High			
	8.6.3)	Work with other PTHB services to deliver the requirements as documented in the National Planning Framework technical document strategic priority for Mental Health Access for Memory Assessment, Adult Neurodivergence, Learning Disabilities, Substance Misuse	CA	Q1 – Q4		Amber				Medium			
	8.6.4)	Continue to implement response to recommendations within ‘Supportive Assessment’ conducted by NHS Performance & Improvement, aiming to establish improved acute care pathway, equitable services pan Powys and maintaining patient safety and patient experience	CS CA	Q1 – Q4		Green				High			
	8.6.5)	Improve efficiency and avoid waste by ensuring delivery of Mental Health savings and sustainability plan with focus on variable pay reduction, private providers usage for adult acute mental health, and medical workforce establishment	CA	Q1 – Q4		Amber				Medium			
	8.6.6)	Develop and implement recovery-focussed trauma informed approaches to care and training for mental health services	CA	Q1 – Q4		Amber				Medium			
	8.6.7)	Support delivery of Primary Care Cluster priorities to improve pathways between primary care and Mental Health & Learning Disability Services in both primary and secondary care	CA	Q1 – Q4		Amber				Medium			
Formal change request (Please tick as applicable and provide explanation below)													
Change in Scope	N/A	Change in Timescale	N/A										
Executive Director Sign Off	Elaine Lorton (Executive Director of Primary Care, Community and Mental Health) Debra Wood Lawson (Executive Director of People and Culture) Lucie Cornish (Director of Improvement and Transformation)												

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Strategic Priority 9: System Resilience

Commentary on Progress in this Quarter:

- **9.1.1)** A multi-agency workshop was undertaken to review Level 1 Falls Response and Prevention activity across Powys, mapping commissioned and non-commissioned provision and identifying variation, gaps and opportunities for improvement across the current system. The work established a clearer understanding of existing response pathways, coordination functions and links between falls response and prevention services, providing the foundation for a more consistent system-wide approach to falls response and early intervention. A preferred direction was identified through potential alignment to the Welsh Ambulance Service NHS Trust (WAST) Level 1 service specification; however, final agreement of this approach is dependent on the updated specification being available and will be progressed during Q2.
- **9.1.2)** Delivery of the core care home falls training initiative was completed during Q1. A total of 27 dedicated training sessions were delivered through funding provided by the Six Goals for Urgent and Emergency Care National Programme. Evaluation of outcomes has commenced, with early analysis indicating high levels of conveyance avoidance following training and equipment provision. Whilst ongoing monitoring will continue to strengthen the evidence base, the initial findings are encouraging and suggest the training has increased the ability of care homes to safely manage falls without escalation, reducing reliance on pre-hospital and emergency services where appropriate. Additional training opportunities are planned during early Q2 for staff who were unable to attend the dedicated sessions delivered to their care home.
- **9.1.3)** Progress has continued throughout Q1 to support implementation of the Level 2 Falls Response Pathway. The pathway Standard Operating Procedure has been finalised, approved and issued, establishing the operational framework for delivery through the Single Point of Access. Launch of the pathway took place on 29th June 2026, with early operational delivery and monitoring commencing during Q2. This will support the provision of a coordinated community-based falls response, enabling more individuals to be assessed and managed within their usual place of residence and reducing the need for conveyance to emergency departments where appropriate.
- **9.1.4)** Initial work to support development of the business plan has commenced during Q1. Mapping of prevention activity and Level 1 response provision has provided a clearer understanding of the current falls offer across Powys, whilst implementation of the Level 2 Falls Response Pathway will enable activity and outcome data to be gathered. Evaluation of Level 2 activity will form a key component of business case development throughout Q2 and Q3, informing future decisions regarding the sustainability and resourcing of falls services.
- **9.2.1)** Following the launch of the Single Point of Access in February 2026, the model has continued to mature throughout Q1, with a number of enhancements implemented to strengthen operational delivery. Early evidence indicates successful admission avoidance through the model. A revised Trusted Assessor process has been introduced, enabling the Single Point of Access to work directly with referring clinicians to initiate or amend designated packages of care where appropriate to prevent admission. Welsh Ambulance Service Trust co-location within the Single Point of Access has commenced, further strengthening system coordination, with development work also underway with General Practice and Cluster teams to support closer integration with Virtual Wards. Collectively, these developments are supporting the ongoing evolution of the model and increasing opportunities to manage patients safely within the community, reducing the need for hospital admission where appropriate.

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- **9.3.1)** A targeted Emergency Department turnaround pilot, supporting timely redirection of Powys residents into PTHB services following Emergency Department attendance, concluded during Q1 following delivery between November 2025 and April 2026. Early evaluation has identified a number of benefits associated with the model and development of a business case has commenced to consider opportunities for sustainable delivery where benefits can be demonstrated. Business case development will continue as evaluation activity progresses and further evidence becomes available.
- **9.4.1)** A multidisciplinary workshop was undertaken during Q1 to review approaches to the identification and monitoring of patients at risk of hospital-acquired deconditioning. Following consideration of current challenges, available evidence and potential approaches, agreement was reached to proceed with a pilot of the nationally developed Deconditioning Early Warning Indicator (DEWI) tool as the preferred method for identifying and monitoring deconditioning risk, with implementation and testing to commence during Q2.
- **9.5.1)** Progress has been made during Q1 to establish the foundations for a revised approach to Optimal Hospital Flow. Job descriptions for dedicated roles have been developed and recruitment has commenced, with advertisements issued during Q1 and appointments anticipated during Q2. In parallel, development of the 'Every Day Matters' campaign has commenced through collaboration between Operational Nursing, Six Goals, Organisational Development and Communications teams. This lays the foundations for a revised approach to Optimal Hospital Flow to be implemented throughout 2026/27.
- **9.5.2)** Engagement activity to support organisational readiness for implementation of the Optimal Hospital Flow Framework commenced during Q4 and concluded during Q1. Refresher training has now been delivered across all physical health wards, supporting a consistent understanding of Optimal Hospital Flow principles and preparing teams for implementation of the revised approach throughout 2026/27.
- **9.7.1)** Development of the business case has commenced during Q1, with initial work undertaken to scope the integration and sustainability of urgent, emergency and unscheduled care functions. This includes consideration of existing roles and functions currently supported through time-limited external funding. Business case development will continue as supporting evidence and options are refined.
- **9.8.1)** Temporary Service Change data relating to Minor Injury Units has been reviewed during Q1. No significant issues or concerns have been identified that would impact development of the Better Together Phase 1 pre-consultation business case, and the current position remains unchanged.

Commentary on red rated actions: N/A

Achievements:

- Implemented the Level 2 Falls Response Pathway, supporting community-based alternatives to Emergency Department conveyance.
- Completed delivery of the care home falls training initiative, including 27 dedicated training sessions.
- Introduced a revised Trusted Assessor process within the Single Point of Access, supporting admission avoidance.
- Commenced WAST co-location within the Single Point of Access, strengthening coordination between urgent and emergency care services.

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Key Areas of Delivery	Key Milestones and Deliverables	Mapping	Timescale	Lead Executive	Status				Year End Delivery Confidence Assessment			
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Better Together ('Six Goals' programme)												
9.1) Falls – Prevention and Response	To strengthen and coordinate the community-based falls response while maintaining a strong focus on prevention and early intervention			ED PCC&MH ED P&C DI&T								
	9.1.1) Scope and clarify the roles of commissioned and non-commissioned Level 1 falls response pathways, establishing a clear and consistent approach to supporting safe lifting, early intervention, and avoidance of unnecessary escalation	CA	Q1		Amber				Medium			
	9.1.2) Conclude delivery of care home falls training and evaluate outcomes	CA	Q1		Blue				High			
	9.1.3) Support the rollout and early operation of the Level 2 falls response pathway, aligned with the Single Point of Access for Urgent and Emergency Care	CA	Q1-Q2		Green				Medium			
	9.1.4) Develop a business plan to ensure sustainability of the falls prevention and response offer utilising repatriated commissioning funding where evidenced	CA	Q1-Q3		Green				Medium			
	9.1.5) Promote the Level 1 falls response pathways and increase their utilisation	CA	Q2-Q3						High			
	9.1.6) Align the community falls response with wider falls prevention activity	CA	Q2-Q3						High			
	9.1.7) Establish a formal falls forum in partnership with Powys County Council to support coordination, shared learning, and ongoing system development.	CA	Q3-Q4						High			
	9.1.8) Subject to approval, progress implementation of falls sustainability plan	CA	Q4						Medium			
9.2) Single Point of Access	To strengthen, evaluate, and extend the Single Point of Access for Urgent and Same Day Care, building on the initial launch to support more coordinated access across priority pathways.											
	9.2.1) Embed and strengthen the initial Single Point of Access model	CA	Q1		Blue				High			

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	9.2.2)	Undertake an early evaluation using learning from initial operation to inform refinement and future development	CA	Q2						High			
	9.2.3)	Scope potential extensions to the Single Point of Access, with a focus on access for local authority and third sector professionals and the requirements to support incorporation of additional pathways	CA	Q3						High			
	9.2.4)	Subject to scoping, implement agreed extensions to the Single Point of Access, including local authority and third sector pathways	CA	Q4						Medium			
9.3) Emergency Department Redirection	9.3.1)	To evaluate a targeted Emergency Department turnaround pilot supporting timely redirection of Powys residents into PTHB services following Emergency Department attendance. Develop a business plan to ensure sustainability where benefits identified utilising repatriated commissioning funding.	CA	Q1-Q4						Medium			
9.4) Prevent Deconditioning	To establish, test, and evaluate a consistent approach to the early identification and management of patients at risk of hospital-acquired deconditioning.												
	9.4.1)	Scope and agree a revised approach to the early identification and monitoring of patients at risk of hospital-acquired deconditioning		Q1						High			
	9.4.2)	Deliver a ward-level pilot of the revised approach		Q2-Q3						High			
	9.4.3)	Evaluate the pilot and agree next steps to inform future decision-making		Q4						High			
9.5) Optimal Hospital Flow	To embed a revised and sustainable approach to the Optimal Hospital Flow Framework supported by dedicated capacity to enable consistent practice		MAG										
	9.5.1)	Establish the foundations for a revised approach including appointment of dedicated roles and strengthening core discharge processes	MAG	Q1						High			
	9.5.2)	Build organisational readiness to support Optimal Hospital Flow Framework (OHFF) through engagement with ward teams		Q1-Q2						High			

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	9.5.3)	Embed the revised OHFF approach through sustained, ward-level support		Q2-Q4						Medium			
	9.5.4)	Evaluate the impact of the revised OHFF approach to inform business case considerations and next steps to support ongoing embedding and sustainability		Q4						Medium			
9.6) Minor Injury Unit Service		To strengthen Minor Injury Unit services through targeted improvements to clinical practice, associated governance processes, and the use of supporting systems											
	9.6.1)	Develop the clinical advice network to include participation from general practice to support timely senior clinical input and recording of advice sought and provided		Q2-Q3						High			
	9.6.2)	Support the operational implementation of the Digital Health and Care Wales Emergency Department App		Q3-Q4						Medium			
	9.6.3)	Review the effectiveness of the clinical advice network and governance arrangements and identify priorities for future pathway development		Q4						High			
9.7) Urgent and Emergency Care Integration & Sustainability		To support the integration and long-term sustainability of urgent, emergency, and unscheduled care functions											
	9.7.1)	Finalise and submit a business case for the integration and sustainability of urgent, emergency, and unscheduled care functions, including consideration of roles and functions currently supported by time-limited external funding.	CS	Q1-Q2		Green				High			
	9.7.2)	Develop a clear and responsive operational plan for Autumn / Winter period and Regional Partnership Board System Resilience Plan ('Winter Plan') utilising learning from previous years	CS	Q2						Medium			
	9.7.3)	Implement outcome of business plan to ensure sustainable service delivery		Q3-Q4						Medium			
9.8) Temporary Service Changes	9.8.1)	Continue monitoring and evaluation of Temporary Service Changes (Minor Injury Units) to inform the pre-consultation business case for Better Together Phase 1 options		Q1-Q2	EMD ED PCC&MH ED P&C DI&T	Green				High			
Formal change request (Please tick as applicable and provide explanation below)													

Change in Scope	N/A	Change in Timescale	N/A	
<u>Q1 Change in timescale</u> • 9.1.1) Change in timescale from Q2 to Q3.				
Executive Director Sign Off	Elaine Lorton (Executive Director of Primary Care, Community and Mental Health) Kate Wright (Executive Medical Director) Debra Wood Lawson (Executive Director of People and Culture) Lucie Cornish (Director of Improvement and Transformation)			

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Strategic Priority 10: Commissioning for Value

Commentary on Progress in this Quarter:

- **10.2.1** Core commissioning dashboard being developed. Commissioning Team has liaised with cross border Integrated Care Boards (ICBs) to begin exploring strategic commissioning partnerships.
- PTHB Long Term Assessment (LTA) templates with Robert Jones Agnes Hunt (RJA), Shrewsbury and Telford Hospital NHS Trust (SATH), Wye Valley Trust (WVT) being updated to reflect clauses from NHS England (NHSE) standard contract including:
 - NHS Flex and Freeze
 - Ensuring full and accurate data delivery
 - Implementation of Evidence Based Interventions (EBI)
 - Requirement to operate within the agreed activity limits
 - Clinical and clerical validation of waiting lists
 - Aim for NHSE standard contract to be used in 2027/28 with all NHSE providers.
- **10.2.2** Value Based Commissioning (Interventions Not Normally Undertaken and EBI) policy developed to apply to PTHB as provider and commissioner. Referral Interface Service (RIS) being established to manage INNU/EBI process both prospectively and retrospectively – to be in place by September 2026:
 - Clinical lead identified
 - Prior Approval Authorisation process defined
 - INNU/EBI working group established to oversee implementation and monitoring
- **10.2.3** Savings scheme - Focus on reducing medical admissions by 3%; savings scheme, focus on reducing community hospital bed usage by 60%; and savings scheme, trim point reduction by 26%.
Following areas identified by the Directorate of Primary, Community Care and Mental Health to deliver:
 - Design and strengthen Clinical Oversight Model (by September 2026)
 - Frailty Pilot South Powys (by September 2026)
 - Single Point of Access (by March 2027)
 - Tier 2 Falls Response
 - Emergency Department redirection pilot
 - Optimal hospital flow delivery framework
 - Prior approval protocols
- **10.2.4** Pathway Redesign Workstream established. Recruited to Commissioning Transformation Managers (x3), Commissioning Transformation Support Officer (x1), and Senior Performance and Information Analyst (x2) to support taking forward these pieces of work.

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- **10.2.5)** Savings Schemes identified to commission RJAH within financial envelope; to commission SATH to a block arrangement for remainder of 2026/27; and to commission WVT within financial envelope. Discussions ongoing to reach agreements with RJAH, SATH and WVT for 2026/27.
- **10.3.1)** Activity brief developed with Phase 2 (Feb 2026- Oct 2026) actions identified:
 - Analyse patient pathways and identify opportunities for change.
 - Develop proposal for referral management system and process.
 - Contract data dashboard with various Key Performance Indicators including New Outpatients, referrals, Outpatient/elective conversion rates and inclusion of Getting it Right First Time (GIRFT) benchmarks where applicable.
- **10.3.2)** All existing providers received a letter on the outcome of the review. Cost Improvements were applied where appropriate. An update report was provided to Planning, Partnership and Population Health Committee on 18th May. The Internal Co-ordination Group is meeting fortnightly and have been booked for the year. NHS Wales Shared Services is part of the Internal Co-ordination Group and is putting in place the specialist procurement support needed. Work is being progressed in line with a provisional phased plan. However, some timings will need to be adjusted when the timing of co-dependent national and local strategic work is clearer. The process for Single Tender Waivers is being followed in the interim whilst the health board undertakes the processes to ensure compliance with the Procurement Act or Provider Selection Regime Regulations.
- **10.4.1)** Refresh of Integrated Quality Performance Framework being undertaken, to be completed in Q2. This will reflect increased focus on Quality Management System approach for commissioned services and linked to recommendations on reporting contained within the proposed Target Operating Model.
- **10.4.2)** Quality metrics updated and to be reflected in LTAs with SATH, RJAH and WVT for 2026/27, and for all LTAs in 2027/28. Commissioning Oversight Assurance Group (COAG) to be replaced by proposed new governance structure as part of the Target Operating Model.
- **10.4.3)** Work being undertaken by Grant Thornton colleagues on Commissioning Dashboard. Refresh of IQPF being undertaken, to be completed in Q2. This will reflect on requirements for provision of regular performance report for Commissioning Services, with reference to the recommendations on reporting contained within the proposed Target Operating Model.

Commentary on red rated actions: N/A

Achievements:

- Significant work progressed in Q1 on the Strategic Commissioning Framework including:
 - Intensive work with Clarity Consultants on the development of a Target Operating Model (which continues into Q2)
 - Cross organisational workshops on the Commissioning cycle, contributing to a wider mapping exercise against each of the stages and activities of that cycle, involving key senior leads across PTHB
 - Mentoring for key senior posts to support change management in relation to the development of the Target Operating Model
 - The development of a Commissioning dashboard to strengthen the collation and use of data, improve intelligence, and inform evidence based decisions on commissioned services
 - The commissioning team have progressed work to update provider contracts, to improve governance and optimise contract levers

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- Work undertaken to develop the Referral Interface Service to support evidence-based decision-making and contract management

Key Areas of Delivery	Key Milestones and Deliverables	Mapping	Timescale	Lead Executive	Status				Year End Delivery Confidence Assessment			
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Implementation of Strategic Commissioning Framework and response to external review carried out by Grant Thornton												
10.1) Population Health	10.1.1) Implementation of population health elements of PTHB Strategic Commissioning through PTHB Population Health Strategic Framework (actions outlined in Strategic Priority 1)	GT	Q1-Q4	ED PH	Amber				High			
10.2) Strategic Commissioning	10.2.1) Implement the early win contracting recommendations of the Grant Thornton report on an ‘adapt and adopt’ basis	GT	Q1	ED PP&C	Green				High			
	10.2.2) Implement a data-driven approach to Intervention Not Normally Undertaken/Evidence Based Intervention in PTHB as a provider (see SP5) and in commissioned services	GT	Q1-Q4		Green				High			
	10.2.3) Respond to Grant Thornton recommendations on developing the PTHB Community Model to reduce Urgent and Emergency Care growth and commissioned spend (deliverables included in SP4)	GT	Q1-Q4		Amber				Medium			
	10.2.4) Implement Getting It Right First Time Strategic Assessment of Planned Care, Referral Optimisation and Pathway Redesign to support Grant Thornton recommendations on reducing growth in commissioned spend (deliverables included in SP5)	GT/MA G	Q1-Q4		Green				Medium			
	10.2.5) Commission to NHS Wales waiting times for the whole Powys population to deliver equity and support reduction in growth in commissioned spend	GT	Q1-Q4		Green				Medium			
	10.2.6) Develop a data-driven culture through the development and launch of a Commissioning Dashboard with input from external partners, Commissioning, Digital, Finance and Quality teams	GT	Q3						Medium			
	10.2.7) Develop and implement a revised Target Operating Model with support from external partners for PTHB to become a commissioning focussed organisation, including a commissioning maturity assessment approach and an Organisational Development plan	GT	Q3						Medium			

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10.3) Joint Commissioning	10.3.1)	NHS Wales Joint Commissioning Committee (JCC) – via the collaborative oversight and management arrangements, progress JCC priorities 2026-27, including referral optimisation	GT	Q1-Q4	ED PP&C	Green				Medium			
	10.3.2)	Implement the phased recommendations from Third Sector review undertaken in 2025-26 (will be completed in 2027/28)	GT	Q1-Q4		Green				Medium			
	10.3.3)	Respond to Grant Thornton recommendations to explore collaborative commissioning via Integrated Care Boards (England) and/or the JCC	GT	Q4						Medium			
10.4) Quality Improvement	10.4.1)	Implement the Strategic Commissioning Framework and Integrated Quality and Performance Framework with increased focus on Quality Management System for commissioned services	GT	Q1-Q4	ED PP&C ED NQW&FH	Green				High			
	10.4.2)	Refine Quality elements of Long Term Agreements and ensure effective oversight and governance in place via the Commissioning Oversight and Assurance Group (COAG)	GT	Q1-Q4		Green				High			
	10.4.3)	Providing improved intelligence for the Executive Committee, Finance and Performance Committee and Board via provision of regular Integrated Commissioned Services Performance Report	GT	Q1-Q4		Green				Medium			
Formal change request (<i>Please tick as applicable and provide explanation below</i>)													
Change in Scope	N/A	Change in Timescale	N/A										
Executive Director Sign Off	Mererid Bowley (Executive Director of Public Health) Nicola Johnson (Executive Director of Planning, Performance and Commissioning) Paul Hooton (Executive Director of Nursing, Quality, Women and Family Health) Amie Symes (Director of Midwifery, Women and Family)												

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Workforce Futures

Workforce Transformation and Sustainability

NOTE all areas * - are reliant on Regional Partnership Board/ External funding of resources to deliver

Commentary on Progress in this Quarter:

- **11.1.1)** The revised Establishment and Vacancy Control Process continues to be embedded across service areas, ensuring vacancy requests are subject to review and authorisation before progressing to recruitment. The process has strengthened organisational scrutiny of recruitment requests, requiring services to demonstrate alignment with workforce plans, affordability, patient safety considerations and organisational priorities. The approach builds on the enhanced vacancy scrutiny arrangements introduced in October 2025 and further strengthened in January 2026. Directorates are applying greater prioritisation before progressing vacancies and are increasingly expected to consider alternative workforce solutions before seeking approval to recruit. The impact of these controls continues to be demonstrated through a sustained reduction in recruitment activity. Recruitment advertising reduced by 40% in April 2026 compared with April 2025, with reductions of between 15% and 40% recorded across the preceding eight-month period. This indicates that the revised process is strengthening establishment discipline, reducing avoidable recruitment activity and limiting unfunded establishment growth, while continuing to support recruitment where there is a clear service, safety or workforce need. The focus for Q2 will be to continue embedding consistent application across all service areas and strengthen the links between establishment control, workforce planning, affordability and service sustainability.
- **11.1.2)** Local adoption plan has been developed and implemented.
- **11.3.1)** A general course for any managers has been written and advertised for Q2. A specific course for those leading change is written in draft pending a discussion with Senior Responsible Officers/Service leads about who needs the training and what their training needs will be. This training is also dependent on providing the products and approach that will be utilised for staff during public consultation, which is still being planned.
- **11.3.2)** Specific training has not yet been made available to Service Managers however all teams have been actively involved in work to review and redefine their workforce structure. This has been particularly important in reducing the variable pay throughout the year.
- **11.3.3)** A general training programme for managers supporting change has been written with course dates advertised in Q2. The more specific training programme for service leads leading change during the Better Together public consultation process is in planning stages with a plan to deliver in Q2.
- **11.3.6)** Work has commenced in refining the future skill mix for services with a particular focus on areas under Better Together Phase 1. Further work will be ongoing through Q2.
- **11.6.1)** A review has been undertaken to determine whether the Health Board should proceed with a September 2026 Aspiring Nurse cohort, which would be expected to graduate in 2029. This review has been informed by the current nursing workforce age profile, projected retirements, future workforce modelling and anticipated service requirements. The review identified a continued need to invest in the internal nursing pipeline to support future workforce sustainability and mitigate projected workforce risks. On this basis, Executive approval has been given to proceed with recruitment to a September 2026 cohort, recognising the importance of growing and retaining a local nursing workforce for Powys. The approach to recruitment will be targeted, ensuring that successful candidates are placed in areas aligned to future workforce need, service priorities and projected retirement risk. Recruitment planning is underway, with a recruitment and selection day scheduled for mid-June. Interest in the programme has been strong, with over

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400 applications received. This provides assurance that the requirements for the 2026 cohort have been reviewed and that the decision to proceed has been informed by workforce intelligence, succession planning and future service need.

- **11.6.2)** Initial work has progressed to support the design of a Clinical Psychologist “Grow Our Own” initiative for Powys. Meetings have taken place with HEIW, where the specific challenges faced by Powys as a result of the current commissioning model were discussed and recognised. HEIW has agreed to include in their commissioning letters to the Higher Education Institutions that they must ringfence Clinical Psychology training places specifically for Powys. This will allow the Health Board to recruit in partnership with the university and develop a targeted local pipeline for this professional group. Further work will now take place with HEIW, university partners and service leads to confirm the recruitment model, placement arrangements and local support requirements. This represents an important step in strengthening the future Clinical Psychology workforce pipeline for Powys.
- **11.6.3)** The Academy Careers Education Enterprise Scheme (ACEES) Evaluation Report 2025/26 has been completed. The programme reached 4,826 learners through the Whole School Approach in 2025/26, with continued expansion into primary schools, Additional Learning Needs provision and cross-border settings. Early evidence suggests ACEES is influencing career choices, with Powys County Council reporting a 47% increase in applications for Year 12 Health & Social Care and Medical Science courses. Health & Social Care is now the sixth most popular sixth-form subject and the top choice for learners progressing to college.
- **11.7.1)** Targeted actions have continued during Q1 to reduce agency spend through strengthened vacancy management, agency approval controls and improved use of existing substantive and Bank workforce capacity. Vacancy scrutiny arrangements remain in place to ensure recruitment decisions are aligned to service need, affordability and workforce plans. Services continue to be expected to maximise the use of existing staff, Bank and internal workforce solutions before agency is considered, with agency used only where required to maintain safe staffing. Agency reliance has reduced, supported by improved Bank resilience and strengthened controls. However, Q1 analysis indicates that some of the reduction in agency use continues to be offset by increased Bank and overtime usage. Further work is therefore required to ensure that reduced agency spend translates into a more sustainable overall variable pay position, rather than simply shifting expenditure between temporary staffing categories. The Q2 focus will be on strengthening variable pay controls, improving visibility of temporary staffing demand, increasing Bank resilience and ensuring services are actively managing the drivers of agency, Bank and overtime usage.
- **11.7.2)** Through the refreshed Variable Pay Group and enhanced vacancy monitoring arrangements, targeted engagement has continued with recruiting managers across service areas to improve understanding of vacancies contributing to agency, locum and wider variable pay expenditure. Particular focus has been placed on clinical vacancies within approved establishments where temporary staffing costs are being incurred. Services are expected to proactively progress substantive recruitment where vacancies are driving variable pay expenditure, with priority given to hard-to-fill and specialist roles where recruitment will reduce reliance on agency and locum cover. Whilst there is evidence of proactive action in some service areas, there is inconsistency in the extent to which services are progressing recruitment activity at the pace required. This remains a key risk, as delays in progressing recruitment for vacancies attracting variable pay expenditure will continue to drive reliance on temporary staffing. As a result, strengthened scrutiny is being applied through the Variable Pay Group to ensure vacancies attracting temporary staffing expenditure are actively reviewed and appropriate recruitment action is progressed in a timely manner. The focus for Q2 will be to strengthen service accountability, continue to target recruitment activity in areas of highest variable pay expenditure, and increase permanent workforce supply to support reductions in agency and locum usage.

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Commentary on red rated actions: N/A

Achievements:

- Vacancy control and recruitment process embedded. Recruitment advertising reduced by 40%.
- Approval secured for September 2026 Aspiring Nurse cohort with over 400 applications. "Grow Our Own" Clinical Psychologist pipeline agreed.
- The Academy Careers Education Enterprise Scheme (ACEES) programme reached 4,826 learners through the Whole School Approach in 2025/26, with continued expansion into primary schools, Additional Learning Needs provision and cross-border settings. Early evidence suggests ACEES is influencing career choices, with Powys County Council reporting a 47% increase in applications for Year 12 Health & Social Care and Medical Science courses. Health & Social Care is now the sixth most popular sixth-form subject and the top choice for learners progressing to college.
- Agency expenditure reduced through targeted workforce actions.

Key Areas of Delivery	Key Milestones and Deliverables	Mapping	Timescale	Lead Executive	Status				Year End Delivery Confidence Assessment			
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
11.1) Strengthen Vacancy Management & Establishment Control	11.1.1) Embed the revised establishment control process across service areas, ensuring all vacancy requests are reviewed, authorised, and aligned with the Health Board's workforce plans, financial controls, and service priorities	CA	Q1-Q4	ED P&C	Green				High			
	11.1.2) Develop and implement a local adoption plan within three months of national publication for each mandated job description, achieving full organisational implementation within six months of national release	CA	Q1-Q4		Blue				High			
11.2) Workforce Growth Assessment & Strategic Intelligence	11.2.1) Complete comprehensive workforce growth and projection analysis, incorporating historical workforce trends, vacancy rates, service transformation plans, and demographic changes	CA	Q2 & Q4						High			
	11.2.2) Establish a bi-annual workforce strategic intelligence reporting framework, providing the Executive Committee with timely, accurate, and actionable workforce insights		Q2 & Q4						High			

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11.3) Skill Mix Review & Workforce Modernisation Workforce Modelling	11.3.1) Develop and deliver a targeted workforce change management fundamentals programme for identified service leaders and managers involved in workforce modernisation	CA	Q1	ED P&C	Amber				High			
	11.3.2) Ensure service leaders participate in change management training (Service Lead Responsibility)	CA	Q1	ED PCC&MH	Amber				Medium			
	11.3.3) Design and deliver training programmes	CA	Q1-Q2	ED P&C	Amber				High			
	11.3.4) Provide targeted Organisational Development support to programmes	CA	Q2-Q3						High			
	11.3.5) Facilitate workforce configuration and skill mix review workshops (Newtown Integrated Health, Care and Wellbeing Hub and Better Together), to define future workforce requirements, supported by workforce modelling and analysis	CA	Q2-Q3						High			
	11.3.6) Define future service configuration, role requirements, and skill mix (Service Lead Responsibility)	CA	Q1-Q3	ED PCC&MH	Amber				Medium			
	11.3.7) Validate demand assumptions and service delivery requirements (Service Lead Responsibility)	CA	Q2-Q3						Medium			
	11.3.8) Define clinical and operational role requirements (Service Lead Responsibility)	CA	Q2-Q3						Medium			
	11.3.9) Identify new or extended roles required for service delivery (Service Lead Responsibility)	CA	Q2-Q3						Medium			
	11.3.10) Provide baseline workforce data, modelling tools, and scenario analysis	CA	Q2-Q4	ED P&C					High			

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	11.3.11) Support analytical validation and workforce modelling	CA	Q2-Q4					High			
	11.3.12) Identify, validate, and obtain approval for new, extended, or alternative workforce roles aligned to redesigned service models	CA	Q2-Q4					High			
	11.3.13) Provide job design support, organisational alignment, and governance oversight	CA	Q3-Q4					High			
	11.3.14) Ensure alignment with national frameworks and workforce policies	CA	Q3-Q4					High			
11.4) Skill Mix Review & Workforce Modernisation Education and Training	11.4.1) Develop and approve workforce implementation roadmaps for workforce modernisation programmes defining workforce transitions, recruitment, training, and implementation timelines	CA	Q4					High			
	11.4.2) Define implementation sequencing and service readiness requirements (Service Lead Responsibility)	CA	Q3-Q4	ED PCC&MH				Medium			
	11.4.3) Begin to develop workforce transition plans	CA	Q4	ED P&C				High			
	11.4.4) Design, approve, and implement workforce education and training model supporting the Integrated Health, Care and Wellbeing Hub in Newtown and Better Together	CA	Q4					High			
	11.4.5) Define competency and training requirements (Service Lead Responsibility)	CA	Q4	ED PCC&MH				Medium			
	11.4.6) Design training programmes and workforce development plans	CA	Q4	ED P&C				High			
	11.5) Skill Mix Review & Workforce Modernisation	CA	Q2-Q4					High			
	11.5.1) Ensure Equality Impact Assessments are completed for 100% of workforce redesign initiatives prior to implementation decisions	CA	Q2-Q4					High			

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Equality	11.5.2) Provide Equality Impact Assessment guidance, governance, and compliance oversight	CA	Q2-Q3						High			
11.6) Workforce Projection Modelling & Pipeline Development	Deliver projection modelling to inform long-term workforce pipeline development, ensuring alignment with national priorities, education commissioning cycles, and local service transformation plans											
	11.6.1) Review requirements for 2026 cohort of Aspiring Nurses	CA	Q1-Q2						High			
	11.6.2) Support the design and implementation of Clinical Psychologist Grow our Own Initiative	CA	Q1-Q2						Medium			
	11.6.3) Evaluate Academy Career and Education Enterprise Scheme (ACEES) schools programme 2025/26	CA	Q1-Q2						High			
	11.6.4) Deliver ACEES schools programme 2026/27	CA	Q2-Q4						High			
11.7) Reduce Agency Use & Strengthen Recruitment	11.7.1) Continue targeted actions to reduce agency spend through prioritised vacancy management, optimising the deployment of existing staff and Bank resources, and increasing Bank resilience	CA	Q1-Q4						High			
	11.7.2) Deliver targeted recruitment and attraction initiatives for hard-to-fill (e.g. off ward agency and locum cover) and specialist roles, increasing permanent workforce supply, reducing reliance on temporary staffing	CA	Q1-Q4						Medium			
11.8) Workforce Futures Partnership	11.8.1) Develop the exit strategy for the Workforce Futures programme (Regional Partnership Board) post 2027	CA	Q1-Q2						High			
	11.8.2) Create an investment business case where appropriate	CA	Q4						High			
Formal change request (Please tick as applicable and provide explanation below)												
Change in Scope	N/A	Change in Timescale	N/A									
Executive Director Sign Off	Debra Wood Lawson (Executive Director of People and Culture) Elaine Lorton (Executive Director Primary Care, Community & Mental Health)											

Great Place to Work

Commentary on Progress in this Quarter:

- **12.1.1)** An analysis of the 2025 staff survey results has been undertaken, communicated to the organisation and discussed in a range of senior leadership meetings. A high-level action plan is in place which considers the three lowest performing service areas, as well as the least performing or notable themes. These include work pressure and burnout, staff experience of violence and aggression, speaking up safely and staff willingness to report incidents.
- **12.1.2)** The lowest performing services areas have been engaged to discuss the detail of their results and support provided to identify actions. Staff communications have been published to highlight the key themes to be addressed, which includes the initial development of supporting material for staff who experience violence and aggression in the workplace. Actions associated with work pressure and burnout are also included in 13.4.1 in the Wellbeing section below.
- **12.1.3)** 'You said, we did' communications were sent out to staff through electronic channels over an extended period covering a range of topics identified within the results. Communications each included poster downloads for work areas to display on notice boards. People and Culture Committee have been provided with updates on the communications sent as well as any progress against the action plan.
- **12.2.3)** An initial draft of the staff recognition framework has been created with work being undertaken to understand what is already on offer and where there may be any gaps or opportunities. In addition, a review of the staff reward and recognition policy has been undertaken and is currently going through the consultation and engagement process.
- **12.3.1)** Both the Tier 1 and 2 Clinical Leadership Immersion Programmes (CLIP) continue to be successfully delivered with tangible outcomes for participants that has been demonstrated in evaluation reports and through personal stories at presentation days. The Tier 2 Programme has also been delivered to two national Primary Care cohorts with similar outcomes for a range of professionals including GPs. This has had an independent evaluation from HEIW. This quarter CLIP Tier 1 has had 2 courses with a total of 13 participants. 88 staff have undertaken this course in the last 12 months. CLIP Tier 2 has delivered 1 course this quarter with 10 participants. 50 have undertaken the training in the last 12 months from PTHB. CLIP 1 is delivered on a monthly basis, CLIP 2 bi-monthly.

Commentary on red rated actions:

- **12.4.1)** Courses that impact the most have been added, with those remaining being the courses that have to be applied to individual or smaller service/ teams. This is a process that take considerable time and is currently undertaken by a single resource, that has demands on their time supporting financial savings and transformation. This action is forecast to be complete by end Q2 - 3 – Change in timescale request below.

Achievements:

- Comprehensive staff survey analysis completed.
- Improvement actions implemented for the lowest-performing survey themes.

- Staff engagement campaign ("You Said, We Did") delivered.
 - Draft staff recognition framework produced.
 - The Tier 1 and Tier 2 Clinical Leadership Immersive Programmes (CLIP) continue to deliver positive outcomes for participants, evidenced through evaluation reports and personal testimonies shared at presentation events. During this quarter:
 - CLIP Tier 1 delivered 2 courses with 13 participants
 - CLIP Tier 2 delivered 1 course with 10 participants
- Over the last 12 months:
- 88 staff have completed CLIP Tier 1
 - 50 staff from PTHB have completed CLIP Tier 2
- The programmes continue to be offered regularly, with CLIP Tier 1 delivered monthly and CLIP Tier 2 delivered every two months.

Key Areas of Delivery	Key Milestones and Deliverables	Mapping	Timescale	Lead Executive	Status				Year End Delivery Confidence Assessment			
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
12.1) Staff Survey	12.1.1) Complete analysis of staff survey results and develop an action plan addressing key themes and hotspot areas		Q1	ED P&C	Blue				High			
	12.1.2) Develop and implement targeted interventions addressing the top organisational staff experience priorities		Q1		Blue				High			
	12.1.3) Publish 'You Said, We Did' communications and update to demonstrate organisational action and progress		Q1-Q3		Green				High			
	12.1.4) Implement a staff engagement and communications campaign to promote participation in the National Staff Survey		Q2-Q3						High			
	12.1.5) Targeted engagement and improvement support to 100% of identified hotspot services within 3 months of survey results		Q2-Q4						Medium			
12.2) Workforce Retention	12.2.1) Implement a standardised exit and early-tenure stay interview approach, with consistent data capture and reporting to identify retention risks and themes for staff with two years' service or less		Q1-Q4		Green				High			

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12.3) Leadership capability and development	12.2.2) Use insights from exit and stay data to design and deliver targeted early-career retention interventions, supported by strengthened line manager capability and governance		Q1-Q4	Green				High			
	12.2.3) Implement organisation-wide staff recognition framework		Q1-Q4	Green				High			
	12.3.1) Continue roll out Tier 1 & 2 Clinical Leadership Immersive Programme		Q1-Q4	Green				High			
	12.3.2) Review leadership and management offer against the national Leadership and Management Competency framework		Q2-Q3					High			
	12.3.3) Develop and pilot a CLIP Tier 3 Programme		Q2-Q4					High			
12.4) Core training	12.4.1) Embed role-essential training requirements into ESR to enable a strategic, standardised approach to workforce capability assurance and compliance monitoring		Q1	Red				High			
	12.4.2) Implementation of a health board governance approach to agree statutory and mandatory training requirements		Q2					Medium			
	12.4.3) Embed the national Continued Professional Development arrangements and monitoring requirements		Q2-Q4					Medium			

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	N/A	Change in Timescale	✓	
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Q1 Change in Timescale

- **12.4.1)** Courses that impact on the most staff have been added with those remaining being the courses that have to be applied to individuals or smaller service areas. This is a process that takes considerable time and is undertaken by a single resource within P&C that has demands on their time supporting financial savings and transformation programmes. This action is forecast to be completed in Q2-3.

Executive Director Sign Off	Debra Wood Lawson (Executive Director of People and Culture)
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Employee Health and Wellbeing

Commentary on Progress in this Quarter:

- **13.2.1)** Staff wellbeing roadshows have been booked for the autumn/winter from September, with invites to senior leaders to attend.
- **13.3.1)** Monitoring process is in place for the elements applicable to PTHB against the All Wales Minimum standards for Occupational Health service delivery.
- **13.4.1)** New How we Work protocols have been launched which are a set of guidelines designed to help staff work better together at Powys Teaching Health Board, whether in the office, working clinically or remotely, or using a hybrid approach. These are important as since the pandemic, the organisation has shifted to more digital ways of working and these protocols aim to reclaim space for thoughtful work, wellbeing, and collaboration. There are five dimensions:
 - Wellbeing & Compassion First
 - Meeting Etiquette
 - Email Etiquette
 - Managing Diary and Workflow
 - Shared Accountability

Commentary on red rated actions:

- **13.1.1)** Delayed due to capacity restrictions and focus on Financial Recovery Board activity. Request to change timescale to Q3.

Achievements:

- New 'How We Work' protocols have been launched, providing clear guidance on wellbeing, meeting etiquette, email management, and diary/workflow management to support agile working, staff wellbeing, and productivity.

Key Areas of Delivery	Key Milestones and Deliverables	Mapping	Timescale	Lead Executive	Status				Year End Delivery Confidence Assessment			
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
13.1) Intelligence-Led Workforce Wellbeing	13.1.1) Develop and implement a workforce wellbeing risk framework that utilises sickness absence data, hotspot analysis, and workforce metrics to identify, prioritise, and monitor high-risk services requiring targeted wellbeing interventions	CA	Q1	ED P&C	Red				High			

	13.1.2) Implement a coordinated workforce wellbeing delivery model that integrates Business Partners, Organisational Development, Occupational Health, Musculoskeletal services, and psychological support to provide consistent and accessible interventions across all service areas	CA	Q2-Q4						High			
13.2) Integrated Wellbeing Support	13.2.1) Deliver a programme of Staff Wellbeing Roadshows across all major sites to increase awareness, accessibility, and utilisation of wellbeing support services	CA	Q1-Q4	Green					High			
	13.2.2) Develop and launch a comprehensive internal bereavement support toolkit to provide managers and staff with clear guidance and accessible support resources		Q3						High			
13.3) Strengthen assurance and performance management of Occupational Health and wellbeing services	13.3.1) Monitor Occupational Health service performance against All Wales National Minimum Standards on a quarterly basis and implement improvement actions where standards are not met	CA	Q1-Q4	Green					High			
	13.3.2) Evaluate the impact, uptake, and outcomes of the Mindfulness, Acceptance and Compassion Programme to inform future investment and scaling decisions		Q3						High			
13.4) Healthy and Sustainable Working	13.4.1) Implement protocols that support effective workload management and align with the Health Board's Agile Working policy, improving staff wellbeing and productivity		Q1	Blue					High			

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	N/A	Change in Timescale	✓	
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Q1 Change in Timescale

- **13.1.1)** Delayed due to capacity restrictions and focus on Financial Recovery Board activity. Request to change timescale to Q3.

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**Executive Director
Sign Off**

Debra Wood Lawson (Executive Director of People and Culture)

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Equalities and Welsh Language

Commentary on Progress in this Quarter:

- **14.1.1)** An initial collection exercise of patient communications that are available at hospital sites has commenced with work to continue into Q2.
- **14.1.2)** Work is underway on the Disability Confident Leader plan and PTHB was represented at the Disability Confident Leaders' Forum in June 2026. This work will support our future plans to enable achievement of the Disability Confident leader status.
- **14.2.1)** Views have been sought from Welsh Service Leads Group members for reforms.
- **14.3.1)** Information gathering has begun for the Black and Minority Ethnic qualitative study with 4 interviews either carried out or scheduled as of June 2026, and other responses received via the survey activity. This will help shape our future activity and help us further develop our understanding of our staff experiences.

Commentary on red rated actions: N/A

Achievements:

Key Areas of Delivery	Key Milestones and Deliverables	Mapping	Timescale	Lead Executive	Status				Year End Delivery Confidence Assessment			
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
14.1) Strategic Equality Plan & More than Just Words Framework	14.1.1) Undertake a review of patient letters, communications, and document procedures to ensure compliance with the <i>More Than Just Words</i> Welsh Language Standards, the Sensory Loss review, and accessible information requirements (e.g. Easy Read, large print, British Sign Language, digital accessibility)		Q2-Q3	ED P&C					High			
	14.1.2) Undertake a formal gap analysis against Disability Confident Leader standards and develop a time-bound improvement plan		Q3						High			
	14.1.3) Implement and embed the NHS Wales Anti-Sexual Harassment Policy through a supporting toolkit, guidance, reporting pathways, and risk assessment process		Q3						High			
	14.1.4) Achieve and maintain Disability Confident Leader status, supported by leadership accountability and workforce awareness activity		Q4						High			

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14.2) Welsh Language		14.2.1) Refresh the Welsh Language Service Leads Group with defined 12-month priorities, clear governance, and a structured programme of work			Q2						High			
14.3) Anti-Racism Action Plan		14.3.1) Conduct a qualitative study with Black and Minority Ethnic (BaME) staff to explore lived experience, barriers, and enablers to progression, using findings to inform targeted workforce interventions and leadership actions			Q3						High			
Formal change request <i>(Please tick as applicable and provide explanation below)</i>														
Change in Scope	N/A	Change in Timescale	N/A											
Executive Director Sign Off		Debra Wood Lawson (Executive Director of People and Culture)												

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Digital First

Citizen Centred Care and Support

Commentary on Progress in this Quarter:

- Connected Care continues to progress with an Amber/Green delivery assessment, with monthly reporting to Executive Committee now focused on exception reporting and escalation where required. Digital Priority Investment Funding (DPIF) has been secured for the next phase of Digital Maternity Cymru (DMC) integration, supporting continued progress against digital priorities. However, the eye care pathways workstream remains unfunded and may not progress further without an identified funding route. The Emergency Department app has also paused and is at risk of not progressing, reflecting ongoing prioritisation and funding constraints across the digital portfolio.

Commentary on red rated actions:

- 15.2.1)** Discussions are still ongoing at a national level, however we have secured DPIF funding to progress local integration to enable scans/radiology information flow
- 15.4.1), 15.4.2 & 15.4.3)** Emergency Department App Digital Health Care Wales led programme paused, and with significant clinical issues within the system

Achievements:

- Positive Operational engagement within the Connected Care programme, early indication that we will secure further funding via Digital Priority Investment Funding to support in year costs.
- Successful Digital Maternity Cymru Funding bid for integration with radiology systems and commitment from suppliers to implement the image and information flow to be presented in Badgernet.

Key Areas of Delivery	Key Milestones and Deliverables	Mapping	Timescale	Lead Executive	Status				Year End Delivery Confidence Assessment			
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
15.1) Implementation of the Single Community & Mental Health System	15.1.1) Complete migration to a single digital platform for community and mental health services in line with the current WCCIS user base	CA	Q1-Q4	ED AHPHS&D	Green				High			

(Welsh Community Care Information System (WCCIS) Replacement)	15.1.2)	Deliver training in all affected services	CA	Q1-Q4		Green				High			
	15.1.3)	Replace 100% of legacy WCCIS functions to mitigate end of life WCCIS platform being unavailable	CA	Q1-Q4		Green				High			
15.2) Complete implementation of in scope Digital Maternity Cymru (DMC)	15.2.1)	Draft a business case for the next phases to implement a full electronic maternity patient record for service transformation (including wider system integration e.g. Patient Admin System)	CA	Q1-Q3		Red				Medium			
15.3) Complete OpenEyes eyecare system	15.3.1)	Support the Planned Care Transformation and Ministerial Digital priority which mandates implementation of OpenEyes and E-Referrals solution.	CA	Q1-Q4		Amber				Medium			
	15.3.2)	Support compliance with national eyecare pathways	CA	Q1-Q4		Amber				Medium			
	15.3.3)	Make available access to the Open Eyes and ERS solution hosted by Cardiff & Vale UHB and Digital Health Care Wales	CA	Q1-Q4		Amber				Medium			
	15.3.4)	Explore how the data will be monitored and measured to support the national 25% target. This will require supporting the establishment of a baseline with the Service Area	CA	Q1-Q4		Amber				Medium			
15.4) Implement Welsh Emergency Care Data Set (WECDS)	15.4.1)	Replace the existing Emergency Department Data Set module within the Welsh Patient Admin System with a DHCW App	CA	Q1-Q2		Red				Medium			
	15.4.2)	Complete rollout across all four Minor Injury Unit sites	CA	Q1-Q2		Red				Medium			
	15.4.3)	Improve visibility of activity and outcome data across health and social care service	CA	Q1-Q2		Red				Low			
Formal change request (Please tick as applicable and provide explanation below)													
Change in Scope	N/A	Change in Timescale	N/A										
Executive Director Sign Off	Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)												

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Enabling Efficiency and Effectiveness

Commentary on Progress in this Quarter:

- Progress in Q1 has been positive across the Enabling Efficiency and Effectiveness portfolio. Electronic Prescribing and Medicine Administration System (EPMA) remains on track to complete, supporting safer and more efficient medicines management. Scan for Safety is also on track to complete, strengthening inventory, traceability and clinical safety arrangements. The Continuing Healthcare (CHC) system has been procured, with implementation planning progressing to schedule, providing a clearer route to improved operational effectiveness and more consistent digital support for CHC processes.

Commentary on red rated actions:

- 16.2)** Business Case to be moved to next financial year, post go live of Rio system. Capacity and change of system is impacting this being progressed.

Achievements:

- EPMA rollout is on track, the clinically led onsite support team is receiving positive feedback, the onsite training is well received, there have been very few Datix and the rollout is making staff feel safer doing their job.
- Scan for safety stock control has released space that is now repurposed for clinical use.
- CHC solution procured and is being actively managed led by the service.

Key Areas of Delivery	Key Milestones and Deliverables	Mapping	Timescale	Lead Executive	Status				Year End Delivery Confidence Assessment			
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
16.1) Complete implementation of Electronic Prescribing and Medicine Administration System (EPMA)	16.1.1) Complete EPMA rollout across all agreed clinical areas	CA	Q1-Q4	ED AHPHS&D	Green				High			
	16.1.2) Improve medication safety by reducing 20% prescribing and administration errors	CA	Q1-Q4		Green				High			
	16.1.3) Embed EPMA into clinical workflows to maximise adoption and sustainability	CA	Q1-Q4		Green				High			
16.2) Implementation of a digital communications	16.2.1) Approval of Business case for a Communications platform to secure funding	CA	Q1-Q4		Red				Medium			

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platform (SMS Text, Hybrid Mail, Patient Portal)		16.2.2)	Further phase to scope for Planned Care Transformation		CA	Q1-Q4		Red				Medium			
16.3) Completion of the implementation of Scan 4 Safety Clinical Stock Management		16.3.1)	End to end inventory management system for both ordering and receipting stock across 10 hospital sites and multiple departments, supporting consistency		CA	Q1-Q3		Green				High			
16.4) Digital Education & Inclusion via Clinical Informatics		16.4.1)	Support and promote digital literacy		CA	Q1-Q4		Green				High			
		16.4.2)	Provide a permanent Training Support function/team, for Clinical Services		CA	Q1-Q4		Green				High			
		16.4.3)	Support the quality assurance of the use of clinical systems		CA	Q1-Q4		Green				High			
16.5) Implementation of Continuing Healthcare software (following business case approval)		16.5.1)	Transition Finance and Continuing Healthcare processes to an electronic solution		CA	Q1-Q4		Amber				Medium			
		16.5.2)	Improve accuracy and timeliness of Continuing HealthCare assessment &payments		CA	Q1-Q4		Green				High			
		16.5.3)	Enhance reporting and audit capability for compliance and governance		CA	Q1-Q4		Green				High			
		16.5.4)	Deliver training and support for staff adoption		CA	Q1-Q4		Green				High			
Formal change request (Please tick as applicable and provide explanation below)															
Change in Scope	N/A	Change in Timescale	N/A												
Executive Director Sign Off		Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)													

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Infrastructure and Security

Commentary on Progress in this Quarter:

- **17.1)** Progress has been steady across Infrastructure and Security, with planned work continuing to strengthen the resilience, reliability and security of the digital environment. Infrastructure priorities remain on track, supporting safe and effective digital service delivery, while cyber security activity continues to progress in line with plan, audit actions, providing ongoing assurance around risk management, compliance and protection of critical systems.

Commentary on red rated actions: N/A

Achievements:

Key Areas of Delivery		Key Milestones and Deliverables		Mapping	Timescale	Lead Executive	Status				Year End Delivery Confidence Assessment			
							Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
17.1) Enhance and monitor Cyber security and Cyber Assessment Framework (CAF) compliance		17.1.1)	Maintain and strengthen cyber security controls to meet CAF standards		Q1-Q4	ED AHPHS&D	Green				High			
		17.1.2)	Complete required documentation and assurance activities for compliance		Q1-Q4		Amber				Medium			
		17.1.3)	Monitor and respond to emerging threats to ensure organisational resilience		Q1-Q4		Amber				Medium			
Formal change request (Please tick as applicable and provide explanation below)														
Change in Scope	N/A	Change in Timescale	N/A											
Executive Director Sign Off		Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)												

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Big Data and Artificial Intelligence(AI)

Commentary on Progress in this Quarter:

- **18.1)** Progress has continued across Big Data and AI, with activity focused on strengthening the use of data, intelligence and emerging technologies to support better planning, decision-making and service improvement. Work remains on track to develop the foundations for improved analytics, automation and insight, with opportunities for AI being considered in line with organisational priorities, governance requirements and available capacity.
- Work has been ongoing with Grant Thornton to build new dashboards which they are validating and supporting.
- **18.1.2)** Data Quality improvements through the Connected Care programme are also positively impacting on data insights.

Commentary on red rated actions: N/A

Achievements:

Key Areas of Delivery		Key Milestones and Deliverables			Mapping	Timescale	Lead Executive	Status				Year End Delivery Confidence Assessment				
								Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
18.1) Commissioning Services Support for Better Data and administrative automation		18.1.1)	Support the development of dashboards and reporting tools for a single source of truth			CA	Q1-Q4	ED AHPHS&D	Green				High			
		18.1.2)	Reduce manual effort in place to validate data quality through automation and standardisation			CA	Q1-Q4		Green				High			
		18.1.3)	Conduct and produce a report gap analysis of commissioned data			CA	Q1-Q4		Amber				High			
Formal change request (Please tick as applicable and provide explanation below)																
Change in Scope	N/A	Change in Timescale	N/A													
Executive Director Sign Off		Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)														

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Leadership, Partnership and Alliances

Commentary on Progress in this Quarter:

- Progress has been positive across Leadership, Partnership and Alliances, with continued engagement across internal, regional and national forums to support delivery of the Digital Strategic Framework. Partnership working remains central to progressing shared digital priorities, including alignment with national programmes, cross-organisational collaboration and strengthened governance through regular reporting and escalation routes. This provides continued assurance that digital delivery is being supported through effective leadership, collaboration and system-wide alignment.
- 19.3)** The Digital development team have developed a PTHB PROMS platform that is currently in User Acceptance Testing, confident that this will meet the requirements for a Proms platform avoiding the procurement of a separate solution.

Commentary on red rated actions: N/A

Achievements:

- The Digital development team have developed a PTHB PROMS platform that is currently in User Acceptance Testing, confident that this will meet the requirements for a Proms platform avoiding the procurement of a separate solution.

Key Areas of Delivery	Key Milestones and Deliverables	Mapping	Timescale	Lead Executive	Status				Year End Delivery Confidence Assessment			
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
19.1) Support Digital Health Care Wales & Welsh Government national strategy requirements: National Architecture and Blueprint, NHS Wales App, National Data Resource, Single Patient Record, National Data Standards, National Artificial	19.1.1) Accountable engagement in national Digital Health Care Wales programmes, tracked through participation, delivery actions and reported outcomes		Q1-Q4	ED AHPHS&D	Green				High			

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Intelligence and Electronic Health Record policies													
19.2) Actions from the NHS Wales internal audit & wider NHS Wales Digital Transformation Audit	19.2.1)	Improve uptake of Digital Systems, through sustainable resourcing for business change, training, and project delivery	CA	Q1-Q4		Green				High			
	19.2.2)	Scope training needs for 'Business Change' Management Skills across Digital, Clinical Informatics and operational service areas	CA	Q1-Q4		Amber				High			
19.3) Support Better Together, North Powys Wellbeing Programme & the Strategic Commissioning Framework	19.3.1)	Engage in the demand and capacity modelling work as part of the North Powys programme, in partnership with Finance	CA	Q1		Green				High			
	19.3.2)	Provide the data and analysis for Travel Time Analysis	CA	Q1 – Q2		Green				High			
	19.3.3)	Design and complete a Digital Blueprint for Health and Care hubs as part of North Powys Wellbeing Programme (including a strategically owned and managed room booking system)	CA	Q1-Q3		Green				High			
	19.3.4)	Support the digital elements of the referral optimisation workstream of the Strategic Commissioning Framework	CA	Q1-Q4		Green				High			
	19.3.5)	Support the specification, procurement and governance to implement a digital Patient Related Outcome Measures platform (subject to approval of Business case in Q1)	CS	Q1-Q4		Green				High			
Formal change request (Please tick as applicable and provide explanation below)													
Change in Scope	✓	Change in Timescale	N/A										
<u>Q1 Change in Scope</u> 19.3.5) PTHB are now developing own solution rather than procuring.													
Executive Director Sign off	Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)												

Innovative Environments

Transformation, Strategic Capital and Estates

Commentary on Progress in this Quarter:

- **20.6)** All Capital Projects are on track for delivery. Llandrindod Hospital current phase for kitchen upgrade, interim dental unit, etc. is due for completion in September with £0.8 million Capital overall spend achieved in first two months of current financial year. North Powys Innovative Environment work and business case progressing to programme.
- **20.5)** Llanfair Caereinion GP Health Hub progression remains dependent on developer purchase of land which will act as enabler for planning submission and project initiation.
- **20.7)** Initiative to consider corporate approach to room-booking for both clinical and non-clinical spaces which could also be adopted for Third Sector in Integrated Hub setting. This will be linked to space monitoring to provide management overview and opportunity for space utilisation efficiencies.

Commentary on red rated actions: N/A

Achievements:

- Institute of Health Engineering and Estates Management Wales Sustainability award for Re:fit environmental benefits programme.

Key Areas of Delivery	Key Milestones and Deliverables	Mapping	Timescale	Lead Executive	Status				Year End Delivery Confidence Assessment			
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
20.1) Better Together	20.1.1) Continued development of estate through Better Together work – place based care	CA	Q1-Q4	ED FC&SS ED P&C	Green				High			
20.2) North Powys Wellbeing Programme	20.2.1) Development of pan-Powys model for Integrated Hubs in collaboration with cross-organisational Regional Partnership Board/'Place' based approach (critical to Full Business Case, subject to Outline Business Case approval)	CA	Q1-Q4	DI&T	Green				High			
20.3) Flexible working environments	20.3.1) Continued development and delivery of flexible working spaces	CA	Q1-Q4	ED FC&SS	Green				High			
20.4) Llandrindod Wells Rural Regional Centre	20.4.1) Development of Phase 2 Llandrindod Hospital; development of business case	CA	Q1-Q4		Green				High			

	20.4.2)	Work to complete the Integrated family Health, Care and Wellbeing Hub at Spa Road	CA	Q1-Q4		Green				High			
20.5) Llanfair Caereinion GP Practice & community hub	20.5.1)	Identify procurement pathway and initiate construction phase	CA	Q1-Q4		Amber				Medium			
20.6) Discretionary Capital Programme including Targeted Estates Funding (TEF), etc	20.6.1)	Deliver Discretionary Capital Programme	CA	Q1-Q4		Green				High			
	20.6.2)	Deliver projects within existing Targeted Estates Funding (TEF); Decarbonisation, Infrastructure, Fire, Decontamination, Infection Prevention Control & Mental Health and seek to secure future funding	CA	Q4						Medium			
20.7) Efficiency and Productivity of the Estate	20.7.1)	Maximise the efficiency and productivity of the use of the Estates: Develop synergies between Estates and Facilities work streams to improve efficiencies Strategic rationalisation of estate in line with Better Together Programme and Agile Transformation	CA	Q1-Q4		Green				High			
Formal change request (Please tick as applicable and provide explanation below)													
Change in Scope	N/A	Change in Timescale	N/A										
Executive Director Sign Off	Pete Hopgood (Deputy CEO & Director of Finance) Wayne Tannahill (Associate Director of Capital, Estates & Property) Debra Wood Lawson (Executive Director of People and Culture) Lucie Cornish (Director of Improvement and Transformation)												

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Innovative Environments

Climate Response

Commentary on Progress in this Quarter:

- **21.1)** Progress against Decarbonisation Strategic Delivery Plan version 2 largely meeting predicted targets. However, a number of actions have short deadlines and several have dependencies on other organisations, including NWSSP, which cannot be progressed until end Q2 and subsequently only providing a 3-month period for the Health Board to review, assess and action a response.
- **21.2)** PTHB's Climate Adaptation Plan and Climate Risk Register have been drafted and are currently passing through internal governance to receive Board approval by end October (Welsh Government expectation).
- **21.3)** Green space utilisation continues to perform well with support from Regional Partnership Board Community Liaison Officer. Improvement programmes and green social prescribing links are provided at Bronllys (via Flora Cultura) and Machynlleth (via Awyr Iach), with a Keep Wales Tidy grant supporting redevelopment of green spaces at Ystradgynlais.
- **21.4)** An ISO 14001 external assessment visit is scheduled for Q2. Future updates will be informed by outcomes of this audit.
- **21.5)** Biodiversity protection and enhancements continue to perform in line with Biodiversity Action Plan and as part of major capital investment projects.

Commentary on red rated actions: N/A

Achievements:

- Keep Wales Tidy have confirmed that Bronllys has retained Green Flag status for biodiversity for 2026-2027 with official announcement 14th July 2026.
- Climate Adaptation Plan and Climate Risk Register drafted.
- Green space and social prescribing initiatives delivered across multiple sites.
- ISO14001 assessment preparations completed.

Key Areas of Delivery	Key Milestones and Deliverables	Mapping	Timescale	Lead Executive	Status				Year End Delivery Confidence Assessment			
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
21.1) Climate Mitigation	21.1.1) Actions set out in Decarbonisation Strategic Delivery Plan 2026-2030	CA	Q1-Q4	ED FC&SS	Amber				Medium			

21.2) Climate Adaptation		21.2.1)	Publication of PTHB Climate Adaptation Plan	CA	Q1-Q3			Green				High			
21.3) Community Engagement and Green Health Pathways		21.3.1)	Enhanced use and provision of green spaces, therapies, patient gardens for preventative health interventions	CA	Q1-Q4			Green				High			
21.4) Environmental Management System accreditation		21.4.1)	Maintain external accreditation to ISO14001 standards	CA	Q2							High			
21.5) Biodiversity		21.5.1)	Enhancement and protection of biodiversity in line with Biodiversity Action Plan	CA	Q1-Q4			Green				High			
Formal change request (Please tick as applicable and provide explanation below)															
Change in Scope	N/A	Change in Timescale	N/A												
Executive Director Sign Off		Pete Hopgood (Deputy CEO & Director of Finance) Wayne Tannahill (Associate Director of Capital, Estates & Property)													

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Transforming in Partnership

Finance

Commentary on Progress in this Quarter:

- **22.1.1)** Financial Recovery Board and Programme Management Office established and in place.
- **22.1.2)** Completed grip and control assessments and implemented related actions to improve as requested by NHS Performance and Improvement.
- **22.2.2)** Good progress in terms of identifying savings against Plan.

Commentary on red rated actions: N/A

Achievements:

- Financial Recovery Board and associated Programme Management Office established. Initially, this has been driving the identification of savings for 2025/26.
- Financial grip and control actions implemented and Savings of £21.3m identified against plan of £22.9m, which is 93%. The focus is on delivery of these savings and on increasing the recurrent impact of savings.

Key Areas of Delivery	Key Milestones and Deliverables	Mapping	Timescale	Lead Executive	Status				Year End Delivery Confidence Assessment			
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
22.1) Financial Governance	22.1.1) Implement Financial Recovery Governance - Enhance focus on recovery actions and integrate into current structure as needed.	CA	Q1	ED FC&SS	Blue				High			
	22.1.2) Embed grip and control in key pay and non-pay areas and extend across commissioning and complex / continuing healthcare (CHC) (monitoring linked to turnaround structure as per point 1).	CA	Q1		Green				Medium			
22.2) Financial Recovery and Delivery	22.2.1) Establish a financial efficiency delivery team to programme manage the delivery and identification of savings opportunities, with enhanced monitoring, management, and ownership	CA	Q1		Blue				High			

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	22.2.2)	Further develop actions and monitoring in relation to medium term financial recovery plan to focus future controls, saving and transformation required (additional detail “provide clear route to financial sustainability and actions required”)	CA	Q2						Medium				
	22.2.3)	Using analysis and drivers of deficit to focus transformation activities through Better Together	CA	Q1		Green					Medium			
22.3) Financial Control	22.3.1)	Grip and control in commissioning, contracting and CHC	CA	Q1		Green					High			
	22.3.2)	Integration of budget strategy in contracting and CHC	CA	Q1		Green					High			
	22.3.3)	Engagement of clinicians in financial decision making, particularly CHC	CA	Q1		Green					High			
Formal change request (Please tick as applicable and provide explanation below)														
Change in Scope	N/A	Change in Timescale	N/A											
Executive Director Sign Off	Pete Hopgood (Deputy CEO & Director of Finance) Wayne Tannahill (Associate Director of Capital, Estates & Property)													

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Transforming in Partnership

Quality

Commentary on Progress in this Quarter:

- **23.2)** Listening To People (LTP) Framework has been successfully embedded. Whilst it was legislative in nature and non-negotiable for launch on 1st April, it should be noted that the directorates coming on board, working to and delivering against the framework has been achieved at the end of Q1, with a smooth transition and slightly sooner than anticipated. The Quality & Safety team have been supportive and working to facilitate delivery with good engagement to develop and publish clear local guidance to underpin the successful delivery of LTP.
- **23.3)** The People's Experience Framework is launched and in the early stages of imbedding. A revised steering group structure, chaired by the Executive Director of Nursing, has facilitated ongoing assurance, monitoring and improvement.
- **23.4)** The Executive Director of Nursing has established a working group to determine the delivery of the commissioned services assurance framework and local learning mechanisms. This has facilitated wider engagement and the setting of a clear plan and delivery method to conclude the work over the remainder of the year.

Commentary on red rated actions: N/A

Achievements:

- Listening to People Framework successfully embedded.
- Peoples Experience Framework launched with steering group facilitating ongoing assurance, monitoring and improvement.

Key Areas of Delivery	Key Milestones and Deliverables	Mapping	Timescale	Lead Executive	Status				Year End Delivery Confidence Assessment			
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
23.1) Quality Management System (QMS)	Establish a single, coherent operating framework (QMS) that meets the needs of the population and puts quality as an organisational operating system, not a set of projects	CA		ED NQW&FH								
	23.1.1) Agree the QMS architecture: how Quality Planning, Control, Improvement and Assurance connect	CA	Q1-Q4		Amber				High			

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	23.1.2) Create a clear line of sight from population need → strategic priorities → improvement activity → daily control → assurance	CA	Q1-Q4	Amber				High			
	23.1.3) Align the QMS with our Board workplan, committee structure and reporting so this is “the way we run the organisation”	CA	Q1-Q4	Amber				High			
	23.1.4) Move towards a one system-wide approach that is universally embraced (common language, consistent method, clear priorities)	CA	Q1-Q4	Amber				High			
	23.1.5) Strengthen “data for learning” behaviours and reinforce that quality is a system property (not an individual performance issue)	CA	Q1-Q4	Amber				High			
Listening to People – National Framework	23.2.1) Fully Implement the Listening to People Framework	CS	Q1-Q4	Amber				High			
	23.2.2) Ensure 40% of complaints are resolved via early resolution	CS	Q2-Q4					High			
23.3) People’s Experience – National Framework	Fully implement the Peoples Experience framework:										
	23.3.1) Establish strategic delivery & oversight group to deliver the framework in full – reporting to Patient Experience Quality Safety Committee on progress quarterly	CA	Q1	Blue				High			
	23.3.2) Commence and conclude public & staff engagement on the Peoples Experience Framework Strategy	CA	Q2					High			
23.4) Board Assurance on local and commissioned services	Review, develop and deliver improved reporting structures to factor in assurance around thematic findings and learning pan organisation; enhance assurance for commissioned services										
	23.4.1) Establish working group with wider engagement to deliver the objective		Q1	Blue				High			
	23.4.2) Engage with commissioned services to deliver an agreed metrics set relevant to each local service		Q3					High			
	23.4.3) Develop clear associated organogram and Standard Operating Procedure to ensure reporting structures and clear and followed by all areas		Q4					High			
	23.4.4) Ensure all commissioned Long Term Agreements enable accountability as required to deliver the objective		Q4					High			

Formal change request (Please tick as applicable and provide explanation below)

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Change in Scope	N/A	Change in Timescale	N/A	
Executive Director Sign Off	Paul Hooton (Executive Director of Nursing, Quality, Women and Family Health) Amie Symes (Director of Midwifery, Women and Family)			

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Transforming in Partnership

Partnership Development

Commentary on Progress in this Quarter:

- **24.1.1)** Business case in development for future core investment, including building on benefits realised to date.
- **24.1.1)** The time-limited Regional Integration Fund (RIF) (allocated to RPBs by the previous government) finishes on the 31st of March 2027. Building on work in previous years a multiagency Executive Group has been co-ordinating work to address this. In April a PTHB Executive Working Group, in line with the agreed RPB process, considered all RIF funded projects (including exit management plans with risk and impact assessment information). PTHB submitted its response to the RPB by the required May deadline and participated in the next stage of the multiagency process reporting to the RPB in June 2026. The issue is on the PTHB Organisational Risk Register and progress in relation to mitigating actions is being regularly updated. Work has been undertaken to ensure staffing information is up to date. The Executive Committee has been updated. The new government is reviewing RPBs and what may follow RIF is not expected to be known until the Autumn.
- **24.2.1)** Funding in the approved 2026/27 Delivery Plan was geared to the greatest system pressures following a reprioritisation exercise. RPB performance management arrangements are in place and continue. RIF exit is being carefully managed through the year as described above.
- **24.2.2)** The approved RPB Delivery Plan includes an event to show the achievements and learning from projects later in the year.
- **24.3.1)** Relevant actions are in the RPB development plan. The requirement to undertake the Welsh Government self-assessment is being rechecked as the new government has set out arrangements for an external review of RPBs within the first 100 days.
- **24.4)** The RPB Delivery plan for 2026/27 submitted to Planning, Partnership and Population Health (PPPH) Committee was geared to the greatest system risks. The Partnership Governance and Assurance Framework Highlight Report will include a focus on the RPB.

Commentary on red rated actions: N/A

Achievements:

Key Areas of Delivery	Key Milestones and Deliverables	Mapping	Timescale	Lead Executive	Status				Year End Delivery Confidence Assessment			
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
24.1) Regional Integrated Fund (RIF) – Exit Management	24.1.1) Provide assurance that PTHB budget holders are managing exit from RIF funded projects	CA	Q4	ED PCC&MH ED P&C DI&T					High			

24.2) Prioritise the greatest system issues and impacts		24.2.1)	Ensure robust RIF funded delivery to target greatest system pressures	CA	Q4	ED PCC&MH					Medium			
		24.2.2)	Share lessons learned with Regional Partnership Board	CA	Q3						High			
24.3) Implement shared approach to partnership development		24.3.1)	Work with partners to implement the partnership development actions within the Regional Partnership Board plan, including the Welsh Government required self-assessment	CA	Q4							Medium		
24.4) Partnership Governance and Assurance		24.4.1)	Update Framework and provide highlight report	CA	Q4	ED PP&C ED PH					High			
		24.4.2)	Provide assurance on health board participation in Regional Partnership Board and priorities aligned to areas of greatest need	CA	Q4						High			
Formal change request (Please tick as applicable and provide explanation below)														
Change in Scope	N/A	Change in Timescale	N/A											
Executive Director Sign Off		Nicola Johnson (Executive Director of Planning, Performance and Commissioning) Mererid Bowley (Executive Director of Public Health) Elaine Lorton (Executive Director Primary Care, Community & Mental Health) Debra Wood Lawson (Executive Director of People and Culture) Lucie Cornish (Director of Improvement and Transformation)												

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Transforming in Partnership

Engagement, Communication and Corporate Affairs

Commentary on Progress in this Quarter:

- **25.1)** Key programmes have include continued promotion of vaccination, continuation of women's health hub, and support for recruitment & retention campaigns.
- **25.2)** Planning is continuing towards future consultation on Better Together from end Q2 2026/27. Statutory consultation has commenced on the Pharmaceutical Needs Assessment. Planning is under way in relation to potential engagement associated with a branch surgery closure application. Support is also being provided to the second phase consultation by Hywel Dda University Health Board in relation to stroke services.
- **25.3)** Approach to citizen insight for the refreshed Powys Wellbeing Assessment and Population Needs Assessment have been agreed through a joint workshop of Powys Engagement and Insight Network members.
- **25.4)** A significant focus during Q1 has been the peri-election period for the Senedd election on May including establishing relationships and working arrangements with newly elected Ministers of the Senedd.
- **25.5)** The Powys Health Charity Strategy 2026 - 2030 was endorsed by Charitable Funds Committee on 8th June 2026 and will be presented for approval to the Health Board on 29th July 2026.

Commentary on red rated actions: N/A

Achievements:

- A significant focus for the Senedd election in May included establishing relationships and working arrangements with newly elected Ministers of the Senedd.
- Better Together communications and engagement activity for Q1 delivered and statutory consultation activity supported.

Key Areas of Delivery	Key Milestones and Deliverables	Mapping	Timescale	Lead Executive	Status				Year End Delivery Confidence Assessment			
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
25.1) Marketing and communication	25.1.1) Design and deliver annual programme of communication and marketing activity focusing on those issues offering greatest strategic benefit and/or management of principal risks	CA	Q1-Q4	DCG	Green				High			
25.2) Continuous and targeted engagement	25.2.1) Design and deliver continuous and targeted engagement and/or consultation e.g. Better Together, local partnerships	CA	Q1-Q4		Green				High			

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Transforming in Partnership

Corporate Governance, Corporate Business and Information Governance

Commentary on Progress in this Quarter:

- **26.1)** Board Assurance Framework and Risk Management Frameworks reviewed and Board approved in May 2026.
- **26.2)** Board and committee work plans in place, terms of reference reviewed and governance development plan in place.
- **26.4.1)** Internal and External Audit programmes agreed for the year by Audit and Risk Assurance Committee in March 2026 and now in active operation.
- **26.5.1)** Communications programme in place. Targeted newsfeeds issued.
- **26.5)** Information Governance and Cyber colleagues are now embedded within corporate induction, as a joint session with the aim of strengthening early awareness.
- **26.5)** Quarterly Information Governance (IG) and Records Management performance report Q1 not due until August 2026.
- **26.5)** The IG Toolkit out-turn report for 2025/26 successfully submitted and improvement plan 2026/27 developed and endorsed by Executive Team and Audit, Risk and Assurance Committee May 2026.

Commentary on red rated actions: N/A

Achievements:

- Board Assurance Framework and committee work plans reviewed and approved.
- Information Governance Toolkit submitted and endorsed by Executive Team and Audit, Risk and Assurance Committee May 2026.

Key Areas of Delivery	Key Milestones and Deliverables	Mapping	Timescale	Lead Executive	Status				Year End Delivery Confidence Assessment			
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
26.1) Board Assurance Framework (BAF)	26.1.1) BAF policy reviewed Q1 and integrated in Board meetings and informing the Boards (and Committees) work programme		Q1-Q4	DCG	Green				High			
26.2) Board and Committee business	26.2.1) Board and Committee work plans agreed		Q1		Blue				High			

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	26.2.2)	Board and Committee Effectiveness reviewed and findings used to inform Committee Terms of Reference reviews		Q1		Blue				High			
	26.2.3)	Board development x10 sessions; board briefings x8 sessions		Q1-Q4		Green				High			
26.3) Risk Management	26.3.1)	Risk management framework reviewed Q1 and delivered		Q1-Q4		Green				High			
26.4) Organisational compliance	26.4.1)	Internal and External audit programmes agreed		Q1		Blue				High			
	26.4.2)	Annual Report produced Q1; Annual General Meeting held by 30 th July 2026		Q2						High			
	26.4.3)	Systems maintained and appropriately reported to support the management of Policies, Standards of Behaviour, Audit findings, Welsh Health Circulars and Ministerial Directions		Q1 – Q4		Green				High			
	26.4.4)	Access to effective legal advice and support maximised in a managed and cost-effective way		Q1 – Q4		Green				High			
	26.4.5)	Delivery of Internal and external audit programmes		Q1 – Q4		Green				High			
26.5) Information Governance and Records Management	26.5.1)	Design and deliver targeted communications programme that prioritises issues presenting the greatest organisational benefits and risks to the organisation		Q1 – Q4		Green				High			
	26.5.2)	Provide progress against the Plan via the Information Governance and Records Management Performance Reports with clear risks, issues and next steps		Q1 – Q4		Green				High			
26.6) Executive, administrative and governance support	26.6.1)	Quality corporate business systems and support in place across all executive portfolios		Q1 – Q4		Amber				High			
Formal change request (Please tick as applicable and provide explanation below)													
Change in Scope	N/A	Change in Timescale	N/A										
Executive Director Sign Off	Helen Bushell (Director of Corporate Governance)												

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Transforming in Partnership

Improvement, Research and Development

Commentary on Progress in this Quarter:

- **27.5.1)** The Value Based Health Care (VBHC) stocktake and organisational review have been completed, providing an assessment of the Health Board's current position and informing a refreshed approach to governance, leadership and delivery. Following review with executive sponsors and senior leadership, agreement was reached to reset the VBHC governance model and establish revised arrangements under executive sponsorship from the Medical Director and Director of Finance. Initial priority areas have been identified in alignment with organisational priorities, financial recovery objectives (including low value interventions (INNU/EBI)) and Welsh Government direction, with establishment and mobilisation of the refreshed Steering Group planned for July 2026.
- **27.5.2)** The original business case to implement the national Promptly platform has been placed on hold following further review of organisational readiness, external dependencies and constraints (community/primary care model of care and digital infrastructure). In parallel, work has progressed well to develop an in-house digital solution for PROMs collection in the form of a PROM App - providing a more proportionate and deliverable approach to implementation. Subject to ongoing development, the initial phase will focus on digital PROMs collection within Cardiology and Mental Health, with a target implementation date of January 2027.
- **27.2)** Good progress has been made in establishing a consistent, proactive approach to demand and capacity, with key risks (variation, standardisation, and capability gaps) identified and being addressed through targeted training, tools, and Quality Improvement (QI) methods. Early implementation of standard templates and processes is embedding this as business-as-usual, with increasing use of data to support decision-making, improve resource alignment, and reduce service pressures.

Commentary on red rated actions: N/A

Achievements:

- The Value Based Health Care (VBHC) stocktake and organisational review have been completed, providing an assessment of the Health Board's current position and informing a refreshed approach to governance, leadership and delivery.
- Work has progressed to develop an in-house digital solution for PROMs collection in the form of a PROM App.

Key Areas of Delivery	Key Milestones and Deliverables	Mapping	Timescale	Lead Executive	Status				Year End Delivery Confidence Assessment			
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

27.1) Quality Improvement (QI) systems and processes	27.1.1) Collaborate with service area leads who have identified areas for improvement to clarify the issues, understand their objectives and timelines, and determine how they will measure impact and benefits	CA	Q1	ED P&C DI&T	Green				High			
	27.1.2) Providing support for these services to help determine the Quality Improvement resources needed for the work and identify which staff members need Quality Improvement training	CA	Q1		Green				High			
	27.1.3) Use the top-down hierarchy tiers to balance long-term strategic goals with immediate, reactive needs and prioritise requests for Quality Improvement Resources based on work that will provide the biggest impact	CA	Q1		Green				High			
	27.1.4) Work to embed improvement within business plans and the organisational business and performance cycles	CA	Q1 - Q4		Green				High			
27.2) Quality Improvement Capacity & Capability	27.2.1) Develop an organisational competency framework and training plan for demand & capacity planning		Q1		Green				High			
	27.2.2) Deliver 'Quality Improvement in Practice' training, tools and support/network across service areas involved in Quality Improvement projects / activities		Q1 - Q4		Green				High			
	27.2.3) Approval and implementation of the Demand & Capacity framework and plan		Q2- Q3						High			
27.3) Embed Research & Innovation as a key enabler of change	27.3.1) Delivery of Regional Innovation Coordination (RIC) Hub workplan in partnership through the Regional Partnership Board with a focus on supporting and enabling progress of Better Together including the Business Efficiencies programme		Q1 – Q4	EMD	Green				High			
27.4) Growing Research in Powys	27.4.1) Consideration of '2 Year On' Assessment against national Research & Development Framework		Q1		Green				High			
	27.4.2) Work with People and Culture Directorate to use research as motivator for recruitment and retention		Q1 – Q4		Green				High			
	27.4.3) Support any application for Research Awards to further develop Research in Powys		Q1 – Q4		Green				High			

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	27.4.4)	Provide coordination, direction and oversight for research across clinical services and teams		Q1 – Q4		Green				High			
27.5) Value Based Healthcare approach	27.5.1)	Undertake a review on Value Based Healthcare, refresh organisational strategy and agree priorities for embedding VBHC aligned to national Value and Sustainability Board		Q1	ED P&C DI&T	Green				High			
	27.5.2)	Expand Patient Reported Outcome Measures across organisation (subject to approval)	CS	Q2-Q4						Medium			
Formal change request (Please tick as applicable and provide explanation below)													
Change in Scope	N/A	Change in Timescale	N/A										
Executive Director Sign Off	Kate Wright (Executive Medical Director) Debra Wood Lawson (Executive Director of People and Culture) Lucie Cornish (Director of Improvement and Transformation)												

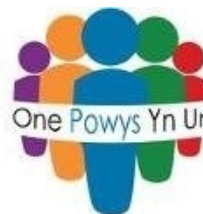
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PTHB BOARD - 30 SEPTEMBER 2026		Agenda Item 3.5
Subject:	Winter Plan	
Approved and Presented by:	Executive Director of Primary Care, Community and Mental Health	
Prepared by:	Deputy Director Primary Care, Community and Mental Health	
Purpose:	To provide an update to Board of the system wide winter planning to ensure system flow and support optimal patient care.	
Recommendations:	The Board is asked to: • Take Assurance that there has been an extensive process of development for this plan, led by the RPB, with active participation and coordination of Health Board, Powys County Council and Third Sector input. • Take Assurance that the plan has been submitted to Welsh Government to meet their deadline of 25 September. • Note that final version of the plan was taken through the RPB Board on 23 September 2026.	
Executive Summary:	This paper provides the Board with details of the Powys Regional Partnership Board (RPB) Winter Preparedness 2026/27 readiness assessment The plan has been developed through the RPB to include inputs from system partners in line with Welsh Government requirements and timelines.	

Powys RPB System Winter Resilience Plan 2026/27

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Bwrdd Partneriaeth
Ranbarthol Powys
Iechyd a Gofal
Cymdeithasol



Powys Regional
Partnership Board
Health and
Social Care

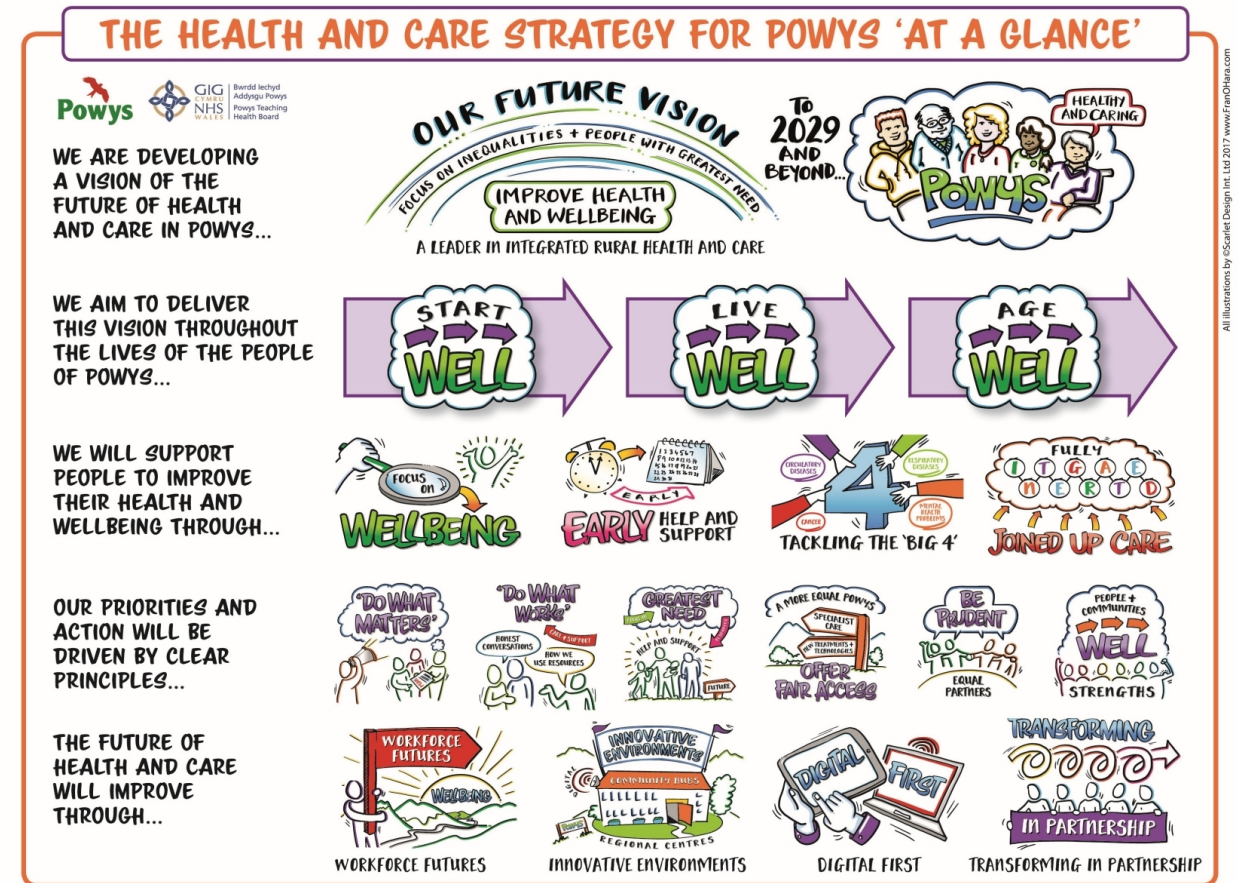
This plan builds on System Resilience Arrangements put in place in previous years, set in the context of the shared Health and Care Strategy for Powys.

There is a shared commitment across partners to work on further improvements to address pressures in the system, to be prepared for Winter, and ensure Powys residents are supported.

The Plan brings together a number of component parts which collectively represent the system wide preparations and response arrangements over the autumn and winter period.

These respond to a number of correspondences and requirements issued by Welsh Government in relation to winter planning and the Welsh Government's modelling and Readiness Assessment.

This plan is a high-level summary of the component action plans, Welsh Government templates and programmes of work. (Further detail on each component is available through the respective leads and can be provided on request).



National and Local Strategic Frameworks



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



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

OUR FUTURE VISION
FOCUS ON INEQUALITIES + PEOPLE WITH GREATEST NEED
IMPROVE HEALTH AND WELLBEING
A LEADER IN INTEGRATED RURAL HEALTH AND CARE



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



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



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



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



Context

- The purpose of these slides are to outline the Winter System Resilience Plan 2026/27. The plan has been produced collaboratively with the Regional Partnership Board in line with guidance received from Welsh Government.
- As part of preparations for Winter 2026/27, the Welsh Government issued correspondence 17th June 2026 setting out its high-level expectations for winter preparedness and delivery for health boards, NHS Trusts, and partners.
- Organisations are expected to work collaboratively and in partnership to:-
 - Deliver safer, person-centred and resilient urgent and emergency care by reducing escalation, eliminating corridor care, improving acute hospital flow and strengthening integrated community care, particularly for people living with frailty.
- The Plan therefore brings together a number of component parts which collectively represent the system wide preparations and response arrangements over the autumn and winter period to include responses in line with outlined requirements. It is a high-level summary of the component action plans, Welsh Government templates and programmes of work. (Further detail on each component is available through the respective leads and can be provided on request).

- Organisations are expected to focus on delivery of 9 critical outcomes:-

1. Reduce time spent at high levels of escalation
2. Achieve all ambulance patient handovers within <45 minutes
3. Discharge or admit all patients within 12 hrs of arrival at ED
4. Increase vaccination uptake across all eligible groups
5. Aim for delivery of no care in corridors or temporary spaces
6. Realise 33% of discharges by midday, seven days a week
7. Reduce POCDs and days delayed
8. Reduce winter mortality
9. Reduce both ambulance conveyance to emergency departments and hospital admissions from care homes

- Organisations are also expected to focus on delivery of 5 system priorities :-

1. Proactive frailty care in the community
2. Protect acute hospital capacity
3. Discharge without delay
4. Effective operational command
5. Workforce and Staff Wellbeing

Challenges



Increased demand for health and care services and support over winter create challenges and impacts across the whole system level which include:

- Increase in respiratory illnesses over winter, leading to higher patient admissions and care needs
- Increased risk of falls and injuries that require urgent medical attention
- Increased hospital admissions due to seasonal flu / viruses and cold weather, particularly for vulnerable patients
- Adverse weather incidents also create transportation and care challenges which can cause delays across the system
- Strain on hospital capacity which creates further complications in discharge planning processes
- Logistical challenges arising from the unique Powys geography
- Reliance on cross border provision in England for acute care and challenges relating to repatriation back into County
- Limitations in market capacity for care provision and historic reliance on a bed based model of care
- WAST also note particular challenges between patient demand and available capacity for both 111 and Emergency Medical Services response

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Critical Outcomes

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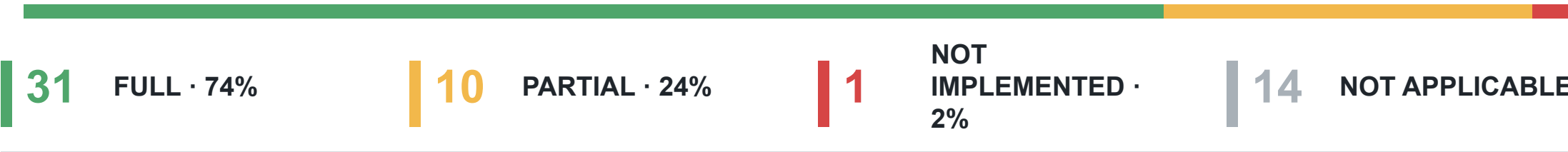
REGIONAL SELF-ASSESSMENT AND ASSURANCE

Regional Winter Assurance

The regional assessment demonstrates a strong level of preparedness across key actions and assurance questions.

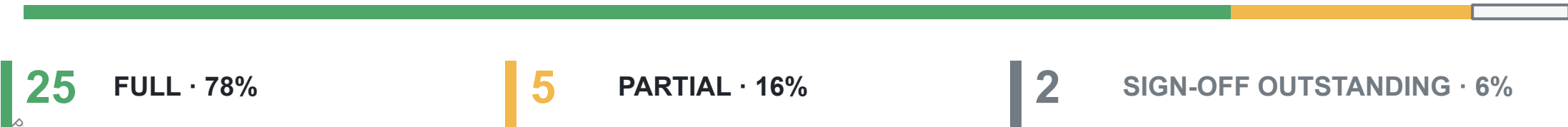
REGIONAL SELF-ASSESSMENT

42 APPLICABLE ACTIONS



REGIONAL ASSURANCE ASSESSMENT

32 ASSURANCE QUESTIONS



The two outstanding items relate to formal approval of this plan and remain in hand through the governance process.

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UEC WINTER RESILIENCE

UEC: Winter Resilience at a Glance

Services deliver the care; PTHB SPOA connects people to the right pathway at the right time.

- 01RESPOND EARLY
- 02AVOID CONVEYANCE
- 03REDIRECT AT FRONT DOOR
- 04PULL HOME SOONER

PTHB SPOA · NAVIGATION · COORDINATION · ACCESS

Care homes + St John Ambulance	WAST + community services	Wye Valley Trust + PTHB	SPOA + discharge teams
Safe lifting and Level 1 response	Falls, frailty, MIU and step-up	Identify early and connect local alternatives	Active pull and practical routes home

CRITICAL OUTCOMES SUPPORTED

- Fewer avoidable conveyances and admissions
- Reduced escalation and corridor care
- More discharges before midday
- Fewer pathway-of-care delays

01 Responding to Falls

Care homes respond early; SPOA coordinates the Level 2 response and access to local alternatives.

IN PLACE FOR WINTER

165 staff trained 27 care homes

The first full winter with iStumble training and lifting cushions available across every care home.

NEW FOR WINTER

Reporting will track falls, lifting-cushion use, 999 calls and outcomes.

HOW THE RESPONSE WORKS

Care homes	Use iStumble and lifting cushions.
St John Ambulance	Training and Level 1 response.
Welsh Ambulance Service	Identifies suitable Level 2 incidents.
PTHB SPOA	Coordinates access to local alternatives.
Community teams	Assess and treat people locally.

WINTER FOCUS

Embed the Level 2 pathway and increase appropriate referrals.

KEY MILESTONE

Joint Falls Symposium · 24 September 2026

HOW SUCCESS WILL BE SEEN

Fewer 999 calls, conveyances and avoidable admissions.

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ENABLING ACTIONS 3 AND 4 · FRONT DOOR FLOW, SAME-DAY CARE AND ACUTE FRAILTY

Avoiding Attendance and Admission

PTHB acts before conveyance and again at Hereford’s front door, because it does not operate an Emergency Department.

02 BEFORE CONVEYANCE OR ADMISSION

PTHB SPOA	Single clinical route into local alternatives.
Community frailty	Multidisciplinary assessment for escalating need.
Minor Injury Units + nursing	Assessment and treatment closer to home.
Community hospitals	Direct step-up admission where appropriate.
Trusted Assessor	Rapid short-term care support.

03 AT HEREFORD’S FRONT DOOR

NEW FOR WINTER

Wye Valley Trust Care Transfer Coordinator

From 7 September · Monday–Friday, 08:00–16:00

Identify early	Find Powys residents through the daily flow meeting.
Connect	Work with frailty services and PTHB SPOA.
Coordinate	Arrange local return before avoidable admission or transfer.

HOW SUCCESS WILL BE SEEN

Total and rate of acute admissions among Powys residents Patients helped, admissions avoided and transfers facilitated

04 Every Day Matters

Wasted days make patients less well, not better.
Zero wasted days for patient care — don’t allow what can be done today to wait for tomorrow.

MAKE EVERY DAY COUNT

“What needs to happen today to help this patient go home sooner?”

Optimal Hospital Flow Team

Embeds early discharge, effective daily review and prevention of deconditioning.

CREATE ROUTES HOME

≈80% of current SPOA workload supports discharge

PTHB SPOA	Active pull from acute providers.
Trusted Assessor	Rapid interim care support.
Routes home	Reablement, step-down and community treatment.

INTENSIFY FOR WINTER

Winter Sprint · December

Intensive discharge action across health, local authority and third-sector partners.

Multi-Agency Discharge Events

A focused part of the Sprint to resolve system barriers.

PROPOSED SURGE SUPPORT

Subject to approval · targeted urgent GP and flexible operational or social-work capacity.

HOW SUCCESS WILL BE SEEN

More discharges before midday

Fewer delays

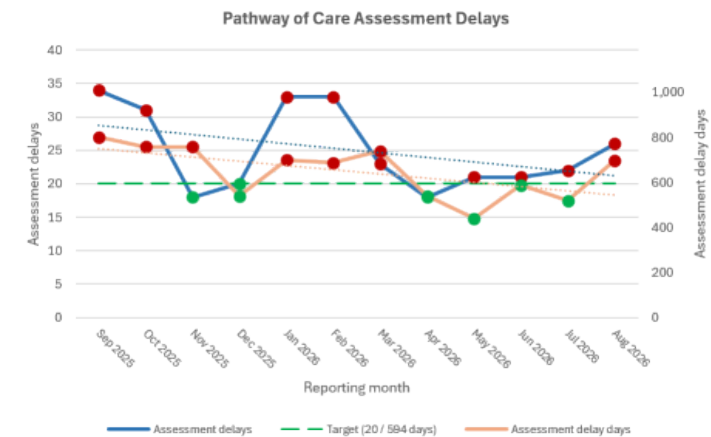
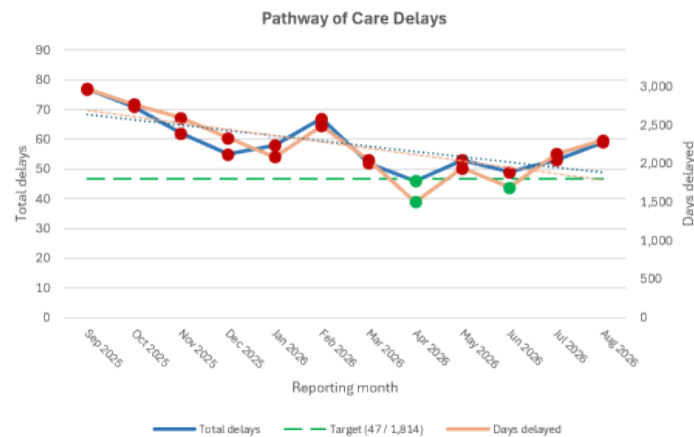
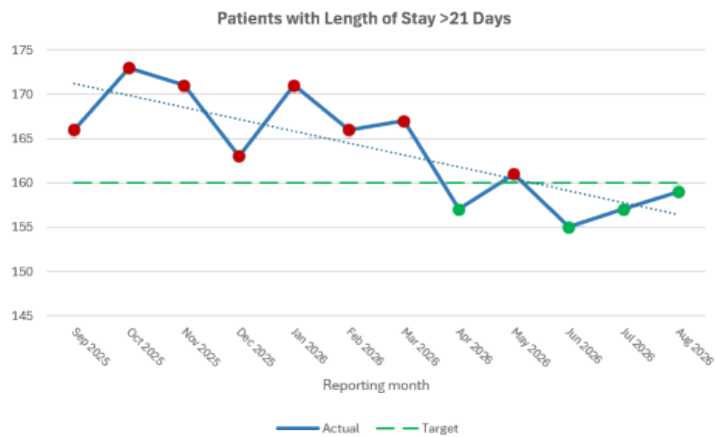
More successful active pulls

Less deconditioning and time in hospital

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01 Pathways of Care Delays

12-month improvement; recent deterioration.



PERFORMANCE POSITION

The 12-month trajectory remains positive and the August position is broadly comparable with the same period last year. However, **performance has deteriorated in recent months** and requires continued focus through winter.

ACTION & ESCALATION

JOINT ACTION PLAN A joint Health and Social Care PoCD action plan is in place to address delays across the pathway.

DAILY OVERSIGHT Daily SitRep review supports escalation and timely action, reinforced through the winter monitoring arrangements on the next slide.

Discharge and winter assurance

Specific actions provide assurance on routes home, patient flow, risks and oversight.

- 02

READY TO GO HOME UNITS
Support clinically optimised and other in-scope patients while discharge needs (including packages of care and social assessments) are coordinated.
- 03

SAFE DISCHARGE AND PATIENT FLOW
D2RA supports discharge once acute care is no longer required. Optimal Hospital Flow strengthens early planning, daily review and timely decisions; supporting weekend and pre-midday discharge.

- 04

RISKS AND MITIGATING ACTIONS
Criteria-led discharge
Limited clinical leadership prevents immediate implementation. Optimal Hospital Flow will strengthen process discipline as capacity develops.
Complex discharge constraints
Partner capacity and complex needs may limit pace. Daily coordination, care-transfer roles, Winter Sprint and MADE provide mitigation and escalation.

05	MONITORING THROUGH WINTER		
	DAILY	MONTHLY	GOVERNANCE
	SitRep and escalation Executive and Director-level on-call cover	PoCD measures Bed Day Delays LoS >21-day review	National, Health Board and RPB update forums

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Powys Adult Services Winter resilience plan: Capacity, contingency and flow

Powys Adult Services Winter Resilience Plan – key focus

Sustain safe, responsive care

Build on the arrangements already supporting adult social services.

Improve flow

Support flow from hospital to home or the most appropriate care setting.

Prepare for winter demand

Add surge capacity and contingency measures as pressure increases.

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Domiciliary care combines strong infrastructure with targeted growth

Established brokerage and provider arrangements in place

IN PLACE

Maximising capacity and oversight

- Sufficient market capacity, robust contract management and regular provider forums
- Business continuity planning and brokerage data to identify gaps and deploy capacity

Reducing Interim residential bed usage.

- Digital provider platform to identify runs and deploy resources
- Integrated PTHB / PCC brokerage and trusted assessment approaches

PREPARING

Understanding risk and planning mitigations

- Extend the successful Wye Valley trusted assessor pilot to the north of the county
- Pilot alternative domiciliary care delivery models in north Powys to add capacity
- RAG Adverse Weather Assessments for each client
- Infrastructure support such as access and roads

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Stronger enablement protects independence and hospital flow

Build on current capacity while preparing the service for winter pressure.

IN PLACE

Stronger enablement capacity

Helps people regain independence and supports timely hospital discharge.

Working well with Therapy Led Health Reablement

PREPARING

Protect capacity through winter

- Protect and release enablement capacity during periods of increased winter pressure.
- Train enablement staff as trusted assessors for small equipment

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Residential and Nursing home contracting for flexible winter capacity

Existing contract and provider arrangements support bed availability; winter plans add flexible options.

IN PLACE

Maximise bed availability

- New Powys Owned Care Homes contract includes provisions to optimise bed availability, assessment turnaround and admission timescales
- Support and promote the NHS annual in-home flu vaccination programme
- Regular provider forums and business continuity plans

PREPARING

Create flexible surge options

- Step-up / step-down capacity
- Respite and interim surge capacity
- Weekend care home assessment and admission planning

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Integrated flow management to support discharge and long-term care

Daily coordination is in place; prevention and pathway improvements continue to be a priority.

IN PLACE

Coordinate discharge daily

- Responsive Hospital Discharge team
- Daily Patient Flow, Escalation and Brokerage meetings
- Integrated dashboard to support system information
- Responsive front door and safeguarding arrangements
- Workforce resilience, wellbeing and supporting staff to take up flu vaccine

PREPARING

Strengthen the pathway

- Scale up early help and prevention e.g home support
- Improve the pathway response between hospital discharge and long-term teams
- Care and Support contingency plans up to date
- Robust information and provider service contact details available to EDT

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WAST PtHB Area Risks Identification

WAST faces unique winter challenges within Powys due to its rural geography, reliance on cross-border healthcare systems and variable access to community services.

Successful delivery of WAST's Winter Preparedness Plan will depend on effective utilisation of Falls, Respiratory and SPOA pathways, strong partnership working across Health Board boundaries and maintaining resilience during periods of severe weather and increased demand.



Key Priorities for Powys

Supporting Patients Closer to Home

- Expansion of the **Falls Desk** throughout winter, with additional clinicians supporting remote assessment and reducing avoidable conveyance.
- Introduction of a dedicated **Respiratory Desk** from October 2026 to support patients with COPD, asthma and respiratory illness through remote clinical consultation and referral into community services.
- Continued development of **SPOA and community referral pathways**, helping patients access the right service first time and avoid unnecessary admission.

Operational Resilience

- Demand forecasting and winter surge modelling underway to ensure resources are aligned to anticipated demand.
- Continued focus on reducing hospital handover delays and improving ambulance availability across Wales, with W45 going live before the end of 2026.
- Festive period operational plans in place from 21 December 2026 to 3 January 2027.

What This Means for Powys



Key Risk for Powys

- As pathways develop, there will be an expectation for crews to engage with **Single Point of Access (SPOA) services**, including cases where Powys residents nearest pathway sits outside Powys Teaching Health Board boundaries. This will require continued staff awareness and education. ***This process commenced September 2026.***

What This Means For Powys Patients:

- More patients managed safely within their own homes or communities.
- Improved support for:
 - Falls patients
 - Respiratory conditions
 - Care home residents
 - Patients requiring urgent community responses
- Better integration with neighbouring Health Boards, particularly where Powys patients access services in Hereford, Shrewsbury and Hywel Dda regions.

Expectations of Ambulance Crews:

- Increased use of **clinical navigation, Falls Desk and Respiratory Desk** to support safe non-conveyance where appropriate.
- Greater emphasis on using **community pathways and SPOA services** to reduce avoidable attendances at emergency departments.
- Ongoing promotion of SDEC, community and alternative care pathways where available.
- Engage with Pathways and SPOA training/familiarisation.
- **APP** Scheduling Launch.

Key Message for Powys:

The WAST Winter Preparedness Plan 2026/27 focuses on reducing avoidable conveyance, improving access to community services, strengthening clinical navigation and maintaining operational resilience during periods of increased demand. For Powys, success will depend on effective use of Falls, Respiratory and SPOA pathways, alongside strong collaboration with neighbouring health boards.

WINTER PREPAREDNESS · EMERGING DIRECTION OF TRAVEL

Primary Care and Cluster Contribution

Discussion to date has identified opportunities to strengthen coordination and make better use of existing urgent care capacity this winter.

AREAS BEING EXPLORED

01 SERVICE VISIBILITY	Improve visibility of existing services, capacity and clinical capability.
02 OPERATIONAL LINKS	Strengthen operational links between SPOA, general practice, virtual wards and care coordination.
03 CONTACT & ESCALATION	Ensure practice contact and escalation arrangements are accurate and accessible.
04 ADMISSION AVOIDANCE	Identify opportunities to support admission avoidance using existing pathways.
05 LEARNING THROUGH WINTER	Capture barriers, delays and missed opportunities during winter to inform ongoing improvement.

CURRENT MATURITY

Emerging direction of travel

NEXT REQUIREMENT

Agree scope, ownership and deliverability during Winter 2026/27.

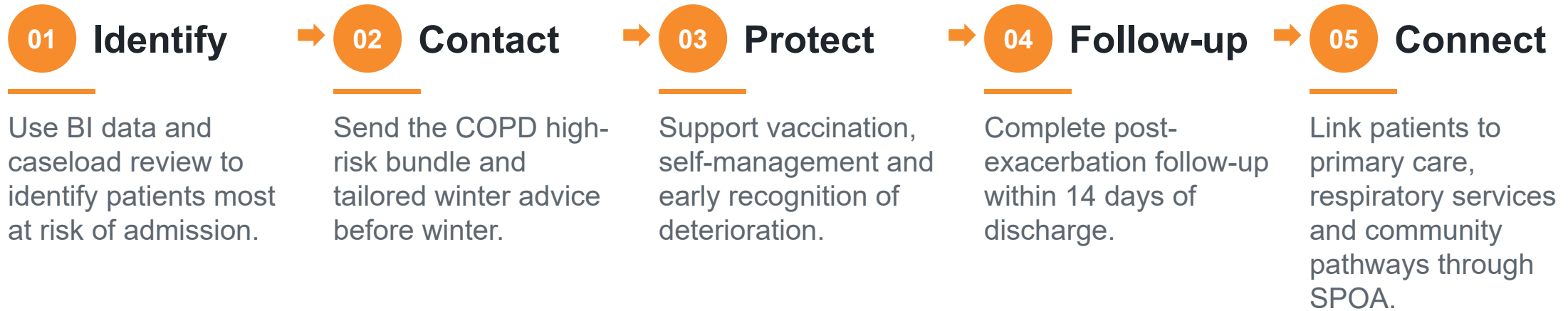
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WINTER PREPAREDNESS · COPD HIGH-RISK BUNDLE

Proactive COPD Care

Identifying and contacting patients at greatest risk before deterioration leads to admission.

PROACTIVE COPD PATHWAY



WINTER FOCUS

Identify and contact every high-risk COPD patient before winter.

KEY DELIVERY RISK

Workforce/prescribing capacity; rehabilitation waits 20–36 weeks.

EXPECTED IMPACT

Earlier intervention and fewer avoidable attendances and admissions.

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PTHB Autumn 2026/27 COVID-19 Delivery Model

PTHB Delivery of COVID-19 Autumn 2026/27

Key Information	Clinic Locations	Care Home Delivery	Mobile provision
Eligible Cohorts COVID-19 - Individuals aged 6 months and over who are immunosuppressed - Residents in a care home for older adults - Adults aged 75 years and over Approximately 23,801 individuals eligible in Powys The Autumn vaccination programme will run from 1 October 2026 with first offers of appointments to be completed by end of December 2026. The COVID-19 Autumn Programme will be delivered through PTHB Vaccination Service The first 2 weeks of delivery will concentrate on administration of COVID-19 vaccination at care homes across Powys, followed by public vaccination appointments at our vaccination centres and community clinics. Invitations will be sent to all individuals irrespective of previous vaccinations. Individuals will be invited in priority group order; - Immunosuppressed citizens - Adults aged 80 years and over - Adults aged 75 years and over All eligible individuals will receive a vaccination appointment prior to 31 December 2026	Newtown Vaccination Centre Bronllys Vaccination Centre Bro Ddyfi Hospital, Machynlleth COWSHAAC, Welshpool Knucklas Community Centre, Knighton The Pavilion, Llandrindod Howey Village Hall, Llandrindod Glan Irfon Health and Care Centre, Builth Wells Ystradgynlais Rugby Club, Ystradgynlais Regular clinics will be held in each of our clinic locations, with the aim being that citizens will be invited to their most local clinic for their vaccination appointment. Clinics will take place 5 days per week including late night clinics with appointments until 7pm and Saturday clinics.	Care homes for older adults Nurses from the vaccination service will commence Powys care home visits in Sept 2026 to complete Mental Capacity Assessments (MCA) and make Best Interest decisions for residents, where this is required. This is in line with National Best Practice and all nurses in the vaccination service have completed MCA training. Care Home Vaccination visits will commence on 1 October 2026 The vaccination service will continue to offer care home vaccinations throughout the duration of the Autumn 2026/27 programme to ensure that new residents are offered their COVID-19 vaccinations.	People who are housebound PTHB District Nurse teams are providing vaccination at home for those who are designated as housebound Inpatients The community services team will vaccinate any eligible citizens who are on PTHB inpatient wards during the Spring Vaccination Programme.

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PTHB Adult Influenza Programme 2026/27

PTHB Delivery of Influenza Programme 2026 to 2027

Key Information	Supply and Logistics	GP Practice	Community Pharmacies	Health Board
Eligible Cohorts - children aged two and three years on 31 August 2025 - school aged children from reception to year 11 (inclusive) - people aged 6 months to 64 years in a clinical risk group - people aged 65 years and older (age on 31 March 2026) - 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 - frontline health and social care workers - people experiencing homelessness - household contacts of the immunocompromised - poultry workers and livestock workers Approximately 79,147 citizens eligible in Powys The programme will begin in September 2026 for children and pregnant women, followed by the adult programme which will commence on 1 October 2026. First offer of appointments completed by early December 2026. Programme will conclude on 31 March 2027. Uptake target for all eligible groups is 75%	TIVc for all eligible adults LAIV for all eligible children TIVc available at point of delivery for children unable to receive LAIV Health Board to ensure timely ordering and robust stock management across all contractors. Expectation to minimise wastage and ensure efficient stock use Data and Digital WIS to be used at point of delivery to enter flu vaccinations administered to all eligible cohorts in all settings.	Delivering to; - Children aged 6 months to 2 years in a clinical risk group - Children aged 2-3 years of age - People aged 17-64 years in a clinical risk group - People aged 65 years and older (age on 31 March 2027) - Pregnant women (if not received with midwife) - School aged children in a clinical risk group if preference is to receive at GP - Primary care staff (including dentists and optometrists and locum GPs) who are registered with the practice 14 GP Practices in Powys have submitted Expressions of Interest to deliver flu vaccination to eligible adults commencing on 1 October 2026. Llandrindod Practice will not be offering adult flu vaccinations and Dyfi Valley Health will be offering flu vaccine to their 70+ patients	Delivering to; - People aged 17-64 years in a clinical risk group - People aged 65 years and older (age on 31 March 2027) - Staff working in adult residential homes, nursing care homes and children's hospices - Staff providing domiciliary care - Poultry workers All 22 pharmacies in Powys have submitted expressions of interest to deliver flu vaccination to eligible adults commencing on 1 October 2026 Pharmacies in the Llandrindod and Machynlleth area have been asked if they have the ability to increase their vaccination capacity during October to increase coverage where GPs are not delivering or offering to a reduced cohort	The vaccination service will deliver influenza vaccination to staff through pre-booked clinics and PTHB site walkarounds. The Vaccination service will be administering flu vaccination in 8 care homes in Powys which were previously administered via District Nurses District Nurses will continue to the housebound population in Powys The community services team will vaccinate any eligible citizens who are on PTHB inpatient wards The Vaccination Service will be monitoring uptake in all eligible groups and will provide support to contractors where they are not on a trajectory to meet the uptake targets by 1 December 2026 or the 75% target by 31 March 2027. The Vaccination service will offer co-administration with covid vaccine and offer flu appointments from January to March 2027 for any eligible person who has not yet received their vaccine

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PTHB Childrens Influenza Programme 2026/27

PTHB Delivery of Influenza Programme 2026 to 2027

Key Information	Supply and Logistics	GP Practice	School Health Nursing	Health Board
Eligible Cohorts - children aged two and three years on 31 August 2025 - school aged children from reception to year 11 (inclusive) - people aged 6 months to 64 years in a clinical risk group Approximately 17,968 children eligible in Powys The programme will begin in September 2026 for children, as soon as vaccine is available. Programme will conclude on 28 February 2027 Uptake target for all eligible groups is 75% Concerted drive towards increased LAIV administration from September 2026 to 30 November 2026	LAIV for all eligible children TIVc available at point of delivery for children unable to receive LAIV Health Board to ensure timely ordering and robust stock management across all contractors. Expectation to minimise wastage and ensure efficient stock use Data and Digital WIS to be used at point of delivery to enter flu vaccinations administered to all eligible cohorts in all settings.	Delivering to; - Children aged 6 months to 2 years in a clinical risk group - Children aged 2-3 years of age - School aged children in a clinical risk group if preference is to receive at GP Clinics to begin as soon as vaccine is available in September	Delivering to; School aged children from reception to year 11 (inclusive) The school health nursing team will be running LAIV clinics in schools for all eligible children. TIVc vaccine available in school setting as an alternative where LAIV is declined. School clinics running 5 days per week Primary schools timetabled for visits before October half term Secondary schools timetabled after October half term Clinics throughout October Half Term and Christmas Holidays for home educated children and mop up clinics Aiming to increase staffing establishment to improve consent return for the flu programme	Letters sent to all parents of 2 and 3 year olds in Powys to inform of child's eligibility and promote early uptake of flu vaccine Vaccination service to monitor uptake of 2–3-year-olds flu vaccine from September and support GP practices where uptake is not as expected Vaccination service to offer mop up clinics in January and February for all children who have not yet received flu vaccination.

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Third Sector

- **Powys Association of Voluntary Organisations** (PAVO) promote key messages and support co-ordination across the community & voluntary sector through it's Community Wellbeing Team which consists of;
 - **Powys Befriending Service** matches individuals age 50+ to volunteers to help combat loneliness and isolation <https://www.pavo.org.uk/help-for-people/befriending/>
 - **Community Connectors** attending a range of partnership meetings and working collaboratively on a strengths based, early intervention and prevention basis through Virtual Ward, MDT, Ready to Go Home Units, Patient flow and Adult Social Care Screening meetings and work with vulnerable individuals to identify and tailor support to needs, connecting them to third sector support, and raising awareness of wider sector support available with Health & Social Care. <https://www.pavo.org.uk/help-for-people/community-connectors/>
 - **Cancer Community Connector** works with people affected by Cancer, signposting them to local support and services <https://www.pavo.org.uk/help-for-people/cancer-community-connector/>
 - **Social Prescribers** work with individuals aged 18-75yrs to make sustainable, long-term changes to their health & wellbeing. <https://www.pavo.org.uk/help-for-people/socialprescribing/>
 - **Powys Mental Health Information service** provides advice on accessing third sector mental health support <https://www.powysmentalhealth.org.uk/>
- **Targeted support** to help people remain independent at home is provided by commissioned and grant funded organisations; British Red Cross, Age Cymru Powys, Ceredu support for carers, Powys Citizen Advice and Community Transport providers, along with a plethora of community based grassroots support
- **Communication** - sharing messages relating to support and advice e.g. cost of living, befriending, emergency travel advice
- **Engagement** - carried out via PAVO - Women's Health, Children & Young People, Locality & thematic Networks - gathering service users and the sector views on local services, influence how they are delivered, and identify issues for escalation where required.
- **Social Value Forum** - collaborates with stakeholders, identifying and address gaps in services, working together on solutions
- **Volunteering** - promotion of opportunities and the benefits of volunteering for individual and the recipient <https://www.pavo.org.uk/volunteering-home/>

Winter Preparedness Template Submission

[illegible]

- The Winter Preparedness Template forms the Welsh Government submission requirement
- It aligns with the 5 system priorities as outlined within the Welsh Government guidance:-
 1. Proactive frailty care in the community
 2. Protect acute hospital capacity
 3. Discharge without delay
 4. Effective operational command
 5. Workforce and Staff Wellbeing
- Draft version was submitted 27th August
- Final version due for submission 25th September

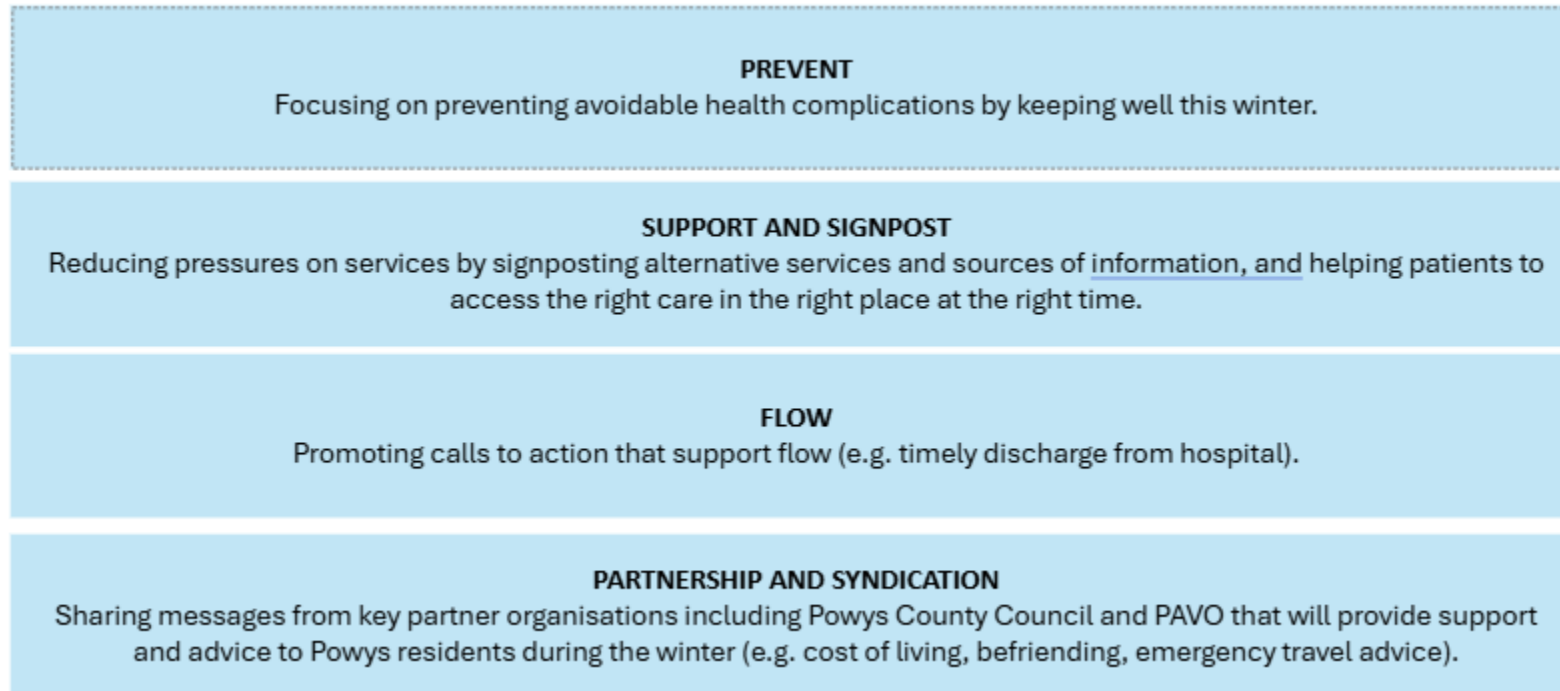
Communication and Engagement

Communication and Engagement remain critical elements in the delivery of the Winter Plan. However, our approach to communication and engagement planning for winter 2026/27 continues to assume no funding for people, promotion and products and therefore continues to anticipate a low level programme that is realistic to the resources available with a focus on:

- Utilisation and amplification of national campaigns and resources e.g. Help Us Help You, NHS 111 Wales, winter respiratory vaccination
- Localisation of national messaging to support local access to services e.g. how to access COVID, flu and RSV vaccination in Powys
- Sharing urgent service messages e.g. MIU opening, changes to services in adverse weather

Winter communication activity will also be taking place in the context of the planned consultation on Better Together proposals relating to adult physical and mental health community services.

Our emerging approach remains based on following four pillars, although this will be refreshed to reflect the emerging national winter communications strategy being developed by Welsh Government and Public Health Wales:



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Addysgu Powys
Powys Teaching
Health Board

Agenda item: 3.5b

BOARD		30 SEPTEMBER 2026	
Subject:	Covid and Influenza Vaccination Programme 2026/27		
Approved and presented by:	Executive Director of Public Health		
Prepared by:	Deputy Head of Service: Immunisation and Vaccination		
Other Committees and meetings considered at:	This report has been considered at Executive Committee on the 19 August 2026 PPPH Committee, 15 September who took assurance from the paper.		
PURPOSE:			
The purpose of this paper is to inform members of the:			
- Plan for delivering COVID-19 to eligible population groups in line with Welsh Government and the Joint Committee on Vaccination and Immunisation guidance. - Plan for delivering the Autumn/Winter 2026 to 2027 Influenza immunisation programme to eligible population groups in line with Welsh Government and the Joint Committee on Vaccination and Immunisation guidance.			
RECOMMENDATION(S):			
The Board is asked to:			
- Take ASSURANCE that Executive Committee have APPROVED the plan for delivering the COVID-19 immunisation programme - Take ASSURANCE that Executive Committee have APPROVED the plan for delivering the National Influenza immunisation programme NOTE the 'agile' planning and delivery will continue to be deployed to deliver the Programme to eligible population groups throughout the Autumn/Winter period in line with Welsh Government guidance. NOTE the proactive approach being taken to increase vaccination uptake across all eligible groups and reduce the inequity gaps in vaccination uptake across Powys.			
Approve/Assurance		Discuss	Note
Y		N	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	Vaccination is a vital tool in helping to mitigate the effects of respiratory viruses circulating in the community, protecting the vulnerable and supporting the resilience of the NHS and care systems. The hub and spoke model of the Vaccination service delivery enables citizens to receive appointments and community hospitals and settings across Powys.
2. Provide Early Help and Support	N	
3. Tackle the Big Four	N	
4. Enable Joined up Care	N	
5. Develop Workforce Futures	N	
6. Promote Innovative Environments	Y	
7. Put Digital First	N	
8. Transforming in Partnership	N	

EXECUTIVE SUMMARY:

Vaccination remains one of the most effective interventions for reducing the impact of respiratory viruses within communities, protecting vulnerable populations, and maintaining the resilience of health and care services.

As in 2025/26, the influenza and COVID-19 immunisation programmes will continue to operate as two distinct programmes during 2026/27, rather than as a combined winter respiratory vaccination programme.

Building on the successful changes introduced to the influenza programme in 2025/26, the 2026/27 programme incorporates further enhancements designed to improve vaccine uptake, strengthen data reporting, and increase flexibility in vaccine supply and delivery.

Covid-19 Vaccination Programme

The Joint Committee on Vaccination and Immunisation (JCVI) announced their advice for COVID-19 vaccination in Autumn/Winter 2026/27 and Spring 2027 on 16 July 2025 (available at hyperlink [JCVI statement on COVID-19 vaccination in autumn 2026 and spring 2027 - GOV.UK](#)).

A Welsh Health Circular (WHC) was issued to Health Boards on the 1 July 2026, setting out the COVID-19 Autumn Vaccination Programme 2026/27 (available at hyperlink [The national COVID-19 vaccination programme autumn 2026 \(WHC/2026/009\) \[HTML\] | GOV.WALES](#))

The programme will commence as soon as vaccines and the relevant legal authority (Vaccine Group Direction and Patient Group Direction) are available from October 2026, and conclude on 31 January 2027. The expectation is that all eligible people should receive a vaccination appointment scheduled to take place by 31 December 2026.

Influenza Vaccination Programme

The JCVI released guidance on the National influenza immunisation programme 2026/27 on 12 November 2025 (available at hyperlink [JCVI statement on influenza vaccines for 2026 to 2027 - GOV.UK](#))

Following this, a WHC was issued to Health Boards on 01 July 2026 setting out detailed guidance for the national influenza immunisation programme in Wales (available at hyperlink [The national influenza immunisation programme 2026 to 2027 \(WHC/2026/010\) \[HTML\] | GOV.WALES](#)).

The influenza vaccine is centrally procured by NHS Wales Shared Services Partnership on behalf of Welsh Government and is supplied directly to Health Boards, GPs and Pharmacies who are delivering NHS flu vaccinations. This is a continuation of the new model of vaccine procurement introduced in 2025/26 which also included the universal use of a single influenza and covid vaccine record (the Welsh Immunisation System).

The influenza vaccination programme commences in September for eligible children and pregnant women, with the adult programme commencing on 01 October, with both concluding by 28 February 2027.

1.0 AUTUMN COVID-19 VACCINATION PROGRAMME

The Autumn COVID-19 Vaccination Programme is guided by the latest clinical and scientific evidence, which informs the directives issued by the Chief Medical Officer for Wales following recommendations by the JCVI.

The COVID-19 Autumn programme commences on 01 October 2026 and will conclude on 31 January 2027.

The eligible groups, as set out by the JCVI guidance is as follows:

- immunosuppressed persons aged 6 months and over
- care home residents
- adults 75 years and over on 31 January 2027.

It is expected that COVID-19 vaccines will continue to be updated to match circulating variants on a yearly basis. JCVI advises that, when possible, the latest updated vaccine should be used in a vaccination campaign, provided this does not delay the start of the campaign. For children and young people under the age of 18 years who are immunosuppressed, the JCVI continues to advise the use of the Pfizer-BioNTech COVID-19 mRNA (Comirnaty) vaccine, with the vaccine dose appropriate to the child's age.

1.1 AUTUMN COVID-19 VACCINATION PROGRAMME DELIVERY

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A blended delivery model is being deployed for the Autumn Covid-19 programme incorporating vaccination centres, community clinics, District Nursing and hospital ward teams.

The deployment model for Autumn 2026 has been planned to reduce inequalities in uptake of vaccinations. The Service will deliver clinics in communities across Powys to improve accessibility to vaccinations and reduce travel distance for residents. Uptake data will continue to be monitored throughout the campaign with the aim of reducing inequity of uptake between the most and least deprived areas, and further data-led community clinics organised in targeted areas.

The deployment plan commences with residents of care homes for older adults in October 2026, followed by eligible residents in priority group order, ensuring that those most at risk from harm if infected with the virus are prioritised. Eligible groups will initially be invited to attend an appointment at the main vaccination centres in Newtown or Bronllys, or a clinic in the local community. District Nursing staff will offer vaccination to individuals who are designated housebound.

Please see delivery summary plan at Appendix 1.

2.0 The National Influenza Immunisation Programme 2026 to 2027

The Welsh Government has set an ambition to maximise uptake whilst ensuring an equitable offer to all eligible people. The WHC outlines that local systems should deliver robust delivery plans to achieve high levels of coverage as early as possible in the programme and monitor progress closely, taking remedial action where uptake trajectories are not being achieved.

The eligible groups as set out in the WHC for the flu vaccination programme 2026 to 2027 are as follows:

- children aged two and three years on 31 August 2026
- school aged children from reception to year 11 (inclusive)
- people aged 6 months to 64 years in a clinical risk group
- 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
- poultry workers and livestock (cattle and swine) workers who are at higher risk of exposure to zoonotic influenza.

2.1 Adult Flu Vaccination Programme

The adult flu programme will commence on 01 October 2026, through a blended delivery model of GPs, Pharmacies and Vaccination Centres utilising centrally procured vaccines and the WIS data system. The Health Board will ensure that eligible residents of GPs not participating in the programme will be invited for vaccination.

Welsh Government Improvement Target

The overall target remains at 75% uptake for each cohort. Every practicable step must be taken by Health Boards to ensure a trajectory towards achieving at least a two-percentage points improvement in uptake towards this overall target in each of the eligible cohorts compared to the previous season campaign.

To continue the trajectory towards achieving 75% uptake, each Health Board should ensure that 66% of eligible older adults have been vaccinated by 30 November 2026.

For people aged under 65 years of age in a clinical risk group eligible for flu vaccination, the uptake ambition is to show clear progress to achieving 75% uptake by the end of the programme. Welsh Government has set an expectation that at least 38% of people in clinical risk groups have been vaccinated by 30 November 2026.

Where the expectations on vaccine uptake have not been met by 30 November 2026 through GPs and Pharmacy commissioned services, health boards will be expected to offer influenza vaccination immediately to eligible groups, alongside primary care contractor activity. The Health Board Vaccination Service will work closely with all contractors to monitor uptake and offer additional support where necessary.

2.2 Children's Flu Vaccination Programme

Starting as soon as Live Attenuated Influenza Vaccine (LAIV) becomes available in September 2026, 2- and 3-year-olds and school aged children should be vaccinated as quickly as possible, to help protect them and to reduce flu transmission in the community to other vulnerable groups.

The ambition set out in the WHC is to achieve 75% uptake amongst these groups in the 2026/27 programme.

2.3 Flu Vaccination Delivery in Powys

2.3.1 Adults and Clinically Vulnerable

15 GP Practices and all 22 pharmacies across Powys have submitted an order for adult flu vaccines for the 2026/27 flu season, commencing on 01 October 2026.

2.3.2 Care Home Residents

The Vaccination Service, GPs and District Nurses will work closely to ensure all Care Homes residents are offered vaccination before 31 October 2026, with a blended delivery model of vaccination shared between GP Practices and Vaccination Service. Uptake data for each care home will be monitored closely and targeted follow-up visits will be undertaken throughout the programme to maximise uptake, including among newly admitted residents and those requiring a subsequent vaccination opportunity.

2.3.3 Pregnant Women

The Health Board will offer pregnant women the flu vaccine through the Midwifery Service which has been hailed as best practice at a national level. Pregnant women will also be able to access flu vaccination through their GP Practice. In line with JCVI guidance, released on 12 November 2025 ([JCVI statement on influenza vaccines for 2026 to 2027 - GOV.UK](#)) ([National flu immunisation programme 2025 to 2026 letter - GOV.UK](#)), vaccination of pregnant women will begin in September, as soon as the vaccine is available.

2.3.4 Health and Social Care Workers

All Powys Teaching Health Board employed staff will be invited for flu vaccination through the Health Board Vaccination Service. The delivery model will also utilise a peer vaccinator model, as well clinics organised across HB sites to increase accessibility for clinical staff.

Staff who are involved in supporting the delivery of the NHS services in a patient facing role may be vaccinated at the GP practice where they are registered as a patient.

Staff with regular client contact working in adult residential care homes, nursing care homes and children's hospices and staff providing domiciliary care, will continue to be eligible for free flu vaccination and will be able to take up this offer at community pharmacies across Powys.

2.3.5 Poultry Workers and Livestock Workers

Vaccinations for poultry workers and livestock workers will be offered by community pharmacies in line with the Welsh Government directive. A proactive approach to raising awareness of eligibility will be implemented by working in partnership with the animal health team of Powys County Council to promote flu vaccination.

2.3.6 Pre-school aged children

GP Practices across PTHB are delivering the influenza programme to 2-3 year olds, and those children aged 6 months to 2 years who are in a clinical at-risk group, from September 2026.

2.3.7 School-aged children

School Health Nursing Service will be offering vaccination to school-aged children from reception class to year 11 in the school setting. To address lower uptake during the 2026/27 programme the school health nursing team are implementing a School Flu Immunisation Improvement Action Plan which will be monitored weekly through Vaccination oversight governance arrangements.

The school health nursing team will be providing clinics for home educated children and those who have missed their vaccine during the school clinics.

Please see delivery plan at Appendix 2.

3. Ensuring Equity

Alongside maximising vaccine uptake, the Health Board retains a focus on reaching the most vulnerable to reduce inequity in uptake between the most and least deprived communities across all eligible cohorts.

Actions being implemented include:

- ensuring vaccine access is as close to home as possible by organising community clinics across Powys
- providing late afternoon, early evening and weekend clinic appointments
- actively monitoring uptake through the WIS system on a weekly basis and adapting delivery plans accordingly to reach the harder to serve groups
- implementing a range of generic and bespoke communication methods promoting vaccination offer and benefits
- offering personalised invitation letters, utilising behavioural insights
- working with third sector organisations to actively promote covid-19 and flu vaccination to their eligible client groups
- actively follow-up outstanding 'consents' from parents of school age children prior to school clinics being held.

NEXT STEPS:

- Flu vaccination programme delivery commencing in September for children and pregnant women, followed by eligible adults on 01 October 2026.
- Delivery of the COVID-19 vaccination programme will commence on 01 October 2026 in Care Homes for older adults.
- Uptake levels for both COVID-19 and the flu vaccination programme will be monitored closely throughout the Autumn/Winter period, with the deployment of both programmes remaining "agile" to offer vaccinations to eligible population groups as quickly as possible, and maximising uptake in eligible cohorts with the aim of reducing the impact of respiratory viruses within communities, protecting vulnerable populations, and maintaining the resilience of health and care services.

IMPACT ASSESSMENT

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

QUALITY:

	No impact	Negative	Positive	Both	
Safe	X				A Quality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Duty of Quality processes (under development). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Quality Impact Assessment should be available as a supporting document to inform the decision-making process.
Timely			X		
Effective			X		
Efficient			X		
Equitable			X		
Person Centred			X		
Workforce	X				
Leadership	X				
Culture	X				
Information	X				
Learn, Improve, Research	X				
Whole Systems Approach	X				

EQUALITY:

	No impact	Negative	Positive	Both	
Age			X		<i>Vaccination will be offered to eligible groups as defined by Welsh Government and the JCVI. This will positively impact on those over 65 who will all be eligible, pregnant women and anyone in a clinically 'at risk' group.</i> <i>There will be consideration given to ensuring equity of access to vaccinations throughout the campaign. Vaccine information will be available in Welsh where required.</i>
Disability			X		
Gender reassignment	X				
Marriage / civil partnership	X				
Pregnancy / maternity			X		
Race	X				
Religion or Belief	X				
Gender	X				
Sexual Orientation	X				
Welsh Language	X				
Socio-economic status	X				
Social exclusion	X				
Carers			X		

RISK ASSESSMENT:

	Level of risk identified				
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)	
Clinical			X		<i>There is a risk to reputation of non-delivery. There is a financial and operational risk should the cold chain for vaccinations be compromised or should WG financial or operational support for the programmes change. There is a clinical risk should delivery of vaccination be compromised.</i> <i>Risks will be minimised through regular updates to Executives (through the Executive Director of Public Health) and through Public Health Directorate quality assurance structures.</i>
Financial		X			
Corporate		X			
Operational			X		
Reputational		X			

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Appendix 1: Plan on a Page: COVID-19 Autumn Vaccination Programme Delivery

PTHB Autumn 2026/27 COVID-19 Delivery Model

PTHB Delivery of COVID-19 Autumn 2026/27			
Key Information	Clinic Locations	Care Home Delivery	Mobile provision
<u>Eligible Cohorts</u> COVID-19 - Individuals aged 6 months and over who are immunosuppressed - Residents in a care home for older adults - Adults aged 75 years and over Approximately 23,801 individuals eligible in Powys The Autumn vaccination programme will run from 1 October 2026 with first offers of appointments to be completed by end of December 2026. The COVID-19 Autumn Programme will be delivered through PTHB Vaccination Service The first 2 weeks of delivery will concentrate on administration of COVID-19 vaccination at care homes across Powys, followed by public vaccination appointments at our vaccination centres and community clinics. Invitations will be sent to all individuals irrespective of previous vaccinations. Individuals will be invited in priority group order; - Immunosuppressed citizens - Adults aged 80 years and over - Adults aged 75 years and over All eligible individuals will receive a vaccination appointment prior to 31 December 2026	Newtown Vaccination Centre Bronllys Vaccination Centre Bro Ddyfi Hospital, Machynlleth COWSHAAC, Welshpool Knucklas Community Centre, Knighton The Pavilion, Llandrindod Howey Village Hall, Llandrindod Glan Irfon Health and Care Centre, Builth Wells Ystradgynlais Rugby Club, Ystradgynlais Regular clinics will be held in each of our clinic locations, with the aim being that citizens will be invited to their most local clinic for their vaccination appointment. Clinics will take place 5 days per week including late night clinics with appointments until 7pm and Saturday clinics.	Care homes for older adults Nurses from the vaccination service will commence Powys care home visits in Sept 2026 to complete Mental Capacity Assessments (MCA) and make Best Interest decisions for residents, where this is required. This is in line with National Best Practice and all nurses the vaccination service have completed MCA training. Care Home Vaccination visits will commence on 1 October 2026 The vaccination service will continue to offer care home vaccinations throughout the duration of the Autumn 2026/27 programme to ensure that new residents are offered their COVID-19 vaccinations.	People who are housebound PTHB District Nurse teams are providing vaccination at home for those who are designated as housebound Inpatients The community services team will vaccinate any eligible citizens who are on PTHB inpatient wards during the Spring Vaccination Programme.

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Appendix 2: Plan on a Page: Adult Flu Vaccination Programme Delivery 2026 to 2027

PTHB Adult Influenza Programme 2026/27

PTHB Delivery of Influenza Programme 2026 to 2027				
Key Information	Supply and Logistics	GP Practice	Community Pharmacies	Health Board
Eligible Cohorts - children aged two and three years on 31 August 2025 - school aged children from reception to year 11 (inclusive) - people aged 6 months to 64 years in a clinical risk group - people aged 65 years and older (age on 31 March 2026) - 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 - frontline health and social care workers - people experiencing homelessness - household contacts of the immunocompromised - poultry workers and livestock workers Approximately 79,147 citizens eligible in Powys The programme will begin in September 2026 for children and pregnant women, followed by the adult programme which will commence on 1 October 2026. First offer of appointments completed by early December 2026. Programme will conclude on 31 March 2027. Uptake target for all eligible groups is 75%	TIVc for all eligible adults LAIV for all eligible children TIVc available at point of delivery for children unable to receive LAIV Health Board to ensure timely ordering and robust stock management across all contractors. Expectation to minimise wastage and ensure efficient stock use Data and Digital WIS to be used at point of delivery to enter flu vaccinations administered to all eligible cohorts in all settings.	Delivering to; - Children aged 6 months to 2 years in a clinical risk group - Children aged 2-3 years of age - People aged 17-64 years in a clinical risk group - People aged 65 years and older (age on 31 March 2027) - Pregnant women (if not received with midwife) - School aged children in a clinical risk group if preference is to receive at GP - Primary care staff (including dentists and optometrists and locum GPs) who are registered with the practice 14 GP Practices in Powys have submitted Expressions of Interest to deliver flu vaccination to eligible adults commencing on 1 October 2026. Llandrindod Practice will not be offering adult flu vaccinations and Dyfi Valley Health will be offering flu vaccine to their 70+ patients	Delivering to; - People aged 17-64 years in a clinical risk group - People aged 65 years and older (age on 31 March 2027) - Staff working in adult residential homes, nursing care homes and children's hospices - Staff providing domiciliary care - Poultry workers All 22 pharmacies in Powys have submitted expressions of interest to deliver flu vaccination to eligible adults commencing on 1 October 2026 Pharmacies in the Llandrindod and Machynlleth area have been asked if they have the ability to increase their vaccination capacity during October to increase coverage where GPs are not delivering or offering to a reduced cohort	The vaccination service will deliver influenza vaccination to staff through pre-booked clinics and PTHB site walkarounds. The Vaccination service will be administering flu vaccination in 8 care homes in Powys which were previously administered via District Nurses District Nurses will continue to the housebound population in Powys The community services team will vaccinate any eligible citizens who are on PTHB inpatient wards The Vaccination Service will be monitoring uptake in all eligible groups and will provide support to contractors where they are not on a trajectory to meet the uptake targets by 1 December 2026 or the 75% target by 31 March 2027. The Vaccination service will offer co-administration with covid vaccine and offer flu appointments from January to March 2027 for any eligible person who has not yet received their vaccine

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Appendix 3: Plan on a Page: Childrens Flu Programme Delivery 2026 to 2027

PTHB Childrens Influenza Programme 2026/27

PTHB Delivery of Influenza Programme 2026 to 2027				
Key Information	Supply and Logistics	GP Practice	School Health Nursing	Health Board
Eligible Cohorts - children aged two and three years on 31 August 2025 - school aged children from reception to year 11 (inclusive) - people aged 6 months to 64 years in a clinical risk group Approximately 17,968 children eligible in Powys The programme will begin in September 2026 for children, as soon as vaccine is available. Programme will conclude on 28 February 2027 Uptake target for all eligible groups is 75% Concerted drive towards increased LAIV administration from September 2026 to 30 November 2026	LAIV for all eligible children TIVc available at point of delivery for children unable to receive LAIV Health Board to ensure timely ordering and robust stock management across all contractors. Expectation to minimise wastage and ensure efficient stock use Data and Digital WIS to be used at point of delivery to enter flu vaccinations administered to all eligible cohorts in all settings.	Delivering to; - Children aged 6 months to 2 years in a clinical risk group - Children aged 2-3 years of age - School aged children in a clinical risk group if preference is to receive at GP Clinics to begin as soon as vaccine is available in September	Delivering to; School aged children from reception to year 11 (inclusive) The school health nursing team will be running LAIV clinics in schools for all eligible children. TIVc vaccine available in school setting as an alternative where LAIV is declined. School clinics running 5 days per week Primary schools timetabled for visits before October half term Secondary schools timetabled after October half term Clinics throughout October Half Term and Christmas Holidays for home educated children and mop up clinics Aiming to increase staffing establishment to improve consent return for the flu programme	Letters sent to all parents of 2 and 3 year olds in Powys to inform of child’s eligibility and promote early uptake of flu vaccine Vaccination service to monitor uptake of 2–3-year-olds flu vaccine from September and support GP practices where uptake is not as expected Vaccination service to offer mop up clinics in January and February for all children who have not yet received flu vaccination.

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Health Board

Agenda item: 3.6

BOARD		30 SEPTEMBER 2026
Subject:	Inpatient Ward Establishment Review 2025/26 – Safer Staffing Assurance	
Approved and presented by:	Paul Hooton, Executive Director of Nursing, Quality, Women and Family Health	
Prepared by:	Head of Professional Practice and Standards (Nursing)	
Other Committees and meetings considered at:	Executive Committee 22 July 2026 Patient Experience, Quality and Safety Committee - 04 August 2026 who took assurance from the paper and recommended the paper to Board	
PURPOSE:		
To provide Board with assurance regarding the 2025/26 inpatient ward establishment reviews across mental health and physical health wards, to meet the requirements of the Nurse Staffing Levels (Wales) Act 2016.		
RECOMMENDATION(S):		
The Board is asked to:		
- NOTE the key themes, risks, and system pressures impacting sustainability of safe staffing (non-nursing factors) identified through establishment reviews - NOTE the system-wide pressures impacting sustainability of safe staffing (non-nursing factors). - Take ASSURANCE that inpatient wards are operating within safe staffing parameters in line with Nurse Staffing Levels (Wales) Act 2016.		
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		
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/N	

EXECUTIVE SUMMARY:

The 2025/26 inpatient ward establishment reviews provide organisational assurance on nurse staffing across mental health and physical health wards in line with the Nurse Staffing Levels (Wales) Act 2016.

There is a consistent and positive position across all wards:

- Established staffing levels are appropriate and supporting safe care delivery
- No changes to current nursing establishments are recommended
- Workforce stability has improved, with reduced reliance on agency staffing
- Quality indicators remain stable, with low levels of harm and appropriate escalation

Safe care delivery is supported by strong ward leadership, committed teams, and improved recruitment and retention.

The reviews demonstrate that staffing levels are aligned to current patient acuity and demand. However, they also highlight that pressures impacting sustainability are primarily system-wide rather than related to nursing numbers.

Key system factors include:

- Delayed discharges and flow challenges
- Gaps in multidisciplinary team provision
- Increasing patient acuity and complexity

These factors result in nursing teams absorbing additional non-nursing workload, reducing time available for direct care, supervision and workforce development, and creating potential longer-term workforce risks.

Overall, there is clear assurance that inpatient wards are operating safely and in line with statutory requirements. Sustaining this position will depend on addressing wider system pressures rather than changes to nursing establishments.

BACKGROUND AND LEGISLATIVE CONTEXT

The Nurse Staffing Levels (Wales) Act 2016 places a statutory duty on health boards to have regard to the importance of providing sufficient nurses to allow patients to receive sensitive, safe and effective care.

The Act consists of five sections:

- **25A** refers to the Health Boards or Trusts' overarching responsibility to have regard to providing sufficient nurses in all settings
- **25B** requires Health Boards/Trusts to calculate and take all reasonable steps to maintain the nurse staffing level in all adult acute medical and

surgical wards, and paediatric inpatients wards. Health boards/Trusts are also required to inform patients of the nurse staffing level on those wards

- **25C** requires Health Boards/Trusts to use a specific method to calculate the nurse staffing level in all adult acute medical and surgical wards
- **25D** relates to the statutory guidance released by Welsh Government
- **25E** requires Health Boards/Trusts to report their compliance in maintaining the nurse staffing level for each adult acute medical and surgical ward.

Although PTHB has no Section 25B areas, all wards remain subject to the overarching Section 25A duty.

METHODOLOGY

The 2025/26 inpatient ward establishment reviews were undertaken using a structured and standardised approach aligned to the requirements of the Nurse Staffing Levels (Wales) Act 2016.

Ward-level self-assessment

Ward Managers completed a standardised In-Patient Ward Establishment Review Tool, capturing activity, staffing, quality indicators, acuity and contextual factors. Returns were submitted centrally for review.

On-site Executive and senior nursing review

The Executive Director of Nursing, Quality, Women and Family Health, alongside senior nursing leadership, undertook visits to all 12 inpatient wards during February and March 2026. These visits provided direct observational assurance, validation of data, and professional discussion with ward teams.

Panel review and triangulation

A formal multidisciplinary panel, including nursing, managers, workforce and finance, reviewed each ward submission and visit findings. The panel:

- Tested assumptions and staffing models
- Considered workforce, financial and operational implications
- Agreed outcomes and required actions

This approach ensured establishment decisions were evidence-based, contextually informed and consistent across the organisation.

ASSESSMENT FRAMEWORK AND ALIGNMENT TO THE NURSE STAFFING LEVELS (WALES) ACT 2016

The In-Patient Ward Establishment Review Tool provides a structured framework to assess staffing establishments across five domains:

1. Workforce and Activity

- Bed base, activity and length of stay
- Establishment, vacancies and uplift
- Rostered versus required staffing

2. Acuity and Dependency

- Welsh Levels of Care (WLoC) distribution
- SafeCare compliance
- Red flag indicators

3. Quality and Safety

- Falls, pressure damage and medication safety
- Complaints and patient experience
- Workforce indicators (training, PADR, absence)

4. Professional Judgement and Context

- Ward environment and layout
- Patient flow and discharge delays
- MDT support and system pressures

5. Governance and Risk

- RAG assessment across workforce, quality, environment and flow
- Escalation thresholds and risk context

The framework reflects the statutory requirement for a triangulated approach, bringing together acuity and dependency data, quality indicators and professional judgement to inform safe staffing decisions. This is supported by multidisciplinary review and direct ward observation, ensuring robust and consistent assurance.

KEY FINDINGS:

1. Safe Staffing Position

- Staffing models are broadly aligned to current demand and acuity
- SafeCare data (acuity), quality indicators, and professional judgement support safe staffing assurance
- No evidence to support increasing or reducing establishments at this time

2. Workforce Stability

- Significant reduction in agency usage
- Improved continuity of care and strengthened team cohesion
- Some fragility remains in:
 - Band 2/3 workforce
 - Skill mix and experience levels of registered nurses

3. Quality and Safety

Positive performance across:

- Falls
- Pressure damage
- Medication safety

Patient safety risks identified are system-driven rather than staffing deficits e.g. delays, capacity pressures

4. System Pressures Impacting Staffing

Across all wards, workload pressures are heavily influenced by:

- Delayed discharges and flow challenges
- Limited or inconsistent medical, pharmacy and therapy input
- Increased patient acuity and complexity (now baseline)

Ward managers described these factors as resulting in:

- Nursing staff absorbing non-nursing workload
- Reduced time for direct care, supervision and development
- Increased risk of fatigue and long-term workforce sustainability issues

5. Mental Health Specific Considerations

- Increasingly complex and unpredictable patient group
- Observation levels and risk management demands high
- Gaps in MDT provision (pharmacy, psychology, OT) impacting nursing workload

6. Physical Health Specific Considerations

Wards operating effectively but:

- Managing high levels of delayed care
- Absorbing system inefficiencies

These themes were consistently identified through ward reviews, professional judgement and multidisciplinary discussions. Staff report that delayed discharges, patient flow, acuity and multidisciplinary provision affect workload and safe staffing sustainability; further work is needed to test this against organisational data and understand whether these pressures are perceived, actual or both, to inform future workforce and service planning.

Key Risks

Patient Risk

- Delayed discharge leading to deconditioning and harm potential

- Delays in access to MDT input

Workforce Risk

- Risk of burnout and attrition
- Reliance on goodwill and informal workarounds

Organisational Risk

- System risks not always visible in formal reporting
- Stable metrics potentially masking underlying pressure

Strategic Risk

- Misalignment between service models and current patient need
- Long-term sustainability risk if system issues persist

CONCLUSION

The establishment reviews provide strong assurance on compliance with NHS Wales safer staffing requirements. There is a stable and safe staffing position across inpatient wards, with:

- No requirement to change establishment levels
- Positive workforce trends
- Safe delivery of care

However, sustaining this position is dependent on addressing system-level pressures, rather than changes to nursing numbers. While ward teams consistently identified delayed discharges, patient flow challenges, increasing acuity and gaps in MDT provision as factors affecting workload and staffing sustainability, further work is required to understand the extent to which these pressures are evidenced through organisational data and their impact on nursing workload, patient care and workforce sustainability.

NEXT STEPS:

- Ongoing monitoring of staffing assurance through SafeCare and quality metrics
- Enhanced oversight of system pressures affecting sustainable safe staffing
- Further analysis of delayed discharge, patient flow, acuity and MDT provision to understand their impact on nursing workload, patient care and workforce sustainability
- Use findings to inform future workforce and service planning

Appendix 1: Inpatient Ward Establishment Review Tool (Physical Health)

In-Patient Ward Establishment Review

Complete Ward details and Section 1 – 9 only

Ward		Location	
Review Period	1 Aug 2025 – 31 Jan 2026	Type of Ward / Speciality	
Prepared by (name/role)		Date prepared	

Section 1: Beds & Activity

Total bed spaces		Beds currently in use	
Bed types (e.g. GP, Stroke, Medical, Rehab, Paediatric, Sec.136)			
Average Length of Stay (ALoS) days (Latest figure from the inpatient dashboard)			
Notes (e.g. admission/discharge patterns)			

Section 2: Shift times

Paid length = Shift length – Unpaid break.

Shift	Start Time	End Time	Unpaid break	Shift Length (hrs)	Paid Length (hrs)
Early					
Late					
Long Day					
Night					
Twilight					

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Section 3: Rostered Staffing (Mon-Sun)

Enter number of staff on shift. Include substantive + bank + agency. Right-hand side is for proposed staffing after review.

Current									Proposed						
Role	Mon	Tues	Weds	Thurs	Fri	Sat	Sun		Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Long Day															
RN															
HCSW															
Early															
RN															
HCSW															
Late															
RN															
HCSW															
Night															
RN															
HCSW															
Twilight															
RN															
HCSW															

Section 4: Establishment numbers (WTE)

Uplift of 26.9% covers staff absences, statutory and mandatory training sickness and study leave. Multiply planned roster by 1.269 for total budgeted WTE.

	Planned Roster (WTE)	+ 26.9% Uplift	Total Budgeted WTE	Actual in post (WTE)	Vacancies (WTE)	Expected Starters (WTE)	Expected Leavers (WTE)
Band 7							
Band 6							
Band 5							

Band 4							
Band 3							
Band 2							

Summary of workforce issues and actions:

Section 5: SafeCare, Acuity and Dependency
Provide WLoC distribution, SafeCare completion times, compliance %, and red flags summary.

WLoC Level	Level 1	Level 2	Level 3	Level 4 RN	Level 4 HCSW	Level 5 RN	Level 5 HCSW
% of patient days							

SafeCare Completion: (timing/frequency)
SafeCare Compliance: (% completion over review period)

Red Flag Event	Count	Notes
Insufficient registered nurses on duty		
Unplanned omission in providing medications		
Delay in providing pain relief		
Shortfall in RN time		
Acuity not met by current nurse staffing levels		
Vital signs not assessed or recorded		

Missed 'intentional rounding'		
Unable to provide 1:1 care		
Increase to surge beds		
Less than 2 RNs on shift		
Insufficient HCSW on duty		
Staff unable to take a break		
DATIX incident – related to nurse staffing		
DATIX incident – not related to nurse staffing		
MH 136 out of hours assessment & crisis beds		
MH Level of observation		
MH PMVA		
MH Self Harm		

Where compliance is reduced, describe planned improvements:

Section 6: WNCR Risk Assessments on Admission
Enter % completed within the required timeframe for each assessment

Risk Assessment	Completion % (on admission)
Continence	
Nutritional	
Manual Handling	
Pain	
Pressure Ulcer	
Falls	
Mouthcare	

Section 7: Quality Indicators (last 6 months)

Quality Indicator	Count	Notes/Context
Hospital acquired pressure damage		

(include grade 2-4 & unstageable) – avoidable		
Number of falls		
Medication errors		
Complaints received about nursing care - managed under Putting Things Right (PTR)		
Statutory & Mandatory training compliance - RNs		
Statutory & Mandatory training compliance - HCSWs		
PADR compliance - RNs		
PADR compliance - HCSWs		
Staff Absence (Long Term/Short Term) FTE % rates		

Section 8: Ward Environment & Context

Ward Environment

(e.g. layout, storage, access/egress, visibility of patients)

Out of Hours (OOHs) Support

(e.g. medical support provided / how accessed)

Site responsibilities

(Access to site/ward/hospital, additional responsibilities)

Multi-disciplinary support

(Roles, availability, frequency)

Bank and Agency Use

(Use over review period, including 6-month trend for agency and bank shifts)

Professional Judgment & Additional Ward Narrative

(e.g. case mix, admission/discharge profile, benchmarking, operational pressures, additional risks not captured elsewhere)

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Section 9: RAG Risk Summary & Actions

Rate each area Green (1), Amber (2), or Red (3). Suggested thresholds: 7–10 = Monitor, 11–15 = Action plan, 16+ = Escalate.

Risk Area	Green (1)	Amber (2)	Red (3)	Score	Key actions / owner / date
Workforce (fill rate, vacancies, temporary staffing)	G	A	R		
Acuity & Dependency (WLoC fit to staffing)	G	A	R		
Quality & Safety (incidents, red flags)	G	A	R		
Environment/Infrastructure (layout, sightlines, isolation)	G	A	R		
Flow & Operating Pressures (admissions/discharges, surge beds)	G	A	R		
Governance & Compliance (training, PADR, SafeCare)	G	A	R		

RAG Descriptors

Risk Area	Green	Amber	Red
Workforce	Planned roster met or over; >90% fill; vacancies ≤5%; minimal bank/agency	Intermittent shortfalls; fill 80–90%; vacancies 5–10%; some temporary reliance	Frequent shortfalls; fill <80%; vacancies >10%; high agency reliance
Acuity & Dependency	Staffing meets WLoC consistently	Occasional mismatch between WLoC and staffing	Persistent mismatch; 1:1 unmet; frequent surge/boarding
Quality & Safety	Low incident rate; no red flags	Some red flags; no harm or mitigated	Multiple red flags; harm/near-miss incidents

Environment/Infrastructure	Layout supports observation and flow	Some limitations with mitigations in place	Layout significantly hinders observation/flow; safety concerns
Flow & Operating Pressures	Admissions/discharges managed within planned capacity; no surge beds required, patient flow stable	Occasional delays in discharge or admissions; intermittent use of surge beds; moderate operational pressure	Frequent delays or cancellations; persistent surge bed use; significant operational pressure impacting patient safety
Governance & Compliance	Statutory & mandatory training compliance >90%, PADR compliance >90%, SafeCare completion >90% and timely; risk assessments consistently completed	Compliance between 75-89%, occasional delays in SafeCare or risk assessments; PADR/training gaps noted but mitigated	Compliance <75%; frequent delays or omissions in SafeCare and risk assessments; significant PADR/training gaps impacting safety

Returns due by 10th February 2026

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Appendix 2 - Inpatient Ward Establishment Review Tool (Mental Health)

In-Patient Ward Establishment Review

Complete Ward details and Section 1 – 9 only

Ward		Location	
Review Period	1 Aug 2025 – 31 Jan 2026	Type of Ward / Speciality	
Prepared by (name/role)		Date prepared	

Section 1: Beds & Activity

Total bed spaces		Beds currently in use	
Bed types (e.g. GP, Stroke, Medical, Rehab, Paediatric, Sec.136)			
Average Length of Stay (ALoS) days (Latest figure from the inpatient dashboard)			
Notes (e.g. admission/discharge patterns)			

Section 2: Shift times

Paid length = Shift length – Unpaid break.

Shift	Start Time	End Time	Unpaid break	Shift Length (hrs)	Paid Length (hrs)
Early					
Late					
Long Day					
Night					
Twilight					

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Section 3: Rostered Staffing (Mon-Sun)

Enter number of staff on shift. Include substantive + bank + agency. Right-hand side is for proposed staffing after review.

Current									Proposed						
Role	Mon	Tues	Weds	Thurs	Fri	Sat	Sun		Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Long Day															
RN															
HCSW															
Early															
RN															
HCSW															
Late															
RN															
HCSW															
Night															
RN															
HCSW															
Twilight															
RN															
HCSW															

Section 4: Establishment numbers (WTE)

Uplift of 26.9% covers staff absences, statutory and mandatory training sickness and study leave. Multiply planned roster by 1.269 for total budgeted WTE.

	Planned Roster (WTE)	+ 26.9% Uplift	Total Budgeted WTE	Actual in post (WTE)	Vacancies (WTE)	Expected Starters (WTE)	Expected Leavers (WTE)
Band 7							
Band 6							
Band 5							

Band 4							
Band 3							
Band 2							

Summary of workforce issues and actions:

Section 5: SafeCare, Acuity and Dependency
Provide WLoC distribution, SafeCare completion times, compliance %, and red flags summary.

WLoC Level	Level 1	Level 2	Level 3	Level 4 RN	Level 4 HCSW	Level 5 RN	Level 5 HCSW
% of patient days							

SafeCare Completion: (timing/frequency)
SafeCare Compliance: (% completion over review period)

Red Flag Event	Count	Notes
Insufficient registered nurses on duty		
Unplanned omission in providing medications		
Delay in providing pain relief		
Shortfall in RN time		
Acuity not met by current nurse staffing levels		
Vital signs not assessed or recorded		

Missed 'intentional rounding'		
Unable to provide 1:1 care		
Increase to surge beds		
Less than 2 RNs on shift		
Insufficient HCSW on duty		
Staff unable to take a break		
DATIX incident – related to nurse staffing		
DATIX incident – not related to nurse staffing		
MH 136 out of hours assessment & crisis beds		
MH Level of observation		
MH PMVA		
MH Self Harm		

Where compliance is reduced, describe planned improvements:

Section 6: WNCR Risk Assessments on Admission
Enter % completed within the required timeframe for each assessment

Risk Assessment	Completion % (on admission)
Continence	
Nutritional	
Manual Handling	
Pain	
Pressure Ulcer	
Falls	
Mouthcare	

Section 7: Quality Indicators (last 6 months)

Quality Indicator	Count	Notes/Context
Hospital acquired pressure damage (include grade 2-4 & unstageable) – avoidable		
Number of falls		
Medication errors		
Complaints received about nursing care - managed under Putting Things Right (PTR)		
Statutory & Mandatory training compliance - RNs		
Statutory & Mandatory training compliance - HCSWs		
PADR compliance - RNs		
PADR compliance - HCSWs		
Staff Absence (Long Term/Short Term) FTE % rates		

Section 8: Ward Environment & Context

Ward Environment (e.g. layout, storage, access/egress, visibility of patients)
Out of Hours (OOHs) Support (e.g. medical support provided / how accessed)
Site responsibilities (Access to site/ward/hospital, additional responsibilities)
Multi-disciplinary support (Roles, availability, frequency)

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Bank and Agency Use
(Use over review period, including 6-month trend for agency and bank shifts)

Professional Judgment & Additional Ward Narrative
(e.g. case mix, admission/discharge profile, benchmarking, operational pressures, additional risks not captured elsewhere)

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Rate each area Green (1), Amber (2), or Red (3). Suggested thresholds: 7–10 = Monitor, 11–15 = Action plan, 16+ = Escalate.

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Workforce (fill rate, vacancies, temporary staffing)	G	A	R		
Acuity & Dependency (WLoC fit to staffing)	G	A	R		
Quality & Safety (incidents, red flags)	G	A	R		
Environment/Infrastructure (layout, sightlines, isolation)	G	A	R		
Flow & Operating Pressures (admissions/discharges, surge beds)	G	A	R		
Governance & Compliance (training, PADR, SafeCare)	G	A	R		

RAG Descriptors

Risk Area	Green	Amber	Red
Workforce	Planned roster met or over; >90% fill; vacancies ≤5%; minimal bank/agency	Intermittent shortfalls; fill 80–90%; vacancies 5–10%; some temporary reliance	Frequent shortfalls; fill <80%; vacancies >10%; high agency reliance
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Quality & Safety	Low incident rate; no red flags	Some red flags; no harm or mitigated	Multiple red flags; harm/near-miss incidents

Environment/Infrastructure	Layout supports observation and flow	Some limitations with mitigations in place	Layout significantly hinders observation/flow; safety concerns
Flow & Operating Pressures	Admissions/discharges managed within planned capacity; no surge beds required, patient flow stable	Occasional delays in discharge or admissions; intermittent use of surge beds; moderate operational pressure	Frequent delays or cancellations; persistent surge bed use; significant operational pressure impacting patient safety
Governance & Compliance	Statutory & mandatory training compliance >90%, PADR compliance >90%, SafeCare completion >90% and timely; risk assessments consistently completed	Compliance between 75-89%, occasional delays in SafeCare or risk assessments; PADR/training gaps noted but mitigated	Compliance <75%; frequent delays or omissions in SafeCare and risk assessments; significant PADR/training gaps impacting safety

Returns due by 10 February 2026

IMPACT ASSESSMENT	
Not required	

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