

Finance and Performance Committee

Thursday 10 September 2026, 09:30 - 13:00

Agenda

09:30 - 09:30 **1. Preliminary Matters**

0 min

 F&P_Agenda_10Sept2026.pdf (3 pages)

1.1. Welcome and Apologies

Chair

1.2. Declarations of Interest: Board Members Declarations of Interest 2026/27

Chair

 F&P_1.2_August 2026_Board Members Declaration Of Interests summary 2026-27.pdf (3 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 7) that Committee Members wish to bring forward to the main agenda.

09:30 - 09:30 **3. Items for Approval / Decision / Ratification**

0 min

3.1. Minutes of the previous meeting held on 25 June 2026

Chair

 F&P_3.1_ Unconfirmed Minutes_25June2026.pdf (7 pages)

3.2. Committee Action Log

Chair

 F&P_3.2_Action Log Sept26.pdf (1 pages)

09:30 - 09:30 **4. Escalated Items**

0 min

4.1. Organisational Escalation Status Presentation Finance and Performance Monitoring

Executive Director of Planning, Performance and Commissioning/Acting Executive Director of Finance

Verbal

 F&P_4.1_Level 4 Escalation Planning and Strategy.pdf (15 pages)

09:30 - 09:30 **5. Items for Assurance**

0 min

5.1. Organisational Savings (Incl six monthly report on Continuing Health Care costs)

Executive Director of Primary, Community Care & Mental Health

 F&P_5.1_6 monthly report on CHC_September 2026 final.pdf (6 pages)

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5.2. Finance Report Month 4 2026/27

Acting Executive Director of Finance

 F&P_5.2_Financial Performance Report Mth 04.pdf (19 pages)

5.3. Integrated Quality and Performance Report Month 03

Executive Director of Planning, Performance & Commissioning

 F&P_5.3_IQPAR_Month_3_F&P.pdf (10 pages)

 F&P_5.3a_IQPAR_Full_Month 3.pdf (54 pages)

5.4. Q1 Annual Delivery Progress Report

Executive Director of Planning, Performance & Commissioning

 F&P_5.4_Q1 2026-27 Delivery Plan Cover Paper.pdf (16 pages)

 F&P_5.4a_FINAL PTHB Delivery Plan 2026-2027 Q1.pdf (91 pages)

5.5. Variable Pay Report

Acting Executive Director of Finance

 F&P_5.5_Variable Pay_Sept 2026 .pdf (15 pages)

5.6. Annual Cancer Services Improvement Plan and Performance Update

Executive Medical Director/Deputy Chief Executive

 F&P_5.6_Cancer Improvement Plan.pdf (6 pages)

 F&P_5.6a_PTHB Cancer Plan 2025-26.pdf (4 pages)

09:30 - 09:30 6. Items for Discussion

0 min

09:30 - 09:30 7. Consent Agenda

0 min

7.1. Endoscopy Update to include JAG Accreditation

Executive Director of Primary, Community Care & Mental Health

 F&P_7.1_Endoscopy Update.pdf (6 pages)

7.2. Highlight Report from the Planning, Performance and Finance Sub Committee - 21.07.2026

Director of Corporate Governance

 F&P_7.2_PPF Highlight Report 21 July 2026 vFinal.pdf (6 pages)

7.3. Committee Work Programme

Director of Corporate Governance

 F&P_7.3_Committee Work Programme September26.pdf (1 pages)

7.4. Committee Governance Development Plan

Director of Corporate Governance

 F&P_7.4_F&P_Governance Development Plan 2025-27_Cover.pdf (2 pages)

 F&P_7.4a_Committee Effectiveness Continuous Development Plan 2026-27.pdf (2 pages)

7.5. Audit Reports:

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7.5.1. Internal Audit Report: Budget Setting (Reasonable Assurance)

 F&P_7.5a_Budget Setting Final Internal Audit Report.pdf (10 pages)

7.5.2. Audit Wales Report: Urgent & Emergency Care for Managing Demand

 F&P_7.5b_Urgent and Emergency Care Arrangements for Managing Demand.pdf (40 pages)

7.6. PTHB Glossary

Director of Corporate Governance

 F&P_7.6_PTHB Glossary.pdf (7 pages)

09:30 - 09:30

0 min

8. Other Matters

8.1. Any other urgent business

Chair

8.2. Items to be brought to the attention of the Board and/or other Committees

Chair

8.3. Committee Reflections

All

8.4. Date of next meeting: 13 October 2026 via Microsoft Teams

FINANCE AND PERFORMANCE COMMITTEE
10 SEPTEMBER 2026
09:30-13:30
VIA MICROSOFT TEAMS
CHAIR: RONNIE ALEXANDER



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Health Board

AGENDA

Time	Item	Title	Attached / Verbal	Owner
	1	PRELIMINARY MATTERS		
09:30	1.1	Welcome and apologies	Verbal	Chair
	1.2	Declarations of interest Board Members Declarations of Interest 2026/27	Verbal	All
	2	CONSENT AGENDA BUSINESS		
The Chair will ask if there are any items from the Consent Agenda (Item 7) that Committee Members wish to bring forward to the main agenda.				
	3	ITEMS FOR APPROVAL / DECISION / RATIFICATION		
	3.1	Minutes of the previous meeting held on 25 June 2026	Attached	Chair
	3.2	Committee action log	Attached	Chair
	4	ESCALATED ITEMS		
09:45	4.1	Organisational Escalation Status Presentation Finance and Performance Monitoring	Verbal	Executive Director of Planning, Performance and Commissioning/Acting Executive Director of Finance
	5	ITEMS FOR ASSURANCE		
10:00	5.1	Organisational Savings - (incl six monthly report on Continuing Heath Care costs)	Attached	Executive Director of Primary, Community Care & Mental Health
10:20	5.2	Finance Report Month 4 2026/27	Attached	Acting Executive Director of Finance
10:50	5.3	Integrated Quality and Performance Report Month 03	Attached	Executive Director of Planning, Performance & Commissioning
11:20	5.4	Q1 Annual Delivery Progress Report	Attached	Executive Director of Planning, Performance & Commissioning
11:40	COMFORT BREAK (10mins)			
11:50	5.5	Variable Pay Report	Attached	Acting Executive Director of Finance

12:10	5.6	Annual Cancer Services Improvement Plan and Performance Update	Attached	Executive Medical Director/Deputy Chief Executive
	6	ITEMS FOR DISCUSSION		
		<i>There are no items for inclusion within this section.</i>		
	7	CONSENT AGENDA		
	7.1	Endoscopy Update to include JAG accreditation Purpose: For Assurance	Attached	Executive Director of Primary, Community Care & Mental Health
	7.2	Highlight Report from the Planning, Performance and Finance Sub Committee- 21.07.2026 Purpose: For Information	Attached	Director of Corporate Governance
	7.3	Committee Work Programme Purpose: For Information	Attached	Director of Corporate Governance
	7.4	Committee Governance Development Plan Purpose: For Assurance	Attached	Director of Corporate Governance
	7.5	Audit Reports: Internal Audit Reports: - Budget Setting (Reasonable Assurance) Audit Wales Report: - Urgent & Emergency Care for Managing demand Purpose: For Information	Attached	Director of Corporate Governance
	7.6	PTHB Glossary Purpose: For Information	Attached	Director of Corporate Governance
	8	OTHER MATTERS		
12:30	8.1	Any other urgent business	Verbal	Chair
	8.2	Items to be brought to the attention of the Board and/or other Committees	Verbal	Chair
	8.3	Committee reflections	Verbal	All
	8.4	Date of next meeting: 13 October 2026 via Microsoft Teams		
	8.5	The Chair, with advice from the Director of Corporate Governance/Board Secretary, 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>			
12:40	8.6	Welcome and Apologies	Verbal	Chair
	8.7	Declarations of Interest	Verbal	Chair
	8.8	Minutes of the previous In-committee meeting held on 25 June 2026	Attached	Chair
	8.9	HSE update	Verbal	Executive Director of Primary, Community Care & Mental Health

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.

Meetings are currently held virtually, should you wish to observe a virtual meeting of a committee, please contact the Director of Corporate Governance at PowysDirectorate.CorporateGovernance@wales.nhs.uk at least 24 hours in advance of the meeting in order that your request can be considered on an individual basis.

Papers for the meeting are made available on the website in advance and a copy of the minutes are uploaded to the website once agreed at the following meeting.

Whilst Committee meetings are not public meetings, questions are invited and welcome from members of the public – please submit these at least 48 hours in advance of the meeting so a response can either be incorporated into the Board meeting or be provided directly to the requester. Please submit any questions to PowysDirectorate.CorporateGovernance@wales.nhs.uk.

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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
Jones Bethan 10/09/2026 09:48:58		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

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FINANCE AND PERFORMANCE COMMITTEE

UNCONFIRMED MINUTES OF THE MEETING HELD ON 25 JUNE 2026 HELD VIA MICROSOFT TEAMS

MEMBERS		
Ronnie Alexander	RA	Independent Member (General) (Chair)
Rhiannon Beaumont-Wood	RBW	Independent Member (PTHB Vice Chair)
Steve Elliot	SE	Independent Member (General)
Rhobert Lewis	RL	Independent Member (General)
Cathie Poynton	CP	Independent Member (Trade Union)
IN ATTENDANCE		
Helen Bushell	HB	Director of Corporate Governance/Board Secretary
Carl Cooper	CC	PTHB Chair
Pete Hopgood	PH	Executive Director of Finance, Capital and Support Services and Deputy Chief Executive
Paul Hooton	PHO	Executive Director of Nursing, Quality, Safety & Family Health
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Bethan Jones	BJ	Corporate Governance Officer
Matthew King	MK	Deputy Director of Therapies and Health Sciences (Attending in CM absence)
Elaine Lorton	EL	Executive Director of Primary Care, Community and Mental Health
Bethan Powell	BP	Corporate Governance, Risk and Assurance Officer
APOLOGIES FOR ABSENCE:		
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Hayley Thomas	HT	Chief Executive Officer
Deb Wood-Lawson	DWL	Director of Workforce and Organisational Development

1. PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (F&P/26/015)

The Chair welcomed everyone to the meeting. Apologies for absence were received as recorded above.

1.2 DECLARATIONS OF INTEREST (F&P/26/016)

No declarations of interest were received in addition to those already recorded on the register.

2. CONSENT AGENDA BUSINESS

The Chair asked Members if they wished to bring forward any items from the Consent agenda to the main agenda.

The Chair queried whether the number of medium-priority actions identified within the Asbestos Management Internal audit should be a cause for concern, noting that Internal Audit no longer assign low-priority actions, and sought assurance regarding the ongoing monitoring of these actions.

HB advised that the report had previously been considered by the Audit, Risk and Assurance Committee, which would continue to monitor delivery of the associated actions. Changes to the Internal Audit framework meant that some issues previously categorised as a low priority were now recorded as observations or medium-priority actions. HB confirmed that appropriate arrangements were in place to monitor progress and that there were no particular concerns regarding the actions identified.

HB suggested that the planned Capital and Estates report could be brought forward from December to October to provide further assurance on the matter. The Committee agreed this would be considered through the work programme.

In respect of the JCC Highlight Report, PH confirmed that the relevant issues would be addressed under the Finance Report agenda item.

The Committee NOTED the updates.

3. ITEMS FOR APPROVAL / RATIFICATION/ DECISION

3.1 MINUTES OF PREVIOUS MEETING (F&P/26/017)

RBW queried whether she should be recorded as a Member rather than as being in attendance at the previous meeting. HB confirmed this and advised that the minutes would be amended accordingly.

The minutes of the meeting held on the 14 May 2026 were **CONFIRMED** as an accurate record.

3.2 COMMITTEE ACTION LOG (F&P/26/018)

HB presented the Action Log, noting that one outstanding action was not due until September and remained on track for delivery.

F&P/25/009- Colonoscopy Reporting: HB advised that a report was to be considered on the agenda. Given that challenges remained, it was proposed that the Committee revisit the action following consideration of the report to determine how it should be progressed.

F&P/25/118a- Escalation of Jointly Commissioned Services: SE sought assurance that work had progressed and would not be delayed until its due date. HB confirmed that discussions were already underway and that proposals regarding governance arrangements would be brought back to the Committee. HB advised that there were no concerns regarding delivery within the agreed timeframe.

The Committee **NOTED** the updates and agreed to return to the colonoscopy reporting action following consideration of the agenda item.

4. ESCALATED ITEMS

4.1 ORGANISATIONAL ESCALATION STATUS PRESENTATION FINANCE AND PERFORMANCE MONITORING (F&P/26/019)

NJ presented the Organisational Escalation Status, outlining the revised Welsh Government accountability and escalation arrangements and provided feedback from the June Escalation Board. It was noted that Welsh Government recognised the Health Board's commitment to improvement and the collective leadership being demonstrated, whilst concerns maintained regarding the financial position and the pace of delivery required.

The Committee noted that work was progressing on a bid to accelerate delivery of planned care as well as key improvement and transformation initiatives. It was also noted that a national performance dashboard was being developed, which may inform future reporting arrangements.

CC welcomed the positive feedback received regarding the organisation's leadership, oversight and management of its escalation status, whilst emphasising the need to maintain focus on delivery of the improvement plan and financial recovery programme.

The Committee sought clarification regarding the timeline and focus of the proposed bid, Welsh Government expectations in relation to savings delivery, the status of Grant Thornton recommendations, and the risks associated with commissioning and Joint Commissioning Committee (JCC) financial performance.

The Committee **RECEIVED** the report and took **ASSURANCE** that appropriate mechanisms were in place to monitor and report to the Board (and its committees) against the Level 4 de-escalation criteria.

5. ITEMS FOR ASSURANCE

5.1 FINANCE REPORT MONTH 02 2026/27 (F&P/26/020)

PH presented the Month 2 Finance Report, noting an overspend of £9.2m against a planned overspend of £7.4m, primarily reflecting a shortfall in savings delivery. The Committee noted improvements in agency and locum expenditure, progress in reducing mental health private provider placements, and the continued focus on achieving the savings target.

The Committee discussed a number of areas including Commissioning, Delayed Transfers of Care, Variable Pay expenditure, Mental Health staffing, Private Provider placements, Continuing Healthcare (CHC), Prescribing Costs and risks associated with Wye Valley contractual arrangements. Responses were provided and assurances received regarding the actions being taken to manage risks and improve performance.

CC sought assurance regarding progress towards achieving 100% green-rated savings schemes and the recurrent nature of savings. PH confirmed

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that significant progress had been made, although some risks remained, particularly in relation to CHC.

The Chair expressed concern regarding the potential financial risks associated with the Joint Commissioning Committee (JCC) position and suggested that further consideration be given to the matter through Board and Board Development discussions. HB confirmed that this would be considered at the July Board meeting and through planned Board Development sessions with JCC colleagues.

The Committee:

- **RECEIVED** the report and took **ASSURANCE** that effective financial monitoring, and reporting mechanisms were in place.
- **CONSIDERED** and **DISCUSSED** the financial forecast and the underlying deficient for 2026/27.

5.2 INTEGRATED QUALITY AND PERFORMANCE REPORT MONTH 01 (F&P/26/021)

NJ presented the revised Integrated Quality, Assurance and Performance Report (IQAPR), explaining that the full report would be presented bi-monthly, with assurance-focused reports presented in intervening months. The Committee were invited to provide feedback on the revised format.

NJ highlighted the positive progress across a number of performance areas, including provider waiting times, mental health secondary care measures and neurodevelopmental services. The following themes were noted:

- Patient experience reporting through Civica had improved significantly and continued to be monitored through PECS.
- Approximately 4,800 individuals were currently awaiting access to NHS dental services, with procurement activity underway to restore capacity.
- A catch-up programme for HPV vaccination was in place.
- Plans were progressing to strengthen and repatriate audiology services, including services for children.
- Further information on actions to improve performance in a number of areas would be reflected in future reports.

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.

5.3 OPTOMETRY ANNUAL REPORT TO INCLUDE PERFORMANCE (F&P/26/022)

EL introduced the report, noting that it had been prepared in accordance with the NHS Ophthalmic Services (Wales) Regulations and provided assurance regarding compliance, service provision, workforce capacity, service effectiveness, equity of access and future development.

JL provided an overview of the progress made to implement the Wales General Ophthalmic Services (WGOS) model, noting good coverage for core services and ongoing work to expand specialist provision. Challenges related to workforce capacity, geographic coverage and service sustainability were highlighted, alongside actions being taken to increase training opportunities, develop cluster-based provision and improve pathways to shift care from secondary to primary care settings.

The Committee sought clarification regarding service gaps, patient experience arrangements, access to services for patients using English providers, activity levels, workforce development, mobile service provision and future demand. It was confirmed that patient experience data had recently become available at Health Board level and would be incorporated into future reports.

The Committee also noted the opportunities presented by the expanded optometry model to support care closer to home and reduce demand on secondary care services.

The Committee **RECEIVED** the report and took **ASSURANCE** that the Primary Care Eye Care Annual Report had been produced and responded to appropriate NHS Direction requirements.

The Committee took a ten-minute break before resuming the meeting.

5.4 DEEP DIVE-CHC SAVINGS (TRACK GROWTH ON CASE NUMBERS) (F&P/26/023)

EL presented the Continuing Healthcare (CHC) update report and outlined the ongoing growth in demand, complexity and cost of CHC packages, and the associated financial pressures. The Committee noted that CHC remained a significant risk area and that a comprehensive transformation and recovery programme was underway to improve operational effectiveness, governance, workforce capacity and financial sustainability.

The Committee sought clarification regarding the review and development of policies and procedures, workforce and commissioning capacity, package reviews, direct payments and opportunities to learn from best practice both within and outside Wales. EL confirmed that external expertise had been commissioned to support policy development and service transformation, and that work had progressed to strengthen governance and operational arrangements.

Reviews undertaken to date had identified a significant number of cases requiring further assessment through the Decision Support Tool (DST) process. The approach to future reviews was being revised to enable assessments to progress through to outcome more efficiently. Potential savings opportunities had been identified through package reviews, demand management and commissioner-related actions, although risks remained.

The Committee **NOTED** that arrangements were in place to respond to direct payment requests, although no applications had yet been received.

The Committee **DISCUSSED** the report and took **ASSURANCE** that plans were in place to address the risks and impacts associated with the Continuing Health Care programme of work.

5.5 COLONOSCOPY UPDATE REPORT (F&P/26/024)

CM presented the Bowel Screening Wales Colonoscopy Performance Update, noting that performance against the national target remained below the required standard and continued to be subject to internal escalation. The Committee noted the longstanding challenges relating to workforce fragility, data validation and the methodology used to calculate performance measures.

CM outlined actions undertaken to improve assurance regarding reported performance.

The Committee welcomed the positive findings from the Quality Assurance review, which had recognised the high quality of the service provided, whilst the ongoing challenges associated with service sustainability and delivery was acknowledged.

The Committee discussed the need to better understand patient outcomes, average waiting times and potential harm associated with delays. It was agreed that future reporting should place greater emphasis on patient outcomes.

The Committee considered the outstanding Action Log entry related to colonoscopy reporting. Members agreed that the existing action should be closed and replaced with a new action reflecting the Committee's revised focus on patient outcomes, assurance regarding performance reporting, and the resolution of outstanding data and methodology issues.

Action: Director of Corporate Governance

The Committee **NOTED** the Colonoscopy Performance Update.

5.6 COMMITTEE RISK REGISTER (F&P/26/025)

HB provided a verbal update on the Committee Risk Register, advising that the Health Board was currently undertaking a review of its Strategic Risks. As a result, the Committee Risk Register had not been presented in its usual format.

HB confirmed that those strategic risks relevant to the Committee would continue to inform the Committee Risk Register and that a revised and fully updated register would be presented to the Committee in September, following Board consideration of the strategic risks, scores and ratings in July.

Yvonne Bethan
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The Chair welcomed the continued inclusion of risk as a standing agenda item and agreed it was important that risk management remained visible throughout the review process. The Committee NOTED that the next Committee Risk Register would be presented at the next meeting in September 2026.
6. ITEMS FOR DISCUSSION
There were no items for discussion.
7. CONSENT AGENDA
The following reports were RECEIVED as part of the consent agenda: • Committee Work Programme • Internal Audit Report: Asbestos Management • JCC Highlight report from The Planning, Performance and Finance Sub-Committee. 26.05.2026 • PTHB Glossary. The Chair highlighted the Internal Audit Report on Asbestos Management and the Joint Commissioning Committee (JCC) report, noting that issues raised during discussion of these reports should continue to be monitored and not be lost through the consent agenda process. The Committee RECEIVED and NOTED the reports.
8. OTHER MATTERS
8.1 ANY OTHER BUSINESS (F&P/26/026)
No other business was raised.
8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES (F&P/26/027)
No items were noted.
8.3 COMMITTEE REFLECTIONS (F&P/26/028)
HB advised that the timing and allocation of agenda items would be reviewed ahead of the next meeting, recognising that a number of substantive items had required extended discussion. The Chair noted that more realistic time allocations for agenda items would support effective governance and meeting management. Members commented that the additional time taken had been justified by the importance and complexity of the matters considered and agreed that the discussions had been valuable and appropriately scrutinised. The Committee noted the reflections and agreed that agenda timings would be reviewed for future meetings.
8.4 DATE OF NEXT MEETING (F&P/26/029)
10 September 2026 via Microsoft Teams

Meeting closed at 12:24

Jones, Bethan
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Beth Jones										
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									
Finance and Performance Committee										
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 - (10 SEPTEMBER 2026)										
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE (10 SEPTEMBER 2026)										
26/02/2026	F&P/25/118a	DCG	IQPR	Reflect on and develop a proposed approach for how escalation of jointly commissioned services specifically WAST could be handled within formal governance arrangements, and update the committee once this work is progressed.	14.05.2026 update: Action will progress as per timescale. 25.06.2026 update: Action will progress as per timescale. 09.09.26 update: Action has been progressed, a draft governance approach has been developed and now in discussion with JCC colleagues. Approach will be communicated with Committee members, this should result in a recommendation to close the action at the next committee. date change requested.	Sep-26	Oct-26	At risk		
ACTIONS RECOMMENDED FOR CLOSURE (10 SEPTEMBER 2026)										
25/06/2026	F&P/26/024	DCG	Colonoscopy Update Report	To provide greater assurance on performance reporting by addressing outstanding data validation and methodology issues, and to include enhanced information on patient outcomes, average waiting times, and any potential harm associated with delays to support Committee oversight.	10.09.2026 update: Email responding to action circulated post Board by DPCCMH on 29/07/26.			Completed		
CLOSED ACTIONS										



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Level 4 Escalation Update

Finance and Performance Committee
10 September 2026

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4.1 - Escalation and Intervention Arrangements

Subject:	Escalation and Intervention Arrangements
Approved and Presented by:	Nicola Johnson, Executive Director Planning, Performance and Commissioning
Prepared by:	Director of Corporate Governance/Board Secretary
Purpose:	This document provides an update against the Welsh Government escalation and intervention arrangements for Powys Teaching Health Board.
Recommendations:	The Committee is asked to: • RECEIVE the report and take ASSURANCE that appropriate mechanisms are in place to monitor and report to the Board (and its Committees) in relation to the organisations escalation status.
Executive Summary	The Welsh Government Escalation and Intervention Arrangements has five levels of escalation 1. Routine arrangements 2. Area of concern (new level) 3. Enhanced monitoring 4. Targeted intervention 5. Special measures The framework has six escalation domains and can be viewed here - NHS Oversight, Assurance, Escalation and Intervention Framework (gov.wales) PTHB’s status increased from Enhanced Monitoring (Level 3) Finance, Strategy to Targeted Intervention on the 5 November 2024 having previously been in Enhanced Monitoring since September 2023. PTHB remains in routine monitoring for all other domains.
Appendices:	None for this meeting

James Bennett
10/09/2025 09:48:58

Update – PTHB Assurance Reporting

- Engagement and reporting internally as per Board approved mechanisms has continued as required

Mechanism	Frequency	Last Meeting	Next Meeting
PTHB Board	Bi-annually with CEO reports in between	25 March 2026	25 Nov 2026 (<i>moved from Sept to support reporting revised framework from WG</i>)
Finance & Performance Committee (overall reporting)	Every meeting	25 June 2025	10 Sept 2026
Planning, Partnerships and Population Health Committee (planning & strategy)	Every meeting	18 May 2026	15 Sept 2026
Audit, Risk and Assurance Committee (financial control)	Every meeting	7 July 2026	6 Oct 2026
Executive Committee (overall reporting)	Monthly	2 Sept 2026	16 Sept 2026

Update – Welsh Government Assurance Reporting

- Engagement and reporting to Welsh Government & NHS Wales P&I has continued as required

Mechanism	Frequency	Last Meeting	Next Meeting
Accountability meetings (previously JET meetings) (WG led)	Bi-annual	Public Accountability Meeting (27 Nov 2025) replaced JET meeting	13 October 2026
Escalation Board (WG led)	Bi-annual	2 June 2026	13 October 2026
Public Accountability Meetings (Minister led)	Annual	Nov 2025	April 2027
NHS Wales P&I Meetings (previously IQPD meetings)	Monthly	28 August 2026	24 Sept 2026
Professional lead meetings – finance	Monthly	Several contact points throughout month	Several contact points throughout month
Professional lead meetings – planning & strategy	Monthly	Several contact points throughout month	Several contact points throughout month
Chair to Cabinet Secretary meetings	Quarterly	4 Feb 2026	TBC due to post election period
PTHB CEO to NHS Wales CEO/Director General	Ongoing	Several contact points throughout month	Several contact points throughout month

Update - NHS Wales Escalation and Intervention Arrangements

Update

- Plaid Cymru as part of the 100-day plan for Government committed to review the NHS Wales escalation and Intervention Framework and arrangements
- PTHB along with other NHS organisations were invited to provide feedback
- Draft revised framework due for release week commencing 9 September 2026
- Revised framework due for launch week commencing 28 September 2026

Likely future timescales

- Tripartite meetings scheduled for November 2026
- Review of escalation levels announcements due Dec 2026
- Revised de-escalation criteria for organisations in escalation (where relevant) due Jan 2027

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Update – Internal Audit

- Internal audit on escalation status response scheduled as part of the 2026/27 internal audit plan
- Audit purpose - *review the Health Board's governance and processes for managing, monitoring and reporting progress around the escalation framework and the de-escalation plan.*
- Audit assurance level – Reasonable
- 3 medium priority recommendations made and accepted
 - 1 – training & development
 - 2 – reporting



Next Steps

- Audit report finalised following F&P committee paper release
- Will be reported to Audit Committee as per internal audit protocols on 6 October 2026
- Will form part of report to Finance & Performance Committee on 13 October as part of escalation report

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Next Steps

- Continued delivery of PTHB Annual Plan (actions and finance)
 - This includes transformation work within key areas (e.g. CHC, Commissioning & Contracting)
- Continued delivery of the Financial Recovery Board
- Continued reporting to and engagement with Welsh Government – next Escalation Board 13 October 2026
- Reporting of progress against the Grant Thornton report recommendations (Autumn and year end)
- 2026/27 Internal audit scheduled on Escalation Status – PTHBs response and governance structure (external assurance)
- All Committee and Board reporting will continue – shift towards assessing progress against de-escalation criteria.

Joey Bethan
16/09/2026 09:48:58

Supporting Information

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Reminder - NHS Wales Escalation and Intervention Arrangements

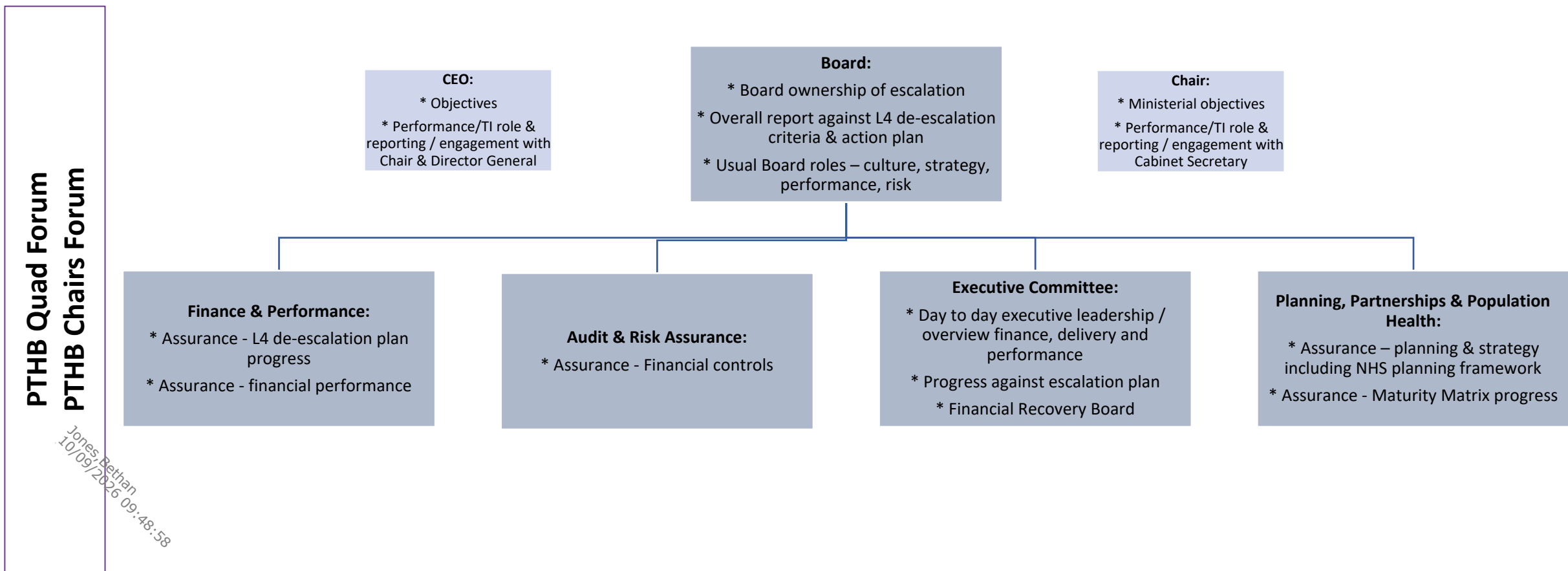
- Welsh Government Escalation and Intervention Arrangements – Five levels of escalation
 1. Routine arrangements
 2. Area of concern (new level)
 3. Enhanced monitoring
 4. Targeted intervention
 5. Special measures
- Six escalation domains
- [NHS Oversight, Assurance, Escalation and Intervention Framework \(gov.wales\)](https://gov.wales/nhs-oversight-assurance-escalation-and-intervention-framework)



- PTHB's status **increased** from Level 3 to Level 4 for Finance, Strategy and Planning on the 5 November 2024 having been in Level 3 since July 2023.
- The increase in status was due to worsening financial position.

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Reminer - Approach to Managing Level 4 Escalation – PTHB Board approved



Recap – External Support

- The escalation and related interventions detailed within the escalation action plan were designed to support the health board to demonstrate actions and evidence in line with the key objective areas
- Support was commissioned, with Welsh Government support in the following four areas:

Commissioning and contracting expertise

Required to provide capacity to the health board to review contracting mechanism, process and approach and to improve process and controls of entering and monitoring commissioned contracts within resources available.

CHC clinical and operational expertise

Required to enhance capacity and review the process and pathways underpinning CHC and FNC and support the development of sustainable solutions.

External planning and transformation capacity and expertise

To support the health board in developing and delivering an integrated plan for 2025/26, including effective stakeholder engagement, identification of rapid turnaround actions to support delivery of target control total, and support the longer-term through development of a clear route map to balance, including a focus on opportunities to strengthen planning capability.

Audit expertise

Additional internal audit days required to review the controls and processes within key risk areas that have not been recently reviewed and in key areas such as workforce (e.g. bank and agency)

Recap – External Support

- Externally procured report – Grant Thornton report completed Feb 2026 (executive summary published with March 2026 Board papers)
- No significant emerging findings identified that would benefit the 2025/26 in year position
- 34 Recommendations made, all excepted or partially accepted except 3. Management responses provided against all recommendations. Progress against recommendations will be reported to Audit and Risk Assurance Committee
- The themes from the report were are as follows:



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Recap - Roles and Responsibilities

Welsh Government

- Support a formal structure for reviewing and reporting progress.
- Signpost relevant best practice guidance and frameworks.
- Act as a critical friend and sounding board on existing practices and new developments.
- Review and provide feedback on developed products.
- Undertake and share relevant analysis and deep dives of national data.
- Enable shared approaches to key national issues across Welsh NHS organisations and promote shared learning.
- Direct the NHS Executive or make alternative arrangements to provide targeted support to areas of concern to help the health board to improve their progress against programme objectives.
- Work with the health board on critical enablers relating to regional planning, clinical services redesign, infrastructure (digital and buildings).

PTHB

- Appoint an SRO (designated point of contact) to lead the health board's response to the escalation.
- Ensure Board ownership and oversight with a clear governance structure, ensure that the Board is appraised of the escalation plan and evidence regular progress updates to the Board on progress against de-escalation criteria.
- To produce a level 4 action plan in response to the areas of concern and commit sufficient resources to ensure that the plan deliverables are achieved.
- Provide quarterly progress reports and evidence against the escalation plan to Welsh Government.
- Strengthen the formal review mechanisms to support urgency in delivering confidence and improvement to the financial position.

Recap - De-Escalation Criteria – agreed by Welsh Government & PTHB

Strategy and Planning

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

Finance

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

Alignment of annual plan to de-escalation criteria

- The 2026/27 Annual Plan sets out the intention to remain in routine monitoring for quality, performance and governance, as well as responding to Level 4 escalation status for strategy, planning and finance.
- The Annual Plan incorporates the recommendations of the Grant Thornton independent review, the Better Together programme which is critical to our Clinical Services Plan; and action to address underlying drivers of demand through the Population Health Strategic Framework and Strategic Commissioning Framework (which together also address key areas identified through the Maturity Matrix Self Assessment).
- The table below shows the key actions for Risk, Recovery and Sustainability (the 'critical actions').

KEY ACTIONS FOR RISK, RECOVERY & SUSTAINABILITY

Risk:

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

Recovery:

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

Sustainability:

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

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Agenda item: 5.1

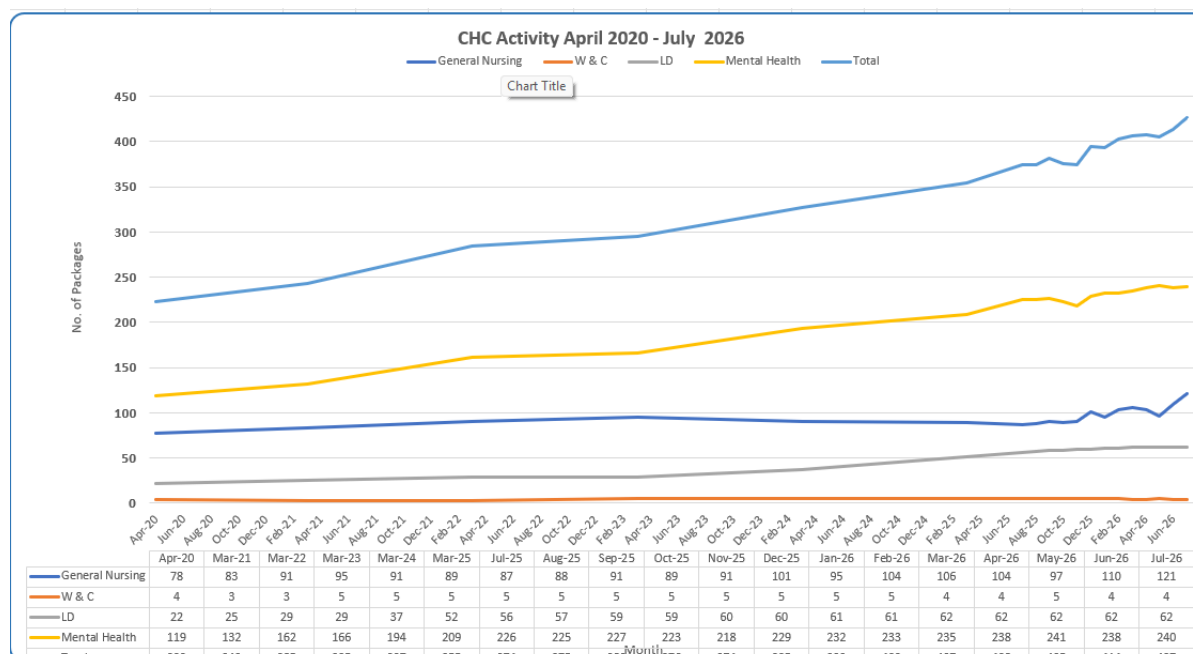
FINANCE AND PERFORMANCE COMMITTEE		Date: 10 SEPTEMBER 2026	
Subject:	Continuing Health Care: Performance and System Challenges Update		
Approved and presented by:	Executive Director of Primary Care, Community and Mental Health		
Prepared by:	Deputy Director Primary Care, Community and Mental Health		
Other Committees and meetings considered at:	Executive Committee – 02 September 2026		
PURPOSE:			
To provide an update to Finance and Performance Committee of the current operational challenges, transformation plans and financial performance in relation to Continuing Health Care.			
RECOMMENDATION(S):			
The Finance and Performance Committee is asked to:			
• RECEIVE the report and take ASSURANCE that plans are in place to manage CHC and evolve the service based on expected national changes.			
Approve/Take Assurance		Discuss	Note
Y		N	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	N	
7. Put Digital First	N	
8. Transforming in Partnership	Y	

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EXECUTIVE SUMMARY:

As has been long reported, the number of Continuing Healthcare (CHC) placements has significantly increased in recent years, growing in numbers and costs. CHC as a whole has seen a growth in packages of 45% from March 23 to July 26. The greatest increases continue to relate to people with Learning Disabilities (LD) and Mental Health particularly within Elderly Medically Infirm (EMI).



This paper will highlight the impact of this growth and provide an overview of the actions in place to help manage the associated risks.

GROWTH IN CHC DEMAND AND SPEND

Noting the growth in volume of cases, associated costs have also grown.

Total Cost (£'000)										
Criteria	17-18	18-19	19-20	20-21	21-22	22-23	23-24	24-25	25-26	P04-27
Adult Mental Health	£4,019	£3,838	£4,482	£4,413	£4,917	£6,571	£7,374	£7,544	£7,428	£8,114
Adult Palliative Care	£462	£408	£474	£806	£674	£1,214	£1,569	£1,785	£1,976	£3,304
Community Based/Home Care Support	£1,489	£1,141	£908	£824	£1,829	£1,947	£2,007	£1,980	£2,286	£2,617
Elderly Mentally Ill Nursing Home	£1,895	£2,501	£2,691	£3,271	£5,518	£7,308	£8,745	£12,136	£14,636	£15,745
General Nursing	£2,240	£2,304	£2,605	£2,868	£3,177	£3,279	£4,023	£4,095	£4,154	£3,943
Learning Disability	£1,101	£983	£957	£1,565	£1,650	£2,461	£3,549	£4,347	£5,793	£6,120
Respite	£46	£31	£26	£38	£71	£61	£36	£47	£124	£184
Grand Total	£11,253	£11,206	£12,143	£13,786	£17,837	£22,842	£27,303	£31,933	£36,397	£40,026

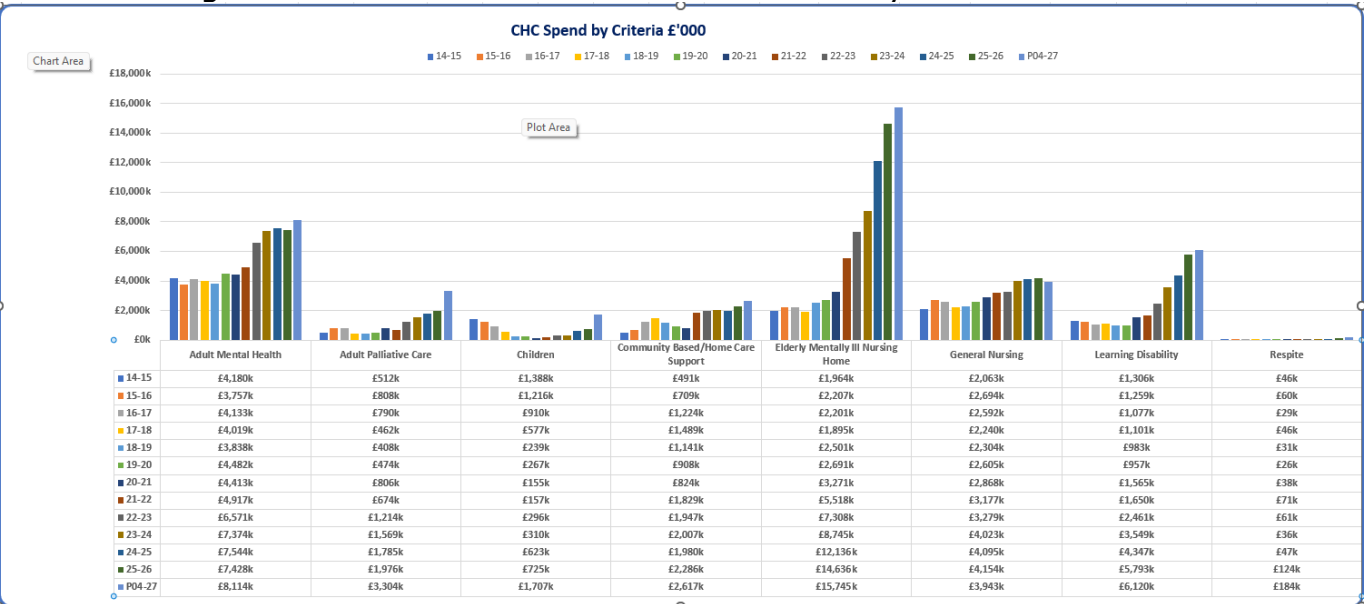
CHC demand has grown by 45% (295 to 427) from March 23 to July 2026 with cost increasing over the same time period by 75% (£22.8m to forecast £40.0m). This excludes Children's CHC.

Some of this is to be expected with the demography of the Powys population and how this is aging over time. However provider costs and demand has added significantly to the spend.

FINANCIAL POSITION

Month 4

The CHC Budget is based on the 2025/26 outturn expenditure plus an inflationary uplift that has been added for 2026/27 and an allowance for growth in numbers. The Month 4 YTD position (excluding Children) is in fact, underspent by £0.69m however this is offset in part by cost pressures of £0.29m being seen in children's CHC. It is worth noting that much of this risk will transition to adult care in the coming year due to transitions of care. The YTD position does not include the financial recovery target which is budgeted in the last 6 months of the financial year.



FINANCIAL RECOVERY

In November 2025, an external review of the CHC function was returned to Powys Teaching Health Board. UB Healthcare, partnered with Clarity Consulting Associates Ltd and Grant Thornton UK Advisory and Tax LLP were commissioned to undertake a detailed, evidence led and systematic service review across Continuing Healthcare (CHC) and complex care functions.

For CHC, the service areas considered included the CHC service delivery, including workforce, processes and decision making, considered in line with National Frameworks, recommendations for actions and a costed implementation plan for any improvements and opportunities identified.

In support of better understanding the requirements for financial recovery, UB Healthcare were commissioned to undertake reviews of existing cases. A review of the first 30 cases was completed, and which identified that the disaggregated approach to assessment by community and ward-based teams has led to some inconsistency in approach and application of process.

In order to capitalise on these findings, the Health Board has now moved this work under the governance of the Financial Recovery Board, where actions are being

monitored that are intended to now deliver an improved financial position across the adult CHC arrangements.

These actions include:

- The appointment of an operational management lead and programme support to deliver rapid improvements for the service (including financial recovery).
- The commissioning of UB Healthcare to now undertake 40 end-to-end reviews of cases which have been pre-assessed as likely to fall out of eligibility. This will provide an opportunity to model best-practice approaches to the existing team and is expected to drive cost reduction following transition through the requisite governance. It is noted that transaction of this work may result in external challenge but will deliver the correct outcome.
- The PTHB CHC team are also working to transact the Cases that were identified under the initial 30 reviews, including now moving these reviews into formal assessment. Again, this is likely to see some reduction in eligibility, and will require engagement with providers, patients and Local authority to enact.
- The provision of established senior clinical leadership to the existing service, which will provide training to the existing CHC assessment team, support scrutiny and challenge to future decision-making panels and provide expert resource to the service for a fixed period, until more work can be done to organise this capability and capacity more substantively.
- Separately, the Health Board has now also agreed to the recruitment of some dedicated assessment resource, which will then be available for training by the clinical lead role, with a view to ensuring confidence in the delivery of future assessments in exact accordance with the national framework.

Recognising that this work needs to occur quickly, in order to maximise the in-year benefits, a financial tracker has been established to monitor progress. It is noted that commencement of this work has taken some time, due to the complexity of governance, however is now starting to deliver some outcomes. A high-level overview of the delivery to date can be seen here:

Scheme RAG rating	Savings Scheme Number	Scheme / Opportunity Title	Recurrent (R) / Non Recurrent (NR)	No. Green + Amber	Green (forecast)	Amber (forecast)	Green + Amber (forecast)	2026/27 Target	Forecast vs Target	No. Red	Red (potential)	Recurrent 2026/27 Target	Forecast FYE	FYE vrs Recurrent Target	Target to Date	YTD Actual Savings	YTD vrs Target
Target	Target	Target - 3% Savings (Recurrent)	R	0	0	0	0	1,465	-1,465	0	0	1,465	0	-1,465	488	0	-488
		Target - CHC - GT Opportunities	R	0	0	0	0	2,500	-2,500	0	0	2,500	0	-2,500	833	0	-833
Target Total				0	0	0	0	3,965	-3,965	0	0	3,965	0	-3,965	1,322	0	-1,322
Amber	136	CHC - Reviews Mitigation of Growth	R	1	0	2,292	2,292	2,292	0	0	0	2,292	2,292	0	0	0	0
	158	CHC - Case Review	R	1	0	1,000	1,000	1,000	0	0	0	1,000	1,000	0	0	0	0
	173	CHC - clarify commissioning responsibility	NR	1	0	673	673	673	0	0	0	0	0	0	0	0	0
Amber Total				3	0	3,965	3,965	3,965	0	0	0	3,292	3,292	-673	1,322	0	-1,322
				3	0	3,965	3,965	3,965	0	0	0	3,965	3,292	-673	1,322	0	-1,322

Next steps for the transformation of the service also include:

Digital system rollout

As highlighted in the external report, this is seen as an opportunity to further improve efficiency and strengthen performance reporting. The Health Board is now working

with the appointed provider to prepare existing data for incorporation into a new system.

Strengthening of governance

Alongside the clinical leadership, UB Healthcare have supported the development of new procedures and shared agreements with Powys County Council. These are to be implemented under the leadership of the clinical lead, alongside training, development of improved decision-making structures and governance.

Understanding service resourcing

Recommendations have been provided for the future resources needed to deliver effective decision making and timely reviews, including the correct resourcing of leadership, operational capacity and contracting support.

Further strengthening of our integrated brokerage arrangements are being explored with Powys County Council, and the interim operational transformation lead is now working to undertake an organisational change of roles and responsibilities across the team which will ensure maximal operational capability and capacity for the future.

DIRECT PAYMENTS IN THE NHS

Direct Payments (DPs) and Personal Health Budgets (PHBs) are central to the national drive for personalised care, giving individuals greater choice, flexibility, and control over how their health and wellbeing needs are met. This approach aligns with statutory duties under the Care Act 2014, Mental Capacity Act 2005, and NHS regulations. DPs allow people to receive monetary payments instead of commissioned services, enabling them to arrange care that best suits their circumstances.

Nationally, PHBs and DPs are being expanded as part of the NHS Long Term Plan in England and Welsh Government policy. Evidence shows these models improve outcomes, reduce hospital admissions, and deliver cost efficiencies, while promoting independence and person-centred care.

Powys Teaching Health Board have been supporting the national roll-out of this work, and have in place the requisite arrangements to deliver the requirements through our integration with Powys County Council. To date, no applications have been received, however this remains an opportunity for the future of the service.

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			✓	
Factors considered • Patient safety • Clinical Effectiveness • Patient Experience • Workforce stress				

Workforce			✓		
Leadership			✓		
Culture			✓		
Information			✓		
Learn, Improve, Research			✓		
Whole Systems Approach			✓		
EQUALITY:					
	No impact	Negative	Positive	Both	Equity of Access is intrinsic within the service area
Age	✓				
Disability	✓				
Gender reassignment	✓				
Marriage / civil partnership	✓				
Pregnancy / maternity	✓				
Race	✓				
Religion or Belief	✓				
Gender	✓				
Sexual Orientation	✓				
Welsh Language	✓				
Socio-economic status	✓				
Social exclusion	✓				
Carers	✓				
RISK ASSESSMENT:					
	Level of risk identified				Service Risk Assessment is in place
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)	
Clinical			✓		
Financial			✓		
Corporate			✓		
Operational			✓		
Reputational			✓		

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Powys THB Finance Department

Financial Performance Report

Finance & Performance Committee

Period 04 (July 2026)
FY 2026/27

Date Meeting: 10th September 2026

Jones, Bethan
10/09/2026 09:48:58

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 04 OF FY 2026/27
Approved & Presented by:	Hywel Pullen, Acting Executive Director of Finance
Prepared by:	Christian Thomas, Assistant Director of Finance
Other Committees and meetings considered at:	Executive Committee – 19 August 2026

PURPOSE:
This paper provides an update on the July 2026 (Month 04) Financial Position, including progress with savings delivery.
RECOMMENDATION:
The Committee is asked to receive the financial report and take assurance that the organisation has effective financial monitoring and reporting mechanisms in place. The Committee is asked to consider and discuss the financial forecast and the underlying deficit for 2026/27 of £44.652m.

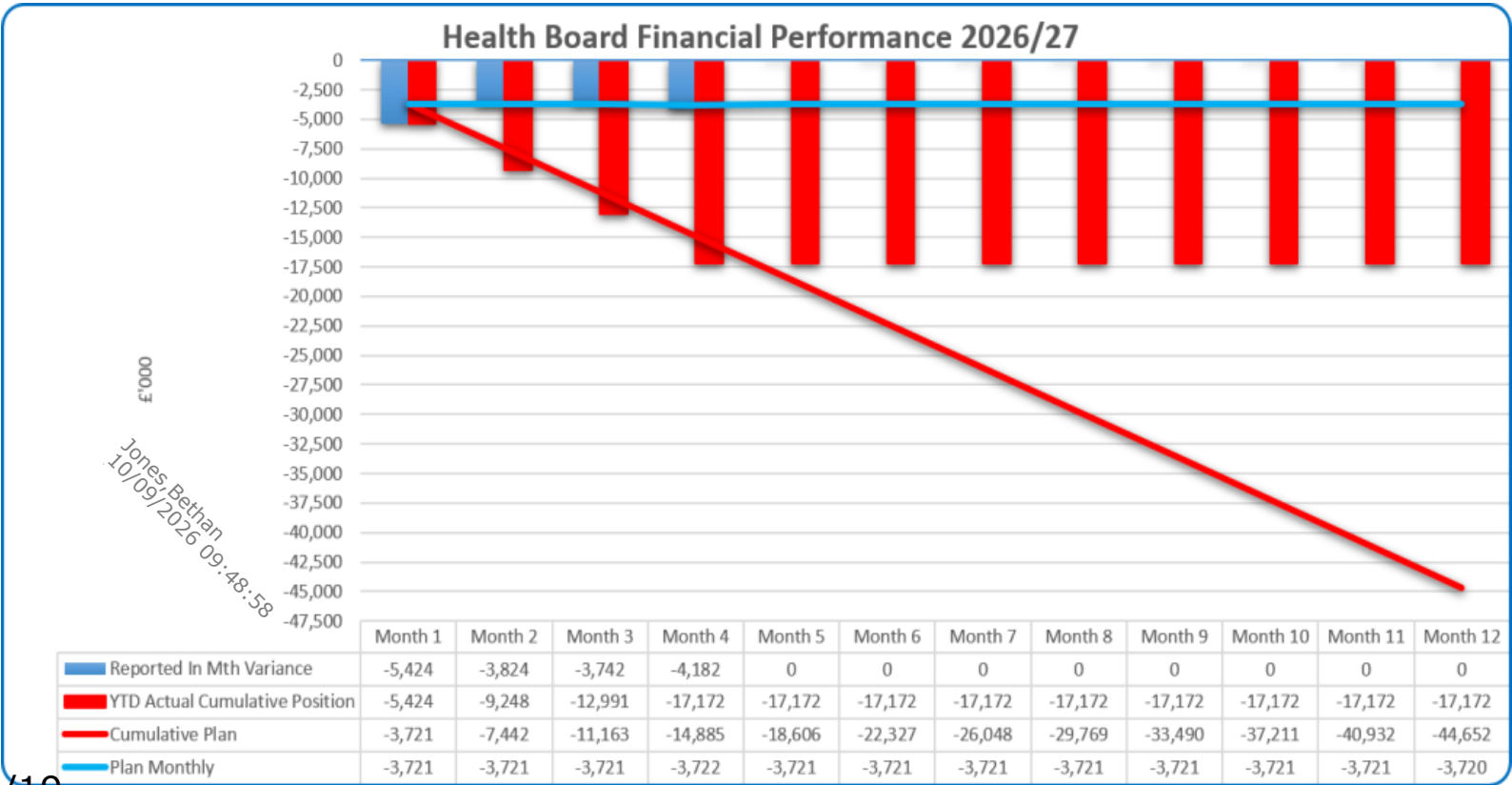
THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	• Focus on Wellbeing	✗
	• Provide Early Help and Support	✗
	• Tackle the Big Four	✗
	• Enable Joined up Care	✗
	• Develop Workforce Futures	✗
	• Promote Innovative Environments	✗
	• 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
	✓	37/324

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	-3,722	-4,182	⬆️
Reported Year To Date financial position – (deficit)/surplus	-14,885	-17,172	⬆️
Year end – (deficit)/surplus	-44,652	-44,652	➡️

Capital		
	Value £'000	Trend
Capital Resource Limit	9,510	➡️
Reported Year to Date expenditure	1,743	⬆️
Reported year end – (deficit)/surplus – Forecast	9,510	➡️

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



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

At month 04, there is a £17.172m overspend. Compared to a planned deficit of £14.885m, (which is 4/12ths of the planned £44.652m deficit), this equates to the Health Board having an overspend of £2.288m.

The capital resource limit for 2026/27 is £9.510m, the forecast outturn is £9.510m; with a YTD spend of £1.743m.

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	(155,046)	(155,046)	0
02 - Capital Donations	(43)	(43)	0
03 - Other Income	(3,622)	(3,158)	464
Total Income	(158,711)	(158,247)	464
05 - Primary Care - (excluding Drugs)	17,361	16,692	(669)
06 - Primary care - Drugs & Appliances	11,875	11,977	102
07 - Provided services -Pay	43,175	43,801	626
08 - Provided Services - Non Pay	8,359	8,447	88
09 - Secondary care - Drugs	472	338	(134)
10 - Healthcare Services - Other NHS Bodies	67,531	69,123	1,591
12 - Continuing Care and FNC	15,791	15,361	(430)
13 - Other Private & Voluntary Sector	2,617	3,267	650
14 - Joint Financing & Other	3,446	3,446	(0)
15 - DEL Depreciation etc	2,152	2,152	0
16 - AME Depreciation etc	759	759	0
18 - Losses, Special Payments and Irrecoverable Debts	57	57	0
25 - Profit/Loss Disposal of Assets	0	0	0
Total Costs	173,596	175,420	1,824
Reported Position	14,885	17,172	2,288

At Month 04, there is a £17.172m overspend against the forecast YTD deficit of £14.885m giving the Health Board an overspend of £2.288m compared to Plan.

Within this position, the savings target of £22.889m the majority are profiled in equal 12ths. As detailed on page 9, there is a £3.380m YTD adverse variance in savings.

The most significant variances to highlight are:

- Commissioning of Healthcare Services from other NHS Bodies is £1.591m overspent at M04. This is in the English system, around savings target shortfall.
- Other private and voluntary sector is overspent YTD by £0.650m. This is due to savings not being achieved.
- Agency expenditure of £0.304m in the month, compared to M04 2025/26 is £0.128m lower. However, Medical Locum expenditure has increased and is an area of focus.
- CHC is underspent by £0.430m YTD. There are 427 packages of care, a net increase of 20 since Month 12 2025/26. The identified savings are profiled to take effect from October and this is reflected in the YTD position.
- There are underspends in Primary Care, particularly within 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).



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

Performance and Actions

- The chart opposite demonstrates in July variable pay was lower than the previous month. It is £38k more than in month 4 last year.
- However, Powys continues to be an outlier within NHS Wales as agency and locum spend is much greater than the Wales average of 1.4%.
- The HB's Variable Pay Reduction group is implementing a detailed action plan. There are improvements on the wards in CSG, but high expenditure run rates remain in non-ward services and Mental Health.
- Medical locum expenditure in Mental Health services is an area of focus.

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	17,450	16,993	(458)
English Providers	27,718	30,004	2,286
JCC	20,130	19,971	(160)
Other NHS Providers	1,985	1,935	(50)
Mental Health (LTAs Only)	247	220	(27)
Total	67,531	69,123	1,591

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

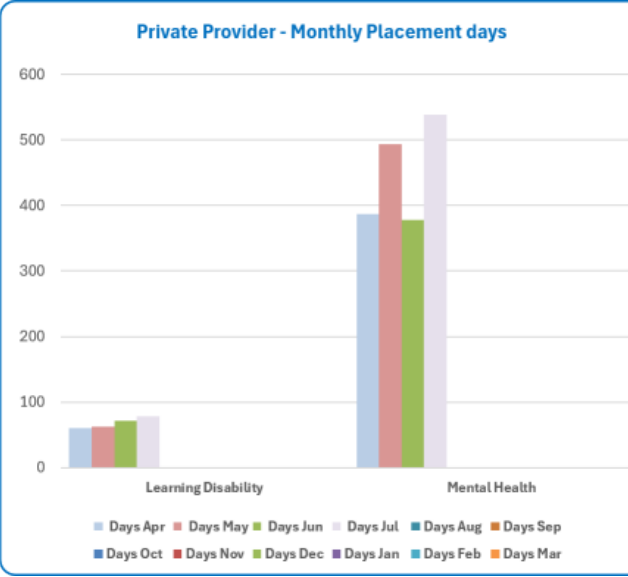
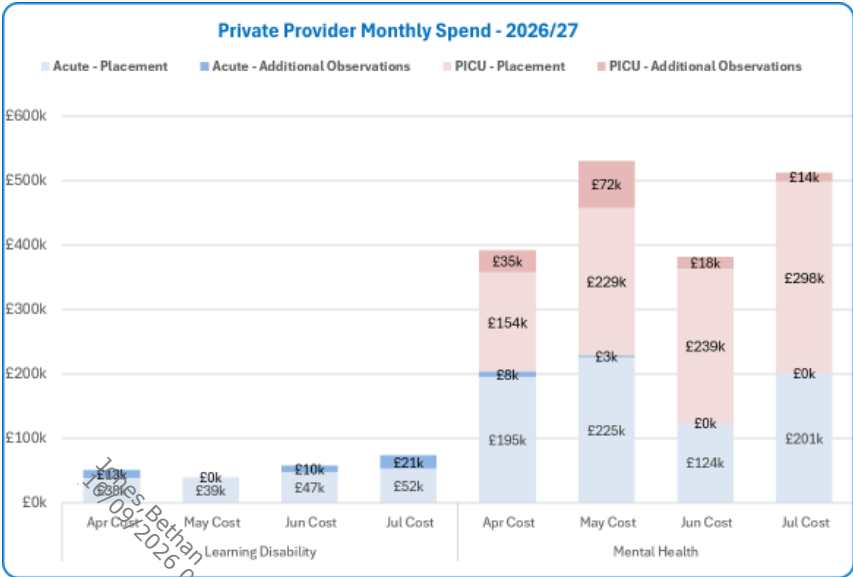
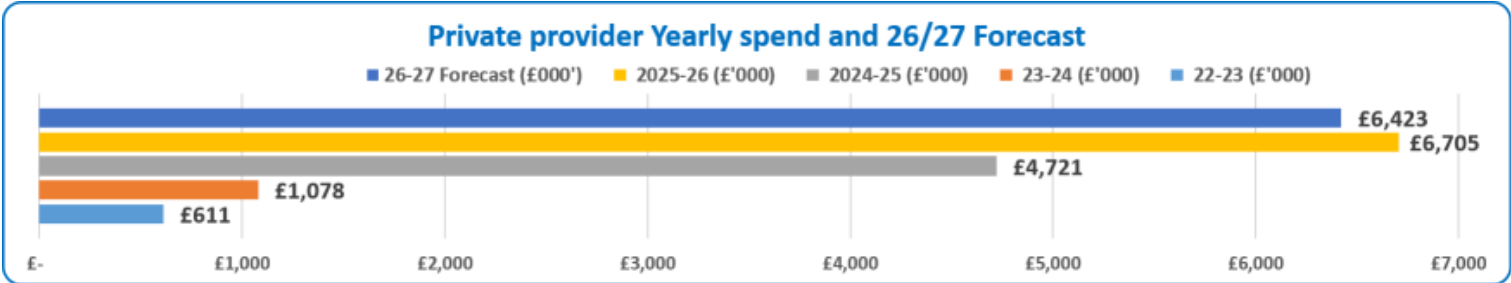
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Performance

- *Welsh Providers* – there is an underspend due to less activity being undertaken by some neighbouring health boards. As this is based on three 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 £2.407m.
 - Due to coding difficulties and delays in receiving activity information with SaTH and WVT there may be cost pressures in respect of activity, which are not fully reflected in the position yet.
- *Joint Commissioning Committee* – there is an underspend forecast by the JCC.

We are focused on this because:

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



Performance and Action

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

As at M04, there are forecast costs of £6.423m. This is an increase of £0.677m compared to M03.

The number of open packages is 20 at the end of July, an increase of 3 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:
 - 3,176 days within Powys community hospitals related to Health processes, 4,241 days to Social Care and 745 days to joint processes. Associated costs to date of £1.4m, £1.9m and £0.3m, respectively.
 - 4,427 days within district general hospitals (DGHs) and English community hospitals related to Health processes; 2,355 days to Social Care and 559 to joint processes. Associated costs to date of £1.2m, £0.6m and £0.1m, respectively.

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

2026-27	Health			Joint			Social Care		
Gross Cost of Delays	YTD		Forecast	YTD		Forecast	YTD		Forecast
	Days	£m	£m	Days	£m	£m	Days	£m	£m
PTHB Provider Delays	1,476	£0.6	£1.9				2,039	£0.9	£2.7
PTHB Provider Assessment Delays	1,700	£0.8	£2.3	745	£0.3	£1.0	2,202	£1.0	£3.0
Subtotal PTHB Provider	3,176	£1.4	£4.1	745	£0.3	£1.0	4,241	£1.9	£5.7
Shropshire Community Bed Delays	256	£0.1	£0.3				29	£0.0	£0.0
VWT Community Bed Delays	567	£0.3	£0.8				244	£0.1	£0.3
DGH Bed Delays - England	2,897	£0.9	£2.6	339	£0.1	£0.3	1,681	£0.5	£1.5
DGH Bed Delays - Wales	707	£0.0	£0.0	220	£0.0	£0.0	401	£0.0	£0.0
Subtotal English & Welsh Providers	4,427	£1.2	£3.6	559	£0.1	£0.3	2,355	£0.6	£1.8
Total Opportunity Cost (at full cost)	7,603	£2.6	£7.8	1,304	£0.4	£1.3	6,596	£2.5	£7.5
							Total All	15,503	£5.5
									£16.5

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

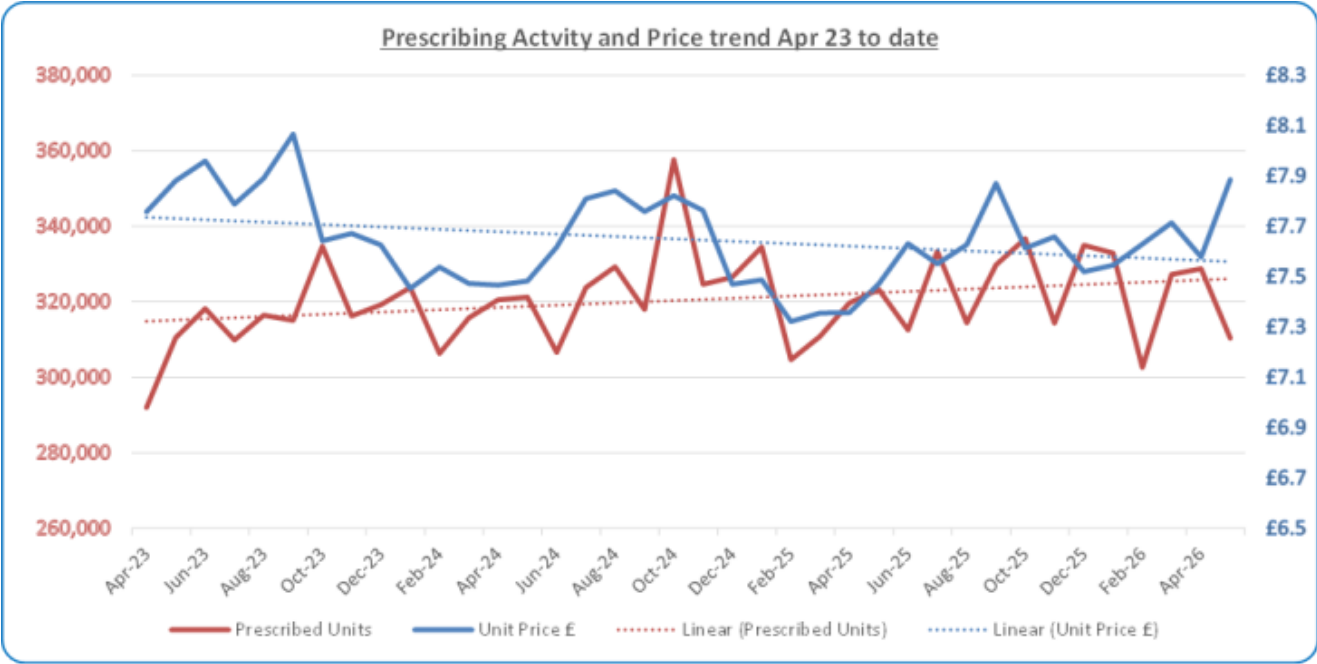
A forecast overspend at M4 of £0.8m (incl £1.3m saving target) based on PAR report (which won't reflect full f'cast savings – info below right). Costs reported 2 months in arrears. F'cast based on 2 months of PAR for FY26-27.

- A unit price increase year on year of 1.7% as FYE of large price drops end.
- Expected increased demand drivers 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	30,561
Yr on Yr % increase/decrease	7.3%	6.3%	1.0%	-0.2%	3.8%
Yr on Yr increase £ Total	1,859	1,727	292	-51	1,124
Yr on Yr increase £ Growth	655	747	1,907	-25	-173
Yr on Yr increase £ Inflation	1,204	980	-1,614	-26	1,298

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, against a target of £1.3m, inclusive of increasing rebates for diabetes related drugs.
- 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	£6,426	(£468)	£661	11.5%
Mental Health	£13,949	£16,201	£19,714	£22,242	£22,752	£25,190	£2,437	£2,948	13.3%
Mid Locality	£1,882	£2,123	£2,301	£2,485	£3,007	£2,575	(£431)	£90	3.6%
North Locality	£2,646	£3,475	£3,927	£3,848	£4,631	£5,401	£771	£1,553	40.4%
South Locality	£1,904	£1,955	£1,670	£2,058	£2,477	£2,290	(£187)	£233	11.3%
CHC Provisions	£779	£683	£248	£326	£0	£0	£0	(£326)	(100.0%)
Grand Total	£23,917	£28,296	£32,803	£37,448	£40,378	£43,629	£3,251	£6,181	16.5%
Number of active clients	295	327	355	407	416	427		20	4.9%
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	£46,629	£3,220	£6,305	17.7%

Performance and Action

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

At month 04, there is an underspend of £0.430m on a budget of £15.791m against Continuing Care and FNC.

The savings profile has now been updated to reflect the anticipated phasing of CHC savings in the latter months of the financial year.

The number of CHC packages has increased by 20 to 427, since the 2025/26 outturn, which is a 4.9% increase. However, there has been a 4% increase in the number of days of CHC provided.

The table shows that a £3.251m 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 4		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	1,867	1,110	-756	
	Pathways	4,995	7	1,994	0	1,994	-3,001	0	4,995	1,994	-3,001	1,665	14	-1,651	
	Planning and Performance Other	20	3	47	0	47	27	0	20	25	5	7	26	19	
Director of Primary Care; Community & MH	MH - Private Providers	1,500	2	528	68	596	-904	0	1,500	596	-904	500	0	-500	
	MH Variable Pay + 3%	1,901	10	1,342	783	2,125	224	502	1,901	2,156	255	634	114	-520	
	CHC inc. 3%	3,965	3	0	3,965	3,965	0	0	3,965	3,292	-673	0	0	0	
	CSG	1,719	18	1,224	143	1,367	-352	0	1,719	906	-813	573	349	-224	
	Primary Care	57	5	98	250	348	291	0	57	781	724	19	13	-6	
Medical and Pharmacy	Medical and Pharmacy	1,296	8	2,263	0	2,263	967	0	1,296	2,263	967	432	571	139	
Finance and Estates	Finance and Estates	554	17	666	255	921	367	0	554	612	59	185	187	3	
Public Health	Public Health	526	1	557	0	557	30	0	526	0	-526	175	223	48	
Women and Children and Nursing	Women and Children and Nursing	353	12	422	58	480	127	0	353	224	-129	118	181	63	
Therapies and Digital	Therapies and Digital	145	13	257	0	257	112	0	145	117	-28	48	57	9	
Corporate Governance	Corporate Governance	126	4	126	0	126	-0	0	126	11	-115	42	42	-0	
People and Culture (inc Transformation)	People and Culture (inc Transformation)	124	7	126	0	126	2	0	124	126	2	41	38	-3	
Grand Total		22,881	118	15,621	7,307	22,927	46	1,752	22,881	13,302	-9,579	6,305	2,926	-3,380	
		£'000	Target	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12
		Forecast	22,881	8,768	16,286	21,455	22,927								
		Variance to target	-14,113	-6,595	-1,426	46									

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 £22.927m savings are currently forecast, against the £22.881m target.
- Full delivery of savings is important. In the YTD. £2.9m savings achieved against target of £6.3m. Key shortfalls in Commissioning and Mental Health.
- The recurrent impact of saving schemes is £13.302m, compared to the £22.881m recurrent target. Currently an under achievement of £9.579m.
- Note: RAG rating is per WG's guidance in WHC (2023) 012: [Welsh Health Circular 2023 012 \(English\).pdf](#)

We are focused on this because:

The revised £44.652m planned deficit forecast is ambitious and there is an increased risk associated with it. It is based on key underlying assumptions and a range of risks and opportunities the Health Board is exposed to as it seeks to achieve the forecast and improve upon it.

Table reported to Welsh Government

Risk	£ '000	Likelihood
Dental Ring Fenced Allocation Underspend Potential Claw back	(500)	Low
Under delivery of Amber Schemes included in Outturn via Tracker	(754)	Low
National funding for implementation of digital systems'	(946)	Medium
Total	(2,200)	

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

Risks

- Risk associated with clawback by WG of Dental Allocation underspend of £0.500m.
- Under Delivery of Saving Schemes – these feed directly from the Savings Table and at this point we have assumed amber schemes have an element of risk (£0.754m).
- 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 to two months.

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 04, PTHB is reporting a £17.172m deficit. This comprises the evenly profiled forecast deficit of £14.885m, with an overspend of £2.288m.
 - 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.
3. Other financial matters:
 - The Health Board has a £9.510m capital allocation, which it plans to spend fully.
 - Due to the £44.7m forecast financial deficit, the THB will require Strategic Cash during February to meet its obligations.
 - The Health Board is not currently achieving the target of paying 95% of non-NHS invoices within 30 days. This is due to delays in the process for approving CHC invoices and agency invoices. By number, the 2026-27 Q1 performance was 92.4%, which was slightly higher than 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

Jones, Bethan
10/09/2026 09:48:58



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

MMR Narrative



Microsoft Word
Document

MMR Tables



Microsoft Excel
Worksheet

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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st July 2026
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	2.363	2.363	0.424
Llandrindod Wells Memorial Hospital - Reconfiguration Phase 2b	2.425	2.425	0.670
TEF - Fire	0.420	0.420	0.005
TEF - Infrastructure	0.583	0.583	0.485
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	0.036
Mental Health Quality and Safety Schemes	0.130	0.130	0.023
Mental Health Quality and Safety Schemes 2026-27	0.230	0.230	0.000
Llandrindod Integrated Health, Care & Wellbeing Hub	0.020	0.020	0.018
North Powys Integrated Health, Care and Wellbeing Hub	2.800	2.800	0.078
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	9.510	9.510	1.743

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	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	846	5,180	3,437	4,936	1,061	500	500	500	500	500	500 -	9,972
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	44,625	40,990	43,790	40,824	38,419	40,570	42,795	42,015	44,155	41,805	32,970	2,899
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(94)	(94)	(94)	(205)	(39)	(150)	(150)	(150)	(150)	(150)	(150)	(150)
WG Revenue Funding - Other (e.g. invoices)	56	162	2	118	5	20	900	5	1,055	145	0	3,100
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	500	500	1,000	2,000	2,115	1,152	781	780	556	2,412
Income from other Welsh NHS Organisations	1,072	448	589	893	800	500	950	620	720	900	265	1,820
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	1,531	489	419	518	1,850	240	560	660	1,270	650	1,350	650
Total Receipts	47,190	41,995	45,206	42,648	42,035	43,180	47,170	44,302	47,831	44,130	34,991	10,731
Payments												
Primary Care Services : General Medical Services	3,305	3,010	3,824	3,244	2,700	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	1,550	0	3,100	0	1,550	1,550
Primary Care Services : General Dental Services	268	284	331	231	450	450	450	450	450	450	450	450
Non Cash Limited Payments	130	179	151	138	150	150	150	150	150	150	150	150
Salaries and Wages	11,324	10,930	10,955	10,839	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000
Non Pay Expenditure	25,890	26,572	25,996	27,291	26,834	25,040	28,450	28,650	28,650	28,650	28,507	28,555
Capital Payment	136	704	285	618	1,462	1,440	1,470	1,152	781	780	556	256
Other Items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	42,856	43,738	43,707	46,523	42,596	43,180	47,170	44,302	47,831	44,130	45,463	45,411
NET CASH FLOW IN MONTH	4,334	(1,743)	1,499	(3,875)	(561)	0	0	0	0	0	(10,472)	(34,680)
Balance c/f	5,180	3,437	4,936	1,061	500	500	500	500	500	500	(9,972)	(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 Jul-26	Forecast Closing Balance End of Mar-27
	£'000	£'000	£'000
Non-Current Assets			
Property, plant and equipment	111,055	112,836	112,836
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	113,142	113,142
Current Assets			
Inventories	175	175	175
Trade and other receivables	9,021	11,743	11,743
Other financial assets	0	0	0
Cash and cash equivalents	846	1,035	(44,652)
Non-current assets classified as held for sale	0	0	0
Current Assets sub total	10,042	12,953	(32,734)
TOTAL ASSETS	121,403	126,095	80,408
Current Liabilities			
Trade and other payables	46,991	56,479	44,991
Borrowings (Trust Only)	0	0	0
Other financial liabilities	0	0	0
Provisions	2,898	2,877	2,877
Current Liabilities sub total	49,889	59,356	47,868
NET ASSETS LESS CURRENT LIABILITIES	71,514	66,739	32,540
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	65,556	31,357
FINANCED BY:			
Taxpayers' Equity			
General Fund	23,208	18,483	(15,716)
Revaluation Reserve	47,074	47,073	47,073
PDC (Trust only)	0	0	0
Retained earnings (Trust Only)	0	0	0
Other reserve	0	0	0
Total Taxpayers' Equity	70,282	65,556	31,357

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Core Financial Plan Year 1 2026/27

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

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

This includes an ambitious £22.9m recurrent savings target.

Underlying deficit

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

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



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Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.3

FINANCE AND PERFORMANCE COMMITTEE		10 SEPTEMBER 2026	
Subject:		Integrated Quality, Performance & Assurance Report (IQPAR) Month 3 (June) 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 – 19 August 2026	
PURPOSE:			
This Integrated Quality, Performance & Assurance Report (IQPAR) provides the Finance and Performance Committee 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 June (month 3) 2026.			
RECOMMENDATION(S):			
The Finance and Performance Committee is asked to:			
• DISCUSS the content of this report; and • TAKE ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.			
Approve/Take Assurance		Discuss	Note
Y		Y	Y
ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:			
1. Focus on Wellbeing		Y	
2. Provide Early Help and Support		Y	
3. Tackle the Big Four		Y	
4. Enable Joined up Care		Y	
5. Develop Workforce Futures		Y	
6. Promote Innovative Environments		Y	
7. Put Digital First		Y	

8. Transforming in Partnership	Y	
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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 no material update icon.  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).



What the data tells us
 This measure does not meet the target
 2025/26 (target 1281.3). Powys bench

Domain Assurance

How the domain assurance rating is calculated

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

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

Green: 85% or above
 Amber: 70% to 84.9%
 Red: below 70%

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

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

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

The Domain Assurance ratings for month 3 are as follows:

Domain	Assurance score	Overall RAG	Level 3 concerns	Measures waiting escalation level assessment	Assurance
Quality & Safety	82%	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	77%	Amber	1	0	Continued challenges to access standards for Powys residents especially for urgent and emergency care. One Level 3 escalation concern remaining in place from 2026/26 for Bowel Screening Colonoscopies performance.
Population Health & Prevention	74%	Amber	0	0	Positive performance in key smoking measure for 2025/26, but key risks remain in diabetes and dental care. Although non compliant vaccination/immunisations all perform well but slightly below national standard.
People & Culture	80%	Amber	0	0	Performance remains stable across key measures with some challenge for turnover, sickness absence, and PADR compliance.
Productivity & Efficiency	97%	Green	0	0	The Productivity and Efficiency tab remains under development as part of the wider Better Together workstream and GIRFT engagement. Broadly achieving or close to achieving targets against plan.

Domain: Quality and Safety

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

The domain presents a broadly positive position at Month 3 2026/27, however there are areas of concern relating to incident management, patient experience and selected medicines and prescribing measures.

Positive performance

- Clinical coding timeliness continues to perform exceptionally well, with 99.6% of episodes clinically coded within one reporting month of discharge at Month 1, significantly exceeding the 95% target.
- There have been no reported Never Events, supporting continued Level 1 assurance.
- With the exception of E. coli (ref 43), infection prevention and control measures remain within target.

Areas of challenge

- Nationally reportable incidents open for more than 12 months remain above the organisational target of zero, with four reported in June. This measure has changed from the 2025/26 definition of incidents open over 90 days. Data quality concerns relating to the historic 2025/26 information remain under review with NHS Performance and Improvement and Welsh Government colleagues.
- Complaints resolved through early resolution, a local measure aligned to the Ministerial expectation, did not meet the 40% or higher target at the end of March 2026.
- Patient experience remains below the desired standard. Although improvement was evident in Q4 2025/26, the overall Health Board score remains below the target of 7.8 out of 10 and below the All-Wales position of 8.7; the Health Board ranks 9th in Wales.
- Medicines and sustainable prescribing remain mixed. Gabapentin and pregabalin prescribing did not meet the 2025/26 reduction target in Q4, reporting 1,408.4 DDDs per 1,000 patients. The average quantity per item prescribed for the reference basket of medicines also did not meet the required target at April 2026.
- Powys responsible 7-day readmission performance has deteriorated over the latest three months, reaching 9.1% in June. The increase is predominantly associated with Wye Valley provider activity and remains under review.

Data and assurance position

- Six measures have had no material update from Month 2:
 - Percentage of episodes clinically coded within one reporting month post episode discharge end date;
 - Complaints resolved through early resolution by March 2027;
 - Gabapentin and pregabalin DDDs per 1,000 patients;
 - Low GWP inhalers as a percentage of all inhalers prescribed;

- Overall Health Board patient experience score;
- Extended perinatal mortality.
- All escalation levels remain as reported at Month 2.

Continued focus is required to strengthen confidence in year-end delivery, particularly where performance remains below target or the latest assurance is constrained by delayed data.

Domain: Access

Thirty measures are currently reported within this domain: 25 NHS Performance Framework measures, including nine Ministerial deliverables; four local measures supporting PTHB access assurance; and one measure linked to the Health Board plan (MDS).

The domain presents a mixed position at the end of Q1 2026/27, with overall assurance of 77% and one Level 3 escalation. Strong performance continues across a number of locally delivered services, but this is offset by sustained pressure in bowel screening, adult mental health assessment, neurodevelopment, urgent and emergency care, commissioned RTT waits and outpatient backlog management.

Positive performance

- Minor Injury Units maintained 100% of patients seen within four hours in June, with no 12-hour breaches.
- Mental health access standards remain strong for under-18s, adult interventions and psychological therapy waits, with the relevant targets achieved.
- Powys-provided outpatient and diagnostic pathways remain broadly stable, and good compliance with the 28-day downgrade standard.
- Therapies for all ages reported a fourth consecutive month with zero breaches.
- R1 Ophthalmology pathway performance improved to 89.7% in June and continues to show sustained improvement from Q1 2025/26. Although below the 95% target, Powys ranks first in Wales compared with an All-Wales position of 49.7%.
- Powys provider RTT performance remains substantially improved year on year, with 185 patients waiting over 26 weeks for a Stage 1 new outpatient appointment in June compared with 612 in the equivalent period last year. No 104-week breaches were reported.
- Children's neurodevelopment performance continues to improve, reaching 42.2% and reporting 10 months of special cause improvement, although one child remained over the operational objective of 104 weeks in June.

Areas of challenge

- Bowel Screening Wales colonoscopy timeliness remains the principal Level 3 concern, with 25.9% compliance for patients offered an index colonoscopy within four weeks of booking their Specialist Screening Practitioner assessment. Performance remains poor, although better than the All-Wales position, and Public Health Wales has provided assurance on the direction of overall contract performance.
- Cancer treatment - the new aggregated treatment measure reported 60.3% compliance in May 2026. English provider performance is materially stronger than the overall Welsh provider picture, highlighting continued variation in access by provider.
- Adult mental health assessment performance reduced to 37% in June against the 80% target, driven by increased demand, vacancies, sickness, and recruitment delays. Given the scale of deterioration, escalation is under discussion and will be informed by Month 4 position.
- The percentage of Health Board residents receiving secondary mental health services who have a valid Care and Treatment Plan remains below the 90% legacy target, reporting 78.8% in June.
- Median response times for purple and red ambulance calls remain above desired performance levels, with significant month-to-month variation and performance below national expectations and the All-Wales position.
- Diagnostic breaches against the eight-week target reduced to 51, but cardiology diagnostics remain the key pressure area and the service continues to operate close to the eight-week threshold, leaving limited resilience.
- Audiology continues to report small numbers of breaches against the adult 14-week and Paediatric six-week standards, with five adult and two Paediatric breaches. Capacity remains vulnerable due to a fragile workforce and reliance on bank and agency cover.
- Delayed follow-up outpatient appointments exceeding 100% of their target interval remain non-compliant, indicating ongoing capacity pressure and potential risk associated with delayed follow-up care.
- Commissioned RTT long waits remain a significant concern. At the latest available reporting points, 28 patients were waiting over 104 weeks in Welsh providers and 146 in English providers, with both positions showing an increase.

Data and assurance position

- Five measures have had no material update from Month 2:
 - Percentage of community pharmacies providing Pharmacist Independent Prescribing Service (PIPS);
 - Return of Spontaneous Circulation retained until arrival at hospital;
 - Number of ambulance patient handovers over 45 minutes;
 - Percentage of ambulance patient handovers within 15 minutes;
 - Number of patient follow-up outpatient appointments delayed by over 100%.

- No June update is currently available for three key ambulance measures covering handovers and Return of Spontaneous Circulation, while methodology remains under review by Welsh Government and WAST.
- All escalation levels remain as reported at Month 2.

Domain: Population Health & Prevention

Twelve measures are currently reported within this domain, comprising 11 NHS Performance Framework measures and one MDS measure supporting the Ministerial delivery expectation for diabetes.

The current position is primarily one of limited data movement rather than a material change in performance. Nine of the 12 measures have not been updated from Month 2, reflecting that quarterly surveillance data produced and published nationally presenting uptake by resident population. Data included in the reports is the latest available published data. Many measures therefore continue to report information on 2025/26.

Positive performance

- The percentage of patients aged 12 and over with diabetes who have had urine albumin recorded within the last 15 months improved slightly from 69.4% in May to 69.9% in June and is now reporting a fifth month of special cause improvement.
- The MDS measure for the proportion of diabetes patients receiving all eight care processes remains broadly stable, reporting 51.6% in June, with three months of special cause improvement.

Challenging performance

- The percentage of patients aged 12 and over with diabetes who have had foot surveillance recorded within the last 15 months dropped slightly from 73.2% in May to 72.7% in June, although performance has remained broadly stable across the reported period.

Data and assurance position

- Nine measures have not been updated from Month 2. The domain should therefore be interpreted with caution, as delayed data availability limits the extent to which current performance can be assessed.

Domain: People & Culture

Five measures are currently reported within this domain, comprising three NHS Performance Framework measures and two local measures supporting key elements of the Integrated Quality & Performance Framework review process.

The domain remains broadly stable at the start of 2026/27. Mandatory training continues to provide positive assurance, while sickness absence and appraisal compliance remain below target.

Positive performance

- Mandatory and Statutory Training compliance remains above the organisational target of 85%, reporting 87.8% in June 2026.
- Although sickness absence remains non-compliant, the Health Board continues to report materially lower sickness levels than the All-Wales position, with a rolling 12-month rate of 5.40% compared with approximately 6.4% across Wales.

Challenging performance

- Sickness absence remains above the required reduction trajectory, reporting 5.40% at June. Although the measure continues to show special cause concern, total variance across the 24-month period remains less than 0.5 percentage points.
- Personal Appraisal and Development Review compliance remains below the 85% target and reduced slightly from 79.5% in May to 79.1% in June. Recent validation changes have resulted in only minor historic data revisions.

Data and assurance position

- Two measures have had no update from Month 2:
 - Turnover of nurse, midwifery, medical and dental registered staff leaving NHS Wales (Level 2a escalation).
 - Agency spend (£000s) from the financial monitoring return (Level 1 escalation).

Domain: Productivity & Efficiency

This domain remains less developed than the other IQPAR domains, with several indicators currently presented for monitoring purposes rather than formal performance management and assurance.

The available measures nevertheless provide evidence of sustained activity across outpatient, diagnostic and community services and should currently be interpreted as an indication of operational productivity trends rather than a comprehensive assessment of organisational efficiency.

Positive performance

- Follow-up appointments managed through Patient Initiated Follow-Up (PIFU) or See on Symptom (SOS) pathways remain above the Health Board target of 20%, reporting 22.7% at Month 3.
- The outpatient DNA rate reported 3.73%, below the 24-month average of 3.94%.
- Key day case and diagnostic activity plans remain on track to meet the respective 2026/27 submitted targets.
- Weekend District Nursing visits exceeded the planned level in June.

Challenging performance

- Weekday District Nursing activity did not meet the June plan, with 10,033 visits delivered against a plan of 10,833.

- The GIRFT target has not been achieved to date in 2026/27, although formal RAG assessment will not occur until the end of Q2. Delivery is expected to remain challenging because non-cataract procedures are frequently undertaken on cataract lists, and productivity varies between theatres.

Data and assurance position

- The Productivity & Efficiency domain remains under development. Current measures provide useful operational intelligence, but they are not yet sufficient to support the same level of formal assurance as the more established domains.

NEXT STEPS:

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

IMPACT ASSESSMENT

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

QUALITY:

	No impact	Negative	Positive	Both	
Safe					A Quality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Duty of Quality processes (under development). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Quality Impact Assessment should be available as a supporting document to inform the decision making process.
Timely					
Effective					
Efficient					
Equitable					
Person Centred					
Workforce					
Leadership					
Culture					
Information					
Learn, Improve, Research					
Whole Systems Approach					

EQUALITY:

	No impact	Negative	Positive	Both	
Age					An Equality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Equality Impact Assessment policies and procedures (CGP009). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Equality Impact Assessment should be available as a supporting document to inform the decision making process.
Disability					
Gender reassignment					
Marriage / civil partnership					
Pregnancy / maternity					

Race						
Religion or Belief						
Gender						
Sexual Orientation						
Welsh Language						
Socio-economic status						
Social exclusion						
Carers						
RISK ASSESSMENT:						
	Level of risk identified				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.	
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)		
Clinical						
Financial						
Corporate						
Operational						
Reputational						

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Integrated Quality, Performance and Assurance Report



Quality & Safety

Keeping people safe
and improving
outcomes



Access & Outcomes

Timely care and
better health
outcomes



Population Health & Prevention

Better prevention
and healthier
communities



People & Culture

A supported,
healthy and
valued workforce



Productivity & Value

Making the best
use of our
resources



Report month:

Month 3



Report version:

Full – Finance and Performance 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	

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

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

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

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

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

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

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

Understanding Escalation

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

Where concerns arise, services may be escalated to:

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

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

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

Icons Please note that through the dashboard and report key icons will indicate the alignment of the KPI to a key driver for the health board. Please look to the list on the right.	Ministerial priority NHS Performance Framework PTHB Local MDS Enabling Action Measure	    
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[Statistical process \(SPC\) guidance found here.](#)

Escalation Assurance Rating	Amber	79.2%
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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	Latest Ranking	All Wales
										23/24	24/25		Q1				
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%			2nd	77.9%
Quality & Safety	Safe Care			49	Number of never events	Level 1			Zero	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%	N/A	N/A
Quality & Safety	Safe Care			LM	Reduce perinatal mortality rates	Level 1	N/A	N/A	TBC	3.27 per 1k						N/A	3.29 per 1k
Quality & Safety	Safe Care			LM	Powys responsible 7 day re-admission rate	Level 2a	N/A		Flat rate			5.8%	7.2%	7.4%	9.1%	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	91		1st	4,660
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	1st*	11,066
Access & Outcomes	Elective care			29	Number of diagnostic breaches 8+ weeks	Level 2a			0	116	79	1	37	65	51	1st*	35,813
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	1st*	61,214
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	0	0
Access & Outcomes	Elective care			34	RTT patients waiting more than 104 weeks	Level 1			0	1	0	0	0	0	0	1st*	4,208
Access & Outcomes	Elective care			34r	All RTT pathways (England & Wales inc PTHB) waiting more than 104 weeks	Level 2a			0	211	81	124	149	164		0	0
Access & Outcomes	Elective care			35	Number of patient follow-up outpatient appointment delayed by over 100%	Level 2a	N/A		825	1202	1318	1100	1107	1098		1st	308,419
Population Health & Prevention				MDS16	% Proportion of diabetes patients that will receive all eight diabetes care processes	Level 2a			Meet or exceed plan (56%)	49%		50.3%	51.8%	51.8%	51.6%	0	0

IQPAR domain Assurance Ratings – Month 3

Domain Assurance Ratings

Domain	Assurance score	Overall RAG	Level 3 concerns	Measures waiting escalation level assessment	Assurance
Quality & Safety	82%	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	77%	Amber	1	0	Continued challenges to access standards for Powys residents especially for urgent and emergency care. One Level 3 escalation concern remaining in place from 2026/26 for Bowel Screening Colonoscopies performance.
Population Health & Prevention	74%	Amber	0	0	Positive performance in key smoking measure for 2025/26, but key risks remain in diabetes and dental care. Although non compliant vaccination/immunisations all perform well but slightly below national standard.
People & Culture	80%	Amber	0	0	Performance remains stable across key measures with some challenge for turnover, sickness absence, and PADR compliance.
Productivity & Efficiency	97%	Green	0	0	The Productivity and Efficiency tab remains under development as part of the wider Better Together workstream and GIRFT engagement. Broadly achieving or close to achieving targets against plan.

How are domain assurance ratings calculated?

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

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

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

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



PM39

Latest Month

Apr-26

Target

95%

Reported position

99.6%

Escalation level

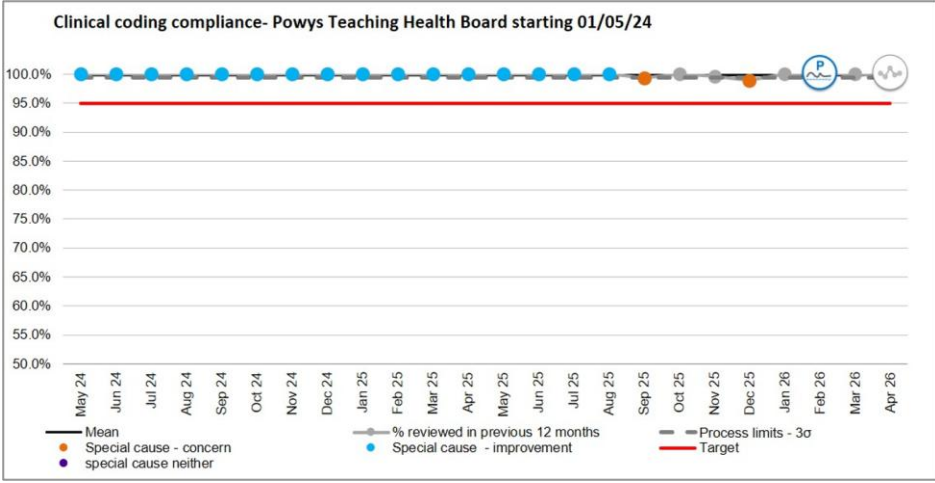
Level 1

SPC assurance



Executive Lead – Claire Madsen - Executive Director of Allied Health Professions, Health Science & Digital

Clinical coding compliance- Powys Teaching Health Board starting 01/05/24



Month	Mean (%)	Special Cause
May 24	99.6	None
Jun 24	99.6	None
Jul 24	99.6	None
Aug 24	99.6	None
Sep 24	99.6	None
Oct 24	99.6	None
Nov 24	99.6	None
Dec 24	99.6	None
Jan 25	99.6	None
Feb 25	99.6	None
Mar 25	99.6	None
Apr 25	99.6	None
May 25	99.6	None
Jun 25	99.6	None
Jul 25	99.6	None
Aug 25	99.6	None
Sep 25	99.6	Improvement
Oct 25	99.6	None
Nov 25	99.6	None
Dec 25	99.6	None
Jan 26	99.6	None
Feb 26	99.6	None
Mar 26	99.6	None
Apr 26	99.6	Concern

Nationally reportable incidents open over 12 months

PM40

Latest Month

Jun-26

Target

0

Reported position

4

Escalation level

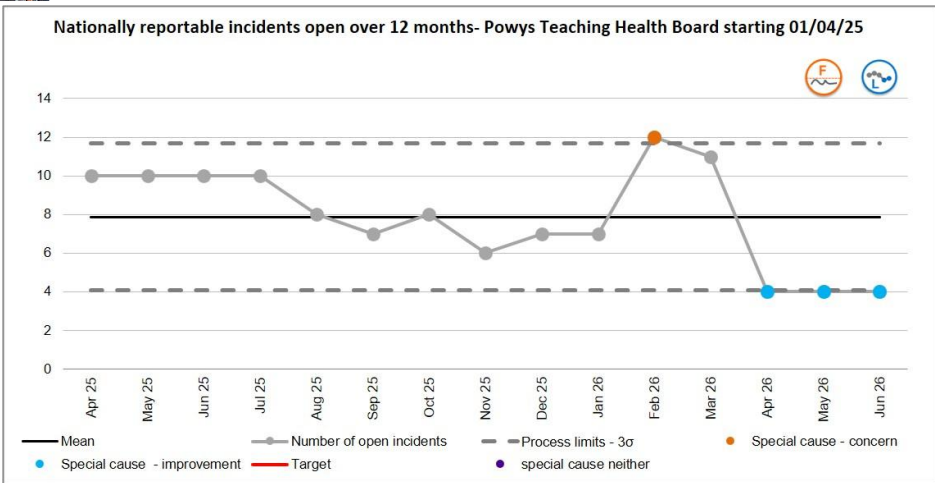
Level 2a

SPC assurance



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

Nationally reportable incidents open over 12 months- Powys Teaching Health Board starting 01/04/25



Month	Mean	Number of open incidents	Special Cause
Apr 25	8	10	None
May 25	8	10	None
Jun 25	8	10	None
Jul 25	8	10	None
Aug 25	8	8	None
Sep 25	8	7	None
Oct 25	8	8	None
Nov 25	8	6	None
Dec 25	8	7	None
Jan 26	8	7	None
Feb 26	8	12	None
Mar 26	8	11	None
Apr 26	8	4	Improvement
May 26	8	4	None
Jun 26	8	4	None



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 2nd in Wales with the All-Wales position reporting 77.9% for the same period.

Key challenges/ issues

- No current challenges reported.

Jones, Bethan
10/09/2026 09:48:58

What the data tells us

Four NRI's remain open over 12 months not achieving the target of zero in June. The last three 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 7th for the same period where a total of 38 NRI's remain open over 12 months.

Key challenges/ issues

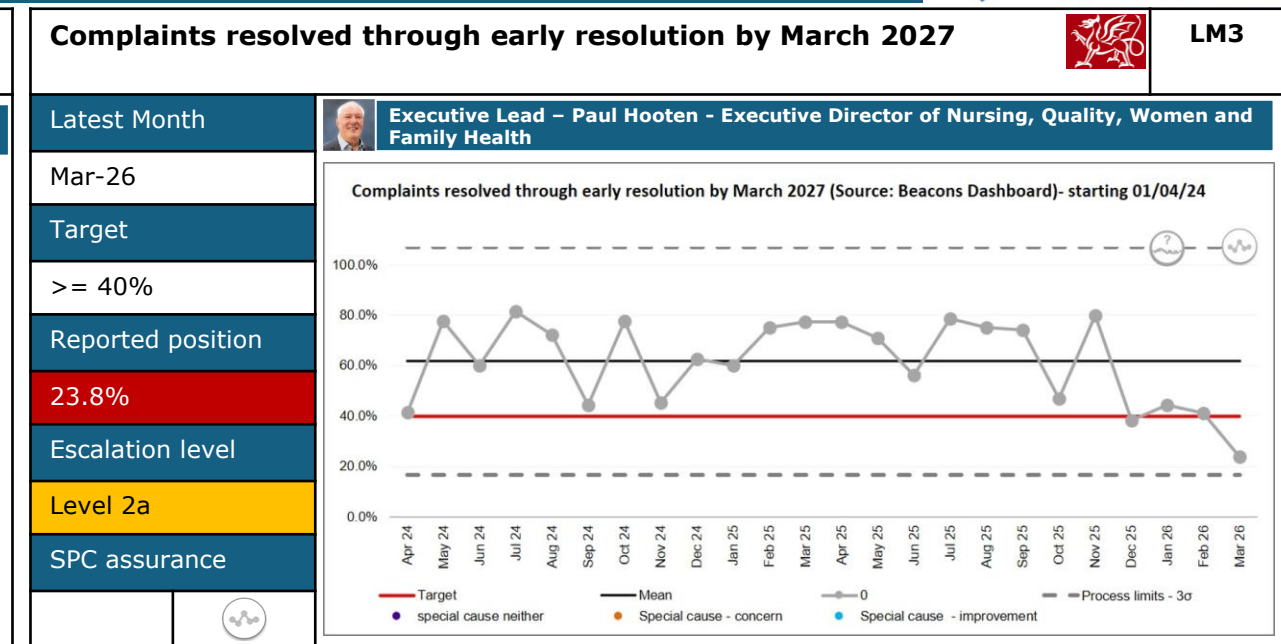
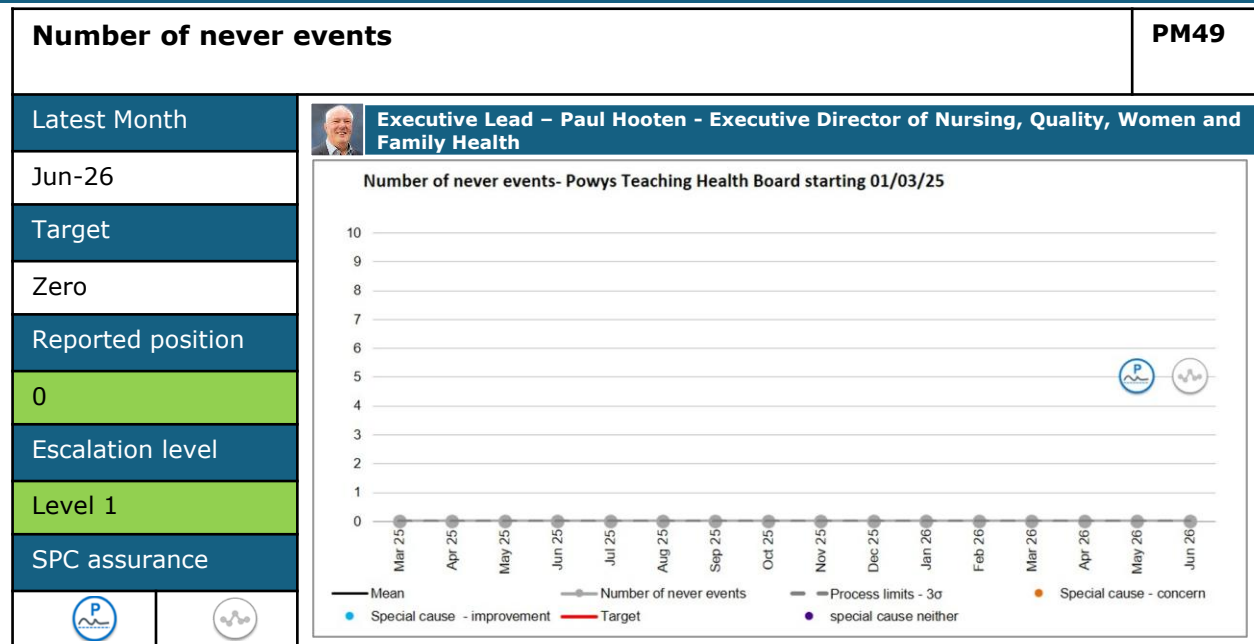
- Historic, complex issues under investigation, often multi-agency input needed.
- Changes in lead investigators when people have left post.
- Sign off process not followed contributing to delays.

Key action/ initiatives

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

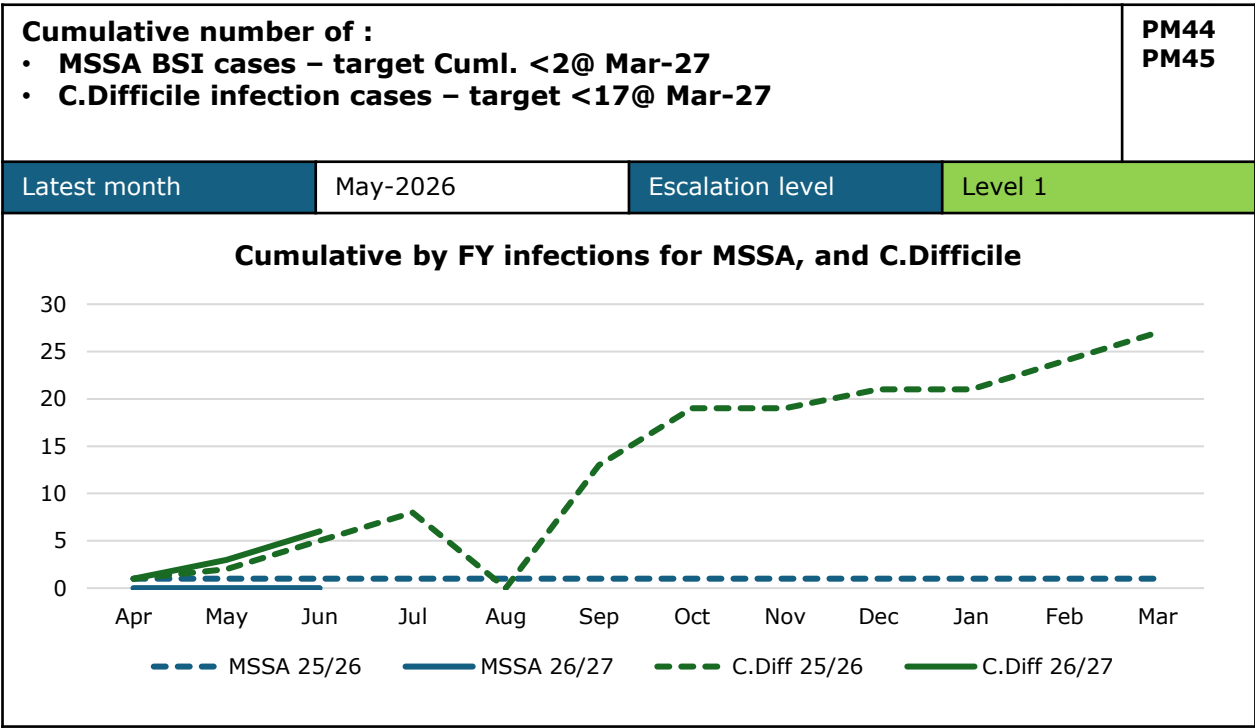
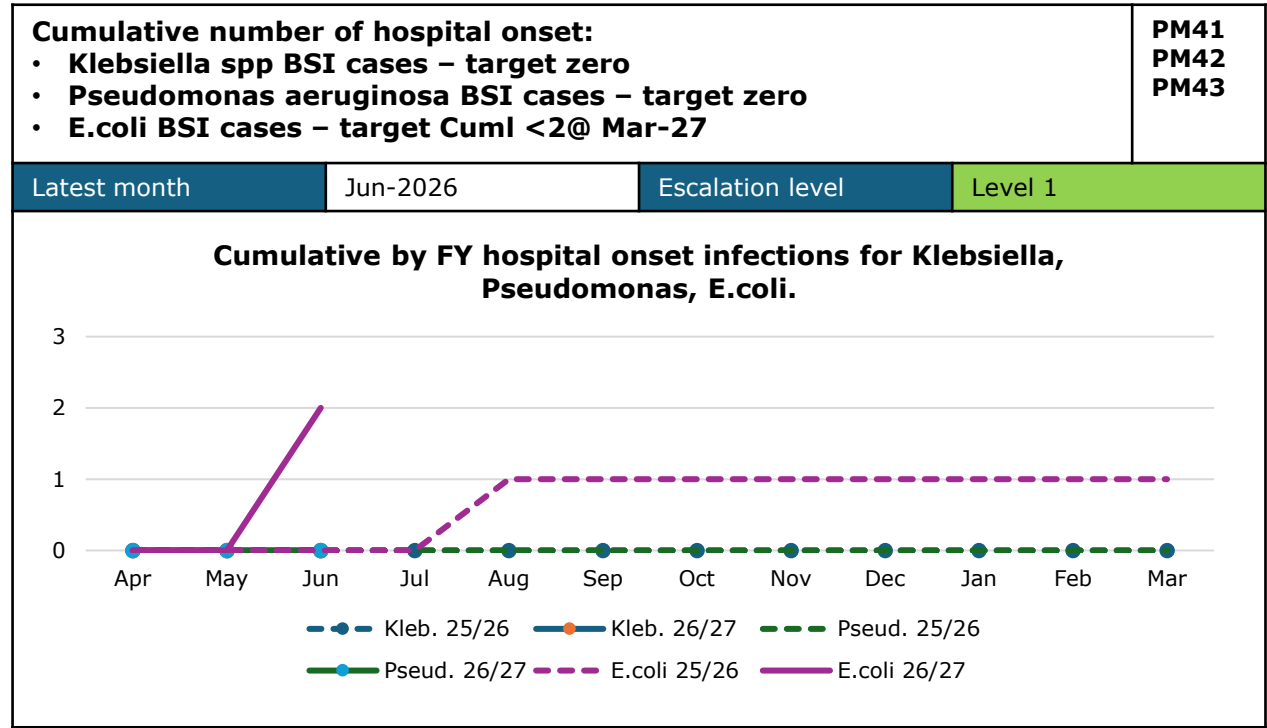
6/54

70/324

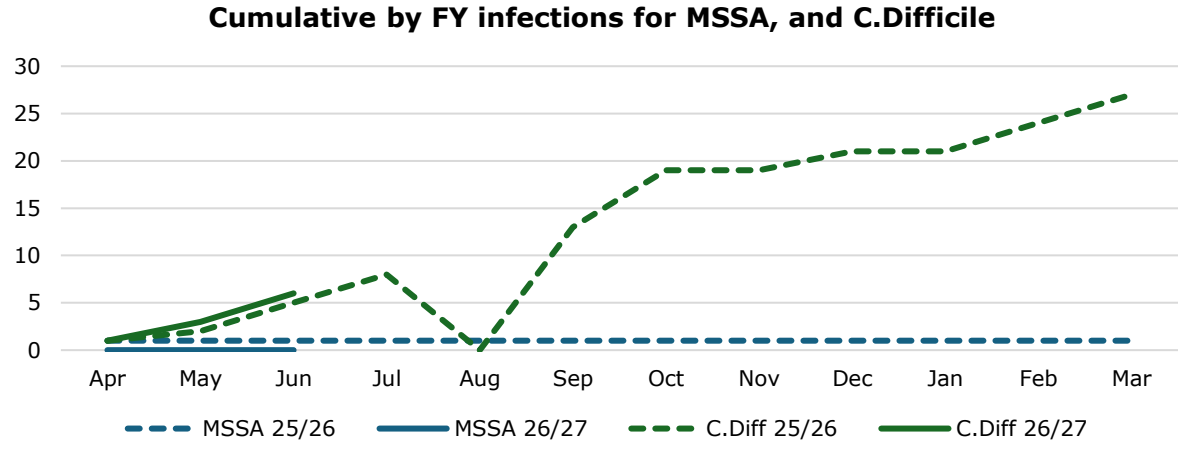


Summary	What the data tells us Zero never events have been reported in the last 24-month period. Powys ranks joint 1st in Wales with 11 other organisations. Key challenges/ issues No challenges reported
	Jones, Bethan 10/09/2026 09:48:58

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 lag to allow for reporting. Key challenges/ issues - Capacity issues in the Quality & Safety Team. - Preparing to implement a new system / resource implications. - Working to resolved / close all Putting Things Right (PTR) to support embedding of Listening To People (LTP). Key action/ initiatives . - Listening To People (LTP) launched 1st April - Local Standard Operating Procedure (SOP) developed and teams educated and updated. - Only 4 Putting Things Right (PTR) remain open – facilitating real time improvements. 2026/27 ministerial target is 40% by year end – Q1 demonstrates 36% will clear trajectories to meet target.
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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	5
Jul	0	0	0	8
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., Pseudomonas aeruginosa, and E. coli reported to April–May 2026/27.
- Two cases of E.coli reported in June 2026.
- Zero MSSA cases reported to April–June 2026/27.
- Six C. difficile cases reported to April–June 2026/27.

Key challenges/ issues

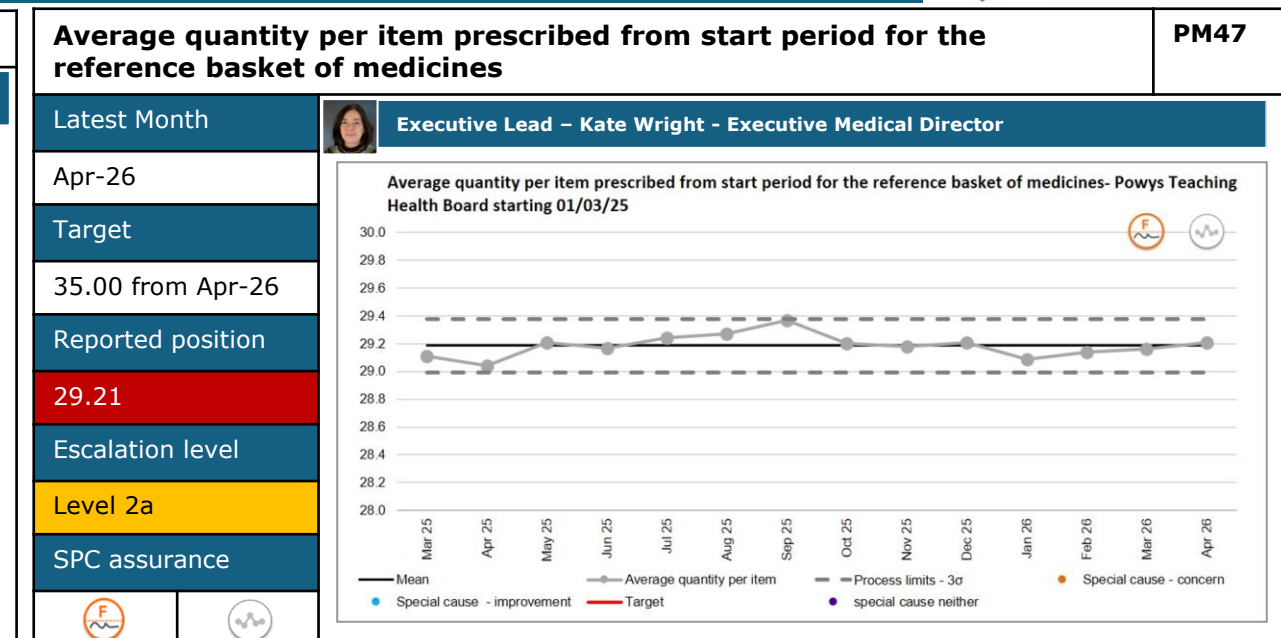
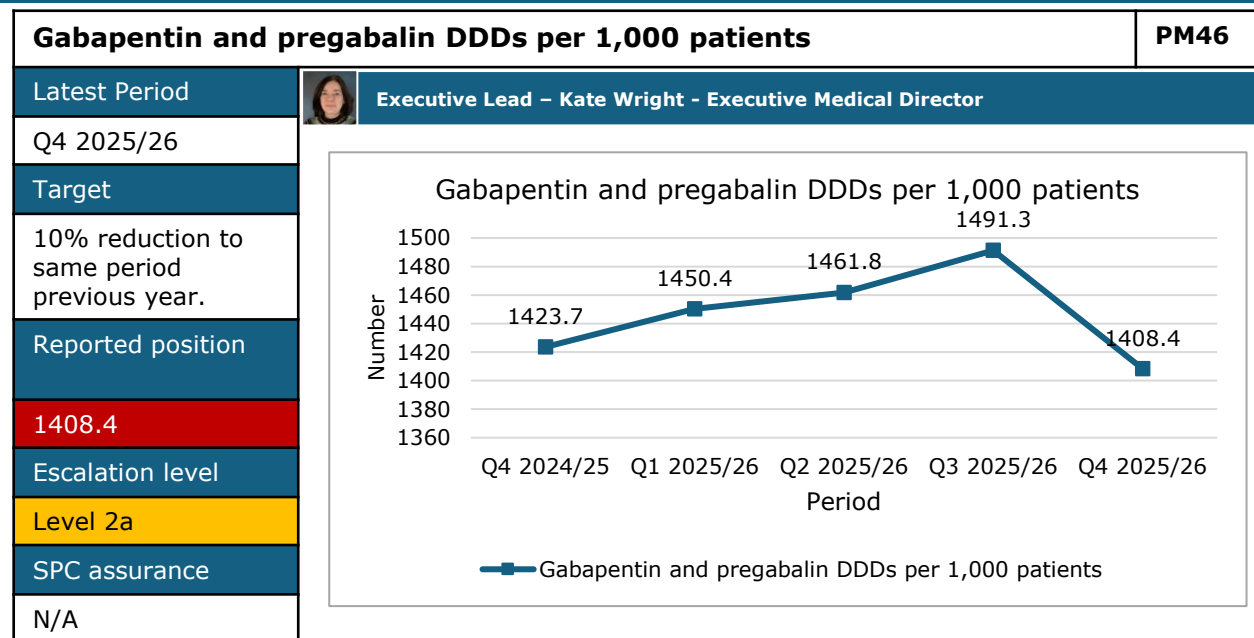
- Communication and handover of previous c.difficile (CDI) diagnoses and infection prevention control (IPC) risks not always consistent.
- Delays in escalation of positive microbiology results, impacting timely treatment.
- Recurrent CDI risk not always recognised in patients with persistent diarrhoea 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

72/324



Summary

What the data tells us

This measure does not meet the target of 10% reduction on the previous year and reported 1408.4 in Q4 2025/26 (target 1281.3). Powys benchmarks 3rd in Wales with All Wales compliance reporting 1550.8 per 1k patients.

Key challenges/ issues

- Long-term established use in many patients limits opportunities for further reduction.
- Reviews must balance reducing inappropriate use against maintaining symptom control and quality of life.
- Limited access to services supporting patients with dependency or addiction issues can make optimisation and withdrawal more challenging.
- Powys has a comparatively low level of gabapentinoid prescribing relative to other Welsh Health Boards, reducing the scope for further reductions.

Key action/ initiatives

- Included in the Medicines Management Incentive Scheme for several years and remains a key 2026/27 indicator (15% of scheme value).
- Practices receive regular prescribing data, benchmarking and Medicines Management support to identify review and deprescribing opportunities.
- Also included in the GMS Contract Assurance Framework, with assurance required from the highest-prescribing 20% of practices in Wales.

Summary

What the data tells us

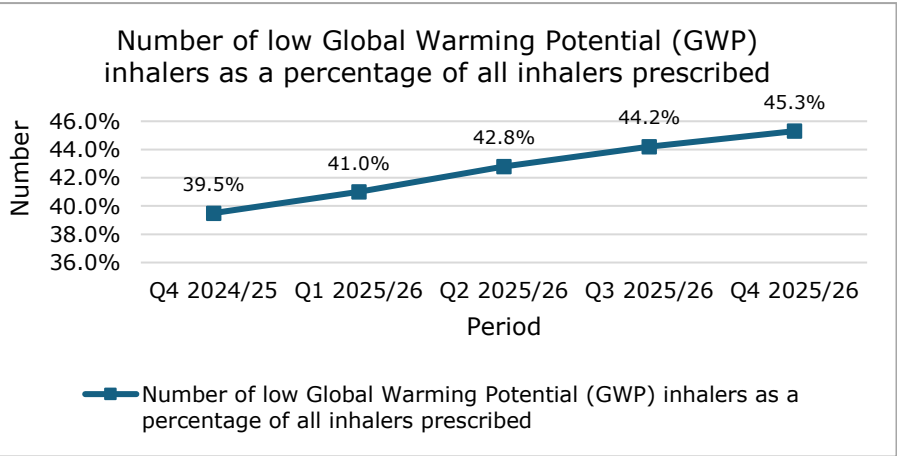
2026/27 target is prescribing interval of 35 days or where average is ≥ 35 days an increase of at least 10% on March 2026 baseline. April's position reports improvement to 29.21 from 29.16 in March, the health board benchmarks 6th out of seven health boards with the All-Wales position reported as 31.42.

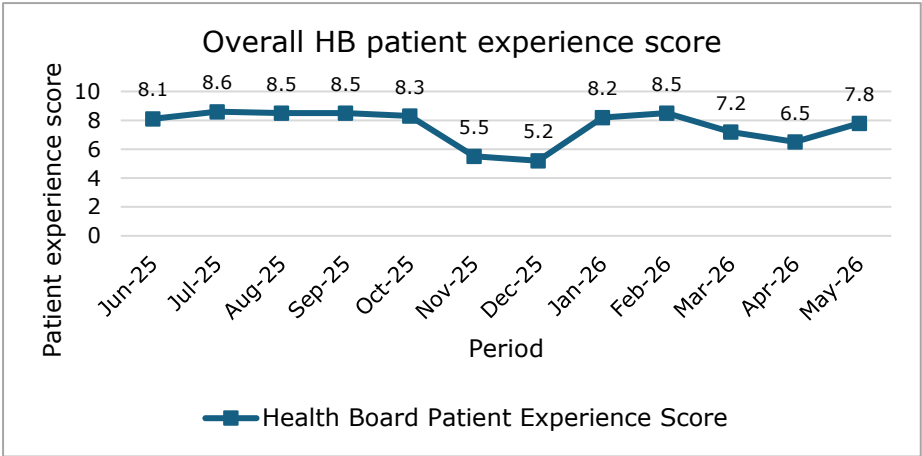
Key challenges/ issues

- 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

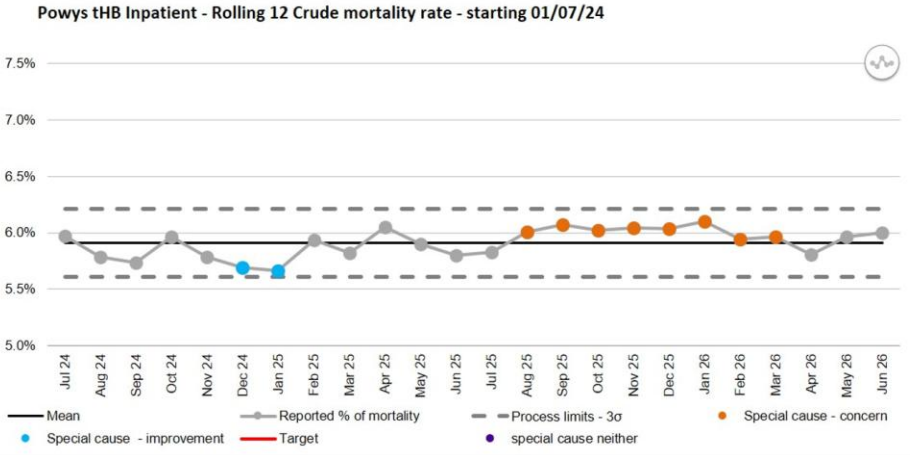
- Medicines Management colleagues undertook targeted work within the non-dispensing Mid Powys cluster to support implementation of 56-day prescribing and optimise prescription durations.
- Powys Teaching Health Board is contributing to discussions on proposed GMS contractual arrangements to support a 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														

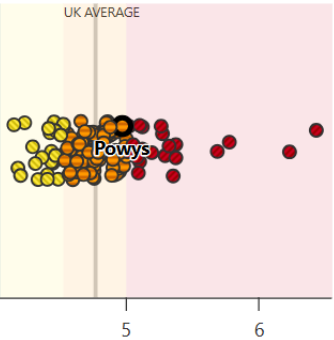
Overall HB patient experience score		PM50																										
Latest Month	 Executive Lead – Paul Hooten - Executive Director of Nursing, Quality, Women and Family Health																											
May-26	Overall HB patient experience score <table><tr><th>Period</th><th>Score</th></tr><tr><td>Jun-25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

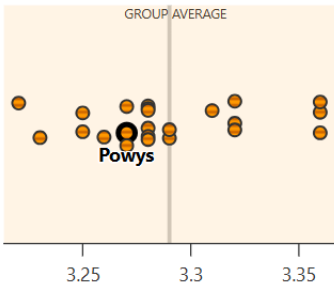
	What the data tells us 2026/27 target is 80% or an increase of at least 15 percentage points on the March 2026 baseline which was 45.3% towards 80% (minimum improvement must reach 60.3%). Target compliance will be added once Q1 26/27 data is received.
	Key challenges/ issues Achieving the 2026/27 target will require a significant increase in the rate of change compared with previous years. While lower GWP inhaler prescribing continues to improve, uptake remains dependent on ensuring patients are clinically suitable for a switch, supporting shared decision-making, and maintaining disease control. Considerable variance in GP practice prescribing (19% - 64% in March 26).
Summary	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.

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

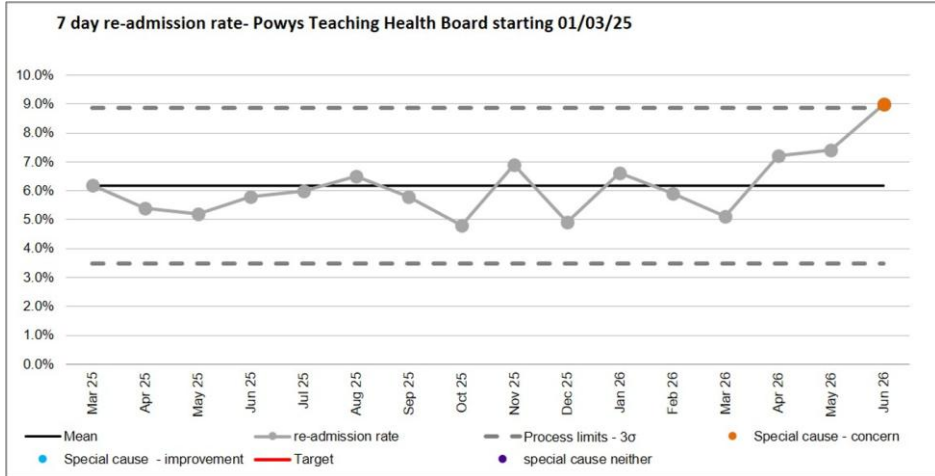
Powys Inpatient Rolling 12-month Crude Mortality			LM
Latest Month	 Executive Lead – Kate Wright - Executive Medical Director		
Jun-26	Powys tHB Inpatient - Rolling 12 Crude mortality rate - starting 01/07/24 		
Target			
Reduction			
Reported position			
6.0%			
Escalation level			
Level 1			
SPC assurance			
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 increase in June 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.

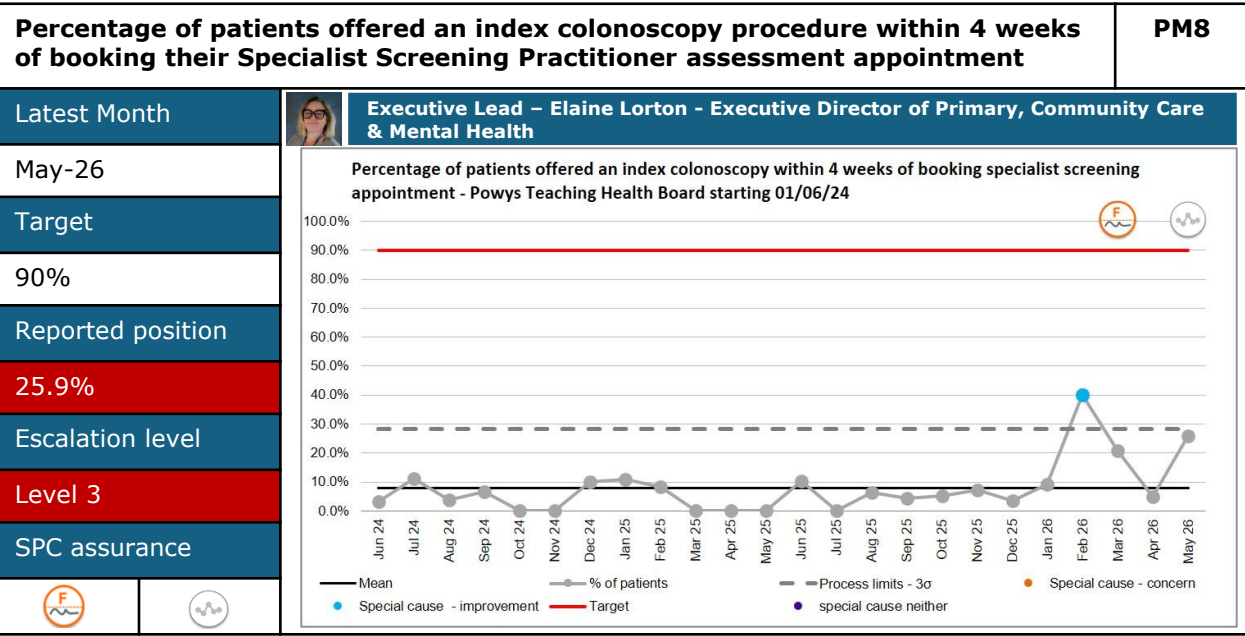
Reduce perinatal mortality rates (extended perinatal mortality)			LM
Latest Month	 Executive Lead – Paul Hooten - Executive Director of Nursing, Quality, Women and Family Health		
Calendar Year 2024	Mortality rates, 2024 Stabilised extended perinatal mortality rate per 1,000 total births 		
Target		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

			Mortality rates, Under 2,000 births, 2024 Stabilised & adjusted extended perinatal mortality rate per 1,000 total births 
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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.

Powys responsible patients 7-day re-admission rate		LM																																																			
Latest Month	7 day re-admission rate- Powys Teaching Health Board starting 01/03/25 <table><caption>7 day re-admission rate data (approximate)</caption><tr><th>Date</th><th>Re-admission rate (%)</th><th>Notes</th></tr><tr><td>Mar 25</td><td>6.0</td><td></td></tr><tr><td>Apr 25</td><td>5.5</td><td></td></tr><tr><td>May 25</td><td>5.2</td><td></td></tr><tr><td>Jun 25</td><td>5.8</td><td></td></tr><tr><td>Jul 25</td><td>6.0</td><td></td></tr><tr><td>Aug 25</td><td>6.5</td><td></td></tr><tr><td>Sep 25</td><td>5.8</td><td></td></tr><tr><td>Oct 25</td><td>4.8</td><td></td></tr><tr><td>Nov 25</td><td>7.0</td><td></td></tr><tr><td>Dec 25</td><td>5.0</td><td></td></tr><tr><td>Jan 26</td><td>6.5</td><td></td></tr><tr><td>Feb 26</td><td>6.0</td><td></td></tr><tr><td>Mar 26</td><td>5.2</td><td></td></tr><tr><td>Apr 26</td><td>7.2</td><td></td></tr><tr><td>May 26</td><td>7.5</td><td></td></tr><tr><td>Jun 26</td><td>9.1</td><td>Special cause - concern</td></tr></table>		Date	Re-admission rate (%)	Notes	Mar 25	6.0		Apr 25	5.5		May 25	5.2		Jun 25	5.8		Jul 25	6.0		Aug 25	6.5		Sep 25	5.8		Oct 25	4.8		Nov 25	7.0		Dec 25	5.0		Jan 26	6.5		Feb 26	6.0		Mar 26	5.2		Apr 26	7.2		May 26	7.5		Jun 26	9.1	Special cause - concern
Date			Re-admission rate (%)	Notes																																																	
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Flat rate																																																					
Reported position																																																					
9.1%																																																					
Escalation level																																																					
Level 2a																																																					
SPC assurance																																																					
																																																					
Summary	What the data tells us This measure has been included as a ministerial deliverable in 2026/27 and has not been formally reported by the health board previously. The seven-day readmission rate remained relatively stable for much of the reporting period but has increased in recent months. The rate rose to 9.1% in June 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. - Analysis has shown that currently Wye Valley NHS Trust is driving the special cause concern in June and within the specialty of General Surgery.																																																				
	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.																																																				

2/54



Summary

What the data tells us

Performance remains significantly below the 90% target despite recent improvement. SPC indicated special cause improvement in Q4 2025; however, at 20–40%, performance is still far from the expected standard. Powys performance has increased from 4.8% in April to 25.9% in May. Powys in April ranked 5th in Wales with an All-Wales performance of 11.8%. Public Health Wales have assured us via service meetings in Q1 that there are no concerns with PTHB and are happy with the progress and direction of performance.

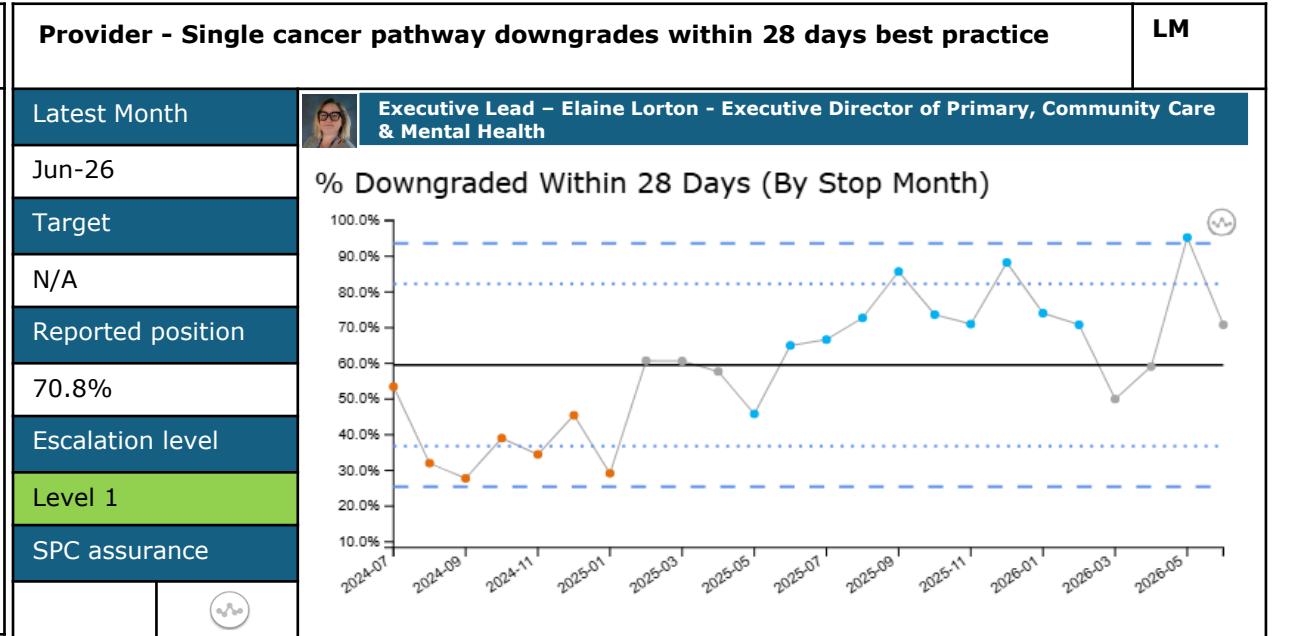
Key challenges/ issues

- 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.

13/54



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. June reports that 70.8% of downgraded pathways within Powys Provider were within 28 days of pathway start.

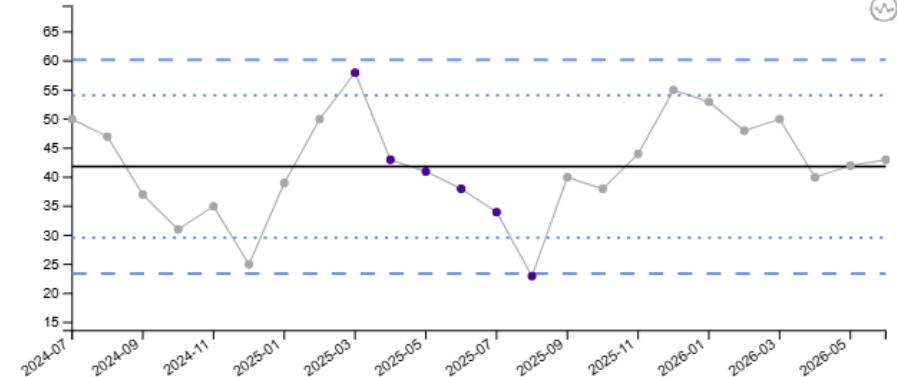
Key challenges/ issues

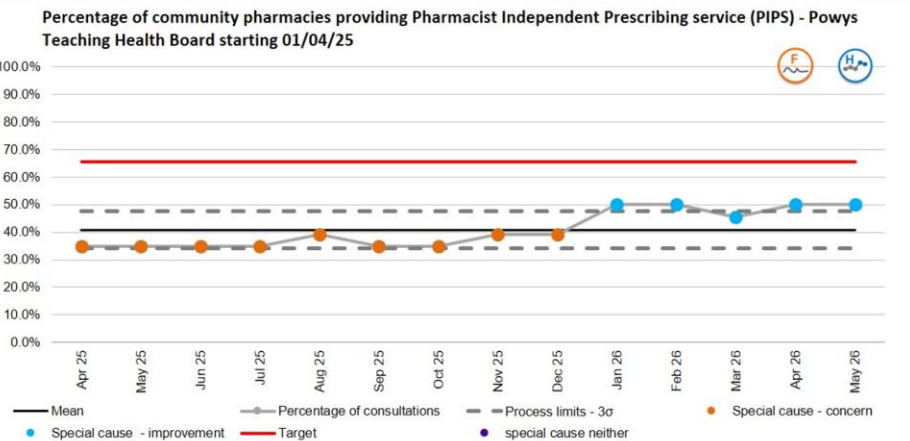
Small volumes of patients can result in significant variability; however, this remains a key focus for teams as demonstrated in the improvements seen.

Key action/ initiatives

Maintain focus.

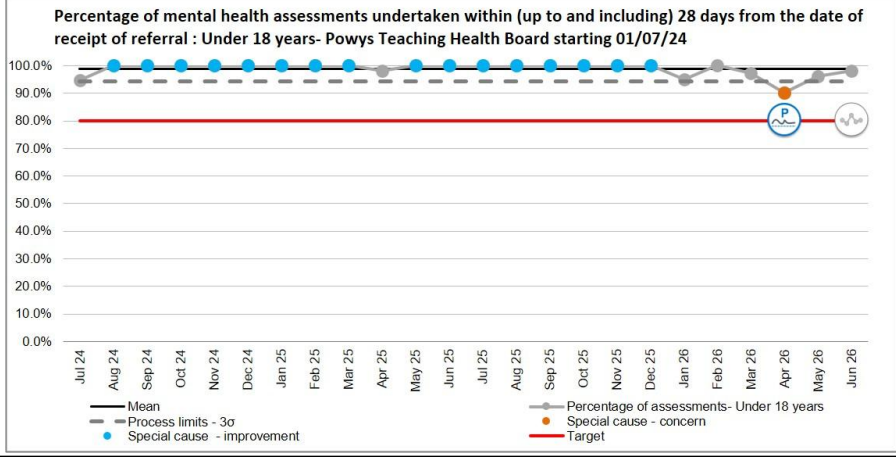
77/324

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) 	
Jun-26		
Target		
No target		
Reported position		
43		
Escalation level		
Level 1		
SPC assurance		

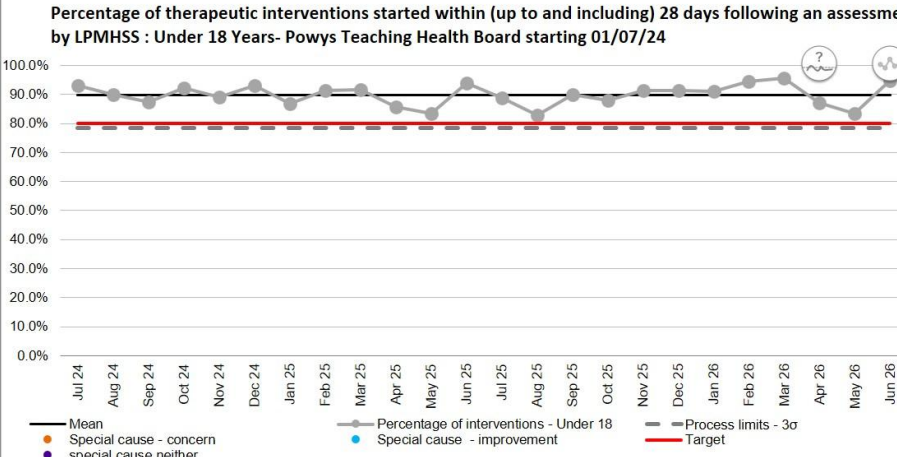
Percentage of community pharmacies providing Pharmacist Independent Prescribing service (PIPS)		PM13
Latest Month	 Executive Lead – Kate Wright - Executive Medical Director Percentage of community pharmacies providing Pharmacist Independent Prescribing service (PIPS) - Powys Teaching Health Board starting 01/04/25 	
May-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. June reports 43 slightly above average, it should be noted that in June (based on stop month 90% 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 Reporting 50% compliance in May the SPC demonstrates sustained improvement in the proportion of pharmacies delivering PIPS. Powys benchmarks 3rd in Wales with an All-Wales position reported at 46.1%. Key challenges/ issues All independent community pharmacies in Powys have now been commissioned to provide PIPS. The remaining non-PIPS pharmacies are all part of larger multiple pharmacy organisations, where rollout has been constrained by workforce challenges, including recruitment and retention of Independent Prescribers, capacity to support prescribing training, and variable uptake amongst experienced employed pharmacists. This reflects the additional training commitment and responsibilities associated with independent prescribing, without always being matched by changes in an individual's remuneration. Key action/ initiatives Independent prescribing is becoming the standard qualification for the pharmacy workforce, with the first pharmacists graduating from undergraduate programmes as Independent Prescribers in March 2026. This will strengthen the future prescribing workforce, support service continuity, and reduce reliance on a small number of established prescribers. Engagement continues with multiple pharmacy organisations, particularly Boots to expand PIPS provision across the remaining sites. At least two further pharmacies are expected to go live in 2026/27.

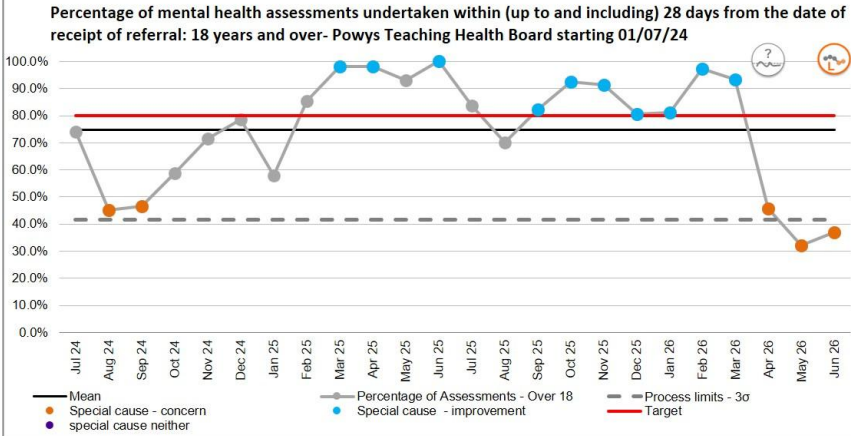
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years		PM14
Latest Month	Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health	
Jun-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 01/07/24  — Mean — Process limits - 3σ ● Special cause - improvement — Percentage of assessments- Under 18 years ● Special cause - concern — Target	
Target		
80%		
Reported position		
98.2%		
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 June performance was reported at 98.2% and PTHB ranks 4 th in Wales with an All-Wales reported position of 93.8%.
	Key challenges/ issues There have been some reporting challenges due to a shortage in administrative staff.
	Key action/ initiatives Ensure accurate reporting is maintained.

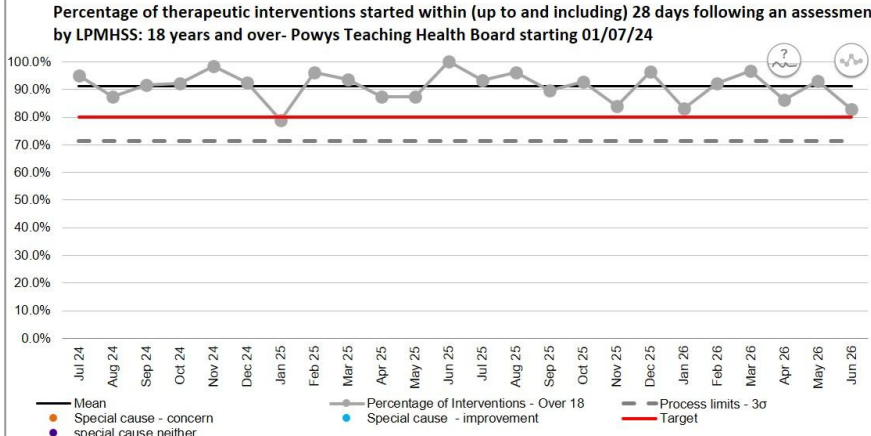
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years		PM15
Latest Month	Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health	
Jun-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 01/07/24  — Mean ● Special cause - concern ● Special cause - improvement — Percentage of interventions - Under 18 — Process limits - 3σ — Target	
Target		
80%		
Reported position		
94.6%		
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 June performance was reported at 94.6% and PTHB ranks 5 th in Wales with an All-Wales reported position of 87.0%.
	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 Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over		PM16
Latest Month	Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health	
Jun-26		
Target		
80%		
Reported position		
37.0%		
Escalation level		
Level 2a		
SPC assurance		
		

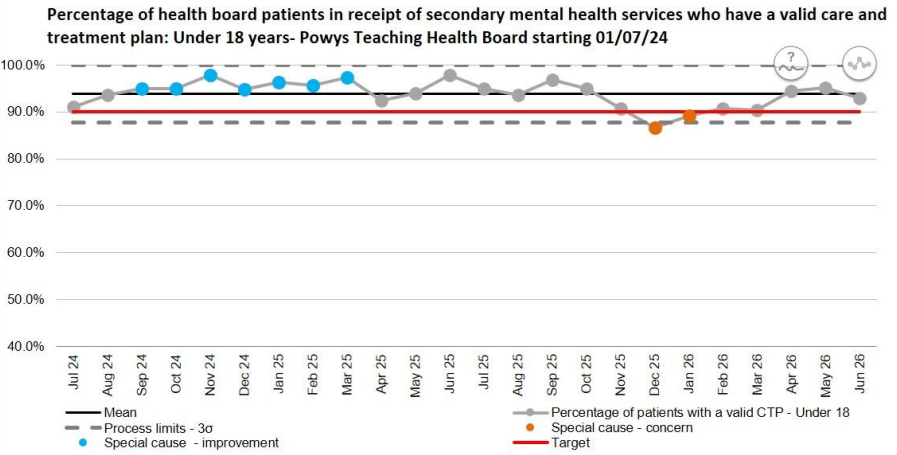


Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over		PM17
Latest Month	Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health	
Jun-26		
Target		
80%		
Reported position		
82.8%		
Escalation level		
Level 1		
SPC assurance		
		

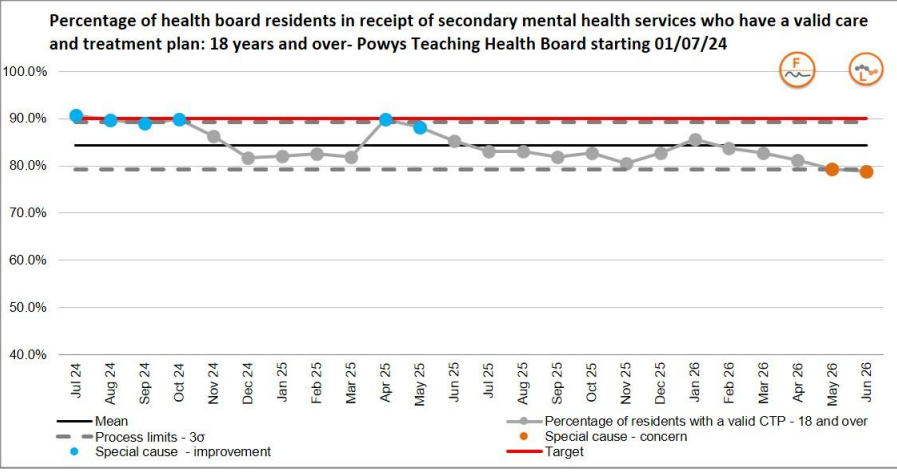


Summary	What the data tells us SPC demonstrates a sustained period of special cause improvement between September 2025 and March 2026, with performance consistently at or above the 80% target. However, the latest result (June 2026) shows a marginal improvement at 37.0% from 32% in May 2026. Powys benchmarks 7th with the All-Wales position reported as 82.2% in May.
	Key challenges/ issues - Increased demand for assessments, combined with workforce vacancies (two vacant Mental Health Practitioner posts), retirements and sickness absence, has reduced service capacity. - Recruitment delays have impacted the ability to respond to rising demand. Key action/ initiatives - Maximising assessment capacity through service-wide workload sharing and weekly waiting list reviews. - Recruiting to vacant posts, increasing bank staffing and progressing a redesigned Single Point of Access (SPOA) pathway to improve efficiency. - Consideration of increasing escalation level from 2a to level 3: to be reviewed with the availability of month 4 performance compliance.

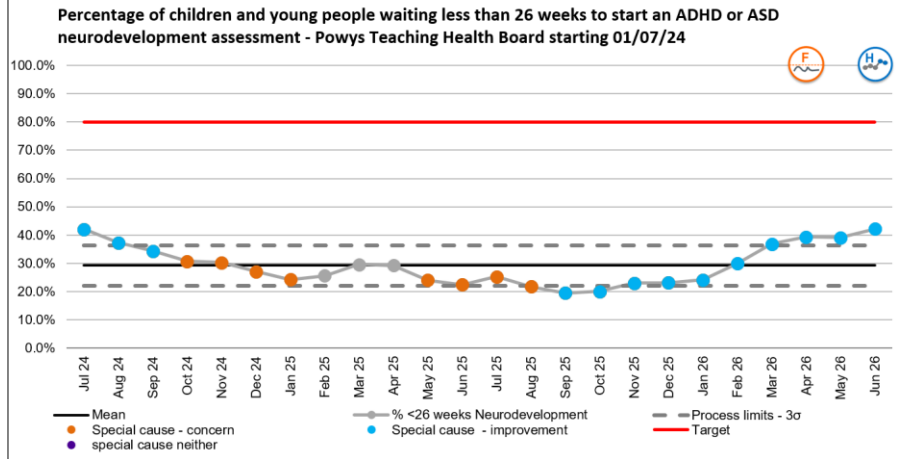
Summary	What the data tells us Performance has generally remained above the 80% target. Across the 24-month reporting period, the target was achieved in 23 months, with average performance of approximately 91%. The only exception was January 2025, when performance fell slightly below target to around 79%. June reports 82.8% compliance and in May PTHB ranked 4th in Wales with the All-Wales position reported as 89.7% for the same period.
	Key challenges/ issues The challenges with increased demand for assessments has impacted the therapeutic interventions as the same practitioners lead the interventions. Key action/ initiatives The recruitment drive and actions to improve staffing should impact service wide and improve performance across part 1a and 1b.

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	
Jun-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 01/07/24  — Mean — Process limits - 3σ ● Percentage of patients with a valid CTP - Under 18 ● Special cause - concern — Target ● Special cause - improvement	
Target		
90%		
Reported position		
92.9%		
Escalation level	Level 1	
SPC assurance	 	

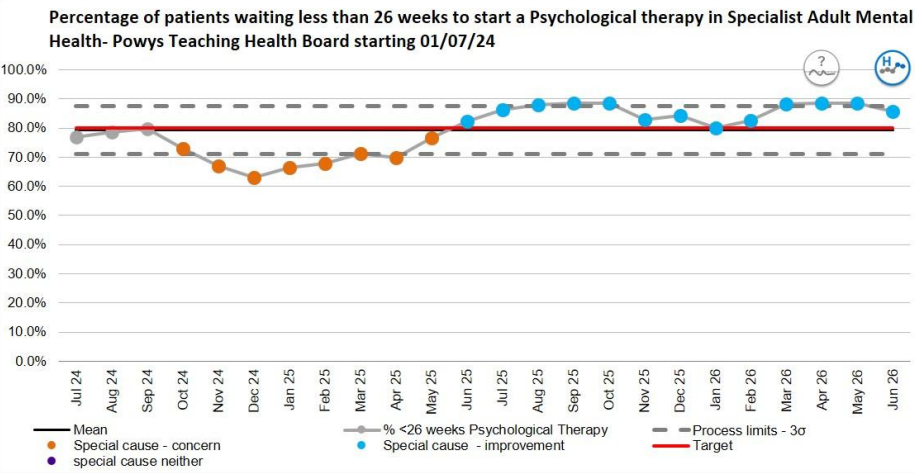
Summary	What the data tells us Although this measure was removed from the NHS Performance Framework for 2026/27; PTHB continues to monitor it locally against the previous 90% target as an important indicator of care quality. Performance has generally been strong, averaging approximately 93%, and remained 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 92.9% in June 2026. However, the lower process limit remains below the 90% target, meaning the current process may not consistently achieve the local standard every month.
	Key challenges/ issues There have been some reporting challenges due to a shortage in administrative staff.
	Key action/ initiatives Ensure accurate reporting is maintained.

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	
Jun-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 01/07/24  — Mean — Process limits - 3σ ● Percentage of residents with a valid CTP - 18 and over ● Special cause - concern — Target ● Special cause - improvement	
Target		
90%		
Reported position		
78.8%		
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 approximately 79.3% in May 2026 and to 78.8% in June 2026. These points are identified as special-cause concern, indicating an unusual worsening that is unlikely to be due to normal variation alone. June represents the lowest result in the reporting period.
	Key challenges/ issues Care-coordination will continue to be a challenge as social care colleagues
	Key action/ initiatives The recovery plan focusses on targeting individual CMHTs to support each with improving compliance whilst the Open access and assessment system changes which will create the capacity needed to focus on CTP completion and recording effectively.

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																																																																																																					
Jun -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 01/07/24 <table><caption>Approximate data for PM18 chart</caption><thead><tr><th>Month</th><th>Mean</th><th>Special cause - concern</th><th>Special cause - improvement</th></tr></thead><tbody><tr><td>Jul 24</td><td>32%</td><td>42%</td><td>32%</td></tr><tr><td>Aug 24</td><td>30%</td><td>38%</td><td>30%</td></tr><tr><td>Sep 24</td><td>28%</td><td>35%</td><td>28%</td></tr><tr><td>Oct 24</td><td>28%</td><td>32%</td><td>28%</td></tr><tr><td>Nov 24</td><td>28%</td><td>30%</td><td>28%</td></tr><tr><td>Dec 24</td><td>28%</td><td>28%</td><td>28%</td></tr><tr><td>Jan 25</td><td>25%</td><td>25%</td><td>25%</td></tr><tr><td>Feb 25</td><td>25%</td><td>25%</td><td>25%</td></tr><tr><td>Mar 25</td><td>28%</td><td>28%</td><td>28%</td></tr><tr><td>Apr 25</td><td>28%</td><td>28%</td><td>28%</td></tr><tr><td>May 25</td><td>25%</td><td>25%</td><td>25%</td></tr><tr><td>Jun 25</td><td>25%</td><td>25%</td><td>25%</td></tr><tr><td>Jul 25</td><td>25%</td><td>25%</td><td>25%</td></tr><tr><td>Aug 25</td><td>25%</td><td>25%</td><td>25%</td></tr><tr><td>Sep 25</td><td>22%</td><td>22%</td><td>22%</td></tr><tr><td>Oct 25</td><td>22%</td><td>22%</td><td>22%</td></tr><tr><td>Nov 25</td><td>25%</td><td>25%</td><td>25%</td></tr><tr><td>Dec 25</td><td>25%</td><td>25%</td><td>25%</td></tr><tr><td>Jan 26</td><td>25%</td><td>25%</td><td>25%</td></tr><tr><td>Feb 26</td><td>30%</td><td>30%</td><td>30%</td></tr><tr><td>Mar 26</td><td>35%</td><td>35%</td><td>35%</td></tr><tr><td>Apr 26</td><td>38%</td><td>38%</td><td>38%</td></tr><tr><td>May 26</td><td>38%</td><td>38%</td><td>38%</td></tr><tr><td>Jun 26</td><td>40%</td><td>42%</td><td>40%</td></tr></tbody></table>		Month	Mean	Special cause - concern	Special cause - improvement	Jul 24	32%	42%	32%	Aug 24	30%	38%	30%	Sep 24	28%	35%	28%	Oct 24	28%	32%	28%	Nov 24	28%	30%	28%	Dec 24	28%	28%	28%	Jan 25	25%	25%	25%	Feb 25	25%	25%	25%	Mar 25	28%	28%	28%	Apr 25	28%	28%	28%	May 25	25%	25%	25%	Jun 25	25%	25%	25%	Jul 25	25%	25%	25%	Aug 25	25%	25%	25%	Sep 25	22%	22%	22%	Oct 25	22%	22%	22%	Nov 25	25%	25%	25%	Dec 25	25%	25%	25%	Jan 26	25%	25%	25%	Feb 26	30%	30%	30%	Mar 26	35%	35%	35%	Apr 26	38%	38%	38%	May 26	38%	38%	38%	Jun 26	40%	42%	40%
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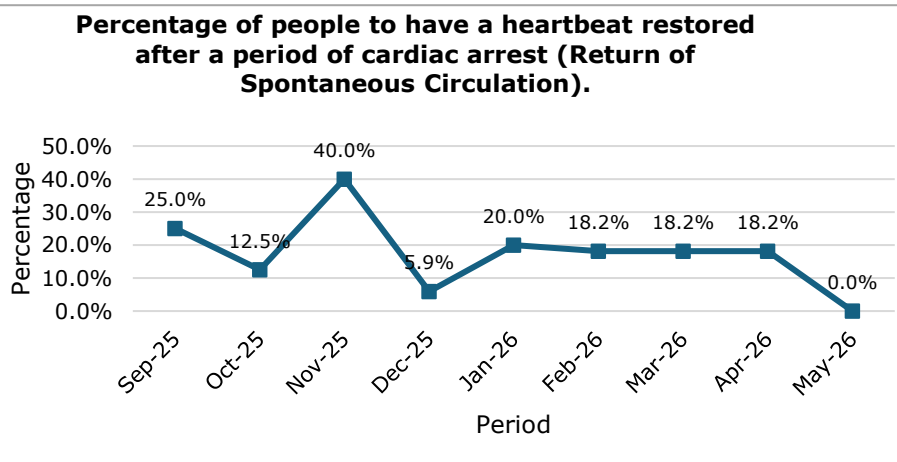
Summary	What the data tells us Performance remains significantly below the 80% target reporting 42.2% in June. SPC demonstrates recent improvement with performance increasing to around 40%; however, further sustained improvement is required to meet the expected standard. Powys benchmarks 3rd with the All-Wales position reported at 23.3% in April. 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. 1 children exceeded 104 weeks at the end of June 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																																																																																																					
Jun-26	Percentage of patients waiting less than 26 weeks to start a Psychological therapy in Specialist Adult Mental Health- Powys Teaching Health Board starting 01/07/24 <table><caption>Approximate data for PM19 chart</caption><thead><tr><th>Month</th><th>Mean</th><th>Special cause - concern</th><th>Special cause - improvement</th></tr></thead><tbody><tr><td>Jul 24</td><td>78%</td><td>78%</td><td>78%</td></tr><tr><td>Aug 24</td><td>78%</td><td>78%</td><td>78%</td></tr><tr><td>Sep 24</td><td>80%</td><td>80%</td><td>80%</td></tr><tr><td>Oct 24</td><td>75%</td><td>75%</td><td>75%</td></tr><tr><td>Nov 24</td><td>68%</td><td>68%</td><td>68%</td></tr><tr><td>Dec 24</td><td>65%</td><td>65%</td><td>65%</td></tr><tr><td>Jan 25</td><td>68%</td><td>68%</td><td>68%</td></tr><tr><td>Feb 25</td><td>70%</td><td>70%</td><td>70%</td></tr><tr><td>Mar 25</td><td>72%</td><td>72%</td><td>72%</td></tr><tr><td>Apr 25</td><td>70%</td><td>70%</td><td>70%</td></tr><tr><td>May 25</td><td>78%</td><td>78%</td><td>78%</td></tr><tr><td>Jun 25</td><td>82%</td><td>82%</td><td>82%</td></tr><tr><td>Jul 25</td><td>85%</td><td>85%</td><td>85%</td></tr><tr><td>Aug 25</td><td>85%</td><td>85%</td><td>85%</td></tr><tr><td>Sep 25</td><td>85%</td><td>85%</td><td>85%</td></tr><tr><td>Oct 25</td><td>85%</td><td>85%</td><td>85%</td></tr><tr><td>Nov 25</td><td>82%</td><td>82%</td><td>82%</td></tr><tr><td>Dec 25</td><td>82%</td><td>82%</td><td>82%</td></tr><tr><td>Jan 26</td><td>80%</td><td>80%</td><td>80%</td></tr><tr><td>Feb 26</td><td>82%</td><td>82%</td><td>82%</td></tr><tr><td>Mar 26</td><td>85%</td><td>85%</td><td>85%</td></tr><tr><td>Apr 26</td><td>85%</td><td>85%</td><td>85%</td></tr><tr><td>May 26</td><td>85%</td><td>85%</td><td>85%</td></tr><tr><td>Jun 26</td><td>85%</td><td>85%</td><td>85%</td></tr></tbody></table>		Month	Mean	Special cause - concern	Special cause - improvement	Jul 24	78%	78%	78%	Aug 24	78%	78%	78%	Sep 24	80%	80%	80%	Oct 24	75%	75%	75%	Nov 24	68%	68%	68%	Dec 24	65%	65%	65%	Jan 25	68%	68%	68%	Feb 25	70%	70%	70%	Mar 25	72%	72%	72%	Apr 25	70%	70%	70%	May 25	78%	78%	78%	Jun 25	82%	82%	82%	Jul 25	85%	85%	85%	Aug 25	85%	85%	85%	Sep 25	85%	85%	85%	Oct 25	85%	85%	85%	Nov 25	82%	82%	82%	Dec 25	82%	82%	82%	Jan 26	80%	80%	80%	Feb 26	82%	82%	82%	Mar 26	85%	85%	85%	Apr 26	85%	85%	85%	May 26	85%	85%	85%	Jun 26	85%	85%	85%
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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. 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.
	82/324

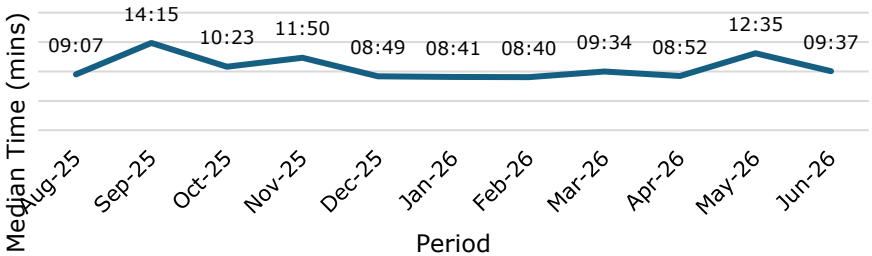
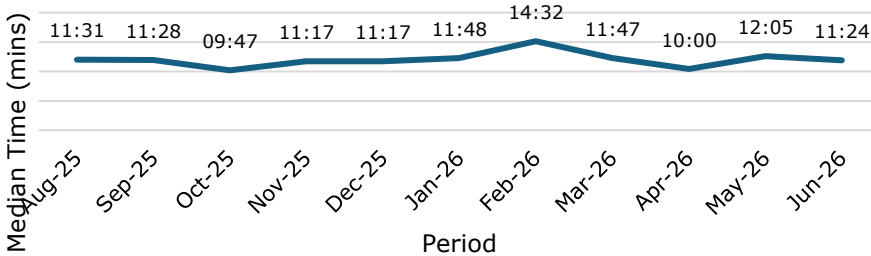
Percentage of people to have a heartbeat restored after a period of cardiac arrest which is subsequently retained until arrival at hospital (Return Of Spontaneous Circulation)		PM20
Latest Month	 Executive Lead – Nicola Johnson - Executive Director of Planning, Performance & Commissioning	
May-26		
Target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

Percentage of people to have a heartbeat restored after a period of cardiac arrest (Return of Spontaneous Circulation).



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%

 Summary	What the data tells us Reported performance remains below the expected end-of-quarter improvement target. Performance reported in May is 0%; however, Welsh Government has advised that confidence in the underlying data is currently low, and results should therefore be interpreted with caution.
	Key challenges/ issues Welsh Government has identified low confidence in the quality of the reported data, limiting assurance over current performance.
	Key action/ initiatives 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		
Jun-26	Median emergency ambulance response time to purple: arrest category calls (minutes).  Median Time (mins) Period — Median emergency ambulance response time to purple: arrest category calls		
Target			
6-8 minutes			
Reported position			
00:09:37			
Escalation level			
Level 2a			
SPC assurance			
N/A			
Median emergency ambulance response time to red: emergency category calls			PM22
Latest Month	 Executive Lead – Nicola Johnson - Executive Director of Planning, Performance & Commissioning		
Jun-26	Median emergency ambulance response time to red: emergency category calls (minutes).  Median Time (mins) Period — Median emergency ambulance response time to red: arrest category calls		
Target			
6-8 minutes			
Reported position			
00:11:24			
Escalation level			
Level 2a			
SPC assurance			
N/A			

Summary	What the data tells us Purple arrest calls: Median response times remain above the 6–8 minute target, indicating continued underperformance. Following a period of improvement, the latest month shows an improvement to 9 minutes 37 seconds, highlighting improvement towards achieving the expected standard. Powys ranks 7th against the All Wales reported position of 7 minutes 41 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 24 seconds in June. Powys ranks 7th against the All Wales reported position of 9 minutes 31 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	Number 400 300 200 100 0 Number of ambulance patient handovers over 45 minutes Period Jun-25 Jul-25 Aug-25 Sep-25 Oct-25 Nov-25 Dec-25 Jan-26 Feb-26 Mar-26 Apr-26 May-26 229 189 199 299 262 225 262 351 305 238 205 91

Percentage of ambulance patient handovers within 15 minutes		PM24
Latest Month	 Executive Lead – Nicola Johnson - Executive Director of Planning, Performance & Commissioning	Percentage 30.0% 25.0% 20.0% 15.0% 10.0% 5.0% 0.0% Percentage of ambulance patient handovers within 15 minutes Period Jun-25 Jul-25 Aug-25 Sep-25 Oct-25 Nov-25 Dec-25 Jan-26 Feb-26 Mar-26 Apr-26 May-26 11.8% 22.2% 21.5% 24.1% 21.5% 19.3% 22.2% 16.2% 14.7% 16.8% 18.8% 22.3%



Summary

What the data tells us

Handover within 45 minutes: Reported handover delays remain above the target of zero, although the latest month indicates improvement. Interpretation of this measure should be treated with caution as the methodology is under review, May 2026 data is provisional, and revisions are expected from September 2026.

Handover within 15 minutes: Reported performance remains below the 80% target despite recent improvement. Welsh Government has advised that the methodology is under review and May 2026 data is provisional; therefore, results should be interpreted with caution.

Key challenges/ issues

Welsh Government Performance note that that the methodology is under review and May 2026 data is provisional; therefore, results should be interpreted with caution.

Providers experiencing ongoing challenges of high attendance demand, high numbers of patients awaiting admission (causing challenge in ED handover).

Key action/ initiatives

Nationally led clinically focused Providers continue to take forward improvement actions including maintaining ringfenced beds in the Emergency Department to support handover.

HBs taking forward enabling actions including managing attendance demand, assessment and decision-making processes in ED, patient flow system wide.

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

Jun-26

Target

95%

Reported position

100%

Escalation level

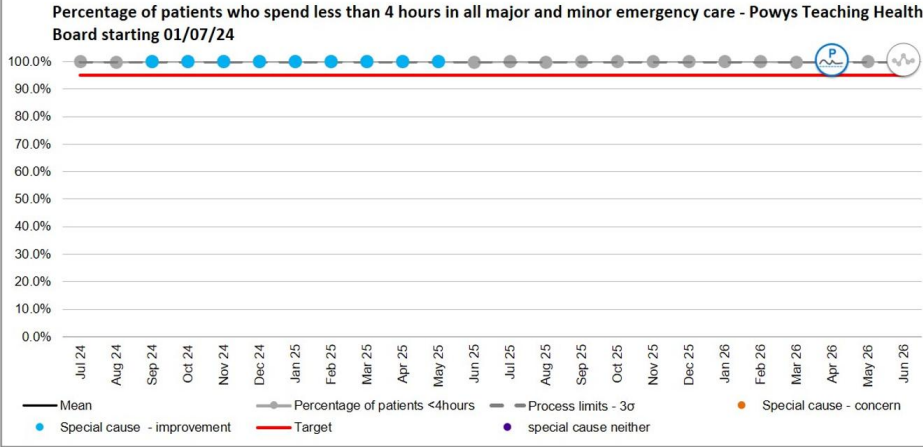
Level 1

SPC assurance



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

Percentage of patients who spend less than 4 hours in all major and minor emergency care - Powys Teaching Health Board starting 01/07/24



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

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

Jun-26

Target

0

Reported position

0

Escalation level

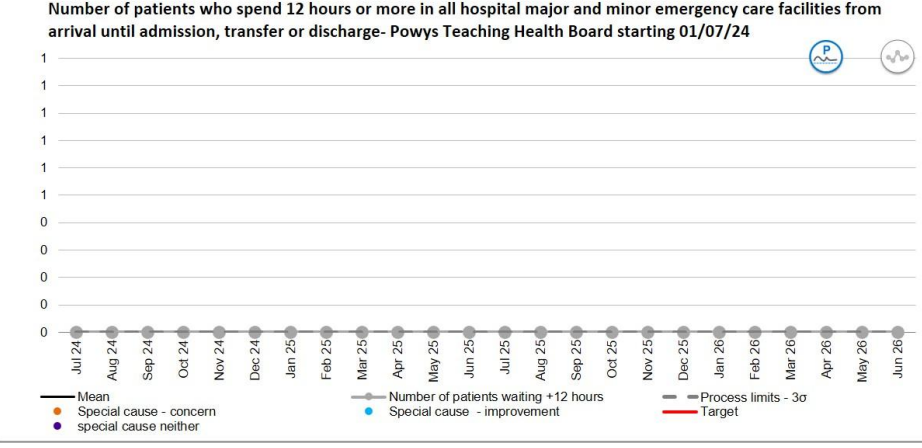
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SPC assurance



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

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 01/07/24



Summary

What the data tells us

MIU provision meeting the requisite standard.

Key challenges/ issues

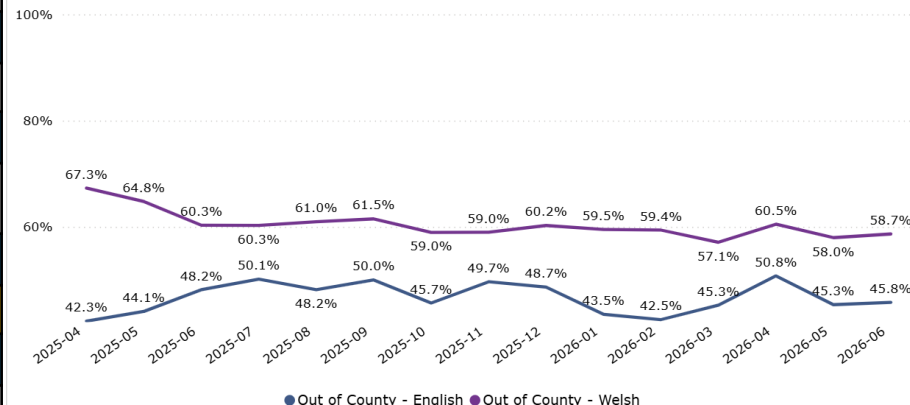
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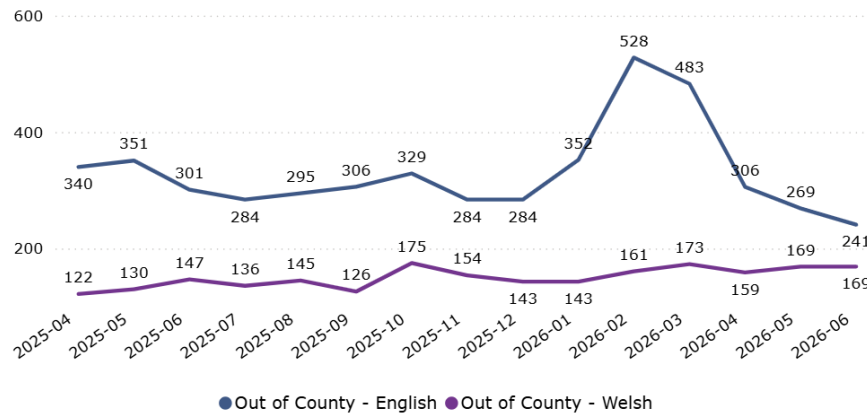
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- Continue operational delivery and seek to strengthen utilisation in line with Better Together programme

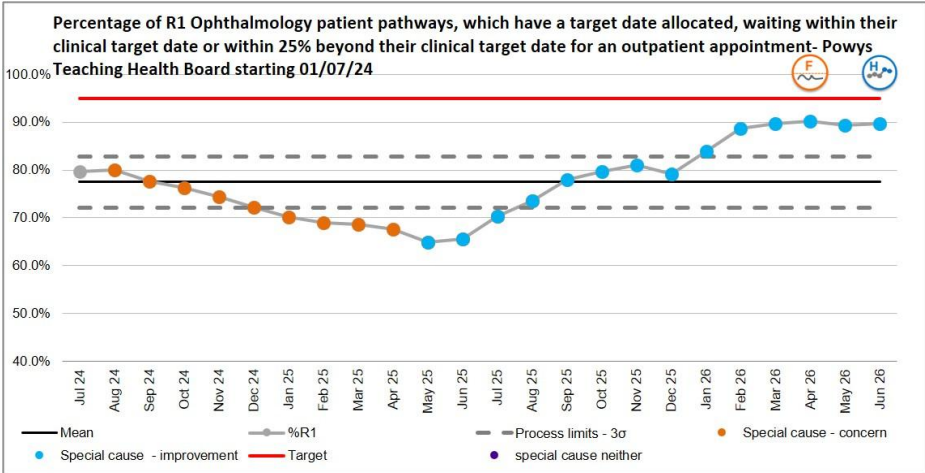
22/54

86/324

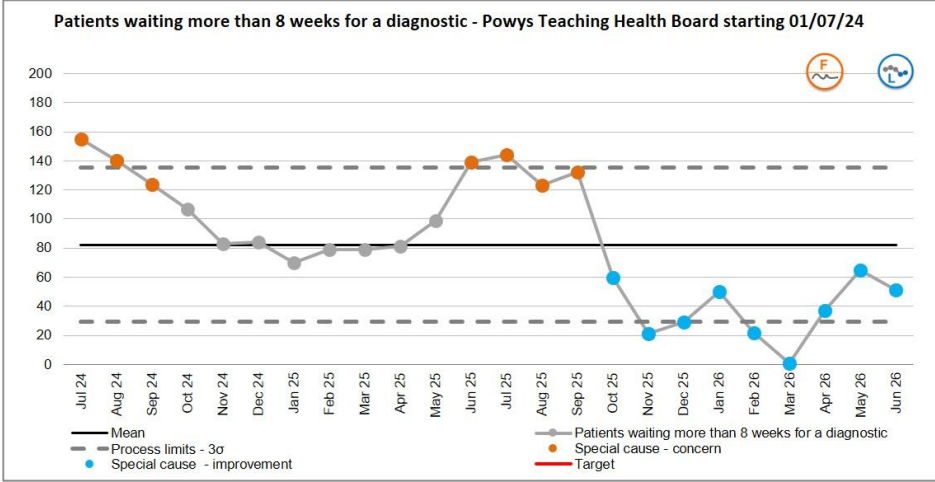
Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge			LM																																															
Latest Month		 Executive Lead – Nicola Johnson - Executive Director of Planning, Performance & Commissioning Percentage of ED Waits Seen Within 4 Hours by Arrival Month  <table><tr><th>Month</th><th>English</th><th>Welsh</th></tr><tr><td>2025-04</td><td>42.3%</td><td>67.3%</td></tr><tr><td>2025-05</td><td>44.1%</td><td>64.8%</td></tr><tr><td>2025-06</td><td>48.2%</td><td>60.3%</td></tr><tr><td>2025-07</td><td>50.1%</td><td>60.3%</td></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>60.2%</td></tr><tr><td>2025-12</td><td>48.7%</td><td>59.5%</td></tr><tr><td>2026-01</td><td>43.5%</td><td>59.4%</td></tr><tr><td>2026-02</td><td>42.5%</td><td>59.4%</td></tr><tr><td>2026-03</td><td>45.3%</td><td>57.1%</td></tr><tr><td>2026-04</td><td>50.8%</td><td>60.5%</td></tr><tr><td>2026-05</td><td>45.3%</td><td>58.0%</td></tr><tr><td>2026-06</td><td>45.8%</td><td>58.7%</td></tr></table>	Month	English	Welsh	2025-04	42.3%	67.3%	2025-05	44.1%	64.8%	2025-06	48.2%	60.3%	2025-07	50.1%	60.3%	2025-08	48.2%	61.0%	2025-09	50.0%	61.5%	2025-10	45.7%	59.0%	2025-11	49.7%	60.2%	2025-12	48.7%	59.5%	2026-01	43.5%	59.4%	2026-02	42.5%	59.4%	2026-03	45.3%	57.1%	2026-04	50.8%	60.5%	2026-05	45.3%	58.0%	2026-06	45.8%	58.7%
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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 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>2025-04</td><td>340</td><td>122</td></tr><tr><td>2025-05</td><td>351</td><td>130</td></tr><tr><td>2025-06</td><td>301</td><td>147</td></tr><tr><td>2025-07</td><td>284</td><td>136</td></tr><tr><td>2025-08</td><td>295</td><td>145</td></tr><tr><td>2025-09</td><td>306</td><td>126</td></tr><tr><td>2025-10</td><td>329</td><td>175</td></tr><tr><td>2025-11</td><td>284</td><td>154</td></tr><tr><td>2025-12</td><td>284</td><td>143</td></tr><tr><td>2026-01</td><td>352</td><td>143</td></tr><tr><td>2026-02</td><td>528</td><td>161</td></tr><tr><td>2026-03</td><td>483</td><td>173</td></tr><tr><td>2026-04</td><td>306</td><td>159</td></tr><tr><td>2026-05</td><td>269</td><td>169</td></tr><tr><td>2026-06</td><td>241</td><td>169</td></tr></tbody></table>	Month	Out of County - English	Out of County - Welsh	2025-04	340	122	2025-05	351	130	2025-06	301	147	2025-07	284	136	2025-08	295	145	2025-09	306	126	2025-10	329	175	2025-11	284	154	2025-12	284	143	2026-01	352	143	2026-02	528	161	2026-03	483	173	2026-04	306	159	2026-05	269	169	2026-06	241	169
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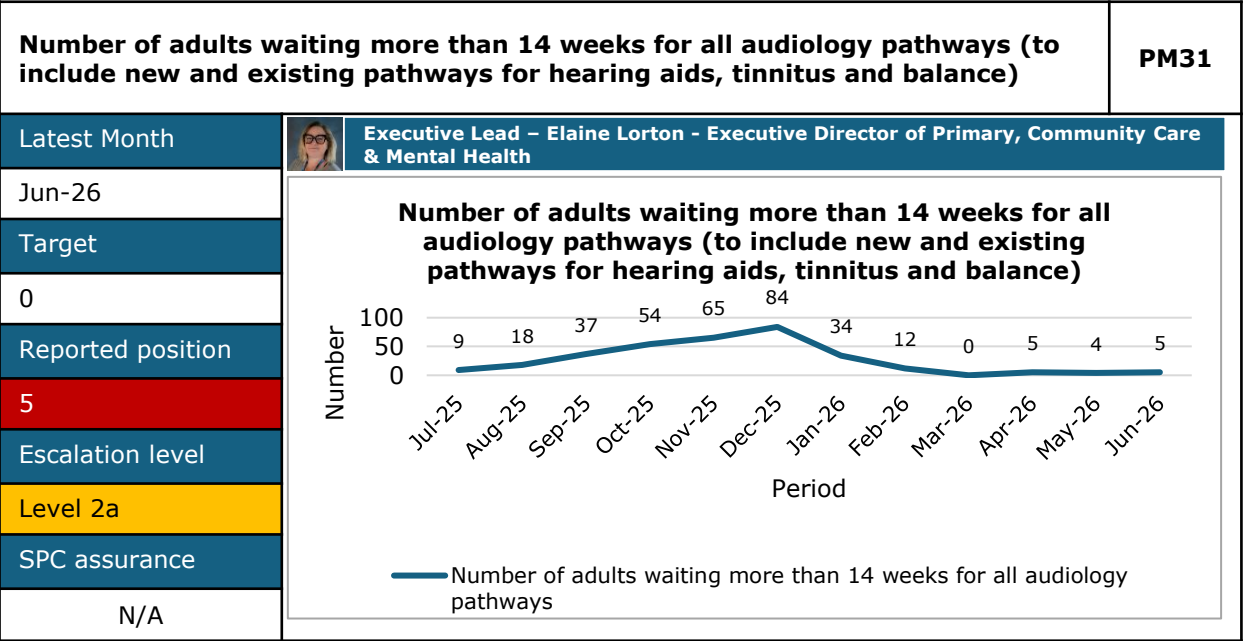
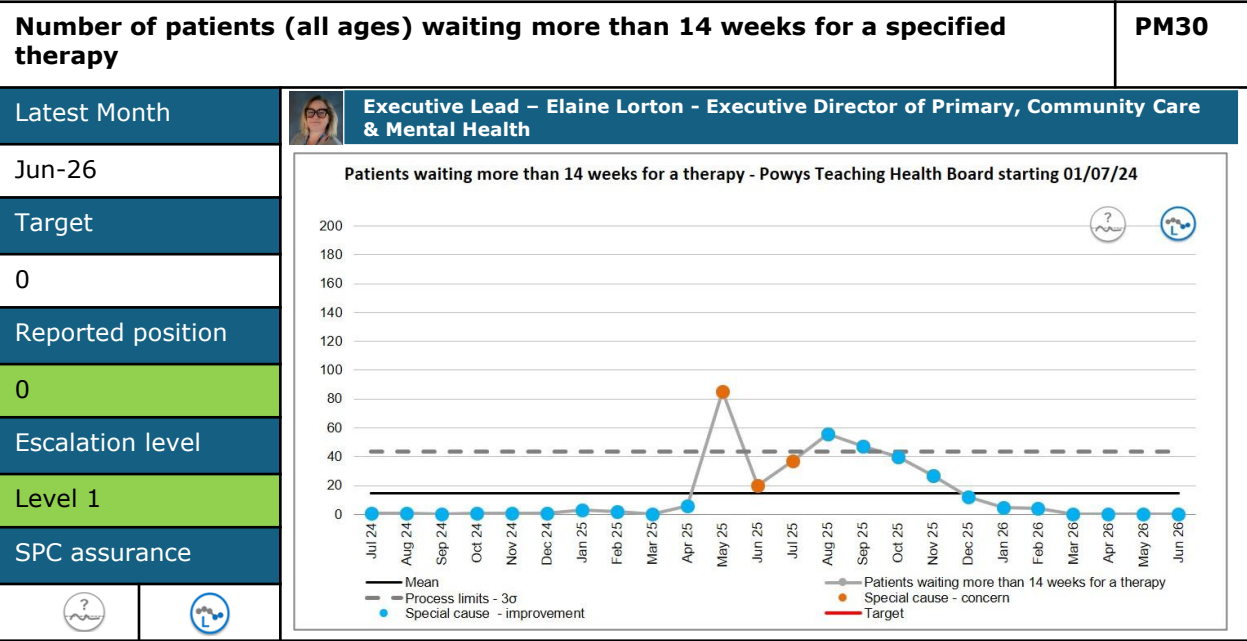
Summary	What the data tells us Welsh providers have consistently performed better than English providers, but neither group shows sustained improvement and both remain well below target. For patients spending < 4 hours, the latest month also shows marginal improvement from May, when performance was 58.0% in Welsh providers and 45.3% in English providers. The target of no emergency department waits over 12 hours was not achieved in any month. In June 2026, 410 waits exceeded 12 hours for Powys residents attending hospitals outside the county: 241 at English providers and 169 at Welsh providers. This is an improvement from the significant pressures seen in February and March 2026, when English-provider waits were 528 and 483 respectively. English-provider waits have since reduced, although they remain high. Welsh-provider waits have been more stable 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																																																																																																					
Jun-26	Percentage of R1 Ophthalmology patient pathways, which have a target date allocated, waiting within their clinical target date or within 25% beyond their clinical target date for an outpatient appointment - Powys Teaching Health Board starting 01/07/24 <table><caption>Approximate data for R1 Ophthalmology SPC chart</caption><thead><tr><th>Month</th><th>Mean (%)</th><th>Target (%)</th><th>Special Cause</th></tr></thead><tbody><tr><td>Jul 24</td><td>78</td><td>95</td><td>None</td></tr><tr><td>Aug 24</td><td>80</td><td>95</td><td>None</td></tr><tr><td>Sep 24</td><td>78</td><td>95</td><td>None</td></tr><tr><td>Oct 24</td><td>76</td><td>95</td><td>None</td></tr><tr><td>Nov 24</td><td>74</td><td>95</td><td>None</td></tr><tr><td>Dec 24</td><td>72</td><td>95</td><td>None</td></tr><tr><td>Jan 25</td><td>70</td><td>95</td><td>None</td></tr><tr><td>Feb 25</td><td>68</td><td>95</td><td>None</td></tr><tr><td>Mar 25</td><td>68</td><td>95</td><td>None</td></tr><tr><td>Apr 25</td><td>66</td><td>95</td><td>None</td></tr><tr><td>May 25</td><td>65</td><td>95</td><td>None</td></tr><tr><td>Jun 25</td><td>66</td><td>95</td><td>None</td></tr><tr><td>Jul 25</td><td>70</td><td>95</td><td>None</td></tr><tr><td>Aug 25</td><td>74</td><td>95</td><td>None</td></tr><tr><td>Sep 25</td><td>78</td><td>95</td><td>None</td></tr><tr><td>Oct 25</td><td>80</td><td>95</td><td>None</td></tr><tr><td>Nov 25</td><td>81</td><td>95</td><td>None</td></tr><tr><td>Dec 25</td><td>79</td><td>95</td><td>None</td></tr><tr><td>Jan 26</td><td>84</td><td>95</td><td>None</td></tr><tr><td>Feb 26</td><td>88</td><td>95</td><td>None</td></tr><tr><td>Mar 26</td><td>89</td><td>95</td><td>None</td></tr><tr><td>Apr 26</td><td>89</td><td>95</td><td>None</td></tr><tr><td>May 26</td><td>88</td><td>95</td><td>None</td></tr><tr><td>Jun 26</td><td>89.7</td><td>95</td><td>Special cause - improvement</td></tr></tbody></table>		Month	Mean (%)	Target (%)	Special Cause	Jul 24	78	95	None	Aug 24	80	95	None	Sep 24	78	95	None	Oct 24	76	95	None	Nov 24	74	95	None	Dec 24	72	95	None	Jan 25	70	95	None	Feb 25	68	95	None	Mar 25	68	95	None	Apr 25	66	95	None	May 25	65	95	None	Jun 25	66	95	None	Jul 25	70	95	None	Aug 25	74	95	None	Sep 25	78	95	None	Oct 25	80	95	None	Nov 25	81	95	None	Dec 25	79	95	None	Jan 26	84	95	None	Feb 26	88	95	None	Mar 26	89	95	None	Apr 26	89	95	None	May 26	88	95	None	Jun 26	89.7	95	Special cause - improvement
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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 June 89.7%; however, it remains below the 95% target and continued improvement is required. Powys ranks 1 st with the All-Wales position reported as 49.7%.
	Key challenges/ issues - Continued challenge from SLA underperformance and some disruption to insourcing provision. Further impacts also experienced during heatwave conditions, leading to some cancellations of theatre activity due to environmental challenge with mitigating actions in place to ensure no RTT impact. Key action/ initiatives - Continue to work to strengthen SLA performance through increased clinical leadership, commissioning discussions and operational drive of service.

Number of diagnostic breaches 8+ weeks			PM29																																																																																																				
Latest Month		Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health																																																																																																					
Jun-26	Patients waiting more than 8 weeks for a diagnostic - Powys Teaching Health Board starting 01/07/24  <table border="1"><caption>Approximate data for Diagnostic Breaches SPC chart</caption><thead><tr><th>Month</th><th>Mean</th><th>Target</th><th>Special Cause</th></tr></thead><tbody><tr><td>Jul 24</td><td>150</td><td>0</td><td>None</td></tr><tr><td>Aug 24</td><td>140</td><td>0</td><td>None</td></tr><tr><td>Sep 24</td><td>120</td><td>0</td><td>None</td></tr><tr><td>Oct 24</td><td>100</td><td>0</td><td>None</td></tr><tr><td>Nov 24</td><td>80</td><td>0</td><td>None</td></tr><tr><td>Dec 24</td><td>80</td><td>0</td><td>None</td></tr><tr><td>Jan 25</td><td>65</td><td>0</td><td>None</td></tr><tr><td>Feb 25</td><td>75</td><td>0</td><td>None</td></tr><tr><td>Mar 25</td><td>75</td><td>0</td><td>None</td></tr><tr><td>Apr 25</td><td>75</td><td>0</td><td>None</td></tr><tr><td>May 25</td><td>95</td><td>0</td><td>None</td></tr><tr><td>Jun 25</td><td>140</td><td>0</td><td>None</td></tr><tr><td>Jul 25</td><td>145</td><td>0</td><td>None</td></tr><tr><td>Aug 25</td><td>120</td><td>0</td><td>None</td></tr><tr><td>Sep 25</td><td>130</td><td>0</td><td>None</td></tr><tr><td>Oct 25</td><td>55</td><td>0</td><td>None</td></tr><tr><td>Nov 25</td><td>20</td><td>0</td><td>None</td></tr><tr><td>Dec 25</td><td>25</td><td>0</td><td>None</td></tr><tr><td>Jan 26</td><td>45</td><td>0</td><td>None</td></tr><tr><td>Feb 26</td><td>20</td><td>0</td><td>None</td></tr><tr><td>Mar 26</td><td>5</td><td>0</td><td>None</td></tr><tr><td>Apr 26</td><td>35</td><td>0</td><td>None</td></tr><tr><td>May 26</td><td>60</td><td>0</td><td>None</td></tr><tr><td>Jun 26</td><td>51</td><td>0</td><td>Special cause - concern</td></tr></tbody></table>			Month	Mean	Target	Special Cause	Jul 24	150	0	None	Aug 24	140	0	None	Sep 24	120	0	None	Oct 24	100	0	None	Nov 24	80	0	None	Dec 24	80	0	None	Jan 25	65	0	None	Feb 25	75	0	None	Mar 25	75	0	None	Apr 25	75	0	None	May 25	95	0	None	Jun 25	140	0	None	Jul 25	145	0	None	Aug 25	120	0	None	Sep 25	130	0	None	Oct 25	55	0	None	Nov 25	20	0	None	Dec 25	25	0	None	Jan 26	45	0	None	Feb 26	20	0	None	Mar 26	5	0	None	Apr 26	35	0	None	May 26	60	0	None	Jun 26	51	0	Special cause - concern
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Summary	What the data tells us The SPC chart reports special cause improvement in June with 51 breaches reported. Key capacity challenges in cardiac diagnostics have resulted in increased breaches when compared to the end of 2025/26 but work is ongoing to achieve the trajectory to maintain zero breaches. Powys benchmarks 1 st in Wales and the reported All Wales position was that 35,813 patients wait over 8 weeks.
	Key challenges/ issues - Continue to operate close to the 8-week margin, leaving little room for unexpected impacts. - Key challenge in Cardiology diagnostics linked to in-reach capacity South Powys. - 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 remains excellent and the SPC chart shows special cause improvement. The target of zero has now been achieved for four consecutive months, from March to June 2026. PTHB benchmarks 1st in Wales and the All-Wales position for the same period reported a total of 5,978 breaches of the 14-week target.

Key challenges/ issues

- Small numbers can lead to rapid fluctuation, however every specialty managing lists at an individual patient level.

Key action/ initiatives

- Continue to proactively manage lists and services.

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. Whilst the trajectory is positive, breaches remain above the target of zero (new for 2026/27) and continued improvement is required to consistently achieve the expected standard. Powys ranks 1st in Wales with the All-Wales position of 18,403 adults waiting over 14 weeks.

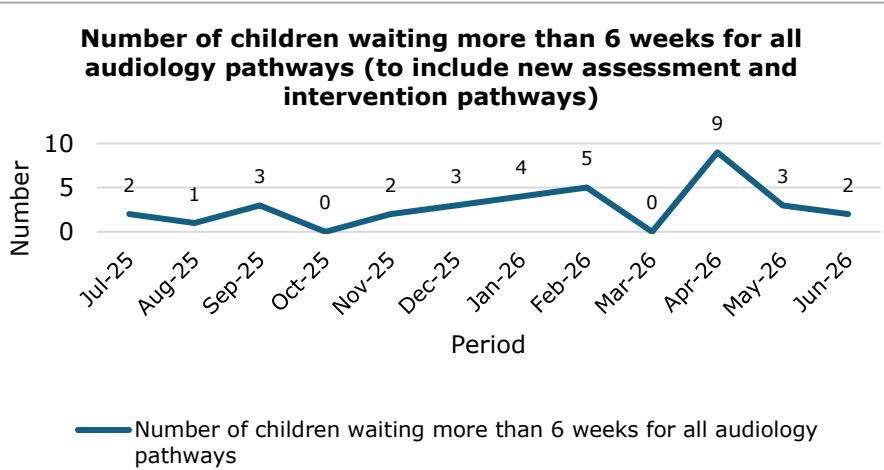
Key challenges/ issues

- Absence and gaps in workforce continue to challenge. Continuing to use bank and locum cover as needed, which is supporting successful delivery of service.

Key action/ initiatives

- Ongoing engagement at national level to support future recruitment, local development and growth of workforce, and continued operational grip.

89/324

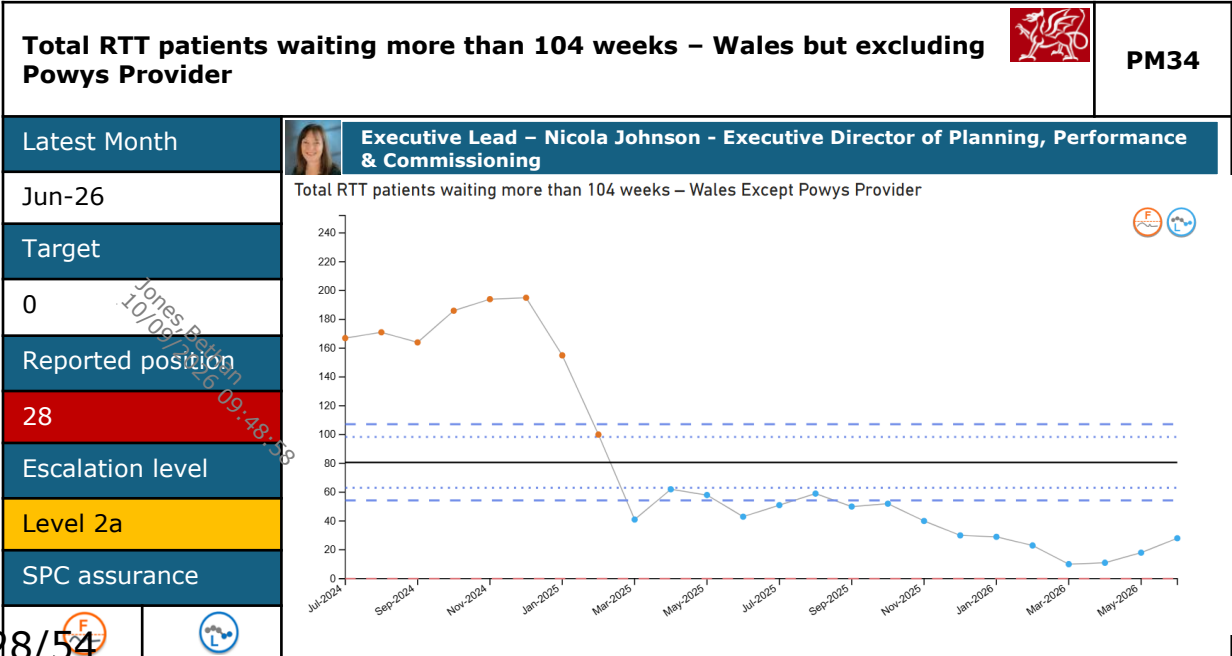
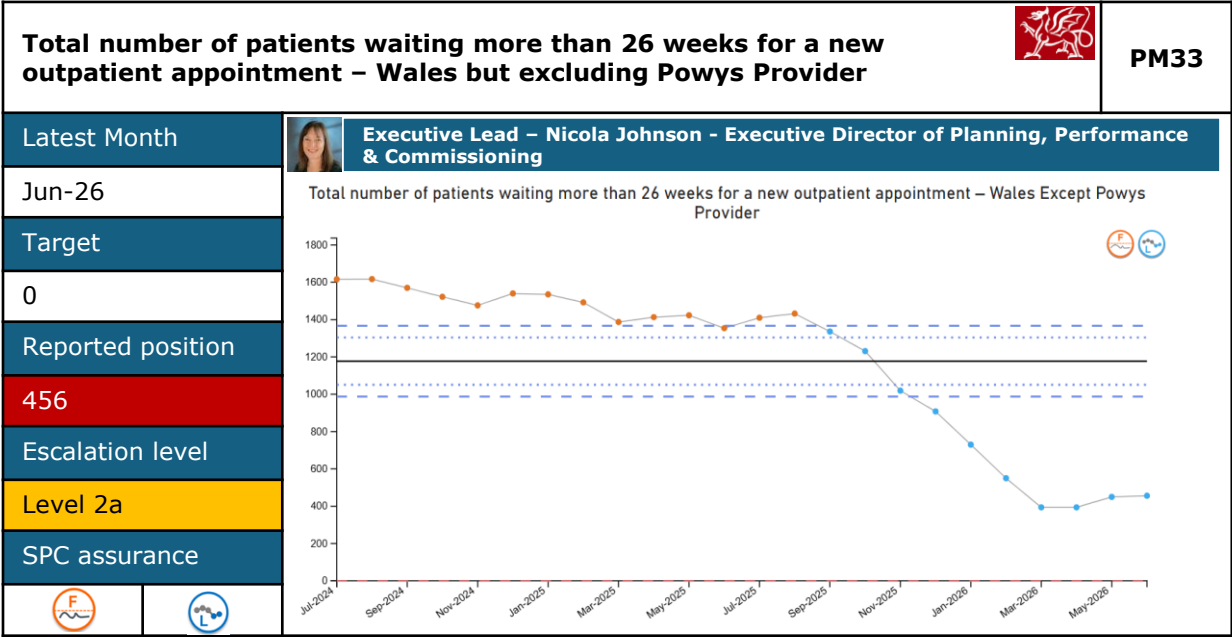
Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)		PM32																										
Latest Month	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways) <table><tr><th>Period</th><th>Number</th></tr><tr><td>Jul-25</td><td>2</td></tr><tr><td>Aug-25</td><td>1</td></tr><tr><td>Sep-25</td><td>3</td></tr><tr><td>Oct-25</td><td>0</td></tr><tr><td>Nov-25</td><td>2</td></tr><tr><td>Dec-25</td><td>3</td></tr><tr><td>Jan-26</td><td>4</td></tr><tr><td>Feb-26</td><td>5</td></tr><tr><td>Mar-26</td><td>0</td></tr><tr><td>Apr-26</td><td>9</td></tr><tr><td>May-26</td><td>3</td></tr><tr><td>Jun-26</td><td>2</td></tr></table>	Period	Number	Jul-25	2	Aug-25	1	Sep-25	3	Oct-25	0	Nov-25	2	Dec-25	3	Jan-26	4	Feb-26	5	Mar-26	0	Apr-26	9	May-26	3	Jun-26	2	
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RTT patients waiting more than 104 weeks				PM34																																																																												
Latest Month		 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health		Latest Month																																																																												
Jun-26		Patients Waiting +104 weeks Including D&T- Powys Teaching Health Board starting 01/07/24 <table><caption>PM34 Data (Approximate)</caption><tr><th>Month</th><th>Mean</th><th>Special Cause</th></tr><tr><td>Jul 24</td><td>2.0</td><td>Special cause - concern</td></tr><tr><td>Aug 24</td><td>3.0</td><td>Special cause - concern</td></tr><tr><td>Sep 24</td><td>2.0</td><td>Special cause - concern</td></tr><tr><td>Oct 24</td><td>0.5</td><td>Special cause - improvement</td></tr><tr><td>Nov 24</td><td>0.5</td><td>Special cause - improvement</td></tr><tr><td>Dec 24</td><td>0.5</td><td>Special cause - improvement</td></tr><tr><td>Jan 25</td><td>0.5</td><td>Special cause - improvement</td></tr><tr><td>Feb 25</td><td>0.5</td><td>Special cause - improvement</td></tr><tr><td>Mar 25</td><td>0.5</td><td>Special cause - improvement</td></tr><tr><td>Apr 25</td><td>0.5</td><td>Special cause - improvement</td></tr><tr><td>May 25</td><td>0.5</td><td>Special cause - improvement</td></tr><tr><td>Jun 25</td><td>0.5</td><td>Special cause - improvement</td></tr><tr><td>Jul 25</td><td>0.5</td><td>Special cause - improvement</td></tr><tr><td>Aug 25</td><td>0.5</td><td>Special cause - improvement</td></tr><tr><td>Sep 25</td><td>0.5</td><td>Special cause - improvement</td></tr><tr><td>Oct 25</td><td>0.5</td><td>Special cause - improvement</td></tr><tr><td>Nov 25</td><td>0.5</td><td>Special cause - improvement</td></tr><tr><td>Dec 25</td><td>0.5</td><td>Special cause - improvement</td></tr><tr><td>Jan 26</td><td>0.5</td><td>Special cause - improvement</td></tr><tr><td>Feb 26</td><td>0.5</td><td>Special cause - improvement</td></tr><tr><td>Mar 26</td><td>0.5</td><td>Special cause - improvement</td></tr><tr><td>Apr 26</td><td>0.5</td><td>Special cause - improvement</td></tr><tr><td>May 26</td><td>0.5</td><td>Special cause - improvement</td></tr><tr><td>Jun 26</td><td>0.5</td><td>Special cause - improvement</td></tr></table>		Month	Mean	Special Cause	Jul 24	2.0	Special cause - concern	Aug 24	3.0	Special cause - concern	Sep 24	2.0	Special cause - concern	Oct 24	0.5	Special cause - improvement	Nov 24	0.5	Special cause - improvement	Dec 24	0.5	Special cause - improvement	Jan 25	0.5	Special cause - improvement	Feb 25	0.5	Special cause - improvement	Mar 25	0.5	Special cause - improvement	Apr 25	0.5	Special cause - improvement	May 25	0.5	Special cause - improvement	Jun 25	0.5	Special cause - improvement	Jul 25	0.5	Special cause - improvement	Aug 25	0.5	Special cause - improvement	Sep 25	0.5	Special cause - improvement	Oct 25	0.5	Special cause - improvement	Nov 25	0.5	Special cause - improvement	Dec 25	0.5	Special cause - improvement	Jan 26	0.5	Special cause - improvement	Feb 26	0.5	Special cause - improvement	Mar 26	0.5	Special cause - improvement	Apr 26	0.5	Special cause - improvement	May 26	0.5	Special cause - improvement	Jun 26	0.5	Special cause - improvement	Jun-26	
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Summary	What the data tells us Powys provider RTT performance for very long waits remains good with zero patients reported waiting over 104 weeks. 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, 185 patients were waiting more than 26 weeks in June 2026, indicating further improvement is required to achieve the revised standard. Across Wales, 61,214 patients were waiting more than 26 weeks in April 2026, with Powys provider accounting for less than 0.5% of the national total. Key challenges/ issues - Performance reliant on fragile in-reach provision from Welsh and English acute care providers. - Significant shortfalls with in-reach provision from Wye Valley NHS Trust (WVT) for Ophthalmology. - Rheumatology provision in mid-Powys has ceased from April 2026 (WVT in-reach). 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 WLI held to see urgent patients – more planned. - WVT additional Rheum Cons vacancy unable to accept new activity. - Agreement to support WVT with additional costs for interim locum. - Aim to confirm additional funding to current proposed LTA finance envelope by end of August to enable waiting list transfer. - Some advice and guidance support being provided for urgent reviews/concerns.

Access – RTT Welsh Commissioned



	Jun-26	No. long waits by cohort, with latest SPC variance						Total pathways Waiting
Welsh 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.		
Aneurin Bevan University Health Board	70.2%	175		275		9		2309
Betsi Cadwaladr University Local Health Board	59.0%	110		72		6		631
Cardiff & Vale University Health Board	60.2%	31		48		6		354
Cwm Taf Morgannwg University Health Board	63.7%	32		94		1		702
Hywel Dda University Health Board	61.4%	42		265		6		1421
Swansea Bay University Health Board	67.0%	66		223		0		1882
Total	65.6%	456		977		28		7299

Summary

What the data tells us

- In June 2026, 65.6% of Powys residents were waiting less than 26 weeks for treatment, however, 456 new outpatient pathways exceeded 26 weeks, 977 pathways exceeded 52 weeks (all stages) and 28 exceeded 104 weeks, from a total waiting list of 7,299.
- The SPC charts show sustained special-cause improvement, with new outpatient waits over 26 weeks reducing from approximately 1,600 in June 2024 to 456 in June 2026, while waits over 104 weeks fell from 183 to 28 over the same period.

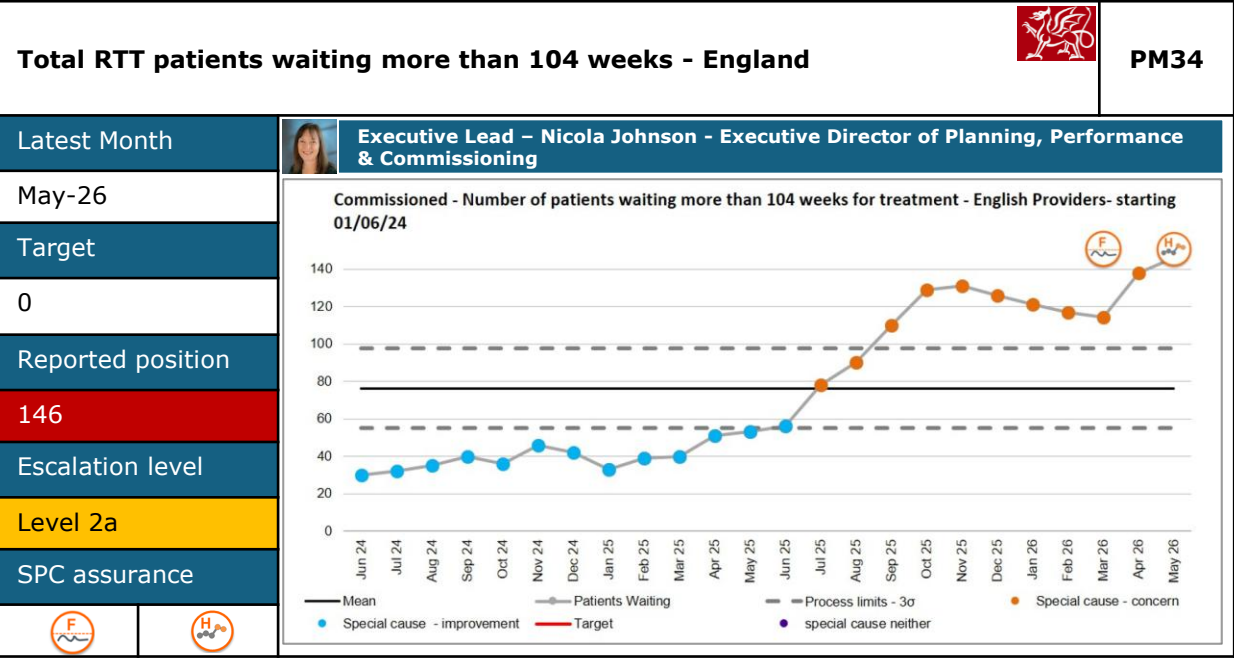
Key challenges/ issues

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

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

Key action/ initiatives

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



Summary	What the data tells us Performance for Powys residents treated by English providers remains challenging: 60.4% of 11,520 pathways wait under 26 weeks in England. Those pathways waiting over 1 year has increased from 1245 in May 2025 to 1646 in May 2026, and patients waiting over 104 weeks has increased from 53 in May 2025 to 146 in May 2026 (although predominately (141) 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.

	May-26	No. long waits by cohort, with latest SPC variance						Total pathways Waiting
English Providers	% of Powys residents < 26 weeks for treatment	Stage 1 pathways over 26 weeks		All pathways waiting over 52 weeks.		All pathways waiting over 104 weeks.		
English Other	81.7%	Not available from NHSE providers		10		0		241
The Robert Jones and Agnes Hunt Orthopaedic Hospital	42.0%			1150		141		3800
The Shrewsbury and Telford Hospital NHS Trust	71.4%			131		0		3628
Wye Valley NHS Trust	65.8%			355		5		3851
Total	60.9%	0		1646		146		11520

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

LM

Latest Month

May-26

Target

Local 75%

Reported position

60.3%

Escalation level

Level 2a

SPC assurance

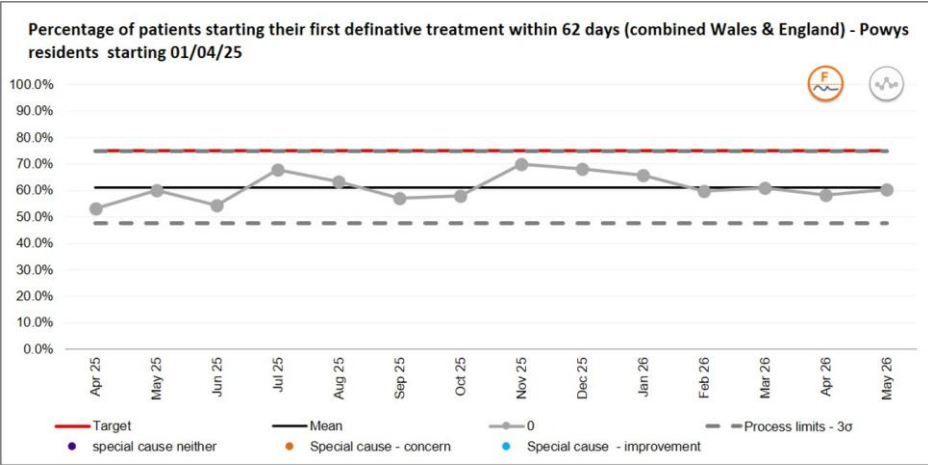


Executive Lead – Kate Wright - Executive Medical Director



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.

Access – Commissioned Cancer

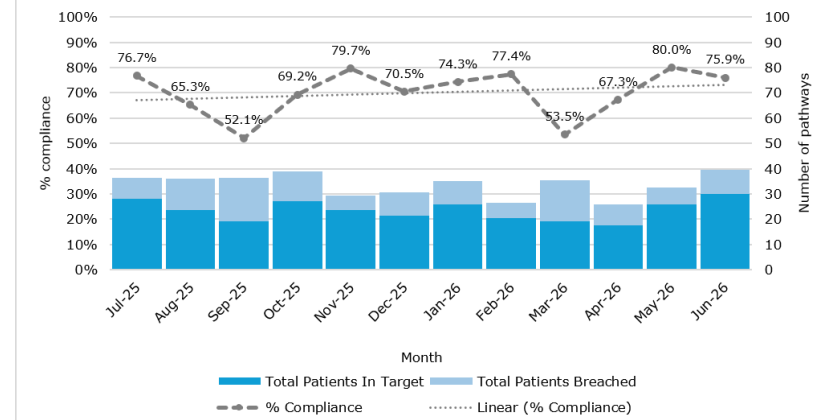
Executive Lead – Kate Wright - Executive Medical Director

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

Welsh cancer by provider latest 12 months

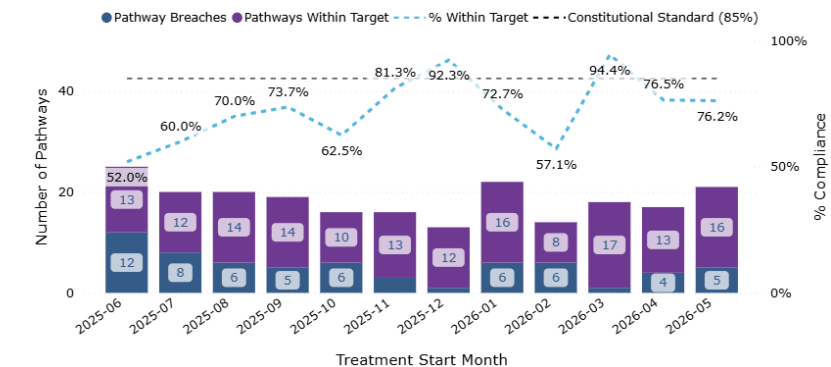
HealthBoard	2025-07	2025-08	2025-09	2025-10	2025-11	2025-12	2026-01	2026-02	2026-03	2026-04	2026-05	2026-06
Aneurin Bevan UHB												
Pathways With Treatment	24	14	16	17	18	21	19	20	18	10	15	10
Treated Within 62 Days	19	10	9	7	14	15	12	16	16	7	7	5
Breaching 62 Day Target	5	4	7	10	4	6	7	4	2	3	8	5
% Treated Within Target	79%	71%	56%	41%	78%	71%	63%	80%	89%	70%	47%	50%
Betsi Cadwaladr UHB												
Pathways With Treatment	3	1	4	2	1	7	6	7	5	5	6	7
Treated Within 62 Days	1				1	2	2			1		
Breaching 62 Day Target	2	1	4	2		5	4	7	5	4	6	7
% Treated Within Target	33%	0%	0%	0%	100%	29%	33%	0%	0%	20%	0%	0%
Cardiff And Vale UHB												
Pathways With Treatment	1			1	1	2	1	1	1		1	3
Treated Within 62 Days	1			1		2	1		1			2
Breaching 62 Day Target					1			1			1	1
% Treated Within Target	100%			100%	0%	100%	100%	0%	100%		0%	67%
Cwm Taf Morgannwg UHB												
Pathways With Treatment	7	3	8	2	6	2	4	9	8	6	2	1
Treated Within 62 Days	2	1	5	2	3	1	1	4	4	3		1
Breaching 62 Day Target	5	2	3		3	1	3	5	4	3	2	
% Treated Within Target	29%	33%	63%	100%	50%	50%	25%	44%	50%	50%	0%	100%
Hywel Dda UHB												
Pathways With Treatment	10	7	6	8	14	4	7	3	5	8	7	9
Treated Within 62 Days	5	3	2	4	6	1	3	1	2	1	1	3
Breaching 62 Day Target	5	4	4	4	8	3	4	2	3	7	6	6
% Treated Within Target	50%	43%	33%	50%	43%	25%	43%	33%	40%	13%	14%	33%
Swansea Bay UHB												
Pathways With Treatment	6	2	14	8	4	5	8	8	9	6	5	4
Treated Within 62 Days	5	1	10	3	2	3	7	3	6	3	4	1
Breaching 62 Day Target	1	1	4	5	2	2	1	5	3	3	1	3
% Treated Within Target	83%	50%	71%	38%	50%	60%	88%	38%	67%	50%	80%	25%
Pathways With Treatment	51	27	48	38	44	41	45	48	46	35	36	34
Treated Within 62 Days	33	15	26	17	26	24	26	24	29	15	12	12
Breaching 62 Day Target	18	12	22	21	18	17	19	24	17	20	24	22
% Treated Within Target	65%	56%	54%	45%	59%	59%	58%	50%	63%	43%	33%	35%

SATH 62 day cancer pathway performance (target 85%)
July 25 to June 2026 - Source SATH



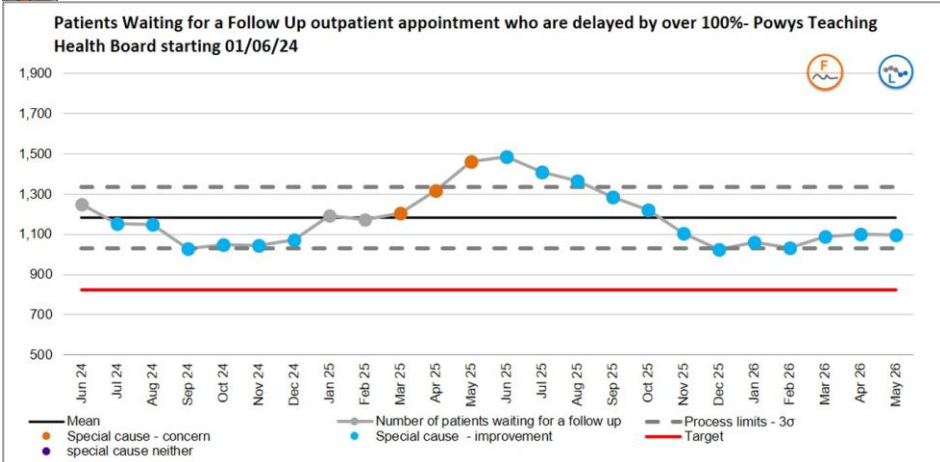
Performance for Powys residents treated by Shrewsbury and Telford Hospital NHS Trust remained below the English 85% standard throughout the 12-month period, although the overall trend shows improvement. An average of 33 Powys residents started treatment each month; at this volume, a small number of breaches 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)

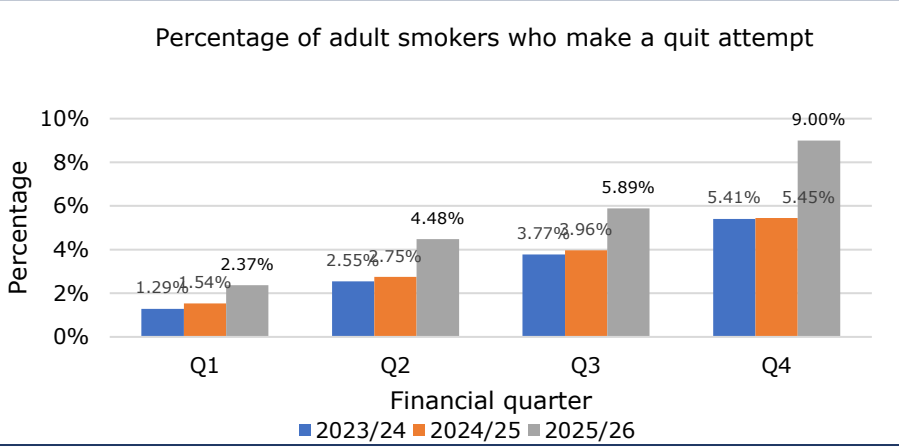


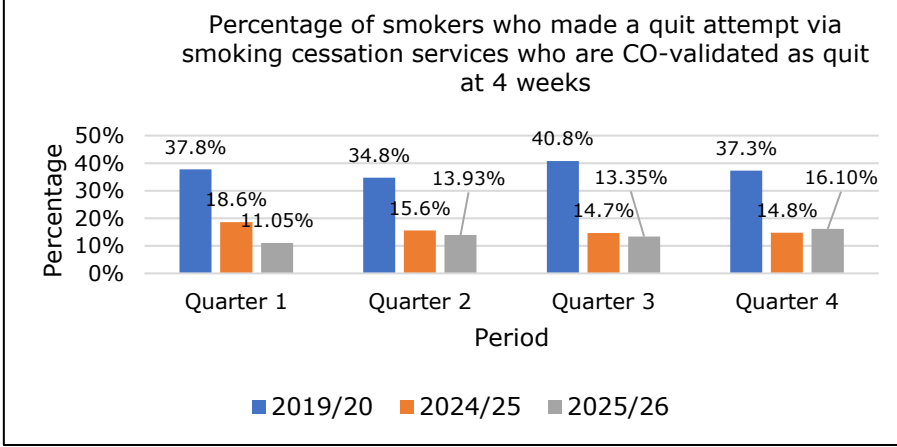
Performance for Powys residents treated by Wye Valley Trust has been variable over the latest 12 months. Reported for May, 16 of 21 patients started treatment within 62 days, giving performance of 80.0%; this met the 75% interim target but remained below the 85% English standard.

Performance for Powys residents treated by Welsh providers remained below the 75% target throughout the 12-month period, with approximately 53% of all completed pathways starting treatment within 62 days. Performance declined over the latest three months, from 51% in March to 43% in April and 33% in May 2026. June sees a slight improvement to 35% but 12 of 34 patients started treatment within 62 days, while 22 waited longer. Results varied considerably between providers. Provider-level percentages should be interpreted carefully because some organisations treated only a small number of Powys residents, meaning one or two patients can significantly affect the result. Nevertheless, the overall position and recent deterioration remain a concern, requiring continued work with Welsh providers to understand delays and improve timely access to cancer treatment.

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																																																																												
May-26	Patients Waiting for a Follow Up outpatient appointment who are delayed by over 100%- Powys Teaching Health Board starting 01/06/24  <table><caption>Approximate data from the chart</caption><tr><th>Month</th><th>Mean</th><th>Special Cause</th></tr><tr><td>Jun 24</td><td>1250</td><td>None</td></tr><tr><td>Jul 24</td><td>1150</td><td>None</td></tr><tr><td>Aug 24</td><td>1150</td><td>None</td></tr><tr><td>Sep 24</td><td>1050</td><td>None</td></tr><tr><td>Oct 24</td><td>1050</td><td>None</td></tr><tr><td>Nov 24</td><td>1050</td><td>None</td></tr><tr><td>Dec 24</td><td>1150</td><td>None</td></tr><tr><td>Jan 25</td><td>1150</td><td>None</td></tr><tr><td>Feb 25</td><td>1150</td><td>None</td></tr><tr><td>Mar 25</td><td>1250</td><td>Concern</td></tr><tr><td>Apr 25</td><td>1350</td><td>Concern</td></tr><tr><td>May 25</td><td>1450</td><td>Concern</td></tr><tr><td>Jun 25</td><td>1500</td><td>Improvement</td></tr><tr><td>Jul 25</td><td>1400</td><td>None</td></tr><tr><td>Aug 25</td><td>1350</td><td>None</td></tr><tr><td>Sep 25</td><td>1250</td><td>None</td></tr><tr><td>Oct 25</td><td>1200</td><td>None</td></tr><tr><td>Nov 25</td><td>1100</td><td>None</td></tr><tr><td>Dec 25</td><td>1050</td><td>None</td></tr><tr><td>Jan 26</td><td>1050</td><td>None</td></tr><tr><td>Feb 26</td><td>1050</td><td>None</td></tr><tr><td>Mar 26</td><td>1100</td><td>None</td></tr><tr><td>Apr 26</td><td>1100</td><td>None</td></tr><tr><td>May 26</td><td>1100</td><td>None</td></tr></table>		Month	Mean	Special Cause	Jun 24	1250	None	Jul 24	1150	None	Aug 24	1150	None	Sep 24	1050	None	Oct 24	1050	None	Nov 24	1050	None	Dec 24	1150	None	Jan 25	1150	None	Feb 25	1150	None	Mar 25	1250	Concern	Apr 25	1350	Concern	May 25	1450	Concern	Jun 25	1500	Improvement	Jul 25	1400	None	Aug 25	1350	None	Sep 25	1250	None	Oct 25	1200	None	Nov 25	1100	None	Dec 25	1050	None	Jan 26	1050	None	Feb 26	1050	None	Mar 26	1100	None	Apr 26	1100	None	May 26	1100	None
Month	Mean	Special Cause																																																																											
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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. Over 300k patients in Wales wait over 100% for a FUP appointment in May, 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 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><thead><tr><th>Financial quarter</th><th>2023/24</th><th>2024/25</th><th>2025/26</th></tr></thead><tbody><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></tbody></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																						
Level 1																						
SPC assurance																						
N/A																						

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

Summary	 What the data tells us 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.

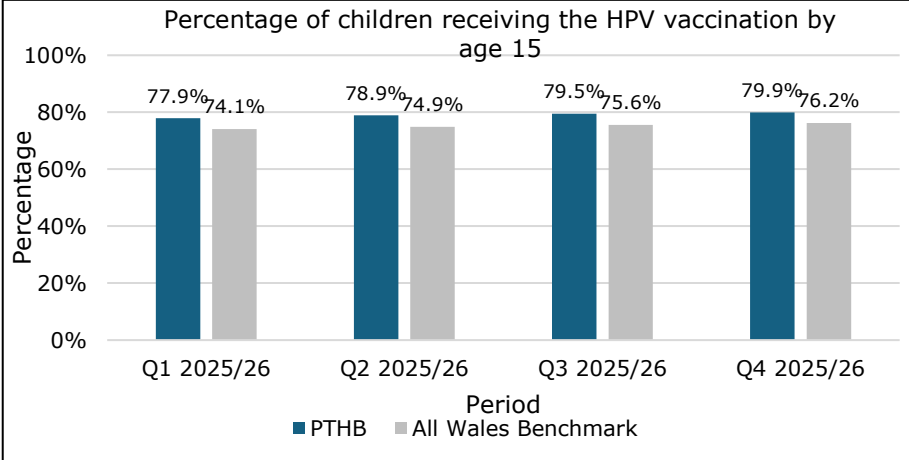
Summary	 What the data tells us By Q4 2025/26 16.1% of treated smokers were reported as CO (Carbon monoxide) validation as quit at 4 weeks. In addition, 44.1% self-reported as having quit at 4 weeks (Q3), this means that the actual total number of smokers who are CO validated is expected to be significantly 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) Percentage 100.0% 50.0% 0.0% 83.2% 90.8% 78.2% 88.5% Q1 2025/26 Q2 2025/26 Q3 2025/26 Q4 2025/26 Period Percentage of people Linear (Percentage of people)	
Q4 2025/26		
Target		
80%		
Reported position		
88.5%		
Escalation level		
Level 1		
SPC assurance		
N/A		

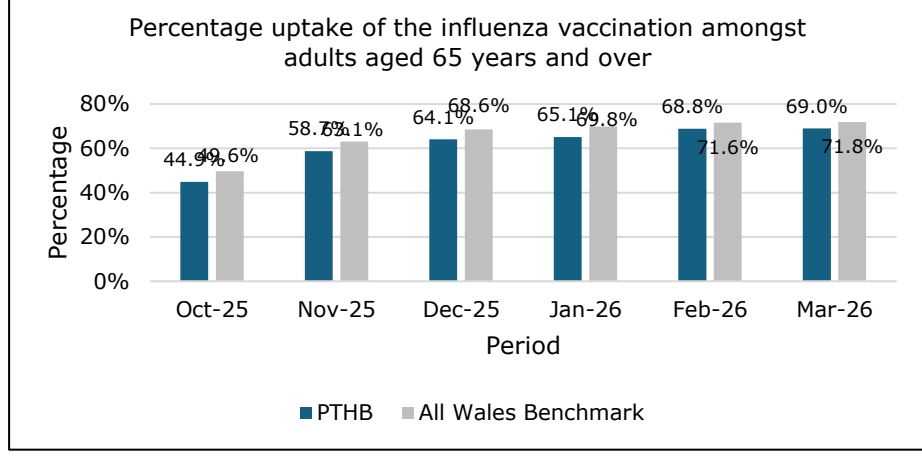
Percentage of children who are up to date with all routine scheduled vaccinations by age 5		PM4
Latest Period	 Executive Lead – Mererid Bowley - Executive Director of Public Health Percentage of children up to date with scheduled vaccinations by age 5 Percentage 100.0% 80.0% 60.0% 40.0% 20.0% 0.0% 91.4% 87.6% 91.1% 90.2% Q1 2025/26 Q2 2025/26 Q3 2025/26 Q4 2025/26 Period Percentage of Children Target	
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 although the target has been achieved 3 out of 4 reported quarters. Latest performance is positive and above target reporting 88.5% in Q4 25/26. PTHB ranks 4th in Wales with an All-Wales reported position of 88.0% for the same period. Key challenges/ issues • Interpretation of the target varies across Wales. PTHB have focussed service to concentrate on harm reduction and enabling service users to take control on reducing the harm of substance misuse therefore, this does not always include complete abstinence, and 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.

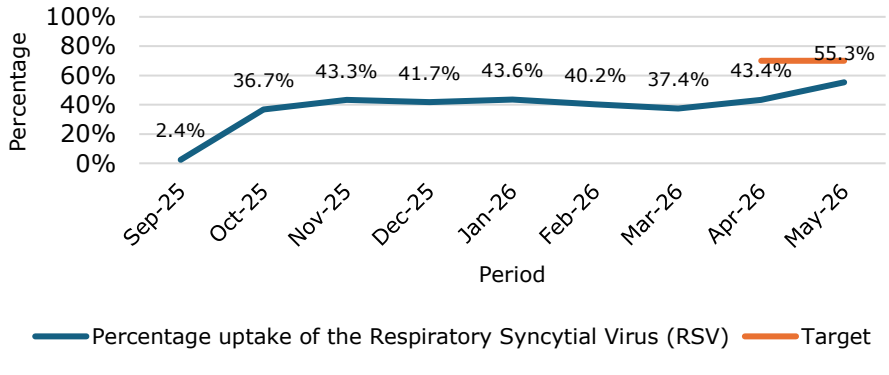
Summary	 What the data tells us Uptake of routine childhood vaccinations in Powys remains below the 95% target for protecting population health. PTHB ranks 2nd in Wales with the All-Wales position reported as 87.5% uptake. Key challenges/ issues • Continued focus is required to try to meet the 95% target,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

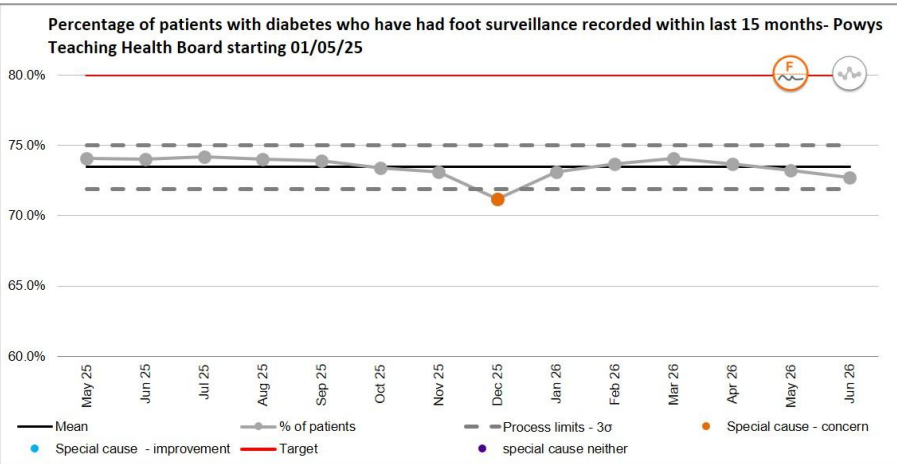
 Summary	 What the data tells us Uptake in Powys has increased to 79.9% and continued focus towards increasing uptake to the 90% target which is aimed to reduce cervical cancer cases to fewer than 4 per 100,000 women. PTHB ranks 3rd in Wales with the All-Wales position reporting 76.2% for the same period.
	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.

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>61.1%</td></tr><tr><td>Dec-25</td><td>64.1%</td><td>68.6%</td></tr><tr><td>Jan-26</td><td>65.1%</td><td>69.8%</td></tr><tr><td>Feb-26</td><td>68.8%</td><td>71.6%</td></tr><tr><td>Mar-26</td><td>69.0%</td><td>71.8%</td></tr></table>		Period	PTHB	All Wales Benchmark	Oct-25	44.9%	49.6%	Nov-25	58.7%	61.1%	Dec-25	64.1%	68.6%	Jan-26	65.1%	69.8%	Feb-26	68.8%	71.6%	Mar-26	69.0%	71.8%
Period			PTHB	All Wales Benchmark																			
Oct-25			44.9%	49.6%																			
Nov-25			58.7%	61.1%																			
Dec-25			64.1%	68.6%																			
Jan-26			65.1%	69.8%																			
Feb-26			68.8%	71.6%																			
Mar-26	69.0%	71.8%																					
Target																							
75%																							
Reported position																							
69.0%																							
Escalation level																							
Level 2a																							
SPC assurance																							
N/A																							

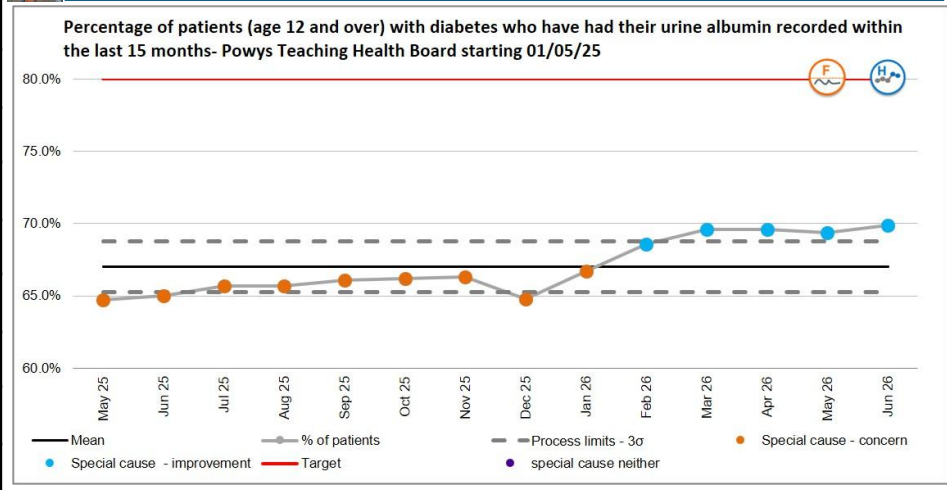
 Summary	 What the data tells us For 2025/6, population surveillance data has been used as a denominator to report uptake, differing from previous years where uptake data has aligned to delivery. Using population data, uptake reached 69%, below the target of 75%.
	Uptake by Powys population registered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

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

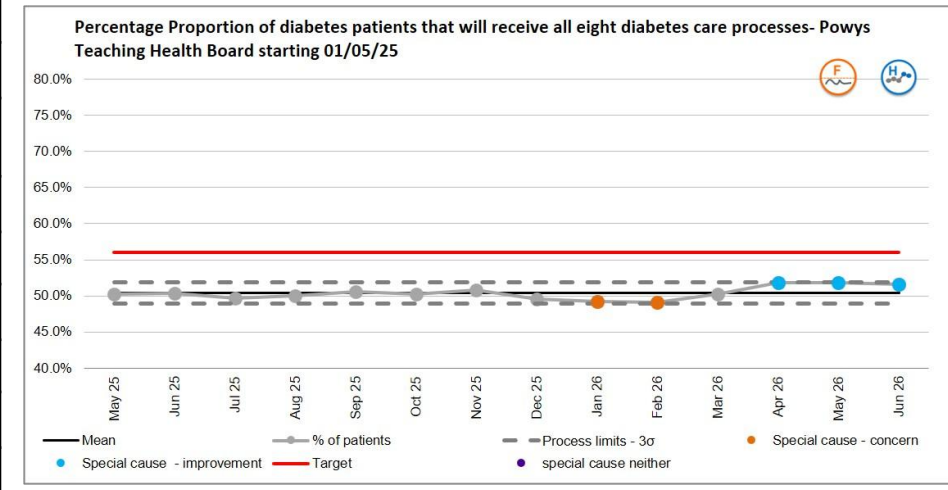
	What the data tells us Uptake in Powys remains below target for residents turning 75 years. Powys ranks 1st in Wales with the All-Wales position reported at 45.1%. Timeliness of offering RSV vaccination directly impacts reported uptake rates. Residents are offered RSV vaccination within 3 months of turning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

% of patients (age 12 and over) with diabetes who have had foot surveillance recorded within last 15 months		PM9																																													
Latest Month	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health																																														
Jun-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></tr></thead><tbody><tr><td>May 25</td><td>73.8%</td><td>80.0%</td></tr><tr><td>Jun 25</td><td>73.9%</td><td>80.0%</td></tr><tr><td>Jul 25</td><td>74.1%</td><td>80.0%</td></tr><tr><td>Aug 25</td><td>73.9%</td><td>80.0%</td></tr><tr><td>Sep 25</td><td>73.7%</td><td>80.0%</td></tr><tr><td>Oct 25</td><td>73.2%</td><td>80.0%</td></tr><tr><td>Nov 25</td><td>72.8%</td><td>80.0%</td></tr><tr><td>Dec 25</td><td>71.2%</td><td>80.0%</td></tr><tr><td>Jan 26</td><td>72.9%</td><td>80.0%</td></tr><tr><td>Feb 26</td><td>73.4%</td><td>80.0%</td></tr><tr><td>Mar 26</td><td>74.0%</td><td>80.0%</td></tr><tr><td>Apr 26</td><td>73.5%</td><td>80.0%</td></tr><tr><td>May 26</td><td>73.1%</td><td>80.0%</td></tr><tr><td>Jun 26</td><td>72.7%</td><td>80.0%</td></tr></tbody></table>		Month	% of patients	Target	May 25	73.8%	80.0%	Jun 25	73.9%	80.0%	Jul 25	74.1%	80.0%	Aug 25	73.9%	80.0%	Sep 25	73.7%	80.0%	Oct 25	73.2%	80.0%	Nov 25	72.8%	80.0%	Dec 25	71.2%	80.0%	Jan 26	72.9%	80.0%	Feb 26	73.4%	80.0%	Mar 26	74.0%	80.0%	Apr 26	73.5%	80.0%	May 26	73.1%	80.0%	Jun 26	72.7%	80.0%
Month			% of patients	Target																																											
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Target																																															
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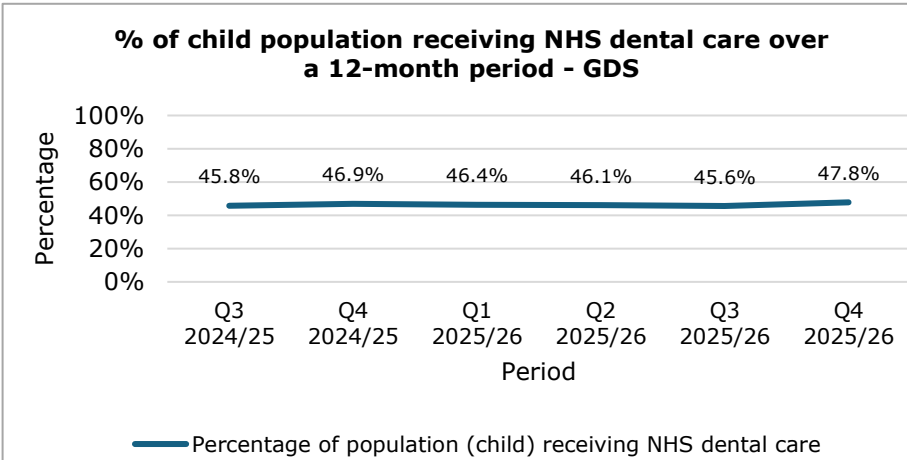
	What the data tells us Performance remains stable over the last 12 months with minimal variation, but below the 2026/27 target of 80%. Powys ranks 1st in Wales with the All-Wales reported position of 66.5%. Current PTHB position (as of June26) 72.7%
	Summary Key challenges/ issues Despite increased training 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
Latest Month	Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health	
Jun-26	Percentage of patients (age 12 and over) with diabetes who have had their urine albumin recorded within the last 15 months- Powys Teaching Health Board starting 01/05/25 	
Target		
80%		
Reported position		
69.9%		
Escalation level		
Level 2a		
SPC assurance		
		

Summary	What the data tells us As a new measure, performance has remained stable with overall improvement compared to the preceding 12 months, however reporting 69.9% in June 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 66.8% 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. - NHSP&I national training offer, being supported locally through P&CCA
	37/54

% Proportion of diabetes patients that will receive all eight diabetes care processes		MDS
Latest Month	Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health	
Jun-26	Percentage Proportion of diabetes patients that will receive all eight diabetes care processes- Powys Teaching Health Board starting 01/05/25 	
Target		
Meet or exceed plan (56% 26/27)		
Reported position		
51.6%		
Escalation level		
Level 2a		
SPC assurance		
		

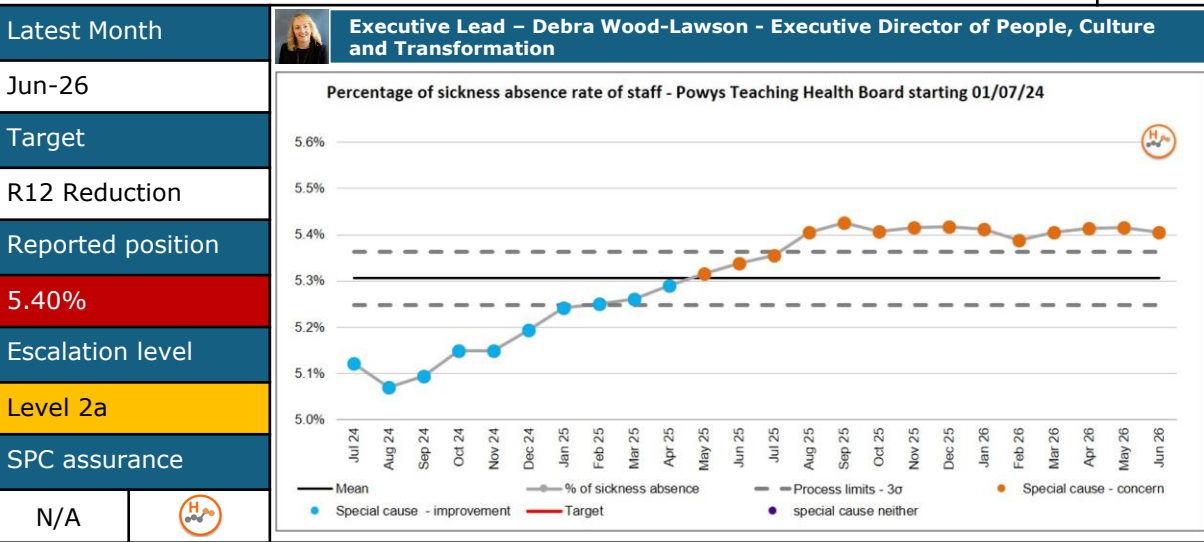
Summary	What the data tells us Performance has remained stable throughout the reporting period, with limited month-to-month variation with a slight improvement in Q1. An ambitious target of 56% has been agreed as part of the Health Board's 2026/27 planning assumptions. Whilst current performance is below 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.
	101/324

% 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 <table><tr><th>Period</th><th>Percentage</th></tr><tr><td>Q3 2024/25</td><td>45.8%</td></tr><tr><td>Q4 2024/25</td><td>46.9%</td></tr><tr><td>Q1 2025/26</td><td>46.4%</td></tr><tr><td>Q2 2025/26</td><td>46.1%</td></tr><tr><td>Q3 2025/26</td><td>45.6%</td></tr><tr><td>Q4 2025/26</td><td>47.8%</td></tr></table> Percentage of population (child) receiving NHS dental care	Period	Percentage	Q3 2024/25	45.8%	Q4 2024/25	46.9%	Q1 2025/26	46.4%	Q2 2025/26	46.1%	Q3 2025/26	45.6%	Q4 2025/26	47.8%	
Period		Percentage														
Q3 2024/25		45.8%														
Q4 2024/25		46.9%														
Q1 2025/26		46.4%														
Q2 2025/26		46.1%														
Q3 2025/26		45.6%														
Q4 2025/26	47.8%															
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	<u>What the data tells us</u> 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%. <u>Key challenges/ issues</u> 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. <u>Key action/ initiatives</u> 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.
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Percentage of sickness absence rate of staff

PM36



Summary

What the data tells us

- Please note data has been revised since month 2 following validation work by workforce (minimal variance <0.2% in any month)
- Reported rolling 12 sickness rate has broadly stabilised. The latest position for June 2026 is 5.40%, which is a slight improvement from May (5.41%) but remains above the average for the last 24 months. This indicates that, while the previous upward trend has levelled off and is beginning to reduce, a reduction is not yet being achieved. The latest benchmarking position for April 2026 places Powys 5th out of 13 NHS Wales organisations, compared with an All-Wales sickness absence rate of 6.39%.

Key challenges/ issues

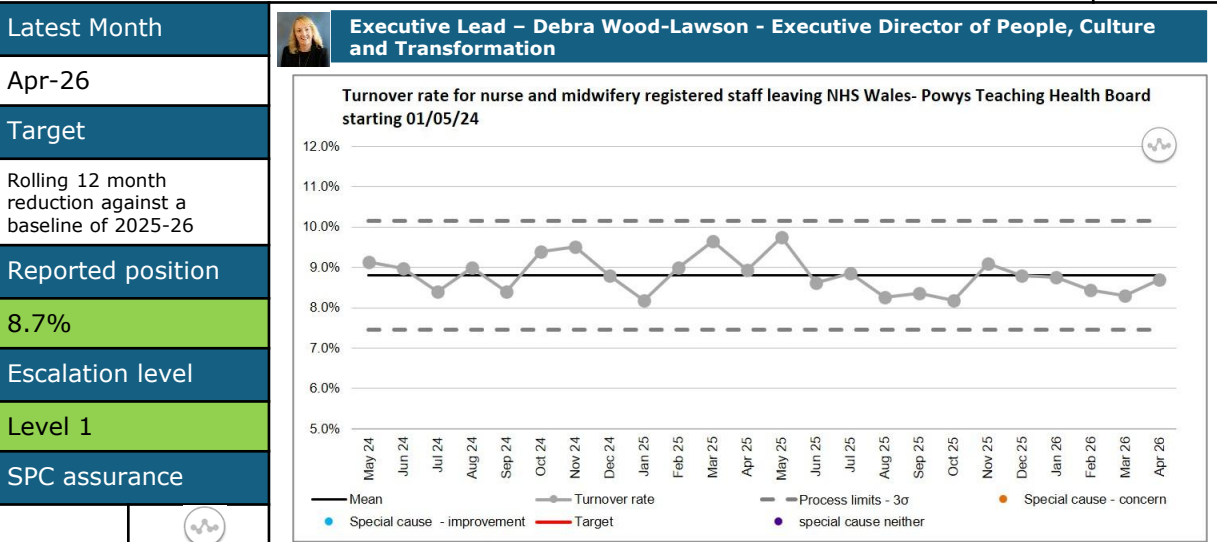
- Anxiety, Stress & Depression remains the highest reason for absence.
- Review of short-term absence suggests high levels of manager discretion is applied to the management of short-term absence process.

Key action/ initiatives

- To target short term absence, the People and Culture Business Partner team (P&C BP) are monitoring absences prompts in ESR and following these up with managers to ensure policy is followed.
- All long-term absence cases over 6 months are reviewed with managers to ensure all actions are up to date in line with the Managing Attendance at Work policy.
- A review of teams with higher levels of absence due to anxiety, stress, depression & other psychiatric illnesses is underway, with the aim of deploying the mindfulness & compassion team into the areas of the organisation in most need.
- A Workforce Wellbeing Risk Framework is being developed to support earlier identification of teams experiencing workforce-related wellbeing pressures.

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

PM37



Summary

What the data tells us

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

Key challenges/ issues

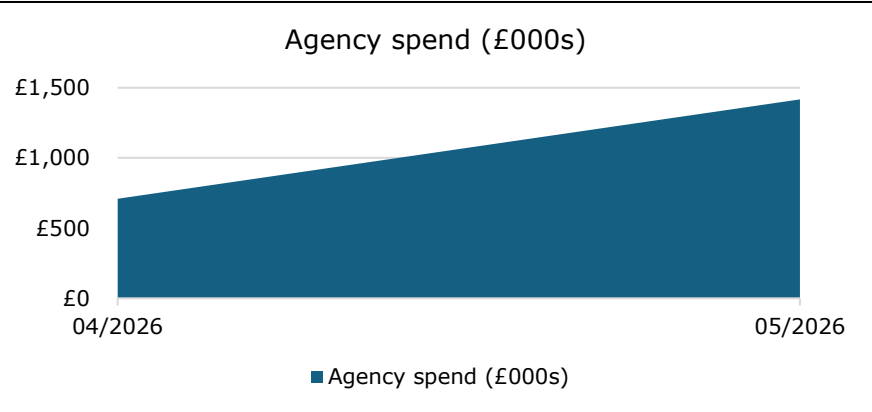
- There are high levels of leavers recorded as other/not known

Key action/ initiatives

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

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

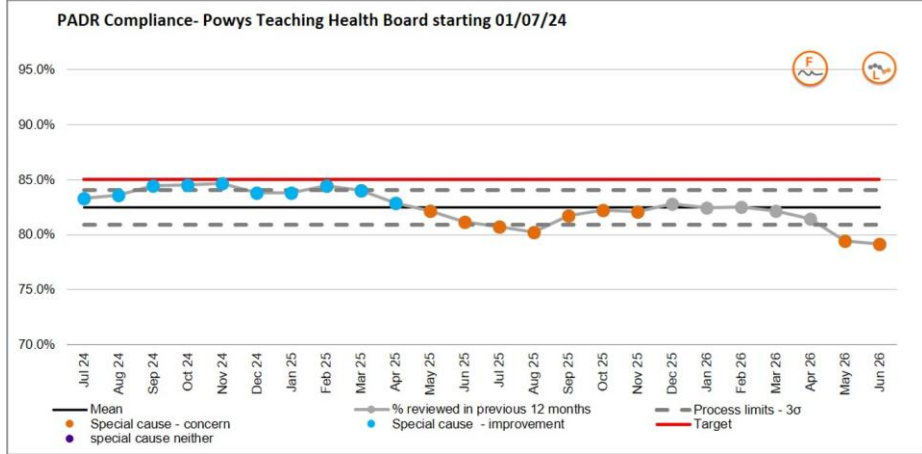
Agency spend (£000s)



Month	Agency spend (£000s)
04/2026	~700
05/2026	~1,400

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	
Jun-26		
Target		
85%		
Reported position		
79.1%		
Escalation level		
Level 2a		
SPC assurance		

PADR Compliance- Powys Teaching Health Board starting 01/07/24



Month	Mean	Special cause - concern	Special cause - improvement
Jul 24	83.0%		
Aug 24	83.5%		
Sep 24	84.0%		
Oct 24	84.5%		
Nov 24	84.0%		
Dec 24	83.5%		
Jan 25	83.0%		
Feb 25	83.5%		
Mar 25	83.0%		
Apr 25	82.5%		
May 25	81.5%		
Jun 25	81.1%		
Jul 25	80.5%		
Aug 25	80.0%		
Sep 25	81.5%		
Oct 25	82.0%		
Nov 25	82.5%		
Dec 25	82.0%		
Jan 26	81.5%		
Feb 26	81.0%		
Mar 26	80.5%		
Apr 26	80.0%		
May 26	79.5%		
Jun 26	79.1%		

Summary

What the data tells us

This measure is revised for 2026/27 and only currently contains two data points. Welsh Government performance reported the Powys position at £1,417 in May 2026, ranking us 8th in Wales. The All-Wales reported position was £17,930 for the same period.

Key challenges/ issues

- Some apparent discrepancy between WG and PTHB figures.
- Continued balanced between performance delivery and reliance on locum provision.

Key action/ initiatives

- Re-establishment of variable pay scrutiny and challenge meetings.
- Further focus on recruitment in therapy services.
- Further focus on mental health ward, community and medical recruitment.

Summary

What the data tells us

Please note data has been revised since month 2 IQPAR following validation work by the Powys workforce team.

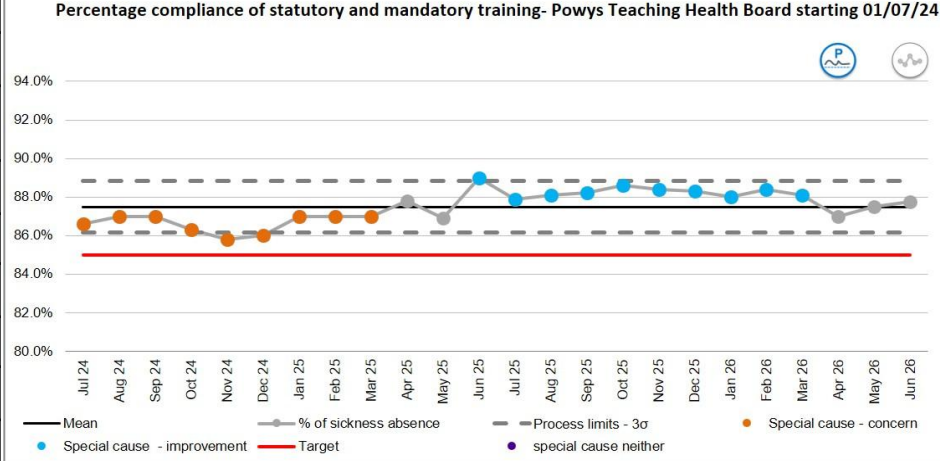
The SPC shows a gradual limited deterioration over the last 12 months in June 2025 compliance was reported at 81.1% and now reports 79.1% June 2026. Although PADR compliance is no longer included within the NHS Wales Performance Framework, the Health Board has retained the original 85% target.

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 the 85% compliance target in June.

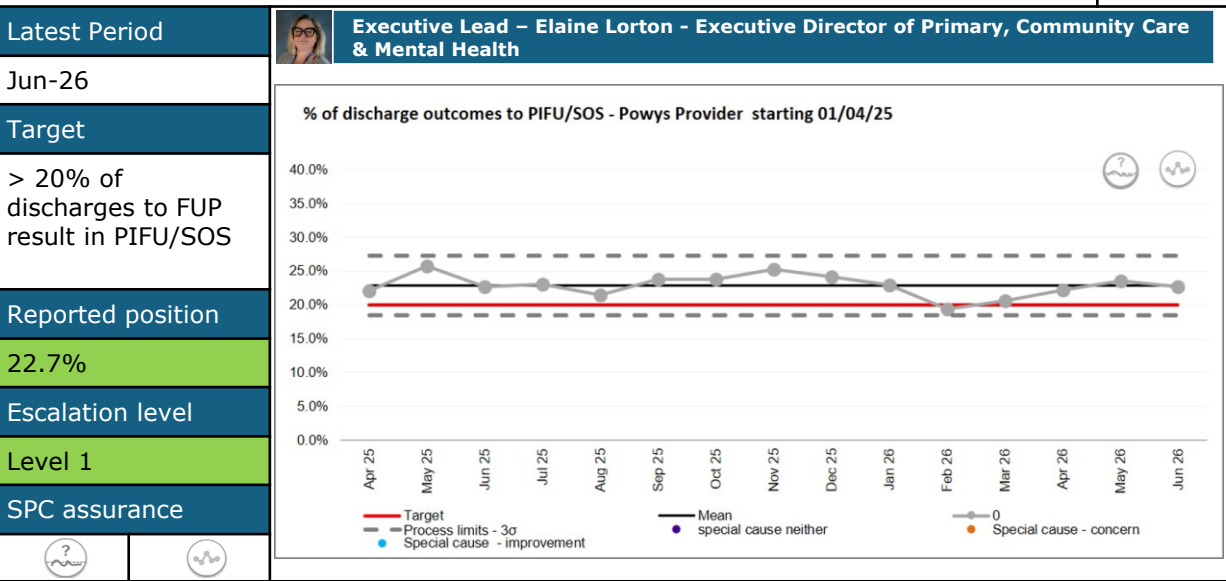
Key action/ initiatives

- 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	
Jun-26	Percentage compliance of statutory and mandatory training- Powys Teaching Health Board starting 01/07/24 	
Target		
85%		
Reported position		
87.7%		
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 June 2026 remains above the 85% target, although there has been a slight reduction from the recent peak. The current position indicates improved and sustained compliance, with continued focus required to maintain performance and avoid slippage.	
	Key challenges/ issues	
	Directorates continue to report that a combination of staff absence, vacancies and operational pressures have continued to have an impact on completion of S&M training.	
	Key action/ initiatives	
	- The P&C BP team discuss compliance at senior management meetings within services, escalating to Assistant Directors areas of concern as required. - All supervisors receive a monthly report with a breakdown of their teams' compliance.	

Productivity and Efficiency – Planned Care

% of discharge outcomes to PIFU/SOS – Powys Provider

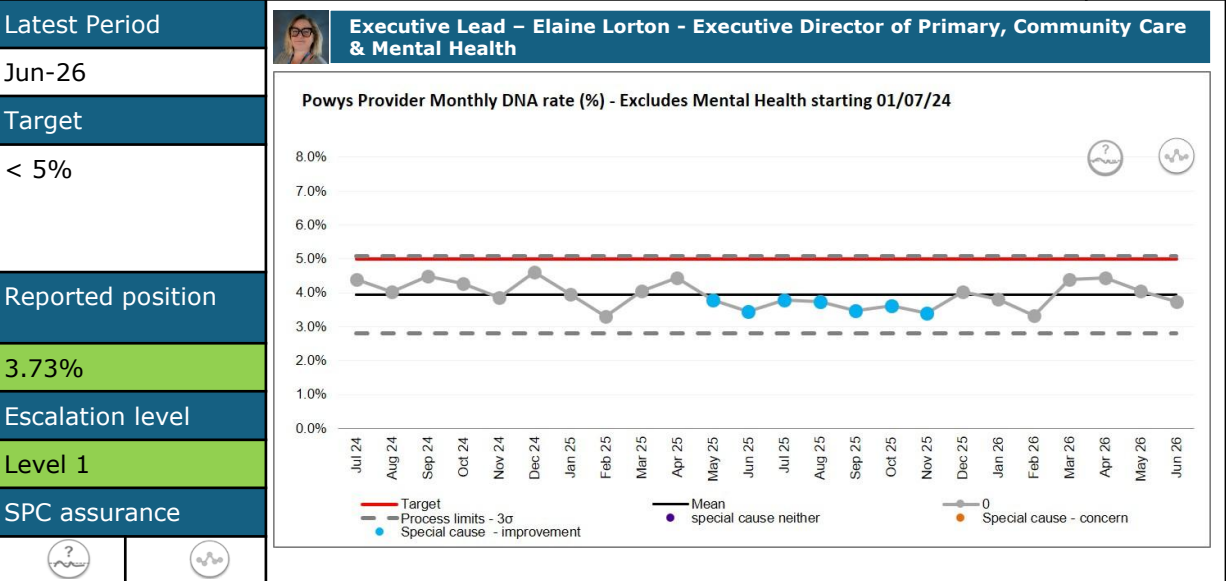


What the data tells us
PTHB planned care services on average discharge above the recommended PIFU/SOS target of 20% in Wales. For June 22.7% of discharges were into SOS/PIFU but also reporting 77.4% of patients had an outcome from an appointment as discharged.

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%

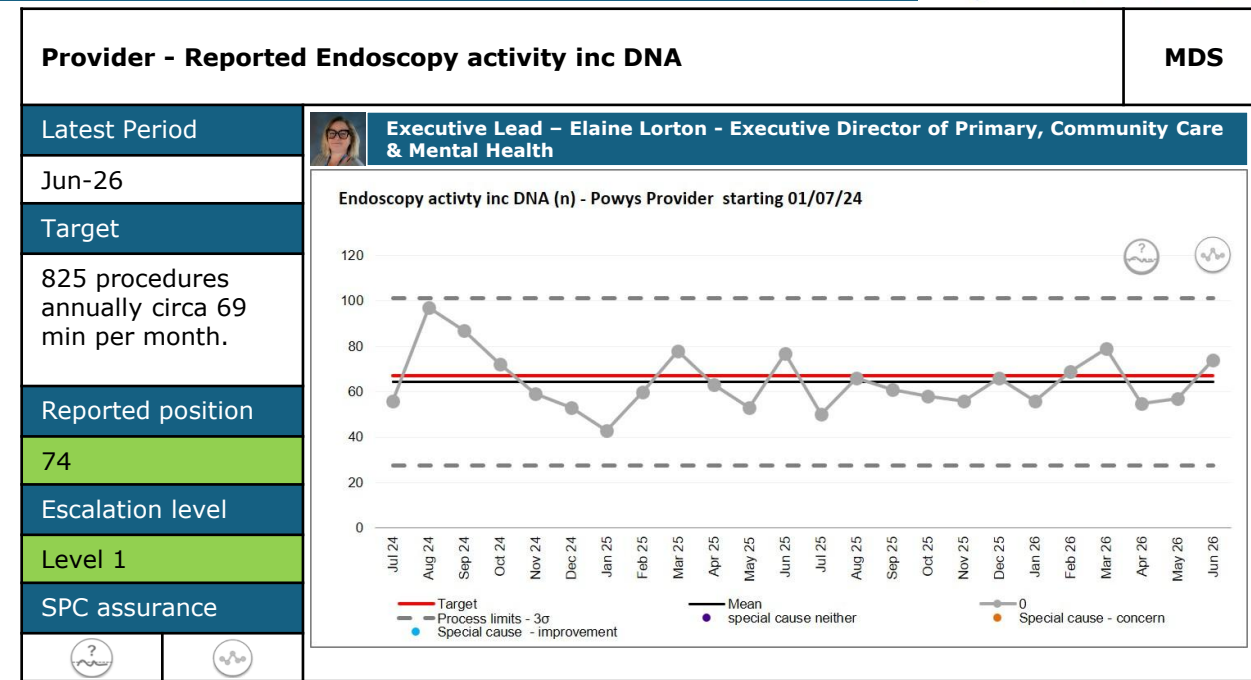
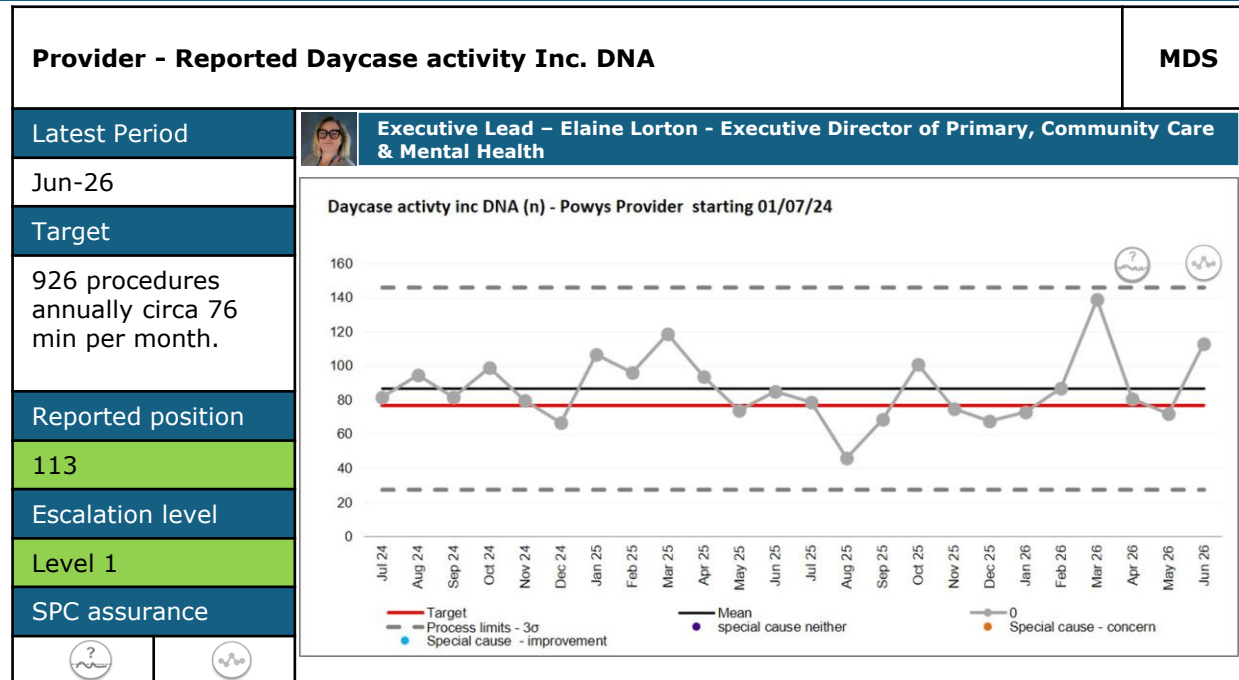


What the data tells us
DNA rate for Powys as a provider has always been low when compared to other providers. In the last 24 months it has an average rate of 3.94 % for outpatient appointments. A key to the low rate is the flexible partial booking service used by the operational teams. Latest performance in June has been reported at 3.73%.

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



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 June 113 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.

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. 74 procedures were reported in June 26 which is above the monthly target of 67 required per month.

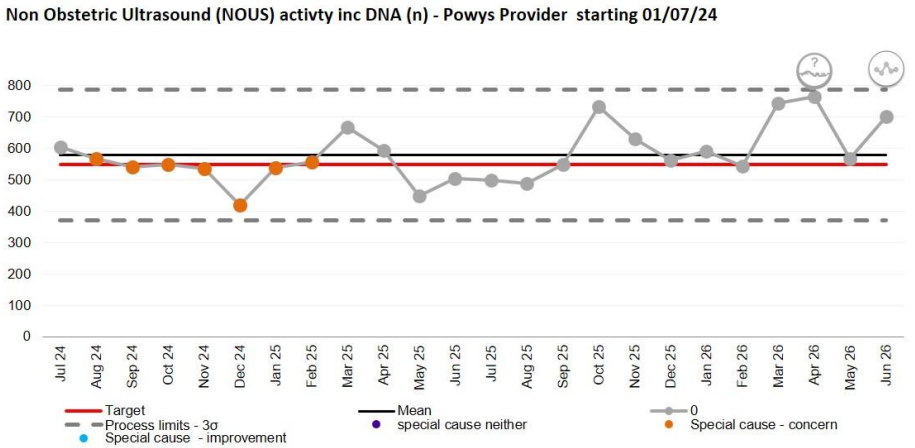
Key challenges/ issues

- 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

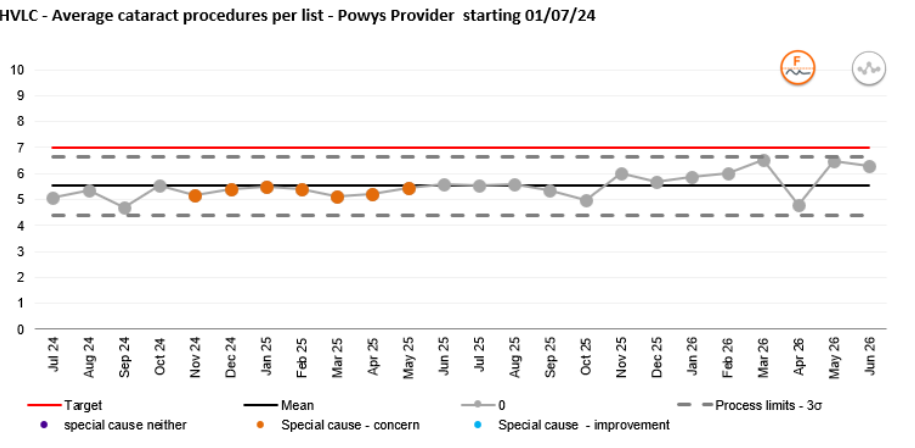
- Powys physical capacity (treatment rooms) offered as part of mutual aid for regional solutions further discussions with Associate Director Regional Delivery NHS Performance & Improvement.

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																																																																												
Jun-26	Non Obstetric Ultrasound (NOUS) activity inc DNA (n) - Powys Provider starting 01/07/24  <table border="1"><thead><tr><th>Month</th><th>Activity</th><th>Special Cause</th></tr></thead><tbody><tr><td>Jul 24</td><td>600</td><td>None</td></tr><tr><td>Aug 24</td><td>570</td><td>None</td></tr><tr><td>Sep 24</td><td>540</td><td>None</td></tr><tr><td>Oct 24</td><td>550</td><td>None</td></tr><tr><td>Nov 24</td><td>530</td><td>None</td></tr><tr><td>Dec 24</td><td>420</td><td>Special cause - concern</td></tr><tr><td>Jan 25</td><td>540</td><td>None</td></tr><tr><td>Feb 25</td><td>560</td><td>None</td></tr><tr><td>Mar 25</td><td>660</td><td>None</td></tr><tr><td>Apr 25</td><td>590</td><td>None</td></tr><tr><td>May 25</td><td>450</td><td>None</td></tr><tr><td>Jun 25</td><td>500</td><td>None</td></tr><tr><td>Jul 25</td><td>490</td><td>None</td></tr><tr><td>Aug 25</td><td>480</td><td>None</td></tr><tr><td>Sep 25</td><td>550</td><td>None</td></tr><tr><td>Oct 25</td><td>730</td><td>None</td></tr><tr><td>Nov 25</td><td>630</td><td>None</td></tr><tr><td>Dec 25</td><td>560</td><td>None</td></tr><tr><td>Jan 26</td><td>590</td><td>None</td></tr><tr><td>Feb 26</td><td>540</td><td>None</td></tr><tr><td>Mar 26</td><td>740</td><td>None</td></tr><tr><td>Apr 26</td><td>760</td><td>None</td></tr><tr><td>May 26</td><td>560</td><td>None</td></tr><tr><td>Jun 26</td><td>700</td><td>None</td></tr></tbody></table>		Month	Activity	Special Cause	Jul 24	600	None	Aug 24	570	None	Sep 24	540	None	Oct 24	550	None	Nov 24	530	None	Dec 24	420	Special cause - concern	Jan 25	540	None	Feb 25	560	None	Mar 25	660	None	Apr 25	590	None	May 25	450	None	Jun 25	500	None	Jul 25	490	None	Aug 25	480	None	Sep 25	550	None	Oct 25	730	None	Nov 25	630	None	Dec 25	560	None	Jan 26	590	None	Feb 26	540	None	Mar 26	740	None	Apr 26	760	None	May 26	560	None	Jun 26	700	None
Month			Activity	Special Cause																																																																									
Jul 24			600	None																																																																									
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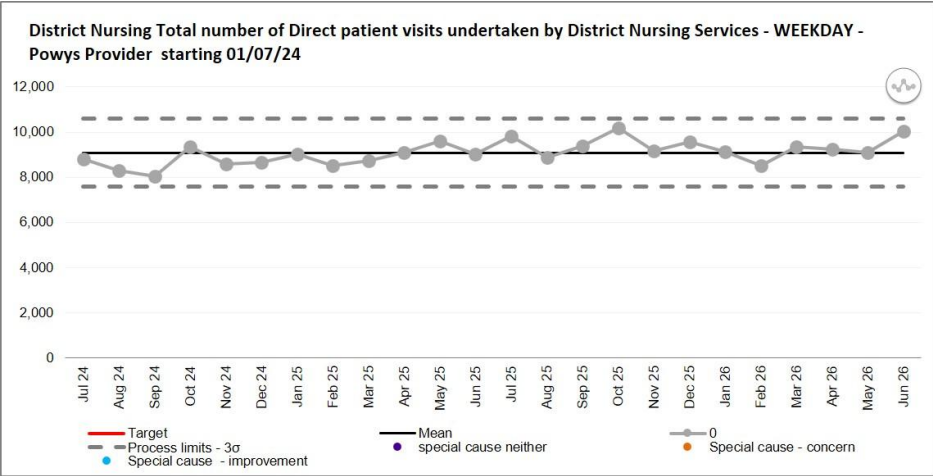
Summary	What the data tells us PTHB provides significant activity to meet the NOUS requirements in Powys. The monthly total waiting list is circa 600 average. The health board is on track to meet or exceed the number of planned patient scans for 2026/27 with 702 carried out in June. Key challenges/ issues - The service currently requires agency capacity to meet waiting times. - Whilst delivers against the national 8-week standard, the margins are very slim, with continual risk for breaches Key action/ initiatives - Seeking access to national planned care recovery funding to extend performance to within 6 weeks and build margin of capacity through further recruitment and agency resourcing.

GIRFT High Value Low Complexity (HVLC) - Cataract procedures per list		GIRFT
Latest Period	 Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health	
May-26		
Target		
90% of lists to have 7 per list by end of Q2 26/27		
Reported position		
6.3		
Escalation level		
Level 1		
SPC assurance		
		

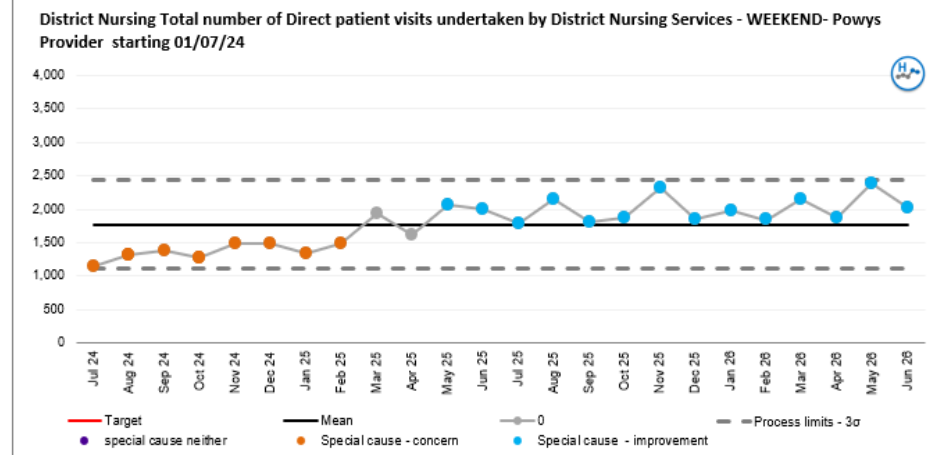
HVLC - Average cataract procedures per list - Powys Provider starting 01/07/24	
 	
	
— Target ● special cause - neither ● special cause - concern ● special cause - improvement	— Mean — 0 — Process limits - 3σ

Summary	What the data tells us The GIRFT target has not been met so far in 2026/27 but will not be RAG rated until the end of Q2. It should be noted that the GIRFT target will be very challenging for PTHB as often non cataract procedures are booked and undertaken with cataracts. There is also variance across the theatres, for example in June an average of 7.3 cataracts were carried out per list in Llandrindod Wells War Memorial Hospital whilst 4.8 average cataract procedures per list were carried out in Brecon War Memorial Hospital. Key challenges/ issues - No cataract specific caseload mix. Key action/ initiatives - PTHB service efficiencies have enabled that 8 cataracts can be carried out per list. This has been achieved through insourcing lists however there are challenges with Wye Valley NHS Trust in reach capacity provision. - 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 01/07/24 	
Jun-26		
Target		
130,000 patients visits annually or 10833 per month minimum.		
Reported position		
10033		
Escalation level	Level 2a	
SPC assurance		
N/A		

Summary	What the data tells us An ambitious target was set in the MDS for the number of direct patient visits undertaken by District Nursing Services on weekdays of 130,000, this would require an average of 10,833 per month. The number of visits reported for June was 10,033 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 01/07/24 	
Jun-26		
Target		
4,000 patient visits annually or 333 per month minimum.		
Reported position		
2024		
Escalation level	Level 1	
SPC assurance		
N/A		

Summary	What the data tells us The number of weekend visits increased at the start of 2025/26 and has remained above the 24-month average. 2024 weekend visits were made in June 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	Latest Ranking	All Wales
										23/24	24/25	Q4	Q1				
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%			2nd	77.9%
Quality & Safety	Safe Care			40	Nationally reportable incidents open over 12 months	Level 2a			Zero			11	4	4	4	7th	38
Quality & Safety	Safe Care			49	Number of never events	Level 1			Zero		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	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	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	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	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	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			6th	31.42
Quality & Safety	Prescribing			48	Number of low Global Warming Potential (GWP) inhalers as a percentage of all inhalers prescribed		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		9th	8.7
Quality & Safety	Safe Care			LM	Powys Inpatient Rolling 12-month Crude Mortality	Level 1	N/A		Reduction			6.0%	5.8%	6.0%	6.0%	N/A	N/A
Quality & Safety	Safe Care			LM	Reduce perinatal mortality rates	Level 1	N/A	N/A	TBC	3.27 per 1k						N/A	3.29 per 1k
Quality & Safety	Safe Care			LM	Powys responsible 7 day re-admission rate	Level 2a	N/A		Flat rate		6.2%	5.8%	7.2%	7.4%	9.1%	N/A	N/A

Appendix 1 – Access & Outcomes

Domain		Priority level		Ref	KPI	Esc. Level	Assu. No.	Assu. Icon	Variation No.	Variation Icon	Target 26/27	Mar-24	Mar-25	Mar-26	Apr-26	May-26	Jun-26	Latest Ranking	All Wales
												Q4	Q4	Q4	Q1				
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	8		1		90%	0.0%	0.0%	20.7%	4.8%	25.9%		5th*	11.8%
Access & Outcomes	Cancer			LM	Percentage of patients starting their first definitive cancer treatment within 62 days. Combined Welsh & English contextual measure.	Level 2a	6		1		Local target 75%			61.0%	58.3%	60.3%		N/A	56.7%
Access & Outcomes	Cancer			LM	Provider - Single cancer pathway downgrades within 28 days best practice	Level 1	0	N/A	1		No target	31.8%	60.6%	50.0%	59.1%	95.2%	70.8%	N/A	
Access & Outcomes	Cancer			MDS87	Provider - New Cancer Referrals	Level 1	0	N/A	1		No target	44	58	50	40	42	43	N/A	
Access & Outcomes	Prescribing			13	Percentage of community pharmacies providing Pharmacist Independent Prescribing service (PIPS)	Level 2a	8		5		65.5%			45.5%	50.0%	50.0%		3rd	46.1%
Access & Outcomes	Mental Health			14	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	7		1		80%	97.7%	100%	97.4%	90.2%	96.1%	98.2%	4th*	93.8%
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	6		1		80%	100.0%	91.7%	95.7%	87.0%	83.3%	94.6%	5th*	87.0%
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	6		2		80%	60.8%	98.0%	93.2%	45.8%	32.0%	37.0%	7th*	82.2%
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	6		1		80%	91.1%	93.5%	96.6%	86.3%	92.9%	82.8%	4th*	89.7%
Access & Outcomes	Mental Health			LM	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	Level 1	6		1		90%	97.0%	97.4%	90.4%	94.4%	95.1%	92.9%	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	8		2		90%	79.5%	81.9%	82.8%	81.2%	79.3%	78.8%	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	8		5		80%	42.2%	29.9%	36.8%	39.3%	39.1%	42.2%	*3rd	23.3%
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	6		5		80%	75.9%	71.3%	88.2%	88.4%	88.5%	85.6%	1st*	53.4%

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Appendix 1 – Access & Outcomes continued

Domain		Priority level		Ref	KPI	Esc. Level	Assu. No.	Assu. Icon	Variation No.	Variation Icon	Target 26/27	Mar-24	Mar-25	Mar-26	Apr-26	May-26	Jun-26	Latest Ranking	All Wales
												Q4	Q4	Q4	Q1				
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%		7th	22.1%
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	00:09:37	7th	00:07:41
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	7th	00:09:31
Access & Outcomes	Emergency Care			23	Number of ambulance patient handovers over 45 minutes	Level 2a		N/A		N/A	0			238	205	91		1st	4,660
Access & Outcomes	Emergency Care			24	Percentage of ambulance patient handovers within 15 minutes	Level 2a		N/A		N/A	80%			16.8%	18.8%	22.3%		5th	26.7%
Access & Outcomes	Emergency Care			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	7		1		95%	99.9%	100%	99.9%	100%	100%	100%	1st*	64.4%
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	7		1		0	0.0%	0	0	0	0	0	1st*	11,066
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 outpatient appointment	Level 2a	8		5		95%	68.7%	68.6%	89.7%	90.1%	89.4%	89.7%	1st*	49.7%
Access & Outcomes	Elective care			29	Number of diagnostic breaches 8+ weeks	Level 2a	8		4		0	116	79	1	37	65	51	1st*	35,813
Access & Outcomes	Elective care			30	Number of therapy breaches 14+ weeks (all ages)	Level 1	6		4		0	135	0	0	0	0	0	1st*	5,978
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 2a	0	N/A	0	N/A	0		Not available	0	5	4	5	1st*	18,403
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	0	N/A	0	N/A	0		Not available	0	9	3	2	1st*	3,158
Access & Outcomes	Elective care			33	Number of patients waiting more than 26 weeks for a new outpatient appointment	Level 2a	8		4		0	370	570	63	171	205	185	1st*	61,214
Access & Outcomes	Elective care			33r	Wales - Number of patients waiting more than 26 weeks for a new outpatient appointment	Level 2a	8		4		0	1835	1387	394	394	450	456		
Access & Outcomes	Elective care			34	RTT patients waiting more than 104 weeks	Level 1	6		4		0	1	0	0	0	0	0	1st*	4,208
Access & Outcomes	Elective care			34r	All RTT pathways (England & Wales inc PTHB) waiting more than 104 weeks	Level 2a	8		1		0	211	81	124	149	164			
Access & Outcomes	Elective care			35	Number of patient follow-up outpatient appointment delayed by over 100%	Level 2a	0	N/A	1		825	1202	1318	1100	1,107	1,098		1st	308,419

Appendix 1 – Population Health & Prevention

Domain	Priority level		Ref	KPI	Esc. Level	Assu. Icon	Variation Icon	Target 26/27	Mar-24	Mar-25	Mar-26	Apr-26	May-26	Jun-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 1	N/A	N/A	80%	67.1%	78.5%	88.5%				4th	88.0%
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%		1st	45.1%
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%	1st	66.5%
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%	2nd	66.8%
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	Ranking	All-Wales
												Q4	Q1				
People & Culture				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%	5th (Apr-26)	6.39%
People & Culture				37	Turnover rate of nurse, midwifery, medical and dental registered staff leaving NHS Wales	Level 2a	N/A		R12 reduction	10.91%	9.65%	8.30%	8.70%			10th	6.70%
People & Culture				38	Agency spend (£000s) - Financial monitoring return	Level 1	N/A	N/A	30% reduction from 25/26 (£5215)				£709.00	£1,417.00		8th	£17,930.00
People & Culture				LM	Percentage headcount of those who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	Level 2a			85%	77.5%	84.0%	82.2%	81.5%	79.5%	79.1%	N/A	
People & Culture				LM	Mandatory and Statutory Training Compliance %	Level 1			85%	86.0%	87.0%	88.1%	87.0%	87.5%	87.8%	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
												Q1	Q1		
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%
Productivity and efficiency	Access & Outcomes				DNA rate for outpatients (monthly)	Level 1			<5%		4.05%	4.45%	4.45%	4.04%	3.73%
Productivity and efficiency	Access & Outcomes				Provider - Reported All Daycase activity inc DNA	Level 1			77 min per month	92	119	94	81	72	113
Productivity and efficiency	Access & Outcomes				Provider - Reported All Endoscopy activity inc DNA	Level 1			67 min per month	89	77	61	55	57	74
Productivity and efficiency	Access & Outcomes				Provider - Non Obstetric Ultrasound activity	Level 1			548 min per month	605	667	594	766	567	702
Productivity and efficiency	Community Services			MDS6	District Nursing Total number of Direct patient visits undertaken by District Nursing Services - WEEKDAY	Level 2a	N/A		10,833 per month	7823	8734	9091	9235	9089	10033
Productivity and efficiency	Community Services			MDS7	District Nursing Total number of Direct patient visits undertaken by District Nursing Services - WEEKEND	Level 1	N/A		333 per month	1401	1931	1611	1871	2391	2024
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

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

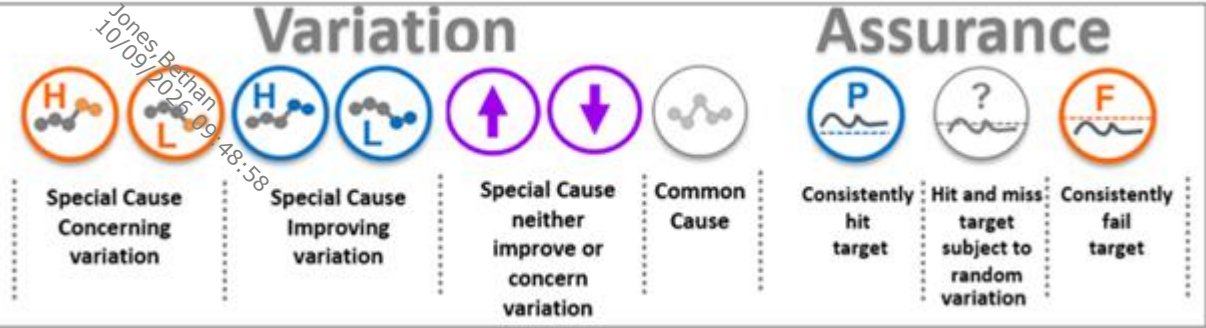
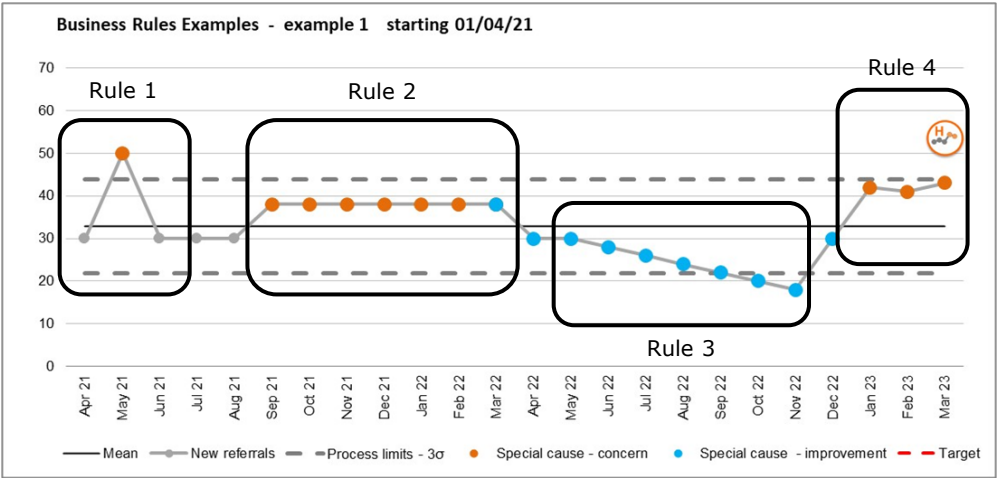
SPC charts are used as an analytical technique to understand data (performance) over time. Using statistical science to underpin data, and using visual representation to understand variation, areas that require appropriate action are simply highlighted. This method is widely used within the NHS to assess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

Key facts for SPC

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

Key Rules of SPC

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



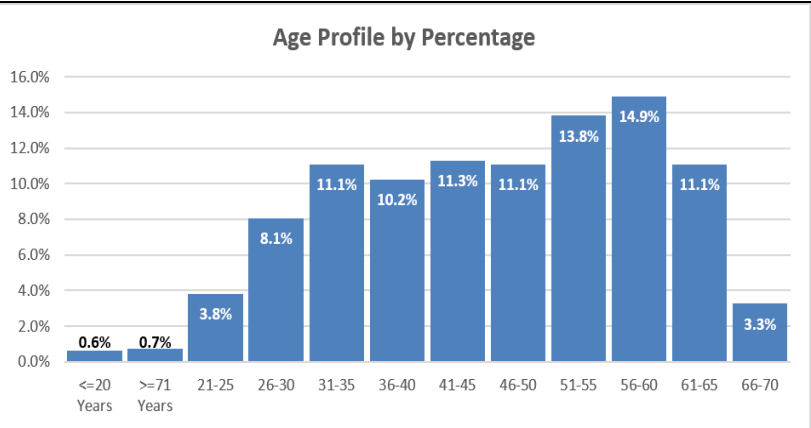
Appendix 3 – PTHB Integrated Quality & Performance Framework Escalation Framework 2026/27

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.

Appendix 4 - People & Culture Dashboard – Month 3 (June)

*All Data includes Powys THB and HCRW

Staff Group	WTE Staff in Post		Variance Jun-25 & Jun-26
	Jun-25	Jun-26	
Add Prof Scientific and Technic	90.81	90.18	-0.64
Additional Clinical Services	405.91	391.98	-13.93
Administrative and Clerical	646.44	641.03	-5.41
Allied Health Professionals	158.24	173.80	15.56
Estates and Ancillary	164.13	166.31	2.17
Healthcare Scientists	10.21	9.01	-1.20
Medical and Dental	38.93	41.94	3.00
Nursing and Midwifery Registered	609.69	633.41	23.73
Grand Total	2,124.38	2,147.66	23.28



PADR Compliance: Jun-26



79%
NHS Wales 78% (Apr-26)

Jun-25 : 81%
Jun-24 : 82%

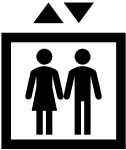
Mandatory & Statutory Training Compliance: Jun-26



88%
NHS Wales 88% (Apr-26)

Jun-25 : 89%
Jun-24 : 87%

Staff Rolling Turnover: Jun-26



8.88%
NHS Wales 7.6% (Apr-26)

Jun-25 - 11.34%
Jun-24 - 11.28%

Sickness Absence Percentage: Jun-26



4.84% (Actual)
5.37% (Rolling)
NHS Wales 6.4% Rolling (Apr-26)

Jun-25 - 5.14% (Actual) 5.34% (Rolling)
Jun-24 - 4.96% (Actual) 5.30% (Rolling)

Bank WTE Worked - (12 month Average)



78.9 WTE

JuL-24 - Jun-25: 69.3 WTE
Jul-23 - Jun-24: 51.4 WTE

Agency WTE Worked - (12 Month Average)



42.8 WTE

On Contract - 31.7 WTE
Off Contract - 11.1 WTE

Jul-24 - Jun-25: 71.2 WTE - (On 46.0 WTE & Off 25.2 WTE)
Jul-23 - Jun-24: 73.1 WTE - (On 50.8 WTE & Off 22.3 WTE)

Medical Agency WTE Worked (12 Month Average)



7.0 WTE

On Contract - 2.3 WTE
Off Contract - 4.7 WTE

Jun-24 - May-25: 9.1 WTE - (On 5.1 WTE & Off 4.0 WTE)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.4

FINANCE & PERFORMANCE COMMITTEE		10 SEPTEMBER 2026	
Subject:	Progress Against the Annual Plan (Delivery Plan 2026/27) for the Quarter 1 Period, – Year End Report		
Approved and presented by:	Executive Director of Planning, Performance & Commissioning		
Prepared by:	Assistant Director of Planning/Planning Managers		
Other Committees and meetings considered at:	Executive Committee - 19 th August and 2 nd September 2026		
PURPOSE:			
This report provides the Finance & Performance Committee with an update of the progress made against the Annual Plan in the Quarter 1 period (April to June) 2026/27.			
Following consideration at Finance and Performance Committee it will then be submitted to PTHB Board and subsequently submitted to Welsh Government, as a formal report of Progress against the Plan for 2026/27.			
RECOMMENDATION(S):			
The Finance and Performance Committee are asked to:			
• CONSIDER the report ahead of submission to PTHB Board and take ASSURANCE that there is a process in place for monitoring progress against plan.			
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 19th 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.

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	

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)	Emergency Department App Digital Health Care Wales led programme paused, and with significant clinical issues within the system	Medium	Critical Action
		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
SP16 – Enabling Efficiency and Effectiveness	16.2) Implementation of a digital communications platform (SMS Text, Hybrid Mail, Patient Portal)	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
		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.

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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.

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.

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.

The Finance and Performance Committee are asked to CONSIDER the report ahead of submission to PTHB Board and take ASSURANCE that there is a process in place for monitoring progress against plan.

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

IMPACT ASSESSMENT

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

QUALITY:

	No impact	Negative	Positive	Both	
Safe					A Quality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Duty of Quality processes (under development). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Quality Impact Assessment should be available as a supporting document to inform the decision-making process.
Timely					
Effective					
Efficient					
Equitable					
Person Centred					
Workforce					
Leadership					
Culture					
Information					
Learn, Improve, Research					
Whole Systems Approach					

EQUALITY:

	No impact	Negative	Positive	Both	
Age					An Equality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Equality Impact Assessment policies and procedures (CGP009). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Equality Impact Assessment should be available as a supporting document to inform the decision-making process.
Disability					
Gender reassignment					
Marriage / civil partnership					
Pregnancy / maternity					
Race					
Religion or Belief					
Gender					
Sexual Orientation					
Welsh Language					
Socio-economic status					
Social exclusion					
Carers					

RISK ASSESSMENT:

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

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

	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

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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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

FINAL PTHB Delivery Plan 2026-2027

- 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

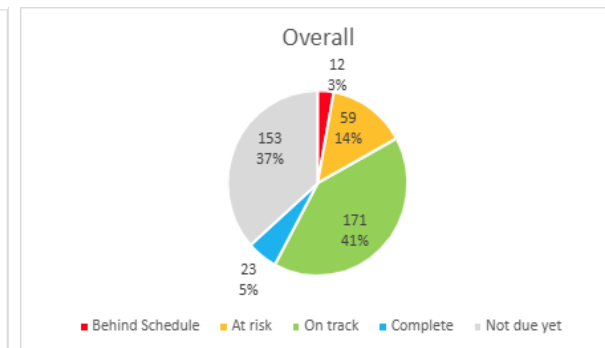
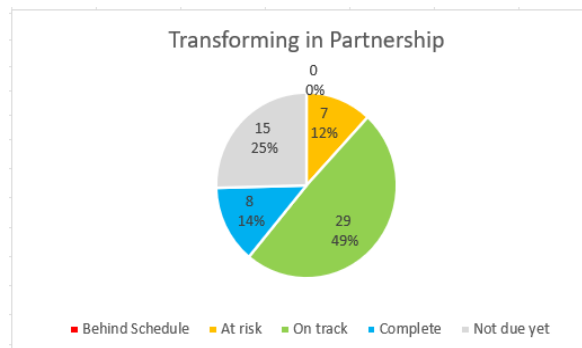
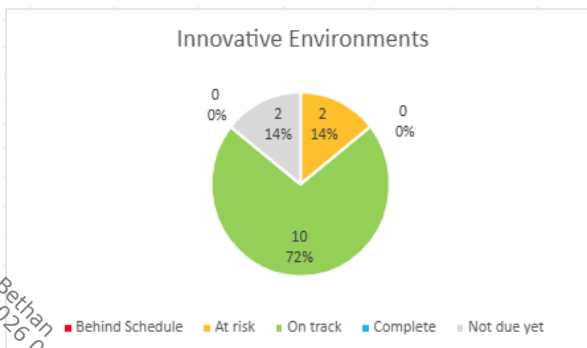
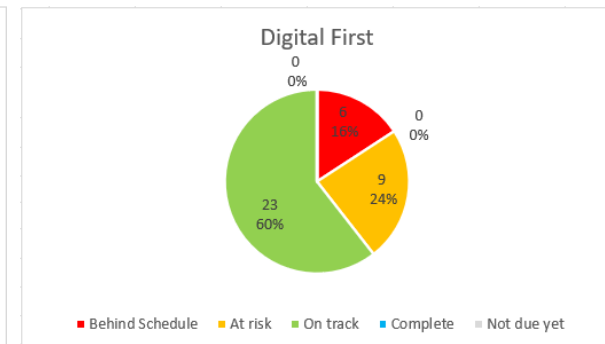
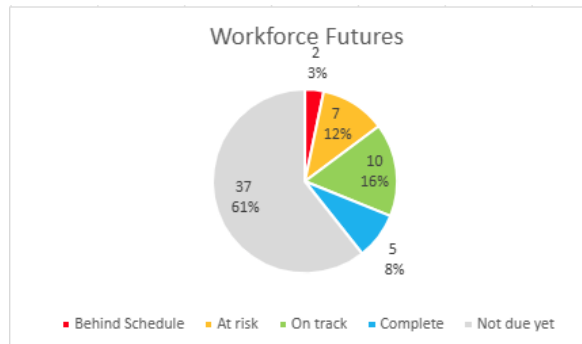
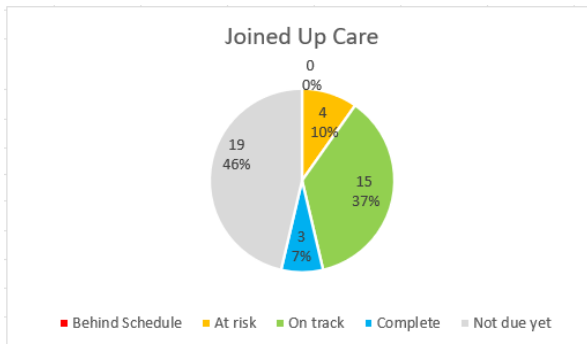
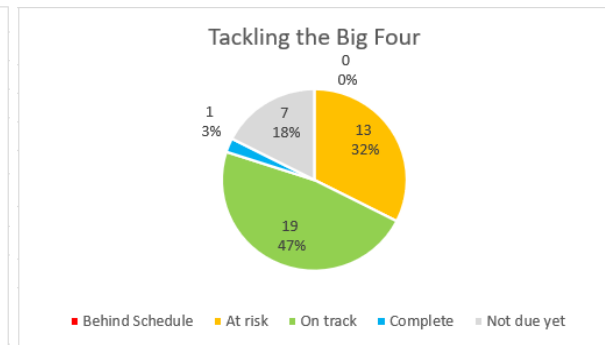
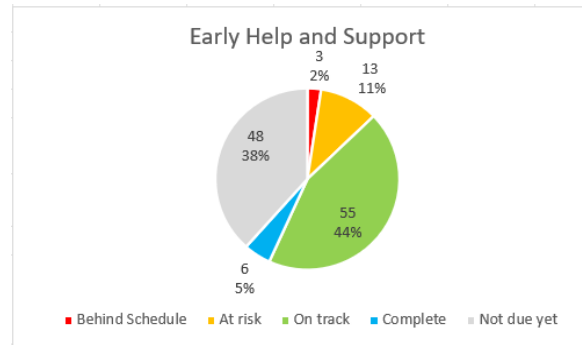
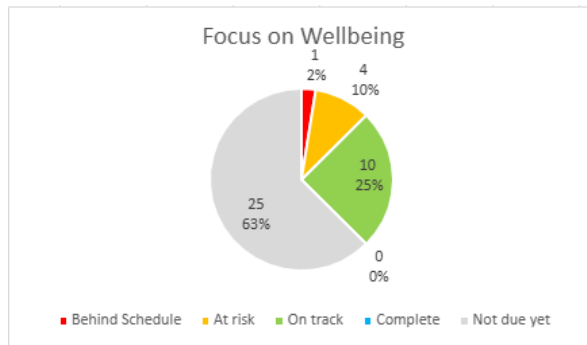


Enablers



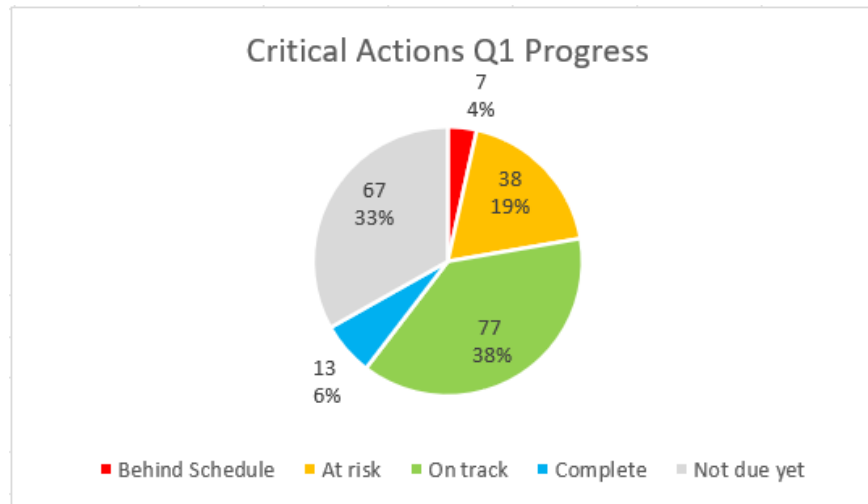
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SUMMARY OVERVIEW



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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 Diptheria, 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 Papilloama 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)												

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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 Childrens services, aligned to the All-Wales Obesity Strategy	CS	Q1		Amber				Medium			

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	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	CA	Q1-Q4	Green				High			
<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)		CA									
4.2.7)	Finalise scoping including estates and workforce implications	CA	Q1	Green				High			
4.2.8)	Commence organisational change process and finalise implementation plan (subject to approval)	CA	Q1	Amber				Medium			
4.2.9)	Implementation of colocation changes (subject to approval)	CA	Q2					Medium			
Enhanced Community Capacity											
4.2.10)	In partnership, codesign next phase of Enhanced Community Capacity Local Supplementary Service for General Medical Services	CA	Q2-Q3					High			
4.2.11)	Implement the new Local Supplementary Service	CA	Q4					High			
4.2.12)	Scope Hospital@home capability to support enhancement	CA	Q1-Q4	Green				High			
Urgent Community Response											
4.2.13)	Implementation of Outpatient Parenteral Antimicrobial Therapy service (subject to approval) including monitoring and evaluation against benefits framework	CA	Q2					High			
<u>Intermediate Care Inpatient</u>											
4.2.14)	Implementation of improvement actions for inpatient intermediate care bed base	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			
	4.2.22) 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) Temporary Service Changes	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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4.7.11) Develop a new OOH model/ specification 4.7.12) Commence an open market procurement process for a new OOH model/specification (for implementation from 01/10/2027) <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) 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 4.7.15) Implement pathways with outreach Ophthalmology Services, clusters and Optometry practices for Glaucoma and Medical Retina pathways 4.7.16) Scope primary care optometry options to support existing Hydroxychloroquine (HCQ) patient pathway 4.7.17) Support rollout and implementation of the national Electronic Referral System 4.7.18) Quality Framework assurance and outcome management 4.7.19) Review Practice development plans to inform Eye Health Needs Assessment provision <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 4.7.21) Implement new contract management assurance framework and outcome management 4.7.22) Systematic review of service provision to support stabilisation and future capacity for primary care dental & orthodontic care		Q1-Q2	Green				High			
		Q3-Q4					High			
		Q1-Q4	Green				High			
		Q1-Q4	Green				High			
		Q1-Q2	Green				High			
		Q1	Blue				High			
		Q1	Amber				High			
		Q1-Q4	Green				High			
		Q2-Q3					High			
		Q1	Blue				High			
		Q1-Q2	Green				High			
		Q1-Q4	Green				High			

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4.7.23) Maintain urgent access in General and Community Dental Service to balance demand and capacity		Q1-Q4	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>									
	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			

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	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 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) 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											
	5.1.2) Review and update of Case for Change Technical Chapter	CA	Q1		Green				High			
	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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5.4) 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	✓									
<u>Q1 Change in Timescale and Scope</u> • 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												

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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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Joined Up Care

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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Joined Up Care

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 (RJAH), 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 (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) 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.

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- 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	✓										
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			

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(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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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			

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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

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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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Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.5

FINANCE AND PERFORMANCE COMMITTEE		10 SEPTEMBER 2026	
Subject:	Agency and Locum Pay – Deep Dive		
Approved and presented by:	Hywel Pullen, Acting Executive Director of Finance		
Prepared by:	Assistant Director of Finance – Business Partnering and Transformation		
Other Committees and meetings considered at:	Financial Recovery Board and Executive Committee - 02 September 2026		
PURPOSE:			
This paper gives an overview of current trends, and actions that are being progressed to reduce Agency and Locum expenditure.			
Variable pay increased significantly in recent years and is one of the drivers for the Health Board’s underlying deficit. Whilst there were areas of reduced variable pay spend in 2025/26, early indications are that the reduction in variable pay has now levelled off. Targeted action is being taken to address this.			
RECOMMENDATION(S):			
The Finance and Performance Committee is asked to:			
RECEIVE the paper and take ASSURANCE of the action and focus being taken to improve the position.			
Approve/Take Assurance		Discuss	Note
✓		✓	✓

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	✓	
2. Provide Early Help and Support	✓	
3. Tackle the Big Four	✓	
4. Enable Joined up Care	✓	
5. Develop Workforce Futures	✓	
6. Promote Innovative Environments	✓	
7. Put Digital First	✓	
8. Transforming in Partnership	✓	

BACKGROUND

The Health Board's (HB) agency and locum pay expenditure, has increased significantly over recent years. It is predominantly incurred in the Mental Health & Learning Disabilities service group and the Physical Health Community Services group.

In 2025/26 there was a reduction in community ward agency and locum pay supported by various recruitment initiatives including international nurse recruitment and ongoing initiatives such as the aspiring nurses programme. This drove a reduction in variable pay from £10.8m to £7.9m, the reduction predominantly in Physical Health Ward areas.

However, in 2026/27, based on the current agency/locum pay run rates to Month 4, expenditure would increase by £0.1m to £8.0m.

Both service groups have developed Agency/Locum Recovery plans.

NHS Wales targets

In comparison to the NHS Wales average of 1.5% of agency/locum pay against total pay, the HB continues to be an outlier and is currently incurring 5.4%.

Matching 2025/26, Welsh Government (WG) has again set targets in 2026/27 to:

- 1) reduce total agency and locum expenditure by 30% in 2026/27 compared to the prior year and ensure no off-contract expenditure.
- 2) reduce to zero agency spend on HCSW, A&C and Estates & Ancillary by September 2026.

Health Board targets

In order to meet the 30% reduction mandated by WG, agency/locum pay would need to reduce by £2.4m. However, due to investments in Pay and the cumulative effect of savings targets against agency/locum pay the HB would need to target closer to 50% (£3.9m) to meet its 2026/27 financial plan.

The Variable Pay oversight group and the Variable Pay Operational group are focused on the response to the levelling off of the agency/locum pay spend run rate in the early months of 2026/27 with a view to reinforcing actions which were set in 2025/26 and require increased focus. Those action/targets from 2025/26 included:

- From 30th June – NO off-contract HCSW shifts unless exceptional escalation criteria are met.
- From 14th July – NO off-contract RNs (physical health only) unless exceptional escalation criteria are met.
- From 28th July – NO off-contract RMNs (mental health only) unless exceptional escalation criteria are met.

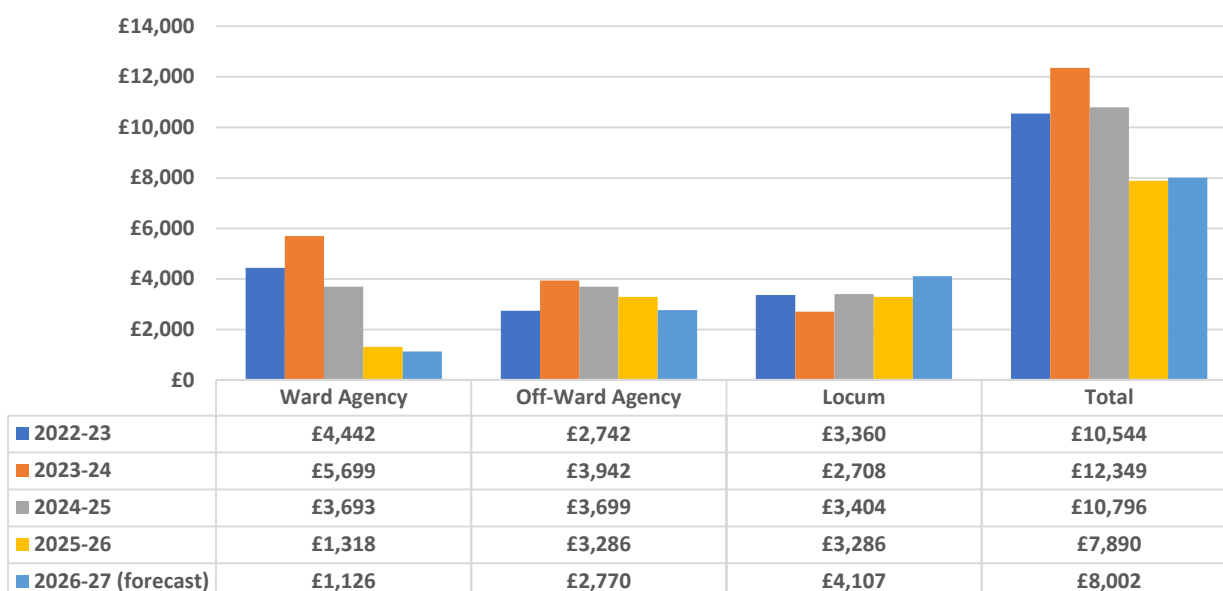
- From 25th August – NO off or on contract HCSW unless exceptional escalation criteria are met.

Whilst some progress was made against these targets in FY2025/26 expenditure in each of these areas of spend has been increasing rather than reducing since the targets were set, see the *Trend against targets table* in Section 2.

Continued and focused effort is required to comply with the enabling actions set out by the Cabinet Secretary of 30% reduction on agency spend, together with no off-contract agency. It is anticipated that community teams (off-ward) and Mental Health services will present the greatest challenge to the achievement of this target.

1. AGENCY AND LOCUM SPEND

Agency Spend 2022-23 to 2026-27 (forecast)



The variable pay trends across the three distinct areas of Ward, Off Ward and Locum show the following in respect of 2025/26:

- Agency and locum spend reduced by 27% in 2025/26 over 2024/25, almost meeting the 30% target reduction set by WG.
- Ward Agency reduced by 65% the main contributor to the overall reduction.
- Off-Ward agency and Locum spend reduced by 11% and 3% respectively.

The overall trend in 2026/27 shows an increase, driven by Locum spend. There are signs of reduced spend in Ward and Off-Ward areas.

To meet the 30% WG target, which cumulatively would equate to something in the region of a 50% reduction, there would need to be very little or no variable pay spend in the latter two quarters of the financial year.

The drivers of spend in each of these areas, are different, and multifaceted. Common themes are vacancies, service demand and complex patients.

The following charts show the recent year's out-turn, this year's straight-line forecast, and recent months activity trends by the principal areas.

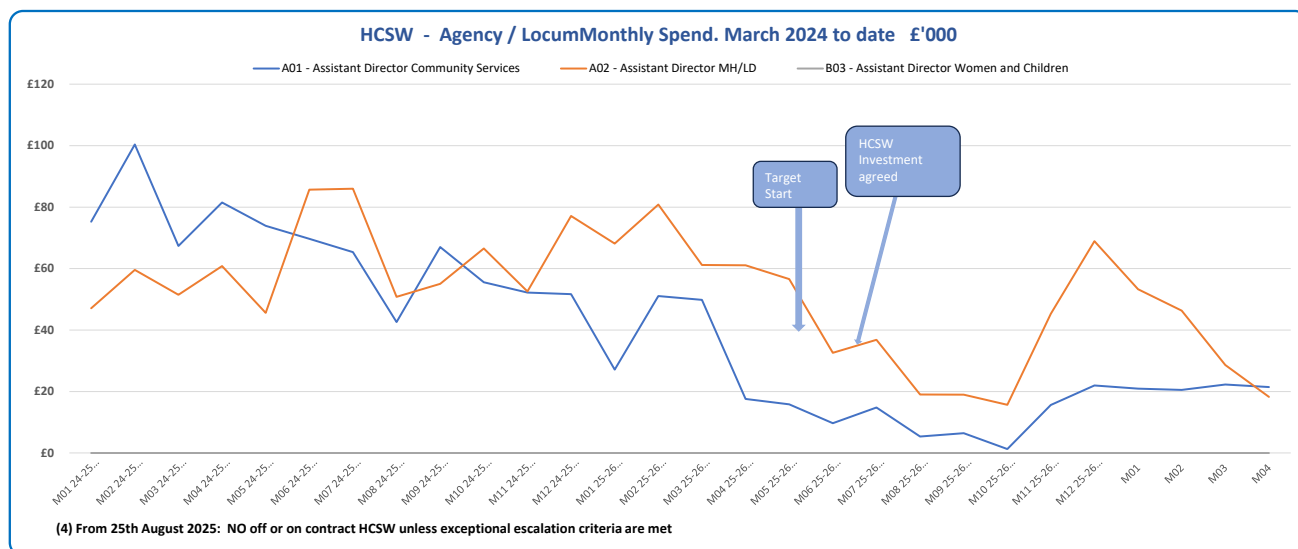
2. DELIVERY AGAINST 2025/26 TARGETS

The HB did not fully achieve the specific targets set against variable pay in 2025/26 as follows:

HCSW targets

- From 25th August – NO off or on contract HCSW unless exceptional escalation criteria are met.

As is evident from the graph below, despite a phased approach to the target date and additional investment in HCSW Ward establishment, the target was not met and expenditure continues to be incurred on agency HCSWs.



Off-Contract targets

- From 30th June – NO off-contract HCSW shifts unless exceptional escalation criteria are met.
- From 14th July – NO off-contract RNs (physical health only) unless exceptional escalation criteria are met.
- From 28th July – NO off-contract RMNs (mental health only) unless exceptional escalation criteria are met.

The following graph shows that there was a reduction in monthly off-contract use. However, since autumn 2025 the off-contract locum/agency expenditure has increased in Mental Health services.



ANALYSIS

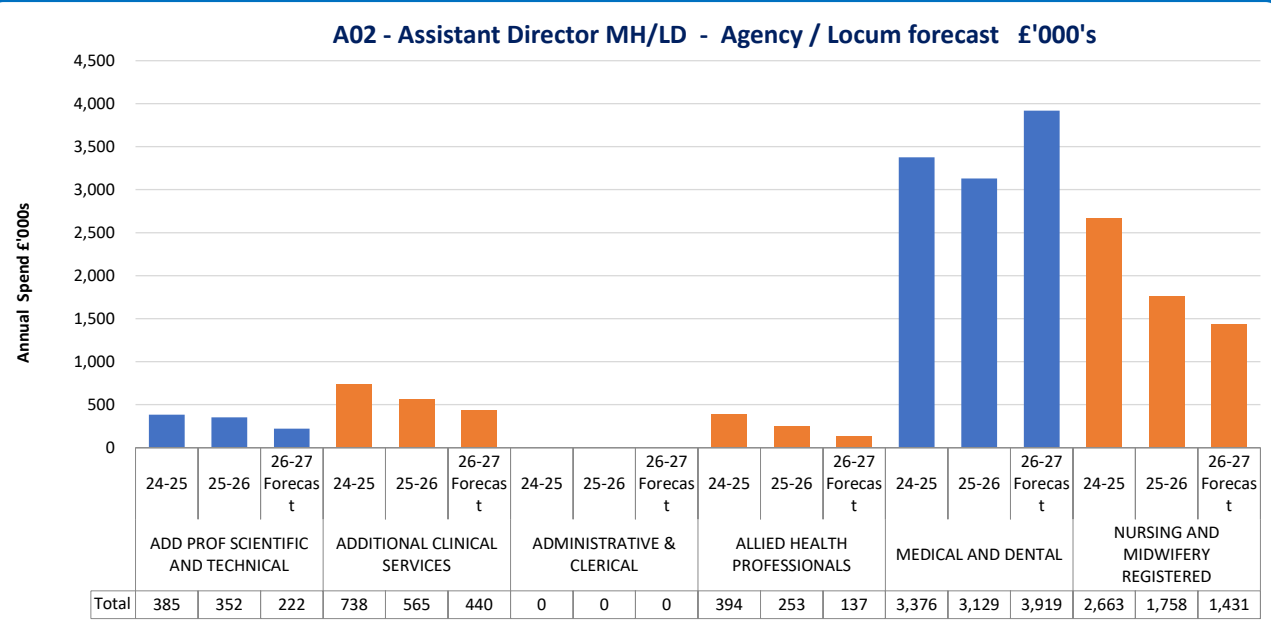
This section contains analysis by:

- Service Group - Mental Health & Learning Disabilities service group and the Physical Health Community Services group; and
- By setting – in the community or ward based.

3. ANALYSIS BY SERVICE GROUP

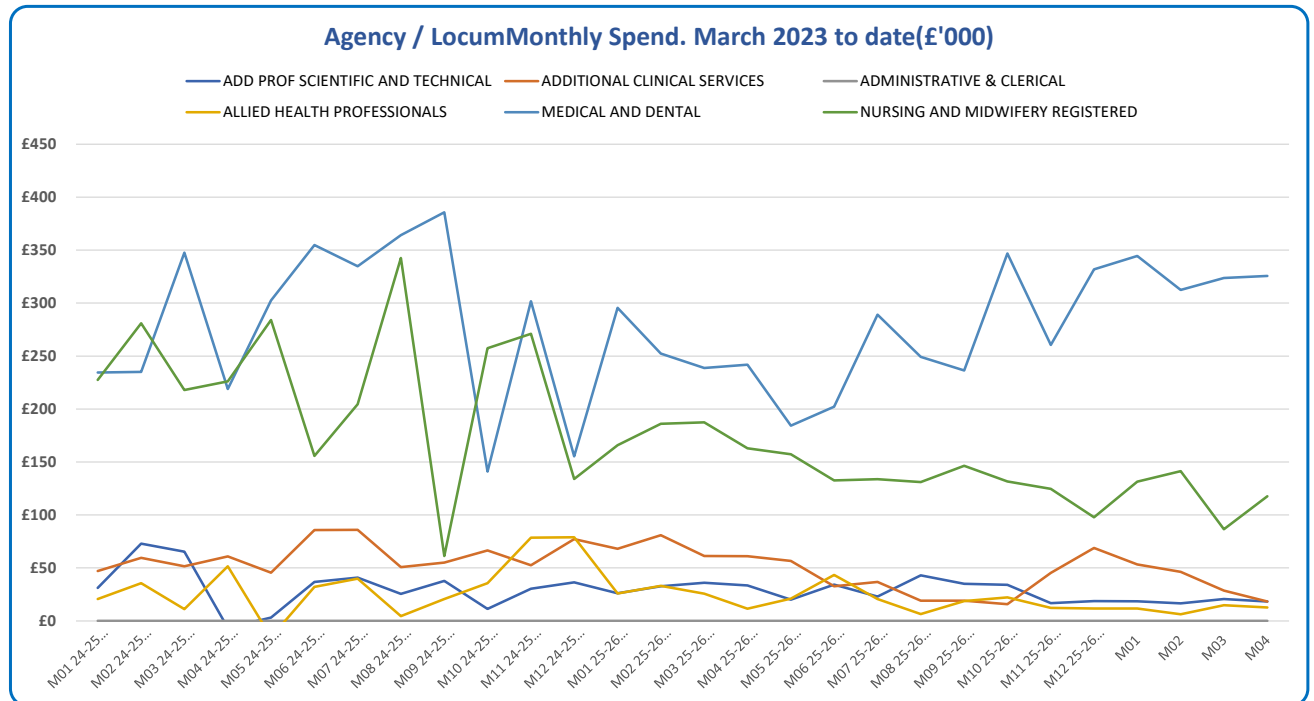
The following section analyses agency and locum expenditure by the Mental Health & Learning Disabilities service group and the Physical Health Community Services group.

Mental Health: Annual spend and 2026/27 forecast by Staff Type



Increased Medical spend in the early months of FY2026/27 are cause for concern and recruitment delays are going to make delivery of material reductions in FY2026/27 difficult to achieve.

Mental Health: Monthly spend by Staff Type



Some reductions in trend in Nursing are being offset by the increasing Medical locums expenditure.

Mental Health Locums - Spend

The Table below shows the last two years expenditure and forecast this year for medical locum costs.

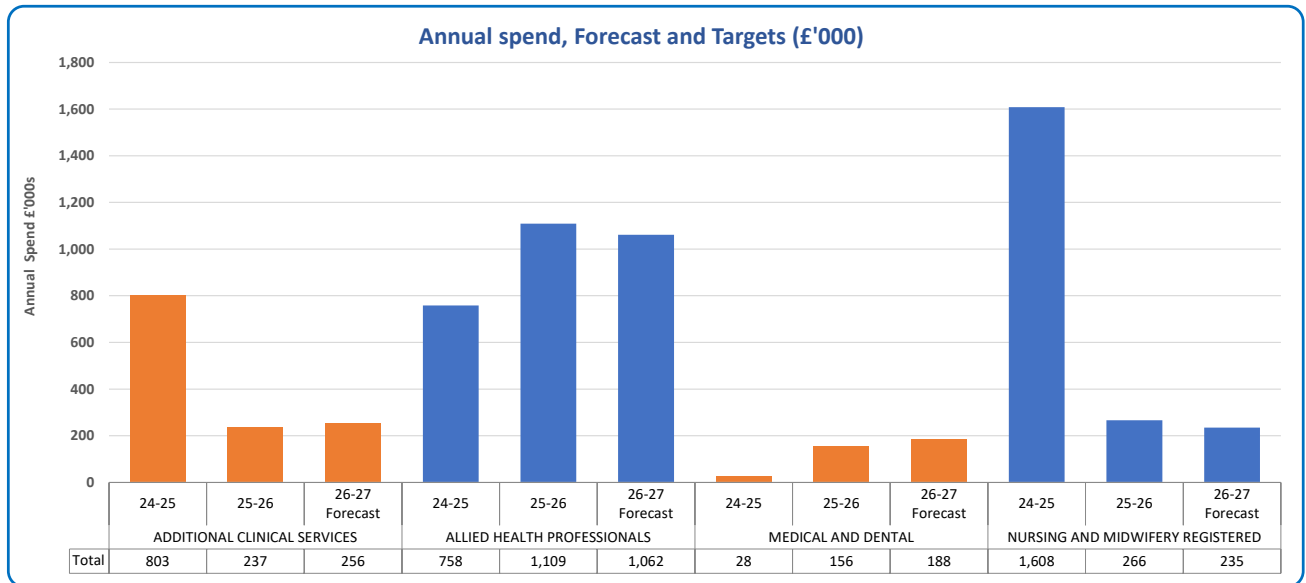
Indexed Directorate	Delegated Budget Holder	Agency	26-27 Forecast Spend	2025-26 M12 OUTTURN (£'000)	2024-25 M12 OUTTURN (£'000)
A02 - Assistant Director MH/LD	Head of LD	Locum	0	0	329
A02 - Assistant Director MH/LD	MH Adult Persons South and North	Locum	0	0	0
A02 - Assistant Director MH/LD	MH Adult Persons Community	Locum	0	0	0
A02 - Assistant Director MH/LD	MH Business Manager	Locum	(0)	0	0
A02 - Assistant Director MH/LD	MH Clinical Director	Locum	3,919	3,129	3,043
A02 - Assistant Director MH/LD	MH Head of CAMHS	Locum	0	0	4
A02 - Assistant Director MH/LD	MH Head of Psychology	Locum	0	0	0
A02 - Assistant Director MH/LD	MH Older Person South and North	Locum	0	0	0
A02 - Assistant Director MH/LD	MH Older Persons Community	Locum	0	0	0
A02 - Assistant Director MH/LD Total			3,919	3,129	3,376

If the current run rate was to continue then expenditure would increase in 2026/27 by circa £800k on 2025/26.

There is an agreed recruitment plan to replace locums with substantive appointments. Due to staff absence the implementation of this plan has been delayed. Remedial actions have been put in place.

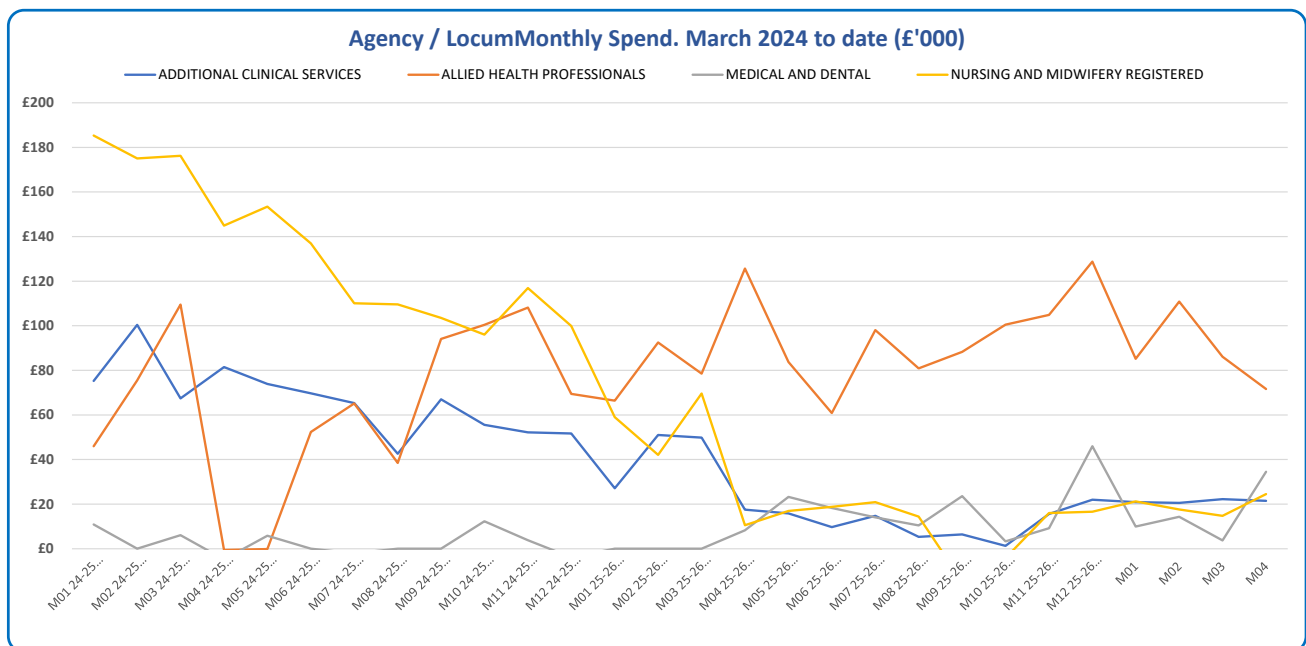
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Community Services: Annual spend and 2026/27 forecast by Staff Type



Significant agency reduction has been seen on RNs in 2025/26. AHPs needs focus and Medical and Dental is showing an increasing trend.

Community Services: Monthly spend by Staff Type



The reduction in expenditure has levelled off following the positive ward nursing agency reductions in 2025/26.

4. ANALYSIS BY SETTING – SERVICES IN THE COMMUNITY

Mental Health Group – Non-ward Staffing

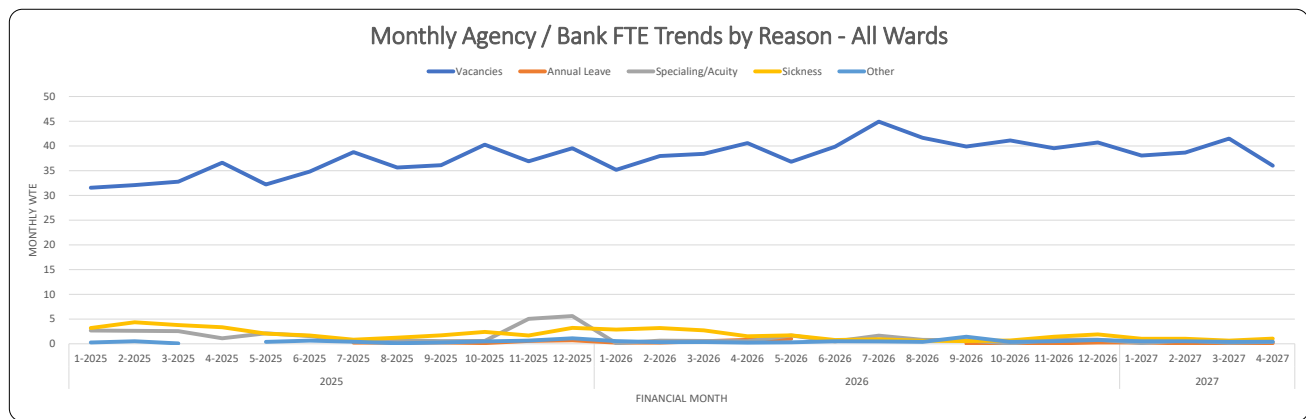
The Table below shows the last two years spend and forecast this year for off-ward agency usage.

Variable Pay

			26-27 Forecast Spend	2025-26 M12 OUTTURN N (£'000)	2024-25 M12 OUTTURN (£'000)	2023-24 M12 OUTTURN (£'000)
Indexed Directorate	Delegated Budget Holder	Agency Loc				
A02 - Assistant Director MH/LD	Assistant Director MH/LD	Agency	0	0	40	437
A02 - Assistant Director MH/LD	Head of LD	Agency	0	0	0	0
A02 - Assistant Director MH/LD	Integrated Autism Service Manager	Agency	0	0	0	0
A02 - Assistant Director MH/LD	MH Adult Persons South and North	Agency	0	48	184	24
A02 - Assistant Director MH/LD	MH Adult Persons Community	Agency	1,027	1,231	1,252	1,106
A02 - Assistant Director MH/LD	MH Business Manager	Agency	(0)	0	2	0
A02 - Assistant Director MH/LD	MH Clinical Director	Agency	0	0	0	0
A02 - Assistant Director MH/LD	MH Head of CAMHS	Agency	0	7	92	172
A02 - Assistant Director MH/LD	MH Head of Psychology	Agency	222	352	393	537
A02 - Assistant Director MH/LD	MH Older Persons Community	Agency	343	465	668	608
A02 - Assistant Director MH/LD	MH Partnership Support Manager	Agency	0	0	0	0
A02 - Assistant Director MH/LD	Suicide Prevention & Harm Reduction Improvement	Agency	0	0	0	0
A02 - Assistant Director MH/LD Total			1,592	2,102	2,631	2,883

Psychology and Community are the primary areas of expenditure but have reduced over last two financial years.

Mental Health directorate – Reason for agency



The above chart from the health roster system, indicates most of the need for this agency is also related to vacancies.

Community Services Group – Non-Ward Staffing

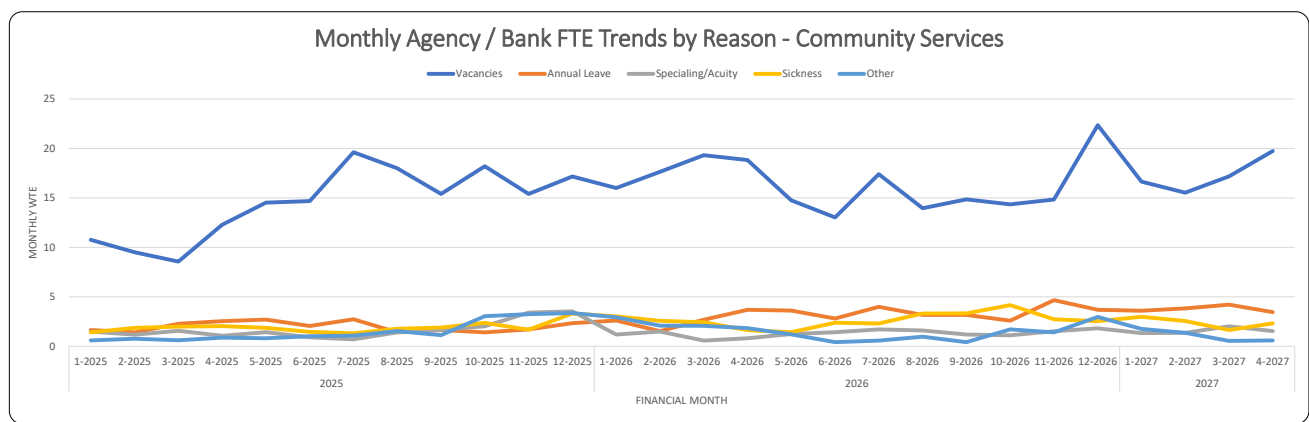
The Table below shows the last two years spend and forecast this year for off-Ward staffing.

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Variable Pay

			26-27 Forecast Spend	2025-26 M12 OUTTURN N (£'000)	2024-25 M12 OUTTURN (£'000)	2023-24 M12 OUTTURN (£'000)
Indexed Directorate	Delegated Budget Holder	Agency				
A01 - Assistant Director Community Services	Assistant Director Community Services	Agency	47	62	90	1
A01 - Assistant Director Community Services	Head of Audiology	Agency	114	65	53	67
A01 - Assistant Director Community Services	Head of Dietetics	Agency	0	32	20	41
A01 - Assistant Director Community Services	Head of OT	Agency	73	30	0	0
A01 - Assistant Director Community Services	Head of Paeds Physio & OT	Agency	0	0	0	0
A01 - Assistant Director Community Services	Head of Podiatry	Agency	177	123	60	0
A01 - Assistant Director Community Services	Head of Powys Living Well	Agency	0	0	0	2
A01 - Assistant Director Community Services	Head of Radiography	Agency	58	61	44	29
A01 - Assistant Director Community Services	Head of Respiratory	Agency	0	9	45	0
A01 - Assistant Director Community Services	Head of SaLT	Agency	12	83	17	79
A01 - Assistant Director Community Services	Head of Therapies	Agency	0	0	0	0
A01 - Assistant Director Community Services	Outpatients Nurse Manager	Agency	0	0	0	0
A01 - Assistant Director Community Services	Professional Head of Physio	Agency	143	167	172	182
A01 - Assistant Director Community Services	Senior Lead for CMATS/FCP	Agency	0	0	0	0
A01 - Assistant Director Community Services	Senior Therapist	Agency	551	514	357	313
A01 - Assistant Director Community Services	South - Admin and Patient Services Manager	Agency	0	0	0	
A01 - Assistant Director Community Services	Theatre Manager	Agency	0	22	206	317
A01 - Assistant Director Community Services	Unscheduled Care Manager	Agency	0	0	0	11
A01 - Assistant Director Community Services Total			1,176	1,169	1,063	1,041

Total expenditure has been c.£1m each year rising slightly this year. Podiatry and Physiotherapy are the largest areas of spend and growth. With AHPs sometimes agency is used to cover vacancies or in respect of services funded by fixed term grants, which is within budget and does not cause an overspend.

Community services directorate – Reason for agency



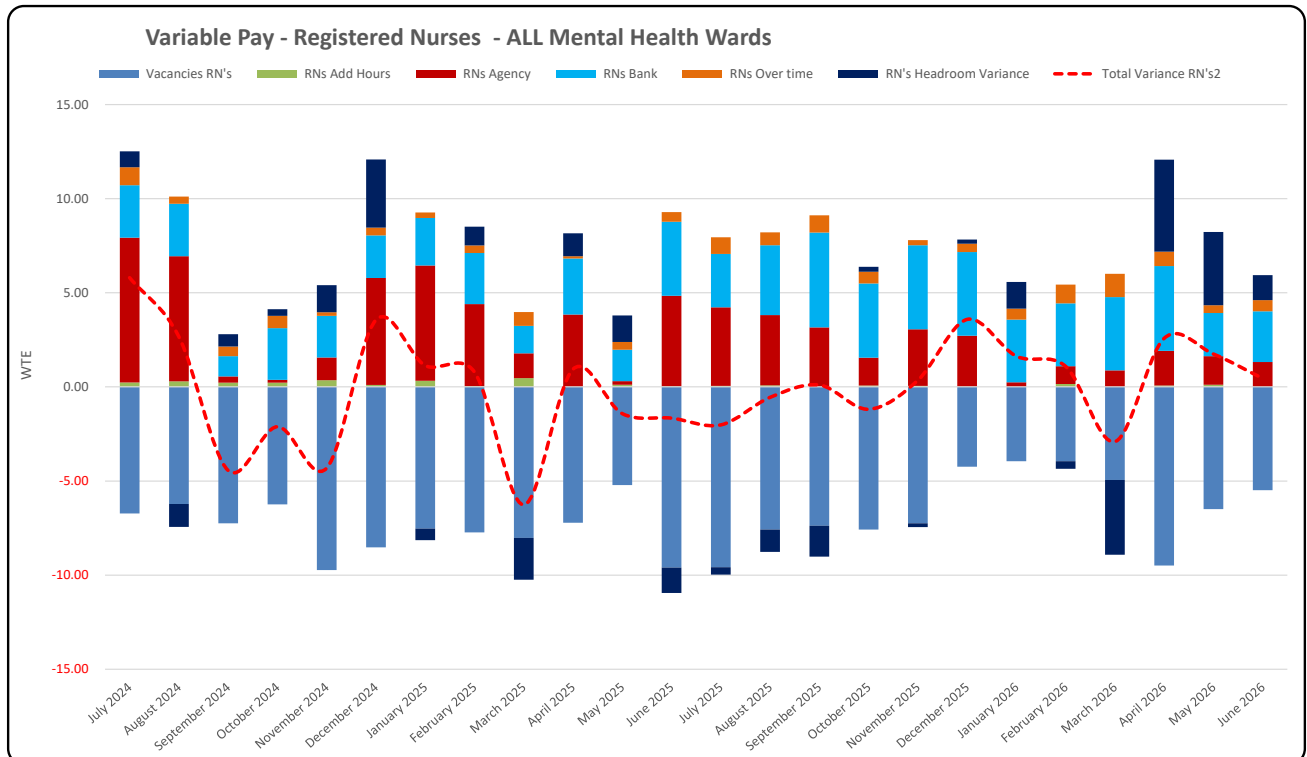
The above chart from the health roster system, indicating the majority of the need for this agency use is to cover vacancies.

5. ANALYSIS BY SETTING – COMMUNITY HOSPITAL WARDS

Ward Staffing trends by WTE

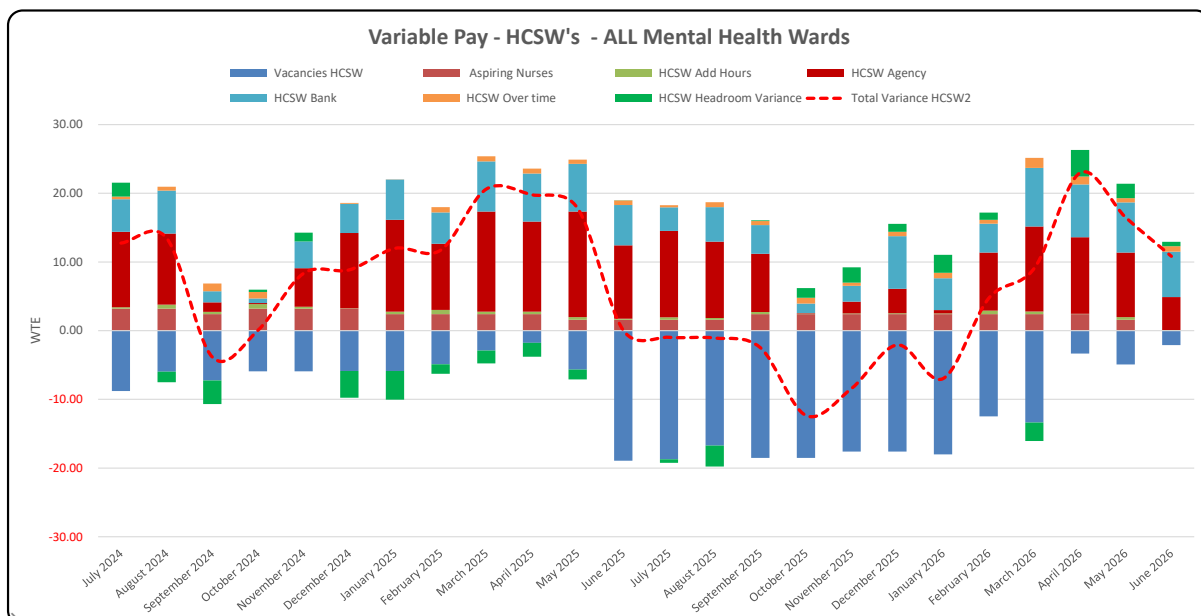
The following charts and tables show below the axis the loss of wards staff for various reasons (prominently Vacancies) and how those losses have been mitigated through additional staff (above the axis) in order to maintain safe staffing levels, with the red dotted line being the net of the two.

Registered Nurses on All Mental Health Wards



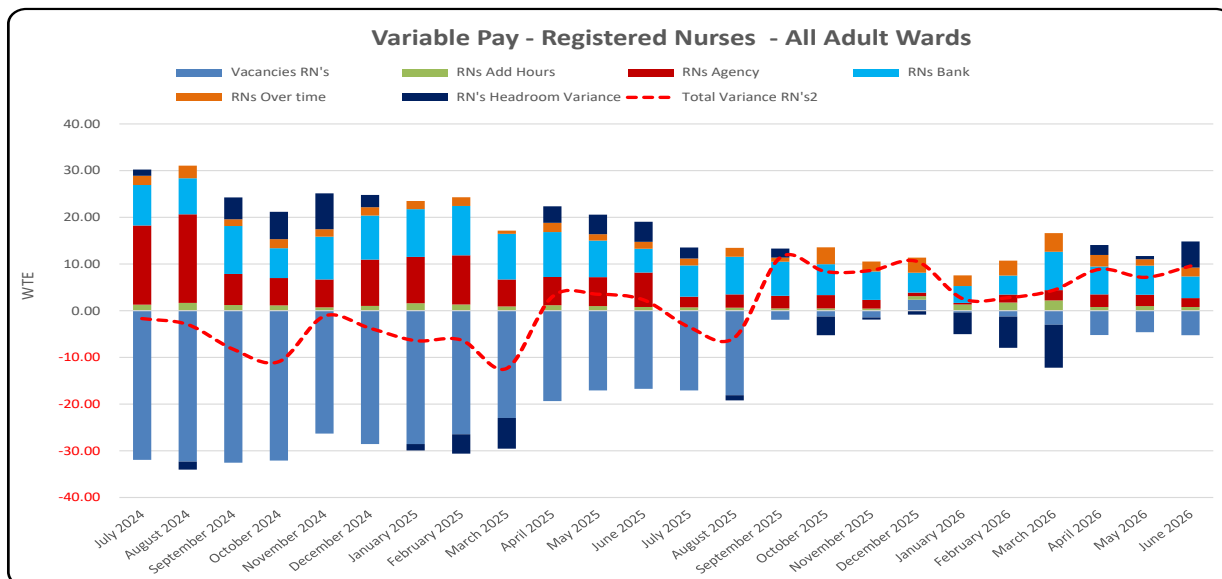
Following the implementation of safe staffing budgets into the Mental Health wards for FY2026/27 a reduced variable pay expenditure would be expected through the financial year.

HCSWs on Mental Health wards



Reducing vacancies are not having the impact expected on the variable pay usage for HCSWs on Mental Health Wards.

Registered Nurses on All Adult community wards



The red dotted line indicates safe nursing staffing levels have overall been maintained, through the use of agency and bank staff.

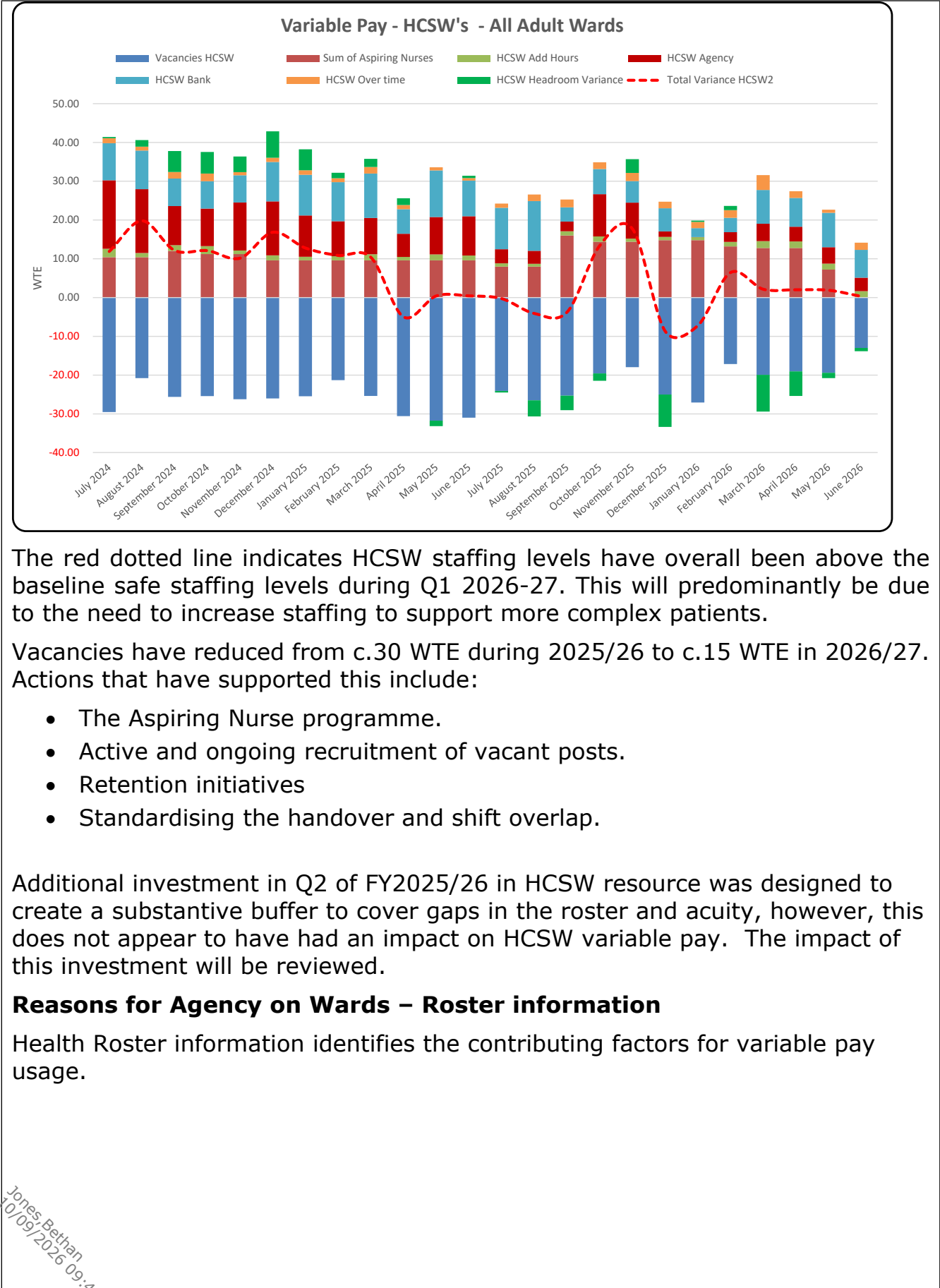
Vacancies have reduced significantly from Q2 2025-26 to date.

Actions that have supported this include:

- Overseas recruitment
- Active and ongoing recruitment of vacant posts
- Retention initiatives
- Standardising the handover and shift overlap

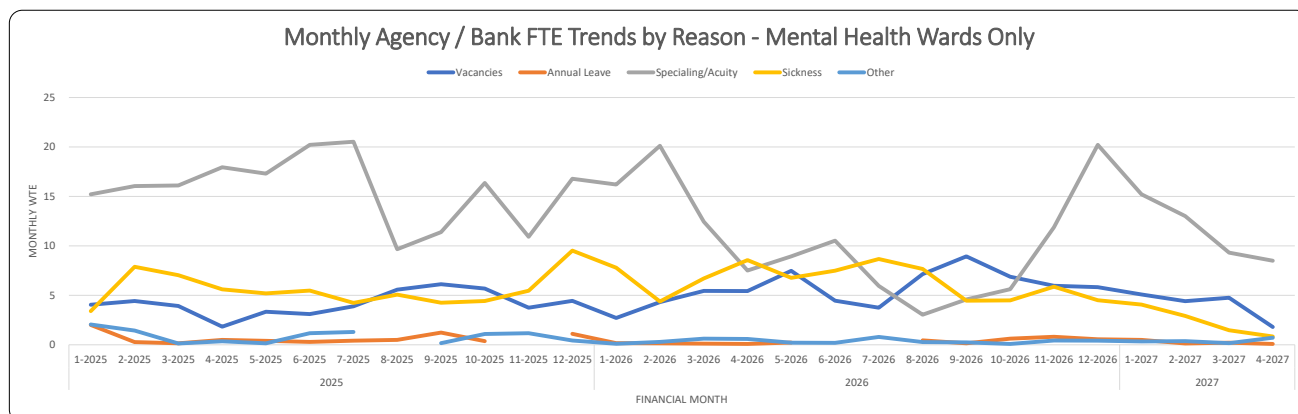
HCSWs on All Adult community wards

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Variable Pay



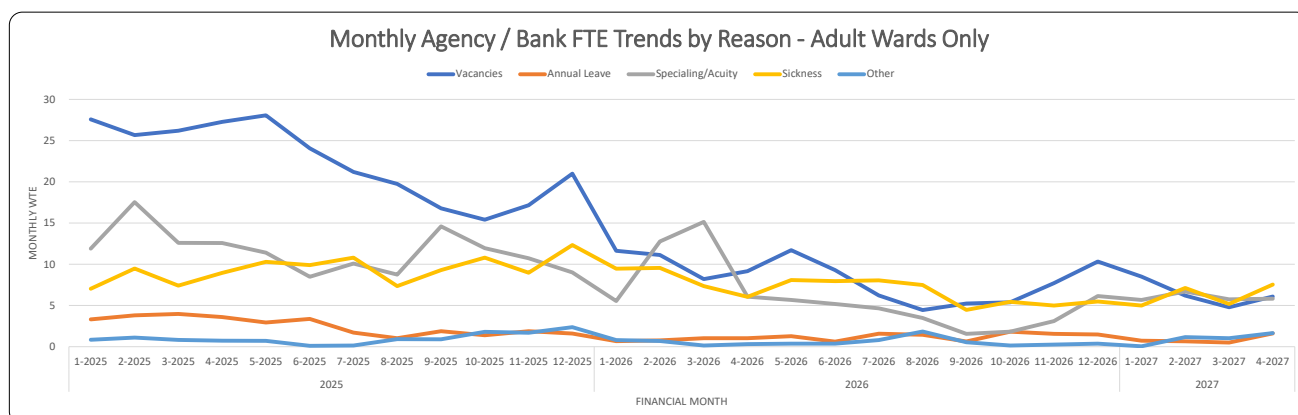
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Health Roster: All Mental Health Wards



Specialising/acuity is the largest factor behind variable pay shifts on MH wards whilst Vacancy has reduced in recent months in line with successful recruitment.

Health Roster: All Adult Community Wards



Vacancies were the largest contributing factor until 2025/26 but now there are similar numbers of shifts for sickness, specialising and vacancies across the adult community wards.

ACTIONS:

6. ACTIONS TO REDUCE AGENCY AND LOCUM PAY EXPENDIURE

Variable Pay Group

During 2025/26 the Variable Pay Group focused on the following actions:

- Rota realignment to reflect changes in bed numbers.
- Standardised rotas in relation to shift overlap for RTGH Units
- Stop all agency for handover periods.
- Safer Staffing review to ensure establishments are correct to meet demand.
- Mental Health Triage and Assessment model implemented.
- Additional HCSW recruitment to reduce the use of agency.
- Improved reporting and use of roster data to support improved decision making.

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This group meets monthly supported by an Operational Variable Pay group, which will focus on actions to continue the reductions across the HB in support of the local plans outlined above.

Information feeding these groups, and shared more widely across the HB, has been updated by the Finance and People & Culture departments to give better visibility on high usage areas and in particular a cost centre level comparison of vacancies against variable pay use.

The table below identifies, by Directorate, the vacancy level and vacancies out for recruitment against Agency usage (all at WTE).

Directorate		Service Group		Data from ESR report 07/07/26						
				WTE Budget (Excl Students)	Staff In Post (Excl Students)	Vacancies		Out for Recruitment (provided by WOD)	Net Vacancies after Recruitment	Avg WTE monthly Agency in last Qrt
Community	Community - Other Total	237.7	220.5	-17.2		16.5	-0.7	10.8		
Community	Community - Ward Total	248.1	238.1	-10.0		24.1	14.1	6.4		
Community Total		485.8	458.6	-27.2		40.6	13.4	17.2		
Corporate or Other Services	Corporate or Other Services Total	40.0	32.7	-7.3		3.5	-3.9	1.0		
Corporate or Other Services Total		40.0	32.7	-7.3		3.5	-3.9	1.0		
MH	MH - Other Total	204.5	157.8	-46.7		16.4	-30.3	23.9		
MH	MH - Ward Total	94.5	80.5	-14.0		15.0	1.0	10.6		
MH Total		299.0	238.3	-60.7		31.4	-29.3	34.5		
Grand Total		824.8	729.5	-95.3		75.5	-19.8	52.7		

This information is being sent out to budget holders at cost centre level to work with Finance and People & Culture colleagues to:

- Forecast agency savings for the remainder of the financial year
- Forecast recruitment for the remainder of the financial year
- Identify barriers or blocks to recruitment in those vacancies where variable pay is being used as backfill

Service Group Recovery plans

All service groups have developed detailed plans to reduce agency and locum pay spend. High level summary as follows:

Mental Health

- Locum - recruitment to new medical model – 2 posts filled, the Senior Leadership Team is addressing delays in the implementation of the recruitment plan.
- Ward – onboarding of student nurses during Q2 and Q3 of 2026/27.
- The 111 press 2 service – identification and proposals to reduce 'headroom' anomaly.
- Ward (acuity) – daily huddles to support and manage patient flow.
- Community – continue to identify social care capacity issues which are driving demand in teams

Community Services Group

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- Off ward – Medical – recruitment underway expected to deliver material reductions from Q4.
- Off ward – Therapies – recruitment plan expected to deliver a 50% reduction in cost in March 2027 over March 2026, performance issues raised as a risk in reducing variable pay in advance of recruitment.

Saving Schemes 2026/27

As at Month 4 there are 12 green and amber rated schemes included in the savings tracker related to variable pay and/or Agency pay, forecasting £2.441m of savings. Currently forecast:

- Mental Health variable pay – £1.905m
- Community Services variable pay - £0.486m.

2026/27 Savings Tracker schemes detail

Business Unit	Scheme / Opportunity Title	Values			
		No. Green + Amber	Green (forecast)	Amber (forecast)	Green + Amber (forecast)
A01 - Assistant Director Community Services	Nurse Recruitment - Brecon - Epynt	1	35	0	35
	Nurse Recruitment - Brecon - Y-bannau	1	18	0	18
	Nurse Recruitment - Welshpool	1	90	0	90
	Ready to go Home Units - Agency reduction	1	120	0	120
	Therapy Agency costs	1	223	0	223
	Medical Locum @ Brecon Hospital	1	0	50	50
A02 - Assistant Director MH/LD	Premium Pay Expenditure - Community	0	0	0	0
	Premium Pay Expenditure - Management Structure	1	0	50	50
	Agency/Locums Variable Pay 30%	1	585	0	585
	Premium Pay Expenditure - Medical Structure - Lo	1	527	0	527
	Premium Pay Expenditure - Safer Staffing (Speciall	1	0	1	1
	Vacancy Freeze On Non Clinical	1	10	0	10
	Target - Mental Health Variable Pay	0	0	0	0
	Agency/Locums Variable Pay 30% - Medical/Comm	1	0	732	732
Director of Primary Care; Community & MH Total		12	1,608	833	2,441
Grand Total		12	1,608	833	2,441

NEXT STEPS:

- 1) The Variable Pay group will continue to monitor the key actions being taken to reduce variable pay spend and maintain focus on those areas where there is the highest usage.
- 2) Operational Variable pay group, and all areas, to ensure that actions are taken to identify barriers to recruitment where variable pay is currently being used in support of the local plans.
- 3) Ensure that there is HB wide understanding of the variable pay pressure on the HB financial position and support understanding at budget holder level of the HB.

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Variable Pay



GIG
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NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.6

FINANCE AND PERFORMANCE COMMITTEE		10 SEPTEMBER 2026	
Subject:	Executive Summary: Powys Cancer Improvement Plan 2025/26		
Approved and presented by:	Kate Wright, Executive Medical Director		
Prepared by:	Programme Lead for Improving the Cancer Journey Programme Clinical Lead for Cancer		
Other Committees and meetings considered at:	Executive Committee – 02 September 2026		
PURPOSE:			
RECOMMENDATION(S):			
The Finance and Performance Committee is asked to:			
• NOTE the progress made against the cancer improvement plan • Take ASSURANCE that the key areas of delivery of the plan are being met • NOTE actions are in place within the action plan to continue to drive delivery in relevant areas.			
Approve/Take Assurance		Discuss	Note
Y		Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	N	
2. Provide Early Help and Support	N	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	N	
6. Promote Innovative Environments	N	
7. Put Digital First	N	
8. Transforming in Partnership	N	

EXECUTIVE SUMMARY:

During 2025/26, Powys Teaching Health Board continued to deliver the priorities set out within the PTHB Cancer Improvement Plan, with a particular focus on improving patient experience, strengthening support services, supporting earlier diagnosis, and using patient experience intelligence to inform future service development. Significant progress has been made through the Improving the Cancer Journey (ICJ) Programme.

The Cabinet Minister for Health and Care is developing a ten-year National Cancer Strategy for Wales. The health board has been requested to nominate representatives to engage with discussions to inform the new cancer strategy and is collating a response for the NHS Organisational Response Form. While awaiting the ten-year National Cancer Strategy, advice is to continue to work to the Cancer Improvement Plan 2023-26.

The ICJ Programme remains central to the delivery of the person-centred elements of the Quality Statement for Cancer which are deliverable within Powys. Achievements of the ICJ Programme include:

- Referrals increased by 25% in 2025/26 compared to 24/25.
- The Journeying Together Group (forum for people living with cancer) was re-established by the ICJ AHP lead and Community Engagement & Communications Officer on the back of strengthening engagement with the community.
- Co-development of a universal cancer prehabilitation and rehabilitation pathway for Powys, supported by an implementation SOP and patient resources (co-developed with health, social care, third sector and people living with cancer).
- Partnership working across health, social care and third sector organisations has been strengthened with an increase in cancer confident organisations improving access to information and signposting between organisations to improve support in the community.

Progress has been made with diagnostics delivered within PTHB. Transnasal Endoscopy is now established as routine practice within Powys endoscopy services, with the majority of procedures undertaken using the transnasal approach.

To support the delivery of care appropriate for individual patients, the Treatment Escalation Guide (TEG) is available for use across community settings, care homes and community hospitals, with ongoing work to promote and support consistent implementation across all areas.

The business case for the Powys Cancer Team received approval through Health Board governance processes, including endorsement by the Investment &

Benefits Group and Executive Committee. Funding applications with external funding partners have been progressed in quarter 1 of 2026/27.

PTHB has played an active role in developing the future Lung Screening Wales programme through representation on national expert and stakeholder groups, while work has been undertaken with the public health team and primary care to improve smoking status recording in preparation for targeted lung screening.

Sustainability of the Improving the Cancer Journey Programme and the associated risks relating to meeting Welsh Government priorities for patient experience, equity of access to support and co-production as well as coordination of cancer care in the health board is a significant challenge. Identification of gaps through patient engagement is key to understanding cancer services for driving quality improvement. The current 'phase 2' of the ICJ runs until December 2026, no further funding is confirmed. The ICJ team plays a key role in coordinating and delivering the Health Board's cancer plan. Work is underway to assess the risks that closure of the programme would bring. This will be brought to the executive team for consideration shortly.

Prevention and Early Diagnosis

Work has continued to raise awareness of cancer symptoms, screening and prevention across Powys. Public Health Wales screening initiatives have continued to be supported through awareness campaigns and workforce training. PTHB has also played an active role in developing the future Lung Screening Wales programme through representation on national expert and stakeholder groups, while work has been undertaken with primary care to improve smoking status recording in preparation for targeted lung screening.

Additionally, Lingen Davies Cancer Support have a Powys Cancer Champions Programme delivered within Powys which seeks to support trained community champions to have conversations about cancer signs and symptoms, screening and prevention within local communities.

Faster Diagnosis and Pathway Improvement

Transnasal Endoscopy (TNE) has become established as routine practice within Powys endoscopy services, improving patient experience and supporting diagnostic capacity. TNE is now the predominant diagnostic approach in Brecon, with future rollout opportunities being considered through wider North Powys transformation work.

The Aneurin Bevan Rapid Diagnosis clinic remains closed since January 2026. Concerns were raised with Aneurin Bevan University Health Board through the CQPRM process and are being escalated via the Medical Directorate and the Welsh Cancer Network. To date, no harm has been reported.

Improving Patient Experience and Supportive Care

The Improving the Cancer Journey Programme remains central to delivery of person-centred cancer support in Powys. During 2025/26, supportive "What Matters" conversations continued to provide holistic assessment of practical,

emotional, social and financial needs, informing personalised care planning and onward support. Referrals via the Single Point of Access increased by 25% compared with 2024/25, demonstrating growing uptake and awareness of the service.

New referral pathways have been developed to improve access to support, including links with The Shrewsbury and Telford Hospital NHS Trust and PCC Money Advice Team, ensuring people affected by cancer can access welfare, benefits and financial support more easily.

The Journeying Together Group was re-established during the year to strengthen co-production and ensure lived experience continues to shape service development. Feedback from supportive conversations, engagement activities and patient experience surveys has provided valuable intelligence on the needs of people affected by cancer in Powys and has directly informed future service planning.

The appointment of the ICJ Community Engagement & Communications Officer has strengthened engagement with communities and underrepresented groups, supporting co-production and helping ensure that the voices of people affected by cancer inform service development.

Prehabilitation, Rehabilitation and Wraparound Support

Significant progress has been made in developing a county-wide prehabilitation and rehabilitation approach. The Allied Health Professional Cancer Lead has undertaken service mapping, identified inequities in access, and begun developing a coordinated model aligned to physical, nutritional and psychological support pathways. This work is helping establish the foundations of a comprehensive prehabilitation-to-rehabilitation offer for people living with cancer in Powys. As of quarter 1 2026/27 the universal prehabilitation and rehabilitation offer is available to support people living with cancer.

Partnership working across health, social care and the third sector has also strengthened the county-wide network of cancer-confident organisations, improving access to information, signposting and community support.

Developing the Powys Cancer Team

A major achievement during 2025/26 has been completion of the needs assessment and workforce development work underpinning the proposed Powys Cancer Team. Evidence from patient experience surveys, engagement activities and supportive conversations identified unmet need around care coordination, navigation and specialist cancer support. This informed the development of a business case for Cancer Clinical Nurse Specialist and Cancer Navigator roles. The business case received approval through Health Board governance processes, including endorsement by the Investment & Benefits Group and Executive Committee. Funding applications with external funding partners have been progressed in quarter 1 of 2026/27.

NEXT STEPS:

The work completed during 2025/26 has strengthened the foundations for a more coordinated, person-centred cancer support system in Powys. Key priorities moving forward include implementation of the Powys Cancer Team, further development of prehabilitation and rehabilitation services, strengthening community-based support, ensuring equitable access to cancer support, and continuing to embed co-production and lived experience at the heart of service improvement. The ICJ Programme remains central to the delivery of person-centred cancer support in Powys and coordinating PTHB responses to national cancer plans. Work is underway to detail options for future delivery of the Cancer Improvement Plan.

A key focus will be supporting the development of the 10-year National Cancer Strategy for Wales and its implementation, post publication (expected February 2027).

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IMPACT ASSESSMENT

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

QUALITY:

	No impact	Negative	Positive	Both	
Safe					A Quality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Duty of Quality processes (under development). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Quality Impact Assessment should be available as a supporting document to inform the decision making process.
Timely					
Effective					
Efficient					
Equitable					
Person Centred					
Workforce					
Leadership					
Culture					
Information					
Learn, Improve, Research					
Whole Systems Approach					

EQUALITY:

	No impact	Negative	Positive	Both	
Age					An Equality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Equality Impact Assessment policies and procedures (CGP009). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Equality Impact Assessment should be available as a supporting document to inform the decision making process.
Disability					
Gender reassignment					
Marriage / civil partnership					
Pregnancy / maternity					
Race					
Religion or Belief					
Gender					
Sexual Orientation					
Welsh Language					
Socio-economic status					
Social exclusion					
Carers					

RISK ASSESSMENT:

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

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Cancer Plan Priority	Ref	Milestone	PTHB team	Update March 2026
1. Stopping people getting cancer (Cancer Prevention)	1.1	ICJ considering approaches to engaging with hardly reached groups to address inequalities.	Improving the Cancer Journey	A Community Engagement & Communications Officer was appointed during 2025/26 to lead the development of a Communications and Engagement Plan aligned to the objectives of ICJ Phase 2. Engagement activity was expanded through attendance at community events and partnership working with local organisations, helping to increase awareness of the programme and strengthen engagement with underrepresented and seldom-heard groups. Work also commenced to broaden membership of the Journeying Together Group, seeking to recruit a more diverse cohort of people living with cancer and those affected by cancer across Powys. This approach supports co-production and helps ensure that a wide range of lived experiences and perspectives inform the ongoing development of the ICJ Programme and future cancer services.
2. Identifying cancer as early as possible (Early Diagnosis)	2.1	Welsh Government are working with Public Health Wales to explore options on the approach for a national Lung Health Checks/targeted lung cancer screening programme	Public Health	Public Health Wales to begin implementation planning for Lung Screening Wales (LSW), a national targeted lung screening programme. Work is underway to prepare the required infrastructure and workforce, with (LSW) delivered via mobile units. A phased, age-based rollout will support capacity building. First invitations are anticipated in 2028. Powys Teaching Health Board has actively contributed to programme development through representation on both the Lung Screening Wales Expert Advisory Group and Stakeholder Group via the GP Cancer Lead. Local collaboration has also taken place with the Lung Screening Wales Programme Team to help clarify referral pathways and support implementation planning. In preparation for the programme, the GP Cancer Lead and Public Health Team have worked with Primary Care colleagues across Powys to improve the quality and completeness of smoking status records, enabling accurate identification of eligible individuals for future screening invitations.
	2.2	Supports the sharing of information on symptoms of cancer and encouraging those with concerns to engage with primary care through community events and collaboration with the Lingen Davies Cancer Fund Powys initiative	Improving the Cancer Journey	Work is underway to increase awareness of screening through rolling out Making Every Contact Count training, and by promoting PHW Screening Awareness training. Lingen Davies Cancer Fund Powys Cancer Champions Programme, launched in 2023, has continued to expand, recruiting and training volunteers and staff from a wide range of organisations and communities across Powys. Cancer Champions are supported to have conversations within their local communities about cancer signs and symptoms, screening and prevention, helping to increase awareness and encourage earlier help-seeking behaviours. By 31 March 2026, a total of 408 Powys Cancer Champions had been trained, contributing to a growing network of community-based advocates for cancer awareness and early diagnosis.
	2.3	Allied Health Professional Cancer Lead in the ICJ Programme developing access to prehabilitation for people living with cancer in Powys		The AHP Cancer Lead within the ICJ Programme is leading development of a universal cancer prehabilitation and rehabilitation pathway for Powys to improve access to health and wellbeing support as early as possible following a cancer diagnosis. During 2025/26, a cross-sector Health and Wellbeing Task and Finish Group co-developed a universal pathway, implementation SOP and supporting digital and non-digital resources, helping to ensure timely access to evidence-based prehabilitation advice and support before, during and after cancer treatment.
3. Identifying that a person has cancer more	3.1	Embedding the use of Transnasal Endoscopy across Powys including North Powys	Transformation & Value / North Powys	Transnasal Endoscopy (TNE) has been successfully embedded as routine practice within endoscopy services in Powys, supporting a less invasive and better tolerated diagnostic option for patients. TNE is now established as business as usual at Brecon Community Hospital, with the majority of endoscopy procedures undertaken using the transnasal approach, except where patients opt for a transoral procedure or require sedation. The endoscopy unit at Llandrindod Wells was temporarily decommissioned. Opportunities to extend access to TNE in North Powys will be considered as part of the wider North Powys and Better Together service development programme

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quickly (Faster Diagnosis)	3.2	Each Health Board is to establish and sustain a Rapid Diagnosis Clinic access for their population to see patients with vague, non-specific symptoms suspicious of cancer and report waiting times, in accordance with the nationally endorsed National Optimal Pathway and Service Specification, within the Single Cancer Pathway .	Performance & Commissioning	The closure of the Aneurin Bevan University Health Board Rapid Diagnosis Clinic on 23 January 2026 highlighted the need to ensure equitable access to equivalent services for Powys residents with vague or non-specific symptoms suspicious of cancer. The issue has been escalated through the Commissioning Team and Medical Directorate, with discussions ongoing to identify sustainable diagnostic pathways for affected patients.
4. Improving waiting times for treatment for cancer (Elective Care Recovery)	4.1	Review of design of tracker cards used in PTHB with visiting Consultants to ensure meaningful options to enable correct recording on cancer tracker	Planned Care	A Standard Operating Procedure (SOP) for recording patients on the Single Cancer Pathway (SCP) was implemented, with the cancer tracker 'red card' incorporated into the Clinic Outcome Form in November 2024. Following user feedback, the form was further refined in April 2025 to improve cancer tracking and data quality.
	4.2	Monitoring the implementation of the agreed national Cancer pathways within the national target - demonstrating annual improvement toward achieving target by March 2026	Performance & Commissioning	Provide oversight and monitoring through the Strategic Commissioning Framework and Integrated Quality and Performance Framework to monitor implementation and performance for our responsible patients in commissioned service providers.
5. Improving cancer care and timeliness through policy (Compliance with the Single Cancer Pathway/ National Optimal Pathways)	5.2	Person centred care and prehabilitation are both included in the National Optimal Pathways. Both are included in the ICJ Programmes aims and objectives	Improving the Cancer Journey	See 8.6 & 8.7
6. Treating cancer effectively (Effective Treatments)		PTHB doesn't provide cancer treatment - this sits with commissioned services. P&C provide oversight and monitoring through CQPRM meetings		
7. Improving care for those whose cancer cannot be cured (Palliative and End of Life care)	7.1	Finalise the model to improve the coordination of the Last Year of Life; Implement the new model through a phased approach in conjunction with partners	Better Together	Proposed model for palliative and end of life care being developed, will be incorporated into Better Together models for consultation. Service improvement / business as usual continues e.g. Future Care Planning, TEG, audit, monitoring of commissioned services.
Jones, Bethan 10/09/2026 09:48:58	8.1	Embed and strengthen the model for supportive conversations.		The ICJ Programme continued to embed supportive 'What Matters' conversations as a core element of cancer support in Powys, helping to identify individual needs, inform personalised care planning and improve access to wraparound services. Referral pathways were further embedded during 2025/26, contributing to a 25% increase in referrals received via the Single Point of Access compared to 2024/25, demonstrating growing awareness and utilisation of the service.

8. Supporting cancer patients and making services better (Improving Patient Experience) Jones, Bethan 10/09/2026 09:48:58	8.2	Further develop co-production and the voice of people living with cancer. Through increased collaboration, the ICJ supports services in Powys to better understand the provision of support for people living with cancer in Powys, therefore increasing the ability to meet a person's needs	Improving the Cancer Journey	The ICJ Programme continued to strengthen co-production and amplify the voice of people living with cancer in Powys. Lived experience gathered through supportive 'What Matters' conversations, engagement activities and the Journeying Together Group has informed service development and improved understanding of the needs of people affected by cancer. Increased collaboration with partners has supported a more coordinated approach to meeting individual needs and improving access to support across Powys.
	8.3	Extend wraparound health and wellbeing support for people living with cancer, in line with 'prehabilitation to rehabilitation' principles.		The AHP Cancer Lead within the ICJ programme established a cross-sector Health and Wellbeing Task and Finish Group and co-developed a universal cancer prehabilitation and rehabilitation pathway for Powys, supported by an implementation SOP and patient resources. Developed in partnership with health, social care, third sector and lived-experience representatives, launch and evaluation arrangements are in place to support implementation.
	8.4	Develop and support a county-wide network of cancer-confident individuals and organisations.		The ICJ Programme continued to develop a county-wide network of cancer-confident individuals and organisations. Partnership working across health, social care and third-sector services was strengthened, supporting greater awareness of the needs of people affected by cancer and promoting more consistent, informed support across Powys. Collaborative engagement activities have helped build local capacity to provide information, signposting and support within communities.
	8.5	The Journeying Together Forum consisting of those with lived experience and carers is integral to the ICJ Programme. The fundamental essence of the 'what matters' conversations is to assess people's needs to identify resources, locally where possible, to meet those needs, and co-produce a written care plan. This includes a universal offer of benefits advice		The ICJ Journeying Together Group was re-established during 2025/26, facilitated by the ICJ Community Engagement & Communications Officer and AHP Cancer Lead. By March 2026, 8 people with lived experience of cancer and carers had been recruited from across Powys. Plans are underway to hold an online engagement session to gather feedback on cancer prehabilitation experiences and review information resources developed through the ICJ programme. The group will play a key role in shaping service development through co-production, ensuring lived experience informs the design and delivery of cancer support services. Alongside this, supportive 'What Matters' conversations continued to identify individual needs, inform personalised care plans and connect people to appropriate local support, including welfare and benefits advice and referral to the PCC Money Advice Team where appropriate.
	8.6	Development of Prehabilitation - prehabilitation improves patient resilience and tolerance to treatments, improving clinical outcomes		AHP Cancer Lead within the ICJ Programme has established the foundations for a universal cancer prehabilitation and rehabilitation offer across Powys. A cross-sector Health and Wellbeing Task and Finish Group co-developed a universal pathway, implementation SOP and supporting digital and non-digital resources to promote earlier access to physical, nutritional and psychological support for people living with cancer. Launch and evaluation arrangements have been developed to support implementation and future measurement of patient experience and outcomes.
	8.7	Development of Rehabilitation - rehabilitation improves patient resilience and tolerance to treatments, improving clinical outcomes		
	8.8	Scoping of Cancer Navigator / Cancer Nurse Specialists role		Scoping work for the Cancer Navigator and Cancer Nurse Specialist roles was completed during 2025/26, informed by patient experience feedback, service need and national best practice. A business case was developed and approved through Health Board governance processes, including endorsement by the Investment & Benefits Group and Executive Committee. Funding applications are now being progressed with external funding partners to support implementation of the proposed roles as part of the future Powys Cancer Team.
	8.9	In line with the Better Together strengthen the web of integrated community services for people with cancer	Better Together	Better Together continues to engage with Communities in preparation for Public Consultation
	###	Develop Community based care - providing complex care closer to home for people in Powys	Better Together	Better Together continues to engage with Communities in preparation for Public Consultation

9. Working together to make services better (Key System Wide Enablers)	9.1	Phase 2 of the ICJ Programme will reflect on shared patient experiences and the Cancer Patient Experience Survey results to identify gaps in care and explore the need for local cancer specialist nurses, cancer pathway co-ordinators/champions and other roles	Improving the Cancer Journey	the ICJ Programme used patient experience evidence, including feedback gathered through engagement activities and the Wales Cancer Patient Experience Survey, to identify unmet needs and service gaps within cancer care in Powys. This work informed the development of a proposed Powys Cancer Team, including Cancer Nurse Specialist, Cancer Navigator and pathway co-ordination functions, designed to improve support, navigation and care coordination for people affected by cancer.
	9.2	The patient experience and results from 'What matters' conversations will provide information and intelligence on the needs of people living with cancer in Powys		During 2025/26, patient feedback gathered through 'What Matters' conversations and cancer experience engagement activities provided valuable insight into the needs, preferences and challenges faced by people affected by cancer in Powys. This intelligence, alongside national patient experience data, is informing the ongoing development of local cancer services and support.
	9.3	Referral for 'What matters' conversations including signposting for advice e.g. welfare, benefits		Referral pathways were developed to ensure people affected by cancer in Powys could access timely support based on their individual needs. Referrals enabled 'What Matters' conversations to take place through the Single Point of Access, helping individuals identify practical, emotional and financial concerns and access appropriate support. Where people with cancer from Powys were identified, referral pathways were established into the Powys Single Point of Access to facilitate access to local services and community support. Partnership working with The Shrewsbury and Telford Hospital NHS Trust (SaTH) also resulted in the development of a direct referral pathway for patients experiencing financial concerns into the PCC Money Advice Team, and if appropriate a secondary referral into the ICJ single point of access. These pathways have improved access to welfare, benefits and wider support services.
	9.4	Development of End of Life Care support / provision in Community Hospitals through charitable funds	Last Year or Life / End of Life Workstream	See 7.1 - This links to 7.1 above. Once the model has been finalised and agreed, the charitable funds can support implementation as appropriate.

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Agenda item: 7.1

FINANCE AND PERFORMANCE COMMITTEE		10 SEPTEMBER 2026	
Subject:	Endoscopy Service Update Joint Advisory Group (JAG) Accreditation		
Presented by:	David Farnsworth, Deputy Director Community Services Group		
Approved by:	David Farnsworth, Deputy Director Community Services Group Nicola Kelly, Head of Planned Care		
PPrepared by:	Stephanie Munro, Business Manager Planned Care Better Together		
Other Committees and meetings considered at:	Executive Committee 02 September 2026		
PURPOSE:			
This paper aims to provide the Committee with a high-level service update relating to endoscopy within Powys Teaching Health Board (PTHB) in including JAG accreditation and actions to progress accreditation.			
RECOMMENDATION(S):			
The Finance and Performance Committee is asked to:			
• RECEIVE the update on endoscopy services and JAG accreditation. • NOTE that no further updates will be provided to the Committee until there is further update in relation to reaccreditation or new information to report.			
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	

BACKGROUND AND ASSESSMENT:

The purpose of this report is to provide the Committee with an update on the core Endoscopy service and JAG accreditation within Powys including areas where the Community Service Group has made significant improvements or has challenges.

Actions are advised where performance is not compliant with national or local Powys Teaching Health Board (PTHB) annual plan targets as well as highlighting both short and long-term risks to delivery.

Core Endoscopy Service

The endoscopy service in Powys is provided by in reach consultants from Cwm Taf Morgannwg University Health Board (CTMUHB), a PTHB Consultant Speciality Lead, PTHB clinical endoscopists (gastroscopy only) and PTHB supporting clinical and decontamination workforce.

The service is delivered from Brecon Hospital. The endoscopy suite in Llandrindod Hospital was decommissioned in 2025/6 due to challenges with securing in reach endoscopist capacity and associated equipment quality and safety issues as a result of low utilisation of the unit. Annual running costs for the equipment at Llandrindod were approx. £43K, and these costs have been avoided with activity at the unit paused. The unit can be recommissioned should endoscopist capacity become available at very short notice, within weeks at a cost of approx. £5K.

Endoscopy Waiting Times

The latest data June 26 reported position there were no patients waiting over 8 weeks for endoscopy suite services (colonoscopy, gastroscopy, sigmoidoscopy).

Referral numbers into Powys fell during 2025/26 due to changes to triaging within CTMUHB. As a result, insourcing capacity has not been utilised for the core endoscopy service since May 25. The service continues to work with the PTHB Commissioning Directorate and the National Planned Care Endoscopy Programme to review options for additional capacity, mutual aid, utilisation of PTHB endoscopy environment.

It is important to note that PTHB have the least significant wait times across Wales, however demand remains low. Additional scrutiny is required at the point of referral to repatriate low-complexity activity back into Powys rather than going directly into commissioned providers this is an area of work highlighted in Getting It Right First Time (GIRFT) and will be a key clinical pathway for development within the Better Together Transformation Programme for Planned Care.

PTHB Endoscopy Clinical Support

A workforce review was undertaken in 2024/25 by the Senior Nurse for Theatres and Endoscopy enabling the development of a separate endoscopy clinical delivery unit as recommended by the Joint Advisory Group (JAG) on GI Endoscopy, historically teams worked across surgical and endoscopy in blended roles. A new Band 7 clinical leadership post for endoscopy was developed and successfully recruited with a supporting Band 6 Endoscopy Team Leader role.

PTHB Clinical Endoscopists

In Q3 2022/23 PTHB's first clinical endoscopist trainee (gastroscopy) successfully completed the National Endoscopy Training Programme sponsored by PTHB with training provided in Powys in conjunction with CTMUHB. This post compliments the Advanced Nurse Endoscopist(gastroscopy) role already recruited to within the service and has enabled a significant increase in service capacity to support repatriation of PTHB patients from neighbouring health boards. The clinical endoscopy team are leading service transformation with programme management support from PTHB Transformation Team with the development of a capsule sponge service and trans nasal endoscopy (TNE) service. Whilst the service has been successful in training and recruitment of clinical endoscopists to support gastroscopy, recruitment to support colonoscopy has been unsuccessful. There is a national shortage of colonoscopy skills and development, training of these staff is being considered at a national level.

Clinical Pathways and Patient Tracking

For many patients the endoscopy pathways within Powys span CTMUHB and other health board diagnostics and multi-disciplinary services which can be complex from a service user and operational management perspective. Since 2024 has in place a cancer tracking officer post to support the administrative tracking for cancer patients. The cancer tracking officer works in collaboration with consultants, other health board Cancer Services Directorates and the PTHB Waiting Well Service to review/track pathways and provide advice and support to patients waiting.

There are on-going challenges with CTMUHB in terms of adhering to access PTHB criteria and triaging of patients for endoscopy impacting on Provider and District General Hospital referrals (Long Term Agreement) these have been escalated operationally in and via the CTMUHB CQRM.

Joint Advisory Group (JAG) Accreditation

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JAG accreditation is awarded to endoscopy services who have been assessed and have demonstrated that they meet the JAG quality standards. These cover all aspects of an endoscopy service, ensuring that they: continually improve the quality and safety of the care provided, maintain a strong focus on ensuring patients have a positive experience, provide excellent training and development opportunities for all staff and uphold a safe and comfortable environment for patients and staff.

PTHB JAG 5 yrs assurance visit to Brecon Hospital was undertaken in March 24 accreditation status was deferred with immediate actions to secure speciality clinical leadership/oversight sessions. A JAG assessment meeting to review progress held in Nov 24, PTHB commended for work undertaken to date in terms of service delivery, transformation, Q&S however without confirmed speciality lead JAG a decision taken to remove accreditation.

During October 2025 in preparation for accreditation the PTHB endoscopy service undertook an assessment of progress against standards with support from JAG team -a routine step for all organisations applying for accreditation.

As part of this process JAG have advised that further time is required to embed the speciality leadership model and the service should look to 2026 for the accreditation submission. The replacement for the Senior Clinician Theatres/Endoscopy who retired February 2026, was due to commence in August but unfortunately withdrew at the end of July 2026. JAG have also advised that issues regarding CTMUHB triage will also need to be resolved prior to any JAG assessment.

JAG Accreditation Actions

Action	Timeframe	Lead	Status
Immediate re-advertisement of Senior Clinician Endoscopy/Theatres	Aug 26 – closing date 1/9/26	Head of Planned Care	Complete
Shortlisting & Interview	1 – 20 Sept 26	Head of Planned Care/Head of Nursing/Assistant Medical Director Planned Care	
On-boarding Senior Clinician Endoscopy/Theatres/commencement in post	Sept – Dec 26	Head of Planned Care	
Escalation of triaging challenges with CTMUHB - Commissioning Quality Performance Meeting	Ongoing Q1 26/27 Operational escalation meetings	Head of Planned Care/Assistant Medical Director Planned Care/Lead Consultant Endoscopy	On-going
Interim triaging support enabled with ABUHB pathways	Jul 26	Lead Consultant Endoscopy/Assistant	On-going

		Medical Director Planned Care	
Escalation Meeting CTMUHB/PTHB	Aug 26	Deputy Director Community Services/Director of Operations Planned Care CTMUHB	
Priority discussions with Better Together Transformation Lead Consultant regarding DGH challenges, actions and service sustainability – endoscopy highlighted as priority in Getting It Right First Time (GIRFT) recommendations	Sept 26	Deputy Director Community Services/Assistant Medical Director Planned Care	

Environment and Decontamination

Significant progress has been made in terms of the endoscopy environment within Powys. Decontamination management and processes have been strengthened with dedicated support from Estates and Infection Prevention Control teams. The service has successfully implemented the Scan4Safety digital stock management system which enables digital stock tracking to patient level improving patient safety, traceability, operational productivity, and supply chain efficiency and has in place digital tracking for the endoscopes a key recommendation from JAG. Image capture equipment has been purchased, and the service are working with the National Programme/Digital in terms of implementation.

Equipment and Digital Resources

The service team are currently developing a capital bid/charitable fund request for replacement endoscopy equipment due to issues with image quality and are liaising closely with Digital colleagues in terms of digital requirements/connectivity for the service which is now a priority.

Clinical Leadership/Governance

The Senior Nurse Theatres/Endoscopy and Assistant Medical Director Planned Care posts have enhanced clinical leadership support and governance for the service. A speciality lead consultant is now also in place for the PTHB endoscopy service on a sessional basis. The Senior Nurse Theatres/Endoscopy post is being provided by the Senior Manager for Planned Care supported by the Head of Nursing and the Assistant Medical Director Planned Care.

NEXT STEPS:

- The Committee is asked to take assurance that JAG accreditation remains a priority for the service, however for successful JAG accreditation all relevant clinical leadership roles will need to be in place and fully operational, which has been further delayed. JAG will also require full resolution of triaging issues with CTMUHB which continues to be escalated.
- The development of the endoscopy service was a clinical pathway priority recommendation and this will be progressed by the Operational Transformation Clinical Lead in conjunction with the service.
- Note that no further updates will be provided to the Committee until there is further update in relation to reaccreditation or new information to report

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

Joint Commissioning Committee

Highlight Report from the Planning, Performance and Finance Sub-Committee

Dyddiad y Cyfarfod / Date of Meeting	21/07/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Maxine Evans, Assurance & Risk Officer, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Paul Worthington, PPF Chair and Lay Member, NWJCC
Noddwr yr Adroddiad / Report Sponsor	George Galletly, Director of Corporate Planning and Strategy, NWJCC
	Stacey Taylor, Director of Finance and Value, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Assurance
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Health Boards	Various	Noted

1. SITUATION/BACKGROUND

This report has been prepared to provide NWJCC Joint Committee Members with a summary of the key issues considered by the NHS Wales Planning, Performance and Finance (PPF) Sub-Committee at its public meeting on 2 July 2026.

Key highlights from the meeting are reported in Section 2.

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2. HIGHLIGHT REPORT

Links to reports highlighted - [July 2026 - Planning, Performance and Finance Sub-Committee](#)

Status	Update
Alert / Escalate	The Committee received the PPF Sub-Committee's assigned risks from the NWJCC Operational Risk Register as of 31 May 2026. After PPF scrutiny and review, the NWJCC will receive the May 2026 risk register at its July 2026 meeting. Particular focus was given on the re-description of the new Emergency Ambulance Service risk. The shift towards a more commissioner-focused articulation was acknowledged, however concerns were raised that the proposed wording placed insufficient emphasis on patient outcomes and potential patient harm. Whilst financial, reputational, legal and regulatory consequences were relevant to the NWJCC as a commissioner, the primary narrative should also reflect commissioning for better patient outcomes. The Sub-Committee agreed that the wording of the ambulance risk would be refined before submission to the Joint Committee, ensuring that it reflected the NWJCC's levers as a commissioner whilst maintaining a clear patient-outcome focus.
Advise	- The Sub-Committee received the NWJCC Finance Report – Month 2 2026/27. The reported year-to-date position was an underspend of £361k, with a forecast year-end benefit of just under £0.5m. The report noted delivery against plan at Month 2, while recognising the limited robustness of early-year data and forecasting. It was agreed that the most recent available data should be used for future Sub-Committee and Joint Committee reporting. The outcome of the arbitration process with Cardiff and Vale University Health Board (CVUHB) was advised, noting that Welsh Government (WG) had confirmed that the Joint Committee decision should be upheld in relation to the 2% savings requirement, while also making clear that arbitration between NHS Wales organisations should be avoided in future. The need for earlier collaborative planning and stronger relationships to prevent recurrence will be a priority for 2026/27. - The NWJCC Combined Operational Performance Report – Month 2 2026/27 was received. The following was highlighted:

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Status	Update
	○ The Sub-Committee requested that future reports should include the most up-to-date information available, recognising that different data sets may be available at different points in the reporting cycle. ○ It was noted that neonatal services had been de-escalated to Level 0 following the May quality assurance meeting and cardiac surgery at CVUHB UHB had been escalated to Level 2 due to an increasing waiting list and delays in receiving an action plan. ○ The Sub-Committee were advised that there are currently no 104-week waits across commissioned specialties, however forward projections to identify any future risks were requested. ○ Concerns about ambulance performance reporting under the new clinical model was raised. It was agreed that additional statistical process control (SPC) charts and more meaningful input, output and outcome measures would be developed, and the colour coding of Non-Emergency Patient Transport Services (NEPTS) metrics would also be reviewed to ensure red and green indicators reflected whether movements were positive or negative. ○ It was advised that a stipulation of the WG Planned Care Funding will require Health Boards (HBs) to improve theatre efficiencies before the additional funding could be accessed. • The Sub-Committee received an update on the development of the NWJCC Integrated Medium-Term Plan (IMTP) 2027-30. Members were advised that work had begun on commissioning intentions and a revised clinical prioritisation approach, and that early engagement with HBs had commenced. It was noted that the national clinical strategy would be an important dependency, although timescales suggested it may not be available in time to fully inform the IMTP.
Assure	• NWJCC Risk Management and Assurance Framework – The Sub-Committee endorsed the Risk Management Procedure, Joint Committee Assurance Framework (JAF), Risk Appetite Statement and strategic risk reporting arrangements for onward consideration by the Joint Committee. Members welcomed the strengthened approach to strategic risk management and assurance and were pleased with the progress made to strengthen Risk Management. It was acknowledged that the risk appetite would require ongoing

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Status	Update
	collective discussion with Chief Executives, lay members and executive colleagues, and may evolve over time. • The Financial Sustainability Review was received, outlining the current status of savings initiatives. This was the first in a series of updates to provide transparency on allocations, opportunities and slippage. The importance of pace and rigour, particularly given the challenging national financial context and the expectations of HB partners was highlighted. It was noted that the current pipeline is not yet where it needs to be, with too many schemes rated red or amber and insufficient schemes rated green. This will be a priority for the NWJCC Senior Leadership Team to urgently review the pipeline, convert green schemes into cash-releasing benefits, identify further opportunities and strengthen grip on expenditure controls. • The NWJCC Annual Plan 2026-27 delivery update was received focussing on the strategic priority areas, service reviews, deep dives and enabling projects. Members noted that some delivery confidence ratings were medium, largely due to data availability, analytical capability and capacity. It was recognised that the NWJCC was developing a new way of working and that HB engagement would be essential, both to secure analytical support where possible, and to ensure collective ownership of difficult prioritisation decisions, noting the need to balance patient outcomes with affordability in the current financial climate, acknowledging that some planned initiatives may need to be paused or reconsidered. • The Sub-Committee received a verbal update on the grip and control work requested by NHS Performance and Improvement and WG Directors of Finance. A self-assessment had been completed against the relevant elements of the best practice framework, and further work would be undertaken to define good grip and control for the NWJCC as a maturing commissioning organisation. It was agreed that future updates will be reported through the Sub-Committee, with internal audit reporting providing assurance to the host body audit committee.
Inform Jones, Bethan 10/09/2026 09:48:58	• The Sub-Committee received a verbal update on the NWJCC Strategy Development, noting that it would be informed by the NWJCC strategic reviews, deep dives, the three-year IMTP and alignment where possible with the emerging national clinical strategy. The importance of the NWJCC's role in a

Status	Update
	once-for-Wales collaborative commissioning space was reiterated. - The Sub-Committee received a verbal update on the annual review of committee effectiveness. Feedback had been shared with the chairs of the committees, and proposed actions would be developed for inclusion in an action plan for approval by the Joint Committee. Forward Plan of Business – The Sub-Committee reviewed and noted the 2026–27 Forward Plan.
Appendices	None.

3. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	Efficient; Equitable; Person-centred; Timely; Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: ☒	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Commissioning Committee as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

4. RECOMMENDATIONS

The members of the Joint Commissioning Committee are asked to:

- **Receive** the report as **assurance**.

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Finance and Performance Committee 2026-27

Item Title	May 14/05/20 26	June 25/06 /2026	September 10/09/202 6	October 13/10/202 6	December 03/12/202 6	February 18/02/2027
Minutes of previous meeting	✓	✓	✓	✓	✓	✓
Declaration of Interests	✓	✓	✓	✓	✓	✓
Action Log	✓	✓	✓	✓	✓	✓
Committee Reflections	✓	✓	✓	✓	✓	✓
Committee Risk Register	✓	✓	✓	✓	✓	✓
Annual Work Programme	✓					
Work Programme (updated through year)		✓	✓	✓	✓	✓
Annual Assessment of Committee Effectiveness		✓				
Committee Governance Action Plan			✓			✓
Committee Annual Report (including IC elements)	✓					
Review of Terms of Reference	✓					✓
Integrated Quality and Performance Report	✓ mnth 11	ü mnth 01	✓ mnth 03 Q1	✓ mnth 05 Q2	✓ mnth 07 Q3	✓ mnth 09
Ministerial Enabling Actions (included within IQPR)		✓			✓	
Annual Delivery Progress Report	✓		✓ Q1	✓ Q2		✓ Q3
Finance Report	✓	✓	✓	✓	✓	✓
Routemap to Sustainability Report				✓		✓
Savings - (Six monthly report on Continuing Heath Care costs)			✓			✓
Variable Pay			✓			
Capital Programme Delivery & Decarbonisation programme					✓	
Capital and Estates Compliance Report						✓
Capital and Estates Strategy Monitoring			X	✓		
Capital Pipeline Overview					✓	
Powys PSB Climate Working Group Update				X		
GMS (to include access)			X		✓	
GDS (General Dental Services)				✓		
Out of Hours Performance review		✓		✓		
Community Pharmacy Annual Report					✓	
Optometry Annual Report to include performance		✓				
Mental Health Services					✓	
Any Internal Audit/Wales Audit reports received - for information	N/A	N/A	N/A	N/A	N/A	N/A
Comms and Engagement Report					✓	
Organisational Escalation Status Presentation						✓
Finance and Performance Monitoring - October and March reports to include Grant Thornton updates	✓	✓	✓	✓	✓	
Deep Dive - CHC savings track growth on case numbers.		✓				
Endoscopy Update to include JAG accreditation			✓			✓
Health and Safety Dashboard (Annual Report)			X	✓		
Health & Safety 6 monthly report					✓	
Integrated Plan 2026/2027 Development & Draft Performance Report (of Annual Report) - Joint PPPH and F&P meeting March 2026					✓	
MIU Deep Dive - from Performance report (Action at Sept 25 meeting)	✓					
Community Hospital Delays & Flow	✓					
Private Providers- Mental Health	✓				✓	
Public Sector Prompt Payment (PSPP) Performance'					✓	
Cancer Services Improvement Plan and Performance Update			✓			
In-reach fragility					✓	
Out of County Delays & Financial impact				X		
Deep Dive on Hospital Delays	✓					
Finance and Performance Committee to investigate the position in relation to long waits at RJAH	✓					
HSE Investigation action plan - In-Committee	✓	✓		✓	✓	✓
Colonoscopy Update report		✓				
Benefits realisation for Radiography					✓	
Strategic Commissioning Framework				X		
Primary Care Cluster Reporting against delivery 2025/26 (for info only-consent agenda					✓	



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Agenda item: 7.4

FINANCE AND PERFORMANCE COMMITTEE		Date: 10 SEPTEMBER 2026	
Subject:	Committee Effectiveness: Governance Development Plan 2026-27		
Approved and presented by:	Helen Bushell, Director of Corporate Governance		
Prepared by:	Deputy Board Secretary		
Other Committees and meetings considered at:	N/A		
Appendices :	Appendix A – Governance Development Plan 2026-27		
PURPOSE:			
This report provides the Committee with the plan for continuous development, based upon the matters identified as actions arising the 2025-26 annual review of Committee effectiveness. The 2026-27 plan comprises of actions arising from and relevant to all Committees (Cross Committee Action Plan) and the Board.			
RECOMMENDATION(S):			
The Committee is asked to: a. RECEIVE the Governance Development Plan 2026-27 and b. TAKE ASSURANCE that the implementation of development actions will be monitored and reported on throughout the year as a key principle of good corporate governance.			
Approve/Take Assurance		Discuss	Note
X			

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	A commitment to good governance and robust corporate systems are a key enabler of all of our 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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COMMITTEE EFFECTIVENESS

Each Committee of the Board is required to assess its effectiveness at the end of each year and to report its views to the Board on how governance arrangements might be improved. This is a key principle of good corporate governance which demonstrates a committee’s understanding of its remit and oversight responsibility and a culture of continuous improvement.

PTHB has adopted a two-yearly approach to Committee Effectiveness Reviews, with an in-depth questionnaire in year 1 and a more informal facilitated discussion approach in year 2. 2025/26 constitutes year 2 of the current cycle, and in March 2026 a Board Development session provided Board members with the opportunity to discuss in a shared environment the effectiveness of our Committees.

A key aspect of the effectiveness review is the formulation of actions based upon identified opportunities for continuous improvement as part of the process. The outcome of the Board Development discussion and the actions arising have been reviewed and formed into a development plan by the Corporate Governance team, which has subsequently been received and supported by the Chair’s Forum and Board Development.

Implementation of the Governance Development Plan 2026-27 (Appendix A) will be monitored by the Corporate Governance team throughout the year, and an update on implementation will return to the Committee in Q4 of 2026/27.

NEXT STEPS:

Implementation of the Governance Development Plan 2026-27 (Appendix A) will be monitored by the Corporate Governance team throughout the year, and an update on implementation will return to the Committee in Q4 of 2026/27.

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Committee Effectiveness: Governance Development Plan 2026–2027

Theme	Action	Owner	Timeline	Status	Comments
Committee Agenda Focus	a) Executive/Assistant Directors to feedback where greater clarity re the expected content/focus of agenda items would be beneficial b) Committee Chair's to provide clarity in meetings regarding the content/discussion required around agenda items	Governance Team / Executive Directors / Committee Chairs	Q1	Underway	
Committee Agenda Focus	Review of proportionality of Committee reporting across key services/areas of risk as part of the development of annual work programmes	DCG / Governance Team / Executive Directors / Chairs	Q1	Underway	

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Board Member Training	Focused Board Member training on key areas e.g. financial recovery, scrutiny vs assurance etc. as part of structured Board Development programme	PTHB Chair / DCG	Q2	Underway	
Organisational Learning	Undertake to identify a comparable organisation for benchmarking of key data beyond NHS Wales	DCG / Governance Team / DPP&C	Q3	Not yet due	
Organisational Learning	Identify partners or opportunities to hear from and share learning with relevant organisations and sectors	PTHB Chair / DCG / Committee Chairs	Q4	Not yet due	
Board Out and About	Review potential for half-day IM out and about sessions as part of Board Development twice per year	PTHB Chair / DCG	Q2 – Q4	Underway	

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Budget setting

Final Internal Audit Report

2025/26

Powys Teaching Health Board



Reasonable Assurance

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Review Reference

PTH-2526-03

Fieldwork

January - May 2026

Executive Sign Off

9th June 2026

Audit Committee

July 2026

Executive Lead

Director of Finance, Capital & Support Services

Audit Team

Ian Virgill, Head of Internal Audit

Andrea Calise, Audit Manager



Executive Summary

Purpose

The review of budget setting arrangements was completed in line with the 2025/26 Internal Audit Plan for Powys Teaching Health Board (the 'Health Board'). The review set out to assess how the Health Board allocates resources to meet its agreed budget.

Overview

Under the NHS Finances (Wales) Act 2014, local health boards and NHS trusts have a statutory duty to prepare a three-year Integrated Medium Term Plan (IMTP), which is updated annually, that sets out how they will comply with their financial break-even duties over a rolling three-year period. The Well-being of Future Generations (Wales) Act 2015 set in law the need to consider the long-term strategic approach to deliver a better future including within financial planning and budget setting.

The Health Board was unable to develop a three-year plan that met the statutory break-even duty, and therefore an Annual Plan was developed for 2025/26 in line with the NHS Wales Planning Framework. The Annual Plan (2025/26) was discussed at the Board meeting in March 2025, prior to submission to Welsh Government. Noting the forecast underlying deficit of £38.4m, this plan could not be approved as the Health Board would not comply with its duty to achieve financial breakeven. A subsequent Accounting Officer letter was submitted to Welsh Government in May 2025 which confirmed actions to revise the financial forecast to a deficit of £28.3m.

We have concluded **reasonable** assurance on this area. The significant matters requiring management attention include:

- The Budgetary Control Procedure published in September 2021 has been overdue a review since September 2024.
- There is no mechanism to record or monitor the completion of budget holder training.
- Accountability Letters meet core delegation requirements but contain limited contextual information on the financial health of the Health Board. Testing also noted delays issuing and signing of letters.
- During 2025/26 savings schemes were at different stages of development at the point of budget setting, with evidence that schemes were still being identified and developed towards the end of the financial year.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

Scope & Assurance Summary

Objectives	The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.		Related Findings	Assurance
1	The health board has an appropriate financial planning approach that aligns the key organisational priorities, available resources and Welsh Government's requirements.		1,4	Reasonable
2	There is clear and robust challenge of the Financial Plan, its assumptions, and associated risks by senior management, the Board and its committees, and Welsh Government.		-	Substantial
3	Budget holders are actively engaged at an early stage and supported throughout the budget setting process, and the health board has sufficient internal resources, skills and systems to enable effective budget planning.		2	Reasonable
4	Roles, responsibilities and the arrangements for budget setting are clearly set out within the Accountability Letter and up-to-date policies and procedures.		3	Reasonable
5	Effective processes are in place within the Service Groups in the setting, delegation, amendment and approval of budgets, ensuring transparency and accountability.		4	Reasonable

Management Actions

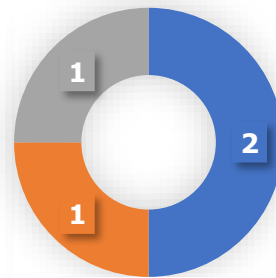


High Priority



Medium Priority

Themes



- Finance Management & Control
- Policies & Procedures

Risk Types

Financial Loss
Legal & Regulatory Non-Compliance

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Findings & Agreed Action Plan

Objective 1: The health board has an appropriate financial planning approach that aligns the key organisational priorities, available resources and Welsh Government’s requirements.	Reasonable
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Overview / Summary of Observations

The Health Board has established a structured and comprehensive financial planning approach aligned to Welsh Government requirements, underpinned by a clearly defined planning cycle, formal governance arrangements and the use of nationally prescribed guidance and templates.

The 2025/26 Financial Plan was developed through an iterative process involving Board Development Sessions, Executive Committee scrutiny and Core Group input, demonstrating robust challenge and integration across finance, workforce, commissioning and operational planning. The process was explicitly aligned to organisational priorities through the themes of Risk, Recovery and Sustainability, reflecting both the Health Board’s statutory duties and its Level 4 escalation status.

Recognising its significant underlying deficit, the Health Board was unable to submit a balanced and approvable Integrated Medium Term Plan (IMTP) and appropriately submitted an Annual Plan in line with Welsh Government guidance. The Plan demonstrates a clear understanding of the organisation’s financial pressures, including commissioning costs, Continuing Healthcare growth and workforce expenditure, and is supported by detailed planning assumptions and scenario modelling to inform decision making and prioritisation.

The £28m forecast deficit within the Annual Plan included a significant savings requirement of £23m. We have noted within Finding 5 below that schemes were not fully developed to meet the required savings at the point that budgets were set. This creates additional pressure on the Health Board’s ability to meet the forecast position, and at Month 12 the reported position was an overspend of £33m which is £5m higher than forecast.

While the financial planning framework is assessed as robust and operating effectively in design, we note that the Budgetary Control Procedure underpinning financial management is out of date. **(Key Finding 1)**

Key Findings		Risk & Impact	Agreed Management Action
1	Budgetary Control procedure is out of date The Health Board has developed a Budgetary Control Procedure which is intended to define roles, responsibilities, and the processes required to ensure effective financial management and budgetary control. The current procedure was issued in September 2021 and has a review date of September 2024. The document is now overdue for review	Inconsistency in the application of budgetary controls and reduced clarity over roles and responsibilities.	Agreed Action: A formal review of the Budgetary Control Procedure will be undertaken to ensure it remains current and continues to support effective financial management and governance arrangements. The procedure will be updated as required, approved through the appropriate governance route, and reissued to relevant staff. Expected Evidence of Implementation: - Updated and approved Budgetary Control Procedure document - Evidence of formal review and approval (e.g. committee/Board minutes)

	Medium Priority	Officer: Assistant Director of Finance
Theme: Policies & Procedures	Control Operation	Target Implementation Date: 31 st August 2026

Objective 2: There is clear and robust challenge of the Financial Plan, its assumptions, and associated risks by senior management, the Board and its committees, and Welsh Government.

Substantial

Overview / Summary of Observations

A comprehensive governance framework has been put in place to support the oversight, scrutiny and challenge of the Health Board’s financial planning process. The development of the 2025/26 Annual Plan was subject to regular and structured engagement across multiple levels of the organisation, with defined roles for technical review, executive scrutiny and formal decision making. In particular, the Core Group functioned as the central coordination forum, enabling detailed testing and alignment of assumptions across finance, commissioning, workforce and performance prior to escalation.

Challenge was applied throughout the planning cycle via Executive Committee, Board Development sessions and formal Committee oversight, allowing key financial assumptions and risks to be tested and refined ahead of Board approval. This included scrutiny of affordability, savings delivery, commissioning demand and financial risks, with clear evidence that assumptions evolved in response to emerging information and external pressures. Scenario modelling further supported decision making by demonstrating the impact of different financial and demand assumptions.

Objective 3: Budget holders are actively engaged at an early stage and supported throughout the budget setting process, and the health board has sufficient internal resources, skills and systems to enable effective budget planning.

Reasonable

Overview / Summary of Observations

Budget setting is underpinned by a centrally controlled, ledger driven model using Oracle financial data, ensuring that budgets are based on validated financial information. Access to core planning tools is appropriately restricted to senior Finance staff, reducing the risk of unauthorised amendment. Budget holders are not directly involved in constructing budgets but are engaged throughout the process via early discussions on financial assumptions and ongoing support from Finance Business Partners. Evidence from service areas indicates that this engagement is embedded in practice and valued by operational leads.

Formal training materials are available to support budget holders in understanding financial processes, governance and reporting requirements. However, there is no mechanism to record or monitor training completion, and therefore it is not possible to confirm whether all budget holders have received appropriate and up to date training. **(Key Finding 2)**

Key Findings		Risk & Impact	Agreed Management Action
2	Budget holder training record While the Health Board has developed a comprehensive training package for budget holders, there is no formal mechanism to record, monitor or evidence completion of training across the organisation. Training is currently delivered through a combination of circulated materials and ongoing support from Finance Business Partners; however, there is no central register capturing who has undertaken training, when it was completed, or when refresher training is required. As a result, the Health Board cannot demonstrate that all budget holders have received consistent and up to date training aligned to their responsibilities. This is particularly important given the organisation's financial position and the need to maintain strong financial control, governance and oversight across all service areas.	Budget holders do not have sufficient or up-to-date knowledge of financial processes, controls and responsibilities, which may lead to inconsistent application of financial procedures, weakened budgetary control	Agreed Action: A formal process to record and monitor budget holder training will be implemented, this will include the development of budget holder guides, online modules developed with the Finance Academy ensuring training coverage includes financial control, governance and savings delivery expectations, as well as the continuation of targeted support where needed by the Finance and procurement teams.
			Expected Evidence of Implementation: • Development of budget holder guides. • Centralised training register/log • Evidence of completed training (attendance records / system reports) • Updated training policy or guidance outlining requirements for budget holders • Communication or rollout plan of online modules and completion records.
		Medium Priority	
Theme: Finance Management & Control		Control Operation	Officer: Assistant Director of Finance Target Implementation Date: 31st March 2027

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Overview / Summary of Observations

Roles and responsibilities for the budget setting processes are set out within the Standing Financial Instructions (SFIs) and Scheme of Delegation, which together provide a clear framework for financial governance. These documents establish defined responsibilities for the Board, Chief Executive, Director of Finance and budget holders, and require formal delegation of budgets through written Accountability Letters.

Fieldwork interviews confirmed that these arrangements are understood and applied in practice, with Accountability Letters operating as the primary mechanism for confirming delegated financial responsibilities.

Testing found that whilst Accountability Letters meet core requirements for delegation and acceptance, they provide limited contextual information on the Health Board’s wider financial position, savings requirements and key risks when compared to peer organisations. We also note that the timing of Accountability Letter sign-off, which occurs several months after the start of the financial year, does not align with the Budgetary Control procedure’s expectations.

Key Findings		Risk & Impact	Agreed Management Action
3	Accountability letters Comparison of Powys Teaching Health Board Accountability Letters with those used by other NHS organisations (Swansea Bay UHB and Welsh Ambulance Services Trust) identified that, while Powys’ letters clearly meet core requirements for formal budget delegation and acceptance, they contain less contextual narrative on the overall organisational financial position, savings expectations and key risks. No key elements of accountability or delegation were missing; differences relate primarily to style and level of contextual information. In addition, the Financial Control Procedure (FCP) sets out expectations for the timeliness of issuing and signing Accountability Letters, requiring that letters are issued within 28 days of Welsh Government agreement and formally signed within a further 28 days. A review of the budget allocation and accountability letter sign off process for the 2025/26 noted that in practice, the timing of sign-off may be influenced by operational considerations (such as waiting for funding confirmations), which may not align with the requirements of the procedure.	Budget holders may not fully understand how their budgets contribute to the Health Board’s overall financial position, increasing the risk of inconsistent decision-making, weaker financial control and reduced ownership of cost pressures.	Agreed Action: The standard Accountability Letter template will be enhanced to include a brief, consistent section summarising the Health Board’s overall financial position, high-level savings requirements and principal financial risks, to support greater transparency and shared understanding among budget holders. In addition, arrangements for issuing and signing Accountability Letters will be reviewed against the timeliness requirements set out in the Financial Control Procedure (FCP). Expected Evidence of Implementation: Evidence of an updated Accountability Letter template, including a standardised section summarising: • The Health Board’s overall financial position; • High-level savings requirements; and • Principal financial risks. Completed Accountability Letters demonstrating consistent inclusion of this information across directorates. Documented review of the timeliness requirements within the Financial Control Procedure (FCP)

		Medium Priority	Officer: Assistant Director of Finance
	Theme: Finance Management & Control	Control Operation	Target Implementation Date: 30 th June 2026

Objective 5: Effective processes are in place within the Service Groups in the setting, delegation, amendment and approval of budgets, ensuring transparency and accountability.

Substantial

Overview / Summary of Observations

Budgets are established at organisational level and then allocated to directorates and services, ensuring a consistent position across the Health Board. While budgets are not formally re-approved within service groups, discussions with budget holders confirmed that they are reviewed and understood prior to acceptance, supported by ongoing engagement with Finance. Accountability Letters provide the formal mechanism for confirming delegation and responsibility, with testing confirming they were issued, signed and aligned to the Financial Plan and financial system, demonstrating that budgets are appropriately communicated and understood.

Budget amendments during the year are managed through established virement processes, with sample testing confirming that changes are supported by a clear rationale, appropriately approved and accurately reflected in the ledger.

Review of Finance and Performance Committee papers throughout 2025/26 identified that not all saving’s schemes were identified at the point budgets were set, with gaps in saving targets still requiring action towards the end of the financial year.

Key Findings		Risk & Impact	Agreed Management Action
4	Development and Delivery of Savings Schemes Savings targets are incorporated into the Financial Plan; however, evidence indicates that not all schemes are fully developed or deliverable at the point of budget setting. A gap in identified schemes persisted into the financial year (e.g. £4.8m at Month 7), with further risk that a proportion of schemes are non-recurrent. Audit Wales also highlighted within their Structured Assessment report that savings delivery was off track during the year, with a significant proportion of targets still requiring delivery in year. This reduces assurance over the achievability of the Financial Plan and increases reliance on reactive, in year measures rather than planned, sustainable savings.	Savings targets are not fully deliverable, leading to increased financial pressure, in-year deficits and reliance on short-term or non-recurrent measures, reducing the Health Board’s ability to achieve sustainable financial balance.	Agreed Action: The financial planning process will be strengthened to ensure that savings schemes are developed, risk assessed and sufficiently detailed prior to inclusion in the Financial Plan, with clear delivery plans, ownership and timelines. Reporting will be enhanced to include clear visibility of delivery progress, including schemes at risk, gaps against target and mitigating actions. Expected Evidence of Implementation: Comprehensive savings plan with: - Fully developed schemes at start of year - Clear RAG status and delivery profiling

			- Evidence of Executive / Committee review and challenge Regular reporting showing: - Actual savings delivered vs target Delivery risks and mitigations
		Medium Priority	Officer: Assistant Director of Finance Target Implementation Date: 31 st January 2027
	Theme: Finance Management & Control	Control Operation	

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Appendix A

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

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Urgent and Emergency Care: Arrangements for Managing Demand – Powys Teaching Health Board

Date issued: March 2026

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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Summary report

About this report

- 1 This report sets out the findings from the Auditor General's review of the arrangements for managing demand for urgent and emergency care at Powys Teaching Health Board (the Health Board). The work is the second phase of a programme of work focused on several elements of the urgent and emergency care system in Wales. The first phase, which examined discharge planning and the impact of patient flow on urgent and emergency care, is reported separately.
- 2 Our approach recognises that the urgent and emergency care system is complex, with many different organisations needing to work together to provide urgent and emergency care and to ensure the wider system operates effectively and efficiently. The Welsh Government's Six Goals for Urgent and Emergency Care Programme (Six Goals Programme) launched in 2021, provides the context for our work. At the time of our work, the urgent and emergency care system in Wales continued to be under significant pressure.
- 3 Our work has examined the Health Board's arrangements for managing the demand for urgent and emergency care to reduce unnecessary pressure on the system. It has been undertaken to help discharge the Auditor General's statutory duties under Section 61 of the Public Audit (Wales) Act 2004 to be satisfied that the Health Board has proper arrangements in place to ensure the efficient, effective, and economic use of its resources.
- 4 The audit methods and criteria we used to deliver our work are summarised in **Appendix 1 and 2.**

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Key facts and figures

Primary Care Services ¹	
759	Number of GP urgent and acute appointments ² available per day per 100,000 head of GP population in December 2025 compared with the all-Wales average of 660. This is a decrease of 28% since December 2024.
954	Number of GP out-of-hours contacts per month per 100,000 head of GP population in July 2024 compared with an all-Wales average of 973.
0	Number of contacts at an Urgent Primary Care Centre (UPCC), compared with an all-Wales average of 433 per 100,000 head of GP population in March 2025.

Ambulance Services	
152%	Increase in Category A (red) ambulance calls between March 2019 and March 2025 compared with an all-Wales average of 159%.
47%	Category A (red) ambulance calls responded to within eight minutes in March 2025, compared with the all-Wales average of 50% and a national target of 65%. This is a reduction of 19% from March 2019.
10%	Patients handed over from ambulance crews to the emergency department within 15 minutes of arrival in March 2025, compared with the all-Wales average of 14% and a national target of 100%. This is a decrease of 80% from March 2019.

¹ The Health Board does not have Urgent Primary Care Centres as it has considered them impractical due to its rurality.

² Urgent and acute appointments are defined as appointments for urgent or acute conditions which have occurred over the short-term.

Hospital Services

22%

Decrease in the number of attendances at the Health Board's Minor Injuries Departments between March 2019 and March 2025, compared with an all-Wales average decrease of 1%.

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Average time spent in the Health Board's Emergency Departments in March 2025, compared with the all-Wales average of five hours, 27 minutes. This is a decrease of six minutes since March 2019.

Funding

£18.1 million

Additional monies allocated to the Health Board for the period 2022-25 to recover planned and urgent and emergency care over and above the Health Board's core funding.

£1.7 million

Additional in-year monies received by the Health Board in 2023-24 and 2024-25 to support delivery of the ambitions of the Six Goals Programme.

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Key messages

Overall conclusion

- 5 Overall, we found that **the Health Board plans services using comprehensive data, but further action is needed to improve access to alternative pathways, strengthen patient and staff engagement and clarify resource requirements.**

Key Findings

Planning Arrangements

- 6 The Health Board has used comprehensive information to inform its urgent and emergency care plans. Plans draw on data such as population needs and wellbeing assessments. This information has shaped the Health Board's clear strategic vision for a home-first approach and strengthened recovery, rehabilitation and reablement services. Plans recognise key risks affecting urgent and emergency care, though the Health Board could more clearly align these risks to the urgent and emergency care workstreams.
- 7 Whilst plans align with the Six Goals Programme and outline workstreams such as an Integrated Flow Hub and enhanced Minor Injuries Units, they remain high-level and do not describe how new pathways will operate. Plans also lack detail on workforce and training needs as well as how Six Goals funding will be used in-year and what future funding requirements are.

Accessing Services

- 8 There are some arrangements in place to encourage people to access appropriate care. For example, a useful Health Board website, social media campaigns, and navigation training to staff. However, there is limited analysis of whether this communication is effective in ensuring patients are accessing the correct services or reducing demand on emergency services. GP practices generally offer strong signposting, but dental practices provide limited guidance, contributing to high 111 demand for dental issues. Public awareness is not routinely evaluated, and the impact of communication initiatives is unclear.
- 9 Community pharmacies deliver enhanced services but face workforce and capacity constraints. Rising emergency demand and high-acuity presentations continue to place pressure on the system, though Minor Injury Units perform well and some preventative activity, such as falls work in care homes, are showing early signs of improvement.

Scrutiny and monitoring arrangements

- 10 Scrutiny and monitoring arrangements for demand management initiatives are variable. Health Board plans include measures and key deliverables which the

Health Board monitor through quarterly performance reports to Board and Committees. However, they do not routinely include specific detail on whether alternative clinical pathways are effective. Work to gather direct patient and staff feedback on service changes is also inconsistent. There are examples where scrutiny and monitoring of an alternative pathway have been successful such as the temporary service changes to Minor Injuries Unit opening times in autumn 2024. But the Health Board would benefit from a much stronger approach to monitoring the impact of arrangements. This should demonstrate whether clinical pathways are having the desired impact on managing urgent and emergency care demand.

- 11 The Health Board has integrated oversight of the Six Goals Programme into its existing governance processes. While the Board receives narrative updates against the actions to deliver the Six Goals Programme priorities, reports do not show the impact on demand or capacity. Although financial reports outline Six Goals Programme expenditure, they do not evaluate efficiency or effectiveness, and learning from pilots is not reflected in formal financial reporting.

Recommendations

- 12 **Exhibit 1** details the recommendations arising from our work. The Health Board’s management response to our recommendations is summarised in **Appendix 3**.

Exhibit 1: recommendations

Recommendations	
Identifying future resources	
R1	The Health Board’s plans should identify required levels of resource and staffing to achieve its Six Goals ambitions. This should include how the Health Board will manage any underspends or any future funding requirements and any workforce and training requirements (Exhibit 2).
Communication plans	
R2	The Health Board should develop a formal communication plan for Urgent and Emergency Care Services which sets out how the Health Board will communicate any service changes and alternative clinical pathways to staff and the public. This will ensure that patients are accessing the right care at the right time and help manage demand (Paragraph 20).

Recommendations

Signposting patients to dental services

- R3 The Health Board should ensure dental practices provide clear and accessible information about urgent and emergency dental provision on their websites and phonelines (**Paragraph 25**).

Direct line referrals for WAST

- R4 The Health Board should work with GPs to ensure WAST can access a direct line for referrals and queries into a patient's GP practice rather than having to use the main triage line (**Paragraph 41**).

Reporting data on access to services

- R5 The Health Board should strengthen tracking and reporting data to show if patients are accessing services appropriately. This includes how alternative clinical pathways are reducing demand on emergency departments (**Exhibit 9**).

Use of patient feedback to inform plans

- R6 The Health Board should demonstrate how it uses feedback from patients to inform and develop plans and activity to manage demand for urgent and emergency care services (**Exhibit 9**).

Staff feedback on impact of service changes

- R7 The Health Board should introduce regular mechanisms for staff feedback to identify potential weaknesses or learning in relation to the provision of urgent and emergency care services. This should include feedback from key partners including primary care and WAST (**Exhibit 9**).

Oversight of urgent and emergency care at committee and board level

- R8 The Health Board should ensure reports about Six Goals Programme activity are detailed enough to allow for scrutiny and oversight of urgent care performance including assurance on the effectiveness of plans and actions taken to better meet demand (**Exhibit 10**)

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Recommendations

Oversight of economy, efficiency, and effectiveness of project investments

- R9 To increase transparency and strengthen assurance that monies allocated to urgent and emergency care are being spent wisely, the Health Board should include information within regular finance reports to the Finance and Performance Committee to provide oversight whether investments provide value for money (**Exhibit 10**).

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Detailed Report

Planning arrangements

- 13
- This section considers whether the Health Board has robust plans in place to manage the demand on urgent and emergency care services. We were specifically looking for evidence of plans:

 - being informed by relevant and up to date information;
 - identifying and seeking to address key risks associated with urgent and emergency care services;
 - aligning with requirements of the Six Goals Programme, and clearly setting out how alternative clinical pathways will work; and
 - identifying the current and required levels of resource and staffing to achieve the intended ambitions.
- 14
- We reviewed the Heath Board’s plan to deliver the Six Goals for Urgent and Emergency Care Programme. The Health Board has integrated this within its Integrated Plan (2024-2029) and Annual Plans (2024-25 and 2025-26). This approach is different to other health boards which have a standalone Six Goals Plan.
- 15
- We found that **plans are underpinned by strong data and understanding of the Powys population, however, they do not clearly set out the workforce and funding requirements or the detailed delivery structures necessary to achieve the intended ambitions for urgent and emergency care.**
- 16
- The findings that have led us to this conclusion are summarised in **Exhibit 2**.

Exhibit 2: approach to planning urgent and emergency care services.

Audit question	Yes/ No/ Partially	Findings
Are plans informed by relevant and up-to-date information?	Yes	The Health Board’s plans draw on population needs and wellbeing assessments, alongside insights from the ‘Better Together’ discovery phase ³ . These inform long-term transformation priorities within the Integrated Plan (2024–2029), which promotes a home-first approach with stronger recovery, rehabilitation and reablement services.

³ The Health Board’s ‘Better Together’ programme involved gathering insights and understanding challenges of the Powys population to inform transformation in the medium to longer term.

Audit question	Yes/ No/ Partially	Findings
		Plans contain demand and activity assumptions, which include a predicted rise in emergency activity. Plans also provide performance trajectories for provider and commissioned services against ministerial priorities.
Do plans seek to address key risks associated with urgent and emergency care services?	Partially	The Health Board's plans acknowledge the key risks affecting urgent and emergency care. For example, the reliance on other providers to provide emergency care services. The Integrated Plan (2024-29), and Annual Plan 2025-26, has a key area of delivery to expand community based urgent care to prevent hospital conveyance. Demand for dental services is also a key risk within the region, and the Annual Plan 2025-26 includes a long-term ambition to develop a Dental Collaborative with other stakeholders across Powys to deal with rising demand. The Health Board's Strategic Risk Register highlights overarching risks, including challenges in realising the benefits of transformation and pressures on primary care capacity, but the Health Board has not explicitly aligned these risks to the specific workstreams designed to improve urgent and emergency care services.
Do plans align with the requirements of the <u>Six Goals for Urgent and Emergency Care Programme</u> , and clearly set out how the alternative clinical pathways will work?	Partially	The Health Board's plans largely align with the requirements of the Six Goals Programme but do not clearly set out how alternative clinical pathways will work. The Integrated Plan (2024–2029) outlines how the Health Board will deliver the Six Goals Programme under 'Strategic Priority 9: Deliver the Six Goals Programme'. The Annual Plan (2025-26) reflects this under 'Strategic Priority 10: System Resilience'. A series of delivery plans and workstreams underpin the priorities, including developments such as an Integrated Flow Hub to improve clinician access and enhanced Minor Injuries Unit provision to support care closer to home. However, these delivery plans are high-level and do not set out how the new pathways will operate in practice.

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Audit question	Yes/ No/ Partially	Findings
		The Six Goals Programme has set ambitions for health boards to establish Same Day Emergency Care (SDEC) units and Urgent Primary Care Centres (UPCCs) to help manage urgent and emergency care demand. As the Health Board does not provide acute surgical and medical care, SDEC units are not applicable, but UPCCs are. Due to rurality, the Health Board has decided not to set up UPCCs.
Do plans identify the current and required levels of resource and staffing to achieve the intended ambitions?	Partially	The Health Board was allocated £835,000 annually in 2023-24 and 2024-25 to support its delivery of the Six Goals Programme. The Executive Committee received an options paper at the end of 2024 outlining three potential levels of financial commitment for 2025-26. This paper offers a useful insight into how the Health Board intended to resource and staff its Six Goals ambitions. An additional £835,000 has been allocated for 2025-26. However, relevant information is not included in the Health Board's Annual Plan 2025-26 or the Integrated Plan (2024-29). Plans contain no information on whether the allocation is sufficient to achieve its workstreams, how the Health Board will manage any underspends, or any funding requirements in future years. Plans also lack any information on the workforce and training requirements. (Recommendation 1).

Source: Audit Wales

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Accessing services

- 17 This section considers whether the Health Board has robust arrangements in place to encourage and enable people to access the right care, in the right place, at the right time, and whether these are working. We were specifically looking for evidence of:
- effective signposting of patients to the urgent and emergency care services that best meets their needs;
 - staff having good knowledge of, and information on the range of services available to patients, and
 - changes to service delivery resulting in improvements in access to urgent and emergency care services.
- 18 We found that **the Health Board signposts services, but activity is fragmented and it needs to widen pathway access. Despite strong performance within community pharmacy provision and access to minor injury units, urgent and emergency care performance remains challenging.**

Signposting of services to the public

- 19 We found that **the Health Board provides some useful information, but lacks a strategic communications plan, resulting in inconsistent signposting and limited assurance that public messages are effective.**

Communication plans

- 20 The Health Board does not have a communication plan which sets out how it ensures staff and patient awareness of how and when to access urgent and emergency care services (**Recommendation 2**).
- 21 The Health Board uses its social media and website to provide information about services across Powys including how to access them and opening times. The Health Board also works collaboratively at a local level to try to signpost the public to appropriate services. For example, the Powys Association for Voluntary Organisations (PAVO) are based in clusters across the Health Board. PAVO engage with the community to ensure people are aware of service changes and hold awareness days for certain conditions.

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Public information

- 22 The first point of call for most patients with an urgent need may be their GP, and our review of available data suggests that, between April 2024 and December 2025, the Health Board's GP practices provided a higher level of urgent and acute appointments per day (875 appointments per day) than the all-Wales average (732 appointments per day) per 100,000 head of GP population. However, the rate has steadily decreased since December 2024. Furthermore, these are only available during the day, and in times of high demand and out of hours, patients need to be signposted to alternative services that may be better placed to meet their urgent care needs.
- 23 Our review of the Health Board's website found some useful information on urgent and emergency care services. The website has an accessible 'Help Us, Help You' section on the homepage. This provides links for a tool for skin rashes, information on the common ailments scheme and what urgent care services are on offer. The Health Board delivers its urgent care provision through ShropDoc⁴ and Minor Injuries Units (MIUs). The website contains comprehensive information in relation to MIUs, including the updated opening hours introduced in November 2024, contact numbers and examples of conditions the MIUs can treat, as well as advising patients to phone first to ensure the units are the right setting for their need. There is advice on when to call 999 in an emergency, and the website also includes information on NHS 111, and the Mental Health '111, Press 2' service.
- 24 We also considered information available to the public via GP and dental practices to assess whether there was clear signposting for patients if they have urgent or emergency care needs out of hours. **Exhibit 3** sets out the results of this work, which reviewed the websites and out of hours answer phone messages of five GP practices and four dental practices⁵.

⁴ A collaborative of GPs providing urgent primary care services for patients across Powys.

⁵ The sample included a mix of NHS and private dental practices.

Exhibit 3: results of the review of GP and dental practice information (October 2024)

Indicator	This Health Board	All-Wales position
% of GP practice websites with clear signposting	60.0	56.8
% of GP practice answerphone messages with clear signposting	100.0	89.5
% of dental practice websites with clear signposting	50.0	36.7
% of dental practice answerphone messages with clear signposting	25.0	86.7

Source: Audit Wales

- 25

All the GP practices we sampled provide strong signposting to urgent and emergency care, with all sampled phonelines and most websites offering clear information, performing slightly above the all-Wales position. Signposting through dental practices is much weaker. Only half of the sampled dental websites offered clear information, and two practices had no website at all. There was limited signposting via dental practice phonelines, with only a quarter offering clear guidance and some having no answerphone service. Whilst the Health Board has implemented some effective messaging via GP practices, much more work needs to be done to ensure clear signposting via dental practices, particularly via answerphones (**Recommendation 3**).
- 26

Across Wales, between 450,000 – 500,000 people access the 111 website each month. The Health Board has a lower rate of 111 calls per 100,000 head of GP population, with 111 calls made by Health Board residents accounting for 3% of all calls in February 2024. The top five reasons for calls are set out in **Exhibit 4**.

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Exhibit 4: top five reasons for calling 111 (February 2024)⁶

This Health Board	% of all calls	All-Wales position	% of all calls
Dental problems	14.8	Dental problems	4.1
Abdominal pain	3.5	Abdominal pain	2.4
Chest pain	1.9	Chest pain	1.6
Cough	1.6	Cough	1.4
Rash	1.4	Rash	1.0

Source: Ambulance Services Indicators

- 27
- By far, the biggest reason for calling the 111 service in the Health Board area is for dental problems, with the percentage the second highest across Wales. This is despite data showing that the Health Board had the highest average number of dental contracts per 100,000 head of GP population (20.5) compared to the all-Wales average (14.7) during 2024-25. As discussed in **paragraph 25**, our sample of dental phonelines and websites showed that there is scope to strengthen public signposting to urgent dental care services.
- 28
- Although Powys still has relatively high dental contract provision, the number of contracts fell from 24.1 in 2022–23 to 20.5 in 2024-25 because several practices closed. A Llais⁷ update to the Board in May 2025 highlighted significant difficulties for residents in accessing NHS dentists, leading many to access private provision or face long waiting lists.
- 29
- To increase capacity for unregistered patients, the Health Board introduced a temporary mobile dental unit at Bronllys Hospital in February 2025, operating five days a week. It actively promoted this service through its website and social media. This initiative has been popular with the public and the Health Board intend to add another mobile dental unit in Newtown. It is not clear whether these are intended as permanent fixtures. While this helps in the short term, the Health Board recognises that it needs a sustainable solution. Plans to develop a Dental Collaborative as set out in the Annual Plan 2025-26 however have a ‘low’ delivery confidence rating due to the Health Board’s reliance on actions from external organisations.

⁶ Due to ongoing issues with the new 111 system implemented in April 2024, there has been no data on the 111-service reported since February 2024.

⁷ Llais is an independent statutory body set up by the Welsh Government to give the people of Wales a stronger voice in the planning and delivery of their health and social care services.

Patient awareness

- 30 The Health Board does not currently evaluate how effective its public communication is. This makes it difficult for the Health Board to assure itself that its messages are reaching the right audiences and effectively influencing how people choose and access urgent and emergency care services.
- 31 Primary care services recognise managing patient behaviour is important to prevent them accessing the wrong service for their condition, for example going to the GP for dental pain. One of the primary care cluster priorities for 2026-27 is a communications project to provide a patient handbook for better care navigation for their needs. This is helpful but should be part of a much more broad and strategic approach to communication planning.

Staff awareness and ability to refer

- 32 We found that **whilst some arrangements support staff awareness of community pathways, the Health Board needs to broaden access to alternative urgent care services and improve pathway communication.**

Promoting staff awareness of services

- 33 In the absence of a communications plan, it is not clear how the Health Board engages its staff on plans to manage demand for urgent and emergency care.
- 34 It does, however, provide mandatory training for new staff on care navigation, as well as training for Minor Injury Unit staff on urgent care provision. As of October 2025, the Health Board was reporting good compliance rates with mandatory and statutory training at 89% against a target of 85%.
- 35 The Welsh Ambulance Services NHS Trust (WAST) holds a directory of service for each health board area which has details of available referral pathways for urgent and emergency care. It is the responsibility of the Health Board to ensure that this directory is kept up to date with accurate information. The Health Board effectively supports this directory by providing monthly oversight and input to ensure the information is up-to-date and accurate. However, our review noted that this process is manual and depends on staff keeping up to date on new or evolving services and initiatives.

Referring to services

- 36 The Health Board consistently has a low rate of patients that call 999 dealt with through 'consult and close' over-the-phone advice or signposting, compared to the all-Wales average (10.3% compared with 15.1% in April 2024). Of those calls, the proportion directed to alternative services is also lower than the all-Wales average (62.9% compared with 72.9%).

- 37 The 111 service also directs a low proportion of patients to alternative services. **Exhibit 5** sets out the extent to which the 111 service has been able to direct patients away from emergency departments.

Exhibit 5: referral to other services (February 2024)

Indicator	This Health Board	All-Wales position
% of 111 calls referred to GP out of hours	39.9	41.0
% of 111 calls referred to another health profession	3.5	2.4
% of 111 calls referred to dental services	11.7	9.9

Source: DHCW Urgent and Emergency Care Dashboard, Ambulance Services Indicators

- 38 During 2023-24, the rate at which 111 staff referred patients to the Health Board’s GP out-of-hours service was broadly in line with the all-Wales position. However, 111 staff have consistently referred higher proportions of calls to other health professionals and urgent dental services. This aligns with the data in **Exhibit 4** and shows a need to strengthen access to dental pathways.
- 39 In the same period, an average of 74 calls per month (4.8%) were downgraded by 999 and transferred to 111, indicating they were less urgent. However, of these calls, 32.3% were returned from 111 back to the 999 phoneline to be considered for an ambulance dispatch. This is higher than the all-Wales average of 27.6%. This suggests there is scope to increase the availability of alternative pathways for patients with urgent but non-life-threatening needs.
- 40 The extent to which ambulance crews can ‘see and treat’ patients at scene within the Health Board area is below the all-Wales average (11.7% compared to 14.3% in March 2025). The ‘see and treat’ rate has generally been in line with the all-Wales average for the past 12 months. In addition, the percentage of patients who were referred to alternative care services was higher than the all-Wales position in February 2025 (14.5.% compared with 11.9%).
- 41 From our work, it is clear the Health Board and WAST are trying to work together to keep people at home to prevent conveyance to hospital. Currently WAST can refer cases to a patients’ GP for treatment, but there is no direct phone line for them to do this. This means ambulance crews must use the main triage line and wait in a queue like the rest of the public. This does not make referrals easy or quick, and it would be useful and more efficient if WAST had a direct line to use to refer to GPs (**Recommendation 4**).
- 42 During 2023-24 the Health Board piloted the use of Advanced Paramedic Practitioners (APPs) within GP practices to enable more complex and acute patients to be treated in the community and reduce conveyance to hospital. This

was funded through Six Goals Programme money. We were told there was mixed feedback on the pilot, but it ended when funding was not continued into 2025-26.

Services to help manage demand

- 43 We found that **there is good uptake of enhanced pharmacy services despite limited numbers, but low use of the common ailment scheme and difficulties securing prescribing supervisors constrain their full potential in supporting urgent care access.**

Community pharmacy services

- 44 For 2024-25, the Health Board had the lowest number of community pharmacies per 100,000 head of GP population in Wales, at 16.2 (compared to 20.8 at an all-Wales level). Each one of the Health Board's community pharmacies signed up to provide the common ailment scheme in 2024-25. This scheme allows pharmacists to assess and treat a common list of minor ailments⁸. However, should antibiotics be required, then patients would need to be referred to their GP. The number of common ailment consultations per 100,000 head of GP population for 2024-25 was the lowest in Wales (9,536 compared with an all-Wales average of 14,000). The most common ailments reported were conjunctivitis, hay fever, and threadworms.
- 45 To supplement the scheme, some community pharmacies have also signed up to provide additional enhanced services, which further increase the ability of community pharmacists to respond to minor ailments. This includes providing the sore throat treat and test service, and the independent prescribing service. Both services enable the community pharmacist to prescribe antibiotics. In addition, community pharmacists can also provide the additional hours services, which allows them to extend their opening hours and provide bank holiday cover. The uptake of these is set out in **Exhibit 6**.

⁸ Common ailments scheme, 2021.

Exhibit 6: uptake of enhanced services in community pharmacies (2024-25)

Indicator	This Health Board	All-Wales position
% of community pharmacies providing the sore throat treat and test service	96	89
% of community pharmacies providing the independent prescribing service	35	39
% of community pharmacies providing additional hours services	65	8

Source: StatsWales

- 46
- The Health Board’s community pharmacies deliver higher levels of enhanced services than all-Wales average. Powys’ rural geography places greater emphasis on locally accessible services, and enhanced community pharmacy services are well used. Since the introduction of the new community pharmacy contract in April 2022, nearly all pharmacies provide the Sore Throat Test and Treat Service. The Health Board has the highest number of pharmacies providing additional hours service, although the number has fallen since 2022-23. The uptake of the independent prescribing service has increased since 2022–23, with the proportion of pharmacies offering the service just below the all-Wales position.
- 47
- A Community Pharmacy Performance Report presented in December 2025 highlighted significant growth in activity, with 7,140 common ailments consultations completed in the first four months of 2025–26—already more than half of the previous year’s total. The Health Board views community pharmacies as a key part of local service delivery but continues to face challenges securing Designated Prescribing Partners to supervise pharmacists undertaking independent prescribing training.

Impact of service changes on urgent and emergency care performance

- 48
- We found that **rising emergency demand and persistent handover delays continue to challenge urgent care performance, though minor injury units continue to perform well.**

Ambulance performance

- 49
- Since the pandemic, 999 calls to the ambulance service across the Health Board have continued to rise. The number of red calls received is now substantially higher than the level experienced by the service pre-pandemic with an average of

198 calls per month between April 2024 and March 2025⁹, compared to an average of 80 between April 2018 and March 2019. Whilst continuing to account for most 999 calls, the number of amber calls decreased slightly since the pandemic with an average of 1,135 calls per month between April 2024 and March 2025 (compared to 1,146 between April 2018 and March 2019).

- 50 Despite the overall increase in ambulance demand, the rate at which ambulance crews convey patients to hospital has reduced since pre-pandemic levels from 64.8% (April 2018 - March 2019), to 62.3% (April 2024 – March 2025). The rate is consistent with the all-Wales average (63.3%). **Exhibit 7** sets out the destination for all conveyances.

Exhibit 7: conveyance destination as a proportion of total conveyance (April 2024 – March 2025)

Indicator	This Health Board	Trend	All-Wales position
% of patients conveyed to major emergency departments	91.4		88.8
% of patients conveyed to minor injuries units	1.9		6.2
% of patients conveyed to other unit e.g. mental health or maternity unit	6.8		1.8

Source: Ambulance Services Indicators

- 51 Ambulance crews convey a higher proportion of patients to major Emergency Departments than the all-Wales average. During 2024-25 the Health Board conveyed a significantly lower percentage of patients to its minor injuries units, but higher rates of patients to other units. We heard that Powys patients often delay seeking help, self-managing their conditions, or using lower-acuity services for longer, which means they tend to present with more complex needs when they do contact emergency services.
- 52 There has been some evidence that the Health Board has taken preventative measures to reduce the impact on the front door. In 2022-23 the Health Board along with Powys County Council and WAST secured some funding to train care home staff to safely lift residents who have fallen by using a specialised cushion. Initial outcomes were positive. Between November 2022 and April 2023, the data showed there were 25% less attendances by WAST for falls in care homes which attended familiarisation sessions compared with care homes that did not. Over the same period, data showed a 3% higher conveyance rate for homes which attended

⁹ From July 2025, the way in which ambulance calls and responses were categorised changed. As a result, ambulance service indicators have changed.

familiarisation sessions (60%) versus homes which did not attend (57%). The project ended in March 2023 due to non-recurrent funding. It is the Health Board's intention to take the learning from this into the design of its falls pathway.

- 53
- Data shows that ambulance handover delays for the Health Board's patients have improved in recent months but continue to be unacceptably high. The average percentage of ambulance handovers completed within 15 minutes between December 2024 and November 2025 was 15.2%, against a national target of 100%. This performance was lower than the all-Wales position of 21.1%. However, this does show improvement compared with the previous 12-month period, where performance was 12.6% for Powys against an all-Wales average of 16.3%.
- 54
- The Health Board lost on average 696 hours every month between December 2024 and November 2025. This equates to 58 12-hour shifts where patients were waiting in an ambulance outside of hospital for treatment and paramedics were unable to respond to other calls. The July 2025 Integrated Quality and Performance Report at Board did note ongoing work with WAST and the Joint Commissioning Committee to develop an improvement plan for Powys to improve handover delays. The report noted all emergency department providers have been asked to improve flow but there is limited information on what this looks like in practice.
- 55
- Handover delays inhibit the ability of ambulance staff to respond to other urgent calls in the community. Ambulance response times continue to be challenging and below performance targets, although they are slightly better than or in line with the all-Wales average (**Exhibit 8**).

Exhibit 8: red and amber call response times (April 2024 – March 2025)

Indicator	This Health Board	Trend	All-Wales position
% of red calls responded to within eight minutes	47.3		48.7
Median response to amber calls (minutes)	62		112

Source: Ambulance Service Indicators

- 56
- The percentage of red calls responded to within eight minutes is significantly below the target of 65%. On average, the response time to amber calls between March 2024 and February 2025 was one hour and two minutes, rising to six hours 32 minutes for those who waited the longest. Performance had deteriorated since the previous 12-month period.

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Emergency Department/Minor Injury Unit performance

- 57 The Health Board does not have acute emergency departments. Patients needing this level of service will access the nearest relevant site. Due to the geographical nature of Powys, this could be any of the Welsh health boards or English providers such as Shrewsbury and Telford Hospital NHS Trust or Wye Valley NHS Trust.
- 58 The Health Board operates four Minor Injury Units across Powys. Emergency Nurse Practitioners lead these units and can treat a range of injuries and problems such as broken bones, wounds and minor burns and sprains. The MIUs are walk in services but the public are encouraged to phone before attending in case they can be referred to a more suitable service.
- 59 Within the Health Board, the rate of attendances at its Minor Injuries Units per 100,000 head of GP population has been consistently higher than the all-Wales position, with 903 average attendances a month between December 2024 and November 2025 (compared to an all-Wales average of 792). Except for seasonal fluctuations the levels of attendance have remained consistent since April 2023. Waiting time performance at Minor Injuries Units has been consistently positive with between 99% and 100% performance against a target of 95% the last few years.
- 60 Responding to financial challenges, in October 2024 the Health Board adjusted opening hours at Brecon and Llandrindod Wells Minor Injuries Units to 8am-8pm to create a more sustainable service for staff and patients. A review of these changes in July 2025 identified no increases at GP surgeries because of the service change, and no substantial changes in the number of patients attending MIUs since the same period last year.

Scrutiny and monitoring arrangements

- 61 This section considers whether the Health Board is doing enough to monitor the performance of its urgent and emergency care services, and applying lessons learnt to improve services further. We were specifically looking for evidence of:
- arrangements for monitoring the impact of alternative clinical pathways; and
 - effective oversight and scrutiny of the delivery of plans for urgent and emergency care.
- 62 We found that **while governance structures are in place, limited monitoring and feedback constrain assurance on the impact of urgent and emergency care services.**

Monitoring impact

- 63 We found that **there is limited monitoring and feedback of urgent and emergency care services which limit assurances of whether services and pathways are working effectively.**

64 The findings that have led us to this conclusion are summarised in **Exhibit 9**.

Exhibit 9: approach to monitoring impact of alternative pathways on urgent and emergency care services.

Audit question	Yes/ No/ Partially	Findings
Is the Health Board tracking and reporting data to show whether patients are accessing urgent and emergency care services appropriately?	Partially	The Health Board has robust data on the number and volume of patients accessing services in Powys and other Welsh health boards but less information on whether those services are appropriate for their needs. Accessing information for those who have attended English emergency departments is more problematic. Receiving and analysing data from English NHS Trusts is a time consuming and a largely manual task. The Health Board monitors measures and key deliverables for urgent and emergency care each quarter, but this reporting does not demonstrate whether alternative clinical pathways are effective. The exception is Minor Injuries Units, which have recently undergone a more detailed analysis. The Health Board could benefit from collecting more detailed data for its patients and use this information to determine if those patients are accessing services appropriately (Recommendation 5).
Is regular patient feedback being sought and used to inform and improve plans?	No	The Health Board does not routinely seek direct patient feedback to inform and improve urgent and emergency care services. While feedback has been gathered for specific service changes, such as adjustments to Minor Injury Unit opening times in October 2024, and additional insight is provided through Llais, the approach is not consistent or systematic. The Health Board recognises this gap and has recently appointed a People's Experience Framework Coordinator to strengthen how patient feedback is collected and used. The impact of this role will need to be demonstrated to show how feedback is informing and improving plans (Recommendation 6).
Is there regular staff feedback on the impact of changes to services and	Partially	The Health Board does not routinely seek staff feedback to capture how services are working, including primary care. In relation to changes to Minor Injuries Unit opening times in October 2024 the Health

Audit question	Yes/ No/ Partially	Findings
pilots to identify and apply lessons?		Board held a staff workshop to gather feedback. Staff feedback contributed to the decision to extend the opening hour changes. The Health Board should apply these processes to broader changes to urgent and emergency care services and include key partners such as primary care and WAST (Recommendation 7).

Source: Audit Wales

Oversight and scrutiny

- 65 We found that **whilst governance arrangements are in place, they currently provide limited insight of the impact or effectiveness of investment into urgent and emergency care services.**
- 66 The findings that have led us to this conclusion are summarised in **Exhibit 10**.

Exhibit 10: approach to oversight and scrutiny of urgent and emergency care services.

Audit question	Yes/ No/ Partially	Findings
Is there effective oversight of urgent and emergency care performance operationally, including scrutiny and assurance on the effectiveness of plans and actions being taken to better meet demand?	Yes	Governance of the Six Goals Programme sits within the Health Board's Frailty and Community Programme Board. The Director of Primary, Community Care and Mental Health chairs the work of this Programme Board. Bi-monthly papers to the Programme Board provide updates against each of the ministerial priorities which resource and shape delivery of the Six Goals themselves. This includes key achievements for the month, impact, and outcome data if available, a RAG status, delivery risks and mitigations and key performance measures and trajectories. However, this detailed information is internal.

Audit question	Yes/ No/ Partially	Findings
Is there effective oversight of urgent and emergency care performance at the committee and board level, including scrutiny and assurance on the effectiveness of plans and actions being taken to better meet demand?	Partial	Oversight of urgent and emergency care is undertaken as part of the quarterly Integrated Plan Progress Report updates to Executive Committee, Finance and Performance Committee and Board. Urgent and emergency care activity falls under the Health Board's strategic theme of 'Joined Up Care'. There is a range of supporting activity in the Annual Plan 2025-26 which includes 'Enhancing the provision of the Health Board's urgent care services' with deliverables including 'Conducting a review of current clinical practices and processes to establish key insights to inform the transformation of urgent care services' and 'Review and scope key clinical pathways to improve the delivery of urgent care and inform future service design'. It is unclear how these are different or why these has not already been done. It is also unclear how committees and Board can take assurance these high-level actions are effective to better meet demand. Oversight is limited to these reports and includes no specific detailed updates against the internal Six Goals Plan. Whilst scrutiny in the Health Board is generally effective, it is difficult for committees and Board to undertake detailed scrutiny of such high-level information (Recommendation 8).
Are there arrangements in place for monitoring and oversight of economy, efficiency, and effectiveness of project investment from Welsh Government?	No	The Health Board produces monthly highlight reports specific to the Six Goals Programme which are shared internally. These provide a useful insight into key achievements each month, performance trajectories and some risk and mitigations. However, they do not include any insight into value for money of investments. There is no information in the monthly Finance Performance Report to the Finance and Performance Committee about urgent and emergency care funding. The Monthly Monitoring Returns 2025-26 show at Month 10 the Health Board has underspent on its allocation of urgent and emergency care funding in every month except for January 2026 and was behind profile by £141,000. The Health Board was forecasting that it would spend the remaining budget by 31 March although this would require spending in the last two months of the year to have more than doubled that spent monthly in the previous 10 months.

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Audit question	Yes/ No/ Partially	Findings
		Whilst we heard that pilots are evaluated and a business case created for successful ones, this activity is not included in the financial or performance reporting to provide oversight of whether investments are value for money (Recommendation 9).

Source: Audit Wales

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Appendix 1

Audit methods

Exhibit 11 sets out the audit methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

Exhibit 11: audit methods

Element of audit approach	Description
Documents	We reviewed a range of documents, including: • Integrated Plan and Annual Plans • Six Goal Programme Plan and progress reports, including submissions to Welsh Government • Performance reports on urgent and emergency care to Board and committees • Papers relevant to appropriately managing urgent and emergency care demand
Interviews	We interviewed the following: • Executive Medical Director • Welsh Ambulance Service Operations Manager • Assistant Director of Primary Care Services • Clinical Change Manager (Unscheduled Care) • Senior Manager for Unscheduled Care • Assistant Director, Community Services Group • Interim Assistant Director, Community Services Group • Head of Primary Care • Llais Regional Director
Group discussions	We held group discussions with the following: • GP Cluster Leads
Data analysis	We analysed data relating to urgent and emergency care services, using the following sources: • Ambulance Services Indicators; • DHCW Urgent and Emergency Care Dashboard; • StatsWales; and

Element of audit approach	Description
	• Data provided by Welsh Government and ShropDoc in relation to GP out of hours services.
Website and practice reviews	We reviewed the Health Board’s website and social media accounts relating to the provision of information to the public on accessing urgent and emergency care services. We reviewed a sample of five GP practice websites and answerphones and four dental websites and answerphones in the region.

All audit work has been delivered in accordance with the International Organisation of Supreme Audit Institutions (INTOSAI) audit standards.

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Appendix 2

Audit criteria

Exhibit 12 sets out the audit criteria that we used to deliver this work.

Exhibit 12: audit criteria

Audit questions	Audit criteria
Does the Health Board have robust plans in place to manage the demand for urgent and emergency care services?	
Do plans seek to improve the management of demand through changes to service delivery in line with the six goals for Urgent and Emergency care?	- Strategies and/or plans relating to urgent and emergency care: - are based and grounded in rich and up-to-date information, informed by urgent and emergency care demand data (past and future), including peaks in activity at certain times/days and months, demographics, and conditions of patients. - identify and seek to address key risks associated with demand for urgent and emergency care services. - align with the requirements of the Welsh Government Six goals for Urgent and Emergency Care for better managing demand. - include documented information on alternative clinical pathways, including how and when they should be accessed.
Do plans identify the current and required levels of resource and	- Strategies and/or plans detail the: - resource requirements and identified funding to support any changes to service delivery included within the strategy/plan.

Audit questions	Audit criteria
staffing to achieve the ambitions?	– workforce and skills required to meet demand, including for changes in models of delivery such as winter peaks. The plan is clear about the required resources of clinical and non-clinical skills/staff.
Are arrangements in place to encourage and enable people to access the right care, in the right place, at the first time, and are these working?	
Is the Health Board effectively signposting urgent and emergency care services to the public, so they know how to access services appropriately?	• The Health Board provides clear information on available services and alternatives to emergency departments to the public through various avenues – websites, call handlers, posters/leaflets, advertisements, GP/dentist websites and phone lines, social media, videos etc. • Strategies and/or plans on public communication align to requirements of goals 2 and 3 of the WG Six goals for Urgent and Emergency Care (Right care, right place, first time) • There is evidence to suggest patients have a good understanding of how to access urgent and emergency care services that are appropriate to their needs
Do staff have good knowledge of, and access to, information regarding the range of other services available to their patients and at what times they are available?	• There is engagement between Health Boards and GP clusters / dentists / paramedics / pharmacists about alternative pathways in place and the future of urgent and emergency care services. Information on these pathways and services are accessible for staff. • Staff can refer directly / divert patients to more appropriate settings for their needs, including Urgent Primary Care Centres (UPCC) and Same Day Emergency Centres (SDEC).

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Audit questions	Audit criteria
Is there evidence that changes to service delivery are resulting in better demand management?	• Referrals into new service models are in line with the ambitions of the six goals for urgent and emergency care policy handbook. • WAST can refer at least 4% of cases to SDEC. • Calls to 111 are answered quickly and abandonment rates are low. • Emergency ambulance response times, ambulance handover delays and waits within Emergency Departments and Minor Injury Units are improving. • Data shows decreasing volumes of patients with low acuity / minor complaints presenting at Emergency Departments. • Data indicates a good range of GP appointment availability. • Data indicates that calls diverted between 999 and 111/NHS Direct Wales are appropriate with low levels of calls diverted back and low numbers of re-contact rates.
Is the Health Board doing enough to monitor the performance of its urgent and emergency care services and apply lessons learnt to improve the services further?	
Is the Health Board monitoring the effectiveness of alternative clinical pathways, including by seeking feedback from staff and service users?	• The Health Board tracks and reports data to show whether patients are accessing urgent and emergency care services appropriately. • The Health Board can evidence that it seeks patient feedback regularly and uses it to inform and improve plans. • Regular feedback is sought from various staff on the impact of changes to services and pilots to identify and apply lessons
Is there effective scrutiny and assurance in relation to delivering plans for urgent and emergency	• There is effective oversight of urgent and emergency care performance operationally and at the committee and board level. This includes scrutiny and assurance on the effectiveness of the plans and actions being taken to better meet demand. Oversight and scrutiny are informed by comparative benchmarking and learning from other bodies where appropriate.

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Audit questions	Audit criteria
care and alternative clinical pathways?	• There are arrangements in place for monitoring and oversight of economy, efficiency, and effectiveness of project investment from Welsh Government. This includes establishing value for money and what difference the project has made.

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Appendix 3

Management response to audit recommendations

Exhibit 13 sets out the Health Board's management response to the recommendations made because of this audit. The completed management response will be inserted once considered by the Health Board's Audit Risk and Assurance Committee

Exhibit 13: management response

Recommendation	Management response	Completion date	Responsible officer
Identifying future resources R1 The Health Boards plans should identify required levels of resource and staffing to achieve its Six Goals ambitions. This should include how the Health Board will manage any underspends or any future funding requirements and any workforce and training requirements (Exhibit 2).	Accepted The Health Board has a clear six goals plan, including resourcing, notwithstanding the ongoing requirement to deliver this under a non-recurrent funding model. With a move towards possible recurrent funding, it will be possible to demonstrate a longer-term resilient staffing model which better delivers against the planning objectives.	September 2026	Clinical Change Manager, Six Goals
Communication plans	Accepted and Completed	April 2026	Deputy Director, Communications, Engagement &

Recommendation	Management response	Completion date	Responsible officer
R2 The Health Board should develop a formal communication plan for Urgent and Emergency Care Services which sets out how the Health Board will communicate any service changes and alternative clinical pathways to staff and the public. This will ensure that patients are accessing the right care at the right time and help manage demand (Paragraph 20).	Public facing communications in place to support patient access, updated locally to reflect service changes: (Help Us Help You - Powys Teaching Health Board) Alongside this, the Health Board has established the Better Together programme to shape the future of adult physical and mental health community services, including urgent care. Engagement has been undertaken on the case for change and future service models, with feedback captured in an engagement report. This insight is informing the development of options and recommendations, with formal consultation anticipated later in 2026.		Corporate Governance
Signposting patients to dental services R3 The Health Board should ensure dental practices provide clear and accessible information about urgent and emergency dental provision on their websites and phonelines (Paragraph 25).	Accepted Clear messaging around how to access urgent and emergency dental care isn't consistent across dental practices. Action plans in place to update phonelines and websites (where applicable). Non-compliance to be followed up in year-end review meetings.	June 2026	Assistant Director of Primary Care
Direct line referrals for WAST R4 The Health Board should work with GPs to ensure WAST can access a direct line for referrals and queries into a patient's GP practice rather	Partially Accept GMS is routinely strongly encouraged to provide a direct line for professionals including WAST queries. The Health Board will revisit with individual practices to identify any barriers, noting it is not a contractual obligation to do so.	June 2026	Head of Primary Care

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Recommendation	Management response	Completion date	Responsible officer
than having to use the main triage line (Paragraph 41).			
Reporting data on access to services R5 The Health Board should strengthen tracking and reporting data to show if patients are accessing services appropriately. This includes how alternative clinical pathways are reducing demand on emergency departments (Exhibit 9).	Accepted In addition to existing internal key performance indicators and reportable metrics, the Health Board are developing an enhanced dashboard to track the impacts of newly developing services that seek to support earlier hospital discharge and admission avoidance.	June 2026	Data and Business Intelligence Lead
Use of patient feedback to inform plans R6 The Health Board should demonstrate how it uses feedback from patients to inform and develop plans and activity to manage demand for urgent and emergency care services (Exhibit 9).	Accepted PTHB is continuing to embed the NHS Wales People's Experience Framework in our learning and improvement. A self-assessment against the People's Experience Framework has been undertaken within Unscheduled Care services and this has informed our plan for strengthening patient feedback at the heart of service improvement within these services. Key themes are drawn together into quarterly Four Quadrant Reports.	April 2026	Senior Manager, Unscheduled Care
Staff feedback on impact of service changes	Accepted In addition to the actions at R6. The organisation is undertaking significant planning for transformation	December 2026	Assistant Director,

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Recommendation	Management response	Completion date	Responsible officer
R7 The Health Board should introduce regular mechanisms for staff feedback to identify potential weaknesses or learning in relation to the provision of urgent and emergency care services. This should include feedback from key partners including primary care and WAST (Exhibit 9)	across urgent care pathways, and through engagement have received active feedback on existing pathways from local teams and system partners. Ongoing development will ensure that future changes continue to provide feedback mechanisms to actively track impacts and drive opportunities for further change.		Community Services Group
Oversight of urgent and emergency care at committee and board level R8 The Health Board should ensure reports about Six Goals Programme activity are detailed enough to allow for scrutiny and oversight of urgent care performance including assurance on the effectiveness of plans and actions taken to better meet demand (Exhibit 10).	Partially Accepted Ongoing reporting to programme board continues, with Executive sign off and where required further update to Executive committee. Available for adoption by Finance & performance committee and Board as required.	April 2026	Assistant Director, Community Services Group
Oversight of economy, efficiency, and effectiveness of project investments R9 To increase transparency and strengthen assurance that monies allocated to urgent and emergency care are being spent wisely, the	Accepted To explore how existing programme Board reporting (including financial delivery) can be better used to inform the reporting via Finance & Performance Committee.	September 2026	Clinical Change Manager, Six Goals

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Recommendation	Management response	Completion date	Responsible officer
Health Board should include information within regular finance reports to the Finance and Performance Committee to provide oversight whether investments provide value for money (Exhibit 10).			

Source: Audit Wales

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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Powys Teaching Health Board Glossary (Last updated August 26)

Acronym	
AD ECP	Associate Director of Estates, Capital & Property
ACEO	Acting Chief Executive Officer
ADoF	Acting Director of Finance
ADCEO / EMD	Acting Deputy Chief Executive / Executive Medical Director
CEO	Chief Executive Officer
DCEO / ED FC&SS	Deputy Chief Executive Officer / Executive Director of Finance, Capital & Support Services
DCG	Director of Corporate Governance
D I&T	Director of Improvement & Transformation
E MD	Executive Medical Director
ED PH	Executive Director of Public Health
ED PC&T	Executive Director of People, Culture & Transformation
ED PP&C	Executive Director of Planning, Performance and Commissioning
ED AHPHS&D	Executive Director of Allied Health Professions, Health Sciences and Digital
ED NQW&FH	Executive Director of Nursing, Quality, Women and Family Health
ED PCCMH	Executive Director of Primary Care, Community & Mental Health
ABUHB	Aneurin Bevan University Health Board
AFC	Agenda for Change
A&E	Accident and Emergency
AGW	The Auditor General for Wales
AHPs	Allied Health Professionals
ALN	Additional Learning Needs
ANP	Advanced Nurse Practitioner
AO	Accountable Officer
AQS	Annual Quality Statement/Report
ARAC	Audit, Risk and Assurance Committee
ASM	Accelerated Sustainable Model
AR	Audit Recommendations
AF	Audit Findings
APB	Area Planning Board
AGS	Annual Governance Statement
BAF	Board Assurance Framework

BCUHB	Betsi Cadwaladr University Health Board
BMA	British Medical Association
CAHPO	Chief Allied Health Professionals Officer
CAAP	Clinical Associate in Applied Psychology
CAMHS	Child and Adolescent Mental Health Services
CCN	Childrens Community Nursing
COC	Continuity of Care
CDO	Chief Dental Officer
CEMT	Chief Executive Management Team
CHC	Continuing Health Care
CIW	Care Inspectorate for Wales
CLIP	Collaborative Learning in Practice
CNO	Chief Nursing Officer
CPCF	Community Pharmacy Contractual Framework
CPD	Continued Professional Development
CPR	Child Practice Review
CRR	Corporate Risk Register
CSP	Clinical Service Plan
CTMUHB	Cwm Taf Morgannwg University Health Board
CV	Curriculum Vitae
CVUHB	Cardiff and Vale University Health Board
CWMPAS	Mid and West Wales Regional Safeguarding Adults Board
CYSUR	Mid and West Wales Regional Safeguarding Children Board
CTC	Care Transfer Co-ordinator
CCOMG	Complex Care Operational Management Group
DATIX	Incident Management System
DAP	Dental Access Portal
D&P	Delivery and Performance Committee
DCG	Delivery Co-ordination Group
DGH	District General Hospital
DHCW	Digital Health and Care Wales
DNA	Did not Attend
DNACPR	Do Not Attempt Cardio-Pulmonary Resuscitation
DPA	Data Protection Act
DToC	Delayed Transfer of Care/Pathway of Care Delays
D2RA	Discharge to Recover and Assess
DST	Decision Support Tool
DOI	Declaration of Interest
EASC	Emergency Ambulance Services Committee
EOG	Executive Oversight Group

EOY	End of Year
EMRTS	Emergency Medical Retrieval & Transfer Service
EPMA	Electronic Prescribing and Medicines Administration
ESR	Electronic Staff Record
EMI	Elderly Mentally Infirm
FBC	Full Business Case
FOI	Freedom of Information
FFT	Friends and Family Test
FTE	Full Time Equivalent
F&P	Finance and Performance Committee
GDS	General Dental Services
GIRFT	Getting It Right First Time
GLP-1	Glucagon Like Peptide
GMC	General Medical Council
GMS	General Medical Services
GP	General Practitioner
GNCC	General Nursing Complex Care Team
G&H	Gifts and Hospitality
H&S	Health and Safety
HCA	Health Care Assistant
HCS	Health and Care Standards
HCSW	Health Care Support Worker
HDUHB	Hywel Dda University Health Board
HEIW	Health Education and Improvement Wales
HIA	Health Impact Assessment
HIW	Healthcare Inspectorate Wales
HP	Health Protection
HPF	Healthcare Professionals Forum
IBG	Investment Benefit Group
ICB	Integrated Care Board
ICF	Integrated Care Funding
ICU	Intensive Care Unit
IEN	Internationally Educated Nurse
IG	Information Governance
IM	Independent Members
IMTP	Integrated Medium-Term Plan
IPFR	Individual Patient Funding Request
IP&C	Infection Prevention and Control
IQPF	Integrated Quality Performance Framework
IQPG	Integrated Quality & Performance Group
IQPR	Integrated Quality Performance Report

IT	Information Technology
JAG	Joint Advisory Group (on Gastrointestinal Endoscopy)
JCC	Joint Commissioning Committee
JD	Job Description
JET	Joint Executive Team
JIPCA	Joint Inspection of Child Protection Arrangements
JLT	Joint Leadership Team (PTHB and PCC)
JR	Judicial Review
KPI	Key Performance Indicator
KSF	Knowledge and Skills Framework
LoF	League of Friends
LA	Local Authority
LHB	Learning Health Board
LMC	Local Medical Committee
LPF	Local Partnership Forum
LPMHSS	Local Primary Mental Health Support Services
LRF	Local Resilience Forum
LTA	Long Term Agreement
LTCs	Long-Term Conditions
NDR	National Data Resource Platform
NICE	National Institute for Health and Care Excellence
MAC	Mindfulness, Acceptance and Compassion Team
MD	Ministerial Direction
MD's	Minimum Data Set
MDTs	Multi-Disciplinary Teams
MAP	Medical Associate Practitioner
MEG	Medical E-Governance System
MEG	Main Expenditure Group
MH	Mental Health
MHD	Mental Health & Learning Disability
MIU	Minor Injury Unit
MOU	Memorandum of Understanding
MOA	Memorandum of Agreement
MSK	Musculoskeletal
MV	Mass Vaccination
NWSSP	NHS Wales Shared Services Partnership
JCC	NHS Wales Joint Commissioning Committee
NHSE	National Health Service England
NHS	National Health Service
NHSWE	NHS Wales Executive

NICE	National Institute of Health and Clinical Excellence
NRI	Nationally Reportable Incidents
NWSSP	NHS Wales Shared Services Partnership
NNA	Nursing Needs Assessment
OBC	Outline Business Case
OCP	Organisational Change Process
ODEC	Organisational Development, Engagement and Communications
OOC	Out of County
OOH	Out of Hours
ORS	Opinion Research Services
OSCE	Objective Structured Clinical Examination
OT	Occupational Therapy
PA	Physician Associate
PADR	Personal Appraisal Development Review
PAVO	Powys Association of Voluntary Organisations
PET CT	Positron Emission Tomography Computed Tomography
PCC	Powys County Council
PALS	Patient Advice and Liaison Service
PEQS	Patient Experience, Quality and Safety Committee
PREM	Patient-Reported Experience Measure
PROM	Patient-Reported Outcome Measure
PCMW	Primary Care Model for Wales
PHE	Public Health England
PHW	Public Health Wales
PMVA	Prevention and Management of Violence and Aggression
PPPH	Planning, Partnerships and Population Health Committee
PSB	Public Service Board
PSOW	Public Services Ombudsman for Wales
PTHB	Powys Teaching Health Board
PTR	Putting Things Right
P&C	People and Culture Committee
QA	Quality Assurance
QOF	Quality and Outcomes Framework
RaTS	Remuneration and Terms of Service Committee
DDRB	Review Body on Doctors' and Dentists' Remuneration
RCN	Royal College of Nursing
REES	Race Equality Employment Standard
RIIC	Research, Innovation & Improvement Coordination

RIF	Regional Investment Fund
RISP	Radiology Information System Procurement
RJAH	The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
RN	Registered Nurse
RPB	Regional Partnership Board
RTT	Referral to Treatment
RTS	Routemap To Sustainability
RAMI	Risk Adjusted Mortality Index
RMF	Risk Management Framework
RHCW	Rural Health and Care Wales
Q1 Q2 Q3 Q4	Quarter 1 (April, May, June), Quarter 2 (July, August, September), Quarter 3 (October, November, December), Quarter 4 (January, February, March)
QSEG	Quality, Safety and Experience Group
SAR	Subject Access Request
SAS	Specialty and Specialist
SBAR	Situation, Background, Assessment, Recommendation
SBUHB	Swansea Bay University Health Board
SDEC	Same Day Emergency Care
SLA	Service Level Agreement
SOC	Strategy Outline Case
SOP	Standard Operating Procedure
SaTH	The Shrewsbury and Telford Hospital NHS Trust
SPB	Strategic Programme Board
SRO	Senior Responsible Owner
SPPP	Social Partnership and Public Procurement (Wales) Act 2023
RJC	South East Wales Regional Joint Committee
TaODEC	Tactical Organisation Development, Engagement and Communication
TI	Targeted Intervention
ToR	Terms of Reference
TRAC	Online Recruitment Management System
T&V	Transformation & Value
TUPE	Transfer of Undertakings Protection of Employment
VERS	Voluntary Early Release Scheme
WAST	Welsh Ambulance Services NHS Trust
W&C	Workforce and Culture Committee
WCCIS	Welsh Community Care Information System
WG	Welsh Government

WCVA	Wales Council for Voluntary Action
WESB	Wales Employment and Skills Board
WHC	Welsh Health Circular
WHSSC	Welsh Health Specialised Service Committee
WNB	Was Not Brought
WOD	Workforce and Organisational Development
WPAS	Welsh Patient Administration System
WPOCT	Welsh Point of Care Test System
WLGA	Welsh Local Government Association
WNCR	Welsh Nursing Care Record
WNHSC	Welsh NHS Confederation
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
WVT	Wye Valley NHS Trust
WCD	Written Controlled Document
YTD	Year to Date

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