

# Finance and Performance Committee

Tuesday 13 October 2026, 09:30 - 13:30

## Agenda

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

0 min

 F&P\_Agenda\_13Oct2026.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\_Board Members Declaration Of Interests Aug26.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 10 September 2026**

*Chair*

 F&P\_3.1\_Unconfirmed Minutes\_10Sept2026.pdf (9 pages)

**3.2. Committee Action Log**

*Chair*

 F&P\_3.2\_Committee Action Log 2026-27.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*

 F&P\_4.1\_Escalations Status Finance Action Plan update.pdf (17 pages)

 F&P\_4.1a\_Escalation Status Final Internal Audit Report.pdf (9 pages)

 F&P\_4.1b\_nhs-wales-accountability-and-support-framework.pdf (51 pages)

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

0 min

**5.1. Integrated Quality and Performance Report Month 05**

*Executive Director of Planning, Performance & Commissioning*

 F&P\_5.1\_20260923\_IQPAR\_Month\_5\_Summary.pdf (14 pages)

 F&P\_5.1a\_20260925\_2026-27\_IQPAR\_Dashboard\_Month 5 PDF.pdf (12 pages)

## 5.2. Annual Delivery Progress Report Q2

*Executive Director of Planning, Performance & Commissioning*

 F&P\_5.2\_Q2 2026-27 Delivery Plan Cover Paper.pdf (18 pages)

 F&P\_5.2a\_FINAL PTHB Delivery Plan 2026-2027 Q2.pdf (99 pages)

## 5.3. Out of Hours Performance review

*Executive Director of Primary Care, Community & Mental Health*

 F&P\_5.3\_PTHB OOH Year End report 2025-26.pdf (9 pages)

## 5.4. Health and Safety Annual report 2025/26

*Acting Chief Executive / Executive Director of People, Culture and Transformation / Executive Director Nursing, Quality, Women and Family Health*

 F&P\_5.4\_Health and Safety Annual Report 2025-26.pdf (22 pages)

## 5.5. Capital and Estates Strategy Monitoring

*Acting Chief Executive*

 F&P\_5.5\_Capital and Estates Strategy Monitoring Sept 2026.pdf (14 pages)

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

0 min

There are no items for inclusion within this section.

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## 09:30 - 09:30 7. Consent Agenda

0 min

### 7.1. Committee Work Programme 2026/27

*Director of Corporate Governance*

 F&P\_7.1\_work programme.pdf (1 pages)

### 7.2. PTHB Glossary

*Director of Corporate Governance*

 F&P\_7.2\_PTHB Glossary.pdf (7 pages)

### 7.3. Highlight Report from the Planning, Performance and Finance Sub Committee- 27.08.2026

*Director of Corporate Governance*

 F&P\_7.3\_PPF Highlight Report 27 August 2026.pdf (5 pages)

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## 09:30 - 09:30 8. Other Matters

0 min

### 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

Jones, Bethan  
12/10/2026 15:59:30

*All*

**8.4. Date of next meeting: 03 December 2026 via Microsoft Teams**

**8.5. Confidential Matters**

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

Jones, Bethan  
12/10/2026 15:59:30

**FINANCE AND PERFORMANCE COMMITTEE**  
**13 OCTOBER 2026**  
**09:30-13:00**  
**VIA MICROSOFT TEAMS**  
**CHAIR: RONNIE ALEXANDER**



**GIG**  
**CYMRU**  
**NHS**  
**WALES**

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
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 <ul style="list-style-type: none"><li>Board Members</li></ul> 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 10 September 2026                                                               | Attached          | Chair                                                                                              |
|                                                                                                                                             | 3.2                    | Committee action log                                                                                                    | Attached          | Chair                                                                                              |
|                                                                                                                                             | 4                      | ESCALATED ITEMS                                                                                                         |                   |                                                                                                    |
| 09:45<br>20Min                                                                                                                              | 4.1                    | Organisational Escalation Status Presentation Finance and Performance Monitoring                                        | Attached          | Executive Director of Planning, Performance and Commissioning/Acting Executive Director of Finance |
|                                                                                                                                             | 5                      | ITEMS FOR ASSURANCE                                                                                                     |                   |                                                                                                    |
| 10:05<br>30Min                                                                                                                              | 5.1                    | Integrated Quality and Performance Report Month 05                                                                      | Attached          | Executive Director of Planning, Performance & Commissioning                                        |
| 10:35<br>15Min                                                                                                                              | 5.2                    | Annual Delivery Progress Report Q2                                                                                      | Attached          | Executive Director of Planning, Performance & Commissioning                                        |
| 11:10                                                                                                                                       | COMFORT BREAK (10mins) |                                                                                                                         |                   |                                                                                                    |
| 11:20<br>20Min                                                                                                                              | 5.3                    | Out of Hours Performance review                                                                                         | Attached          | Executive Director of Primary Care, Community & Mental Health                                      |
| 11:40<br>20Min                                                                                                                              | 5.4                    | Health and Safety Annual report 2025/26                                                                                 | Attached          | Acting Chief Executive                                                                             |
| 12:00<br>10Min                                                                                                                              | 5.5                    | Capital and Estates Strategy Monitoring                                                                                 | Attached          | Acting Chief Executive                                                                             |
|                                                                                                                                             | 6                      | ITEMS FOR DISCUSSION                                                                                                    |                   |                                                                                                    |
| There are no items for inclusion within this section.                                                                                       |                        |                                                                                                                         |                   |                                                                                                    |
|                                                                                                                                             | 7                      | CONSENT AGENDA                                                                                                          |                   |                                                                                                    |

|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                          |          |                                  |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------|
|               | 7.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Committee Work Programme 2026/2027<br><b>Purpose:</b> For Information                                                    | Attached | Director of Corporate Governance |
|               | 7.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PTHB Glossary<br><b>Purpose:</b> For Information                                                                         | Attached | Director of Corporate Governance |
|               | 7.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Highlight Report from the Planning, Performance and Finance Sub Committee- 27.08.2026<br><b>Purpose:</b> For Information | Attached | Director of Corporate Governance |
|               | <b>8</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>OTHER MATTERS</b>                                                                                                     |          |                                  |
|               | 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                            |
| 12:10<br>5Min | 8.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Committee reflections                                                                                                    | Verbal   | All                              |
|               | 8.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date of the next meeting: 03 December 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 Committee is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:<br><u>Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960</u><br><b><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></b> |                                                                                                                          |          |                                  |
| 12:15         | 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 10 September 2026                                                   | Attached | Chair                            |

**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](mailto: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](mailto:PowysDirectorate.CorporateGovernance@wales.nhs.uk).**

Jones, Bethan  
12/10/2026 15:59:30

| 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<br>12/10/2026 15:59:30                                        |                        | 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<br>01-Jun-22<br>01-Jun-88 | Current           | Sole Trader/Owner of Celebratory Gifts Heraldic Names<br>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<br>05-May-22<br>10-Aug-95<br>22-May-17<br>25-Sep-17<br>01-Jun-10 | Current   | Elected Member Powys County Council<br>•Trustee/Chair: Brecon University Scholarship Fund<br>•Brecon Town Council Elected Member<br>•Governor of Priory Church in Wales School<br>•Member Brecon Beacons National Park Authority SDF & Grant Advisory Panel<br>•Member of the Community Speed Watch Group | NIL           |
|                                                                                     |                   | Non Financial professional interests | Loyalty Interests  | 01-Jan-86<br>31-Mar-88                                                     | Current   | •Member of Royal College of Nursing<br>•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<br>Started with PTHB October 2025                                                                                                                                      |
|                                                                 |                |                                      |                                             |           |           |                                                                                                                                                     |                                                                                                                                                                                   |

Jones, Bethan  
12/10/2026 15:59:30



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

## FINANCE AND PERFORMANCE COMMITTEE

### UNCONFIRMED MINUTES OF THE MEETING HELD ON 10 SEPTEMBER 2026 HELD VIA MICROSOFT TEAMS

| MEMBERS                |     |                                                                             |
|------------------------|-----|-----------------------------------------------------------------------------|
| Ronnie Alexander       | RA  | Independent Member (General) (Chair)                                        |
| Steve Elliot           | SE  | Independent Member (General)                                                |
| Rhobert Lewis          | RL  | Independent Member (General)                                                |
| Simon Wright           | SW  | Independent Member (General)                                                |
| IN ATTENDANCE          |     |                                                                             |
| Helen Bushell          | HB  | Director of Corporate Governance/Board Secretary                            |
| Paul Hooton            | PHO | Executive Director of Nursing, Quality, Safety & Family Health              |
| Pete Hopgood           | PH  | Acting Chief Executive                                                      |
| Bethan Jones           | BJ  | Corporate Governance Officer                                                |
| Nicola Johnson         | NJ  | Executive Director of Planning, Performance and Commissioning               |
| Elaine Lorton          | EL  | Executive Director of Primary Care, Community and Mental Health             |
| Mark McIntyre          | MM  | Deputy Director of People & Culture (Attended on Deb Wood-Lawsons behalf)   |
| Hywel Pullen           | HP  | Acting Executive Director of Finance                                        |
| Kate Wright            | KW  | Executive Medical Director/ Deputy Chief Executive                          |
| APOLOGIES FOR ABSENCE: |     |                                                                             |
| Rhiannon Beaumont-Wood | RBW | Independent Member (PTHB Vice Chair)                                        |
| Carl Cooper            | CC  | PTHB Chair                                                                  |
| Claire Madsen          | CM  | Executive Director of Allied Health Professions, Health Science and Digital |
| Cathie Poynton         | CP  | Independent Member (Trade Union)                                            |
| 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/26/030)

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

##### 1.2 DECLARATIONS OF INTEREST (F&P/26/031)

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

## **2. CONSENT AGENDA BUSINESS**

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

The Chair noted the endoscopy update and recorded the Committee's appreciation for the significant efforts made by staff to improve patient experience, recognising that a number of the challenges faced were due to external factors beyond the organisation's control.

The Committee **NOTED** the updates.

## **3. ITEMS FOR APPROVAL / RATIFICATION/ DECISION**

### **3.1 MINUTES OF PREVIOUS MEETING (F&P/26/032)**

The minutes of the meeting held on the 25 June 2026 were **CONFIRMED** as an accurate record.

### **3.2 COMMITTEE ACTION LOG (F&P/26/033)**

HB presented the Action Log and provided an update on the two outstanding actions.

F&P/26/024 – Colonoscopy Update Report: HB advised that this action was recommended for closure, as the additional information requested had been circulated to members on 29 July 2026. The Committee agreed to close the action.

F&P/25/118a – IQPR: HB advised that draft arrangements had been developed and shared with colleagues in the Joint Commissioning Committee for comment. Whilst good progress had been made, the action was not yet ready for closure and would be brought back to the next meeting or circulated in advance if completed beforehand.

The Committee **NOTED** the updates and agreed that Action F&P/25/118a should remain open pending finalisation of the arrangements.

## **4. ESCALATED ITEMS**

### **4.1 ORGANISATIONAL ESCALATION STATUS PRESENTATION FINANCE AND PERFORMANCE MONITORING (F&P/26/034)**

NJ presented the organisational escalation status, finance and performance monitoring update. National accountability and escalation arrangements had become more streamlined following the establishment of NHS Wales Performance and Improvement (P&I), with clearer reporting, accountability and engagement processes now in place.

The Health Board's escalation status and de-escalation criteria remained unchanged. Ongoing engagement is in place with Welsh Government, NHS Wales P&I and other national partners, and a review of the escalation and intervention framework was currently being undertaken by Welsh Government, with revised arrangements expected later in the year.

NJ reported that an internal audit of the Health Board's response to escalation status had provided reasonable assurance, with three recommendations accepted. Future reports would be aligned more explicitly to the de-escalation criteria to support clearer monitoring of progress.

The Committee discussed the impact of escalation arrangements on Executive capacity. It was noted that the revised arrangements were less administratively burdensome than previous processes and had strengthened engagement with national bodies, improving understanding of the Health Board's specific challenges and priorities. The arrangements were increasingly viewed as supportive and integral to routine performance management processes.

Performance across all escalation domains continued to be monitored through regular engagement with NHS Wales P&I and established performance management arrangements. There were no significant concerns in other escalation domains at this time.

The Committee noted that NHS Wales P&I engagement also contributed to informing discussions with Welsh Government and supporting understanding of the Health Board's recovery, planning and transformation programmes.

The Committee **RECEIVED** the report and took **ASSURANCE** that appropriate mechanisms are in place to monitor and report to the Board (and its committees) in relation to the organisation's escalation status.

## **5. ITEMS FOR ASSURANCE**

### **5.1 ORGANISATIONAL SAVINGS (INCL SIX MONTHLY REPORT ON CONTINUING HEALTH CARE COSTS) (F&P/26/035)**

The Chair invited EL to focus the presentation on the actions being taken to address Continuing Healthcare (CHC) expenditure and the Committee's level of assurance regarding delivery, rather than the underlying demand pressures, which were already well understood.

EL outlined the programme of work being undertaken in response to the Grant Thornton review, including reviews of existing CHC packages, strengthening assessment and decision-making processes, revisions to operational procedures, workforce changes, and closer collaboration with local authority partners. Significant work had been undertaken to identify opportunities to reduce expenditure while ensuring appropriate care arrangements remained in place.

Approximately £4 million of the planned savings were profiled for delivery in the second half of the financial year and therefore remained subject to a degree of risk. Additional assessor posts had been recruited to support demand management, and leadership support had been commissioned to strengthen oversight, training and implementation of revised processes.

The Committee sought assurance regarding the achievability of the savings target, the management of future demand, opportunities to reduce the cost of care packages, potential legal challenges arising from package reviews, the role of direct payments, and the dependency on local authority engagement. EL advised that while there remained uncertainty until the revised arrangements were fully implemented, the planned savings assumptions had been modelled on a cautious basis and substantial work was underway to support delivery.

The current priority was to embed the new CHC operating model and workforce arrangements. Further work to strengthen market management, commissioning and contracting arrangements with providers and local authority partners was anticipated during 2027 to support longer-term recurrent savings.

The importance of preventative and community-based services in reducing future CHC demand and supporting improved patient outcomes was noted.

The Committee **RECEIVED** the report and took **ASSURANCE** that plans are in place to manage CHC and evolve the service based on expected national changes.

*EL left the meeting at 10:23*

## **5.2 FINANCE REPORT MONTH 04 2026/27 (F&P/26/036)**

HP presented the Month 4 Finance Report, advising that the Health Board reported a year-to-date adverse variance of £2.3 million against plan at the end of July 2026. The variance was primarily attributable to the delivery of savings plans, pressures within commissioned healthcare services, agency expenditure, and the use of external mental health placements. The Health Board remains on track to utilise its full capital allocation.

A full savings programme had been identified to achieve the £23 million savings target. However, successful delivery of a number of schemes, including Continuing Healthcare (CHC) savings, remained critical to achieving the planned financial position and maintaining the underlying deficit at the forecast level.

The Committee discussed the financial risks associated with commissioned services from English providers, delayed transfers of care, mental health placement costs, and the recurrent savings requirement. The Executive Team were undertaking work to manage activity levels, improve patient flow, strengthen commissioning arrangements and maximise the benefit of additional planned care funding received from Welsh Government.

An update was provided on the emerging Month 5 position, which indicated an improvement in the year-to-date variance from £2.3 million to £1.77 million, largely as a result of recognising planned care funding received during the period.

Assurance was sought regarding the achievability of savings targets, particularly the recurrent impact of schemes and the delivery of CHC savings. It was noted that some savings programmes, including Medicines Management, were performing ahead of target and may help mitigate risks in other areas. The Financial Recovery Board continued to monitor both in-year and recurrent savings delivery closely.

The Committee **RECEIVED** the financial report and took **ASSURANCE** that the organisation has effective financial monitoring and reporting mechanisms in place. And **CONSIDERED** and **DISCUSSED** the financial forecast and the underlying deficit for 2026/27 of £44.652m.

### **5.3 INTEGRATED QUALITY AND PERFORMANCE REPORT MONTH 03 (F&P/26/037)**

NJ presented the Integrated Quality and Performance Report, highlighting key changes since the previous reporting period.

The Committee noted that performance against the re-admissions metric remained below target and continued to be monitored through analysis of themes and trends. The Committee were advised that references within the report to "no material update" indicated that there had been no significant change from the previous reporting period.

Positive performance was reported in a number of areas. Significant improvements in 26-week waiting times and performance within the Children and Young People's Neurodevelopmental Service, where sustained improvements may support consideration of de-escalation through the internal escalation framework were welcomed.

The Committee noted a decline in the adult mental health assessment metric and were advised that this was largely attributable to staff leave within a small service, and that the position would continue to be monitored alongside the agreed mitigation plan.

The Committee also noted the increase in patients waiting over 104 weeks for treatment in England and were advised that discussions with providers were ongoing following confirmation of planned care funding. Particular attention would continue to be given to patients awaiting complex spinal procedures.

The Committee discussed ambulance performance and sought assurance regarding potential patient harm arising from response delays. It was noted that incidents were reviewed through established reporting processes and that collaborative work was underway with system partners to improve access to definitive care for Powys residents.

The Committee welcomed the low outpatient DNA rates and acknowledged the positive performance achieved across the organisation.

The Chair sought clarification regarding bowel screening colonoscopy waiting time performance and the timing of assurance from Public Health Wales on overall contract performance. It was agreed that a further update would be provided.

**Action: Executive Director of Planning, Performance & Commissioning**

The Committee were assured that PADR compliance was monitored monthly, with targeted follow-up and recovery actions undertaken by the People and Culture team where performance had declined.

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.

#### **5.4 Q1 ANNUAL DELIVERY PROGRESS REPORT (F&P/26/038)**

NJ presented the Quarter 1 Annual Delivery Progress Report and advised that there was good assurance and evidence of delivery against actions scheduled for Quarter 1. Areas identified as delayed or at risk were outlined in the report together with associated mitigating actions.

The Committee noted that, given the demands associated with the Better Together programme, financial recovery activity and development of the 2027/28 plan, the Executive Team was reviewing the phasing and deliverability of actions scheduled for Quarters 3 and 4. Any proposed changes or rephasing of actions would be reported through the Quarter 2 review process.

The Committee discussed progress against the Digital First programme and were advised that delays were principally attributable to dependencies on national programmes, delays in funding decisions and constraints within external delivery plans. A more detailed update would be provided through the appropriate committee reporting arrangements.

NJ confirmed that there were no additional concerns regarding actions reported as behind schedule beyond those already highlighted within the report.

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

#### **5.5 VARIABLE PAY REPORT (F&P/26/039)**

HP presented the Variable Pay Deep Dive Report, advising that although the Health Board had achieved significant reductions in agency expenditure in recent years, progress had plateaued during 2026/27. Further targeted actions were being implemented, particularly in relation to medical locum expenditure within Mental Health Services, which remained the largest area of variable pay spend.

The Committee noted the substantial reduction in ward-based agency expenditure and recognised the ongoing work to reduce agency usage in community services and medical staffing. The Variable Pay workstream would form part of a refreshed workforce programme, with renewed focus on reducing expenditure and improving workforce sustainability.

Assurance was sought regarding progress in reducing medical locum expenditure within Mental Health Services. KW advised that recent recruitment activity had been successful and was expected to result in the removal of two whole-time equivalent consultant locum posts within four weeks. A further locum doctor was expected to transfer into a substantive post, with additional recruitment activity ongoing. There was reasonable confidence that the planned reduction in locum usage would be achieved during the year.

The Committee also discussed the impact of the Aspiring Nurse Programme on healthcare support worker availability and agency usage. Programme participants were fully backfilled through HEIW funding and therefore did not create additional workforce pressures. The recruitment of 36 new nursing graduates, the largest intake in recent years, which was expected to support workforce sustainability and reduce reliance on agency staff was welcomed.

The Committee noted that workforce, rota and service model reviews continued within Mental Health Services to optimise staffing arrangements and reduce dependency on temporary staffing solutions.

The Committee **RECEIVED** the paper and took **ASSURANCE** of the action and focus being taken to improve the position.

## **5.6 ANNUAL CANCER SERVICES IMPROVEMENT PLAN AND PERFORMANCE UPDATE (F&P/26/040)**

KW presented the Cancer Improvement Plan and advised that the plan brought together actions from a range of national strategies and programmes. The Committee noted that the plan would be reviewed once the forthcoming national 10-year Cancer Plan was published, with actions subsequently updated and aligned as required.

The plan encompassed the full cancer pathway, including prevention, screening, prehabilitation, treatment pathways, patient experience and the Improving Cancer Journey (ICJ) programme. Overall assurance indicated that actions within the plan were progressing as expected, with a number of achievements highlighted within the report.

The Committee discussed the increase in referrals to the Improving Cancer Journey service and were advised that this reflected a targeted communications and engagement approach to increase awareness and uptake of the support available to patients following a cancer diagnosis. The Committee noted the continued growth of the service and the work being undertaken to embed it within routine practice.

The future sustainability of the service was discussed, noting the current reliance on Macmillan funding and the work underway to consider future arrangements.

The Chair sought clarification regarding Transnasal Endoscopy (TNE) and whether any patient harm had been reported following its introduction. KW advised that she was not aware of any current concerns and would confirm the position outside the meeting.

**Action: Executive Medical Director/Deputy Chief Executive**

The Committee **NOTED** the progress made against the cancer improvement plan, took **ASSURANCE** that the key areas of delivery of the plan are being met and **NOTED** actions are in place within the action plan to continue to drive delivery in relevant areas.

## 6. ITEMS FOR DISCUSSION

There were no items for discussion.

## 7. CONSENT AGENDA

The following reports were **RECEIVED** as part of the consent agenda:

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

The Committee **RECEIVED** and **NOTED** the reports.

## 8. OTHER MATTERS

### 8.1 ANY OTHER BUSINESS (F&P/26/041)

No other business was raised.

### 8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES (F&P/26/042)

No items were noted.

### 8.3 COMMITTEE REFLECTIONS (F&P/26/043)

The Chair invited the Committee to provide feedback on the conduct and effectiveness of the meeting and to suggest any areas for improvement.

PH commented positively on the meeting, noting that despite the size of the agenda and complexity of the issues considered, discussions had been focused and productive. He observed that the quality and relevance of papers appeared to have improved, enabling effective discussion and allowing the Committee to complete its business ahead of schedule. He also commended the Chair on the management of the meeting.

SE endorsed these comments, describing the meeting as focused and well-structured. He noted that the Committee had addressed a number of

significant issues effectively and thanked the Chair for their leadership. He also highlighted the quality of the papers and the responses provided to the Committees questions.

Prior to closing the meeting, the Chair acknowledged that this was RL final meeting of the Committee. On behalf of the Committee, the Chair thanked RL for his valuable contribution, support and engagement during his tenure and wished him well for the future.

There were no further comments.

**8.4 DATE OF NEXT MEETING (F&P/26/044)**

13 October 2026 via Microsoft Teams

*Meeting closed at 12:00*

Jones, Bethan  
12/10/2026 15:59:30

|                    |                                                                  |  |  |  |  |  |                                                                                     |                |
|--------------------|------------------------------------------------------------------|--|--|--|--|--|-------------------------------------------------------------------------------------|----------------|
| Beth Jones         |                                                                  |  |  |  |  |  |                                                                                     |                |
| <b>RAG Status:</b> |                                                                  |  |  |  |  |  |                                                                                     |                |
| At risk            | Red - action date passed or revised date needed                  |  |  |  |  |  |  | Bwrdd Iechyd   |
| On track           | Yellow - action on target to be completed by agreed/revised date |  |  |  |  |  |                                                                                     | Addysgu Powys  |
| Completed          | Green - action complete                                          |  |  |  |  |  |                                                                                     | Powys Teaching |
| No longer needed   | Blue - action to be removed and/or replaced by new action        |  |  |  |  |  |                                                                                     | Health Board   |
| 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 - (13 OCTOBER 2026) |                |      |                    |                   |                    |                      |                     |            |

| OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE (13 OCTOBER 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.   | <b>14.05.2026 update:</b> Action will progress as per timescale.<br><b>25.06.2026 update:</b> Action will progress as per timescale.<br><b>09.09.26 update:</b> 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.<br><b>13.10.26 update</b> - A verbal update will be provided within the meeting. | Sep-26 | Oct-26 | At risk   |
| ACTIONS RECOMMENDED FOR CLOSURE (13 OCTOBER 2026)            |             |           |                                                                |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |        |           |
| 10/09/2026                                                   | F&P/26/037  | ED PP&C   | IQPR                                                           | Provide the Committee with an update on bowel screening colonoscopy waiting time performance, including assurance from Public Health Wales regarding contract performance and clarification of the reported performance measures. | <b>13.10.26 update</b> - The update is included in the month 5 IQPAR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Oct-26 |        | Completed |
| 10/09/2026                                                   | F&P/26/040  | E MD/DCEO | Annual Cancer Services Improvement Plan and Performance Update | Provide the committee with an update on whether any patient harm has been reported following the introduction of Transnasal Endoscopy (TNE).                                                                                      | <b>13.10.26 update</b> - There has been no patient harm reported as a result of TNE since its introduction.                                                                                                                                                                                                                                                                                                                                                                                                                           | Oct-26 |        | Completed |
| CLOSED ACTIONS                                               |             |           |                                                                |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |        |           |

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# Escalation: Level 4 for Finance, Strategy and Planning

## Finance Action Plan Update

**Meeting: Finance and Performance Committee**

**Date of Meeting: 13 October 2026**

Jones, Bethan  
12/10/2026 15:59:30

4.1 - Escalation and Intervention Arrangements

|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Subject:                   | Escalation and Intervention Arrangements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Approved and Presented by: | Nicola Johnson, Executive Director Planning, Performance and Commissioning<br>Hywel Pullen, Acting Executive Director Finance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Prepared by:               | Director of Corporate Governance/Board Secretary<br>Acting Executive Director Finance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Purpose:                   | <p>This document provides an update against the Welsh Government escalation and intervention arrangements for Powys Teaching Health Board.</p> <p>Additionally, this paper provides details of the Finance Action Plan agreed between NHS Wales P&amp;I and the Health Board and gives an update on progress.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Recommendations:           | <p>The Committee is asked to:</p> <ul style="list-style-type: none"><li>• <b>RECEIVE</b> the report and take <b>ASSURANCE</b> that appropriate mechanisms are in place to monitor and report to the Board (and its Committees) in relation to the organisations escalation status.</li><li>• RECEIVE the update report take <b>ASSURANCE</b> from the progress to date in relation to the finance action plan.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Executive Summary          | <p>The <i>NHS Wales Accountability and Support Framework</i>. has five levels of escalation</p> <ol style="list-style-type: none"><li>1. Routine accountability</li><li>2. Emerging concern: enhanced oversight and support</li><li>3. Significant concern: formal recovery</li><li>4. Targeted intervention and support</li><li>5. Directed intervention and intensive support</li></ol> <p>The framework has recently been updated and a new copy published from Welsh Government. The Framework can be viewed here - <a href="#">NHS accountability and support framework   GOV.WALES</a></p> <p>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.</p> <p>PTHB remains in routine monitoring for all other domains.</p> |
| Appendices:                | <p>4.1a – Internal audit report (escalation status).</p> <p>4.1b – NHS Wales Accountability and Support Framework</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

# Level 4 Escalation Status

- The Health Board was escalated to Level 4 for Finance, Strategy and Planning in November 2024
- Level 4 (targeted intervention) is the second highest level of escalation within the NHS oversight and escalation framework.
- It is applied when organisations have serious problems and where there are concerns that they cannot make the necessary improvements without external support.

- Escalation Framework document issued by Welsh Government in April 2025.
- Sets out areas of focus/ intervention and de-escalation criteria for Finance and for Strategy and Planning.
- Finance Action Plan agreed between NHS P&I and Health Board, respective finance teams.

## 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

- The Finance Action Plan has 5 areas

## Area of Intervention and Focus

Financial governance and control environment

Understanding the existing deficit and key drivers

Development and realisation of opportunities

Clear financial plan and strategy

Delivery of plan

Jones, Bethan  
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# Financial governance and control environment

- The financial governance framework at the health board is robust in both design and implementation, including a self-assessment against best practice frameworks.
- The financial committee structure is clearly articulated and actively addresses key risks.
- Financial controls at the health board are robust in both design and implementation.
- The finance function has the necessary capacity and capability to support the needs of the wider organisation.
- Financial reports include the analysis and narrative explanation required to enable management and Board to discharge their duties.
- Integrated reports provide the Board with a clear understanding of the interlink between financial performance and operational performance including the organisation's productivity and efficiency.
- Budgets are set with alignment to the plan and budget management is effective, with budget holders held to account for delivering their financial plans.
- As a result of the above, it has developed and is delivering an action plan to improve the financial governance and financial control environment.

# Understanding the existing deficit and key drivers

- There is a clear understanding of the cost drivers and investment decisions responsible for the growth in deficit across the organisation, including an explicit breakdown by key service area and cost driver.
- There is a clear and robust process for challenging underlying deficits reported at local divisional levels.
- There is a clear understanding and management of the reasons for, and the drivers of the underlying deficit and increasing cost pressures reported within commissioned services.
- The drivers responsible for the cost growth and high cost base within CHC and NHS-funded nursing care (FNC) are understood and managed.
- The drivers responsible for cost growth and high cost base within prescribing are understood and managed.
- The cost drivers and investment decisions responsible for the growth in workforce costs are well understood, alongside workforce capacity constraints and clear development actions to support a sustainable workforce.
- As a result of the above there are triangulated approaches to identify and deliver actions to improve efficiency and maximise the sustainable use of resources.

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# Development and realisation of opportunities

- National opportunities identified through the Value and Sustainability Board are translated into local savings schemes.
- Value based health care (VBHC) principles have been embedded across the organisation and VBHC plans are delivered.
- All prior year investments have been reviewed to assess whether the planned benefits have been delivered.
- There is a clear process for the development and delivery of strategic opportunities to support the health board's sustainability..

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# Clear financial plan and strategy

- There is an integrated plan that will deliver the target control total of a £12m deficit in 2025/26 at a minimum and demonstrates greater progress towards delivery and efficiency of services within available resources and a route to delivering the break-even duty.
- There is a clear engagement plan to communicate the necessity for financial improvement across the organisation.

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# Delivery of Plan

- Delivery of financial performance for 2025/26 in line with the financial plan and demonstrates progress towards delivering the break-even duty by reducing the value of the underlying deficit.
- Delivering target in-year and full-year effect savings and progressing the transformational schemes necessary to support future financial sustainability.
- Demonstrate that in-year choices are identified and taken early to mitigate any emerging pressures.
- Has clear performance management processes in place to manage the delivery of emerging variations within commissioning contracts and to take appropriate risk-based choices to address budgetary pressures.

Jones, Bethan  
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# Summary Message and Next Steps

| Area of Intervention and Focus                     | PtHB progress assessment |
|----------------------------------------------------|--------------------------|
| Financial governance and control environment       | Green                    |
| Understanding the existing deficit and key drivers | Green                    |
| Development and realisation of opportunities       | Green                    |
| Clear financial plan and strategy                  | Amber                    |
| Delivery of plan                                   | Amber                    |

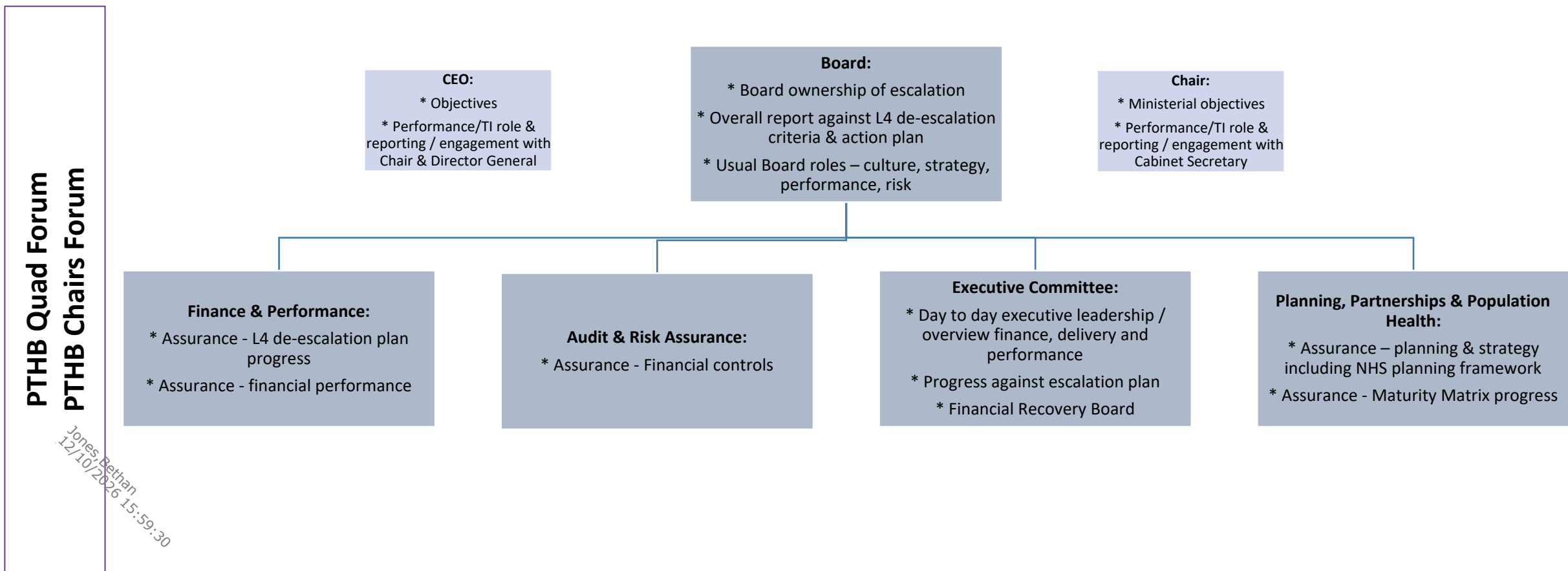
- Action Plan established between the Financial Resources Unit (NHS Wales Performance and Improvement) and the Finance Department (Powys THB)
- Internal view that the action plan is broadly completed.
- Recognise that there will always be opportunities to evolve and improve. Therefore, will keep the areas of the action plan under review.
- A helpful achievement has been agreeing a common understanding of the cost drivers of the underlying deficit and the quantification of those drivers.
- NHSWPI is preparing a status update against the Action Plan. This is due to be shared with us later in the autumn.

Jones, Bethan  
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# Supporting Information

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# Reminder - Approach to Managing Level 4 Escalation – PTHB Board approved



# 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                           | 10 Sept 2025  | 13 Oct 2026                                                                           |
| Planning, Partnerships and Population Health Committee (planning & strategy) | Every meeting                           | 15 Sept 2026  | 19 Nov 2026                                                                           |
| Audit, Risk and Assurance Committee (financial control)                      | Every meeting                           | 7 July 2026   | 6 Oct 2026 (currently being rescheduled)                                              |
| Executive Committee (overall reporting)                                      | Monthly                                 | 16 Sept 2026  | 14 Oct 2026                                                                           |

Johns  
12/10/2024 15:59:30

# 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                            |
|---------------------------------------------------|-----------|-----------------------------------------|-----------------------------------------|
| Escalation Board (WG led)                         | Bi-annual | 2 June 2026                             | 13 October 2026                         |
| Public Accountability Meetings (Minister led)     | Annual    | 27 Nov 2025                             | 12 April 2027                           |
| NHS Wales P&I Meetings (previously IQPD meetings) | Monthly   | 24 Sept 2026                            | 1 Dec 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 |

# 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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# Escalation Status Governance & Actions

## Final Internal Audit Report

### 2026/27

Powys Teaching Health Board



Reasonable Assurance

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|                    |                                                                                                     |
|--------------------|-----------------------------------------------------------------------------------------------------|
| Review Reference   | PTH-2627-05                                                                                         |
| Fieldwork          | June/July 2026                                                                                      |
| Executive Sign Off | 01 September 2026                                                                                   |
| Audit Committee    | October 2026                                                                                        |
| Executive Leads    | Hywel Pullen, Acting Executive Director of Finance & Nicola Johnson, Executive Director of Planning |
| Audit Team         | Ian Virgil, Head of Internal Audit<br>Lucy Jugessur, Deputy Head of Internal Audit                  |

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# Executive Summary

## Purpose

The purpose of our audit was to review the Health Board's governance and processes for managing, monitoring and reporting progress around the escalation framework and the de-escalation plan.

## Overview

The Health Board is, since November 2024, under Targeted Intervention (Level 4) escalation status for finance, strategy and planning under the NHS Wales Oversight and Escalation Framework. This is due to a deteriorating financial position and an Annual Plan for 2026/27 which includes a planned deficit of £44.7m and is not therefore approved or supported by Welsh Government. For all other domains of the escalation framework the Health Board is in routine monitoring. In March 2026 Welsh Government published a revised accountability framework for all organisations which was intended to simplify current reporting processes, and which focuses on the four pillars of quality, finance, workforce and delivery & performance, with a foundation domain of leadership. Interactions with Welsh Government are now through the lens of these four pillars and we understand that the impact on the existing de-escalation criteria is still to be confirmed.

There are continuing financial pressures on the Health Board which if not addressed are likely to lead to further deterioration in future leading to concerns about the Board's ability to achieve financial sustainability. The reported position for M3 2026/27 is a £12.991m overspend against a forecast deficit of £11.163m giving the Health Board an overspend of £1.827m compared to plan. The overspend is being caused by issues with commissioning from English providers, continuing healthcare, and non-achievement of savings in the private and voluntary sectors. As at M3, £21.3m of green and amber savings plans have been identified against the target of £22.9m. However, only £12m of these are recurring and therefore the remainder is not positively benefitting the underlying deficit.

Our review has however found that the governance arrangements and response within the Health Board appear appropriate and are instrumental in ensuring that the approach to financial recovery has sufficient momentum to help achieve some very challenging targets. Interviews with Board members as part of our audit indicated that the initial feedback from Welsh Government following the first Escalation Board has apparently been positive and the support from both NHS Performance & Improvement (NHS P&I) and Grant Thornton and their partners has been welcomed. The Financial Recovery Board has helped to ensure that all directors understand their role and responsibilities in meeting the financial agenda and the focus on short-term goals and actions injects the necessary pace to give the greatest chance of achieving the desired results. Turning this into sustainable long-term actions however is going to be extremely challenging for the Health Board, particularly when the external support is withdrawn.

We have concluded **reasonable** assurance on this area. The matters requiring management attention, the majority of which are recognised within the Health Board and for which there were already intentions to address, are:

- Management information reported to the Board and Finance and Performance Committee could be further developed to provide more detail on specific actions and savings schemes.
- The detailed finance plan, agreed recently between the Health Board Finance Team and NHS P&I, has not been shared in its entirety with the Board; and
- The Health Board has identified that more needs to be done in terms of training and communication in finance for its staff and has made good progress in terms of staff briefings and more recently in undertaking training needs analyses but needs to implement a regular programme of training and communications for board members and staff.

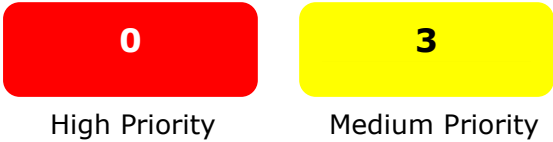
Full details of matters arising are detailed within the Findings & Agreed Action Plan. The following opportunity for enhancement has been identified that does not impact the overall opinion and is highlighted for management information:

- Although the other domains are largely covered by current performance reporting, there is no specific read-across to the criteria underpinning each domain, and a periodic review to ensure that the requirements of the other domains are fully assured may be helpful.

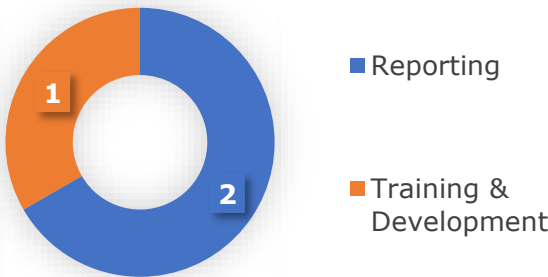
Scope & Assurance Summary

| Objectives | The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.                                                                                      | Related Findings | Assurance  |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------|
| 1          | Appropriate governance arrangements have been established to manage the six domains of the NHS Wales Escalation and Oversight Framework.                                                                                   | 1                | Reasonable |
| 2          | The Health Board has effective arrangements in place to respond to its escalation to Level 4 Targeted Intervention for Planning, Strategy and Finance, including planned actions towards the achievement of de-escalation. | 2,3              | Reasonable |

Management Actions



Themes



Risk Types

Financial Loss

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## Three-Year Financial Strategy

| Year    | Focus              | Objective                          |
|---------|--------------------|------------------------------------|
| 2026/27 | Stabilise & Change | Establish control and deliver plan |
| 2027/28 | Embed              | Deliver recurring improvements     |
| 2028/29 | Transform          | Achieve target control total       |

All information on this page taken from slide pack submitted to Welsh Government for Escalation Board meeting June 2026.

## Financial Recovery Route Map

| Area                          | 2026/27<br>£m  | 2027/28<br>£m  | 2028/29<br>£m |
|-------------------------------|----------------|----------------|---------------|
| Underlying Deficit            | 44.70          | 44.67          | 23.19         |
| Growth & Inflation            | 24.10          | 12.05          | 12.05         |
| Funding                       | (1.20)         | (5.00)         | (5.00)        |
| 2% Savings                    | Included Below | Included Below | (7.05)        |
| 1% Savings                    | (3.93)         | (3.93)         | (3.93)        |
| Grant Thornton Opportunities  | (11.40)        | (11.70)        | (3.70)        |
| Better Together Opportunities | (2.50)         | (5.50)         | (4.00)        |
| GRFT and Other Opportunities  | (5.10)         | (7.40)         | (2.00)        |
| Total                         | 44.67          | 23.19          | 9.56          |

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# Findings & Agreed Action Plan

|                                                                                                                                                              |                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>Objective 1: Appropriate governance arrangements have been established to manage the six domains of the NHS Wales Escalation and Oversight Framework.</b> | <b>Reasonable</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|

## Overview / Summary of Observations

The governance arrangements within the Health Board to oversee the response to the targeted intervention status are as follows:

- Executive Committee – day-to-day leadership and overview of finance, delivery and performance and progress against the de-escalation plan reported monthly.
- Financial Recovery Board – this is a sub-group to the Executive Committee which meets fortnightly. All Executive Directors attend this Board.
- Finance and Performance Committee – seeks assurance on financial performance and progress against the Level 4 de-escalation plan – reported to every meeting;
- Audit, Risk and Assurance Committee – gains assurance through oversight of the financial controls – reported to every meeting;
- Planning, Partnerships and Population Health Committee – gains assurance through measuring progress against the Maturity Matrix and over planning and strategy governed by the NHS Planning Framework – reported to every meeting.

At the strategic level, the Board have ownership of escalation and in addition to their normal responsibility for culture, strategy, performance and risk they also need to regularly report against the Level 4 de-escalation criteria and plan. In this the Chief Executive and Chair both have specific responsibilities with the Chief Executive engaging with and reporting to both the Health Board Chair and the Director General, and the Chair having similar responsibilities to the Cabinet Secretary. The Board receive formal reports bi-annually with reports from the Chief Executive in-between, and directors attend quarterly Escalation Boards with Welsh Government

The establishment of the Financial Recovery Board has helped to ensure that all directors understand their role and responsibilities in meeting the financial agenda and the focus on short-term goals and actions injects the necessary pace to give the greatest chance of achieving the desired results. There is an acknowledgement that the Financial Recovery Board, which only met for the first time in April 2026, needs to move on from the identification of savings schemes to monitoring their delivery and ensuring that there is appropriate and proportionate governance over individual schemes, and recent minutes demonstrate that this transition in approach is now occurring. There is further recognition that relevant reports, particularly to the Finance & Performance Committee, require development to provide more detail on progress, albeit that the scope of what can be reported is limited by the bulk of reports being in the public domain.

Inevitably the current focus within the Health Board is on Finance, Strategy and Planning due to its Level 4 status. The other domains of the NHS Oversight and Escalation Framework are largely covered through internal performance reporting but there is no explicit link to them, or the criteria that sit under each domain. We are also aware that Welsh Government have recently amended their approach to simplify reporting and focus on four pillars of Quality, Workforce, Finance and Delivery & Performance, and a foundation domain of leadership, but that it is currently not clear on the resulting impact on the de-escalation criteria.

| Key Findings |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Risk & Impact                                                                                                                                                                                       | Agreed Management Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1            | <b>Management Information</b><br><br>Although updates on the Escalation status are provided to the bi-monthly Finance and Performance Committee and elsewhere, to date much of the information is repeated from meeting to meeting and recaps the journey to escalation and the structural arrangements that have been put into place to respond to it.<br><br>Interviews with Independent Members and key staff demonstrate that there is both a desire and willingness for more detailed information to be provided in terms of specific progress against both the recommendations in the Grant Thornton report and the development of savings schemes to address the underlying financial deficit. | Board members and senior management are not provided with a sufficient level of detail to give assurance over the progress being made by the Health Board in responding to the escalation measures. | <b>Agreed Action:</b><br><br>The update reports to the Finance and Performance Committee, and other Board and Committee meetings will demonstrate the links to the Finance Report which includes more specific detail on delivering the Grant Thornton report through the delivery of the savings schemes; and also, through the reports on the development of the Plan 2027/28, describe the further actions the Health Board is taking through its planning processes in response to the escalation status & development of the future pipeline of opportunities. |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                     | <b>Expected Evidence of Implementation:</b><br><br>Updated reporting formats.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Medium Priority</b>                                                                                                                                                                              | <b>Officer:</b> Executive Director of Planning/Acting Executive Director of Finance<br><br><b>Target Implementation Date:</b> 30 September 2026                                                                                                                                                                                                                                                                                                                                                                                                                     |
|              | <b>Theme:</b> Reporting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Control Design                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

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### **Overview / Summary of Observations**

The response required to achieve de-escalation from Level 4 for Finance, Strategy and Planning does not have a specific action plan attached to it but is instead incorporated into the Annual Plan which reduces duplication, but which can make it harder to isolate the specific actions required for financial recovery. However, in response to the escalation to Level 4, the Health Board has undertaken the following actions:

- Initial review by Grant Thornton and Partners focused on financial sustainability, commissioning and continuing health care.
- Financial Recovery & Turnaround Director appointed, reporting to CEO.
- Establishment of financial recovery programme team to implement effective programme management and drive delivery of savings schemes and related enabling productivity and transformation programmes.
- Targeted follow-on support from Grant Thornton and Clarity Consulting partners in place to provide capacity and supporting expertise to drive pace in key areas (commissioning and contracting, CHC, workforce)]
- Fortnightly drumbeat established with CEO-chaired, whole Executive Team, Financial Recovery Board.
- Series of sprints in place to accelerate planning and delivery, de-risk the plan and remove barriers.
- Enhanced Independent Member oversight in place, maximising skills and experience.
- A specific and detailed finance action plan agreed with NHS Performance & Improvement.
- Deep dives on variable pay, commissioning, mental health placements and continuing health care at the Finance and Performance Committee.
- Completion of the Financial Grip and Control Assessment Tool.
- Establishment of a Strategic Commissioning Framework.

The response thus far seems appropriate with actions taken to date and monitored in the Financial Recovery Board having deliberately very short timescales for completion to ensure that the necessary pace and momentum is maintained.

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| Key Findings |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Risk & Impact                                                                                                                                                                    | Agreed Management Action                                                                                                                                                                                                                                                               |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2            | <b>Finance Action Plan</b><br><br>As part of the relationship between the Health Board Finance Team and NHSP&I, a detailed Level 4 Finance Action Plan was drafted with the original version dating from April 2025. We understand that although elements of this plan have been reported within the Health Board it has never been shared in its entirety. The Health Board has recently agreed updates to the plan which are shortly to be signed off by NHSP&I, and this would seem an opportune time to ensure that the plan is shared more widely within the Health Board.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | The detail of the finance action plan agreed with NHSP&I is not widely known outside of the finance department which reduces the overall accountability within the Health Board. | <b>Agreed Action:</b><br><br>More detailed updates against the finance specific action plan agreed between the Health Board Finance Team and NHS P&I will be provided to the Finance & Performance Committee.                                                                          |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Medium Priority                                                                                                                                                                  | <b>Expected Evidence of Implementation:</b><br><br>Agenda and minutes of Finance & Performance Committee meetings.                                                                                                                                                                     |
|              | <b>Theme:</b> Reporting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Control Operation                                                                                                                                                                | <b>Officer:</b> Deputy Director of Finance<br><br><b>Target Implementation Date:</b> 30 November 2026                                                                                                                                                                                  |
| 3            | <b>Training and Communications</b><br><br>As part of its response to the Level 4 escalation the Health Board completed two financial grip and control assessment tools – one that was aimed at workforce and one which covers everything apart from workforce.<br><br>The workforce assessment produced several recommendations for which action has already been completed or will shortly be complete.<br><br>The non-workforce assessment noted that there was more to do in terms of formal training and communications. Communication plans are in place with regular written and verbal briefings to managers and staff to help embed understanding and ownership of the need for financial recovery at all levels<br><br>The capacity limitations of a small finance team, and the need to focus on financial recovery has led to some delays in undertaking finance training but we are aware that all board members and budget holders have recently been contacted to complete either a training needs analysis for the former and a short questionnaire for the latter, to understand the recent training that they have received and the areas that they would most value receiving help with. | Health Board staff are not fully aware, trained and engaged in addressing the financial challenges resulting in it being less likely that financial targets will be achieved.    | <b>Agreed Action:</b><br><br>The Health Board will build on the communication plans already in place, and the information gained from the questionnaires and training needs analysis to budget holders to inform a regular programme of training and communication for budget holders. |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Medium Priority                                                                                                                                                                  | <b>Expected Evidence of Implementation:</b><br><br>Analysis of the responses, resulting training programme and materials. Evidence of delivery of training.                                                                                                                            |
|              | <b>Theme:</b> Training & Development                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Control Design                                                                                                                                                                   | <b>Officer:</b> Assistant Director of Finance<br><br><b>Target Implementation Date:</b> 31 December 2026                                                                                                                                                                               |

# Appendix A

## Assurance Opinion

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

### Prioritisation of Findings

| Priority      | Explanation                                                                                                                                                          |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>High</b>   | Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance. |
| <b>Medium</b> | 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](#)

## Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Powys Teaching Health Board, and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Powys Teaching Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

## Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.





Llywodraeth Cymru  
Welsh Government



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WALES

# NHS Wales Accountability and Support Framework

## Integrated arrangements for accountability, escalation and intervention support

September 2026

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

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

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## Executive summary

This Framework establishes a single NHS Wales operating model for accountability and support. It replaces the separate oversight and escalation narrative with an integrated approach covering routine accountability, operational assurance, escalation, improvement and intervention support, recovery, turnaround, de-escalation and earned autonomy.

- A single structure: four accountability pillars, Quality, Workforce, Finance/Planning and Delivery/Performance, underpinned by the Leadership (Well-led) foundation domain.
- A proportionate five-level model, from routine accountability at level 1 to the highest level of escalation at level 5. Escalation may apply to one or more pillar, the foundation domain or the whole organisation.
- NHS Wales Performance and Improvement (NHSWPI) as the principal operational assurance interface, drawing together a common evidence base and coordinating improvement support.
- Revised tripartite arrangements involving Welsh Government, Audit Wales, Healthcare Inspectorate Wales and NHSWPI, with explicit roles, structured evidence and transparent recommendations.
- A defined support offer matched to escalation level and need. Level 2 emphasises prevention; level 3 organisation-led recovery; level 4 commissioned intensive support and turnaround; and level 5 directed intervention and recovery, including statutory powers where required.
- Formal integration of Intensive Support, Recovery and Turnaround (ISRT) for organisations at level 4 and above, subject to commissioning by Welsh Government, with mobilisation, assessment, integrated improvement planning, support and transition phases.
- Clearer de-escalation criteria focused on a small number of measurable outcomes, risk reduction, capability and sustainability. Oversight reduces as improvement is demonstrated and sustained.

The framework is essential for achieving better overall quality of care, performance and reducing unwarranted variation in the NHS. The Framework is designed to create a clear line from expectations, evidence and assessment to action, support, improvement and sustained autonomy. Escalation is not an end in itself; it is a mechanism to secure timely and sustainable improvement.

The Framework focuses on preventative risk management with a greater emphasis on a more active and collaborative approach. It will assist the Welsh Government in supporting NHS organisations to identify and resolve issues as early as possible; promoting a risk culture that embraces openness, supports transparency and welcomes constructive challenge. The Framework promotes stronger partnership between Welsh Government, NHS Wales Performance and Improvement (NHSWPI) and NHS organisations. It aims to underpin the collective ability to quickly and effectively respond to the most significant challenges faced by the NHS, wherever practicable and appropriate.

The Framework consists of five levels of escalation; providing an appropriate model for support and intervention.

# 1. Introduction

## 1.1 Context

NHS Wales organisations operate in a complex environment characterised by increasing and changing population need, workforce constraints, financial pressure, service fragility and increasing dependence on regional and cross-sector delivery. Strong accountability must therefore be combined with timely support and improvement capability.

From 1 April 2026, new accountability arrangements introduced a simplified set of four pillars and a Leadership (Well-led) foundation domain, alongside a more risk-based meeting structure and a greater operational assurance role for NHSWPI. This Framework consolidates those arrangements with escalation, intervention and de-escalation processes.

## 1.2 Scope

The Framework applies to statutory NHS Wales health boards, trusts and special health authorities. It may be applied at whole-organisation, pillar or foundation domain level. Hosted organisations are addressed through the statutory body that hosts them. Partnership and system dependencies should be reflected in assessment and recovery planning, but the Framework does not create accountability for organisations outside NHS Wales.

Accountability for day-to-day management of service delivery and performance is the responsibility of individual NHS health boards, trusts and special health authorities, through their own management structures and governance arrangements.

## 1.3 Legal and policy context

The Framework operates within the existing statutory responsibilities and powers of Welsh Ministers and NHS Wales organisations. Welsh Ministers retain the relevant oversight and intervention functions, including powers under sections 26 to 28 of the National Health Service (Wales) Act 2006. The Framework does not alter statutory accountabilities or the independent functions of Audit Wales or Healthcare Inspectorate Wales.

The relevant statutory and policy framework is set out in the following legislation and policy documents:

- National Health Service (Wales) Act 2006 and National Health Service Finance (Wales) Act 2014.
- Health and Social Care (Quality and Engagement) (Wales) Act 2020, including the duties of quality and candour.
- Well-being of Future Generations (Wales) Act 2015 and wider equality, Welsh language, public health and social care legislation.
- NHS Wales Planning, Performance, and quality and safety frameworks, ministerial priorities and organisational plans.

NHS Wales organisations have a duty to conduct their affairs effectively and demonstrate measurable outcomes that build patient, public and stakeholder confidence that they are providing high-quality, sustainable care.

## 2. Purpose and principles

### 2.1 Purpose

The purpose of the Framework is to:

- set clear expectations and accountability for delivery and outcomes;
- provide Ministers, Boards and the public with proportionate assurance;
- identify emerging risks early and act before they become entrenched;
- apply escalation and intervention consistently, transparently and proportionately;
- match challenge with an explicit improvement and support offer;
- support sustainable recovery, learning and earned autonomy;
- reduce duplication by using a common evidence base and coherent meeting architecture.

### 2.2 Principles

| Principle                             | Application                                                                                                                                                                                                      |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Patient and population outcomes first | Assessment and actions focus on safety, experience, equity, access, outcomes and sustainability, not process compliance alone.                                                                                   |
| Clear accountability                  | Boards remain accountable for leadership, governance and organisational performance. Welsh Government sets expectations and takes formal escalation decisions. NHSWPI provides operational insights and support. |
| One version of the truth              | A governed common dataset, narrative and evidence repository should support all accountability, escalation and support discussions.                                                                              |
| Proportionate and risk-based          | The intensity of oversight, reporting and intervention reflects risk, persistence, scale, complexity and organisational capability.                                                                              |
| No surprises                          | Organisations raise actual or emerging material risks early. Partners share relevant intelligence promptly.                                                                                                      |
| Support and challenge together        | Every escalation decision identifies the intended improvement, required support and consequences of non-delivery.                                                                                                |
| Transparency and fairness             | Decision criteria, rationale, evidence and de-escalation expectations are documented and published.                                                                                                              |
| Learning and continuous improvement   | The system identifies and spreads effective improvement methodologies, including learning from escalation and recovery.                                                                                          |
| Earned autonomy                       | Reliable delivery and mature governance lead to lighter-touch oversight. Deterioration or weak assurance leads to closer scrutiny and support.                                                                   |

| Principle                          | Application                                                                                                                  |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Respect for statutory independence | Audit, inspection, Welsh Government and NHS operational functions remain distinct and are not blurred by collective working. |
| Communication                      | Communication is open, timely and two-way, supporting early risk identification, clear expectations and tailored support.    |

The core NHS values of care and compassion; dignity and respect; openness, honesty and responsibility; and quality and teamwork; remain central to this approach. The [Compassionate Leadership Principles for Health and Social Care in Wales](#) are fundamental to the approach of the Framework.

The Framework establishes a clear distinction between:

- Accountability and oversight
- Escalation
- Intervention and Support
- Intensive Support, Recovery and Turnaround

This distinction ensures organisations understand the purpose of each element of the Framework and the support available at each escalation level.

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## 3. Accountability arrangements

### 3.1 Overview

NHS Wales accountability arrangements are based on a simplified, risk-based accountability model designed to strengthen oversight, improve transparency and create clearer lines of accountability across NHS Wales. The arrangements were introduced from 1 April 2026.

The arrangements are underpinned by the following principles:

- fewer interfaces and clearer lines of accountability;
- a single agreed performance and outcomes framework;
- one version of the truth through a shared evidence base;
- risk-based and proportionate oversight;
- earned autonomy for organisations demonstrating sustained delivery;
- greater transparency and public accountability;
- a culture of support, improvement and early intervention.

### 3.2 Accountability operating model

The accountability model is designed to create a clear relationship between ministerial priorities, organisational delivery, assurance, support and intervention.

The model is based on:

1. Welsh Government setting strategic direction, expectations and standards.
2. NHS organisations delivering services and outcomes in line with the direction, expectations and standards.
3. NHS Wales Performance and Improvement (NHSWPI) acting as the principal operational assurance and support interface.
4. Welsh Government receiving assurance through a structured accountability process.
5. Escalation and intervention arrangements being applied where delivery, governance or outcomes deteriorate.

The accountability model seeks to reduce duplication by creating a single operational interface through NHSWPI and establishing a common evidence base that supports accountability reviews, escalation decisions and intervention arrangements.

### 3.3 Roles within accountability arrangements

Welsh Government is responsible for:

- setting policy, strategic direction and ministerial priorities;
- establishing national service, professional and clinical standards;
- maintaining accountability arrangements with NHS Wales organisations;
- chairing the monthly Welsh Government–NHSWPI Oversight Meeting;
- receiving and testing whole-system assurance;
- convening tripartite discussions when required;
- determining escalation and intervention arrangements;
- maintaining relationships with Audit Wales and Healthcare Inspectorate Wales;
- making decisions in relation to NHS Wales organisations escalation status.

The Chief Medical Officer and Chief Nursing Officer provide national professional leadership and assure clinical quality, safety, staffing and professional standards and the acceptability of residual risk. Their role includes supporting NHS Wales organisations with improving quality, safety, productivity, value-based healthcare and population health improvement.

### **NHS Wales Performance and Improvement (NHSWPI)**

NHSWPI acts as the single operational assurance interface between Welsh Government and NHS Wales organisations. It occupies a central role within the accountability model and acts as the bridge between Welsh Government expectations and operational delivery.

Its responsibilities include:

- consolidating intelligence across all accountability pillars and the foundation domain;
- maintaining the common evidence and reporting framework;
- coordinating organisational assurance processes;
- identifying organisational and system risks;
- providing structured improvement support;
- undertaking diagnostic activity and reviews;
- coordinating support and intervention activity;
- providing a monthly system synthesis to Welsh Government.

NHSWPI does not exercise statutory intervention powers or make decisions on the escalation status of NHS Wales organisations. These remain reserved to the Welsh Ministers. NHS Wales organisations are also not accountable to NHSWPI.

### **NHS Wales Statutory Organisations**

Health boards, Trusts and Special Health Authorities remain accountable for:

- delivery of consistently high-quality care and improved health outcomes;
- achievement of national priorities and performance expectations;
- effective governance and leadership;
- financial stewardship;
- workforce sustainability;
- implementation of recovery and improvement plans;
- provision of timely and accurate information through the common reporting framework.

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### 3.4 Pillars and foundation domain

Oversight, accountability discussions, assurance assessments and escalation decisions will be structured around four accountability pillars, underpinned by the Leadership (Well-led) foundation domain.



#### Foundation Domain: Leadership (Well-led)

Leadership, governance and culture provide the foundation for sustainable improvement across NHS Wales.

The Well-led domain considers:

- Purpose driven and values led - clear purpose, strong values, and consistent ethical decision-making;
- Integrated governance and leadership: strong governance, clear accountability, and strategic board oversight;
- Self-awareness - external scrutiny, constructive challenge, and triangulated assurance;
- Inclusive culture - promote openness, staff voice, psychological safety, and learning from mistakes;
- Evidence based and ethical decisions - apply evidence, insight, and professional judgement transparently;
- Continuous improvement – continual quality improvement, leadership and board development;
- System-wide outlook - collaborate and engage across with partners and stakeholders considering system impact.

Leadership (Well-led) is a framework in its own right and is assessed as an underpinning factor across all four pillars. Weak leadership, culture or governance may amplify risk in a pillar even where headline metrics have not yet materially deteriorated. Conversely, mature leadership and credible controls may support a proportionate response to short-term variation and the level of support required. Concerns relating to leadership, governance or organisational culture may trigger escalation in one or more pillars.

## Pillar 1: Quality

The Quality pillar drives measurable and sustained improvement in the safety, effectiveness and experience of care, with a clear focus on preventing avoidable harm, improving outcomes and reducing inequalities for patients and populations. It holds NHS Wales organisations to account for meeting national quality standards and statements, acting on the experiences of patients, families and staff, learning and improving from incidents and emerging risks, strengthening clinical outcomes, reducing unwarranted variation, and securing effective oversight and improvement of fragile and high-risk services. Progress will be evidenced not simply by actions completed, but by demonstrable reductions in harm, better outcomes and experience, and improvements that are embedded and sustained.

## Pillar 2: Workforce

The workforce pillar focuses on ensuring the organisation has a safe, sustainable, skilled and engaged workforce with the capacity and capability required to deliver services and improve outcomes. It considers workforce supply, retention, wellbeing, productivity, leadership stability, organisational culture and workforce planning.

## Pillar 3: Finance/Planning

The finance and planning pillar focuses on the organisation's financial sustainability, stewardship of public resources, maturity and effectiveness of strategic planning arrangements, planning capability, capital and estates management, and ability to deliver credible, clinical services strategies and integrated medium-term plans. It considers in-year financial performance, long-term financial resilience, resource allocation, efficiency, productivity, capital investment, estates infrastructure and the extent to which planning arrangements support delivery of organisational and national priorities. Strategy, planning, capital and estates considerations are assessed within this pillar where they materially affect quality, financial sustainability, service delivery and organisational performance.

## Pillar 4: Delivery/Performance

The delivery and performance pillar focuses on delivery of nationally agreed priorities, performance standards and service recovery trajectories. It considers whether organisations are delivering timely access to care, meeting national performance expectations and improving outcomes through efficient and effective service delivery. It encompasses urgent and emergency care, planned care, cancer, diagnostics, primary care, prevention and other national access standards, supported by credible recovery and improvement plans.

## 3.5 One version of the truth

The accountability arrangements are founded on the principle of "one version of the truth". A common dataset, reporting pack and evidence repository will be used consistently across Welsh Government, NHSWPI and NHS Wales organisations.

The shared performance pack will:

- contain core quality, workforce, finance and delivery measures;
- include organisational risks and mitigating actions;
- support routine monitoring and assurance;
- provide the evidence base for accountability reviews, escalation boards and tripartite discussions;
- reduce duplication and conflicting reporting arrangements.

The shared dataset will be subject to agreed data standards, governance and audit arrangements to support transparency and consistency.

### 3.6 Meeting and reporting architecture

The accountability arrangements replace historic Integrated Quality, Planning and Delivery (IQPD) and Joint Executive Team (JET) meeting arrangements with a simplified and risk-based accountability structure.

The accountability architecture comprises:

| Interface                                 | Purpose                                                                                                                                                                                                                                                                                                                                  | Indicative participation                                                          | Risk basis                                                                       |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| NHSWPI operational assurance arrangements | Routine NHSWPI assurance processes with NHS Wales organisations provide ongoing monitoring, performance review and support, and act as the primary operational interface and review across the four pillars and foundation domain; agrees operational actions and support.                                                               | NHSWPI and NHS organisation executive leads.                                      | Frequency proportionate to risk and escalation.                                  |
| WG EDT and NHSWPI SDT oversight           | A monthly whole-system oversight forum which: <ul style="list-style-type: none"> <li>reviews organisational and system performance;</li> <li>identifies cross-cutting risks;</li> <li>agrees priorities for accountability and escalation discussions.</li> </ul>                                                                        | Welsh Government Executive Directors (EDT) and NHSWPI Senior Director Team (SDT). | Regular system-level review.                                                     |
| Accountability review meeting             | NHS organisations will participate in two accountability reviews each year regardless of escalation status. These meetings will assess delivery across all pillars and the foundation domain and provide formal accountability between Welsh Government and NHS organisations. One accountability review per year may be held in public. | Welsh Government, NHSWPI and NHS organisation leadership.                         | Twice-yearly for all NHS Wales organisations, alongside risk-based arrangements. |
| Escalation Board                          | Organisations in levels 3 to 5 will participate in escalation boards. These hold                                                                                                                                                                                                                                                         | Welsh Government, NHS                                                             | Frequency increases with                                                         |

| Interface             | Purpose                                                                                                          | Indicative participation                         | Risk basis                                                      |
|-----------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------|
|                       | organisations to account for recovery and progress against de-escalation criteria.                               | organisation and relevant NHSWPI/ support leads. | risk and escalation level.                                      |
| Tripartite assessment | Share and test evidence which Welsh Government use to inform formal escalation or de-escalation recommendations. | Welsh Government, Audit Wales, HIW and NHSWPI.   | At planned points and additionally when serious concerns arise. |

NHSWPI, HIW and Audit Wales provide evidence and advice. They do not determine escalation status.

Separate statutory accountability arrangements are not altered or replaced by the meeting and reporting arrangements described in this section. This includes the accountability of Chairs to Welsh Ministers and the accountability of chief executives, as the designated Accountable Officers (AOs) who remain legally responsible for the financial propriety and operational delivery of their organisations. Accountable Officers continue to report to the Chief Executive of NHS Wales in their capacity as the Welsh Government’s Additional Accounting Officer (AAO).

3.7 Relationship to escalation and support arrangements

The accountability arrangements provide the foundation for the escalation and support arrangements described in this Framework.

Performance, quality, workforce, financial and leadership intelligence generated through these accountability arrangements informs:

- escalation and de-escalation decisions;
- intervention planning;
- deployment of support;
- ISRT mobilisation;
- assessment of earned autonomy.

Accountability, escalation and support therefore operate as a single integrated system, ensuring that concerns are identified early, addressed proportionately and supported through improvement-focused intervention where required.

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## 4. Assessment process and tripartite arrangements

### 4.1 Tripartite arrangements

NHSWPI, HIW and Audit Wales will meet with Welsh Government twice a year (and additionally between these times if serious concerns arise) to share knowledge and identify issues early on in order that these can be resolved effectively. This meeting is known as the tripartite meeting.

Circumstances may arise out-with the standard process where urgent action is required. In these circumstances, an extraordinary tripartite meeting will be convened to consider next steps and agree the appropriate course of action.

The tripartite process is an evidence-sharing and advisory mechanism with Welsh Government. Each participating organisation remains independent and retains responsibility for the exercise of its own statutory functions, powers and duties.

| Participant                   | Primary contribution                                                                                                                                                                                                                |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Welsh Government              | Defines the question; assembles impartial advice; tests policy, statutory and system implications; makes recommendations to Welsh Ministers.                                                                                        |
| Audit Wales                   | Provides relevant audit evidence and professional judgement within the Auditor General's remit. It is not a tripartite decision-maker.                                                                                              |
| Healthcare Inspectorate Wales | Provides inspection and regulatory intelligence on safety, quality, effectiveness and governance within its remit. It is not a tripartite decision-maker.                                                                           |
| NHSWPI                        | Collects and assesses operational assurance, trend analysis, assessment of organisational capability, progress against support and recovery activity, and relevant improvement intelligence. It is not a tripartite decision-maker. |

### 4.2 Evidence and judgement

It is vital that the full range of relevant and accurate information and evidence (including quantitative data and qualitative information) is considered as part of the decision-making process. Information will be drawn from a variety of different sources, ensuring a triangulation of evidence to support robust decision-making.

Assessment combines quantitative evidence with qualitative judgement. No single metric should normally determine status unless it demonstrates an immediate and material risk. The assessment will consider:

- severity and potential impact on people, services, finance and public confidence;
- scale, frequency, persistence and trajectory;
- whether issues are isolated, repeated, systemic or cross-pillar;

- quality and credibility of Board assurance and management information;
- the organisation's recognition of the concern and pace of response;
- capability, capacity and headroom to recover;
- credibility, resourcing and delivery of recovery plans;
- regional, national, commissioning and partner dependencies;
- independent audit, inspection, review and regulatory evidence;
- previous support, intervention and whether improvement was sustained.

Evidence will be:

- framed around the relevant pillar/domain;
- written evidence submissions will be requested from each participant, clearly distinguishing fact, judgement and caveated intelligence;
- synthesised by Welsh Government, including equality, legal, financial and public assurance considerations where relevant.

Following tripartite meetings, Welsh Government will consider a range of intelligence and evidence before making recommendations to the Cabinet Minister for Health and Care on the escalation status of the NHS organisation. This will include a clear rationale and evidence base for the proposed formal escalation or de-escalation. Informal escalation to level 2 will be considered outside of this process and will be determined by Welsh Government officials. Automatic de-escalation may also be considered and determined by Welsh Government officials outside of this process where there is clear evidence that NHS organisations have met pre-agreed quantifiable de-escalation criteria.

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## 5. Escalation approach

### 5.1 General approach

Escalation is a stepped and supportive response to risk. It may move directly to any level where urgency or seriousness requires. Status should normally be assigned at whole-pillar or foundation-domain level, rather than separately for multiple individual indicators. Service-specific escalation remains available where the concern is clearly defined but these are likely to be restricted to level 2.

Escalation will be time-bound, with expectations, milestones and review points clearly set out so improvements can be demonstrated within a reasonable period and further escalation considered where sufficient progress is not achieved.

### 5.2 Escalation levels

There are five escalation levels within this framework:

| Level | Descriptor                                       | Threshold                                                                                                                                                                   | Core response                                                                                                      |
|-------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| 1     | Routine accountability                           | Organisation is broadly on plan, has effective governance and can manage variation through normal arrangements.                                                             | Routine assurance; common reporting; accountability reviews; earned autonomy.                                      |
| 2     | Emerging concern: enhanced oversight and support | Emerging or sustained risk unlikely to be resolved through routine arrangements alone, but organisation retains capacity and capability to recover.                         | Baseline assessment; local improvement plan; enhanced monitoring; preventative support.                            |
| 3     | Significant concern: formal recovery             | Significant concern in a pillar/domain, or level 2 action has not secured sufficient improvement.                                                                           | Formal recovery framework; escalation board; milestones; targeted NHSWPI support; independent review where needed. |
| 4     | Targeted intervention and support                | Serious failure or risk requiring commissioned intervention and substantial external capacity, capability or turnaround support.                                            | Formal intervention mandate (ISRT); integrated improvement plan; close oversight.                                  |
| 5     | Directed intervention and intensive support      | Very serious or complex failure where organisational capability is insufficient to recover without intensive external intervention, potentially including statutory powers. | Directed intervention; intensive recovery; possible use of Ministerial powers; whole-Board accountability.         |

5.3 Escalation triggers

Risk and wider context will be considered when making decisions regarding escalation or de-escalation. Escalation is not a ‘one size fits all’ process. There is no fixed level or package of risk, support or scrutiny which will automatically lead to an assessment that an NHS organisation should be at a particular stage within the framework.

Escalation triggers may include:

- significant or immediate risk of avoidable harm;
- predictive evidence of likely deterioration;
- multiple indicators or pillars worsening simultaneously;
- failure to mitigate known material risks;
- material weakness in Board assurance, culture, leadership or controls;
- inspection, audit, review or incident evidence indicating serious concern;
- repeated failure to deliver agreed actions, milestones or trajectories;
- financial position or service fragility threatening sustainability;
- significant system or regional dependency that is not being managed;
- lack of improvement despite appropriate support and time.

In circumstances where a few interconnected aspects of an NHS organisation are displaying challenges, it is more likely that the escalation decision will centre around Leadership (Well-led); as the issues may be a symptom of wider issues.

| Level   | Illustrative triggers                                                                                                                           |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 2 | Deterioration across more than one metric; predictive intelligence identifies emerging risk.                                                    |
| Level 3 | Failure of level 2 support arrangements to secure improvement; repeated missed milestones; worsening position across multiple metrics.          |
| Level 4 | Failure of level 3 recovery arrangements; organisational capability insufficient to deliver recovery without substantial external intervention. |
| Level 5 | Failure of level 4 intervention arrangements; severe organisational failure or significant risk of failure requiring exceptional measures.      |

The escalation trigger tables provided in the annexes for each accountability pillar and leadership foundation domain are an indicative guide to the types of concerns that may lead to escalation within each area. They are intended to support consistent, transparent and evidence-based decision-making. Escalation decisions will not be based solely on individual measures or trigger events but on an overall assessment of risk, organisational capability, trajectory of improvement and the severity and sustainability of concerns.

## 5.4 Level 2 escalation

Level 2 applies where emerging or sustained risk is unlikely to be resolved through routine arrangements alone, but the organisation retains capacity and capability to recover.

Escalation to or from level 2 will be determined by Welsh Government officials, informed by evidence, engagement with the organisation and relevant partner intelligence.

Concerns may be identified through routine accountability, NHSWPI review, Board reporting, audit or inspection evidence, serious incidents, performance deterioration or direct notification by the organisation.

The organisation should raise material risks early, set out proposed handling and identify any support, review or diagnostic work required.

Welsh Government and NHSWPI may request further evidence and, where needed, commission a short, focused review with the organisation and relevant partners.

Where a level 2 concern is confirmed, Welsh Government will notify the organisation in writing, confirm expectations and support, and agree the review route and evidence required to return to routine accountability. This stage is intended to avoid reaching the threshold for level 3 or higher.

Organisation in level 2 may expect:

- Additional scrutiny or more frequent review meetings.
- Access to NHSWPI improvement support.
- Peer learning and expert advice.
- Focus on preventing further deterioration.
- They retain responsibility for designing and delivering improvement.

Level 2 is intended to provide targeted support and enhanced oversight where emerging concerns suggest that routine accountability arrangements alone are unlikely to secure the required improvement.

## 5.5 Escalation to level 3 and above

### Level 3

Level 3 is intended for organisations facing concerns where enhanced support has not delivered sufficient improvement, requiring a formal recovery approach, increased scrutiny and structured intervention to restore sustainable performance.

Level 3 would apply where significant concerns exist regarding one of the accountability pillars or foundation domain or where level 2 support have not secured the required improvement, requiring a formal recovery approach with increased intervention, accountability and monitoring.

If an organisation has been receiving level 2 support, an escalation to level 3 could occur if there is evidence of:

- Limited or no improvement following a defined period of level 2 support;
- Failure to achieve agreed milestones;
- Escalating risks despite enhanced oversight;

- Worsening position;
- Increasing requirement for Welsh Government direction or formal NHSWPI ISRT support.

Organisations in level 3 may expect:

- Set formal recovery expectations;
- Agreed recovery trajectory and milestones;
- Support to undertake diagnostic or governance reviews;
- Improvement support;
- Enhanced reporting and monitoring requirements;
- Greater challenge regarding pace and delivery of improvement.

#### **Level 4**

Level 4 is intended for organisations with a high risk of organisational failure, requiring substantial Welsh Government intervention, intensive recovery arrangements and significant external support.

Triggers to level 4 escalation may include:

- Failure of level 3 recovery arrangements to secure meaningful improvement;
- Recovery trajectory repeatedly missed;
- Risks continuing to escalate despite support;
- Evidence that existing organisational capability is insufficient to deliver recovery;
- Escalating concerns across additional domains requiring stronger intervention;
- Significant findings from Audit Wales, HIW or independent reviews;
- Nationally significant service failures;
- Serious reputational or public confidence concerns affecting the organisation's ability to function effectively.

Organisations in level 4 may expect:

- Frequent formal escalation reviews;
- Mandatory support and recovery milestones;
- Enhanced reporting requirements;
- Greater Welsh Government oversight and challenge;
- Additional NHSWPI support and surveillance
- Formal monitoring of recovery progress.

#### **Level 5**

Level 5 is reserved for exceptional circumstances and applies where there is severe organisational failure, or a severe and immediate risk of organisational failure, such that existing recovery and intervention arrangements are insufficient. Organisations at level 5 require the highest level of oversight, intervention and support, potentially including the use of statutory intervention powers and fundamental changes to governance, leadership or operating arrangements.

Level 5 is more likely to be triggered by an overall judgement that organisational capability, governance and recovery arrangements have failed, creating an unacceptable risk to patients, services or public funds rather than by failings in individual pillars or metrics.

Triggers to level 5 escalation may include:

- Failure of level 4 intervention and turnaround arrangements;
- No realistic prospect of recovery under existing arrangements;
- Escalating risks despite substantial external support;
- Persistent failure to implement required recovery actions;
- Clear evidence that more fundamental intervention is required;
- Nationally significant service, governance or safety failure;
- Circumstances requiring consideration of statutory intervention powers under sections 26-29 of the NHS (Wales) Act 2006;
- Serious loss of public confidence in the organisation;
- Organisational failure with significant implications for wider NHS Wales service delivery.

Organisations in level 5 may be subject to:

- Enhanced ministerial oversight;
- Formal intervention arrangements under sections 26-29 of the NHS (Wales) Act 2006 where appropriate;
- Very frequent review of progress and risks;
- Mandatory recovery milestones and delivery requirements;
- Escalated accountability arrangements for organisational leadership;
- Consideration of changes to governance, leadership or organisational arrangements where necessary.

Level 5 organisations will receive the highest level of support, oversight and intervention. Support is focused on stabilising the organisation, addressing severe risks to quality, performance, workforce, finance or governance, and restoring sustainable organisational capability through intensive recovery arrangements, independent assurance and coordinated national support.

## 5.6 Whole-organisation escalation

Whole-organisation escalation may be considered where concerns span multiple accountability pillars or the foundation domain; where leadership, governance or structural failure prevents reliable recovery across the organisation; or where a single, severe concern—particularly widespread avoidable harm, excess or unexplained mortality, or an immediate and material risk to patient safety—demonstrates systemic organisational failure or requires organisation-wide intervention.

The number of affected pillars must not delay escalation where the severity, scale, persistence or trajectory of harm requires urgent action.

## 5.7 Escalation decisions

NHS organisations will receive written notification of any change to escalation levels setting out level, scope and reasons. An organisation-specific escalation framework will also set out the requirements, support, monitoring route and de-escalation criteria.

All escalation decisions will also be published on the Welsh Government website and may be subject of a written or oral statement.

## 5.8 Organisation-specific escalation frameworks

Following a decision to escalate an organisation, the Welsh Government will develop an organisation-specific escalation framework with engagement from NHSWPI and the organisation's executive team. For every formal escalation at level 2 or above, Welsh Government will issue a concise escalation framework that includes:

- scope and level;
- evidence and rationale;
- small number of priority areas where improvement is required;
- clear improvement outcomes, milestones and timescales;
- the approach to support and intervention;
- small number of defined de-escalation criteria, including the evidence required to demonstrate sustained improvement, the period within which improvement must be delivered and how long this must be maintained;
- clear consequences if improvement is not delivered at the expected scale or pace, including further escalation, strengthened intervention or consideration of additional formal action.

Escalation frameworks may be effected through the use of Ministerial directions or other relevant statutory powers where appropriate. Where serious or persistent concerns remain, the escalation framework may also include a phased intervention approach. This may involve an initial assessment phase to confirm the underlying causes of concern, followed by a delivery phase focused on implementing the required changes.

All organisation-specific escalation frameworks will be published on the Welsh Government website and should be shared with and regularly monitored by the Board of the NHS organisation.

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## 6. Roles, responsibilities and governance arrangements

### 6.1 Principles

The operation of this Framework is underpinned by the following principles, with the safety, experience and outcomes of patients and populations as the overriding consideration:

- Patient safety and quality first: all decisions, actions and use of resources will prioritise the prevention of avoidable harm, the reduction of inequalities and measurable improvement in the safety, effectiveness and experience of care.
- Early, proportionate and decisive action: emerging risks will be identified, shared and acted upon at the earliest opportunity; the severity, scale or trajectory of harm will determine the response and urgent action will not be delayed by process or numerical thresholds.
- One system, shared purpose: Welsh Government, NHS Wales Performance and Improvement (NHSWPI), NHS organisations and external assurance bodies will work collaboratively within their distinct statutory roles, aligning intelligence, challenge and support around agreed improvement outcomes.
- Learning and improvement across NHS Wales: evidence from patients, families, staff, incidents, complaints, audit, inspection and improvement activity will be used to understand root causes, spread effective practice and prevent recurrence within and across organisations.
- Impact and sustained outcomes: progress will be judged not only by actions or milestones completed, but by demonstrable reductions in harm, improved outcomes and experience, stronger capability and evidence that improvement is embedded and sustained.
- Openness, candour and constructive challenge: accountability, escalation, support and recovery will be conducted with transparency, mutual respect and psychological safety, enabling concerns to be raised without delay and difficult evidence to be tested honestly.
- Clear ownership and consequences: responsibilities, decision rights, timescales and expected outcomes will be explicit at every level, with Boards retaining accountability for improvement and clear consequences where risks are not controlled or sufficient progress is not made.
- Patient, public and staff voice: the experiences and insights of people receiving and delivering care will inform assessment, improvement priorities, escalation decisions and judgements about whether recovery has been achieved.

### 6.2 Welsh Government responsibilities

Within Welsh Government, functions under this framework are exercised by Welsh Ministers or by Welsh Government officials acting on their behalf in accordance with established governance arrangements. Welsh Ministers remain accountable for decisions taken under the framework.

Welsh Ministers:

- Set the strategic direction for NHS Wales.
- Determine formal escalation and intervention decisions.
- Exercise statutory powers where required.
- Provide assurance and accountability to the Senedd and the public.

Welsh Government officials are responsible for:

- providing advice and assessment to support ministerial decision-making;
- taking decisions in relation to level 2 escalation or automatic de-escalations where appropriate;
- maintaining oversight of NHS Wales organisations and gaining assurance regarding organisational leadership, performance/delivery, quality, workforce, finance/planning;
- setting expectations, improvement requirements and de-escalation criteria;
- establishing formal structures for monitoring, review and reporting progress;
- commissioning support, intervention and recovery arrangements;
- reviewing evidence submissions;
- facilitating the sharing of good practice and learning across NHS Wales organisations;
- supporting organisations to address critical issues, including service redesign, regional planning, digital infrastructure and estates;
- publishing information regarding escalation status and progress where appropriate.

Within Welsh Government:

- Director General / Chief Executive NHS Wales and Welsh Government senior directors: Provide strategic direction and impartial advice; lead accountability and escalation arrangements as delegated; ensure coherent policy, professional, finance and delivery input; commission support within agreed authority.
- Welsh Government policy and professional leads: Set standards and expectations; provide domain expertise; contribute proportionately to assessment; avoid duplicating the operational interface.

### 6.3 NHS Wales Performance and Improvement (NHSWPI)

NHSWPI will act as the principal operational assurance and improvement interface between Welsh Government and NHS organisations. NHSWPI is responsible for:

- coordinating routine performance and assurance arrangements;
- maintaining a common evidence base to support assessment and accountability processes;
- champion and spread best practice to support organisational improvement;
- identifying emerging risks and areas requiring support;
- coordinating targeted improvement support;
- undertaking or coordinating diagnostics, reviews and assessments;
- supporting organisations to develop recovery and improvement plans;
- reviewing and providing feedback on recovery and improvement plans;
- monitoring delivery of agreed actions and milestones;
- providing evidence to support accountability, escalation and tripartite arrangements;
- coordinating ISRT deployment and mobilisation when commissioned by Welsh Government;
- promoting system learning and dissemination of effective practice across NHS Wales.

### 6.4 NHS Wales Organisation responsibilities

Boards remain ultimately accountable for the quality, performance, workforce, financial stewardship and governance of their organisation regardless of escalation status.

All NHS organisations must:

- recognise and escalate material risks at an early stage;
- engage openly and transparently with Welsh Government, NHSWPI and external assurance bodies;
- provide timely and accurate information and evidence;
- develop and deliver effective improvement and recovery plans;
- maintain robust governance and assurance arrangements;
- sustain improvements achieved through support and intervention arrangements.

When an organisation enters formal escalation (level 3 or above), it must additionally:

- appoint a Senior Responsible Officer (SRO) for each escalated pillar, domain or intervention;
- ensure Board ownership of recovery and improvement activity;
- establish clear governance structures to oversee delivery;
- provide regular reports and evidence demonstrating progress;
- allocate sufficient organisational resources to achieve required outcomes;
- ensure de-escalation criteria are actively monitored and reported to the Board.

## 6.5 Chairs, Chief Executives and Senior Responsible Officers

### Board Chair

The Chair is responsible for:

- ensuring the Board exercises oversight, scrutiny and constructive challenge;
- maintaining oversight of significant risks, organisational performance and recovery plans;
- providing assurance on the effectiveness of the organisation's governance and accountability arrangements;
- engaging with Welsh Government on Board effectiveness, governance, organisational recovery and overall progress.

### Chief Executive

The Chief Executive is accountable for:

- operational delivery, organisational performance and implementing recovery actions;
- ensuring the organisation responds promptly to concerns;
- ensuring the organisation operates in line with strategies policies and procedures;
- assurance and reporting to the Board;
- maintaining an effective relationship with Welsh Government and NHSWPI;
- ensuring organisational capacity and capability are aligned with recovery requirements.

### Senior Responsible Officer (SRO)

For all formal escalation arrangements an SRO should be appointed. The SRO should:

- lead delivery of the escalation framework and recovery plan;
- coordinate evidence and progress reporting;
- manage risks and dependencies;
- ensure actions are delivered within agreed timescales;
- provide assurance to the Board and Welsh Government regarding progress.

## 6.6 ISRT responsibilities

When commissioned, ISRT will:

- undertake intensive assessment and diagnostic activity;
- support development of a single Integrated Improvement Plan;
- coordinate specialist support and recovery expertise;
- provide challenge, support and assurance regarding delivery;
- assess organisational capability and sustainability;
- support transition and handover arrangements as organisations move towards de-escalation.

ISRT does not replace Board accountability. Responsibility for delivery remains with the NHS organisation unless statutory intervention arrangements determine otherwise.

## 6.7 Audit Wales and Healthcare Inspectorate Wales

Audit Wales and Healthcare Inspectorate Wales retain their statutory independence. Their role includes:

- contributing relevant evidence and intelligence to accountability and tripartite processes;
- highlighting risks, weaknesses and areas requiring improvement;
- informing escalation and de-escalation discussions where appropriate;
- providing independent assurance regarding governance, quality, effectiveness and organisational performance.

## 6.8 Accountability during escalation

Escalation does not transfer accountability away from an NHS organisation. Throughout any period of escalation:

- the Board remains responsible for delivery and improvement;
- Welsh Government remains responsible for escalation decisions and oversight;
- NHSWPI remains responsible for operational assurance and support;
- intervention arrangements should seek to strengthen organisational capability rather than replace it;
- support and challenge should be applied in a coordinated and proportionate way.

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## 7. Support and intervention approach

### 7.1 Overview

The purpose of support and intervention is to secure sustainable improvement in quality, workforce, finance, planning, delivery and organisational leadership. Support and intervention arrangements will be designed to complement accountability and escalation processes by strengthening organisational capability, accelerating improvement and reducing risk to patients, services and public confidence.

Support should not be viewed as a consequence of escalation. Rather, support and intervention should be deployed proportionately and at the earliest opportunity to prevent deterioration, address emerging concerns and support organisational recovery. Escalation and intervention are intended to be a stepped and supportive approach, with the intensity of support increasing in line with organisational risk and escalation status.

### 7.2 Principles for support

Support and intervention arrangements where possible will be:

- Preventative – identifying and responding to risks before further escalation is required.
- Proportionate – aligned to the scale, severity and persistence of concerns.
- Targeted – focused on the specific pillars, domains, services or organisational issues requiring improvement.
- Collaborative – delivered in partnership with NHS organisations and relevant national bodies.
- Outcome-focused – designed to improve outcomes rather than solely increase scrutiny.
- Time-limited – operating to agreed objectives, milestones and review points.
- Integrated – aligned to escalation frameworks, recovery plans and de-escalation criteria.
- Transparent – with clear terms of reference, expected outputs and accountability arrangements.

At all stages, responsibility for delivery remains with the NHS organisation unless formal statutory intervention arrangements determine otherwise.

An essential element of improvement is the development and implementation of an appropriate package of support; one designed to address the underlying issues or risks and tailored to recognise and respond to the specific context.

It is recognised that the tailored support put in place is likely to be most effective, particularly for organisations in lower levels of intervention, they are involved in the design of the package and the definition of the expected outcomes or indicators of success. The specific arrangements for any package of support will be agreed between NHSWPI and the health board, together with Welsh Government where appropriate.

Support should be:

- defined at the same time as escalation, not as a later add-on;
- addressing root causes as well as symptoms;

- clearly documented outlining scope, authority, outcomes, resources, governance and exit criteria;
- time-limited, evaluated for impact and coordinated to avoid duplication.

## 7.3 Support matched to escalation level

### Level 1: Routine Accountability

Organisations operating under routine accountability arrangements have access to the standard NHS Wales improvement offer.

Support may include:

- participation in national programmes and clinical networks;
- benchmarking and shared learning;
- communities of practice;
- improvement resources and guidance;
- peer support and national development programmes.

The emphasis at level 1 is on continuous improvement and earned autonomy.

### Level 2

Level 2 is intended to identify and address emerging concerns before formal escalation becomes necessary.

Support may include:

- targeted diagnostic reviews;
- peer support arrangements;
- advice and mentoring;
- service-specific improvement assistance;
- operational, workforce, finance or quality improvement expertise.

The objective is to prevent progression to formal escalation through focused support, enhanced monitoring and early intervention.

### Level 3

Level 3 applies where concerns are more significant, persistent or systemic and where recovery arrangements are required. At level 3, organisations will normally be expected to operate within an agreed recovery framework, supported by NHSWPI.

Support may include:

- structured recovery programmes;
- external reviews;
- improvement advisers;
- programme and recovery management support;
- clinical, workforce, finance, planning or operational expertise;
- leadership and governance development;
- enhanced NHSWPI support and challenge.

Support will be delivered against agreed recovery objectives, milestones and de-escalation criteria.

#### Level 4

Level 4 is applied where there are serious concerns and Welsh Government determines that organisations require significant external intervention and support to achieve recovery.

A standardised intervention offer will be deployed for all organisations operating at level 4. This will normally be coordinated through NHSWPI and delivered through the Intensive Support, Recovery and Turnaround (ISRT) function.

Support may include:

- comprehensive organisational assessment;
- targeted intervention programmes;
- embedded improvement and turnaround expertise;
- specialist clinical, operational, financial or workforce support;
- programme management support;
- external independent expertise where required;
- enhanced governance and assurance arrangements;
- intensive support aligned to recovery plans and de-escalation criteria.

The intervention offer will be agreed at the point of escalation and documented through an escalation framework, intervention mandate or terms of reference.

#### Level 5: Directed Intervention

Level 5 represents the highest level of intervention where organisational capability is considered insufficient to achieve recovery without substantial external support or statutory intervention.

Support arrangements may include:

- full deployment of ISRT;
- ministerially commissioned intervention;
- external independent expertise;
- organisation-wide recovery programmes;
- targeted leadership, governance and cultural interventions;
- enhanced oversight boards;
- directed recovery activity and, where necessary, exercise of statutory powers.

Interventions will remain focused on restoring organisational capability, leadership effectiveness and sustainable performance improvement.

### 7.4 Intensive Support, Recovery and Turnaround (ISRT)

ISRT is the specialist NHSWPI team responsible for providing intensive support, recovery and turnaround capability to organisations requiring significant intervention. ISRT forms the core intervention offer for organisations operating at level 4 and above.

ISRT is commissioned by Welsh Government and operates under a defined mandate with agreed objectives, governance and reporting arrangements. The NHS organisation remains responsible for delivery unless statutory intervention arrangements determine otherwise.

The objectives of ISRT are to:

- identify root causes of organisational underperformance;
- assess organisational capability and capacity;

- support development of a credible recovery strategy;
- strengthen organisational leadership and governance;
- provide specialist expertise and delivery support;
- improve organisational resilience and sustainability;
- support delivery of de-escalation requirements.

## 7.5 ISRT governance and commissioning

ISRT will normally operate through five phases:

### Phase 1: Mobilise

- confirm mandate and governance arrangements;
- appoint ISRT lead;
- review existing evidence and assessments;
- identify immediate stabilisation requirements.

### Phase 2: Assess

- undertake integrated assessment across all four pillars and the Leadership (Well-led) foundation domain;
- identify root causes and systemic barriers;
- assess leadership, governance and organisational capability;
- produce assessment findings and recommendations.

### Phase 3: Plan

- develop or refine a single Integrated Improvement Plan (IIP);
- align interventions with escalation requirements and de-escalation criteria;
- establish milestones, measures and governance arrangements.

### Phase 4: Support

- deploy specialist expertise and improvement resource;
- strengthen organisational capability and capacity;
- support delivery of recovery plans and interventions;
- monitor progress against agreed objectives.

### Phase 5: Transition

- assess sustainability of improvement;
- provide assurance regarding organisational capability;
- prepare a handover report;
- support transition back to routine NHSWPI arrangements.

## 7.6 Intervention frameworks and support plans

For organisations at levels 3 to 5, the specific support and intervention arrangements once agreed should normally be documented through a formal framework by agreed by Welsh Government/NHS Wales Performance and Improvement which sets out:

- objectives and expected outcomes;
- agreed support arrangements;
- intervention scope;
- governance arrangements;

- accountability and reporting requirements;
- milestones and measures;
- de-escalation criteria;
- review and evaluation arrangements.

Support frameworks should establish a clear relationship between intervention activity, recovery planning and the de-escalation process to ensure support remains focused on sustainable improvement.

Intervention frameworks and support plans do not replace statutory responsibilities and do not create legally enforceable obligations unless supported by a statutory power.

## 7.7 Evaluation and exit

All support and intervention arrangements should be subject to regular review by NHS Wales Performance and Improvement.

Evaluation should consider:

- delivery of agreed outcomes;
- reduction in organisational risk;
- achievement of recovery milestones;
- strengthening of organisational capability and governance;
- evidence of sustainable improvement;
- readiness to transition to a lower level of escalation or routine accountability arrangements.

Support should be withdrawn only when there is sufficient evidence that improvement has been embedded and can be sustained without the existing level of external intervention.

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## 8. De-escalation and earned autonomy

### 8.1 De-escalation principles

De-escalation is evidence-based and reflects sustained improvement, not completion of actions alone. It will normally occur one level at a time, with reduced oversight and reporting at each stage. Where criteria are clearly quantifiable and pre-agreed, de-escalation may be considered outside the routine decision cycle.

NHS organisations will be made aware of the requirements for de-escalation as soon as possible after the initial escalation decision. These requirements will closely reflect the reasons for escalation and/or the underlying issues identified as part of any diagnostic exercise.

De-escalation for those areas with quantifiable outcomes and targets such as performance and delivery may take place once it is evidenced that the de-escalation criteria have been met and sustained for the agreed period of time. If the NHS Wales organisation meets the de-escalation criteria for a specific pillar in those circumstances then they will be de-escalated to the next level on the escalation scale. This de-escalation will be automatically triggered outside of the normal escalation cycle and will be confirmed in writing to the organisation and shared wider through a Written Statement.

### 8.2 Minimum de-escalation test

The point of de-escalation will be reached when the Board and Chief Executive Officer can provide evidence-based assurance to Welsh Government that sufficient progress has been made and that they will be able to sustain improvements.

Assurance would be required that:

- the defined outcomes and core milestones have been achieved;
- risk to safety, delivery, finance, workforce or organisational sustainability has reduced to an acceptable level;
- improvement has been sustained for the period specified in the escalation framework;
- the Board has effective oversight and reliable evidence;
- plans are credible, resourced and integrated into normal management systems;
- the organisation has capacity and capability to sustain improvement without the existing intensity of support;
- independent evidence or assurance has been considered where relevant;
- residual risks, dependencies and transition arrangements are clear.

### 8.3 Decision and communication

Any decision to de-escalate an organisation will be a Welsh Government decision supported by an evidence-based progress assessment by NHSWPI and evidence from tripartite participants. Any changes in escalation will be communicated to organisations in writing and will be updated on the Welsh Government website.

De-escalation will normally be to the next level on the escalation scale with reduced oversight and reporting at each stage of de-escalation. Level 2 will not be used when de-escalating organisations from higher levels of escalation e.g. level 3, 4 or 5.

## 8.4 Earned autonomy

Organisations demonstrating reliable delivery, mature governance and transparent risk management will receive lighter-touch oversight. Earned autonomy may include reduced meeting and reporting burden, greater flexibility in how outcomes are delivered, proportionate approval routes and a positive accountability narrative. Earned autonomy does not remove statutory duties or the requirement to report material risks promptly.

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# Annex A. Leadership (Well-led) foundation domain

## Description and scope

The Well-led (leadership, governance and culture) foundation domain is underpinned by the well-led framework. It focuses on whether Boards and senior leaders provide clear strategic direction, effective governance, a positive organisational culture, and visible leadership that supports the delivery of quality, workforce, finance, planning and performance objectives. The foundation domain assesses not only *what* an organisation delivers, but *how well it is led*, governed and managed to deliver sustainable improvement and achieve its objectives.

Digital, data and technology are recognised as critical enablers of service delivery, transformation, improvement and organisational effectiveness. This domain will provide the primary route for assessing organisational digital leadership, governance, strategy, capability, cyber resilience and delivery of major digital programmes.

Organisations are expected to demonstrate that they:

- are purpose-driven and values-led;
- have strong, integrated leadership and governance arrangements;
- effective risk management (including cyber security);
- demonstrate honest self-awareness and welcome external scrutiny;
- foster open, inclusive and psychologically safe cultures;
- take evidence-based and ethically informed decisions;
- use digital enablers, data and intelligence effectively;
- focus on continuous improvement, not solely on assurance;
- are system-aware and outward-looking in their approach;
- demonstrate effective partnership working and collaborative leadership; and
- use insight, learning and feedback to drive sustainable improvement.

## Core evidence

Assessment will draw upon:

- Board and organisational self-assessment;
- Board assurance frameworks and risk registers;
- Audit Wales, HIW and internal audit reports;
- organisational culture and speaking-up indicators;
- staff engagement and staff survey results;
- leadership and workforce metrics;
- governance and assurance reviews;
- digital strategy and governance;
- evidence of delivery against organisational objectives and recovery plans.

## Illustrative escalation triggers

| Level   | Illustrative triggers                                                                                                                  |
|---------|----------------------------------------------------------------------------------------------------------------------------------------|
| Level 2 | Emerging governance concerns; limited assurance over delivery of key objectives; leadership instability; delays in implementing agreed |

| Level   | Illustrative triggers                                                                                                                                                                                                                     |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         | actions; lack of clear strategy; concerns regarding organisational culture.                                                                                                                                                               |
| Level 3 | Significant governance weaknesses; ineffective board oversight; independent reviews identify material leadership or governance concerns; weak or poor strategies; repeated failure to deliver programmes or improvement actions.          |
| Level 4 | Serious governance failure affecting organisational performance or patient outcomes; board unable to demonstrate effective control; loss of confidence in leadership capability; persistent governance failures despite recovery support. |
| Level 5 | Fundamental failure of governance arrangements; board unable to discharge responsibilities effectively; leadership arrangements incapable of securing recovery; consideration of statutory intervention.                                  |

## Tools and resources

- [Nolan seven principles of public life](#)
- [NHS Wales governance e-manual](#)
- NHS Wales Well-led framework (under development)
- [Compassionate Leadership principles](#)
- [Good Governance Pocket Guide for NHS Wales Boards](#)
- [Three lines of defence](#)
- [15 steps programme](#)
- [HEIW leadership resources](#)
- [Knowledge Tree - Academi Wales](#)
- Leadership and Governance maturity matrixes (once developed)
- Culture dashboard (once developed)

## Example escalation actions and support

- Board development and effectiveness support;
- Non executive or executive coaching or mentoring;
- Independent Well-led review;
- Strengthened risk management, programme and assurance arrangements;
- Appointment of specialist advisers or interim capability;
- Targeted support for chairs, independent members and executive teams;
- Single organisation-wide improvement or recovery plan with clear actions, named accountability, milestones, timescales and measurable outcomes;
- Formal review mechanisms to monitor delivery of improvement actions, test evidence of impact and ensure risks are escalated appropriately;
- ISRT leadership and organisational assessment at level 4+.

Illustrative de-escalation criteria

| Level 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Level 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Level 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• effective and stable leadership arrangements;</li><li>• board demonstrates grip, challenge and transparent assurance;</li><li>• culture and speaking-up risks addressed;</li><li>• credible strategy aligned to organisational vision and values, with integrated recovery plans in place and being delivered;</li><li>• risks are managed effectively and reducing to a manageable level;</li><li>• agreed governance arrangements for key partnerships operating effectively;</li><li>• improvement sustained for the agreed review period.</li></ul> | <ul style="list-style-type: none"><li>• serious risks are being managed effectively, stabilised or reducing;</li><li>• integrated recovery or improvement plan delivering measurable impact;</li><li>• external intervention has strengthened capability;</li><li>• board and executive team demonstrate credible control;</li><li>• constructive and proactive engagement with system partners;</li><li>• independent assurance supports reduced intervention;</li><li>• remaining actions can be managed through reduced escalation and enhanced oversight.</li></ul> | <ul style="list-style-type: none"><li>• severe organisational failure or immediate risk has been managed effectively and stabilising;</li><li>• directed intervention or statutory action no longer required;</li><li>• leadership and governance arrangements are demonstrably effective;</li><li>• evidence that regional dependencies no longer represent a material risk to deliver;</li><li>• organisation has capability to continue recovery under level 4 or lower arrangements;</li><li>• transition plan agreed;</li><li>• residual risks and safeguards are clear.</li></ul> |

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# Annex B. Quality pillar

## Description and scope

The Quality pillar provides assurance that NHS Wales organisations are improving the quality and outcomes of the services they provide. It considers whether care is safe, timely, effective, efficient, equitable and person-centred, including wider quality and patient safety, clinical services and services that are fragile or at risk.

Organisations are expected to demonstrate:

- effective governance and decision-making arrangements;
- clear clinical governance and oversight of services;
- robust Board and committee systems to support oversight, assurance and escalation;
- reliable controls to protect patients from avoidable harm;
- effective management of quality risks;
- triangulation of quantitative and qualitative indicators of quality and safety;
- learning from complaints and incidents;
- effective coordination of transitions of care;
- robust safeguarding arrangements;
- clear accountability for quality, safety and outcomes for commissioned services.

## Core evidence

Assessment will draw upon:

- Board assurance frameworks and risk registers;
- HIW and internal audit reports;
- evidence of delivery against organisational objectives and recovery plans;
- National quality and experience measures;
- NQMS intelligence and patient safety incidents;
- patient experience, complaints and concerns;
- clinical audit and outcome variation;
- external or internal review evidence;
- fragile-service and clinical sustainability assessment.

## Illustrative escalation triggers

| Level   | Illustrative triggers                                                                                                                                                           |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 2 | Deteriorating quality indicators; emerging patient safety concerns; increasing incidents or complaints; delayed delivery of improvement actions following review or inspection. |
| Level 3 | Sustained deterioration in quality outcomes; significant safety concerns; repeated serious incidents; failure to deliver agreed quality improvement trajectories.               |

| Level   | Illustrative triggers                                                                                                                                                                                         |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 4 | Serious and systemic patient safety concerns; significant findings from inspections or external reviews; evidence of widespread quality failings; deterioration despite formal recovery support.              |
| Level 5 | Severe and sustained quality failure across multiple services; major risk of avoidable harm; exceptional regulatory concern; organisational inability to maintain safe care without substantial intervention. |

### Tools and resources

- [NHS Quality and Safety Framework](#)
- [Health and Care Standards](#)
- Duties of [Quality](#) and [Candour](#)
- [Listening to people: NHS Wales complaints, incidents and redress process for organisations](#)
- [15 steps programme](#)
- [Welsh Value in Health Centre](#)
- [Resources - NHS Wales Performance and Improvement](#)
- [Maternity and Neonatal National Assurance Assessment - NHS Wales Performance and Improvement](#)
- NHS Wales Clinical Governance Framework and Handbook (once published)

### Example escalation actions and support

- Clinical peer review and expert advice;
- Quality governance, assurance and incident learning improvement support;
- Focused diagnostic or service review;
- Targeted patient safety improvement support and quality recovery planning;
- National programme or network support;
- Independent review or external assurance where serious or systemic concerns are identified;
- Independent clinical advisers;
- ISRT integrated assessment and coordinated support at level 4+.

### Illustrative de-escalation criteria

Indicators considered will include:

- patient experience and safety measures;
- complaints and incidents performance;
- healthcare associated infection rates;
- mortality and clinical outcomes including maternity, SNAP, diabetes care bundles;
- data quality and use of electronic systems such as digital prescribing.

| Level 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Level 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Level 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• agreed recovery milestones delivered;</li> <li>• risks are effectively managed and reduced to a manageable level;</li> <li>• board demonstrates grip and effective quality assurance to manage emerging risks;</li> <li>• reliable safety and quality systems in place;</li> <li>• outcome and experience measures show improvement against agreed baselines;</li> <li>• external assurance findings are embedded and managed without enhanced support;</li> <li>• fragile services have effective oversight, with concerns identified and addressed;</li> <li>• remaining actions can be managed through reduced escalation and enhanced oversight.</li> </ul> | <ul style="list-style-type: none"> <li>• serious risks managed effectively and stabilised or reducing;</li> <li>• integrated recovery or improvement plan delivering measurable impact;</li> <li>• external intervention has strengthened capability;</li> <li>• board and executive team demonstrate credible control of quality and safety risks;</li> <li>• outcomes and experience measures show sustained improvement;</li> <li>• increased capability to respond to external assurance findings;</li> <li>• improved oversight of fragile services, with effective systems in place to ensure concerns are escalated and addressed;</li> <li>• independent assurance supports reduced intervention;</li> <li>• transition plan agreed.</li> </ul> | <ul style="list-style-type: none"> <li>• severe risks are being managed and stabilising;</li> <li>• directed intervention or statutory action no longer required;</li> <li>• quality governance are demonstrably effective;</li> <li>• outcome and experience actions and trajectories are in place, with progress evidenced;</li> <li>• effective systems in place to ensure external assurance risks are understood and immediate concerns addressed;</li> <li>• fragile service risks and assurance gaps are being overseen, with action and early progress evidenced;</li> <li>• organisation has capability to continue recovery under level 4 or lower arrangements;</li> <li>• residual risks and safeguards are clear.</li> </ul> |

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# Annex C. Workforce pillar

## Description and scope

The Workforce pillar provides assurance that NHS Wales organisations have a safe, sustainable and engaged workforce with the right capacity, capability, skill mix and culture that supports the delivery of their plans. It focuses on staff engagement, wellbeing and psychological safety; culture, values and behaviours; sustainability and resilience; skills, learning and development; and the impact of workforce actions on quality and operational performance.

Organisations are expected to demonstrate:

- clear and credible workforce plans and delivery trajectories;
- alignment of workforce, quality and safety, service demand and acuity, and financial planning;
- meaningful succession planning and management of the talent pipeline;
- robust speaking-up safely arrangements;
- consistent compliance legislation and national guidance;
- meaningful engagement with staff and trade union partners;
- commitment to personal and professional learning, training and development;
- robust systems for identification, mitigation and escalation of workforce risks;
- clear lines of accountability through all levels of organisation.

## Core evidence

Assessment will draw upon:

- workforce plans and trajectories;
- workforce metrics;
- WRES data
- Board and workforce committee assurance reports;
- Audit Wales, HIW and internal audit reports;
- reports and emerging concerns from royal colleges and professional bodies;
- statutory workforce compliance;
- safe staffing and rota fill;
- evidence of digital workforce capability and skills;
- staff engagement and staff survey results;
- organisational culture and speaking-up indicators
- evidence of compliance against GIRFT recommendations;
- evidence of alignment with workforce implications of organisational plans, strategies and objectives.

## Illustrative escalation triggers

| Level   | Illustrative triggers                                                                                                                                                                  |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 2 | Increasing vacancy, turnover or sickness rates; workforce pressures affecting service delivery; difficulties maintaining staffing in key services; emerging staff engagement concerns. |

| Level   | Illustrative triggers                                                                                                                                                                                       |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 3 | Persistent workforce shortages; unsafe staffing concerns; significant organisational culture issues; workforce risks impacting performance, finance or quality.                                             |
| Level 4 | Severe workforce instability affecting organisational sustainability; inability to maintain safe staffing across multiple services; widespread workforce-related operational risks.                         |
| Level 5 | Workforce position threatens continuity of essential services; organisational inability to recruit, retain or deploy sufficient staff; workforce failure contributing to severe organisational instability. |

## Tools and resources

- [NHS Wales speaking up safely framework](#)
- Welsh Government guidance - [Health and social care workforce | Sub-topic | GOV.WALES](#)
- A Healthier Wales: Our workforce strategy for health and social care (2020)
- [Nurse staffing levels: statutory guidance for health boards and NHS Trusts | GOV.WALES](#)
- [Welsh Health Circulars](#)
- [National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges \(2023\)](#)
- [Strategic vision for nursing and midwifery 2025 to 2030](#)
- [Workforce Equality Standard - NHS Wales](#)
- [HEIW strategic workforce plans](#)
- [Workforce - HEIW](#)
- [Workforce observatory - HEIW](#)
- [Workforce Intelligence and Planning - HEIW](#)
- National Education Strategy (in development)

## Examples of escalation actions and support

- workforce planning and modelling;
- recruitment, retention and redesign support;
- organisational development, culture and staff engagement interventions;
- targeted support to address critical staffing risks and safe staffing concerns;
- leadership and talent support;
- deployment of specialist workforce expertise such as recruitment, retention, workforce redesign and succession planning;
- GIRFT productivity assessment;
- ISRT coordination where workforce is a core turnaround condition.

## Illustrative de-escalation criteria

Indicators considered will include:

- vacancy rates;
- turnover and retention;
- sickness absence;
- agency and bank workforce usage;
- Workforce Race Equality Standard (WRES);
- staff well-being scores;
- staff vaccination;
- training compliance.

| Level 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Level 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Level 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• workforce indicators improved against agreed recovery milestones delivered;</li> <li>• workforce risks are routinely identified, escalated and managed through established governance arrangements;</li> <li>• board demonstrates grip and effective assurance of workforce risks and improvement actions;</li> <li>• workforce plan supports sustainable service and financial delivery;</li> <li>• evidence of improved workforce resilience in areas of highest risk;</li> <li>• improvement sustained for the agreed review period;</li> <li>• evidence that wellbeing, engagement and culture actions are effective;</li> <li>• remaining actions can be managed through reduced escalation and enhanced oversight.</li> </ul> | <ul style="list-style-type: none"> <li>• safe staffing and critical capacity risks stabilised;</li> <li>• sustained improvement against workforce indicators;</li> <li>• quantitative improvements are supported by qualitative assurance that underlying causes have been addressed;</li> <li>• evidence of improved workforce resilience and reduced operational risk arising from staffing shortages.</li> <li>• external monitoring confirms improved organisational grip and control of workforce issues;</li> <li>• workforce recovery arrangements are embedded within routine organisational planning and governance;</li> <li>• transition plan agreed.</li> </ul> | <ul style="list-style-type: none"> <li>• effective management of critical staffing risks and key posts and capabilities secured;</li> <li>• evidence of safe staffing mitigations;</li> <li>• mitigation plans in place for fragile workforce areas;</li> <li>• improving trend against workforce indicators;</li> <li>• evidence of strengthened workforce planning, succession planning, leadership development and risk management processes;</li> <li>• directed intervention or statutory action no longer required;</li> <li>• strengthened board and committee oversight of improvement actions;</li> <li>• organisation has capability to continue recovery under Level 4 or lower arrangements;</li> <li>• residual risks and safeguards are clear.</li> </ul> |

# Annex D. Finance and planning pillar

## Description and scope

The finance and planning pillar provides assurance that NHS organisations are meeting their statutory duties in ensuring they achieve financial balance over a three-year period and have approvable Integrated Medium Term Plans (IMTP).

Organisations are expected to demonstrate:

- credible financial plan to deliver break-even or the agreed expectation set by Welsh Government;
- clear understanding of cost drivers behind underlying financial deficit;
- effective Board and finance committee oversight of material risks to delivery;
- triangulation of finance plan with workforce and delivery expectations;
- credible and effective capital and estates management;
- delivery of capital investment and estates infrastructure.
- credible clinical services strategy and plan;
- development of financially balanced, 3-year Integrated Medium Term Plans (IMTP) that are approved by Welsh Ministers;
- mature and embedded planning processes;
- achievement of planning and financial duties;
- regional planning and commissioning;
- delivery against accountability conditions.

## Core evidence

Assessment will draw upon:

- monthly monitoring returns and forecasts;
- financial plan, control total and savings programme;
- financial governance and control assurance;
- IMTP or annual plan assessment;
- maturity and implementation of clinical services strategies and plans;
- self-assessment via completion of the annual planning maturity matrix;
- capital and estates risk;
- value and productivity evidence;
- Audit Wales, HIW and internal audit reports;
- Board and finance committee assurance reports.

## Illustrative escalation triggers

| Level   | Illustrative triggers                                                                                                                                                                                          |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 2 | Risk of failing to achieve financial plan; delivery risks against savings programmes; adverse financial forecasts; emerging concerns regarding financial sustainability. Risk to IMTP development or delivery. |

| Level   | Illustrative triggers                                                                                                                                                                                                                                               |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 3 | Significant deterioration in financial performance; recurring failure to deliver recovery trajectories; non-delivery of agreed savings plans; recovery plan judged weak or high risk. Inability to submit an approvable IMTP (but credible annual plan in place).   |
| Level 4 | Serious risk to financial sustainability; substantial deterioration despite recovery support; inability to deliver credible recovery plans; significant financial control weaknesses. Inability to submit an approvable IMTP. Serious risk to annual plan delivery. |
| Level 5 | Actual or imminent breach of statutory financial duties; financial position considered unsustainable; failure of previous recovery arrangements; requirement for exceptional intervention. Lack of a clinical services strategy and credible annual plan.           |

## Tools and resources

- Planning maturity matrix
- Regional working principles (under development)
- Value and sustainability board
- [NHS Wales planning frameworks | GOV.WALES](#)
- [NHS financial management | Sub-topic | GOV.WALES](#)
- [NHS Wales Finance Academy](#)
- [Specialist Estates Services - NHS Wales Shared Services Partnership](#)
- [Planning Programme for Learning - NHS Wales Shared Services Partnership](#)
- [Fighting Fraud Strategy for NHS Wales 2026 – 2030](#)
- [Welsh Health Building Notes \(WHBNs\) & Health Building Notes \(HBNs\)](#)

## Example escalation actions and support

- financial recovery and turnaround expertise;
- independent review of plans and controls;
- sustainability and recovery trajectories;
- identify savings, productivity and efficiency opportunities;
- strengthened programme and benefits management;
- strengthened IMTP development, recovery planning;
- alignment between financial plans and service priorities;
- challenge and support on financial controls, forecasting and delivery of savings programmes;
- capital, estates or planning expertise;
- ISRT integrated financial and organisational turnaround at level 4+.

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## Illustrative de-escalation criteria

| Level 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Level 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Level 5                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• agreed recovery milestones and trajectories delivered;</li> <li>• approvable, financially-balanced three-year IMTP;</li> <li>• board demonstrates grip and effective assurance on financial control environment and risks to delivery;</li> <li>• robust clinical services plan/strategy in place;</li> <li>• effective triangulation of financial position with workforce, quality and delivery expectations;</li> <li>• savings and productivity programme delivering recurrent benefit;</li> <li>• delivery of agreed partnership commitments and actions;</li> <li>• remaining actions can be managed through reduced escalation and enhanced oversight.</li> </ul> | <ul style="list-style-type: none"> <li>• serious risks to delivery are managed effectively and stabilised or reducing;</li> <li>• evidence of effective route map to financial balance;</li> <li>• clear understanding and controls in place to address cost drivers behind underlying deficit;</li> <li>• approvable annual plan in place;</li> <li>• robust clinical services plan/strategy in place (or strong evidence of progress in development);</li> <li>• board and executive team demonstrate credible control with robust financial governance arrangements in place;</li> <li>• evidence of effective participation in regional planning and delivery arrangements;</li> <li>• independent assurance supports reduced intervention;</li> <li>• transition plan agreed.</li> </ul> | <ul style="list-style-type: none"> <li>• severe organisational failure or immediate risk has been managed effectively and stabilising;</li> <li>• directed intervention or statutory action no longer required;</li> <li>• evidence of improved and maturing planning processes;</li> <li>• evidence of progress towards development of clinical services plan/strategy</li> <li>• understanding of cost drivers behind underlying deficit.</li> </ul> |

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## Annex E. Delivery and Performance pillar

### Description and scope

The delivery/performance pillar focuses on delivery of nationally agreed priorities, performance standards and service recovery trajectories. It considers whether organisations are delivering timely access to care, meeting national performance expectations and improving outcomes through efficient and effective service delivery. It encompasses urgent and emergency care, planned care, cancer, diagnostics, primary care, prevention and other national access standards.

Organisations are expected to demonstrate:

- delivery of national and local priorities;
- improved health outcomes;
- credible trajectories;
- improved access and waiting times;
- improved productivity and flow;
- operational resilience.

### Core evidence

Assessment will draw upon:

- single performance pack and published measures;
- trend, variation and benchmarking analysis;
- service recovery plans and trajectories;
- capacity and demand evidence;
- operational risk and resilience information;
- patient pathway and outcome evidence.

### Illustrative escalation triggers

| Level   | Illustrative triggers                                                                                                                                                                                                 |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 2 | Persistent underperformance against national standards; missed improvement trajectories; deterioration in key access or performance indicators; delivery risks emerging.                                              |
| Level 3 | Sustained failure against key performance standards; repeated failure to achieve agreed recovery milestones; deterioration affecting patient access and outcomes; limited improvement despite support.                |
| Level 4 | Significant and widespread performance failure; major impact on patient access, waiting times or service sustainability; deterioration despite formal recovery arrangements.                                          |
| Level 5 | Severe organisational failure across multiple performance domains; inability to sustain delivery of core services; failure of intervention arrangements; exceptional risks to service delivery and public confidence. |

## Tools and Resources

- [NHS Wales performance framework and reporting | GOV.WALES](#)
- [Planned care waiting times guidance: April 2025 | GOV.WALES](#)
- [Resources - Getting It Right First Time - GIRFT](#)
- [Ambulance patient handover guidance | GOV.WALES](#)
- [Health conditions | Sub-topic | GOV.WALES](#)
- [Suspected Cancer Pathways - National Optimal Pathways](#)
- [Networks - NHS Wales Performance and Improvement](#)
- National Cancer Strategy (in development)
- Operational delivery maturity matrix (once development)

## Example escalation actions and support

- operational diagnostic and improvement support;
- demand, capacity, productivity and pathway redesign;
- targeted support for waiting times, urgent and emergency care, diagnostics, planned care, mental health or other priority areas;
- clinical network and national programme support for service redesign and pathway improvement assistance;
- programme management support to deliver agreed recovery trajectories and milestones;
- facilitated learning from better-performing organisations and access to proven improvement methodologies;
- independent service review or advisory capacity;
- ISRT coordination of intensive delivery recovery at level 4+.

## Illustrative de-escalation criteria

Indicators considered will include:

- Cancer - % of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)
- Planned care:
  - Number of patients waiting more than 104 weeks for referral to treatment;
  - Number of patients waiting more than 8 weeks for specified diagnostic;
- Urgent and emergency care:
  - Number of ambulance patient handovers over 45 minutes;
  - 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;
- Mental health and neurodevelopmental:
  - % of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within 28 days from the date of the referral;
  - % of therapeutic interventions started within 28 days following a Local Primary Mental Health Support Service (LPMHSS) assessment;
  - % of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment;

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- Public health and prevention:
  - % of adult smokers who make a quit attempt via smoking cessation services;
  - % of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol);
  - % children who are up to date with all routine vaccinations by age 5;
- Primary and community care:
  - % of population receiving NHS dental care.

| Level 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Level 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Level 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• sustainable improvement against access, outcomes and productivity measures;</li> <li>• reliable operational controls and management systems in place;</li> <li>• Board and executive team demonstrates effective oversight, challenge and assurance of delivery risks;</li> <li>• improvement sustained for the agreed review period without unacceptable impact on quality, workforce or finance;</li> <li>• remaining actions can be managed through reduced escalation and enhanced oversight.</li> </ul> | <ul style="list-style-type: none"> <li>• sustained improving trend against access, outcomes and productivity measures;</li> <li>• service pressures and operational risks are effectively managed or reduced to a manageable level;</li> <li>• integrated recovery or improvement plan delivering measurable impact;</li> <li>• external intervention has strengthened capability;</li> <li>• board and executive team demonstrate improved oversight of performance risks and improvement actions;</li> <li>• independent assurance supports reduced intervention;</li> <li>• transition plan agreed.</li> </ul> | <ul style="list-style-type: none"> <li>• critical performance concerns have materially reduced in line with agreed baselines and milestones;</li> <li>• credible recovery and improvement plans in place;</li> <li>• strengthened board and committee oversight of performance risks and impact on quality;</li> <li>• evidence that appropriate mechanisms are in place to understand and address drivers behind fragile services;</li> <li>• directed intervention or statutory action no longer required;</li> <li>• organisation has capability to continue recovery under Level 4 or lower arrangements;</li> <li>• residual risks and safeguards are clear.</li> </ul> |

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## Annex F. Glossary

| Term                          | Definition                                                                                                                                                                                                        |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accountability                | Responsibility for ensuring that expectations are met and for explaining decisions, actions, performance and outcomes.                                                                                            |
| Accountability review meeting | A twice-yearly high-level meeting with an NHS body, operating alongside risk-based performance and escalation arrangements.                                                                                       |
| Audit                         | A systematic review of practice, process or performance against agreed criteria to identify issues, support improvement and assess whether changes are effective.                                                 |
| Audit Wales                   | The collective, non-statutory name for the Auditor General for Wales and the Wales Audit Office.                                                                                                                  |
| Board                         | The corporate decision-making body of a health board, trust or special health authority.                                                                                                                          |
| Care or clinical pathway      | A standardised, evidence-based plan describing the sequence of care, interventions, timeframes, milestones and expected outcomes for a defined patient group, including movement between services where relevant. |
| Clinical Governance           | A framework of systems, processes and controls that supports NHS organisations to improve quality, maintain high standards of care and create the conditions for clinical excellence.                             |
| Clinical or fragile services  | A service at risk of becoming unsustainable or failing due to pressures such as workforce constraints, service configuration, demand, capacity or resilience.                                                     |
| Clinical outcomes             | A measurable change in a person's health or quality of life following care or treatment.                                                                                                                          |
| Common evidence base          | The governed dataset, narrative, assurance and evidence repository used across accountability and escalation arrangements.                                                                                        |
| De-escalation                 | A formal reduction in escalation level following demonstrated and sustained improvement and risk reduction.                                                                                                       |
| Duty of candour               | A legal duty to be open and honest with people and families when care goes wrong, including explaining what happened and apologising.                                                                             |

| Term                      | Definition                                                                                                                                                                                                                                                                                                                   |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Duty of quality           | A legal duty of quality is to ensure Welsh Ministers and NHS bodies secure continuous improvements in the quality of services they provide. The duty represents our ambition of achieving ever-higher standards of person-centred health services in Wales.                                                                  |
| Earned autonomy           | A proportionate reduction in oversight and reporting where an organisation demonstrates reliable delivery and mature governance.                                                                                                                                                                                             |
| Escalation                | The formal process through which concerns are moved to a higher level of scrutiny, support or intervention.                                                                                                                                                                                                                  |
| Escalation Board          | A Welsh Government-chaired meeting for an organisation at level 3 to 5, focused on recovery and de-escalation criteria.                                                                                                                                                                                                      |
| Executive team            | The senior leadership team responsible for day-to-day management, operational delivery and implementation of strategy within an NHS organisation.                                                                                                                                                                            |
| External review bodies    | Independent organisations that review, inspect or audit how NHS services are governed and delivered, including Audit Wales and Healthcare Inspectorate Wales.                                                                                                                                                                |
| Financial duty            | The legal duty on NHS Wales organisations to maintain financial balance, demonstrate effective stewardship of public resources and address risks to financial performance or sustainability.                                                                                                                                 |
| Foundation domain         | Leadership (Well-led), which underpins delivery and assurance across the four accountability pillars.                                                                                                                                                                                                                        |
| Frameworks                | Frameworks refers to the NHS Wales planning, performance and quality and safety frameworks.                                                                                                                                                                                                                                  |
| Governance                | The systems, processes and behaviours through which an organisation is led, directed and controlled. In the NHS, this includes clinical, financial and organisational governance and should underpin all activity.                                                                                                           |
| Health and care standards | The Welsh Government's common framework for supporting effective, timely and high-quality care across all healthcare settings. They set expectations for NHS and partner organisations and describe what people in Wales can expect from health services, including their role in supporting their own health and wellbeing. |

| Term                                                   | Definition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Health board                                           | <p>NHS Wales organisations responsible for planning, securing and delivering healthcare services for local populations, and for improving health outcomes and reducing inequalities.</p> <p>There are seven health boards:</p> <ul style="list-style-type: none"> <li>• Aneurin Bevan University Health Board</li> <li>• Betsi Cadwaladr University Health Board</li> <li>• Cardiff and Vale University Health Board</li> <li>• Cwm Taf Morgannwg University Health Board</li> <li>• Hywel Dda University Health Board</li> <li>• Powys Teaching Board</li> <li>• Swansea Bay University Health Board</li> </ul> |
| Healthcare Inspectorate Wales                          | The independent inspectorate and regulator of healthcare in Wales.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Integrated Improvement Plan                            | The single organisation-owned plan that brings together recovery actions, milestones, resources, outcomes and de-escalation criteria.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Integrated Medium-Term Plan                            | The statutory three-year plan through which an NHS body sets out delivery, service, workforce and financial intentions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Intervention                                           | Action taken or commissioned to strengthen capability, stabilise services, secure delivery or remedy failure.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| ISRT (Intensive Support, Recovery and Turnaround Team) | The Intensive Support, Recovery and Turnaround function within NHSWPI, commissioned for intensive assessment, support and recovery work.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| NHS Wales body                                         | A statutory NHS health board, trust or special health authority in Wales.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| NHSWPI (NHS Wales Performance and Improvement)         | NHS Wales Performance and Improvement, the national function that supports improvement and provides operational assurance to Welsh Government.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Outcomes                                               | The measurable impact of care, treatment or another intervention on a person, group or population.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Patient experience                                     | The aspects of care that matter to patients, including respect for individual values, preferences and needs, communication, physical comfort and continuity of care.                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Patient safety incident                                | An unintended or unexpected event in healthcare that caused, or could have caused, harm and should be reported to support learning and prevent recurrence.                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

| Term                           | Definition                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Performance Framework          | The national framework for measuring and reporting NHS Wales performance against agreed priorities and planning requirements.                                                                                                                                                                                                                                                                                                             |
| Pillar                         | One of the four accountability areas: Quality, Workforce, Finance/Planning and Delivery/Performance.                                                                                                                                                                                                                                                                                                                                      |
| Planning Framework             | The national guidance for NHS bodies on developing Integrated Medium-Term Plans in line with national priorities and policy requirements.                                                                                                                                                                                                                                                                                                 |
| Primary care                   | Healthcare delivered outside hospital, including services provided by GPs, nurses, health visitors, midwives, pharmacists, dentists, optometrists and other health professionals.                                                                                                                                                                                                                                                         |
| Quality                        | The consistent delivery of safe, timely, effective, efficient, equitable and person-centred care that meets population needs and is supported by continuous learning and improvement.                                                                                                                                                                                                                                                     |
| Recovery framework             | The documented requirements, governance, milestones, support and de-escalation criteria for an organisation in formal escalation.                                                                                                                                                                                                                                                                                                         |
| Secondary care                 | Hospital healthcare usually accessed through referral from primary care.                                                                                                                                                                                                                                                                                                                                                                  |
| Special Health Authority (SHA) | A statutory NHS body established by Welsh Ministers to carry out specified functions on their behalf. There are two special health authorities (SHAs): <ul style="list-style-type: none"> <li>Digital Health and Care Wales leads national digital systems, platforms and data services;</li> <li>Health Education and Improvement Wales leads education, training, workforce development and workforce planning across Wales.</li> </ul> |
| Specialist or tertiary care    | Care for people who require complex or highly specialised assessment, treatment or intervention, delivered by specialist teams with the necessary expertise and facilities.                                                                                                                                                                                                                                                               |
| Support                        | Advice, expertise, peer help, diagnostic work, improvement capability or other assistance intended to enable recovery and sustainable delivery.                                                                                                                                                                                                                                                                                           |
| Tripartite arrangements        | The structured process through which Audit Wales, HIW and NHSWPI share evidence with Welsh Government and inform                                                                                                                                                                                                                                                                                                                          |

| Term                                                | Definition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                     | escalation or de-escalation recommendations, while retaining distinct roles.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Trusts                                              | <p>NHS Wales organisations with an all-Wales focus, responsible for delivering specified services. There are three NHS trusts:</p> <ul style="list-style-type: none"><li>• Welsh Ambulance Services University NHS Trust provides national ambulance, emergency, non-emergency and NHS 111 services;</li><li>• Velindre University NHS Trust provides specialist cancer services and the Welsh Blood Service;</li><li>• Public Health Wales provides national public health leadership, including protecting and improving health and reducing health inequalities.</li></ul> |
| Value-based healthcare                              | An approach that aims to improve patient outcomes while ensuring the best use of available resources.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Welsh Government EDT / NHSWPI SDT oversight meeting | The system-level interface for whole-system synthesis, emerging risk, support impact and issues requiring Welsh Government action.                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Well-led                                            | The foundation domain covering leadership, governance, culture, strategy, risk, assurance and improvement capability.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

## Agenda item: 5.1

| FINANCE AND PERFORMANCE COMMITTEE                                                                                                                                                                                                                                                                                             |                                                                                       | 13 October 2026 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------|
| Subject:                                                                                                                                                                                                                                                                                                                      | Integrated Quality, Performance & Assurance Summary (IQPAR) Month 5 (August) 2026/27. |                 |
| Presented & approved by:                                                                                                                                                                                                                                                                                                      | Nicola Johnson, Executive Director of Planning, Performance, and Commissioning.       |                 |
| Prepared by:                                                                                                                                                                                                                                                                                                                  | Head of Performance.                                                                  |                 |
| Other Committees and meetings considered at:                                                                                                                                                                                                                                                                                  | Executive Committee 01 October 2026 – who supported the paper to the Committee.       |                 |
| PURPOSE:                                                                                                                                                                                                                                                                                                                      |                                                                                       |                 |
| The purpose of this paper is to provider an update on performance and assurance in a summary format due to scheduling challenges for a full IQPAR.                                                                                                                                                                            |                                                                                       |                 |
| The Committee is asked to recognise that measures without a substantive update for three months have been intentionally de-emphasised in this summary to keep the focus on current changes in risk and assurance; and receive fuller integrated narrative and trend analysis through the next complete IQPAR reporting cycle. |                                                                                       |                 |
| RECOMMENDATION(S):                                                                                                                                                                                                                                                                                                            |                                                                                       |                 |
| The Finance and Performance Committee is asked to:                                                                                                                                                                                                                                                                            |                                                                                       |                 |
| <ul style="list-style-type: none"><li>RECEIVE the report noting the Month 5 domain performance and assurance including Ministerial Deliverables.</li><li>TAKE ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.</li></ul>                               |                                                                                       |                 |
| Approve/Take Assurance                                                                                                                                                                                                                                                                                                        | Discuss                                                                               | Note            |
| Y                                                                                                                                                                                                                                                                                                                             | Y                                                                                     | Y               |
| ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:                                                                                                                                                                                                                                                                       |                                                                                       |                 |
| 1. Focus on Wellbeing                                                                                                                                                                                                                                                                                                         | Y                                                                                     |                 |
| 2. Provide Early Help and Support                                                                                                                                                                                                                                                                                             | Y                                                                                     |                 |
| 3. Tackle the Big Four                                                                                                                                                                                                                                                                                                        | Y                                                                                     |                 |
| 4. Enable Joined up Care                                                                                                                                                                                                                                                                                                      | Y                                                                                     |                 |
| 5. Develop Workforce Futures                                                                                                                                                                                                                                                                                                  | Y                                                                                     |                 |
| 6. Promote Innovative Environments                                                                                                                                                                                                                                                                                            | Y                                                                                     |                 |
| 7. Put Digital First                                                                                                                                                                                                                                                                                                          | Y                                                                                     |                 |
| 8. Transforming in Partnership                                                                                                                                                                                                                                                                                                | Y                                                                                     |                 |

## SUMMARY:

### Domain Assurance

The absence of a full Month 5 IQPAR pack does not change the underlying escalation and assurance position, but this paper should be read as a focused assurance update rather than a full performance report.

The overall Month 5 position is mixed but broadly stable at domain level. Quality & Safety, Access & Outcomes and Population Health & Prevention are Amber; People & Culture and Productivity & Efficiency are Green. Access & Outcomes contains the only Level 3 escalation, relating to Bowel Screening Wales colonoscopy timeliness. There are no measures awaiting escalation assessment.

The Ministerial Deliverables subset remains Amber with no Level 3 concerns

### Assurance Table Month 5

Domain Assurance Ratings

| Domain                         | Overall RAG | Level 3 concerns | Assurance                                                                                                                                                                                                            |
|--------------------------------|-------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Quality & Safety               | Amber       | 0                | Assurance remains strong across assessed measures with no Level 3 concerns.                                                                                                                                          |
| Access & Outcomes              | Amber       | 1                | Continued challenges to access standards for Powys residents especially for urgent and emergency care. One Level 3 escalation concern remaining in place from 2025/26 for Bowel Screening Colonoscopies performance. |
| Population Health & Prevention | Amber       | 0                | 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               | Green       | 0                | Performance remains stable across key measures with some challenge for turnover, sickness absence, and PADR compliance.                                                                                              |
| Productivity & Efficiency      | Green       | 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.                    |

### Key Executive message

- **Access & Outcomes** remains the principal area requiring Executive attention. Bowel Screening Wales is the sole Level 3 escalation, while therapy breaches increased sharply from 0 in June to 10 in July and 94 in August. The increase is primarily associated with a whole-time vacancy within MSK/CMATS therapies and represents a significant worsening in non-compliance against the 14-week target. It should be noted that recruitment for this post planned for the 30<sup>th</sup> of September and other operational steps have been taken including scope for locum support.
- **Elective access** has also deteriorated in the latest month. Powys provider patients waiting more than 26 weeks for a new outpatient appointment increased from 185 in June to 222 in July and 271 in August. Diagnostic breaches remained broadly stable at 42 in August meeting recovery trajectory, while Powys provider RTT waits over 104 weeks remained at zero.

- **Mental health** performance remains mixed. Adult LPMHSS assessment timeliness remained substantially below the 80% standard at 24.7% in July, whereas adult therapeutic intervention timeliness was above standard at 93.1% in July and specialist adult psychological therapy remained above target at 87.8% in August.
- **Quality & Safety** remains Amber with no Level 3 concerns. Recent information shows E. coli cases increasing to three cumulatively by August and C. difficile to 15, while seven-day readmissions remained elevated at 9.5% in August compared with earlier 2026 levels there is currently an investigation around the data from Wye Valley NHS Trust which is driving this increase (duplicated records).
- **People & Culture** improves from Amber to Green. Sickness absence reduced to 5.33% in August meeting target and mandatory training remained above the 85% target at 87.9%. PADR compliance remains below target at 77.8%, although this was a small improvement on July.
- **Productivity & Efficiency** remains Green but recent activity requires highlight: day case activity fell from 113 in June to 88 in July and 47 in August; endoscopy activity reduced from 74 to 56 to 48. This has been predominately because of the heat wave resulting in cancelled lists due to high humidity (infection risk, Estates challenges, and August annual leave).

### **Level 3 assurance – Bowel Screening Wales**

Bowel Screening Wales colonoscopy timeliness remains the Health Board's only Level 3 escalation. Performance remains below the 90% standard, but the most recent available scorecard position shows material improvement to 48.4% in July, compared with 20.8% in June. Powys was ranked 3rd in Wales in the latest scorecard position, against an All-Wales figure of 24.1%. This continues the improvement seen above baseline during Q1 and is consistent with the special-cause improvement previously identified through SPC analysis.

The escalation is therefore being maintained because the national standard is not yet being achieved, rather than because assurance on the recovery approach has deteriorated.

Public Health Wales provided positive assurance through Q1 service meetings, confirming no specific concerns regarding PTHB and supporting the direction of travel. Regular meetings between PHW and the PTHB operational team remain in place to maintain momentum and monitor delivery. Patient choice to delay remains an important contributor to Powys waiting times; enhanced patient support is being used to improve attendance when diagnostic appointments are offered, working alongside Waiting Well.

### **Domain assurance by exception**

#### **Quality & Safety – Amber (Appendix 2)**

No Level 3 concerns are recorded. The latest updates provide mixed assurance. Cumulative Hospital-onset E. coli BSI increased from two cases in July to three in August and cumulative C. difficile cases increased from 12 to 15. Crude mortality was 6.1% in August and therefore requires continued contextual interpretation rather than isolated month-on-month assessment. Seven-day readmissions remained elevated at 9.5% in August compared with earlier 2026 levels there is currently an investigation around the data quality from Wye Valley NHS Trust which may be driving this increase (duplicated records).

Measures without a recent substantive update since the Month 4 IQPAR have not been repeated/included in this summary.

### **Access & Outcomes - Amber | one Level 3 concern (Appendix 3)**

The domain continues to contain the most material performance concerns. In addition to the Level 3 bowel screening position described above, the most significant Month 5 change is the increase in therapy breaches over 14 weeks to 94 in August, from 10 in July and zero in June. This is linked to MSK therapy vacancies and should be treated as a material deterioration with recovery action currently being undertaken by the service. New outpatient waits over 26 weeks also increased for a second consecutive month to 271 with challenges remaining in mid Powys Rheumatology as an area of concern. Powys provider RTT waits over 104 weeks remained at zero, audiology long waits improved to zero in the latest data, and specialist adult psychological therapy remained above the 80% standard. Adult LPMHSS assessment timeliness remains a significant Level 2a concern based on the latest available July position.

### **Commissioned Access**

#### **RTT (Appendix 6)**

- Welsh Commissioned providers have reported a slightly improved position for very long waits over 104 weeks with 34 breaching the target in August (SPC analysis remains special cause improvement). Patients waiting over 26 weeks for a new outpatient reported an increase (580 pathways) in August, this remains an increasing trend from March.
- For English commissioned RTT pathways reported for July breaches over 104 weeks reported a slight increase to 145 (139 in Robert Jones and Agnes Hunt and six in Wye Valley NHS Trust) although the overall trend of increase has stabilised.

#### **Cancer**

Compliance for cancer pathways for Powys residents raises significant concern with variability linked to provider/country of treatment pathway. Overall, 65.7% of all 62-day pathways closed in July (England and Wales combined contextual measure) were treated in within 62 days.

#### **By provider group**

The Shrewsbury and Telford NHS Trust = 91.4% treated within 62 days.

Wye Valley NHS Trust = 80.0% treated within 62 days.

Welsh Commissioned providers (exc PTHB) = 32.5% treated within 62 days.

### **Population Health & Prevention – Amber (Appendix 4)**

Recent diabetes updates show gradual improvement in foot surveillance and urine albumin recording, reaching 73.6% and 71.3% respectively in August, but both remain below the required position. The broader domain remains Amber because delivery across prevention and long-term condition measures is not yet consistently at standard. Older vaccination, smoking and dental measures without a substantive update in the last three months are not repeated in this Month 5 Executive summary unless required for specific assurance discussion.

### **People & Culture – Green (Appendix 5)**

Overall workforce assurance is positive. Rolling 12 sickness absence reduced for a third consecutive month to 5.33% in August and mandatory training remained above target at 88.0%. PADR compliance remains below the 85% standard at 77.8%, although this improved slightly from 77.1% in July. Turnover and agency information has not updated from the month 4 IQPAR.

### **Productivity & Efficiency – Green (Appendix 5)**

The domain remains Green overall, but the latest activity profile is less positive than the headline rating alone suggests. Day case and endoscopy activity both reduced materially in August. This has been predominately because of the heat wave resulting in cancelled lists due to high humidity (infection risk, Estates challenges, and August annual leave). District nursing activity fell further below the stated ambitious monthly level plan although there is no operational concern highlighted by service. PIFU/SOS remained just above the local 20% threshold at 20.5%, outpatient DNA remained below 5% target (3.96%), and ultrasound activity remained above the stated monthly planned minimum. The domain should therefore be described as providing overall positive assurance with specific recent productivity pressures, rather than as uniformly on plan.

### **5. Ministerial Deliverables (Appendix 1)**

The Ministerial Deliverables subset remains Amber with no Level 3 concerns. Strong assurance continues in clinically coded episodes, never events, zero 12-hour emergency waits and zero Powys provider RTT waits over 104 weeks. Current risks within the subset continue to relate principally to cancer treatment timeliness, diagnostic and outpatient waits, delayed follow-ups and diabetes care processes. Measures with no substantive recent update are not restated in detail here unless they materially affect the overall assurance position.

### **NEXT STEPS:**

- Revised Integrated Quality & Performance Framework due to Executive Committee TBC Q2.
- New Escalation, Intervention & De-escalation Framework due to Executive Committee TBC Q2.
- Further metrics for Theatre utilisation currently under report development to be added to Productivity and Efficiency in Q2 with prior validation checks.

### **IMPACT ASSESSMENT**

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

### **QUALITY:**

|                              | No impact                | Negative  | Positive        | Both         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------|--------------------------|-----------|-----------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Safe                         |                          |           |                 |              | 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       |                          |           |                 |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>EQUALITY:</b>             |                          |           |                 |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                              | 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                       |                          |           |                 |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>RISK ASSESSMENT:</b>      |                          |           |                 |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                              | 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                 |                          |           |                 |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

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## Appendix 1 – Ministerial Deliverables

| Priority level                                                                      |                                                                                     | Ref   | KPI                                                                                                                                                          | Esc. Level | Assu. Icon                                                                            | Variation Icon                                                                        | Target 26/27              | Mar-24      | Mar-25 | Mar-26 | Jun-26 | Jul-26 | Aug-26 | Latest Ranking | All Wales   |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------|-------------|--------|--------|--------|--------|--------|----------------|-------------|
|                                                                                     |                                                                                     |       |                                                                                                                                                              |            |                                                                                       |                                                                                       |                           | 23/24       | 24/25  |        | Q1     | Q2     |        |                |             |
|    |    | 39    | Percentage of episodes clinically coded within one reporting month post episode discharge end date                                                           | Level 1    |    |    | 95%                       | 100%        | 100%   | 100%   | 100%   |        |        | 1st            | 87.8%       |
|    |    | 49    | Number of never events                                                                                                                                       | Level 1    |    |    | Zero                      | 0           | 0      | 0      | 0      | 0      | 0      | 1st*           | 4           |
|    |    | LM    | Complaints resolved through early resolution by March 2027                                                                                                   | Level 2a   |    |    | >= 40%                    |             | 77.3%  | 23.8%  |        |        |        | N/A            | N/A         |
|    |    | LM    | Powys Inpatient Rolling 12-month Crude Mortality                                                                                                             | Level 2a   | N/A                                                                                   |    | Reduction                 |             |        | 6.0%   | 6.0%   | 5.8%   | 6.1%   | N/A            | N/A         |
|    |    | LM    | Reduce perinatal mortality rates                                                                                                                             | Level 1    | N/A                                                                                   | N/A                                                                                   | TBC                       | 3.27 per 1k |        |        |        |        |        | N/A            | 3.29 per 1k |
|    |    | LM    | Powys responsible 7 day re-admission rate                                                                                                                    | Level 2a   |    |    | Flat rate                 |             |        | 5.8%   | 9.1%   | 9.9%   | 9.5%   | N/A            | N/A         |
|    |    | 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%  | 63%    | 66%    |        | N/A            | 59.2%       |
|    |    | 23    | Number of ambulance patient handovers over 45 minutes                                                                                                        | Level 2a   | N/A                                                                                   | N/A                                                                                   | 0                         |             |        | 3      | 1      | 1      | 1      | 1st            | 3,693       |
|    |    | 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            | 10,977      |
|    |    | 29    | Number of diagnostic breaches 8+ weeks                                                                                                                       | Level 2a   |    |    | 0                         | 116         | 79     | 1      | 51     | 41     | 42     | 1st*           | 37,467      |
|    |    | 33    | Number of patients waiting more than 26 weeks for a new outpatient appointment                                                                               | Level 2a   |    |    | 0                         | 370         | 570    | 63     | 185    | 222    | 271    | 1st*           | 68,237      |
|  |  | 33r   | Wales - Number of patients waiting more than 26 weeks for a new outpatient appointment                                                                       | Level 2a   |  |  | 0                         | 1835        | 1387   | 394    | 456    | 489    | 580    | N/A            | 0           |
|  |  | 34    | RTT patients waiting more than 104 weeks (Powys provider)                                                                                                    | Level 1    |  |  | 0                         | 1           | 0      | 0      | 0      | 0      | 0      | 1st*           | 4,731       |
|  |  | 34r   | All RTT pathways (Wales) waiting more than 104 weeks                                                                                                         | Level 2a   |  |  | 0                         | 184         | 41     | 10     | 28     | 37     | 34     | N/A            | 0           |
|  |  | 35    | Number of patient follow-up outpatient appointment delayed by over 100%                                                                                      | Level 2a   |  |  | 825                       | 1202        | 1318   | 1100   | 1084   | 1121   |        | 1st            | 315,130     |
|  |  | MDS16 | % Proportion of diabetes patients that will receive all eight diabetes care processes                                                                        | Level 2a   |  |  | Meet or exceed plan (56%) | 49%         |        | 50.3%  | 51.6%  |        |        | 0              | 0           |

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## Appendix 2 – Quality and safety Scorecard

| Domain            | Priority level |  | Ref | KPI                                                                                                | Esc. Level | Assu. Icon | Variation Icon | Target 26/27                                                                               | Mar-24      | Mar-25 | Mar-26 | Jun-26 | Jul-26 | Aug-26 | Latest Ranking | All Wales   |
|-------------------|----------------|--|-----|----------------------------------------------------------------------------------------------------|------------|------------|----------------|--------------------------------------------------------------------------------------------|-------------|--------|--------|--------|--------|--------|----------------|-------------|
|                   |                |  |     |                                                                                                    |            |            |                |                                                                                            | 23/24       | 24/25  | Q4     | Q1     | Q2     |        |                |             |
| 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% | 100.0% |        |        | 1st            | 87.8%       |
| Safe Care         |                |  | 40  | Nationally reportable incidents open over 12 months                                                | Level 2a   |            |                | Zero                                                                                       |             |        | 11     | 4      | 4      | 4      | 6th            | 29          |
| Safe Care         |                |  | 49  | Number of never events                                                                             | Level 1    |            |                | Zero                                                                                       |             | 0      | 0      | 0      | 0      | 0      | 1st*           | 4           |
| Safe Care         |                |  | LM3 | Complaints resolved through early resolution by March 2027                                         | Level 2a   |            |                | >= 40%                                                                                     |             | 77.27% | 23.8%  |        |        |        | N/A            | N/A         |
| 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         |
| 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         |
| Infection Control |                |  | 43  | Cumulative number of hospital onset E.coli BSI cases                                               | Level 2a   | N/A        | N/A            | Cuml. < 2 @ March 27                                                                       |             | 2      | 1      | 2      | 2      | 3      | N/A            | N/A         |
| 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         |
| Infection Control |                |  | 45  | Cumulative number of C.difficile infection cases                                                   | Level 1    | N/A        | N/A            | Cuml. < 17 @ March 27                                                                      |             | 22     | 27     | 6      | 12     | 15     | N/A            | N/A         |
| 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 | 1472.2 |        |        | 3rd            | 1572.86     |
| Prescribing       |                |  | 47  | Average quantity per item prescribed from start period for the reference basket of medicines       | Level 2a   |            |                | Prescribing interval of 35 days or                                                         |             | 29.11  | 29.16  | 29.08  |        |        | 6th            | 31.55       |
| Prescribing       |                |  | 48  | Number of low Global Warming Potential (GWP) inhalers as a percentage of all inhalers prescribed   | Level 2a   | N/A        | N/A            | 80% or an increase of at least 15 percentage points on the March 2026 baseline towards 80% |             | 39.5%  | 45.3%  | 45.8%  |        |        | 7th            | 49.70%      |
| Experience        |                |  | 50  | Overall HB patient experience score                                                                | Level 2a   | N/A        | N/A            | 8.5 (out of 10)                                                                            |             |        | 8.2    | 7.8    | 8.1    |        | 5th            | 8.4         |
| Safe Care         |                |  | LM  | Powys Inpatient Rolling 12-month Crude Mortality                                                   | Level 2a   | N/A        |                | Reduction                                                                                  |             |        | 6.0%   | 6.0%   | 5.8%   | 6.1%   | N/A            | N/A         |
| Safe Care         |                |  | LM  | Reduce perinatal mortality rates                                                                   | Level 1    | N/A        | N/A            | TBC                                                                                        | 3.27 per 1k |        |        |        |        |        | N/A            | 3.29 per 1k |
| Safe Care         |                |  | LM  | Powys responsible 7 day re-admission rate                                                          | Level 2a   |            |                | Flat rate                                                                                  |             | 6.2%   | 5.8%   | 9.1%   | 9.9%   | 9.5%   | N/A            | N/A         |

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## Appendix 3 - Access & Outcomes part 1

| Domain        | Priority level                                                                    | Ref                                                                                 | KPI   | Esc. Level                                                                                                                                                                                             | Assu. Icon | Variation Icon                                                                        | Target 26/27                                                                          | Mar-24           | Mar-25 | Mar-26 | Jun-26 | Jul-26 | Aug-26 | Latest Ranking | All Wales |       |
|---------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------|--------|--------|--------|--------|--------|----------------|-----------|-------|
|               |                                                                                   |                                                                                     |       |                                                                                                                                                                                                        |            |                                                                                       |                                                                                       | Q4               | Q4     | Q4     | Q1     | Q2     |        |                |           |       |
| Screening     |                                                                                   |    | 8     | Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment                                                 | Level 3    |    |    | 90%              | 0.0%   | 0.0%   | 20.7%  | 20.8%  | 48.4%  |                | 3rd*      | 24.1% |
| 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%  | 62.7%  | 65.7%  |                | N/A       | 59.2% |
| Cancer        |                                                                                   |    | LM    | Provider - Single cancer pathway downgrades within 28 days best practice                                                                                                                               | Level 1    | N/A                                                                                   |    | No target        | 31.8%  | 60.6%  | 50.0%  | 70.8%  | 88.2%  | 89.3%          |           | N/A   |
| Cancer        |                                                                                   |    | MDS87 | Provider - New Cancer Referrals                                                                                                                                                                        | Level 1    | N/A                                                                                   |    | No target        | 44     | 58     | 50     | 43     | 45     | 42             |           | N/A   |
| Prescribing   |                                                                                   |    | 13    | Percentage of community pharmacies providing Pharmacist Independent Prescribing service (PIPS)                                                                                                         | Level 2a   |    |    | 65.5%            |        |        | 45.5%  | 50.0%  | 40.9%  |                | 7th       | 47.3% |
| Mental Health |                                                                                   |    | 14    | Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people under 18 years          | Level 1    |    |    | 80%              | 97.7%  | 100%   | 97.4%  | 98.2%  | 87.9%  |                | 4th       | 88.4% |
| Mental Health |                                                                                   |    | 15    | Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years    | Level 1    |    |    | 80%              | 100.0% | 91.7%  | 95.7%  | 94.6%  | 84.1%  |                | 5th       | 87.0% |
| Mental Health |                                                                                   |    | 16    | Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over  | Level 2a   |    |    | 80%              | 60.8%  | 98.0%  | 93.2%  | 37.0%  | 24.7%  |                | 7th       | 85.5% |
| Mental Health |                                                                                   |    | 17    | Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over | Level 1    |    |    | 80%              | 91.1%  | 93.5%  | 96.6%  | 82.8%  | 93.1%  |                | 4th       | 87.3% |
| Mental Health |                                                                                   |    | LM    | Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years                                            | Level 1    |    |    | 90%              | 97.0%  | 97.4%  | 90.4%  | 92.9%  | 93.4%  |                | N/A       |       |
| Mental Health |                                                                                   |    | LM    | Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over                                              | Level 2a   |    |    | 90%              | 79.5%  | 81.9%  | 82.8%  | 78.4%  | 77.0%  |                | N/A       |       |
| Mental Health |                                                                                   |   | 18    | Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment                                                                                 | Level 2a   |   |   | 80%              | 42.2%  | 29.9%  | 36.8%  | 42.2%  | 42.8%  |                | 2nd       | 28.1% |
| Mental Health |                                                                                   |  | 19    | Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health                                                                                   | Level 1    |  |  | 80%              | 75.9%  | 71.3%  | 88.2%  | 85.6%  | 91.3%  | 87.8%          | 1st*      | 53.3% |

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| Domain         | Priority level                                                                      |                                                                                     | Ref | KPI                                                                                                                                                                                                          | Esc. Level | Assu. Icon                                                                            | Variation Icon                                                                        | Target 26/27                              | Mar-24 | Mar-25        | Mar-26   | Jun-26   | Jul-26   | Aug-26   | Latest Ranking | All Wales |
|----------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------|--------|---------------|----------|----------|----------|----------|----------------|-----------|
|                |                                                                                     |                                                                                     |     |                                                                                                                                                                                                              |            |                                                                                       |                                                                                       |                                           | Q4     | Q4            | Q4       | Q1       | Q2       |          |                |           |
| 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%    | 17.7%    | 27.3%    | 0.0%     | 7th            | 19.7%     |
| 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 | 00:09:38 | 00:10:02 | 00:11:48 | 7th            | 00:07:42  |
| 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 | 00:11:24 | 00:11:33 | 00:12:34 | 7th            | 00:09:02  |
| Emergency Care |    |    | 23  | Number of ambulance patient handovers over 45 minutes                                                                                                                                                        | Level 2a   | N/A                                                                                   | N/A                                                                                   | 0                                         |        |               | 3        | 1        | 1        | 1        | 1st            | 3,693     |
| Emergency Care |                                                                                     |    | 24  | Percentage of ambulance patient handovers within 15 minutes                                                                                                                                                  | Level 2a   | N/A                                                                                   | N/A                                                                                   | 80%                                       |        |               | 55.6%    | 55.6%    | 60.0%    | 45.5%    | 3rd            | 36.0%     |
| Emergency Care |                                                                                     |    | 25  | Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge                                           | Level 1    |    |    | 95%                                       | 99.9%  | 100%          | 99.9%    | 100%     | 100%     | 100%     | 1st            | 63.8%     |
| Emergency Care |    |    | 26  | Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge                                                 | Level 1    |    |    | 0                                         | 0.0%   | 0             | 0        | 0        | 0        | 0        | 1st            | 10,977    |
| 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   |    |    | 95%                                       | 68.7%  | 68.6%         | 89.7%    | 89.7%    | 90.5%    | 89.9%    | 1st*           | 49.7%     |
| Elective care  |    |    | 29  | Number of diagnostic breaches 8+ weeks                                                                                                                                                                       | Level 2a   |    |    | 0                                         | 116    | 79            | 1        | 51       | 41       | 42       | 1st*           | 37,467    |
| Elective care  |                                                                                     |    | 30  | Number of therapy breaches 14+ weeks (all ages)                                                                                                                                                              | Level 2a   |    |    | 0                                         | 135    | 0             | 0        | 0        | 10       | 94       | 3rd*           | 6,827     |
| Elective care  |                                                                                     |    | 31  | Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)                                                         | Level 1    |    |    | 0                                         |        | Not available | 0        | 5        | 0        | 0        | 1st*           | 17,534    |
| Elective care  |                                                                                     |    | 32  | Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)                                                                                | Level 1    |    |    | 0                                         |        | Not available | 0        | 2        | 1        | 0        | 1st*           | 3,394     |
| Elective care  |    |    | 33  | Number of patients waiting more than 26 weeks for a new outpatient appointment                                                                                                                               | Level 2a   |    |    | 0                                         | 370    | 570           | 63       | 185      | 222      | 271      | 1st*           | 68,237    |
| Elective care  |   |   | 33r | Wales - Number of patients waiting more than 26 weeks for a new outpatient appointment                                                                                                                       | Level 2a   |   |   | 0                                         | 1835   | 1387          | 394      | 456      | 489      | 580      | N/A            |           |
| Elective care  |  |  | 34  | RTT patients waiting more than 104 weeks (Powys provider)                                                                                                                                                    | Level 1    |  |  | 0                                         | 1      | 0             | 0        | 0        | 0        | 0        | 1st*           | 4,731     |
| Elective care  |  |  | 34r | All RTT pathways (England) waiting more than 104 weeks                                                                                                                                                       | Level 2a   |  |  | 0                                         | 26     | 40            | 114      | 145      | 145      |          | N/A            |           |
| Elective care  |  |  | 34r | All RTT pathways (Wales) waiting more than 104 weeks                                                                                                                                                         | Level 2a   |  |  | 0                                         | 184    | 41            | 10       | 28       | 37       | 34       | N/A            |           |
| Elective care  |  |  | 35  | Number of patient follow-up outpatient appointment delayed by over 100%                                                                                                                                      | Level 2a   |  |  | 825                                       | 1202   | 1318          | 1100     | 1,084    | 1,121    |          | 1st            | 315,130   |
| Outcome        |                                                                                     |  | LM  | Percentage of Powys responsible patients discharged from hospital to their usual place of residence                                                                                                          | Level 2a   |  |  | Local target 90% or higher                | 92.1%  | 88.9%         | 89.5%    | 90.7%    | 90.4%    | 89.4%    |                |           |

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## Appendix 4 – Population Health and Prevention

| Priority level                                                                      | Ref   | KPI                                                                                                                                    | Esc. Level | Assu. Icon                                                                          | Variation Icon                                                                      | Target 26/27                                                 | Mar-24<br>Q4 | Mar-25<br>Q4 | Mar-26<br>Q4 | Jun-26 | Jul-26 | Aug-26 | Ranking | All Wales |
|-------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------|--------------|--------------|--------|--------|--------|---------|-----------|
|    | 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%     |
|    | 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%     |
|    | 3     | Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol) | Level 2a   | N/A                                                                                 | N/A                                                                                 | 80%                                                          | 67.1%        | 78.5%        | 88.0%        | 79.6%  |        |        | 6th     | 86.0%     |
|    | 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%     |
|    | 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%     |
|    | 6     | Flu Vaccines - 65+                                                                                                                     | Level 2a   | N/A                                                                                 | N/A                                                                                 | 75%                                                          | 69.9%        | 69.0%        | 69.0%        |        |        |        | 6th     | 71.8%     |
|    | 7     | Percentage uptake of the Respiratory Syncytial Virus (RSV) for those turning 75 years old                                              | Level 2a   | N/A                                                                                 | N/A                                                                                 | 70%                                                          |              |              | 37.4%        | 61.4%  | 60.1%  |        | 1st     | 49.9%     |
|    | 9     | % of patients (age 12 and over) with diabetes who have had foot surveillance recorded within last 15 months                            | Level 2a   |  |  | 80%                                                          |              |              | 74.1%        | 72.7%  | 72.9%  | 73.6%  | 1st     | 67.0%     |
|    | 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%        | 69.9%  | 70.1%  | 71.3%  | 2nd     | 68.1%     |
|    | 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%        | 51.6%  |        |        |         |           |
|    | 11    | % of adult population receiving NHS dental care over a 24-month period - GDS                                                           | Level 1    | N/A                                                                                 | N/A                                                                                 | Improvement compared to the same period in the previous year |              | 38.6%        | 39.1%        |        |        |        | 5th     | 40.6%     |
|  | 12    | % of child population receiving NHS dental care over a 12-month period - GDS                                                           | Level 1    | N/A                                                                                 | N/A                                                                                 |                                                              |              | 46.9%        | 49.1%        |        |        |        | 5th     | 50.5%     |

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## Appendix 5 - People & Culture, and Productivity and efficiency

| Domain    | Priority level |                                                                                   | Ref | KPI                                                                                                                                                                                    | Esc. Level | Assu. Icon                                                                        | Variation Icon                                                                     | Target 26/27                     | Mar-24 | Mar-25 | Mar-26 | Jun-26 | Jul-26    | Aug-26 | Ranking      | All-Wales |
|-----------|----------------|-----------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------|--------|--------|--------|--------|-----------|--------|--------------|-----------|
|           |                |                                                                                   |     |                                                                                                                                                                                        |            |                                                                                   |                                                                                    |                                  | Q4     | Q4     | Q4     | Q1     | Q2        |        |              |           |
| Our Staff |                |  | 36  | Percentage of sickness absence rate of staff                                                                                                                                           | Level 1    | N/A                                                                               |  | R12 reduction                    | 5.34%  | 5.26%  | 5.41%  | 5.41%  | 5.38%     | 5.33%  | 5th (Jun-26) | 6.47%     |
| Our Staff |                |  | 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%  | 8.30%  |           |        | 10th         | 6.60%     |
| Our Staff |                |  | 38  | Agency spend (£000s) - Financial monitoring return                                                                                                                                     | Level 1    | N/A                                                                               | N/A                                                                                | 30% reduction from 25/26 (£5215) |        |        |        | £2,037 | £2,701.00 |        | 8th          | £35,336   |
| Our Staff |                |  | LM  | Percentage headcount of those who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training) | Level 2a   |  |  | 85%                              | 77.5%  | 84.0%  | 82.2%  | 79.1%  | 77.1%     | 77.8%  | N/A          |           |
| Our Staff |                |  | LM  | Mandatory and Statutory Training Compliance %                                                                                                                                          | Level 1    |  |  | 85%                              | 86.0%  | 87.0%  | 88.1%  | 87.8%  | 88.2%     | 88.0%  | N/A          |           |

| Domain             | Priority level |  | Ref  | KPI                                                                                                      | Esc. Level | Assu. Icon | Variation Icon | Target 26/27            | Mar-24 | Mar-25 | Apr-25 | Jun-26 | Jul-26 | Aug-26 |
|--------------------|----------------|--|------|----------------------------------------------------------------------------------------------------------|------------|------------|----------------|-------------------------|--------|--------|--------|--------|--------|--------|
|                    |                |  |      |                                                                                                          |            |            |                |                         | Q4     | Q4     | Q1     | Q1     | Q2     |        |
| Access & Outcomes  |                |  | G3   | % of discharge outcomes to PIFU/SOS – Powys Provider                                                     | Level 1    |            |                | ≥20%                    |        |        | 22.1%  | 22.7%  | 23.5%  | 20.5%  |
| Access & Outcomes  |                |  |      | DNA rate for outpatients (monthly)                                                                       | Level 1    |            |                | <5%                     |        | 4.05%  | 4.45%  | 3.73%  | 4.27%  | 3.96%  |
| Access & Outcomes  |                |  |      | Provider - Reported All Daycase activity inc DNA                                                         | Level 2a   |            |                | 77 min per month        | 92     | 119    | 94     | 113    | 88     | 47     |
| Access & Outcomes  |                |  |      | Provider - Reported All Endoscopy activity inc DNA                                                       | Level 2a   |            |                | 69 min per month        | 89     | 77     | 61     | 74     | 56     | 48     |
| Access & Outcomes  |                |  |      | Provider - Non Obstetric Ultrasound activity                                                             | Level 1    |            |                | 548 min per month       | 605    | 667    | 594    | 702    | 661    | 598    |
| Community Services |                |  | MDS6 | District Nursing Total number of Direct patient visits undertaken by District Nursing Services - WEEKDAY | Level 2a   |            |                | 10,833 per month        | 7823   | 8734   | 9091   | 10033  | 10114  | 9053   |
| Community Services |                |  | MDS7 | District Nursing Total number of Direct patient visits undertaken by District Nursing Services - WEEKEND | Level 1    |            |                | 333 per month           | 1401   | 1931   | 1611   | 2024   | 1981   | 2357   |
| GIRFT              |                |  |      | GIRFT High Value Low Complexity (HVLC) - Average cataract procedures per list                            | Level 1    |            |                | 7 per list by end of Q2 |        | 5.1    |        | 6.3    | 6.9    | 6.0    |

## Appendix 6 – Commissioned RTT

|                                               | Aug-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         | 68.8%                                         | 219                                                |  | 268                                 |  | 5                                    |  | 2333                   |
| Betsi Cadwaladr University Local Health Board | 57.2%                                         | 137                                                |  | 88                                  |  | 7                                    |  | 675                    |
| Cardiff & Vale University Health Board        | 57.3%                                         | 28                                                 |  | 53                                  |  | 9                                    |  | 354                    |
| Cwm Taf Morgannwg University Health Board     | 61.9%                                         | 42                                                 |  | 72                                  |  | 1                                    |  | 677                    |
| Hywel Dda University Health Board             | 59.1%                                         | 43                                                 |  | 293                                 |  | 12                                   |  | 1468                   |
| Swansea Bay University Health Board           | 65.2%                                         | 111                                                |  | 233                                 |  | 0                                    |  | 2002                   |
| <b>Total</b>                                  | <b>63.7%</b>                                  | <b>580</b>                                         |  | <b>1007</b>                         |  | <b>34</b>                            |  | <b>7509</b>            |

|                                                      | Jul-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                                        | 75.6%                                         | Not available from NHSE providers                  |  | 5                                   |  | 0                                    |  | 303                    |
| The Robert Jones and Agnes Hunt Orthopaedic Hospital | 45.8%                                         |                                                    |  | 1081                                |  | 139                                  |  | 3715                   |
| The Shrewsbury and Telford Hospital NHS Trust        | 77.5%                                         |                                                    |  | 98                                  |  | 0                                    |  | 3732                   |
| Wye Valley NHS Trust                                 | 66.6%                                         |                                                    |  | 390                                 |  | 6                                    |  | 3947                   |
| <b>Total</b>                                         | <b>63.7%</b>                                  | <b>0</b>                                           |  | <b>1574</b>                         |  | <b>145</b>                           |  | <b>11697</b>           |

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Executive Domain Assurance Ratings

| Domain                         | Assurance score | Overall RAG | Level 3 concerns | Assurance                                                                                                                                                                                                            |
|--------------------------------|-----------------|-------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Quality & Safety               | 82%             | Amber       | 0                | Assurance remains strong across assessed measures with no Level 3 concerns.                                                                                                                                          |
| Access & Outcomes              | 77%             | Amber       | 1                | Continued challenges to access standards for Powys residents especially for urgent and emergency care. One Level 3 escalation concern remaining in place from 2025/26 for Bowel Screening Colonoscopies performance. |
| Population Health & Prevention | 74%             | Amber       | 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               | 87%             | Green       | 0                | Performance remains stable across key measures with some challenge for turnover, and PADR compliance.                                                                                                                |
| Productivity & Efficiency      | 90%             | Green       | 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.

Execs did not want the % ratings to go to the Public Board

Domain Assurance Ratings

| Domain           | Overall RAG | Level 3 concerns | Assurance                                                                   |
|------------------|-------------|------------------|-----------------------------------------------------------------------------|
| Quality & Safety | Amber       | 0                | Assurance remains strong across assessed measures with no Level 3 concerns. |

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|                                           |       |   |                                                                                                                                                                                                                      |
|-------------------------------------------|-------|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Access &amp; Outcomes</b>              | Amber | 1 | Continued challenges to access standards for Powys residents especially for urgent and emergency care. One Level 3 escalation concern remaining in place from 2025/26 for Bowel Screening Colonoscopies performance. |
| <b>Population Health &amp; Prevention</b> | Amber | 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.   |
| <b>People &amp; Culture</b>               | Green | 0 | Performance remains stable across key measures with some challenge for turnover, sickness absence, and PADR compliance.                                                                                              |
| <b>Productivity &amp; Efficiency</b>      | Green | 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 Assurance Ratings

| Domain                                    | Overall RAG | Level 3 concerns | Measures waiting escalation level assessment | Assurance                                                                                                                                                                                                            |
|-------------------------------------------|-------------|------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Quality &amp; Safety</b>               | 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.                                                       |
| <b>Access &amp; Outcomes</b>              | Amber       | 1                | 0                                            | Continued challenges to access standards for Powys residents especially for urgent and emergency care. One Level 3 escalation concern remaining in place from 2025/26 for Bowel Screening Colonoscopies performance. |
| <b>Population Health &amp; Prevention</b> | 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.   |
| <b>People &amp; Culture</b>               | Amber       | 0                | 0                                            | Performance remains stable across key measures with some challenge for turnover, sickness absence, and PADR compliance.                                                                                              |
| <b>Productivity &amp; Efficiency</b>      | 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.                    |

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| Reportable Group               |                |                |     |       |                                                                                                                                                              |            |                |              |                          |             |        |        |        |        |                |             |         |
|--------------------------------|----------------|----------------|-----|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------|--------------|--------------------------|-------------|--------|--------|--------|--------|----------------|-------------|---------|
|                                |                | Priority level | Ref | KPI   | Esc. Level                                                                                                                                                   | Assu. Icon | Variation Icon | Target 26/27 | Mar-24                   | Mar-25      | Mar-26 | Jun-26 | Jul-26 | Aug-26 | Latest Ranking | All Wales   |         |
|                                |                |                |     |       |                                                                                                                                                              |            |                |              | 23/24                    | 24/25       |        | Q1     | Q2     |        |                |             |         |
| Quality & Safety               | Effective Care |                |     | 39    | Percentage of episodes clinically coded within one reporting month post episode discharge end date                                                           | Level 1    |                |              | 95%                      | 100%        | 100%   | 100%   | 100%   |        | 1st            | 87.8%       |         |
| Quality & Safety               | Safe Care      |                |     | 49    | Number of never events                                                                                                                                       | Level 1    |                |              | Zero                     | 0           | 0      | 0      | 0      | 0      | 1st*           | 4           |         |
| 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 2a   | N/A            |              | Reduction                |             |        | 6.0%   | 6.0%   | 5.8%   | 6.1%           | N/A         | N/A     |
| Quality & Safety               | Safe Care      |                |     | LM    | Reduce perinatal mortality rates                                                                                                                             | Level 1    | N/A            | N/A          | TBC                      | 3.27 per 1k |        |        |        |        | N/A            | 3.29 per 1k |         |
| Quality & Safety               | Safe Care      |                |     | LM    | Powys responsible 7 day re-admission rate                                                                                                                    | Level 2a   |                |              | Flat rate                |             |        | 5.8%   | 9.1%   | 9.9%   | 9.5%           | 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%  | 63%    | 66%    | N/A            | 59.2%       |         |
| Access & Outcomes              | Emergency Care |                |     | 23    | Number of ambulance patient handovers over 45 minutes                                                                                                        | Level 2a   | N/A            | N/A          | 0                        |             | 3      | 1      | 1      | 1      | 1st            | 3,693       |         |
| 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      | 1st            | 10,977      |         |
| Access & Outcomes              | Elective care  |                |     | 29    | Number of diagnostic breaches 8+ weeks                                                                                                                       | Level 2a   |                |              | 0                        | 116         | 79     | 1      | 51     | 41     | 42             | 1st*        | 37,467  |
| Access & Outcomes              | Elective care  |                |     | 33    | Number of patients waiting more than 26 weeks for a new outpatient appointment                                                                               | Level 2a   |                |              | 0                        | 370         | 570    | 63     | 185    | 222    | 271            | 1st*        | 68,237  |
| 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    | 456    | 489    | 580            | N/A         | 0       |
| Access & Outcomes              | Elective care  |                |     | 34    | RTT patients waiting more than 104 weeks (Powys provider)                                                                                                    | Level 1    |                |              | 0                        | 1           | 0      | 0      | 0      | 0      | 0              | 1st*        | 4,731   |
| Access & Outcomes              | Elective care  |                |     | 34r   | All RTT pathways (Wales) waiting more than 104 weeks                                                                                                         | Level 2a   |                |              | 0                        | 184         | 41     | 10     | 28     | 37     | 34             | N/A         | 0       |
| Access & Outcomes              | Elective care  |                |     | 35    | Number of patient follow-up outpatient appointment delayed by over 100%                                                                                      | Level 2a   |                |              | 825                      | 1202        | 1318   | 1100   | 1084   | 1121   |                | 1st         | 315,130 |
| 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%  | 51.6%  |        | 0              | 0           |         |

|                |                  |                |           |                     |  |       |         |   |
|----------------|------------------|----------------|-----------|---------------------|--|-------|---------|---|
| Domain Score   |                  | 77.1%          |           | RAG                 |  | Amber | Level 3 | 0 |
| Measure Weight | Escalation Score | Weighted Score | Max Score | Measure Assurance % |  |       |         |   |
| 6              | 3                | 18             | 18        | 1                   |  |       |         |   |
| 6              | 3                | 18             | 18        | 1                   |  |       |         |   |
| 6              | 2                | 12             | 18        | 0.666667            |  |       |         |   |
| 6              | 2                | 12             | 18        | 0.666667            |  |       |         |   |
| 6              | 3                | 18             | 18        | 1                   |  |       |         |   |
| 6              | 2                | 12             | 18        | 0.666667            |  |       |         |   |
| 6              | 2                | 12             | 18        | 0.666667            |  |       |         |   |
| 6              | 3                | 18             | 18        | 1                   |  |       |         |   |
| 6              | 2                | 12             | 18        | 0.666667            |  |       |         |   |
| 6              | 2                | 12             | 18        | 0.666667            |  |       |         |   |
| 6              | 3                | 18             | 18        | 1                   |  |       |         |   |
| 6              | 2                | 12             | 18        | 0.666667            |  |       |         |   |
| 6              | 2                | 12             | 18        | 0.666667            |  |       |         |   |
| 6              | 2                | 12             | 18        | 0.666667            |  |       |         |   |

| Reportable Group |                   |                |  |     |                                                                                                    |            |            |                |                                                                                            |             |        |        |        |        |        |                |             |
|------------------|-------------------|----------------|--|-----|----------------------------------------------------------------------------------------------------|------------|------------|----------------|--------------------------------------------------------------------------------------------|-------------|--------|--------|--------|--------|--------|----------------|-------------|
| Domain           | Domain            | Priority level |  | Ref | KPI                                                                                                | Esc. Level | Assu. Icon | Variation Icon | Target 26/27                                                                               | Mar-24      | Mar-25 | Mar-26 | Jun-26 | Jul-26 | Aug-26 | Latest Ranking | All Wales   |
|                  |                   |                |  |     |                                                                                                    |            |            |                |                                                                                            |             | 23/24  | 24/25  | Q4     | Q1     | Q2     |                |             |
| Quality & Safety | Effective Care    |                |  | 39  | Percentage of episodes clinically coded within one reporting month post episode discharge end date | Level 1    |            |                | 95%                                                                                        | 100%        | 100.0% | 100.0% | 100.0% |        |        | 1st            | 87.8%       |
| Quality & Safety | Safe Care         |                |  | 40  | Nationally reportable incidents open over 12 months                                                | Level 2a   |            |                | Zero                                                                                       |             |        | 11     | 4      | 4      | 4      | 6th            | 29          |
| Quality & Safety | Safe Care         |                |  | 49  | Number of never events                                                                             | Level 1    |            |                | Zero                                                                                       |             | 0      | 0      | 0      | 0      | 0      | 1st*           | 4           |
| 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      | 2      | 2      | 3      | 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     | 6      | 12     | 15     | 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 | 1472.2 |        |        | 3rd            | 1572.86     |
| 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                                                         |             | 29.11  | 29.16  | 29.08  |        |        | 6th            | 31.55       |
| Quality & Safety | Prescribing       |                |  | 48  | Number of low Global Warming Potential (GWP) inhalers as a percentage of all inhalers prescribed   | Level 2a   | N/A        | N/A            | 80% or an increase of at least 15 percentage points on the March 2026 baseline towards 80% |             | 39.5%  | 45.3%  | 45.8%  |        |        | 7th            | 49.70%      |
| Quality & Safety | Experience        |                |  | 50  | Overall HB patient experience score                                                                | Level 2a   | N/A        | N/A            | 8.5 (out of 10)                                                                            |             |        | 8.2    | 7.8    | 8.1    |        | 5th            | 8.4         |
| Quality & Safety | Safe Care         |                |  | LM  | Powys Inpatient Rolling 12-month Crude Mortality                                                   | Level 2a   | N/A        |                | Reduction                                                                                  |             |        | 6.0%   | 6.0%   | 5.8%   | 6.1%   | N/A            | N/A         |
| Quality & Safety | Safe Care         |                |  | LM  | Reduce perinatal mortality rates                                                                   | Level 1    | N/A        | N/A            | TBC                                                                                        | 3.27 per 1k |        |        |        |        |        | N/A            | 3.29 per 1k |
| Quality & Safety | Safe Care         |                |  | LM  | Powys responsible 7 day re-admission rate                                                          | Level 2a   |            |                | Flat rate                                                                                  |             | 6.2%   | 5.8%   | 9.1%   | 9.9%   | 9.5%   | N/A            | N/A         |

| Domain Score   |                  | 81.8%          |           | RAG                 |   | Amber |  | Level 3 |  | 0 |  |
|----------------|------------------|----------------|-----------|---------------------|---|-------|--|---------|--|---|--|
| Measure Weight | Escalation Score | Weighted Score | Max Score | Measure Assurance % |   |       |  |         |  |   |  |
| 6              | 3                | 18             | 18        |                     | 1 |       |  |         |  |   |  |
| 3              | 2                | 6              | 9         | 0.6666667           |   |       |  |         |  |   |  |
| 6              | 3                | 18             | 18        |                     | 1 |       |  |         |  |   |  |
| 6              | 2                | 12             | 18        | 0.6666667           |   |       |  |         |  |   |  |
| 3              | 3                | 9              | 9         |                     | 1 |       |  |         |  |   |  |
| 3              | 3                | 9              | 9         |                     | 1 |       |  |         |  |   |  |
| 3              | 2                | 6              | 9         | 0.6666667           |   |       |  |         |  |   |  |
| 3              | 3                | 9              | 9         |                     | 1 |       |  |         |  |   |  |
| 3              | 3                | 9              | 9         |                     | 1 |       |  |         |  |   |  |
| 3              | 2                | 6              | 9         | 0.6666667           |   |       |  |         |  |   |  |
| 3              | 2                | 6              | 9         | 0.6666667           |   |       |  |         |  |   |  |
| 3              | 2                | 6              | 9         |                     |   |       |  |         |  |   |  |
| 3              | 2                | 6              | 9         | 0.6666667           |   |       |  |         |  |   |  |
| 3              | 2                | 6              | 9         | 0.6666667           |   |       |  |         |  |   |  |
| 6              | 2                | 12             | 18        | 0.6666667           |   |       |  |         |  |   |  |
| 6              | 3                | 18             | 18        |                     | 1 |       |  |         |  |   |  |
| 6              | 2                | 12             | 18        | 0.6666667           |   |       |  |         |  |   |  |

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| Reportable Group  |                |                |  |     |                                                                                                                                                                                                              |            |            |                |                                           | test 12 mont |               |          |          |          |          |                |           |
|-------------------|----------------|----------------|--|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|----------------|-------------------------------------------|--------------|---------------|----------|----------|----------|----------|----------------|-----------|
| Domain            | Domain         | Priority level |  | Ref | KPI                                                                                                                                                                                                          | Esc. Level | Assu. Icon | Variation Icon | Target 26/27                              | Mar-24       | Mar-25        | Mar-26   | Jun-26   | Jul-26   | Aug-26   | Latest Ranking | All Wales |
|                   |                |                |  |     |                                                                                                                                                                                                              |            |            |                |                                           | Q4           | Q4            | Q4       | Q1       | Q2       |          |                |           |
| Access & Outcomes | Emergency Care |                |  | 20  | Percentage of people to have a heartbeat restored after a period of cardiac arrest which is subsequently retained until arrival at hospital (Return Of Spontaneous Circulation)                              | Level 2a   | N/A        | N/A            | End of quarter on end quarter improvement |              |               | 18.2%    | 17.7%    | 27.3%    | 0.0%     | 7th            | 19.7%     |
| 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 | 00:09:38 | 00:10:02 | 00:11:48 | 7th            | 00:07:42  |
| 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 | 00:11:24 | 00:11:33 | 00:12:34 | 7th            | 00:09:02  |
| Access & Outcomes | Emergency Care |                |  | 23  | Number of ambulance patient handovers over 45 minutes                                                                                                                                                        | Level 2a   | N/A        | N/A            | 0                                         |              |               | 3        | 1        | 1        | 1        | 1st            | 3,693     |
| Access & Outcomes | Emergency Care |                |  | 24  | Percentage of ambulance patient handovers within 15 minutes                                                                                                                                                  | Level 2a   | N/A        | N/A            | 80%                                       |              |               | 55.6%    | 55.6%    | 60.0%    | 45.5%    | 3rd            | 36.0%     |
| Access & Outcomes | Emergency Care |                |  | 25  | Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge                                           | Level 1    |            |                | 95%                                       | 99.9%        | 100%          | 99.9%    | 100%     | 100%     | 100%     | 1st            | 63.8%     |
| Access & Outcomes | Emergency Care |                |  | 26  | Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge                                                 | Level 1    |            |                | 0                                         | 0.0%         | 0             | 0        | 0        | 0        | 0        | 1st            | 10,977    |
| 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   |            |                | 95%                                       | 68.7%        | 68.6%         | 89.7%    | 89.7%    | 90.5%    | 89.9%    | 1st*           | 49.7%     |
| Access & Outcomes | Elective care  |                |  | 29  | Number of diagnostic breaches 8+ weeks                                                                                                                                                                       | Level 2a   |            |                | 0                                         | 116          | 79            | 1        | 51       | 41       | 42       | 1st*           | 37,467    |
| Access & Outcomes | Elective care  |                |  | 30  | Number of therapy breaches 14+ weeks (all ages)                                                                                                                                                              | Level 2a   |            |                | 0                                         | 135          | 0             | 0        | 0        | 10       | 94       | 3rd*           | 6,827     |
| Access & Outcomes | Elective care  |                |  | 31  | Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)                                                         | Level 1    |            |                | 0                                         |              | Not available | 0        | 5        | 0        | 0        | 1st*           | 17,534    |
| Access & Outcomes | Elective care  |                |  | 32  | Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)                                                                                | Level 1    |            |                | 0                                         |              | Not available | 0        | 2        | 1        | 0        | 1st*           | 3,394     |
| Access & Outcomes | Elective care  |                |  | 33  | Number of patients waiting more than 26 weeks for a new outpatient appointment                                                                                                                               | Level 2a   |            |                | 0                                         | 370          | 570           | 63       | 185      | 222      | 271      | 1st*           | 68,237    |
| 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      | 456      | 489      | 580      |                | N/A       |
| Access & Outcomes | Elective care  |                |  | 34  | RTT patients waiting more than 104 weeks (Powys provider)                                                                                                                                                    | Level 1    |            |                | 0                                         | 1            | 0             | 0        | 0        | 0        | 0        | 1st*           | 4,731     |
| Access & Outcomes | Elective care  |                |  | 34r | All RTT pathways (England) waiting more than 104 weeks                                                                                                                                                       | Level 2a   |            |                | 0                                         | 26           | 40            | 114      | 145      | 145      |          |                | N/A       |
| Access & Outcomes | Elective care  |                |  | 34r | All RTT pathways (Wales) waiting more than 104 weeks                                                                                                                                                         | Level 2a   |            |                | 0                                         | 184          | 41            | 10       | 28       | 37       | 34       |                | N/A       |
| Access & Outcomes | Elective care  |                |  | 35  | Number of patient follow-up outpatient appointment delayed by over 100%                                                                                                                                      | Level 2a   |            |                | 825                                       | 1202         | 1318          | 1100     | 1,084    | 1,121    |          | 1st            | 315,130   |
| Access & Outcomes | Outcome        |                |  | LM  | Percentage of Powys responsible patients discharged from hospital to their usual place of residence                                                                                                          | Level 2a   |            |                | Local target 90% or higher                | 92.1%        | 88.9%         | 89.5%    | 90.7%    | 90.4%    | 89.4%    |                |           |

| Domain Score   |                  | 77.0%          |           | RAG                 |  | Amber |  | Level 3 |  | 1 |  |
|----------------|------------------|----------------|-----------|---------------------|--|-------|--|---------|--|---|--|
| Measure Weight | Escalation Score | Weighted Score | Max Score | Measure Assurance % |  |       |  |         |  |   |  |
| 3              | 2                | 6              | 9         | 0.6666667           |  |       |  |         |  |   |  |
| 3              | 2                | 6              | 9         | 0.6666667           |  |       |  |         |  |   |  |
| 3              | 2                | 6              | 9         | 0.6666667           |  |       |  |         |  |   |  |
| 6              | 2                | 12             | 18        | 0.6666667           |  |       |  |         |  |   |  |
| 3              | 2                | 6              | 9         | 0.6666667           |  |       |  |         |  |   |  |
| 3              | 3                | 9              | 9         | 1                   |  |       |  |         |  |   |  |
| 6              | 3                | 18             | 18        | 1                   |  |       |  |         |  |   |  |
| 3              | 2                | 6              | 9         | 0.6666667           |  |       |  |         |  |   |  |
| 6              | 2                | 12             | 18        | 0.6666667           |  |       |  |         |  |   |  |
| 3              | 2                | 6              | 9         | 0.6666667           |  |       |  |         |  |   |  |
| 3              | 3                | 9              | 9         | 1                   |  |       |  |         |  |   |  |
| 3              | 3                | 9              | 9         | 1                   |  |       |  |         |  |   |  |
| 6              | 2                | 12             | 18        | 0.6666667           |  |       |  |         |  |   |  |
| 6              | 2                | 12             | 18        | 0.6666667           |  |       |  |         |  |   |  |
| 6              | 3                | 18             | 18        | 1                   |  |       |  |         |  |   |  |
| 6              | 2                | 12             | 18        | 0.6666667           |  |       |  |         |  |   |  |
| 6              | 2                | 12             | 18        | 0.6666667           |  |       |  |         |  |   |  |
| 6              | 2                | 12             | 18        | 0.6666667           |  |       |  |         |  |   |  |
| 3              | 2                | 6              | 9         | 0.6666667           |  |       |  |         |  |   |  |

| Domain        | Priority level                                                                      |                                                                                     | Ref   | KPI                                                                                                                                                                                                    | Esc. Level | Assu. Icon                                                                          | Variation Icon                                                                      | Target 26/27     | Mar-24 | Mar-25 | Mar-26 | Jun-26 | Jul-26 | Aug-26 | Latest Ranking | All Wales |
|---------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------|--------|--------|--------|--------|--------|--------|----------------|-----------|
|               |                                                                                     |                                                                                     |       |                                                                                                                                                                                                        |            |                                                                                     |                                                                                     |                  | Q4     | Q4     | Q4     | Q1     | Q2     |        |                |           |
| Screening     |                                                                                     |  | 8     | Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment.                                                | Level 3    |  |  | 90%              | 0.0%   | 0.0%   | 20.7%  | 20.8%  | 48.4%  |        | 3rd*           | 24.1%     |
| 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%  | 62.7%  | 65.7%  |        | N/A            | 59.2%     |
| Cancer        |                                                                                     |  | LM    | Provider - Single cancer pathway downgrades within 28 days best practice                                                                                                                               | Level 1    | N/A                                                                                 |  | No target        | 31.8%  | 60.6%  | 50.0%  | 70.8%  | 88.2%  | 89.3%  |                | N/A       |
| Cancer        |                                                                                     |  | MDS87 | Provider - New Cancer Referrals                                                                                                                                                                        | Level 1    | N/A                                                                                 |  | No target        | 44     | 58     | 50     | 43     | 45     | 42     |                | N/A       |
| Prescribing   |                                                                                     |  | 13    | Percentage of community pharmacies providing Pharmacist Independent Prescribing service (PIPS)                                                                                                         | Level 2a   |  |  | 65.5%            |        |        | 45.5%  | 50.0%  | 40.9%  |        | 7th            | 47.3%     |
| Mental Health |                                                                                     |  | 14    | Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people under 18 years          | Level 1    |  |  | 80%              | 97.7%  | 100%   | 97.4%  | 98.2%  | 87.9%  |        | 4th            | 88.4%     |
| Mental Health |                                                                                     |  | 15    | Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years    | Level 1    |  |  | 80%              | 100.0% | 91.7%  | 95.7%  | 94.6%  | 84.1%  |        | 5th            | 87.0%     |
| Mental Health |                                                                                     |  | 16    | Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over  | Level 2a   |  |  | 80%              | 60.8%  | 98.0%  | 93.2%  | 37.0%  | 24.7%  |        | 7th            | 85.5%     |
| Mental Health |                                                                                     |  | 17    | Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over | Level 1    |  |  | 80%              | 91.1%  | 93.5%  | 96.6%  | 82.8%  | 93.1%  |        | 4th            | 87.3%     |
| Mental Health |                                                                                     |  | LM    | Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years                                            | Level 1    |  |  | 90%              | 97.0%  | 97.4%  | 90.4%  | 92.9%  | 93.4%  |        | N/A            |           |
| Mental Health |                                                                                     |  | LM    | Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over                                              | Level 2a   |  |  | 90%              | 79.5%  | 81.9%  | 82.8%  | 78.4%  | 77.0%  |        | N/A            |           |
| Mental Health |                                                                                     |  | 18    | Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment                                                                                 | Level 2a   |  |  | 80%              | 42.2%  | 29.9%  | 36.8%  | 42.2%  | 42.8%  |        | 2nd            | 28.1%     |
| Mental Health |                                                                                     |  | 19    | Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health                                                                                   | Level 1    |  |  | 80%              | 75.9%  | 71.3%  | 88.2%  | 85.6%  | 91.3%  | 87.8%  | 1st*           | 53.3%     |

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| Domain         | Priority level                                                                      |                                                                                     | Ref | KPI                                                                                                                                                                                                          | Esc. Level | Assu. Icon                                                                            | Variation Icon                                                                        | Target 26/27                              | Mar-24 | Mar-25        | Mar-26   | Jun-26   | Jul-26   | Aug-26   | Latest Ranking | All Wales |
|----------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------|--------|---------------|----------|----------|----------|----------|----------------|-----------|
|                |                                                                                     |                                                                                     |     |                                                                                                                                                                                                              |            |                                                                                       |                                                                                       |                                           | Q4     | Q4            | Q4       | Q1       | Q2       |          |                |           |
| 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%    | 17.7%    | 27.3%    | 0.0%     | 7th            | 19.7%     |
| 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 | 00:09:38 | 00:10:02 | 00:11:48 | 7th            | 00:07:42  |
| 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 | 00:11:24 | 00:11:33 | 00:12:34 | 7th            | 00:09:02  |
| Emergency Care |    |    | 23  | Number of ambulance patient handovers over 45 minutes                                                                                                                                                        | Level 2a   | N/A                                                                                   | N/A                                                                                   | 0                                         |        |               | 3        | 1        | 1        | 1        | 1st            | 3,693     |
| Emergency Care |                                                                                     |    | 24  | Percentage of ambulance patient handovers within 15 minutes                                                                                                                                                  | Level 2a   | N/A                                                                                   | N/A                                                                                   | 80%                                       |        |               | 55.6%    | 55.6%    | 60.0%    | 45.5%    | 3rd            | 36.0%     |
| Emergency Care |                                                                                     |    | 25  | Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge                                           | Level 1    |    |    | 95%                                       | 99.9%  | 100%          | 99.9%    | 100%     | 100%     | 100%     | 1st            | 63.8%     |
| Emergency Care |    |    | 26  | Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge                                                 | Level 1    |    |    | 0                                         | 0.0%   | 0             | 0        | 0        | 0        | 0        | 1st            | 10,977    |
| 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   |    |    | 95%                                       | 68.7%  | 68.6%         | 89.7%    | 89.7%    | 90.5%    | 89.9%    | 1st*           | 49.7%     |
| Elective care  |    |    | 29  | Number of diagnostic breaches 8+ weeks                                                                                                                                                                       | Level 2a   |    |    | 0                                         | 116    | 79            | 1        | 51       | 41       | 42       | 1st*           | 37,467    |
| Elective care  |                                                                                     |    | 30  | Number of therapy breaches 14+ weeks (all ages)                                                                                                                                                              | Level 2a   |    |    | 0                                         | 135    | 0             | 0        | 0        | 10       | 94       | 3rd*           | 6,827     |
| Elective care  |                                                                                     |    | 31  | Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)                                                         | Level 1    |    |    | 0                                         |        | Not available | 0        | 5        | 0        | 0        | 1st*           | 17,534    |
| Elective care  |                                                                                     |    | 32  | Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)                                                                                | Level 1    |    |    | 0                                         |        | Not available | 0        | 2        | 1        | 0        | 1st*           | 3,394     |
| Elective care  |    |    | 33  | Number of patients waiting more than 26 weeks for a new outpatient appointment                                                                                                                               | Level 2a   |    |    | 0                                         | 370    | 570           | 63       | 185      | 222      | 271      | 1st*           | 68,237    |
| Elective care  |    |    | 33r | Wales - Number of patients waiting more than 26 weeks for a new outpatient appointment                                                                                                                       | Level 2a   |    |    | 0                                         | 1835   | 1387          | 394      | 456      | 489      | 580      | N/A            |           |
| Elective care  |    |    | 34  | RTT patients waiting more than 104 weeks (Powys provider)                                                                                                                                                    | Level 1    |    |    | 0                                         | 1      | 0             | 0        | 0        | 0        | 0        | 1st*           | 4,731     |
| Elective care  |    |    | 34r | All RTT pathways (England) waiting more than 104 weeks                                                                                                                                                       | Level 2a   |    |    | 0                                         | 26     | 40            | 114      | 145      | 145      |          | N/A            |           |
| Elective care  |   |   | 34r | All RTT pathways (Wales) waiting more than 104 weeks                                                                                                                                                         | Level 2a   |   |   | 0                                         | 184    | 41            | 10       | 28       | 37       | 34       | N/A            |           |
| Elective care  |  |  | 35  | Number of patient follow-up outpatient appointment delayed by over 100%                                                                                                                                      | Level 2a   |  |  | 825                                       | 1202   | 1318          | 1100     | 1,084    | 1,121    |          | 1st            | 315,130   |
| Outcome        |                                                                                     |  | LM  | Percentage of Powys responsible patients discharged from hospital to their usual place of residence                                                                                                          | Level 2a   |  |  | Local target 90% or higher                | 92.1%  | 88.9%         | 89.5%    | 90.7%    | 90.4%    | 89.4%    |                |           |

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| Reportable Group               |                                                                                   |                                                                                   |       | test 12 mont                                                                                                                           |            |                                                                                     |                                                                                     |                                                              |              |        |        |        |        |        |         |           |
|--------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------|--------|--------|--------|--------|--------|---------|-----------|
| Domain                         | Priority level                                                                    |                                                                                   | Ref   | KPI                                                                                                                                    | Esc. Level | Assu. Icon                                                                          | Variation Icon                                                                      | Target 26/ 27                                                | Mar-24<br>Q4 | Mar-25 | Mar-26 | Jun-26 | Jul-26 | Aug-26 | Ranking | All Wales |
|                                |                                                                                   |                                                                                   |       |                                                                                                                                        |            |                                                                                     |                                                                                     |                                                              |              | Q4     | Q4     |        |        |        |         |           |
| Population Health & Prevention |                                                                                   |  | 1     | % Attempted to quit smoking                                                                                                            | Level 1    | N/A                                                                                 | N/A                                                                                 | 5% target (25/26) 7.5% annual target 26/27                   | 5.4%         | 5.5%   | 9.0%   |        |        |        | 2nd     | 5.90%     |
| Population Health & Prevention |                                                                                   |  | 2     | % of Adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks                      | Level 2a   | N/A                                                                                 | N/A                                                                                 | 40% each quarter                                             | N/A          | 14.8%  | 16.1%  |        |        |        | 6th     | 23.3%     |
| Population Health & Prevention |                                                                                   |  | 3     | Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol) | Level 2a   | N/A                                                                                 | N/A                                                                                 | 80%                                                          | 67.1%        | 78.5%  | 88.0%  | 79.6%  |        |        | 6th     | 86.0%     |
| Population Health & Prevention |                                                                                   |  | 4     | % of children up to date with scheduled vaccinations by age 5                                                                          | Level 2a   | N/A                                                                                 | N/A                                                                                 | 95%                                                          | 94.5%        | 89.6%  | 90.2%  |        |        |        | 2nd     | 87.5%     |
| Population Health & Prevention |                                                                                   |  | 5     | % of children receiving the HPV vaccination by the age of 15                                                                           | Level 2a   | N/A                                                                                 | N/A                                                                                 | 90%                                                          | 77.4%        | 77.3%  | 79.9%  |        |        |        | 3rd     | 76.2%     |
| Population Health & Prevention |                                                                                   |  | 6     | Flu Vaccines - 65+                                                                                                                     | Level 2a   | N/A                                                                                 | N/A                                                                                 | 75%                                                          | 69.9%        | 69.0%  | 69.0%  |        |        |        | 6th     | 71.8%     |
| Population Health & Prevention |                                                                                   |  | 7     | Percentage uptake of the Respiratory Syncytial Virus (RSV) for those turning 75 years old                                              | Level 2a   | N/A                                                                                 | N/A                                                                                 | 70%                                                          |              |        | 37.4%  | 61.4%  | 60.1%  |        | 1st     | 49.9%     |
| 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%  | 72.7%  | 72.9%  | 73.6%  | 1st     | 67.0%     |
| 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%  | 69.9%  | 70.1%  | 71.3%  | 2nd     | 68.1%     |
| 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%  | 51.6%  |        |        |         |           |
| Population Health & Prevention |                                                                                   |  | 11    | % of adult population receiving NHS dental care over a 24-month period - GDS                                                           | Level 1    | N/A                                                                                 | N/A                                                                                 | Improvement compared to the same period in the previous year |              | 38.6%  | 39.1%  |        |        |        | 5th     | 40.6%     |
| 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%  | 49.1%  |        |        |        | 5th     | 50.5%     |

| Domain Score   |                  | 74.4%          |           | RAG               |  | Amber |  | Level 3 |  | 0 |   |
|----------------|------------------|----------------|-----------|-------------------|--|-------|--|---------|--|---|---|
| Measure Weight | Escalation Score | Weighted Score | Max Score | Measure Assurance |  |       |  |         |  |   |   |
| 3              | 3                | 9              | 9         |                   |  |       |  |         |  |   | 1 |
| 3              | 2                | 6              | 9         | 0.6666667         |  |       |  |         |  |   |   |
| 3              | 2                | 6              | 9         | 0.6666667         |  |       |  |         |  |   |   |
| 3              | 2                | 6              | 9         | 0.6666667         |  |       |  |         |  |   |   |
| 3              | 2                | 6              | 9         | 0.6666667         |  |       |  |         |  |   |   |
| 3              | 2                | 6              | 9         | 0.6666667         |  |       |  |         |  |   |   |
| 3              | 2                | 6              | 9         | 0.6666667         |  |       |  |         |  |   |   |
| 6              | 2                | 12             | 18        | 0.6666667         |  |       |  |         |  |   |   |
| 3              | 3                | 9              | 9         |                   |  |       |  |         |  |   | 1 |
| 3              | 3                | 9              | 9         |                   |  |       |  |         |  |   | 1 |

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| Reportable Group |           |                |                                                                                   |     |                                                                                                                                                                                        |            |                                                                                     |                                                                                     | test 12 mon!                     |        |        |        |        |           |        |              |           |
|------------------|-----------|----------------|-----------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------|--------|--------|--------|--------|-----------|--------|--------------|-----------|
| Domain           | Domain    | Priority level |                                                                                   | Ref | KPI                                                                                                                                                                                    | Esc. Level | Assu. Icon                                                                          | Variation Icon                                                                      | Target 26/27                     | Mar-24 | Mar-25 | Mar-26 | Jun-26 | Jul-26    | Aug-26 | Ranking      | All-Wales |
|                  |           |                |                                                                                   |     |                                                                                                                                                                                        |            |                                                                                     |                                                                                     |                                  | Q4     | Q4     | Q4     | Q1     | Q2        |        |              |           |
| People & Culture | Our Staff |                |  | 36  | Percentage of sickness absence rate of staff                                                                                                                                           | Level 1    | N/A                                                                                 |  | R12 reduction                    | 5.34%  | 5.26%  | 5.41%  | 5.41%  | 5.38%     | 5.33%  | 5th (Jun-26) | 6.47%     |
| People & Culture | Our Staff |                |  | 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%  | 8.30%  |           |        | 10th         | 6.60%     |
| People & Culture | Our Staff |                |  | 38  | Agency spend (£000s) - Financial monitoring return                                                                                                                                     | Level 1    | N/A                                                                                 | N/A                                                                                 | 30% reduction from 25/26 (£5215) |        |        |        | £2,037 | £2,701.00 |        | 8th          | £35,336   |
| People & Culture | Our Staff |                |  | LM  | Percentage headcount of those who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training) | Level 2a   |  |  | 85%                              | 77.5%  | 84.0%  | 82.2%  | 79.1%  | 77.1%     | 77.8%  | N/A          |           |
| People & Culture | Our Staff |                |  | LM  | Mandatory and Statutory Training Compliance %                                                                                                                                          | Level 1    |  |  | 85%                              | 86.0%  | 87.0%  | 88.1%  | 87.8%  | 88.2%     | 88.0%  | N/A          |           |

|                |                  |                |           |                     |         |   |
|----------------|------------------|----------------|-----------|---------------------|---------|---|
| Domain Score   | 86.7%            |                | RAG       | Green               | Level 3 | 0 |
| Measure Weight | Escalation Score | Weighted Score | Max Score | Measure Assurance % |         |   |
| 3              | 3                | 9              | 9         | 1                   |         |   |
| 3              | 2                | 6              | 9         | 0.6666667           |         |   |
| 3              | 3                | 9              | 9         | 1                   |         |   |
| 3              | 2                | 6              | 9         | 0.6666667           |         |   |
| 3              | 3                | 9              | 9         | 1                   |         |   |

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| Reportable Group            |                    |                |      | Latest 12 months                                                                                         |            |            |                |                         |        |        |        |        |        |        |
|-----------------------------|--------------------|----------------|------|----------------------------------------------------------------------------------------------------------|------------|------------|----------------|-------------------------|--------|--------|--------|--------|--------|--------|
| Domain                      | Domain             | Priority level | Ref  | KPI                                                                                                      | Esc. Level | Assu. Icon | Variation Icon | Target 26/27            | Mar-24 | Mar-25 | Apr-25 | Jun-26 | Jul-26 | Aug-26 |
|                             |                    |                |      |                                                                                                          |            |            |                |                         | Q4     | Q4     | Q1     | Q1     | Q2     |        |
| Productivity and efficiency | Access & Outcomes  |                | G3   | % of discharge outcomes to PIFU/SOS – Powys Provider                                                     | Level 1    |            |                | ≥20%                    |        |        | 22.1%  | 22.7%  | 23.5%  | 20.5%  |
| Productivity and efficiency | Access & Outcomes  |                |      | DNA rate for outpatients (monthly)                                                                       | Level 1    |            |                | <5%                     |        | 4.05%  | 4.45%  | 3.73%  | 4.27%  | 3.96%  |
| Productivity and efficiency | Access & Outcomes  |                |      | Provider - Reported All Daycase activity inc DNA                                                         | Level 2a   |            |                | 77 min per month        | 92     | 119    | 94     | 113    | 88     | 47     |
| Productivity and efficiency | Access & Outcomes  |                |      | Provider - Reported All Endoscopy activity inc DNA                                                       | Level 2a   |            |                | 69 min per month        | 89     | 77     | 61     | 74     | 56     | 48     |
| Productivity and efficiency | Access & Outcomes  |                |      | Provider - Non Obstetric Ultrasound activity                                                             | Level 1    |            |                | 548 min per month       | 605    | 667    | 594    | 702    | 661    | 598    |
| Productivity and efficiency | Community Services |                | MDS6 | District Nursing Total number of Direct patient visits undertaken by District Nursing Services - WEEKDAY | Level 2a   |            |                | 10,833 per month        | 7823   | 8734   | 9091   | 10033  | 10114  | 9053   |
| Productivity and efficiency | Community Services |                | MDS7 | District Nursing Total number of Direct patient visits undertaken by District Nursing Services - WEEKEND | Level 1    |            |                | 333 per month           | 1401   | 1931   | 1611   | 2024   | 1981   | 2357   |
| Productivity and efficiency | GIRFT              |                |      | GIRFT High Value Low Complexity (HVLC) - Average cataract procedures per list                            | Level 1    |            |                | 7 per list by end of Q2 |        | 5.1    |        | 6.3    | 6.9    | 6.0    |

| Domain Score   | 90.0%            | RAG            | Green     | Level 3             | 0 |
|----------------|------------------|----------------|-----------|---------------------|---|
| Measure Weight | Escalation Score | Weighted Score | Max Score | Measure Assurance % |   |
| 3              | 3                | 9              | 9         | 1                   |   |
| 3              | 3                | 9              | 9         | 1                   |   |
| 3              | 2                | 6              | 9         | 0.666667            |   |
| 3              | 2                | 6              | 9         | 0.666667            |   |
| 3              | 3                | 9              | 9         | 1                   |   |
| 3              | 2                | 6              | 9         | 0.666667            |   |
| 3              | 3                | 9              | 9         | 1                   |   |
| 3              | 3                | 9              | 9         | 1                   |   |

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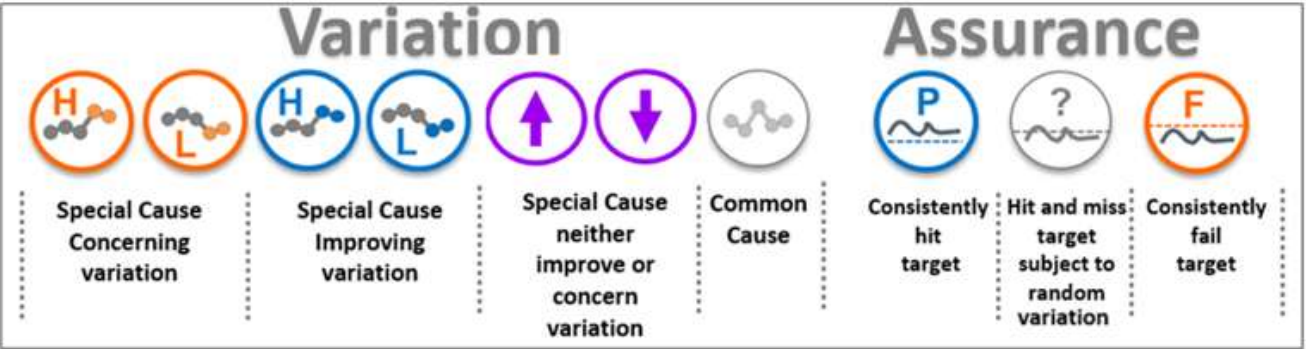
|                                               | Aug-26                                        | No. long waits by cohort, with latest SPC variance |  |                                     |  |                                      |  | Total pathways Waiting |
|-----------------------------------------------|-----------------------------------------------|----------------------------------------------------|--|-------------------------------------|--|--------------------------------------|--|------------------------|
| 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         | 68.8%                                         | 219                                                |  | 268                                 |  | 5                                    |  | 2333                   |
| Betsi Cadwaladr University Local Health Board | 57.2%                                         | 137                                                |  | 88                                  |  | 7                                    |  | 675                    |
| Cardiff & Vale University Health Board        | 57.3%                                         | 28                                                 |  | 53                                  |  | 9                                    |  | 354                    |
| Cwm Taf Morgannwg University Health Board     | 61.9%                                         | 42                                                 |  | 72                                  |  | 1                                    |  | 677                    |
| Hywel Dda University Health Board             | 59.1%                                         | 43                                                 |  | 293                                 |  | 12                                   |  | 1468                   |
| Swansea Bay University Health Board           | 65.2%                                         | 111                                                |  | 233                                 |  | 0                                    |  | 2002                   |
| Total                                         | 63.7%                                         | 580                                                |  | 1007                                |  | 34                                   |  | 7509                   |

|                                                      | Jul-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                                        | 75.6%                                         | Not available from NHSE providers                  |  | 5                                   |  | 0                                    |  | 303                    |
| The Robert Jones and Agnes Hunt Orthopaedic Hospital | 45.8%                                         |                                                    |  | 1081                                |  | 139                                  |  | 3715                   |
| The Shrewsbury and Telford Hospital NHS Trust        | 77.5%                                         |                                                    |  | 98                                  |  | 0                                    |  | 3732                   |
| Wye Valley NHS Trust                                 | 66.6%                                         |                                                    |  | 390                                 |  | 6                                    |  | 3947                   |
| Total                                                | 63.7%                                         | 0                                                  |  | 1574                                |  | 145                                  |  | 11697                  |



Appendix Five - IQPAR supporting dashboard

| Number | Type                   | Exact                          | Icon |
|--------|------------------------|--------------------------------|------|
| 0      | Not applicable for SPC | N/A                            |      |
| 1      | Variation              | Common Cause                   |      |
| 2      | Variation              | Special Cause Concern Low      |      |
| 3      | Variation              | Special Cause Concern High     |      |
| 4      | Variation              | Special Cause Improvement Low  |      |
| 5      | Variation              | Special Cause Improvement High |      |
| 6      | Assurance              | Hit And Miss                   |      |
| 7      | Assurance              | Consistently hits target       |      |
| 8      | Assurance              | Consistently fails target      |      |
| 9      | Group                  | Ministerial priority           |      |
| 10     | Group                  | NHS Performance Framework      |      |
| 11     | Group                  | PTHB Local                     |      |
| 12     | Group                  | MDS                            |      |
| 13     | Group                  | Enabling Action Measure        |      |
| 14     | Variation              | Special Cause Up               |      |
| 15     | Variation              | Special Cause Down             |      |





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## Agenda item: 5.2

| FINANCE AND PERFORMANCE COMMITTEE                                                                                                                                                                                                |                                                                                            | 13 OCTOBER 2026 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------|--|
| Subject:                                                                                                                                                                                                                         | Quarter 2 Progress against Plan Report for 2026/27                                         |                 |  |
| Approved and presented by:                                                                                                                                                                                                       | Nicola Johnson, Executive Director of Planning, Performance and Commissioning              |                 |  |
| Prepared by:                                                                                                                                                                                                                     | Assistant Director of Planning/Planning Managers                                           |                 |  |
| Other Committees and meetings considered at:                                                                                                                                                                                     | Executive Committee 1 <sup>st</sup> October 2026 who supported the paper to the Committee. |                 |  |
| PURPOSE:                                                                                                                                                                                                                         |                                                                                            |                 |  |
| This report provides an update on progress against the Annual Plan during Quarter 2 (Q2), covering July to September 2026/27.                                                                                                    |                                                                                            |                 |  |
| RECOMMENDATION(S):                                                                                                                                                                                                               |                                                                                            |                 |  |
| The Finance and Performance Committee are asked to <ul style="list-style-type: none"><li>• <b>RECEIOVE</b> the report and take <b>ASSURANCE</b> that there is a process in place for monitoring progress against plan.</li></ul> |                                                                                            |                 |  |
| 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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## EXECUTIVE SUMMARY:

This report provides the Finance and Performance Committee with an update of the progress in the Quarter 2 period (July to September) 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 Performance and Improvement for information.

It supports assurance and performance management, including oversight of areas linked to the Health Board's Level 4 escalation status for strategy, finance and planning.

The Delivery Plan has also been tagged to support analysis of Critical Actions (CA), Ministerial Priorities (MP), Ministerial Advisory Group (MAG) recommendations, Integrated Performance and Turnaround (IPT) requirements and Grant Thornton categories, alongside organisational performance reporting.

## BACKGROUND:

This report provides the F&P Committee with an update of the progress made in Quarter 2 (July to September 2026) against the 2026-27 Annual Plan.

The 2026/27 Annual Plan sets out the Health Board's delivery commitments for the year.

### Wellbeing Objectives: context

The PTHB Integrated Plan is underpinned by *A Healthy Caring Powys*, the shared long-term health and care strategy developed with the Powys Regional Partnership Board and shaped through engagement with communities and stakeholders.

This provides the framework for aligning the Annual Plan with the shared vision, Wellbeing Objectives and Enabling Objectives, and for demonstrating how planned activity contributes to strategic outcomes.

The Quarter 2 Progress against Plan Report assesses delivery against each Wellbeing Objective, supported by deliverable-level updates and key achievements.

For 2026/27, delivery is tracked in Microsoft Excel while a dashboard is developed to support quarterly analysis and trend reporting.

Filtering by MAG and Grant Thornton tags, BRAGG rating and Lead Executive supports analysis and alignment with performance reporting.

### Development of the Quarter 2 Progress against Plan Report

1) Each Strategic Priority has been reviewed by the relevant Executive Lead, with commentary on achievements, challenges and areas requiring further attention. Red-rated deliverables explain the cause of delay and the mitigating actions being taken. Executive Lead sign-off confirms directorate-level review and accountability.

## 2) Progress Summary

The following sections summarise delivery status, critical actions, delivery confidence, MAG-related tracking, items behind schedule and achievements to date.

### **BRAGG ratings:**

At the end of Quarter 2, key deliverables were reported as:

- 66 (16%) complete (blue)
- 166 (39 %) on track (green)
- 73 (17%) at risk (amber)
- 27 (7%) behind schedule (red)
- 90 (22%) not due yet (grey)

### **Critical Actions:**

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

- 26 (13%) are blue "complete"
- 78 (38%) are green "on track"
- 38 (19%) are reported as amber "at risk"
- 18 (9%) are reported as red "behind schedule"
- 44 (22%) are grey "not due yet"

### **Year-end delivery confidence assessments:**

All deliverables include a delivery confidence assessment to strengthen quarterly tracking and support earlier mitigation of low-confidence items.

There are 31 deliverables rated as low confidence for delivery by year-end at the end of Quarter 2 (this is explained in further detail in the main report)

## 3) Ministerial Advisory Group Recommendations

MAG, Ministerial Priorities and Enabling Actions are cross-referenced within the Quarter 2 Progress against Plan Report and aligned with Improving Performance Together tracking through the Integrated Quality and Performance Framework and Integrated Quality and Performance Assurance Report.

Detailed scrutiny continues through monthly Integrated Quality and Performance Delivery sessions and Joint Executive Team meetings.

#### 4) Items Behind Schedule

The table below summarises areas of delivery which remain with a red BRAGG rating at the end of Quarter 2.

| Strategic Priority | Key Areas of Delivery                                    | Key Deliverables                                                                                                                                                                                                                              | Commentary on Red Actions                                                                                                                                                                                                                                                                                                                                                                                                                                        | Delivery Confidence Assessment | Change control requested | Mapping                                                                     |
|--------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------|-----------------------------------------------------------------------------|
| SP3                | Better Together Women, Children and Families Workstream  | 3.1.1) Progress the future model for Women, Children & Families as part of Better Together Portfolio                                                                                                                                          | Better Together Women, Children & Families programme remains paused following a decision at Executive Committee on 8th July 2026 to continue to defer the Women, Children & Families Programme until at the earliest, to Q1 of 2027/28. This decision supports re-direction of resource to support the management of financial recovery and recognises wider organisational capacity constraints to support an additional transformation programme at this time. | Low                            | Y Remove                 | Cabinet Secretary Priority<br><br>Improving Performance Together Escalation |
|                    | Maternity Quality & Safety                               | 3.8.3) Implement the Saving Babies Lives recommendations with respect to fetal growth (offering robust assurance on quality)                                                                                                                  | Delivery timescale revised from Q2 to Q4 due to workforce redesign activity, organisational change processes and recruitment dependencies associated with specialist fetal growth capacity.                                                                                                                                                                                                                                                                      | High                           | Y Timescale              | Critical Action                                                             |
| SP4                | Phase 2, Planned Care, Women, Children and Families      | 4.4.4) Undertake stakeholder engagement on phase 2 planned care, women, children and families                                                                                                                                                 | Executive Committee have agreed that engagement on Phase 2 will not commence until after Phase 1 consultation therefore there is a change request to remove from this year's plan.                                                                                                                                                                                                                                                                               | Low                            | Y Remove                 |                                                                             |
|                    |                                                          | 4.4.5) Development of Powys Provider Scheduled Care Model                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Low                            | Y Remove                 |                                                                             |
|                    | 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 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Low                            | Y Remove                 |                                                                             |
| SP5                | Getting It Right First Time (GIRFT) Strategic Assessment | 5.1.3) Recruit to clinical specialty leads and transformation expertise to lead and support delivery                                                                                                                                          | Clinical Lead for Planned Care Transformation joined PTHB at beginning of September. Recruitment to clinical specialties is ongoing. Currently out to advert for ophthalmology clinical lead.                                                                                                                                                                                                                                                                    | Medium                         | Y Timescale              | Critical Action                                                             |

|     |                             |                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |             |                                                   |
|-----|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------|---------------------------------------------------|
|     |                             | 5.1.4) Develop phased implementation plan to deliver benefits of pathway re-design – phase 1 to focus on 2026/27 opportunities and benefits                                         | Development of a phased implementation plan to deliver benefits of pathway re-design, delayed due to sign off of Strategic assessment. Transformation project team is now in place and background work to understand baseline is nearing completion.                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Medium | Y Timescale | Critical Action                                   |
|     | Referral Optimisation       | 5.2.2) Develop phased implementation plan for delivery of referral optimisation at scale business case                                                                              | Lag in progressing and sign off for Referral Hub business case has resulted in delay of phased implementation plan and securing referral optimisation clinical leadership, now being advanced. Project team currently scoping estates options for referral hub.                                                                                                                                                                                                                                                                                                                                                                                                                                                             | High   | Y Timescale | Critical Action                                   |
|     |                             | 5.2.3) Secure referral optimisation clinical leadership and transformation support                                                                                                  | Lag in progressing and sign off for Referral Hub business case has resulted in delay of phased implementation plan and securing referral optimisation clinical leadership, now being advanced.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | High   | Y Timescale | Critical Action                                   |
|     |                             | 5.2.4) Agree options for an electronic referral system within Wales and across the border into NHS England (will require national support)                                          | Lag in progressing and sign off for Referral Hub business case has resulted in delay of phased implementation plan and securing referral optimisation clinical leadership, now being advanced. Technical options appraisal for ERS integration is ongoing. National support in place.                                                                                                                                                                                                                                                                                                                                                                                                                                       | High   | Y Timescale | Critical Action                                   |
|     | Waiting Well Service        | 5.6.1) Development of Prehabilitation offer in line with requirements of 3P Strategy (awaiting direction from Welsh Government)                                                     | No further guidance received from Welsh Government. Many other Health Boards have disbanded Waiting Well - request to remove this from priorities - prehabilitation will be picked up via Referral Management Advice Guidance workstreams.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Low    | N           |                                                   |
| SP8 | Older Adult Community Model | 8.2.2) Complete outstanding strategic assessment required for Older Adults community-based Multidisciplinary Teams (will inform North Powys Wellbeing Programme Full Business Case) | 8.2.2) Whilst baseline measurements were recorded across services and used within demand and capacity modelling for option development within Better Together Phase 1, further strategic assessment remains outstanding around understanding priorities of partner organisations, e.g. Social Services and 3rd sector organisations. Due to pressures of Better Together Phase 1 work running into Q1 and Q2, this deliverable has not been progressed as planned, hence has red status. A meeting is planned for early Q3 to clarify scope of this deliverable across both MH and Physical Health service areas. A change request is being submitted with this report for rescheduling this deliverable for Q3-Q4 2026/27. | Low    | Y Timescale |                                                   |
|     | Adult Community Model       | 8.3.3) Continue scope & design for 'Sanctuary' alternative to admission (interdependency with Open Access & Stepped Care)                                                           | Better Together Phase 1 work running into Q1 and Q2 has delayed any high-level preparation/ analysis work for this deliverable regarding Sanctuary from progressing, hence red status. However, progress of this deliverable is dependent upon the outcome of Better Together public consultation. A change request is being submitted to reschedule this deliverable for Q3-Q4 (n.b. Timing of public consultation suggests this deliverable may require                                                                                                                                                                                                                                                                   | Low    | Y Timescale | Cabinet Secretary Priority<br><br>Critical Action |

|      |                                                       |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |             |                 |
|------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------|-----------------|
|      |                                                       |                                                                                                                                                                                                                                                    | further rescheduling to include Q1 2027/28).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |             |                 |
| SP11 | Workforce Projection Modelling & Pipeline Development | 11.6.2) Support the design and implementation of Clinical Psychologist Grow our Own Initiative                                                                                                                                                     | There has been no material progress during Q2 in developing the proposed Clinical Psychology Grow Our Own initiative. Despite repeated contact with HEIW, the required engagement has not yet been secured to further progress the design of the initiative or confirm future potential training arrangements. Further follow-up and escalation will be required during Q3 to establish whether the initiative can be progressed and, if so, to agree the scope, training route and timescales. This remains an area of focus given the ongoing workforce supply challenges within Clinical Psychology. | Low    | N           | Critical Action |
| SP12 | 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                                                                               | 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-Q3.                                                                                                                                                                                             | Medium | Y Timescale |                 |
|      |                                                       | 12.4.2) Implementation of a health board governance approach to agree statutory and mandatory training requirements                                                                                                                                | HEIW are undertaking work nationally to define a governance approach. PTHB will seek to adopt this approach and develop any additional measures for internal purposes as required. HEIW's timeline for initial governance approaches is Q3/Q4 2026/27                                                                                                                                                                                                                                                                                                                                                   | Medium | Y Timescale |                 |
|      | 12.4) Core training                                   | 12.4.3) Embed the national Continued Professional Development arrangements and monitoring requirements                                                                                                                                             | A limited national agreement was made that only included the e-learning Statutory and Mandatory training modules included within the 52 hours CPD. No Health Boards have implemented on this basis as the agreement doesn't clarify the position of higher level statutory and mandatory training courses. A DDWODs working group is undertaking further activity to establish a way forward.                                                                                                                                                                                                           | Medium | Y Timescale |                 |
| 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 | 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.                                                                                                                                                                                                                                                                         | Medium | Y Timescale | Critical Action |
| SP13 | 13.1) Intelligence-Led Workforce Wellbeing            | 13.1.2) Implement a coordinated workforce wellbeing delivery model that                                                                                                                                                                            | Delivery of this action has been deferred pending implementation of the Workforce Wellbeing Risk Framework. As the integrated wellbeing model is designed to                                                                                                                                                                                                                                                                                                                                                                                                                                            | Medium | N           | Critical Action |

|      |                                                                                                                                   |                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |   |                 |
|------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---|-----------------|
|      |                                                                                                                                   | integrates Business Partners, Organisational Development, Occupational Health, Musculoskeletal services, and psychological support to provide consistent and accessible interventions across all service areas | provide targeted support to identified high-risk services, the absence of an agreed prioritisation framework has limited the ability to implement the model as originally intended, once the delivery model is agreed, the intention is that pending the areas of risk identified, the appropriate intervention/s can be designed enabling a multidisciplinary approach. In the interim, the Business Partner team continue to ensure compliance with organisational policy and signpost to services accordingly. This has also included follow up activity with all staff who have been off work due to stress anxiety and depression to ensure appropriate signposting to support such as stress risk assessments and signposting to VivUp and MAC practitioners. |        |   |                 |
| SP14 | 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                                                                  | Initial feedback was sought from current members of the Welsh Language Service Leads Group on areas for improvement, existing strengths, and priorities to inform the refresh of the group and the development of revised Terms of Reference. No feedback was received through this engagement process. As a result, an updated draft Terms of Reference will be developed and circulated to Assistant Directors for comment and input before being finalised. Given the need for further engagement and governance review, it is proposed that delivery of this action is delayed to Quarter 3.                                                                                                                                                                    | Medium | N |                 |
| SP15 | 15.1) Implementation of the Single Community & Mental Health System (Welsh Community Care Information System (WCCIS) Replacement) | 15.1.1) Complete migration to a single digital platform for community and mental health services in line with the current WCCIS user base                                                                      | The March 2027 go live is forecast to delay by one month, entering the critical contingency period. Functionality and Testing have impacted initial milestone delivery timelines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Low    | N | Critical Action |
| SP15 | 15.1) Implementation of the Single Community & Mental Health System (Welsh Community Care Information System (WCCIS) Replacement) | 15.1.3) Replace 100% of legacy WCCIS functions to mitigate end of life WCCIS platform being unavailable                                                                                                        | The March 2027 go live is forecast to delay by one month, entering the critical contingency period. Functionality and Testing have impacted initial milestone delivery timelines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Low    | N | Critical Action |
| SP15 | 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.                                                           | Eye Care programme funding has ceased, no available resource to continue at this stage, meeting scheduled with WG for further discussion. This has only impacted OpenEyes Electronic Patient Record. The Electronic Referral System is live in primary care and soon to be in secondary care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Low    | N | Critical Action |

|      |                                                                                                   |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                               |     |   |                 |
|------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---|-----------------|
| SP15 | 15.3) Complete OpenEyes eyecare system                                                            | 15.3.2) Support compliance with national eyecare pathways                                                                                                                          | Eye Care programme funding has ceased, no available resource to continue at this stage, meeting scheduled with WG for further discussion. This has only impacted OpenEyes Electronic Patient Record. The Electronic Referral System is live in primary care and soon to be in secondary care. | Low | N | Critical Action |
| SP15 | 15.3) Complete OpenEyes eyecare system                                                            | 15.3.3) Make available access to the Open Eyes and ERS solution hosted by Cardiff & Vale UHB and Digital Health Care Wales                                                         | Eye Care programme funding has ceased, no available resource to continue at this stage, meeting scheduled with WG for further discussion. This has only impacted OpenEyes Electronic Patient Record. The Electronic Referral System is live in primary care and soon to be in secondary care. | Low | N | Critical Action |
| SP15 | 15.3) Complete OpenEyes eyecare system                                                            | 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 | Eye Care programme funding has ceased, no available resource to continue at this stage, meeting scheduled with WG for further discussion. This has only impacted OpenEyes Electronic Patient Record. The Electronic Referral System is live in primary care and soon to be in secondary care. | Low | N | Critical Action |
| SP16 | 16.2) Implementation of a digital communications platform (SMS Text, Hybrid Mail, Patient Portal) | 16.2.1) Approval of Business case for a Communications platform to secure funding                                                                                                  | Capacity limitations have delayed any progress on developing the case for a Communications platform                                                                                                                                                                                           | Low | N | Critical Action |

## 5) Change requests

Quarter 2 change requests are included at Appendix 1, together with outstanding requests brought forward for consideration. The Executive Committee considered the outstanding requests on 19 August and 2 September 2026. No changes were approved, and the relevant requests remain subject to formal consideration alongside those submitted through the Quarter 2 reporting cycle.

## 6) Achievements to date

A consolidated summary of Quarter 2 achievements is included to show delivery impact against the Plan.

### **Focus on Wellbeing**

#### Whole System Prevention Approach

- Making Every Contact Count included in training sessions for PTHB staff and was attended by 70 staff including health visitors and dental nurses.
- 444 organisations now signed up to the Powys Breastfeeding Welcome Scheme.
- Stop Smoking service activity remained on track against the 2026/27 target of 1.5% of smokers making a quit attempt.

### **Health Protection, Vaccination and Screening**

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- Multi-agency response arrangements have continued at local, regional and national levels, including responses to wildfire incidents and extreme heat events.
- Teenage Immunisation Catch Up clinics delivered over the school summer holidays. 176 missing teenage vaccines given by the School Health Nursing Immunisation Team.
- 21 care home staff received Health Protection training, and 29 new Health Protection Champions trained.

#### Women, Children and Family Health

- Women's Health governance reviewed and revised accordingly. Year 2 implementation plan drafted and in progress.
- Proposed exit from Neurodevelopment Services escalation arrangements, outcome is awaited.
- Improved assurance template for commissioned services completed.

### Early Help and Support

#### Enhanced Primary and Community Care

- New Dental contract implemented across all contractors, foundation dentists recruited and special care pathways finalised.
- New South Powys Frailty Coordination Service underway.
- Primary and Community Care Academy Training offer expanded, supporting 19 staff through HEIW-funded courses, 391 learner contacts.
- 100% of Optometry Practice Development Plans reviewed, Independent Prescribing coverage increased to 57%, OPERAi implemented and Wales-first optical career pathway trial launched.
- Future GMS Out of Hours specification progressed, with direct award completed to sustain provision from July 2026 to September 2027.
- The North Powys Wellbeing Programme Board agreed that the Montgomery Branch Practice and Community Pharmacy would not move into the Hub, with the space instead supporting an extended Primary and Community Model; the Community Dental Practice will still relocate, revised designs have been approved, and work is underway to identify the benefits for the people of Powys.

#### Planned Care and Diagnostics

- Digital Eyecare OpenEyes successfully implemented in Powys, with Ystradgynlais Hospital the first go-live site.
- National recognition achieved for pre operative assessment service development and Health Screening Questionnaire implementation.
- High-volume cataract delivery demonstrated, with eight cataracts per list and best-in-Wales bilateral cataract performance.
- Llanidloes Outpatients refurbished to support repatriation of further eyecare pathways, including a new injector service in Powys.
- Theatres and Endoscopy: Senior nurse and assistant clinical lead appointments strengthened governance and support JAG accreditation requirements.

- Community Health Pathways uptake continues to increase across primary care, supporting consistent pathway use and clinical decision-making.

#### Complex and Continuing Healthcare (CHC)

- Quality assurance has strengthened, with improved oversight of high-cost packages, financial pressures, Direct Payments planning and complex case management.

### **Tackling the Big Four**

#### Mental Health

- Online CBT service improvement projects developed, with plans progressing for future All-Wales Digital Therapies procurement and pathway expansion.
- Suicide Prevention Support responded to increased demand, with updated information and training links with physical health settings underway.
- Low out-of-county acute placement demand maintained, supported by enhanced daily patient flow governance
- Continuous Quality Improvement Plan refreshed, with additional leadership capacity being recruited.
- Learning Disabilities: Best-in-Wales Health Equality Framework performance reported, with strong champion training delivery and substantial assurance from audit.
- Work continued to strengthen consistent Primary Care pathways, referrals and interoperability between primary care and Mental Health and Learning Disability services.

#### Joined Up Care

- Level 2 Falls Response Pathway launched through Single Point of Access (SPOA). Activity continues to grow, with early evaluation showing performance above national expectations for alternatives to Emergency Department attendance.
- Emergency Department turnaround evaluation continued, with a Wye Valley front-door Care Transfer Coordinator pilot launched to support early redirection into PTHB services.
- Optimal Hospital Flow dedicated roles recruited and ward-based implementation support ready to commence in Q3.
- Minor Injury Unit teams are now registered on Consultant Connect to strengthen senior clinical advice access.
- MIU temporary service change evaluation completed, informing the Better Together Phase 1 pre-consultation business case.

### **Commissioning for Value**

- Delivery areas agreed to reduce urgent care growth and commissioned spend, including frailty, Single Point of Access, falls response, Emergency Department redirection and optimal hospital flow.
- Board confirmed continued commissioning to NHS Wales waiting times for 2026/27, with savings schemes identified.

- Continued implementation of Strategic Commissioning Framework priorities.
- Strengthened oversight arrangements for commissioned services through quality and governance structures

### **Workforce Futures**

- 36 staff completed change management training, with monthly delivery continuing and tailored Better Together support in place.
- 2026 Aspiring Nurse cohort recruited, with eight candidates appointed and placed into HCSW roles to support future nursing supply.
- Agency reduction and variable pay controls strengthened, with targeted recruitment focused on persistent vacancies and hard-to-fill roles.
- Review of public-facing patient information is underway, with sample documents sourced and further assessment planned against relevant standards.
- NHS Wales anti sexual harassment policy formally adopted, with local toolkit developed in partnership with Safeguarding and Trade Union colleagues and published for staff.

### **Digital First, Data and Innovation**

- Maternity Digital Funding Business case completed and successfully funded, with Phase 2 delivery now underway.
- Electronic Prescribing system rollout remains on plan, with positive feedback received and outpatient implementation planned after inpatient completion.
- Permanent Clinical Informatics training team recruited and in post
- Cyber Security controls remain robust against emerging threats remain a priority, with device software updates supporting continued risk mitigation.
- Data Intelligence dashboard development has increased to support single-source reporting, financial recovery, transformation, commissioning and performance improvement.

### **Innovative Environments**

- All capital projects remain on track, with the current Llandrindod phase due for completion in October and £2.2m spend achieved by month 5.
- Climate Adaptation Plan approved in September, meeting the Welsh Government deadline.

### **Finance**

- The Health Board has established a Financial Recovery Board and team with fortnightly rhythm to meetings providing drive and focus. A full programme of £23m savings has been identified.

### **Quality**

- Listening to People Framework fully implemented.
- Early resolution complaints target achieved.
- People's Experience Strategic Delivery & Oversight Group established.

- Public and staff engagement on the People’s Experience Framework completed.

### Transforming in Partnership

- Post-election engagement took place with newly elected Members of the Senedd, supporting continued strategic relationships.
- Powys Health Charity Strategy 2026–2030 approved, with implementation underway through policy development.
- Quality improvement support is being aligned with organisational priorities and embedded in business planning and performance cycles through ongoing engagement with operational leads.
- Value Based Health Care governance and delivery arrangements are being refreshed, with priority work on low-value interventions and digital PROMs pilots in Cardiology and Mental Health.

### NEXT STEPS:

- The Finance and Performance Committee are asked to DISCUSS 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 |

|                              |                          |           |                 |              |                                                                                                                                                                                                                                                                                                                                         |
|------------------------------|--------------------------|-----------|-----------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Disability                   |                          |           |                 |              | required, the full Equality Impact Assessment should be available as a supporting document to inform the decision-making process.                                                                                                                                                                                                       |
| 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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## Appendix 1

| Strategic Priority | Key Areas of Delivery                                                 | Key Deliverables                                                                                                                                                                               | Change Request Type       | Description of change                                                                                                                                                                                                                                                                                                                                                             | Lead Director                  | Change approved |
|--------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------|
| SP2                | 2.3) Implement respiratory vaccination programme                      | 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                                            | Timescale                 | Change from Q3 to Q2- In line with WHC2026/020 RSV expansion programme commences on 1 September 2026                                                                                                                                                                                                                                                                              | ED PH                          |                 |
| 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<br>DI&T<br>ED<br>NQW&FH |                 |
|                    |                                                                       | 3.1.1) Progress requirements of the north Powys wellbeing hub                                                                                                                                  | Timescale                 | 3Timescale change request from Q1-Q4 to Q4. The programme has been paused due to organisational prioritisation of resources and action remains red; however, this reflects a planned pause rather than a delivery failure. The work is now expected to commence in Quarter 4.                                                                                                     |                                |                 |
|                    | 3.7) Complex and Continuing Health Care for Children and Young People | 3.7.2) Develop and deliver reporting structures to demonstrate impact and provide good governance                                                                                              | Timescale                 | Delivery timescale revised from Q3 to Q4 due to recruitment challenges and review of the workforce model. Alternative staffing solutions are being explored to support sustainable implementation.                                                                                                                                                                                |                                |                 |
|                    | 3.8) Maternity Quality & Safety                                       | 3.8.3) Implement the Saving Babies Lives recommendations with respect to fetal growth (offering robust assurance on quality)                                                                   | Timescale                 | Delivery timescale revised from Q2 to Q4 due to workforce redesign activity, organisational change processes and recruitment dependencies associated with specialist fetal growth capacity.                                                                                                                                                                                       | ED<br>NQW&FH                   |                 |
|                    |                                                                       | 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. |                                |                 |
| 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<br>PCC&MH<br>ED P&C<br>DI&T |                 |

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|     |                                                               |                                                                                                                                             |                           |                                                                                                                                                                                   |                           |  |
|-----|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--|
|     | 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                                                                                                                                                 |                           |  |
|     | 4.4) Journey to Consultation                                  | Phase 1 Adults Physical and Mental Health Community Services                                                                                | Timescale                 | Executive Committee have agreed that engagement on Phase 2 will not commence until after Phase 1 consultation therefore there is a change request to remove from this years plan. |                           |  |
|     | 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<br>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<br>ED P&C<br>ED PP&C |  |
|     |                                                               | 5.1.3) Recruit to clinical specialty leads and transformation expertise to lead and support delivery                                        | Timescale                 | Change in timescale to Q3                                                                                                                                                         |                           |  |
|     |                                                               | 5.1.4) Develop phased implementation plan to deliver benefits of pathway re-design                                                          | Timescale                 | Change in timescale to Q3                                                                                                                                                         |                           |  |
|     | 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 (updated to Q3 during Q2 return)                                                                                                                |                           |  |
|     |                                                               | 5.2.3) Secure referral optimisation clinical leadership and transformation support                                                          | Timescale                 | Change in timescale to Q3                                                                                                                                                         |                           |  |
|     |                                                               | 5.2.4) Agree options for an electronic referral system within Wales and across the border into NHS England (will require national support)  | Timescale                 | Change in timescale to Q3                                                                                                                                                         |                           |  |
|     |                                                               | 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                | Deliverable to be removed | To be removed as considered BAU, agreed at Planned Care Programme Board                                                                                                           |                           |  |

|     |                                      |                                                                                                                                                                                                                                                                                                                |                           |                                                                                                                                                                                                                                                                              |                                |  |
|-----|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--|
|     |                                      | transfer or disposal and ensuring all governance and compliance requirements are upheld throughout the process                                                                                                                                                                                                 |                           |                                                                                                                                                                                                                                                                              |                                |  |
|     |                                      | 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                                                                                                                                                                                                                                                        |                                |  |
| SP8 | 8.2) Older Adult Community Model     | 8.2.2) Complete outstanding strategic assessment required for Older Adults community-based Multidisciplinary Teams (will inform North Powys Wellbeing Programme Full Business Case)                                                                                                                            | Timescale                 | A change request is being submitted with this report for rescheduling this deliverable for Q3-Q4 2026/27                                                                                                                                                                     |                                |  |
|     |                                      | 8.2.3) Continue design and implementation of future phases (i.e. phase 2.1) of Single Point of Access and 111 (press 2), to include holistic assessment following patient triage, (including opportunity of virtual assessment) North Powys Wellbeing Programme inter-dependent on older adult community model | Scope change              | A change request is required for this deliverable for an adjustment in scope of this deliverable – however scope has not yet been redefined. Therefore, a change request has been submitted with this report, however, will need updating once the scope has been redefined. |                                |  |
|     | 8.3) Adult Community Model           | 8.3.3) Continue scope & design for 'Sanctuary' alternative to admission (interdependency with Open Access & Stepped Care)                                                                                                                                                                                      | Timescale                 | This change request is being submitted to reschedule this deliverable for Q3-Q4.                                                                                                                                                                                             |                                |  |
| 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<br>PCC&MH<br>ED P&C<br>DI&T |  |
|     | 9.2) Single Point of Access          | 9.2.2) Undertake an early evaluation using learning from initial operation to inform refinement and future development                                                                                                                                                                                         | Timescale                 | Change in timescale from Q2 to Q2-Q3. Additional time is required to allow completion of the evaluation.                                                                                                                                                                     |                                |  |
|     | 9.5) Optimal Hospital Flow           | 9.5.3) Embed the revised OHFF approach through sustained, ward-level support                                                                                                                                                                                                                                   | Timescale                 | Change in timescale from Q2-Q4 to Q3-Q4. Recruitment delays have deferred commencement of ward-level implementation until Q3.                                                                                                                                                |                                |  |

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|      |                                                                |                                                                                                                                                                                                                                                    |                           |                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
|------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
|      | 9.7) Urgent and Emergency Care Integration and Sustainability  | 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.       | Timescale                 | Change in timescale from Q1-Q2 to Q1-Q4. Additional time is required to further review and refine business case requirements prior to finalisation and submission.                                                                                                                                                                                                                                         |            |  |
|      |                                                                | 9.7.3) Implement outcome of business plan to ensure sustainable service delivery                                                                                                                                                                   | Timescale                 | Change in timescale from Q3-Q4 to Q4. Finalisation of the business case has been extended to allow further review and refinement of requirements, delaying commencement of implementation activity.                                                                                                                                                                                                        |            |  |
| SP11 | 11.6) Workforce Projection Modelling & Pipeline Development    | 11.6.2) Support the design and implementation of Clinical Psychologist Grow our Own Initiative                                                                                                                                                     | Timescale                 | Delayed due to HEIW being unable to confirm arrangements. Request change to Q4                                                                                                                                                                                                                                                                                                                             | ED P&C     |  |
| 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     |  |
|      |                                                                | 12.4.2) Implementation of a health board governance approach to agree statutory and mandatory training requirements                                                                                                                                | Timescale                 | HEIW are undertaking work nationally to define a governance approach. PTHB will seek to adopt this approach and develop any additional measures for internal purposes as required. HEIW's timeline for initial governance approaches is Q3/Q4 2026/27                                                                                                                                                      |            |  |
|      |                                                                | 12.4.3) Embed the national Continued Professional Development arrangements and monitoring requirements                                                                                                                                             | Timescale                 | No Health Boards have implemented on this basis as the agreement doesn't clarify the position of higher level statutory and mandatory training courses. A DDWODs working group is undertaking further activity to establish a way forward.                                                                                                                                                                 |            |  |
| 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 | 19.3.5) Support the specification, procurement and governance to implement a digital Patient                                                                                                                                                       | Deliverable to be removed | PTHB are now developing own solution rather than procuring.                                                                                                                                                                                                                                                                                                                                                | ED AHPHS&D |  |

|      |                                         |                                                                                                                                                                                         |           |                                                                                                                                                                                                                                                                                                                                                                               |                |  |
|------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--|
|      | & the Strategic Commissioning Framework | Related Outcome Measures platform (subject to approval of Business case in Q1)                                                                                                          |           |                                                                                                                                                                                                                                                                                                                                                                               |                |  |
| SP27 | 27.5) Value Based Healthcare approach   | <b>27.5.1)</b> Undertake a review on Value Based Healthcare, refresh organisational strategy and agree priorities for embedding VBHC aligned to national Value and Sustainability Board | Timescale | Q1 was reported as green but the milestone was not achieved and should have been reported as red; a gap in senior management capacity and the redirection of existing resource to support the PCBC affected progression and delivery. That resource continues to support the PCBC and other Phase 1 work, so this change request proposes moving the milestone from Q1 to Q4. | ED P&C<br>DI&T |  |

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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



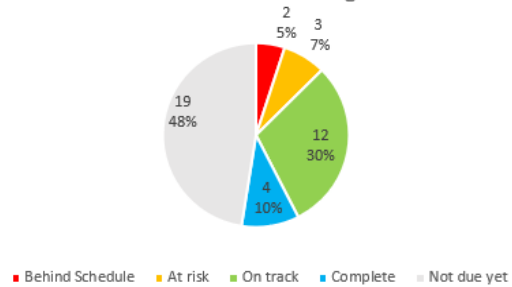
Enablers



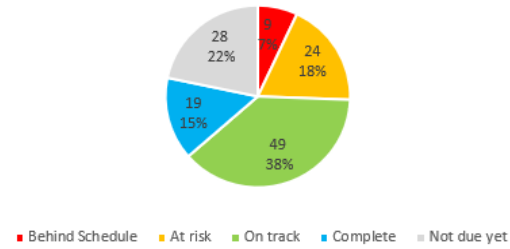
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## SUMMARY OVERVIEW

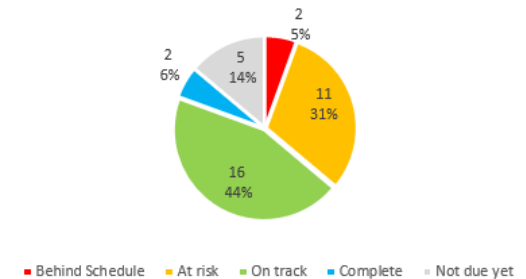
Focus on Wellbeing



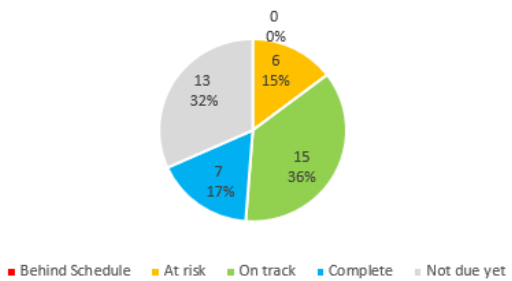
Early Help and Support



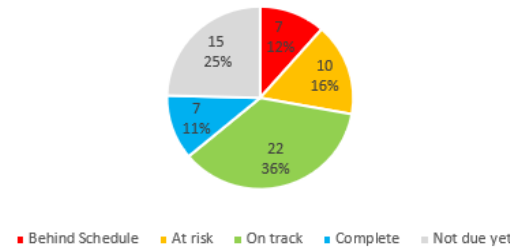
Tackling the Big Four



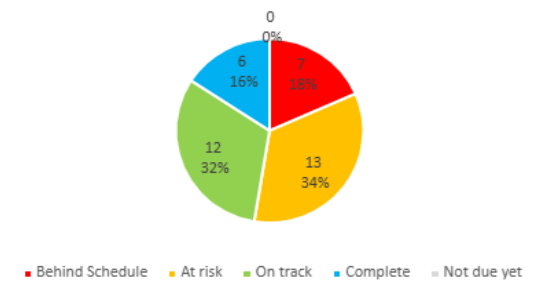
Joined Up Care



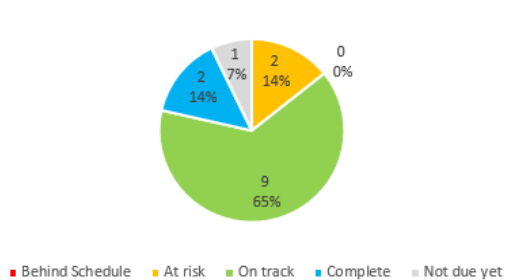
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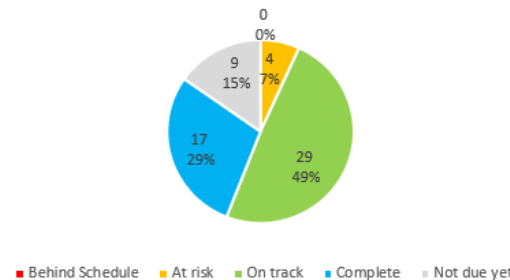
Digital First



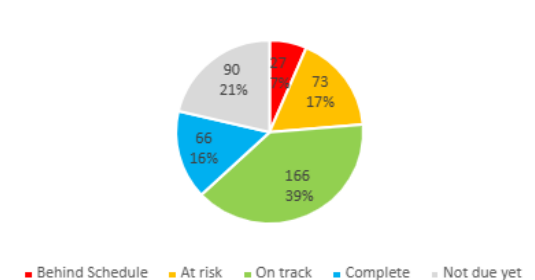
Innovative Environments



Transforming in Partnership

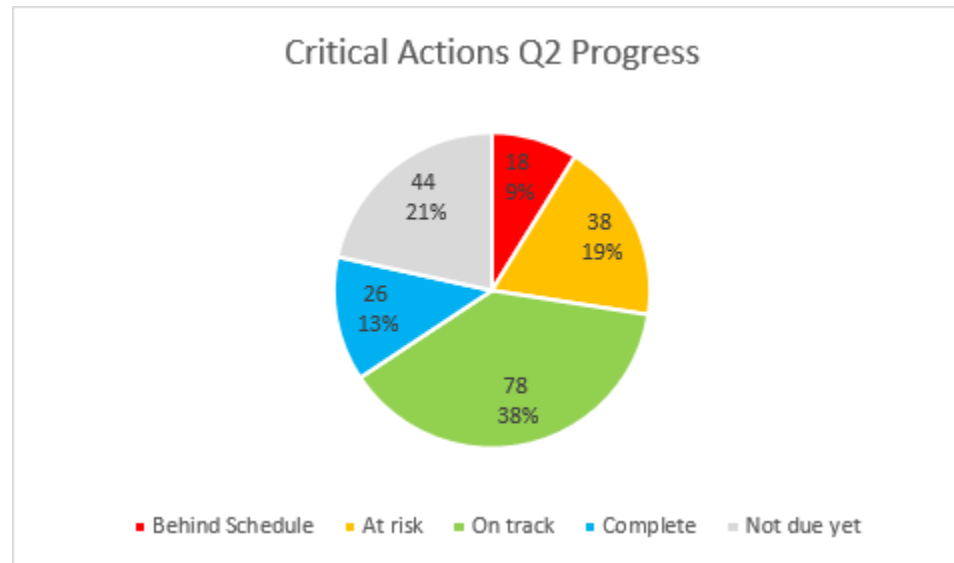


Overall



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## Critical Actions



Of the 202 critical actions identified in the Plan:

- 44 are “not due yet”
- 26 are “complete”
- 78 are “on track”
- 38 are reported as “at risk”
- 18 are reported as “behind schedule”

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# Focus on Wellbeing

## Strategic Priority 1: Whole System Prevention approach

Commentary on Progress in this Quarter:

- **1.2)** Training on Making Every Contact Count (MECC) principles continue. Insight undertaken with PTHB managers and clinical leaders around training requirements and embedding MECC within their work areas to inform the training programme.
- **1.7)** Whole Systems Approach to a Healthy Weight action plan continues to be implemented.

Commentary on red rated actions: N/A

Achievements:

- MECC included in training sessions for PTHB staff – attended by 70 staff including health visitors and dental nurses.
- 444 organisations now signed up to the Powys Breastfeeding Welcome Scheme. 16 early years settings have now achieved the Powys Gold Standard Healthy Snack Award, and 'Little Cooks' training pilot session delivered to 7 Flying Start settings' practitioners to enhance knowledge and skills in planning and delivering early years interactive cooking activities for young children.
- Stop Smoking service activity was on track for the Quarter 1 target of 1.5% of smokers making a quit attempt.

| 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          |        |       |    |    | M                                       | Medium |    |    |
| 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   |                |        | Green |    |    | H                                       | High   |    |    |
| 1.3) Prevention Embedded in Planned Care                                                                | 1.3.1) Ensure prevention is embedded across the re designed Planned Care patient pathways                                                                                                                                              | CS / CA       | Q4        |                |        |       |    |    | M                                       | Medium |    |    |

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|                                                                                                       |                                                                                                                                                                                                   |               |         |             |       |       |  |  |   |        |  |  |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------|-------------|-------|-------|--|--|---|--------|--|--|
| 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      |             |       |       |  |  | M | Medium |  |  |
| 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      |             |       |       |  |  | M | Medium |  |  |
| 1.6) Winter wellness campaign                                                                         | 1.6.1) Develop and implement a Winter wellness campaign                                                                                                                                           | CS / IPT / CA | Q3      |             |       |       |  |  | H | 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       |       | Green |  |  | H | 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   |             |       |       |  |  | H | 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 | Green |  |  | M | Medium |  |  |
|                                                                                                       | 1.8.2) Implement the Powys Smokefree Delivery Plan in alignment with national plan (when published)                                                                                               | CS            | Q4      |             |       |       |  |  | H | High   |  |  |
|                                                                                                       | 1.8.3) Work with partners to respond to and implement legislation on tobacco and vaping                                                                                                           | CS            | Q4      |             |       |       |  |  | H | 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      |             |       |       |  |  | M | High   |  |  |
| 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 | Blue  |  |  | M | High   |  |  |

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|                             |                                                                                                                                                                                    |                                                                                                        |     |    |       |  |  |  |  |   |        |  |  |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----|----|-------|--|--|--|--|---|--------|--|--|
|                             |                                                                                                                                                                                    | 1.10.2) Implement Place Based Community Wellbeing model elements (that are not dependent on new build) |     | CS | Q3-Q4 |  |  |  |  | M | Medium |  |  |
| Formal change request       |                                                                                                                                                                                    |                                                                                                        |     |    |       |  |  |  |  |   |        |  |  |
| Change in Scope             | N/A                                                                                                                                                                                | Change in Timescale                                                                                    | N/A |    |       |  |  |  |  |   |        |  |  |
|                             |                                                                                                                                                                                    |                                                                                                        |     |    |       |  |  |  |  |   |        |  |  |
| Executive Director Sign Off | Mererid Bowley (Executive Director of Public Health)<br>Debra Wood Lawson (Executive Director of People and Culture)<br>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:

### Emergency Preparedness

- **2.1.1)** The PTHB Major Incident and Emergency Response Plan and Corporate Business Continuity Plan were approved by the Board in July 2026 as part of the annual review process.
- **2.1.1)** The Emergency Preparedness, Resilience and Response Annual Report 2025/2026 was presented at the Board in July for endorsement prior to its submission to NHS Wales Performance and Improvement, as part of the annual assurance process.
- **2.1.1)** The Health Board has continued to participate in multi-agency emergency preparedness, resilience and response activities at a local, regional and national level during this period; this includes representation at multi-agency coordination group meetings that have been stood up in response to the significant wildfire incidents that have occurred across the Dyfed Powys Local Resilience Forum area and South Wales.
- **2.1.1)** Internal coordination arrangements were established in response to the extreme heat event (Red and Amber Met Office Extreme Heat Warnings) that took place in June 2026.

### Health Protection

- **2.2.1)** Incident Management is a core activity of the Health Protection Team in Powys. The reactive work is focused on the early identification, assessment, escalation, and management of suspected infectious illness incidents, particularly within care settings. The workstream ensures that potential outbreaks are recognised promptly, managed proportionately and escalated through appropriate pathways to protect vulnerable populations and reduce onward transmission.
- **2.2.1)** Preparedness activity has also continued for emerging and potential Health Protection threats, including mpox, avian influenza and hantavirus, ensuring appropriate arrangements and pathways are in place to support a timely and proportionate response should an incident occur.
- **2.2.1)** The partnership model between Powys Teaching Health Board and Powys County Council continues, working closely with Public Health Wales, and a wide range of statutory and third-sector partners. This integrated approach enables the team to combine clinical, public health, regulatory and community engagement, supporting a holistic response across the four pillars of the Welsh Government's Health Protection Framework, Preparation, Prevention, Response and Recovery.
- **2.2.1)** Delivering prevention activities, such as the sustainable Health Protection Network across care homes in Powys, enables consistent communication, shared learning, and improved health protection practice. The Health Protection Champions in Care Homes, strengthens readiness for seasonal pressures, expanding capacity, and continuous learning. This reflects a deliberate movement away from reactive and short-term interventions towards a prevention led resilient health protection system, which can respond to current and future health protection threats.
- **2.2.1)** Blood-Borne virus (BBV) awareness and testing continues to form part of the Health Protection outreach activity, increasing awareness and supporting earlier identification of infection. As some BBVs can remain undiagnosed for many years, early testing and diagnosis can enable timely access to treatment, reduce the risk of longer-term health consequences and help prevent onward transmission.

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The BBV activity supports two workstreams, Hepatitis Elimination and Fast Track Powys, with work collaboratively to deliver outreach activity and maximise opportunities for BBV awareness, prevention, testing and early identification.

- **2.2.1)** Health Protection surveillance and intelligence continues to be strengthened to better inform prevention and response activity. A BBV-specific dashboard has been developed with the Health Board Data Intelligence Team, informed by Health Protection requirements, to bring together relevant intelligence and support planning of outreach activity. Ongoing development is focused on broadening the range of relevant BBV related activity data available to provide a more comprehensive picture and further strengthen intelligence-led planning.
- **2.2.1)** Collaboration with Public Health Wales continues to support improvements to national surveillance arrangements, including providing feedback to inform the ongoing development of national health protection data dashboards.
- **2.2.1)** Proactive communication with care homes continues throughout the year, providing timely updates on current and emerging Health Protection threats alongside regular information on infection prevention and control, seasonal priorities (including the summer heatwave) and staff health and wellbeing. This supports awareness, preparedness and preventative practice across care home settings. A training programme is also being implemented for care home staff and Health Protection Champions.

#### **Vaccination and immunisation - Childhood immunisations**

- **2.4)** A Teenage Immunisation and Flu Improvement working group has developed a local Teenage Immunisation Improvement Action Plan and a Flu Improvement action plan, overseen by the Powys Vaccination Group, and is working through the actions.
- **2.4)** HPV delivery by School Nursing Team in Summer Term, with catch up clinics during the summer school holidays. The local data dashboard is monitored on a weekly basis to support improvement in delivery, to drive increase in uptake and narrow inequity gap in uptake.
- **2.4)** Enhanced work undertaken in schools with the lowest return of e-consent for DTP/MenACWY vaccinations. 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.
- **2.4)** Proactive targeted campaign undertaken for young people with missing childhood immunisations, offering opportunities to attend drop-in clinics in Powys throughout Q2.
- **2.4)** Teenage Immunisation Catch Up clinics for year 8-11 delivered over the school summer holidays. 176 missing teenage vaccines given by the School Health Nursing Immunisation Team.
- **2.4)** Opportunistic missing childhood immunisations offered alongside Men-B vaccination programme.
- **2.4)** The School Flu Improvement Plan has been progressing with School Flu Programme delivery starting 14 September 2026.
- **2.4) Men-B programme** - 2 dose Men-B programme for young people in year 13 (17/18 year olds) and those under 25 attending University for the first time, planned and delivered in line with Welsh Health Circular 2026/026. Clinics took place July and August across Powys. Drop-in clinics also offered throughout August and September, with further drop in opportunities planned throughout Q3.
- **2.3.2) RSV** catch up clinics have been held throughout Q2 as a further opportunity for new expansion cohorts and those previously unvaccinated to present for vaccination prior to peak of RSV season in Q3. RSV expansion to 65-74 years immunosuppressed, and chronic respiratory disease patients commenced 1 September 2026.

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- **2.3.2) Flu** Winter planning commenced, with adaptations to modelling and delivery following 1 GP practice opting out of adult flu vaccination delivery and another offering to a reduced cohort.
- **2.3.2)** Modelling and planning for these patients to be vaccinated by the Health Board Vaccination Service, in collaboration with local community pharmacies.

Commentary on red rated actions: N/A

Achievements:

- 21 care home staff attended and received Health Protection training, and 29 new Health Protection Champions trained.

| 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          |        | Green |    |    | H                                       | 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  | Green |    |    | H                                       | 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  |       |    |    | M                                       | 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         |                |        |       |    |    | H                                       | 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         |                |        | Green |    |    | H                                       | 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<br>CA | Q4 |  |  |  |  |  | H | High |  |  |
| Formal change request (Please tick as applicable and provide explanation below)                                                                                                           |     |                                                                                              |   |          |    |  |  |  |  |  |   |      |  |  |
| Change in Scope                                                                                                                                                                           | N/A | Change in Timescale                                                                          | ✓ |          |    |  |  |  |  |  |   |      |  |  |
| <u>Q2 Change in Timescale</u> <ul style="list-style-type: none"><li>2.3.2) Change from Q3 to Q2- In line with WHC2026/020 RSV expansion programme commences on 1 September 2026</li></ul> |     |                                                                                              |   |          |    |  |  |  |  |  |   |      |  |  |
| 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:

- **3.1.2)** North Powys Wellbeing Hub planning remains on track, with Women's Health and Community Paediatric services integrated into development plans.
- **3.1.3)** High-impact improvement opportunities identified and incorporated into Directorate work programmes, including Community Paediatrics redesign and maternity service developments.
- **3.1.4)** Delivery of agreed service improvement programmes continues across maternity, paediatrics and workforce redesign initiatives.
- **3.2)** Ongoing engagement through Regional Partnership Board and Public Service Board arrangements to support prevention, early intervention and Women's Health priorities.
- **3.3.1)** Women's Health Strategic Oversight Group established with a clear Year 2 implementation programme in place.
- **3.3.2)** Women's Health Year 2 - Funding confirmed September 2026, delaying Women's Health Hub project implementation. Funding application projects will commence in Quarter 3, enabling recruitment and delivery planning to move forward.
- **3.3.3)** Development of reporting arrangements is underway to demonstrate delivery impact and outcomes.
- **3.4.1)** UNICEF Baby Friendly improvement workstreams agreed, with revised arrangements being implemented to support programme delivery.
- **3.4.2)** Reporting framework development continues alongside wider Baby Friendly programme improvements.
- **3.5.1)** National framework and standards due for publication shortly and Children's Services working closely with paediatric dietetic services regarding any implications regarding service delivery.
- **3.6.1)** Neurodevelopment remodel – Service Improvement project plan implementation continues and remains on track, aligning to NHS Performance and Improvement Metrics and new ND dataset for Wales.
- **3.6.2)** Recommendation to step down escalation arrangements is progressing through Executive governance processes, awaiting approval from Board - anticipated by end of Quarter 2.
- **3.7.1)** Revised Continuing Healthcare pathways, governance and quality assurance arrangements have been established. Recruitment challenges in realising the Plan, currently escalated and aware there is a backlog for sign off of changed establishment end of October 2026.
- **3.7.2)** Work continues on revised service delivery models and workforce solutions following recruitment challenges.
- **3.8.1)** Maternity and neonatal improvement actions remain on track for delivery by Quarter 4.
- **3.8.4)** Revised commissioned services assurance template completed and ready for implementation.

### Commentary on Red Rated Actions:

- **3.1.1)** Better Together Women, Children & Families programme remains paused following a decision at Executive Committee on 8th July 2026 to continue to defer the Women, Children & Families Programme until at the earliest, to Q1 of 2027/28. This decision supports re-direction of

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resource to support the management of financial recovery and recognises wider organisational capacity constraints to support an additional transformation programme at this time.

- **3.8.2)** Progress is dependent on publication of national maternity review action plans. Local actions continue where possible pending national direction.
- **3.8.3)** Delivery has been delayed due to workforce redesign and recruitment requirements. A revised completion date of Quarter 4 is proposed.

**Achievements:**

- Completion of the service improvement identification and planning phase.
- Women's Health governance reviewed and revised accordingly. Year 2 implementation plan drafted and in progress.
- Proposed exit from Neurodevelopment Services escalation arrangements, await outcome.
- Improved assurance template for commissioned services 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 |  |  |
| 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 DI&T ED NQW &FH | Red    | Red   |    |    | L                                       | Low    |    |    |  |  |
|                                                              | 3.1.2) Progress requirements of the north Powys wellbeing hub                                                                                                                        |            | Q1-Q4     |                        | Green  | Green |    |    | H                                       | High   |    |    |  |  |
|                                                              | High Impact Service Improvement                                                                                                                                                      |            |           |                        |        |       |    |    |                                         |        |    |    |  |  |
|                                                              | 3.1.3) Identify high impact service improvement opportunities and develop plan                                                                                                       |            | Q1        |                        | Green  | Blue  |    |    | M                                       | High   |    |    |  |  |
|                                                              | 3.1.4) Delivery of high impact Service Improvement actions                                                                                                                           |            | Q1-Q4     |                        | Green  | Green |    |    | M                                       | High   |    |    |  |  |
| 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        |                        |        |       |    |    | M                                       | Medium |    |    |  |  |

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| 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 | Blue  |  |  |  | H | High   |        |  |
|                                                               | 3.3.2) Implementation of Year 2 actions to deliver against (National) Women’s Health Strategy including Hub model                                              | CS | Q1 – Q4 |                     | Amber | Amber |  |  |  | H | Medium |        |  |
|                                                               | 3.3.3) Develop and deliver reporting structures to demonstrate impact                                                                                          | CS | Q3-Q4   |                     |       |       |  |  |  | H | 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<br>ED PH |       |       |  |  |  | M | Low    |        |  |
|                                                               | 3.4.2) Develop and implement reporting structures to demonstrate impact and population health outcomes                                                         |    | Q4      |                     |       |       |  |  |  | M | Low    |        |  |
| 3.5) Healthy Weight Pathway for Women, Children and Families  | 3.5.1) Define and embed the Healthy Weight advice and referral pathway within Women, Families and Children services, aligned to the All-Wales Obesity Strategy | CS | Q1      |                     | Amber | Green |  |  |  |   | M      | High   |  |
|                                                               | 3.5.2) Develop and implement reporting structures to demonstrate impact and inform future scaling                                                              |    | Q4      |                     |       |       |  |  |  |   | M      | 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 | Green |  |  |  | H | High   |        |  |
|                                                               | 3.6.2) Progress to sufficient assurance to enable step out of local escalation                                                                                 |    | Q2-Q3   |                     |       | Green |  |  |  | H | High   |        |  |
| 3.7) Complex and Continuing Health Care                       | Implement Year 2 of Business Case (including response to Grant Thornton recommendations)                                                                       |    |         |                     |       |       |  |  |  |   |        |        |  |

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|                                 |        |                                                                                                                                     |    |       |                       |           |                       |  |  |  |   |          |  |  |
|---------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------|----|-------|-----------------------|-----------|-----------------------|--|--|--|---|----------|--|--|
| for Children and Young People   | 3.7.1) | Confirm revised pathways, governance and quality assurance                                                                          | GT | Q2    | ED PCC& MH ED NQW &FH |           | A<br>m<br>b<br>e<br>r |  |  |  | M | Hig<br>h |  |  |
|                                 | 3.7.2) | Develop and deliver reporting structures to demonstrate impact and provide good governance                                          | GT | Q3    |                       |           |                       |  |  |  | H | Lo<br>w  |  |  |
| 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     | Gr<br>ee<br>n         |  |  |  | H | Hig<br>h |  |  |
|                                 | 3.8.2) | Deliver against recommendations made within the National review of maternity and neonatal services (to be confirmed when published) | CA | Q1-Q4 |                       | Ambe<br>r | A<br>m<br>b<br>e<br>r |  |  |  | M | Lo<br>w  |  |  |
|                                 | 3.8.3) | Implement the Saving Babies Lives recommendations with respect to fetal growth (offering robust assurance on quality)               | CA | Q2    |                       |           | Re<br>d               |  |  |  | M | Hig<br>h |  |  |
|                                 | 3.8.4) | Deliver an improved template for assurance on quality and safety of commissioned services                                           | CA | Q1    |                       | Ambe<br>r | Bl<br>ue              |  |  |  | H | Hig<br>h |  |  |

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

|                 |     |                     |   |  |
|-----------------|-----|---------------------|---|--|
| Change in Scope | N/A | Change in Timescale | ✓ |  |
|-----------------|-----|---------------------|---|--|

#### 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.
- **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.

#### Q2 Change in Timescale

- **3.1.1)** Timescale change request from Q1-Q4 to Q4. The programme has been paused due to organisational prioritisation of resources and action remains red; however, this reflects a planned pause rather than a delivery failure. The work is now expected to commence in Quarter 4.

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- **3.7.2)** Delivery timescale revised from Q3 to Q4 due to recruitment challenges and review of the workforce model. Alternative staffing solutions are being explored to support sustainable implementation.
- **3.8.3)** Delivery timescale revised from Q2 to Q4 due to workforce redesign activity, organisational change processes and recruitment dependencies associated with specialist fetal growth capacity.

|                                        |                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Executive Director<br/>Sign Off</b> | Mererid Bowley (Executive Director of Public Health)<br>Debra Wood Lawson (Executive Director of People and Culture)<br>Lucie Cornish (Director of Improvement and Transformation)<br>Elaine Lorton (Executive Director Primary Care, Community & Mental Health)<br>Amie Symes (Director of Midwifery, Women and Family)<br>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:

- **4.5.1)** In July 2026 North Powys Wellbeing Programme Board approved an outline proposal of the Extended Primary & Community Model in the new Integrated Hub and agreed to progress in principle six pathways for an extended model incorporating three chronic pathways and three planned care pathways, aligned to Getting It Right First Time recommendations, the Better Together Programme and the Community by Design approach. Work is progressing with the six identified specialisms to support with the Full Business Case and priorities for next year.
- **4.7)** Dental: New contract successfully implemented for all General Dental Services contractors including the development and implementation of a contract monitoring framework. Urgent access capacity is an ongoing challenge and mitigations are managing the system pressure. The Welsh Enhanced recruitment offer has taken on some fresh foundations dentists in September 2026. The utilisation of digital and Artificial Intelligence to improve efficiency is still being scoped.
- Cluster Development: Limited team capacity has continued to impact delivery and the ability to proactively engage with Clusters and strengthen collaborative working. The successful recruitment to the new Cluster Manager/Community by Design Lead role in Q2, will strengthen the team, support the continued development and maturity of the Cluster model, and enhance engagement, collaboration, and delivery across Clusters moving forward into Q3.
- General Medical Services delivery has remained on track during Q2, with the Unified Contract Assurance Framework strengthening contractual assurance and governance across practices. Practice visits are scheduled to take place during Q3 & Q4 which provides opportunity to further monitor activity, performance and sustainability.
- The Primary & Community Care Academy continues to offer and further develop education, training and developmental pathways to support community by design, cluster, Health Board and national priorities.
- Optometry: 100% of Optometry Practice Development Plans submitted and reviewed, with follow-on practice discussions being followed up
- GMS Out Of Hours: revised model for future OOH specification progressing. Final draft specification prepared for a supplier engagement event in October.

Commentary on red rated actions:

- **4.4)** Executive Committee have agreed that engagement on Phase 2 will not commence until after Phase 1 consultation therefore there is a change request to remove from this years plan.

Achievements:

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- **4.2.4 & 4.6.4)** Strengthened Cluster and collaborative working arrangements to support the delivery of Community by Design priorities, including the commencement of a Frailty Coordination Service in the South. This has been developed through partnership working across General Medical Services (GMS), Allied Health Professionals (AHPs), and Community Services, promoting a more integrated approach to care, improving coordination for frail patients, and supporting the wider delivery of community-based models of care.
- **4.5.2)** North Powys Wellbeing Programme Board agreed in June 2026, following the conclusion of discussions with the Montgomery Branch practice and the Community Pharmacy, that they will not be moving into the Hub and that instead the areas previously allocated to those functions would be used by an extended Primary & Community Model. The Community Dental Practice will still move into the new hub and work has progressed to identify the benefits to the people of Powys for this enhanced service. Revised design plans have been approved by the Service Lead to accommodate this change.
- **4.6.3)** Successfully established the Senior Cluster Leadership Group, strengthening Cluster leadership and governance arrangements, supporting the development of Cluster Lead roles, and improving alignment around key priorities and decision-making.
- **4.7.1)** Direct Award completed for Out Of Hours APMS, sustaining OOH provision from 1<sup>st</sup> July 2026 – 30<sup>th</sup> September 2027
- **4.7.14)** Three additional WGOS 5 practices (now 57% Independent Prescribing practice coverage).
- **4.7.17)** Successful primary care optometry implementation of the Electronic Referral System (OPERAi)
- **4.7.29)** Special care dentistry pathways finalised with external providers for special care patients who are unable to be treated safely in Powys
- **4.7.32)** 19 General Practice Staff received access to £7K of HEIW funded short courses, aligned to Community by Design priorities. A collaboration supported by cluster funding resulted in a trial of a 3-course optical career pathway from Optical Assistant to Dispensing Optician, a 1<sup>st</sup> for Wales. The HB Protected Learning time, focused on subjects supporting clinical and non-clinical staff in areas aligned to Community by Design; including frailty, heart failure, community referral pathways, medical examiner process, mental health medication monitoring, escalation of deteriorating patients, polypharmacy deprescribing and health inequalities. 391 learner contacts achieved during these Protected Learning Time sessions. Collaboration with local Armed Forces Liaison Officer to support GMS practices to gain 'Veteran Friendly Practice Scheme' status. £10K of Welsh Government funding approved to deliver Womens Health Hub training during remainder of 2026/7, building on last year's success.

| 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 | CA      | Q1        | ED<br>PCC&MH<br>ED P&C | Green  | Blue |    |    | H                                       | High |    |    |

|                                 |                                                                                                                                                                                                                                                                                                                                                                                     |          |       |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------|
|                                 | Hours service, Single Point of Access and Minor Injury Units (including the use of digital/remote networks and tools)                                                                                                                                                                                                                                                               |          |       |
|                                 | 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    |
|                                 | 4.1.3) Subject to approval, implement phase 1 of new clinical oversight model                                                                                                                                                                                                                                                                                                       | CA       | Q3-Q4 |
| 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    |
|                                 | 4.2.2) Develop business case and plan to reinvest some existing commissioning spend into additional community capacity                                                                                                                                                                                                                                                              | CA       | Q3-Q4 |
|                                 | 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    |
|                                 | <u>Proactive prevention including enhanced community capacity &amp; polypharmacy</u>                                                                                                                                                                                                                                                                                                |          |       |
|                                 | 4.2.4) Implement cluster-based Frailty Services to deliver proactive prevention Multidisciplinary Teams approach - subject to identified cluster funding                                                                                                                                                                                                                            | CS<br>CA | Q1-Q4 |
|                                 | 4.2.5) Monitoring and evaluation of cluster-based Frailty Services against benefit framework and target improvement metrics                                                                                                                                                                                                                                                         | CS<br>CA | Q1-Q4 |
|                                 | 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 |
|                                 | <u>Intermediate care</u><br>Colocation of intermediate care                                                                                                                                                                                                                                                                                                                         |          |       |

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| Green | Amber |  |  | H | Medium |  |  |
| Amber | Amber |  |  | M | Medium |  |  |
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|                                            |                                                                                                                                                                                     |    |       |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|
|                                            | 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    |
| 4.2.8)                                     | Commence organisational change process and finalise implementation plan (subject to approval)                                                                                       | CA | Q1    |
| 4.2.9)                                     | Implementation of colocation changes (subject to approval)                                                                                                                          | CA | Q2    |
| 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 |
| 4.2.11)                                    | Implement the new Local Supplementary Service                                                                                                                                       | CA | Q4    |
| 4.2.12)                                    | Scope Hospital@home capability to support enhancement                                                                                                                               | CA | Q1-Q4 |
| 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    |
| Intermediate Care Inpatient                |                                                                                                                                                                                     |    |       |
| 4.2.14)                                    | Implementation of improvement actions for inpatient intermediate care bed base                                                                                                      | CA | Q1    |
| 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 |
| Integrated Physical Health & Mental Health |                                                                                                                                                                                     |    |       |
| 4.2.16)                                    | Undertake demand and capacity analysis for integrated Physical & Mental Health provision in community and inpatient settings                                                        | CA | Q1    |

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|--------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
|                                | 4.2.18)                                                      | Map competency requirements and pathways for delivery of joined up, holistic provision in the community and inpatient settings.                                                                                                                 | CA | Q3-Q4   |
|                                | 4.2.19)                                                      | Development and implementation training development plan to optimise joined up care between physical and mental health settings                                                                                                                 | CA | Q4      |
|                                | 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   |
|                                | 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   |
| 4.3) Temporary Service Changes | 4.2.22)                                                      | Identify opportunities to grow local resource, delivering seven days per week, through re-investment of commissioning funding and where appropriate, develop business plan for 2027-28                                                          | CA | Q3-Q4   |
|                                | 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   |
| 4.4) Journey to Consultation   | Phase 1 Adults Physical and Mental Health Community Services |                                                                                                                                                                                                                                                 |    |         |
|                                | 4.4.1)                                                       | Finalise pre- consultation business case and supporting materials                                                                                                                                                                               |    | Q1 - Q2 |
|                                | 4.4.2)                                                       | Undertake formal consultation                                                                                                                                                                                                                   |    | Q3-Q4   |
|                                | 4.4.3)                                                       | Develop the clinical service strategy following outcome of the Consultation                                                                                                                                                                     |    | Q4      |
|                                | 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   |

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|------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|-------------|-------|-------|--|--|---|--------|--|--|
|                                          | 4.4.5)           | Development of Powys Provider Scheduled Care Model                                                                                                                                                                                     |    | Q1 – Q2 |             | Green | Red   |  |  | H | Low    |  |  |
|                                          | 4.4.6)           | Development of options to delivery on the future scheduled care model to ensure sustainable services                                                                                                                                   |    | Q4      |             |       |       |  |  | H | Low    |  |  |
|                                          | 4.4.7)           | Commence development of clinical service strategy planning and Pre-Consultation Programme Business Case for Phase 2 (if required)                                                                                                      |    | Q4      |             |       |       |  |  | H | Low    |  |  |
|                                          | 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   | Red   |  |  | H | Low    |  |  |
| 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 | Blue  |  |  | H | High   |  |  |
|                                          | 4.5.2)           | Confirm Primary Care contractor model (Dental, General Medical Services, Community Pharmacy) within Integrated Wellbeing Hub                                                                                                           |    | Q1      |             | Green | Blue  |  |  | H | 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 | Green |  |  | M | Medium |  |  |
|                                          | 4.6.2)           | Implementation of mid-south cluster merge                                                                                                                                                                                              |    | Q1-Q2   |             | Blue  | Blue  |  |  | H | High   |  |  |
|                                          | 4.6.3)           | Support and strengthen the Cluster Lead role                                                                                                                                                                                           |    | Q1-Q4   |             | Green | Green |  |  | H | High   |  |  |
|                                          | 4.6.4)           | Cluster and Collaborative engagement and maturity development to deliver Community by Design priorities                                                                                                                                | CS | Q1      |             | Amber | Amber |  |  | M | Medium |  |  |
|                                          | 4.6.5)           | Implementation of Professional Nursing Collaborative                                                                                                                                                                                   |    | Q1      |             | Green | Amber |  |  | M | High   |  |  |

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|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----|-------|--|-------|-------|--|--|---|--------|--|--|
|                            | 4.6.6) Implement integrated pathways aligned to Community by Design                                                               | CS | Q3    |  |       |       |  |  | M | Medium |  |  |
| 4.7) Enhanced Primary Care | <u>General Medical Services (GMS)</u><br>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 | Green |  |  | H | High   |  |  |
|                            | 4.7.2) GMS Practice Sustainability analysis, review, & action planning                                                            |    | Q3-Q4 |  |       |       |  |  | H | High   |  |  |
|                            | 4.7.3) Patient Access analysis, review and action planning                                                                        |    | Q3-Q4 |  |       |       |  |  | H | High   |  |  |
|                            | 4.7.4) Collate and share patient access models and solutions to maximise access opportunities and share good practice             |    | Q4    |  |       |       |  |  | H | High   |  |  |
|                            | 4.7.5) Unified Contract Assurance Framework assurance and outcome management                                                      |    | Q2-Q4 |  |       | Green |  |  | H | High   |  |  |
|                            | 4.7.6) Quality Improvement Framework project analysis & planning                                                                  |    | Q1-Q2 |  | Green | Blue  |  |  | H | High   |  |  |
|                            | 4.7.7) Supplementary Service audit review, analysis and feedback                                                                  |    | Q2-Q3 |  |       | Green |  |  | H | High   |  |  |
|                            | 4.7.8) Supplementary Service Review with focus on Virtual ward/ Community Resource Team & Directed Collaborative Service          |    | Q1-Q4 |  | Green | Amber |  |  | M | High   |  |  |
|                            | <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  | Blue  |  |  | H | High   |  |  |
|                            | 4.7.10) Resolve service issues around OOH delivery model for Ystradgynlais patients                                               |    | Q1    |  | Green | Green |  |  | M | Medium |  |  |
|                            | 4.7.11) Develop a new OOH model/ specification                                                                                    |    | Q1-Q2 |  | Green | Green |  |  | H | High   |  |  |
|                            | 4.7.12) Commence an open market procurement process for a new OOH model/specification (for implementation from 01/10/2027)        |    | Q3-Q4 |  |       |       |  |  | H | High   |  |  |

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|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|--|-------|-------|--|--|---|--------|--|--|
|  | 4.7.25) Continue to offer Welsh enhanced recruitment offer for Welsh foundation dentists                                                                                                                                          |    | Q1-Q4 |  | Green | Green |  |  | H | High   |  |  |
|  | 4.7.26) Continue with dental student placements                                                                                                                                                                                   |    | Q1-Q4 |  | Green | Blue  |  |  | H | High   |  |  |
|  | 4.7.27) Scope utilization of digital and Artificial Intelligence to improve efficiency and patient experience                                                                                                                     |    | Q1-Q2 |  | Green | Amber |  |  | M | 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    |  |       | Blue  |  |  | M | High   |  |  |
|  | 4.7.29) Develop a Community Dental Service Future Strategy and Delivery Plan                                                                                                                                                      |    | Q1-Q2 |  | Green | Green |  |  | H | Medium |  |  |
|  | 4.7.30) Recruitment of consultant in oral surgery                                                                                                                                                                                 |    | Q4    |  |       |       |  |  | M | Medium |  |  |
|  | <u>Primary &amp; Community Care Academy</u>                                                                                                                                                                                       | CS | Q1-Q4 |  | Green | Green |  |  | H | High   |  |  |
|  | 4.7.31) Develop educational offer across primary and community services to ensure improving leadership, collaborative, administrative and clinical skills are aligned to the requirements to deliver Community By Design pathways |    |       |  |       |       |  |  |   |        |  |  |
|  | <u>Medicines Management and Pharmacy</u>                                                                                                                                                                                          |    |       |  | EMD   |       |  |  |   |        |  |  |
|  | Optimising Medicines Use                                                                                                                                                                                                          |    |       |  |       |       |  |  |   |        |  |  |
|  | 4.7.32) Deliver medicines optimisation aligned to Value & Sustainability Board, improving prescribing efficiency                                                                                                                  |    | Q1-Q4 |  | Green | Green |  |  | H | 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 | Amber |  |  | M | 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 | Green |  |  | H | High   |  |  |
|  | Antimicrobial Stewardship                                                                                                                                                                                                         |    | Q1-Q4 |  | Green | Green |  |  | H | High   |  |  |
|  | 4.7.35) Maintain and strengthen antimicrobial stewardship activity to improve prescribing quality and reduce risk of resistance                                                                                                   |    |       |  |       |       |  |  |   |        |  |  |

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|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------|--|-------|-------|--|--|---|------|--|--|
|  | Community Pharmacy<br>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 | Green |  |  | H | High |  |  |
|  | Independent Prescribers<br>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 | Green |  |  | H | High |  |  |
|  | Mental Health Pharmacy<br>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 | Green |  |  | M | High |  |  |
|  | Electronic Prescribing and Medicines Administration (ePMA)                                                                                                                                             |  |       |  | Green | Green |  |  | H | High |  |  |
|  | 4.7.39) Implement and embed ePMA across inpatient services                                                                                                                                             |  | Q1-Q4 |  |       |       |  |  |   |      |  |  |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                      |                            |   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---|--|
| <b>Change in Scope</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | N/A                                                                                                                                                                                                                                                  | <b>Change in Timescale</b> | ✓ |  |
| <u>Q1 Change in Timescale and Scope</u> <ul style="list-style-type: none"> <li>• <b>4.2.9)</b> Change in timescale from Q1 to Q3</li> <li>• <b>4.6.1)</b> Timescale change to Q2-Q4</li> <li>• <b>4.6.4)</b> Timescale change to Q2-Q4</li> <li>• <b>4.7.17)</b> Timescale change to Q3/Q4.</li> </ul> <u>Q2 Change in Timescale and Scope</u> <ul style="list-style-type: none"> <li>• <b>4.4)</b> Executive Committee have agreed that engagement on Phase 2 will not commence until after Phase 1 consultation therefore there is a change request to remove from this years plan.</li> </ul> |                                                                                                                                                                                                                                                      |                            |   |  |
| <b>Executive Director Sign Off</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Kate Wright (Executive Medical Director)<br>Elaine Lorton (Executive Director Primary Care, Community & Mental Health)<br>Debra Wood Lawson (Executive Director of People and Culture)<br>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)** Operational lead in post, work underway to realise opportunities and benefits following Strategic Assessment.
- **5.3.1)** Successful implementation of Open Eyes in Ystradgynlais Hospital in Aug 2026, pan Powys roll out plan in place, however this is reliant on digital architect resource, Performance & Improvement funding bid outcome pending.
- **5.3.2)** PTHB delivering 8 cataracts per list with insourcing, challenges with inreach service provision Wye Valley Trust, escalated operationally and via commissioning.
- **5.3.3)** Regional working with Hywel Dda UHB to develop nurse led AMD injector service in northwest Powys progressing well with go live date end 2026.
- **5.5.2)** NHS Open Space project implementation plan under development pending digital sign off as part of overarching Estates room booking programme.

Commentary on red rated actions:

- **5.1.3)** Recruitment to clinical specialties is ongoing and beginning to be addressed by new Clinical Transformation Lead who joined PTHB at beginning of September.
- **5.1.4)** Development of a phased implementation plan to deliver benefits of pathway re-design, delayed due to sign off of Strategic assessment, progress being made.
- **5.2.2), 5.2.3) & 5.2.4)** Lag in progressing and sign off for Referral Hub business case has resulted in delay of phased implementation plan and securing referral optimisation clinical leadership, now being advanced. Options for ERS remain ongoing.
- **5.5.2)** Change request agreed at June Planned Care Programme Board by development of NHS Open Space Project Pilot lead by Estates.
- **5.6.1)** Waiting Well Prehabilitation no further guidance received from Welsh Government. Many other Health Boards have disbanded Waiting Well - request to remove this from priorities - prehabilitation will be picked up via Referral Management Advice Guidance workstreams.

Achievements:

- Successful implementation of Open Eyes in Powys, Ystradgynlais hospital first go live site collaborative working digital, clinical and clinical admin
- National recognition for Pre Operative Assessment Service Development and Health Screening Questionnaire Implementation
- 8 cataracts per list delivered with insourcing demonstrating capabilities of PTHB in successfully delivering high volume cataract lists, best in Wales performance bi-lateral cataracts
- Refurbishment of Llanidloes Outpatient Department to enable repatriation of further eyecare pathways including injector service new services in Powys
- Successful Appointment to Senior Nurse Post Theatres/Endoscopy September 2026, strengthening of Endoscopy governance structure with Assistant Clinical Lead post in place aligned to JAG accreditation requirements

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- Successful bid to national recovery fund for sponge capsule service implementation resources, go live date for service November 2026 following successful pilot
- PTHB Theatre service participating in cohort 2 theatre accreditation roll out programme, enhanced theatre performance reporting live
- Community Health Pathways continues to increase uptake across primary care.

| 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<br>G<br>CA | Q1        | DI&T<br>ED P&C<br>ED<br>PP&C | Blue   | Blue  |    |    | H                                       | High   |    |    |
|                                                                                    | 5.1.1) Receive the GIRFT Strategic Assessment of Planned Care report                                                                                      | CA            | Q1        |                              | Green  | Green |    |    | H                                       | High   |    |    |
|                                                                                    | 5.1.2) Review and update of Case for Change Technical Chapter                                                                                             | CA            | Q1        |                              |        |       |    |    |                                         |        |    |    |
|                                                                                    | 5.1.3) Recruit to clinical specialty leads and transformation expertise to lead and support delivery                                                      | CA            | Q1-Q2     |                              | Green  | Red   |    |    | M                                       | 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  | Red   |    |    | M                                       | Medium |    |    |
|                                                                                    | 5.1.5) Deliver phase 1 of the implementation plan                                                                                                         | CA            | Q3-Q4     |                              |        |       |    |    |                                         | Medium |    |    |
| 5.2) Referral Optimisation                                                         | 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  |       |    |    | H                                       | High   |    |    |
|                                                                                    | <u>Referral Optimisation</u>                                                                                                                              | CA            | Q1        |                              | Blue   | Blue  |    |    | H                                       | High   |    |    |
|                                                                                    | 5.2.1) Receive the GIRFT business case for referral optimisation at scale                                                                                 |               |           |                              |        |       |    |    |                                         |        |    |    |
|                                                                                    | 5.2.2) Develop phased implementation plan for delivery of referral optimisation at scale business case                                                    | CA            | Q1        |                              | Amber  | Red   |    |    | M                                       | High   |    |    |
|                                                                                    | 5.2.3) Secure referral optimisation clinical leadership and transformation support                                                                        | CA            | Q1-Q2     |                              | Green  | Red   |    |    | M                                       | High   |    |    |

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|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------|------------------|-------------------|-------|--|--|---|--------|--|--|
|                                             | 5.2.4) Agree options for an electronic referral system within Wales and across the border into NHS England (will require national support)                                                                                                             | CA             | Q2        |                  |                   | Red   |  |  | H | Medium |  |  |
|                                             | 5.2.5) Deliver 2026/27 benefits of the business case implementation plan via the optimisation workstream of Better Together Planned Care Programme Board                                                                                               | MA<br>G/<br>CA | Q4        |                  |                   |       |  |  | M | High   |  |  |
|                                             | Community Health Pathways<br>5.2.6) Delivery of community health pathways                                                                                                                                                                              | CA             | Q1-<br>Q4 |                  | Green             | Green |  |  | H | Medium |  |  |
|                                             | <u>Medical Devices</u>                                                                                                                                                                                                                                 |                |           |                  | ED<br>AHPHS<br>&D |       |  |  |   |        |  |  |
|                                             | 5.2.7) Support Better Together in procuring medical devices and equipment aligned with any changes to service delivery (To be removed as agreed at Planned Care Board)                                                                                 |                | Q2        |                  |                   | Blue  |  |  | H | High   |  |  |
|                                             | 5.2.8) Ensure all procurement and financial requirements are met and enable smooth, efficient transition including equipment transfer or disposal and ensuring all governance and compliance requirements are upheld throughout the process (as above) |                | Q3        |                  |                   |       |  |  | H | High   |  |  |
|                                             | 5.2.9) Improvements in patient safety and experience through development of digital processed and standard operating procedures (as above)                                                                                                             |                | Q4        |                  |                   |       |  |  | H | High   |  |  |
| Service and Pathway Improvement             |                                                                                                                                                                                                                                                        |                |           |                  |                   |       |  |  |   |        |  |  |
| 5.3) Ophthalmology                          | 5.3.1) Roll out of Open Eyes in line with national requirements                                                                                                                                                                                        |                | Q1-<br>Q4 | ED<br>PCC&M<br>H | Amber             | Amber |  |  | M | Low    |  |  |
|                                             | 5.3.2) Increase cataract list to 7 procedures                                                                                                                                                                                                          |                | Q1-<br>Q4 |                  | Amber             | Amber |  |  | M | Medium |  |  |
|                                             | 5.3.3) Development of injecting service to support repatriation of Hywel Dda University Health Board activity                                                                                                                                          |                | Q1-<br>Q4 |                  | Green             | Green |  |  | H | High   |  |  |
| 5.4) Orthopaedics/<br>Musculoskeletal (MSK) | 5.4.1) Complete Spread & Scale of MSK First Contact Practitioners Service                                                                                                                                                                              |                | Q2        |                  |                   | Blue  |  |  | H | High   |  |  |
|                                             | 5.4.2) Embed referral Management processes for NHS England and extend to commissioned Welsh services                                                                                                                                                   |                | Q2        |                  |                   | Amber |  |  | H | Medium |  |  |

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|                            | 5.4.3) Develop Single Point of Access for all MSK referrals                                                                                                                                                                                                                                            |      | Q4    |              |       |       |  |  | M | Medium |  |  |
|                            | 5.4.4) Develop 5 year Spinal Surgery Strategy informed by South Wales Spinal Network principle                                                                                                                                                                                                         |      | Q4    |              |       |       |  |  | M | Medium |  |  |
|                            | 5.4.5) Develop provider review process for Interventions Not Normally Undertaken/Evidence Based Intervention in MSK/Orthopaedics                                                                                                                                                                       |      | Q2-Q3 |              |       | Green |  |  | M | High   |  |  |
| 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 | Green |  |  | H | 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   | Amber |  |  | H | Medium |  |  |
| 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 | Red   |  |  | H | Low    |  |  |
| 5.7) Theatres              | 5.7.1) Development of a Theatre service in line with Better Together Strategic prioritisation in key specialties                                                                                                                                                                                       |      | Q1-Q4 |              | Green | Green |  |  | H | High   |  |  |
|                            | 5.7.2) Work towards accreditation for PTHB theatres (accreditation criteria process to be arranged by National Planned Care Programme)                                                                                                                                                                 |      | Q1-Q4 |              | Red   | Green |  |  | H | High   |  |  |
| 5.8) Endoscopy             | 5.8.1) Work towards Joint Advisory Group accreditation for Endoscopy service                                                                                                                                                                                                                           |      | Q1-Q3 |              | Green | Green |  |  | H | 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 |       | Amber |  |  | H | Medium |  |  |
|                            | 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&M H   | Green |       |  |  | H | 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    |              |       | Amber |  |  | M | Medium |  |  |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------|--|--|-------|--|--|---|------|--|--|
| 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 |  |  | Green |  |  | H | High |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5.10.2) Review CPAP/Sleep service provision to identify opportunities to optimise service models, capacity and workforce sustainability                                                                                                                                                                       |                     | Q2-Q3 |  |  | Green |  |  | H | 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> <ul style="list-style-type: none"><li>• <b>5.1.4)</b> Phase 1 to focus on 2026/27 opportunities and benefits - Change in timescale from Q1 to Q2</li><li>• <b>5.2.2)</b> Change in timescale from Q1 to Q2</li><li>• <b>5.2.7) 5.2.8) 5.2.9)</b> To be removed as considered Business As Usual, agreed at Planned Care Programme Board</li><li>• <b>5.5.2)</b> Request to be removed - A change request was agreed working with estates programme to pilot NHS Open space Q2</li><li>• <b>5.6.1)</b> Request to be removed considered BAU</li></ul>                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                               |                     |       |  |  |       |  |  |   |      |  |  |
| <u>Q2 Change in Timescale and Scope</u> <ul style="list-style-type: none"><li>• <b>5.1.3)</b> Recruit to clinical specialty leads and transformation expertise to lead and support delivery, request move to Q3.</li><li>• <b>5.1.4)</b> Develop phased implementation plan to deliver benefits of pathway re-design, request move to Q3.</li><li>• <b>5.2.2)</b> Develop phased implementation plan for delivery of referral optimisation at scale business case, request move to Q3.</li><li>• <b>5.2.3)</b> Secure referral optimisation clinical leadership and transformation support, request move to Q3.</li><li>• <b>5.2.4)</b> Agree options for an electronic referral system within Wales and across the border into NHS England (will require national support), request move to Q3.</li></ul> |                                                                                                                                                                                                                                                                                                               |                     |       |  |  |       |  |  |   |      |  |  |
| Executive Director Sign Off                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Debra Wood Lawson (Executive Director of People and Culture)<br>Lucie Cornish (Director of Improvement and Transformation)<br>Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)<br>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:

- Progress includes continued oversight of CHC panels, appeals, disputes, Fast Track referrals, retrospective claims, high-cost package reviews and provider quality assurance. Work is also progressing to support Direct Payments implementation and improve commissioning consistency. Key risks relate to workforce capacity, legal challenge, market fragility, increasing care package costs and timely partner engagement. These will require clear mitigation and ongoing executive oversight during 2026–2027.

Commentary on red rated actions:

- 6.1.5)** Recent audit activity, including the UB Healthcare review, has highlighted the need for a clearer Complex Care commissioning strategy and quality assurance framework. Work is required to strengthen provider oversight, improve consistency of package review, and support safe, sustainable and financially robust care.

Achievements:

- Continued development of Quality Assurance approaches within discharge pathways, improved visibility of high-cost packages and financial pressures, and progress on implementation planning for Direct Payments. The service has also continued to support complex case management, panel decision-making, appeals, disputes and provider quality concerns within a challenging operational and financial context.

| 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  | Green |    |    | H                                       | High |    |    |
|                                                                                                                      | 6.1.2)                          | Implementation of Direct Payment programme                                      | GT CA   | Q1        |                | Green  | Green |    |    | H                                       | High |    |    |
|                                                                                                                      | 6.1.3)                          | Team leadership and structure review and development                            | GT CA   | Q1-Q2     |                | Green  | Green |    |    | H                                       | High |    |    |

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|                                                                                 |                                                                                 |                                                                                                                                          |          |               |              |       |       |  |  |   |        |  |  |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|--------------|-------|-------|--|--|---|--------|--|--|
|                                                                                 | 6.1.4)                                                                          | Policy review and development to ensure alignment between general nursing, mental health/learning disability and children’s services     | GT<br>CA | Q1–<br>Q3     |              | Green | Green |  |  | H | High   |  |  |
|                                                                                 | 6.1.5)                                                                          | Development of a commissioning strategy and Quality Assurance Framework                                                                  | GT<br>CA | Q2<br>&Q<br>3 |              |       | Amber |  |  | H | Medium |  |  |
|                                                                                 | 6.1.6)                                                                          | Brokerage service development and wider market management                                                                                | GT<br>CA | Q3<br>&<br>Q4 |              |       |       |  |  | H | High   |  |  |
| 6.2) Digital commissioning system                                               | 6.2.1)                                                                          | Implement nationally supported digital commissioning system                                                                              | GT<br>CA | Q1-<br>Q2     |              | Green | Amber |  |  | H | Medium |  |  |
|                                                                                 | 6.2.2)                                                                          | Evaluate and monitor impacts delivered through national digital commissioning system                                                     |          | Q4            |              |       |       |  |  | H | 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<br>PCC&MH |       | Amber |  |  | H | Medium |  |  |
|                                                                                 | 6.3.2)                                                                          | Implement improvement plan and monitor impact on level of acute and commissioned care required                                           | CA       | Q4            |              |       |       |  |  | H | Medium |  |  |
| 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<br>–<br>Q4 |              | Amber | Amber |  |  | M | Medium |  |  |
| Formal change request (Please tick as applicable and provide explanation below) |                                                                                 |                                                                                                                                          |          |               |              |       |       |  |  |   |        |  |  |
| Change in Scope                                                                 | N/A                                                                             | Change in Timescale                                                                                                                      | N/A      |               |              |       |       |  |  |   |        |  |  |
| Executive Director Sign Off                                                     | 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:

Commentary on red rated actions:

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 |
| 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   | Blue  |    |    | H                                       | Hig h |    |    |
|                                     | 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  | Blue  |    |    | H                                       | Hig h |    |    |
|                                     | 7.1.3)                          | Subject to approval, implement Diabetes Prevention plan including robust benefits tracking and monitoring of target improvement metrics                  |         | Q3-Q4     |                |        |       |    |    | H                                       | Hig h |    |    |
| Cancer                              |                                 |                                                                                                                                                          |         |           |                |        |       |    |    |                                         |       |    |    |
| 7.2) Improving the Cancer Journey   | 7.2.1)                          | Explore options post Phase 2 of Improving the Cancer Journey                                                                                             |         | Q1-Q3     | EMD            | Green  | Green |    |    | H                                       | Hig h |    |    |
|                                     | 7.2.2)                          | Improving the Cancer Journey programme to review and update the Cancer Improvement Plan                                                                  |         | Q1-Q4     |                | Green  | Blue  |    |    | M                                       | Hig h |    |    |
| 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  | Blue  |    |    | H                                       | Hig h |    |    |
|                                     | 7.3.2)                          | Agree and implement a model for Cancer prehabilitation (national service spec pending) and rehabilitation                                                |         | Q1-Q4     |                | Green  | Green |    |    | M                                       | Hig h |    |    |

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| 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 | Green |  |  | H | High   |  |
|                             | 7.4.2) | Implementation of breathlessness groups/clinics including robust benefits tracking and monitoring of target improvement metrics                                                                                                         | IPT | Q3 & Q4 |                              |       |       |  |  | H | 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 | Amber |  |  | M | 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 | Amber |  |  | M | Medium |  |
|                             | 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 | Amber |  |  | H | Medium |  |
|                             | 7.6.3) | Implement an Arrhythmia supplementary service                                                                                                                                                                                           |     | Q1-Q4   |                              | Green | Green |  |  | H | 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 | Green |  |  | H | High   |  |
|                             | 7.6.5) | Capture outcomes (Patient Reported Outcome Measures and Patient Reported Experience Measures) for patients with Heart Failure                                                                                                           | CS  | Q1-Q4   |                              | Amber | Amber |  |  | H | 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)           | MAG | Q1-Q4   | ED PP&C<br>EMD<br>ED AHPHS&D | Green | Green |  |  | H | High   |  |
| Better Together             |        |                                                                                                                                                                                                                                         |     |         |                              |       |       |  |  |   |        |  |

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|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------|----------------|-------|-------|--|--|---|--------|--|--|
| 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<br>G | Q1    | ED P&C<br>DI&T | Green | Green |  |  | H | High   |  |  |
|                                                                                 | 7.8.2)                                                                                                                                                                                                                                                                                                                                                                                                                                      | Implementation of high impact recommendations of strategic assessment (not requiring consultation) relating to major conditions including referral management      |         | Q2-Q4 |                |       | Green |  |  | M | Medium |  |  |
| Formal change request (Please tick as applicable and provide explanation below) |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                    |         |       |                |       |       |  |  |   |        |  |  |
| Change in Scope                                                                 | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                         | Change in Timescale                                                                                                                                                | N/A     |       |                |       |       |  |  |   |        |  |  |
| Executive Director Sign Off                                                     | Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)<br>Kate Wright (Executive Medical Director)<br>Debra Wood Lawson (Executive Director of People and Culture)<br>Lucie Cornish (Director of Improvement and Transformation)<br>Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)<br>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)** Significant progress has been made by the Mental Health Partnership Participation Officer in updating the Mental Health Information Booklet. A resource originally published in 2020, it provides a brief overview of all statutory mental health services offered in Powys, access criteria and what to expect. It also covers a range of third sector support and advocacy services available. It is anticipated the English version of the document will be completed by the end of September; the document will then require full Welsh translation prior to public release.
- **8.1.2)** The Online Cognitive Behaviour Therapy Service has identified a series of service improvement projects (demonstrator projects) aligned with the Strategic 10-year Mental Health and Wellbeing Plan and Open Access Mental Health Model (OAMH). The service is preparing a paper for the Executive Committee seeking approval to proceed to tender for the All-Wales Digital Therapies Service Specification on a 3-year minimum recurrent contract from April 2027.
- **8.1.3)** The Online CBT Service is in discussions with the Joint Commissioning Committee and NHS Performance and Improvement (NHS P&I) colleagues regarding delivery of the Digital Psychological Therapies specification beyond March 2027. As part of this work, PTHB is contributing to the development of plans to expand access to evidence-based digital therapeutic interventions and online CBT support, as well as open-access digital opportunities. PTHB is also positioning itself to review the use of PHQ9, thresholds, alongside wider options for increasing access to digital therapeutic support for both Powys and Pan-Wales residents.
- **8.1.4)** PTHB is exploring opportunities to develop direct referral pathways from both 111+2 and the Single Point of Access (SPOA) into the Online CBT Service. The service is currently scoping appetite across health boards as well as PHTB for a test of change project that would enable direct referral following an appropriate assessment by 111+2 call handlers. This would follow existing onboarding procedures, with clear escalation pathways communicated back to referrers where further assessment of need is required. This work will be the focus of the demonstrator project overseen by NHS PI.
- **8.1.5)** Focus has been on meeting the demands of the Suicide Support service due to number of deaths in a short period. The strategic group for Powys Suicide and Self Harm Service is currently held up, awaiting exec decision regarding the chair of the group, once this is decided the sub-groups will be established and this is where the Powys wide workstream will sit for suicide prevention, support after suicide and self-harm. Review and update content of support information is in progress. Collaboration with physical health settings for training and awareness raising with suicide presentations has commenced.
- **8.1.6)** The Arts in Health Pledge was approved by PTHB Executive Committee in February 2026. An Arts in Health SharePoint site has been developed and published at the end of August and this covers the arts in health pledge, information on current and previous arts initiatives and a new suite of documentation to support staff to bring arts into the health offer. The current focus is building a champions community to promote the pledge and arts in health throughout PTHB. The CAMHS Breathing Space project continues, with Autumn and Winter provision currently being programmed.

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- **8.1.7)** PTHB CAMHS leadership for this agenda has been fully engaged in progressing conversations. In Q1 the ask from NHS P&I 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)** High level model design in place, however further assurance has been requested around assumptions underpinning the associated workforce model. This further work is being undertaken with workforce team to ensure that underpinning assumptions are sound. Ongoing Better Together Phase 1 work throughout Q1 & Q2 has impacted this workstream's capacity to progress detailed design as planned for this deliverable. This deliverable is ready to progress and matching additional resources provided to other service areas, which have not yet materialised for MH, would ensure this work makes timely progress.
- **8.2.3)** The programme delivery structure has developed a workstream which is progressing this deliverable. However, this workstream is now following the direction of 'Open Access' (see 8.3.2). The Single point of Access (SPOA) and 111 (press 2) are integral to the Community Model, with the SPOA creating capacity within teams to form the Older Adult Community Team, hence an interdependency exists between these deliverables and will need to reflect the Dementia Home Treatment Team (DHTT) and Memory Assessment Service (MAS) as part of the Community Team. This deliverable has been impacted by the Better Together Phase 1 that continued into Q1 and Q2 2026, however work has taken place to complete a readiness assessment, a high-level project plan, weekly touchpoint clinical & operational meetings are in place, also a workshop with MHS Performance & Improvement is scheduled for end September 2026. A change request is required for this deliverable for an adjustment in scope of this deliverable – however scope has not yet been redefined.
- **8.3.1)** Better Together Phase 1 work has continued throughout Q1 and Q2 2026, impacting capacity available to progress this deliverable. Also, as Adult Community Model is not included in Better Together Phase 1 scope, it has not received any particular focus during Phase 1. However, due to an interdependency with forming options for the PTHB Inpatient Model, workforce assumptions have been submitted for demand and capacity modelling of the Community Model, hence some high-level modelling has been completed forming a foundation for further detailed design work.
- **8.3.2)** The MH Community Model, comprising an Older Adult Team and Adult Team (in first instance), has an interdependency with this deliverable as the Demonstrator Area projects impact the Community Model design, placing an Open Access system at the 'front door'. This deliverable will be achieved via development of deliverables 8.2.1, 8.2.3 and 8.3.1.
- **8.5.1)** Recent period of stability has seen low requirement for out of county acute placements. Enhanced governance arrangements are in place with daily patient flow meetings. Actions in response to Grant Thornton review of complex care and out of county adult acute placements concerning Complex Health Care (CHC), Mental Health services, Learning Disabilities service and Section 117 are being considered at present, with a paper in development for submission to Executive Directors end September 2026.
- **8.6.1)** The Continuous Quality Improvement Plan for Mental Health & Learning Disabilities has been reviewed to maintain areas of focus for key quality and safety in 2026/27, a new role in the Q&S MH&LD Senior Management Team structure has been added to enhance capacity for the ongoing work to manage incidents, concerns, complaints, audit, policy, professional development and engagement in transformation and service development work. Recruitment to this new role is underway in Q2. A critical part of quality improvement in 26/27 is the need to ensure that the planning and implementation of Open Access and its component model parts are founded in quality and safety indicators for assessing and monitoring standards of delivery of future care and smooth transition to the new model.

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- **8.6.2)** A mortality review panel is in place to consider reviews, although demand is currently low. In addition, ongoing opportunities present to potentially improve physical health of people with long term mental health problems, and a process has been put in place to capture these learning opportunities/ actions.
- **8.6.3)** PTHB is a statutory member of the Area Planning Board, (APB), and regularly engages. The MH&LD Division employs a Clinical Lead for Substance Misuse and a Harm Reduction Co-ordinator who chairs the Harm Reduction subgroup of the APB. The APB was consulted on and has signed off the PTHB ringfenced allocation for Substance Misuse delivery for 26/27. Integrated Autism Service for adults continues to deliver diagnostic and prescribing service. To note, the service is working through contingency plans/options appraisal given RPB RIF funding vulnerability. A bank Psychologist is starting work in September, to support the MDT. Options appraisal to be developed to understand impact and consider solutions. Shared Care arrangements are in place. Nurse Prescriber joined the team July 2026, which will support the two current clinicians. Datix reporting high within the ND service due to the waiting lists. Constant review of both IAS/ADHD service due to the high demands on staff team. Learning Disabilities: Health Equality Framework - PTHB currently performing best in Wales. Champion training, face to face champion training delivered to all primary care clusters within Powys; at a learning event over 128 primary care staff trained as learning disability champions, 26 theatre staff trained as learning disability champions. Monthly champion training offered county wide PTHB, attended by PTHB staff, primary care staff, third sector organisations, Welsh Ambulance Service, dental departments, and local authority, over 160 learning disability champions trained. Positive behaviour training with staff and families/carers, two staff trained as trainers via PBM/ABMU. AHPs embedded in service positive MDT working, activity increased within the team. Challenges severe complex physical health needs – eligibility increased due to referral demands. Transitional SOP currently being development which may address these issues. Paul Ridd training, awareness of the barriers faced by people with a learning disability when accessing healthcare, 99% compliant for whole of PTHB. Positive relationships with Mental Health and Memory Assessment Service particularly joint assessments. College placements funding, CHC funding, Direct Payments will be challenge to the team going forward due to the current demands. Priority on all out of area placements currently three patients within restrictive environments. Audit of Learning Disabilities completed by NWSSP August 2026 with Substantial Assurance.
- **8.6.4)** Remaining areas for implementation are connected to longer term modelling as part of ongoing Better Together programme.
- **8.6.5)** Plans are in place to improve efficiency and avoid waste by ensuring delivery of Mental Health savings and sustainability with focus on variable pay reduction, private providers usage for adult acute mental health, and medical workforce establishment. Variable pay in inpatients settings has reduced. Out of County Placements are being held between 12 and 14 (including PICU, Medium, Low Secure and adult Acute), a further month of stability will support confidence in reduction in costs for 26/27. Community Establishment review undertaken and SBAR produced to mitigate for agency spend. Positive recruitment in 111p2 to remove agency shifts with further plans to remove headroom gaps. Medical locum reduction plan reviewed to give current forecast spend position with confidence to meet target if recruitment successful.
- **8.6.6)** Powys THB Traumatic Stress Pathway Leads continue to lead the development and implementation of an evidence-based assessment and intervention pathway for people with suspected and/or established Post Traumatic Stress Disorder (PTSD) / Complex-PTSD, including: a Standard Operating Procedure (SOP) for Traumatic Stress; A Service training and supervision plan aligned to the 'Trauma Specialist' Level of the Trauma-Informed Wales Framework , a service wide staff consultation model, and commissioning and facilitating CPD training events for staff working with traumatic stress and delivering EMDR. The CENs Service have also developed and are rolling out a two-day workshop to mental health staff in working with people with

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complex emotional needs. The Trauma Leads are also scoping existing training in trauma informed care for staff working in adult mental health services. CAMHS, in conjunction with the trauma leads, are also developing a trauma-informed staff training workshop.

- **8.6.7)** Work continues to support consistent pathways between primary care and mental health and learning disability services, including exploring opportunities for improved interoperability; bi-directional referrals; clarifying the role of 111#2; and utilising care pathways to support a consistent approach and role for primary care in the Patient's journey.

Commentary on red rated actions:

- **8.2.2)** Whilst baseline measurements were recorded across services and used within demand and capacity modelling for option development within Better Together Phase 1, further strategic assessment remains outstanding around understanding priorities of partner organisations, e.g. Social Services and 3<sup>rd</sup> sector organisations. Due to pressures of Better Together Phase 1 work running into Q1 and Q2, this deliverable has not been progressed as planned, hence has red status. A meeting is planned for early Q3 to clarify scope of this deliverable across both MH and Physical Health service areas. A change request is being submitted with this report for rescheduling this deliverable for Q3-Q4 2026/27.
- **8.3.3)** Better Together Phase 1 work running into Q1 and Q2 has delayed any high-level preparation/ analysis work for this deliverable regarding Sanctuary from progressing, hence red status. However, progress of this deliverable is dependent upon the outcome of Better Together public consultation. A change request is being submitted to reschedule this deliverable for Q3-Q4 (n.b. Timing of public consultation suggests this deliverable may require further rescheduling to include Q1 2027/28).

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 |
| Population Health & Wellbeing           |                                                                                                                                                                                                                                                         |         |           |                |        |       |    |    |                                         |      |    |    |
| 8.1) Targeted Prevention & Intervention | 8.1.1) Improve access to information, advice and assistance to protect and promote good mental health and wellbeing by working with Powys Public Health team and Mental Health Live Well Partnership to extend the reach of communication opportunities |         | Q1-Q4     | ED PCC&MH      | Green  | Green |    |    | H                                       | 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                                                                          |         | Q1-Q2     |                | Green  | Amber |    |    | H                                       | High |    |    |

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|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|--------------------------------|-------|-------|--|--|---|--------|--------|--|--|
|                                                                                         | Demonstrator Area project for Cognitive Behaviour Therapy, such as:                                                                                                                                                                                                                                                   |    |       |                                |       |       |  |  |   |        |        |  |  |
|                                                                                         | 8.1.3) Review PHQ9 threshold to increase access to online Cognitive Behaviour Therapy (CBT) for Powys residents                                                                                                                                                                                                       |    | Q3-Q4 |                                |       |       |  |  | H | Medium |        |  |  |
|                                                                                         | 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 |                                |       |       |  |  | H | 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 |                                |       |       |  |  | M | High   |        |  |  |
|                                                                                         | 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 |                                |       |       |  |  | H | 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 |                                |       |       |  |  | H | High   |        |  |  |
| <b>Better Together Programme / Interdependency with North Powys Wellbeing Programme</b> |                                                                                                                                                                                                                                                                                                                       |    |       |                                |       |       |  |  |   |        |        |  |  |
| 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<br>DI&T<br>ED<br>PCC&MH | Green | Amber |  |  |   | M      | Medium |  |  |
|                                                                                         | 8.2.2) Complete outstanding strategic assessment required for Older Adults community-based Multidisciplinary Teams (will inform North Powys Wellbeing Programme Full Business Case)                                                                                                                                   | CA | Q1-Q2 |                                | Amber | Red   |  |  |   | M      | Low    |  |  |
|                                                                                         | 8.2.3) Continue design and implementation of future phases (i.e. phase 2.1) of Single Point of Access and 111 (press 2), to include holistic assessment following patient triage, (including opportunity of virtual assessment) <i>North Powys Wellbeing Programme inter-dependent on older adult community model</i> | CA | Q1-Q4 |                                | Amber | Amber |  |  |   | M      | Medium |  |  |

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|                                          |        |                                                                                                                                                                                                                                                                                                                            |          |         |                  |           |       |  |  |   |        |  |  |
|------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|------------------|-----------|-------|--|--|---|--------|--|--|
| 8.3) Adult Community Model               | 8.3.1) | With partners complete scope and high level design for Adult Community Model, ( <i>interdependency with inpatient model and physical health</i> ), ensuring care and treatment pathways reflect principles of recovery-focused model                                                                                       | CA       | Q1-Q4   |                  | Amb<br>er | Amber |  |  | L | Medium |  |  |
|                                          | 8.3.2) | Adult Community Model design to be undertaken in line with Ministerial Priority national strategic programme board for Mental Health 'Demonstrator Area' pilots for Open Access, Stepped care 2.0 and 'One at a Time' models observing National timescales for implementation of new model in 2028                         | CS<br>CA | Q1-Q4   |                  | Amb<br>er | Green |  |  | M | Medium |  |  |
|                                          | 8.3.3) | Continue scope & design for 'Sanctuary' alternative to admission (interdependency with Open Access & Stepped Care)                                                                                                                                                                                                         | CS<br>CA | Q2-Q4   |                  |           | Red   |  |  | M | Low    |  |  |
| 8.4) Inpatient Care                      | 8.4.1) | Following consultation, complete Inpatient Model design and initiate clinical service plan for Mental Health services at high level; ensuring care and treatment pathways reflect principles of recovery-focused model and align with National Inpatient Safety Programme, 'Safe Wards' and Wales Safe Discharge Standards | CS<br>CA | Q4      |                  |           |       |  |  | M | Medium |  |  |
| 8.5) Complex Care                        | 8.5.1) | For Mental Health and Learning Disabilities, deliver actions in response to Grant Thornton review of complex care and out of county adult acute placements through improved oversight and local alternatives/ strengthened pathways, governance and quality assurance arrangements and provider / market arrangements      | GT<br>CA | Q1-Q4   |                  | Green     | Green |  |  | M | Medium |  |  |
| Quality & Performance Improvement        |        |                                                                                                                                                                                                                                                                                                                            |          |         |                  |           |       |  |  |   |        |  |  |
| 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<br>CA | Q1 – Q4 | ED<br>PCC&M<br>H | Green     | Green |  |  | H | 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<br>CA | Q1 – Q4 |                  | Green     | Green |  |  | H | High   |  |  |

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|        |                                                                                                                                                                                                                                                                  |          |         |           |       |  |  |   |            |  |  |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|-----------|-------|--|--|---|------------|--|--|
| 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 | Amb<br>er | Amber |  |  | M | Mediu<br>m |  |  |
| 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<br>CA | Q1 – Q4 | Green     | Green |  |  | H | Mediu<br>m |  |  |
| 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 | Amb<br>er | Amber |  |  | M | Mediu<br>m |  |  |
| 8.6.6) | Develop and implement recovery-focussed trauma informed approaches to care and training for mental health services                                                                                                                                               | CA       | Q1 – Q4 | Amb<br>er | Green |  |  | M | Mediu<br>m |  |  |
| 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 | Amb<br>er | Amber |  |  | M | Mediu<br>m |  |  |

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

|                            |   |                        |   |  |
|----------------------------|---|------------------------|---|--|
| <b>Change in Timescale</b> | ✓ | <b>Change in Scope</b> | ✓ |  |
|----------------------------|---|------------------------|---|--|

**Q2 Change in Timescale and Scope**

**8.2.2)** Whilst baseline measurements were recorded across services and used within demand and capacity modelling for option development within Better Together Phase 1, further strategic assessment remains outstanding around understanding priorities of partner organisations, e.g. Social services and 3<sup>rd</sup> sector organisations. Due to pressures of Better Together Phase 1 work running into Q1 and Q2, this deliverable has not been progressed as planned, hence has red status. A meeting is planned for early Q3 to clarify scope of this deliverable across both MH and Physical Health service areas. A change request is being submitted with this report for rescheduling this deliverable for Q3-Q4 2026/27.

**8.2.3) 8.2.4)** The programme delivery structure has developed a workstream which is progressing this deliverable. However, this workstream is now following the direction of 'Open Access' (see 8.3.2). The Single point of Access and 111 (press 2) are integral to the Adult Community Model, hence an interdependency exists between these deliverables. This deliverable will need to reflect the Dementia Home Treatment Team (DHTT) and Memory Assessment Service (MAS) as part of the Community Team. This deliverable has been impacted by the Better Together Phase 1 that continued into Q1 and Q2 2026. A change request is

required for this deliverable for an adjustment in scope of this deliverable – however scope has not yet been redefined. Therefore, a change request has been submitted with this report, however, will need updating once the scope has been redefined.

**8.3.3)** Better Together Phase 1 work running into Q1 and Q2 has delayed any high-level preparation/ analysis work for this deliverable from progressing, hence red status. However, progress of this deliverable is dependent upon the outcome of Better Together public consultation. This change request is being submitted to reschedule this deliverable for Q3-Q4.

**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)** Following the mapping and scoping activity undertaken during Q1, the Falls Group has reviewed and considered the Welsh Ambulance Service Trust Level 1 service specification, which had previously been identified as a potential benchmark for Level 1 falls response provision. The specification was considered an appropriate reference point to support future consideration of Level 1 service arrangements and decision-making.
- **9.1.3)** The Level 2 Falls Response Pathway was successfully launched in June 2026 and is now operational through the Single Point of Access. Early rollout and implementation have been supported throughout Q2, establishing a coordinated community-based response for individuals who have experienced a fall. Pathway utilisation remains lower than anticipated, and further work will be undertaken to maximise awareness and appropriate use of the pathway to support ongoing evaluation and future service development.
- **9.1.4)** Work to inform development of the business case has continued during Q2. Implementation of the Level 2 Falls Response Pathway has enabled initial activity and outcome data to begin to emerge, which will inform future consideration of service sustainability and resourcing. Whilst further evaluation evidence is required, work will continue throughout Q3 to develop the wider business case and support future decisions regarding the sustainability of falls prevention and response services.
- **9.1.5)** Work to support promotion of the Level 1 falls response pathways has commenced during Q2. Collaboration with Communications colleagues has been established and an initial five-point approach has been identified to support increased awareness and utilisation of available Level 1 falls response services. Further development and implementation activity will continue throughout Q3.
- **9.1.6)** Work to align community falls response and prevention activity has commenced during Q2. Existing falls prevention activity has been mapped and opportunities for greater alignment identified, with agreed Single Point of Access processes now supporting feedback from falls response services into prevention teams. Work will continue throughout Q3, including engagement with wider improvement programmes to strengthen coordination and support a more integrated approach to falls prevention and response.
- **9.2.2)** Early evaluation activity has commenced following implementation of the Single Point of Access model, however, completion of the evaluation has taken longer than anticipated and will continue into Q3. Initial findings are encouraging, with performance currently exceeding national expectations in relation to the proportion of referrals managed through alternatives to Emergency Department attendance. Activity through the Single Point of Access has also continued to grow, indicating increasing utilisation of the service. Completion of the evaluation will support future refinement of the model and inform planning for 2027/28.
- **9.3.1)** Work to evaluate the benefits and sustainability of the Emergency Department turnaround pilot has continued during Q2. Consideration of the original pilot model remains ongoing, alongside development of potential options to support sustainable delivery where benefits can be demonstrated. In addition, a complementary pilot approach has commenced with Wye Valley Trust, placing a Care Transfer Coordinator within front door services to support the early identification and redirection of appropriate Powys residents into PTHB services. The pilot will be evaluated alongside the original model to further inform future service design and support consideration of sustainable approaches to reducing avoidable admissions.

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- **9.4.2)** Preparatory work to support delivery of the ward-level pilot has progressed throughout Q2. Pilot sites, scope and duration have been agreed, with development of the evaluation framework nearing completion. These arrangements have established the foundations required for implementation of the pilot during Q3, with evaluation activity to inform future consideration of the approach.
- **9.5.1)** Recruitment to the dedicated roles identified through the revised Optimal Hospital Flow approach has now been completed, with three appointments made during Q2. Alongside the development of the 'Every Day Matters' campaign and wider preparatory work undertaken during Q1, this completes the foundational activity required to support implementation of the revised approach throughout 2026/27.
- **9.5.2)** Building on the ward-based engagement and refresher training completed during Q1, further work has been undertaken throughout Q2 to support organisational readiness for the revised Optimal Hospital Flow approach. This has included implementation of revised Red2Green reporting requirements and continued reinforcement of core Optimal Hospital Flow principles. These activities provide the foundation for the dedicated Optimal Hospital Flow team to commence ward-based implementation and improvement support throughout Q3.
- **9.5.3)** Recruitment to the dedicated Optimal Hospital Flow roles has taken longer than anticipated, delaying commencement of ward-level implementation activity during Q2. Recruitment has now been completed, with appointments made during Q2. Ward-level implementation and improvement support will commence throughout Q3, supporting the delivery and embedding of the revised Optimal Hospital Flow approach.
- **9.6.1)** Development of the clinical advice network has commenced during Q2. Ongoing engagement with the Consultant Connect team has supported further exploration of opportunities to strengthen access to senior clinical advice, with all Minor Injury Unit teams now registered on the platform. A gap analysis of existing advice pathways is underway, alongside consideration of how established General Practice advice arrangements may support urgent care services. Work will continue throughout Q3 to refine requirements and support future implementation.
- **9.7.1)** Development of the business case has continued during Q2, with further work undertaken to review the integration and sustainability requirements of urgent, emergency and unscheduled care functions. Consideration of existing roles and services supported through time-limited external funding remains ongoing. Further work is required and will be undertaken to refine requirements, service arrangements and supporting structures prior to finalisation and submission of the business case.
- **9.7.2)** A Winter Preparedness Plan has been developed and submitted during Q2, incorporating learning from previous years and supporting planning for the forthcoming Autumn and Winter period. This forms part of the wider Regional Partnership Board System Resilience Planning process, which continues to be developed with partner organisations. Further refinement of the Winter Plan will continue to ensure arrangements remain responsive to emerging system pressures and requirements.
- **9.8.1)** Monitoring and review of Temporary Service Changes relating to Minor Injury Units has continued throughout Q2 as part of development of the Better Together Phase 1 pre-consultation business case. Evaluation has informed the development of the pre-consultation business case, which is now complete.

Commentary on red rated actions: N/A

Achievements:

- Level 2 Falls Response Pathway launched through SPOA, with Level 1 service planning, promotion and prevention alignment progressing.
- Single Point Of Access activity continues to grow, with early evaluation showing performance above national expectations for alternatives to Emergency Department attendance.
- Emergency Department turnaround evaluation continued, with a Wye Valley front-door Care Transfer Coordinator pilot launched to support early redirection into PTHB services.
- Ward-Level Pilot sites, scope and duration agreed, with the evaluation framework nearing completion ahead of Q3 implementation.
- Optimal Hospital Flow dedicated roles recruited, Red2Green reporting strengthened and ward-based implementation support ready to commence in Q3.
- MIU teams are now registered on Consultant Connect, with pathway gap analysis underway to strengthen senior clinical advice access.
- Winter Plan developed and submitted, supporting system resilience planning with partners for Autumn and Winter pressures.
- MIU temporary service change evaluation completed, informing the Better Together Phase 1 pre-consultation business case.

| 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<br>PCC&MH<br>ED P&C<br>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        |                                | Amb<br>er | Blue  |    |    | M                                       | High   |    |    |
|                                         | 9.1.2) Conclude delivery of care home falls training and evaluate outcomes                                                                                                                                                                    | CA      | Q1        |                                | Blue      |       |    |    | H                                       | 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     | Blue  |    |    | M                                       | High   |    |    |
|                                         | 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     | Green |    |    | M                                       | Medium |    |    |
|                                         | 9.1.5) Promote the Level 1 falls response pathways and increase their utilisation                                                                                                                                                             | CA      | Q2-Q3     |                                |           | Green |    |    | H                                       | High   |    |    |

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|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|--|-------|-------|--|---|--------|--|--|
|                                       | 9.1.6)                                                                                                                                                                                   | Align the community falls response with wider falls prevention activity                                                                                                                                                                                                                             | CA | Q2-Q3 |  | Green |       |  | H | 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 |  |       |       |  | H | High   |  |  |
|                                       | 9.1.8)                                                                                                                                                                                   | Subject to approval, progress implementation of falls sustainability plan                                                                                                                                                                                                                           | CA | Q4    |  |       |       |  | M | 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  | Blue  |  | H | High   |  |  |
|                                       | 9.2.2)                                                                                                                                                                                   | Undertake an early evaluation using learning from initial operation to inform refinement and future development                                                                                                                                                                                     | CA | Q2    |  |       | Amber |  | H | 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    |  |       |       |  | H | 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    |  |       |       |  | M | 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 |  | Green | Green |  | M | 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    |  | Blue  | Blue  |  | H | High   |  |  |
|                                       | 9.4.2)                                                                                                                                                                                   | Deliver a ward-level pilot of the revised approach                                                                                                                                                                                                                                                  |    | Q2-Q3 |  |       | Green |  | H | High   |  |  |

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|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|--|--|--|--|--|---|--------|--|--|
|                                                             | 9.4.3) Evaluate the pilot and agree next steps to inform future decision-making                                                                                                                                                              |     | Q4    |  |  |  |  |  | H | 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    |  |  |  |  |  | H | High   |  |  |
|                                                             | 9.5.2) Build organisational readiness to support Optimal Hospital Flow Framework (OHFF) through engagement with ward teams                                                                                                                   |     | Q1-Q2 |  |  |  |  |  | H | High   |  |  |
|                                                             | 9.5.3) Embed the revised OHFF approach through sustained, ward-level support                                                                                                                                                                 |     | Q2-Q4 |  |  |  |  |  | M | 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    |  |  |  |  |  | M | 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 |  |  |  |  |  | H | High   |  |  |
|                                                             | 9.6.2) Support the operational implementation of the Digital Health and Care Wales Emergency Department App                                                                                                                                  |     | Q3-Q4 |  |  |  |  |  | M | Medium |  |  |
|                                                             | 9.6.3) Review the effectiveness of the clinical advice network and governance arrangements and identify priorities for future pathway development                                                                                            |     | Q4    |  |  |  |  |  | H | 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 |  |  |  |  |  | H | Medium |  |  |
|                                                             | 9.7.2) Develop a clear and responsive operational plan for Autumn / Winter period and Regional Partnership Board                                                                                                                             | CS  | Q2    |  |  |  |  |  | M | Medium |  |  |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------|---------------------------------------|-------|------|--|--|---|------|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                           | System Resilience Plan ('Winter Plan') utilising learning from previous years                                                                                         |   |       |                                       |       |      |  |  |   |      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9.7.3)                                                                                                                                                                                                                                                    | Implement outcome of business plan to ensure sustainable service delivery                                                                                             |   | Q3-Q4 |                                       |       |      |  |  | M | Low  |  |  |
| 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<br>ED<br>PCC&MH<br>ED P&C<br>DI&T | Green | Blue |  |  | H | High |  |  |
| Formal change request (Please tick as applicable and provide explanation below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                           |                                                                                                                                                                       |   |       |                                       |       |      |  |  |   |      |  |  |
| Change in Scope                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | N/A                                                                                                                                                                                                                                                       | Change in Timescale                                                                                                                                                   | ✓ |       |                                       |       |      |  |  |   |      |  |  |
| <u>Q1 Change in timescale</u> <ul style="list-style-type: none"><li><b>9.1.1)</b> Change in timescale from Q1 to Q2. No longer required. Outstanding activity completed during Q2.</li></ul> <u>Q2 Change in timescale</u> <ul style="list-style-type: none"><li><b>9.2.2)</b> Change in timescale from Q2 to Q2-Q3. Additional time is required to allow completion of the evaluation.</li><li><b>9.5.3)</b> Change in timescale from Q2-Q4 to Q3-Q4. Recruitment delays have deferred commencement of ward-level implementation until Q3.</li><li><b>9.7.1)</b> Change in timescale from Q1-Q2 to Q1-Q4. Additional time is required to further review and refine business case requirements prior to finalisation and submission.</li><li><b>9.7.3)</b> Change in timescale from Q3-Q4 to Q4. Finalisation of the business case has been extended to allow further review and refinement of requirements, delaying commencement of implementation activity.</li></ul> |                                                                                                                                                                                                                                                           |                                                                                                                                                                       |   |       |                                       |       |      |  |  |   |      |  |  |
| Executive Director Sign Off                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)<br>Kate Wright (Executive Medical Director)<br>Debra Wood Lawson (Executive Director of People and Culture)<br>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 ICBs to begin exploring strategic commissioning partnerships.
- **10.2.1)** PTHB Long Term Agreement templates with Robert Jones and Agnes Hunt (RIAH), Shrewsbury and Telford Hospital (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 Intervention (EBI).
  - Requirement to operate within the agreed activity limits.
  - Clinical and clerical validation of waiting lists.
- **10.2.1)** Aim for standard contract to be used in 2027/28 with all NHS England providers.
- **10.2.2)** Implement a data-driven approach to Intervention Not Normally Undertaken (INNU)/Evidence Based Intervention (EBI) in PTHB as a provider (see SP5) and in commissioned services. Value Based Commissioning (INNU 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 and in post.
  - Prior Approval Authorisation process defined.
  - INNU/EBI working group established to oversee implementation and monitoring.
- **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). Savings scheme Focus on reducing medical admissions by 3%; savings scheme focus on reducing out of county 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.

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- **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. Referral Optimisation Business Case developed – being progressed. 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.
- **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. PTHB Board confirmed continuation of approach to commission NHS England providers to NHS Wales waiting times for 2026/27 for planned care activity (excluding urgent, cancer and <18 year olds). Savings Scheme identified to commission RJAH within financial envelope; savings scheme to commission SATH to a block arrangement for remainder of 2026/27; savings scheme identified to commission WVT within financial envelope. Discussions ongoing to reach agreements with RJAH and WVT for 2026/27.
- **10.3.1)** NHS Wales Joint Commissioning Committee (JCC) – via the collaborative oversight and management arrangements, progress JCC priorities 2026-27, including referral optimisation
- 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 KPIs including New Outpatients (Ops), referrals, OP/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 PPPH Committee on 18<sup>th</sup> May. The Internal Co-ordination Group is meeting fortnightly. The meetings of Executive leads 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.
- **10.3.2)** All existing providers received a letter on the outcome of the review. Cost Improvements were applied where appropriate. An update report was provided to PPPH Committee on 18<sup>th</sup> May. The Internal Co-ordination Group is meeting fortnightly. NHS Wales Shared Services and Procurement (NWSSP) is part of the Internal Co-ordination Group and is providing support. After a delay due to recruitment difficulties NWSSP has secured the additional temporary procurement capacity needed. Phased work is being progressed, but timing will continue to be adjusted in line with co-dependent national and local strategic issues. Single Tender Waivers have been submitted whilst the work to ensure compliance with the Procurement Act or Provider Selection Regime Regulations is underway.
- **10.4.1)** Implement the Strategic Commissioning Framework and Integrated Quality and Performance Framework (IQPF) with increased focus on Quality Management System for commissioned services. Refresh of IQPF 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.

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- **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). Quality metrics updated and to be reflected in LTAs with SATH, RJAH and WVT for 26/27, and for all LTAs in 27/28. Commissioning Oversight Assurance Group (COAG) to be replaced by proposed new governance structure as part of the Target Operating Model.
- **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. 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:

- Continued implementation of Strategic Commissioning Framework priorities.
- Strengthened oversight arrangements for commissioned services through quality and governance structures

| 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          | Amb<br>er | Amber |    |    | H                                       | 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     | Green |    |    | H                                       | 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     | Green |    |    | H                                       | 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     |                | Amb<br>er | Amber |    |    | M                                       | Medium |    |    |
|                                                                                                                   | 10.2.4) Implement Getting It Right First Time Strategic Assessment of Planned Care, Referral Optimisation and Pathway Redesign to                                                         | GT/MA<br>G | Q1-Q4     |                | Green     | Green |    |    | M                                       | Medium |    |    |

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|                           |                                                                                                                                                                                                                                                            |    |       |                         |  |       |       |  |  |   |        |  |  |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|-------------------------|--|-------|-------|--|--|---|--------|--|--|
|                           | support Grant Thornton recommendations on reducing growth in commissioned spend (deliverables included in SP5)                                                                                                                                             |    |       |                         |  |       |       |  |  |   |        |  |  |
|                           | 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 | Green |  |  | M | 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    |                         |  |       |       |  |  | M | 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    |                         |  |       |       |  |  | M | Medium |  |  |
| 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 | Amber |  |  | M | 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 | Green |  |  | M | Medium |  |  |
|                           | 10.3.3) Respond to Grant Thornton recommendations to explore collaborative commissioning via Integrated Care Boards (England) and/or the JCC                                                                                                               | GT | Q4    |                         |  |       |       |  |  | M | 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<br>ED<br>NQW&FH |  | Green | Green |  |  | H | 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 | Green |  |  | H | 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 | Green |  |  | M | Medium |  |  |

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|                                                                                        |     |                                                                                                                                            |     |  |
|----------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| 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)<br>Elaine Lorton (Executive Director Primary Care, Community & Mental Health) |     |  |

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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 has continued to strengthen during Q2. All vacancy requests are subject to an enhanced review process, requiring recruiting managers to evidence the ongoing requirement for the post and alignment with service need, workforce plans and financial controls. Requests are then subject to appropriate Finance, People & Culture, budget holder, senior management and Executive approval before consideration by the Executive Vacancy Scrutiny Panel. Alongside this routine vacancy scrutiny process, further work is underway to strengthen establishment control through two complementary workstreams: a review of the existing vacancy and under-utilised establishment position, and refinement of the ongoing process for future vacancy release. Revised documentation and guidance are being finalised to ensure a consistent, proportionate and sustainable approach to vacancy and establishment management.
- **11.1.2)** The Health Board has an established approach for the sharing and implementation of nationally mandated job descriptions. However, a national publication timetable for mandated job descriptions has not been issued. The health board have fully implemented the HCSW band 2 & 3 job descriptions within ward areas in line with the national implementation framework. However, there remains a number of leavers who are eligible that have not yet approached the health board for validation. For other HCSW roles at band 3 level (for example theatres & outpatients) job descriptions have been adopted and are in place for relevant new roles, with ongoing engagement underway to align existing staff where appropriate.
- **11.2.1)** Comprehensive workforce growth analysis has progressed significantly during Q2, supported by PTHB's internal workforce intelligence and the Workforce Analysis Pack developed as part of the financial recovery work. The analysis identifies workforce growth of 22.6% since 2020, from 1,731 WTE to 2,123 WTE in 2026, with growth moderating to 2.4% in the most recent 12 months. Growth has been concentrated particularly within Community Care & Therapies (+152 WTE) and Mental Health (+98 WTE). This has been supplemented by analysis of workforce composition and demographic risk, including the identification that 30.3% of the current workforce are aged over 55, projected to increase to 45.8% by 2031. The next phase of workforce projection work is imminent and will bring together workforce growth, demographics, retirement risk, vacancies, workforce supply and emerging service transformation requirements. This will provide a clearer view of future workforce demand and supply requirements and will directly inform future education commissioning, Grow Our Own priorities and the development of sustainable workforce supply pipelines.
- **11.2.2)** Work has progressed during Q2 to strengthen the workforce intelligence available to the Health Board, supported by both routine People & Culture reporting and the workforce analysis undertaken through the Financial Recovery Programme. This has significantly strengthened the evidence base across areas including workforce growth, vacancies, workforce demographics, temporary staffing and workforce sustainability. This work will provide the foundation for the development of the planned bi-annual strategic workforce intelligence report. The next phase will focus on bringing this intelligence together into a consistent strategic reporting approach for Executive Committee, with clear measures, trends, risks and forward-looking workforce insights.
- **11.3.2)** To date 36 staff have participated in the change management training.

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- **11.3.3)** Support to the Better Together programme includes a general Change Management programme and specific training to nominated senior operational managers that are needed to lead the staff engagement and support during public consultation. For the general Change Management programme, a one-day, online course has been developed and delivery commenced with an initial three sessions for 36 staff. These continue to be delivered monthly. To directly support change and staff engagement for public consultation, 22 nominated senior operational managers have been engaged with and undertaken initial awareness sessions and will undertake a full day of training around the proposed changes, change management and how they will need to support the staff.
- **11.3.4)** Dedicated OD support to the Better Together programme has been delivered through the Organisational Development, Engagement and Communications workstream. Q2 has seen a phase of preparing for the delivery of staff engagement during public consultation, including planning of staff roadshows and workshops, developing manager's guidance and FAQs and supporting the 22 senior operational managers to help support staff. No specific team input has been required. Support to the North Powys Wellbeing Programme has grown materially and now includes critical friend input, design support, planning and facilitation for partnership workshops. This includes work on the front door model, mental health, children and families, and the enhanced community model and the education hub scope and design. The North Powys team are also accessing Change Management training developed and delivered by the Workforce Futures team. This is intended to support their interactions with colleagues across the partnership as the programme moves through design, engagement and implementation planning.
- **11.3.5)** Workforce planning activity has progressed through the Better Together programme, with emerging workforce models developed across Physical Health, Mental Health and Urgent Care. During the public consultation period, facilitated workshops will be held with key clinical, operational and workforce colleagues to critically review and further test the proposed workforce models and skill mix. The workshops will consider whether the proposed models are appropriate, deliverable and sustainable, including demand, balance of roles, skills and professional groups required to support the proposed future service models. This will ensure that, at the point of decision, the proposed workforce models have been robustly reviewed and tested, with any required refinements reflected in the final workforce requirements and subsequent implementation planning.
- **11.3.10)** Baseline workforce data and modelling support has been provided to the Better Together programme to inform the development of the options now progressing to public consultation. This has included consideration of current workforce establishments, vacancies, workforce supply and the indicative workforce implications associated with the emerging service models. During the consultation period, further workforce modelling and scenario analysis will be undertaken to test and refine the assumptions underpinning the options, including the potential scale, configuration and phasing of workforce change. This work will ensure that robust workforce information is available to inform decision-making following consultation, with no final workforce model determined in advance of that process.
- **11.3.11)** Workforce modelling and analytical assurance has continued, testing the relationship between the proposed service options, demand and capacity assumptions, and the associated workforce requirements. Areas where the supporting evidence is less mature have been identified, with targeted work underway to strengthen demand, activity, benchmarking and workforce assumptions, particularly across Mental Health community, inpatient and medical models. This work will continue through the public consultation period, alongside the planned workforce model and skill-mix workshops, to ensure that the workforce assumptions are robustly tested and that a strengthened evidence base is available to inform decision-making following consultation.

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- **11.3.12)** The emerging Better Together workforce models include a range of new, extended and advanced practice roles as part of the proposed future workforce configuration. These will be reviewed further during the public consultation period through the planned workforce model and skill-mix workshops, to test whether the proposed roles, skills and workforce configuration are appropriate, deliverable and sustainable. For some proposals, particularly Urgent Care, access to these extended and advanced roles will be an important enabler of the proposed model. Workforce availability, development requirements and implementation implications will therefore form part of the detailed testing undertaken during consultation and will inform subsequent decision-making.
- **11.5.1)** Equality Impact Assessments have been completed as part of the assurance process to support progression to public consultation. These have considered the potential equality impacts associated with the proposals at this stage. Following consultation and subsequent decision-making, more detailed workforce-specific Equality Impact Assessments will be completed and/or refreshed to reflect the final agreed model and its workforce implications. These will form part of the assurance required before implementation.
- **11.5.2)** People & Culture continues to provide advice and assurance to ensure equality considerations are embedded within workforce redesign and organisational change activity. This has included supporting the development of Equality Impact Assessments for the Better Together proposals ahead of public consultation and ensuring that equality considerations form part of the relevant governance and decision-making processes. Further workforce-specific EIA activity will be supported following consultation and decision-making, once the detailed workforce implications of any agreed model are known, to ensure equality impacts are appropriately assessed and addressed ahead of implementation.
- **11.6.1)** Recruitment to the 2026 Aspiring Nurse cohort has been successfully completed. The campaign attracted 425 applications, with 16 candidates progressing to assessment centre and eight appointed to the programme. The cohort commenced induction on 14 August 2026, comprising six Adult Nursing and two Mental Health Nursing candidates. All have been allocated first-year placements and are working 30 hours per week as Healthcare Support Workers. The programme continues to provide an important internal workforce pipeline aligned to future nursing supply requirements.
- **11.6.3)** Detailed evaluation complete and used to inform the approach for 2026/27. Learning from ACEES being incorporated in Powys County Council's *Future Pathways* programme for 14-19 year olds. Independent review of the evidence underpinning ACEES completed by the University of South Wales.
- **11.6.4)** Detailed planning undertaken to deliver the whole school approach, enhanced programme for post-16 learners and ALN in the Autumn term.
- **11.7.1)** Targeted action to reduce reliance on agency staffing has continued through strengthened vacancy management, scrutiny of vacancy-driven temporary staffing and increased focus on maximising substantive and Bank workforce. Agency usage has reduced in a number of areas, although this has been accompanied in some services by increased Bank, overtime and additional hours to maintain safe staffing. Arrangements for the management of variable pay are now being strengthened further as part of the wider Workforce Financial Recovery Programme. This will provide greater oversight of the underlying drivers of variable pay, strengthen controls and accountability, and support the development of more targeted actions to reduce avoidable expenditure without simply displacing costs between agency, Bank, overtime and additional hours. Progress will be overseen through the Workforce Programme Board, with escalation and assurance through the Financial Recovery Board
- **11.7.2)** Recruitment and workforce supply activity continues to focus on areas of persistent workforce pressure and specialist/hard-to-fill roles. Services with agency expenditure alongside substantive vacancies are being actively targeted to progress recruitment or review the ongoing establishment requirement, supporting the wider aim of reducing reliance on temporary staffing. The approach increasingly combines targeted recruitment with development of sustainable domestic workforce pipelines, including newly qualified supply, Grow Our Own programmes and alternative workforce

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models. International recruitment has also made a significant contribution to workforce capacity, with 45 internationally educated nurses and 5 medical staff recruited since October 2023, and one further internationally recruited medic completing onboarding during Q2. No further international recruitment campaigns are currently planned, with the focus shifting towards sustainable internal and UK workforce supply. Targeted recruitment and workforce supply actions will continue to be informed by vacancy, agency utilisation and workforce planning intelligence, with particular focus on roles where persistent vacancies continue to create service or temporary staffing pressures.

- **11.8.1)** The current working assumption remains full programme exit by 31 March 2027 unless alternative, sustainable funding or transition arrangements are agreed. There is a risk that some Workforce Futures activity could close down early if further staffing changes reduce safe delivery capacity. The draft exit plan identifies an estimated redundancy liability of approximately £320k, excluding any pension strain. Pension strain applicability is still being confirmed. The workforce impact covers 14 employees / 11.21 WTE, with all posts in scope because RIF, HEIW and ILA funding streams are interdependent. Further meetings scheduled with SROs, RPB and partners at the end of Q2.
- **11.8.2)** Possible future routes are being explored, including ICCS alignment and partner-funded business cases for elements that continue to demonstrate system value. A National Lottery bid is being explored for a future version of ACEES, recognising the strength of the evaluation evidence, continued school demand and the programme's contribution to long-term workforce pipeline development. An internal PTHB investment case is also being explored for organisational development capacity, reflecting the demand for workforce engagement, change management, leadership development and OD support linked to major transformation programmes. At this stage, these sustainability options are in development rather than confirmed funding routes and are likely if successful to only be for 12-18 months. The programme should therefore continue to maintain a clear exit position while developing credible options for future delivery.

Commentary on red rated actions:

- **11.6.2)** There has been no material progress during Q2 in developing the proposed Clinical Psychology Grow Our Own initiative. Despite repeated contact with HEIW, the required engagement has not yet been secured to further progress the design of the initiative or confirm future potential training arrangements. Further follow-up and escalation will be required during Q3 to establish whether the initiative can be progressed and, if so, to agree the scope, training route and timescales. This remains an area of focus given the ongoing workforce supply challenges within Clinical Psychology.

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 |
| 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  | Green |    |    | H                                       | High |    |    |

[illegible]

|                        |                                                                                                                                                                                          |    |       |            |           |       |  |  |   |        |  |  |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|------------|-----------|-------|--|--|---|--------|--|--|
| Education and Training | 11.3.6) Define future service configuration, role requirements, and skill mix (Service Lead Responsibility)                                                                              | CA | Q1-Q3 | ED PCC&M H | Amb<br>er | Amber |  |  | M | Medium |  |  |
|                        | 11.3.7) Validate demand assumptions and service delivery requirements (Service Lead Responsibility)                                                                                      | CA | Q2-Q3 |            |           | Amber |  |  | M | Medium |  |  |
|                        | 11.3.8) Define clinical and operational role requirements (Service Lead Responsibility)                                                                                                  | CA | Q2-Q3 |            |           | Amber |  |  | M | Medium |  |  |
|                        | 11.3.9) Identify new or extended roles required for service delivery (Service Lead Responsibility)                                                                                       | CA | Q2-Q3 |            |           | Amber |  |  | M | Medium |  |  |
|                        | 11.3.10) Provide baseline workforce data, modelling tools, and scenario analysis                                                                                                         | CA | Q2-Q4 | ED P&C     |           | Amber |  |  | H | Medium |  |  |
|                        | 11.3.11) Support analytical validation and workforce modelling                                                                                                                           | CA | Q2-Q4 |            |           | Green |  |  | H | High   |  |  |
|                        | 11.3.12) Identify, validate, and obtain approval for new, extended, or alternative workforce roles aligned to redesigned service models                                                  | CA | Q2-Q4 |            |           | Green |  |  | H | High   |  |  |
|                        | 11.3.13) Provide job design support, organisational alignment, and governance oversight                                                                                                  | CA | Q3-Q4 |            |           |       |  |  | H | High   |  |  |
|                        | 11.3.14) Ensure alignment with national frameworks and workforce policies                                                                                                                | CA | Q3-Q4 |            |           |       |  |  | H | High   |  |  |
|                        | 11.4) Skill Mix Review & Workforce Modernisation                                                                                                                                         |    |       |            |           |       |  |  | H | High   |  |  |
| 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    | ED PCC&M H |           |       |  |  | M | Medium |  |  |
|                        | 11.4.2) Define implementation sequencing and service readiness requirements (Service Lead Responsibility)                                                                                | CA | Q3-Q4 |            |           |       |  |  | M | Medium |  |  |

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|                                                                  |                                                                                                                                                                                                      |    |       |            |           |       |  |  |   |        |  |  |
|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|------------|-----------|-------|--|--|---|--------|--|--|
|                                                                  | 11.4.3) Begin to develop workforce transition plans                                                                                                                                                  | CA | Q4    | ED P&C     |           |       |  |  | H | Medium |  |  |
|                                                                  | 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    |            |           |       |  |  | H | High   |  |  |
|                                                                  | 11.4.5) Define competency and training requirements (Service Lead Responsibility)                                                                                                                    | CA | Q4    | ED PCC&M H |           |       |  |  | M | Medium |  |  |
|                                                                  | 11.4.6) Design training programmes and workforce development plans                                                                                                                                   | CA | Q4    | ED P&C     |           |       |  |  | H | Medium |  |  |
| 11.5) Skill Mix Review & Workforce Modernisation<br><br>Equality | 11.5.1) Ensure Equality Impact Assessments are completed for 100% of workforce redesign initiatives prior to implementation decisions                                                                | CA | Q2-Q4 |            |           | Green |  |  | H | High   |  |  |
|                                                                  | 11.5.2) Provide Equality Impact Assessment guidance, governance, and compliance oversight                                                                                                            | CA | Q2-Q3 |            |           | Green |  |  | H | 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 |            | Blue      | Blue  |  |  | H | High   |  |  |
|                                                                  | 11.6.2) Support the design and implementation of Clinical Psychologist Grow our Own Initiative                                                                                                       | CA | Q1-Q2 |            | Amb<br>er | Red   |  |  | M | Low    |  |  |
|                                                                  | 11.6.3) Evaluate Academy Career and Education Enterprise Scheme (ACEES) schools programme 2025/26                                                                                                    | CA | Q1-Q2 |            | Green     | Blue  |  |  | H | High   |  |  |
|                                                                  | 11.6.4) Deliver ACEES schools programme 2026/27                                                                                                                                                      | CA | Q2-Q4 |            |           | Green |  |  | H | High   |  |  |

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| 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 |  | Amb<br>er | Amber |  |  | H | Mediu<br>m |  |  |
|                                                                                                                                               | 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 |  | Amb<br>er | Amber |  |  | M | Mediu<br>m |  |  |
| 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 |  | Gree<br>n | Green |  |  | H | High       |  |  |
|                                                                                                                                               | 11.8.2) Create an investment business case where appropriate                                                                                                                                                                 | CA                  | Q4    |  |           |       |  |  | H | High       |  |  |
| Formal change request <i>(Please tick as applicable and provide explanation below)</i>                                                        |                                                                                                                                                                                                                              |                     |       |  |           |       |  |  |   |            |  |  |
| Change in Scope                                                                                                                               | N/A                                                                                                                                                                                                                          | Change in Timescale | N/A   |  |           |       |  |  |   |            |  |  |
| <u>Q2 Change in Timescale</u>                                                                                                                 |                                                                                                                                                                                                                              |                     |       |  |           |       |  |  |   |            |  |  |
| <ul style="list-style-type: none"><li><b>11.6.2)</b> Delayed due to HEIW being unable to confirm arrangements. Request change to Q4</li></ul> |                                                                                                                                                                                                                              |                     |       |  |           |       |  |  |   |            |  |  |
| Executive Director Sign Off                                                                                                                   | Debra Wood-Lawson (Executive Director of People and Culture)                                                                                                                                                                 |                     |       |  |           |       |  |  |   |            |  |  |

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## Great Place to Work

### Commentary on Progress in this Quarter:

- **12.1.3)** A full communications campaign was delivered over an extended period to highlight key findings within the 2025 staff survey results. These included a focus on staff wellbeing and burnout.
- **12.1.4)** The staff survey for 2026 opens on October 5<sup>th</sup>. Due to capacity, there will be a limited communications campaign which will highlight the opportunity to staff to undertake the survey. This will include digital communications and through wellbeing and Better Together roadshows, as well as HR Business Partners highlighting in any leadership meetings that they attend, or training that they deliver.
- **12.1.5)** Three services were identified as the lowest scoring and have been offered support. Capacity to undertake extensive targeted work with services has diminished due to vacancies in the OD team as well as capacity issues within services due to the Better Together programme. The 2026 survey results will provide an update of progress and identify services still in need of support.
- **12.2.1)** The Health Board has continued to implement the dedicated Leavers Toolkit and Exit Interview process to better understand the reasons why employees choose to leave the organisation. Information gathered through this process is reviewed quarterly by the People and Culture Business Partnering Team to identify themes, trends and any actions required to improve employee experience and retention. This is supported through the use of a BI dashboard in addition to analysis of narrative comments that are submitted. Between April and 31 August 2026, 29 staff who left the health board completed a leavers questionnaire, which represents a completion rate of 32% for terminated staff. Across all responses received up to 31 August 2026, responses remain predominantly positive across most statements. The areas where more than 20% of the respondents answered negatively were: I look forward to going to work, Sufficient opportunities for personal development
- **12.2.2)** Any narrative submitted as part of leavers questionnaires is reviewed by the People and Culture Business Partnering team and any areas of concern escalated within services accordingly, with particular focus on those who have left within 2 years of joining the health board. 25 responses have been received from leavers who left within 2 years of service, as completion rates improve, the dashboard will provide increasingly robust intelligence to identify trends and enable a more strategic approach to interventions. To date we have implemented;
  - Meaningful conversation framework for managers and staff
  - A Stay Conversation Guide and Template to support proactive discussions with employees about their experience, engagement and future aspirations.

This includes signposting to the national Career Conversation Template to facilitate development and career planning discussions. We continue to promote the use of the flexible working toolkit and ensure staff are sighted on the process.
- **12.2.3)** The health board staff recognition framework has been recently updated and included as part of our staff recognition pages. To support this, the current staff recognition and long service awards policy is currently under review.
- **12.3.1)** Both Tier 1 and 2 courses have continued to be delivered through Q2 with ongoing positive outcomes in terms of leadership confidence, professional voice and a greater awareness of the role of a compassionate leader and how to better apply this when working with others. CLIP 1 saw 2 courses delivered with 20 participants over 2 course and CLIP 2 had 26 over 3 courses.

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- **12.3.2)** Stage 1 and 2 of the Leadership and Management Framework have been matched against the CLIP 1 and 2 Programmes and demonstrate that they deliver most of the desired competencies. The Manager's programme is currently being rewritten for an October roll-out. It has been developed to match stage 1 and parts of stage 2 within the framework. PTHB doesn't currently have any internal delivery of training that would match against Stage 3 competencies, this will be part of the design and delivery approach to CLIP 3.
- **12.3.3)** Initial meetings have taken place with some Executive Directors to understand the training needs for those in Band 8a to 8c roles. Further interviews will take place through Q3 with Executive Directors, Deputy and Assistant Directors as well as a survey out to potential participants and an initial programme outlined developed.

Commentary on red rated actions:

- **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.
- **12.4.2)** HEIW are undertaking work nationally to define a governance approach. PTHB will seek to adopt this approach and develop any additional measures for internal purposes as required. HEIW's timeline for initial governance approaches is Q3/Q4 2026/27
- **12.4.3)** A limited national agreement was made that only included the e-learning Statutory and Mandatory training modules included within the 52 hours CPD. No Health Boards have implemented on this basis as the agreement doesn't clarify the position of higher level statutory and mandatory training courses. A DDWODs working group is undertaking further activity to establish a way forward.

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 |
| 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   | Blue |    |    | H                                       | High |    |    |
|                       | 12.1.2) Develop and implement targeted interventions addressing the top organisational staff experience priorities   |         | Q1        |                | Blue   | Blue |    |    | H                                       | High |    |    |
|                       | 12.1.3) Publish 'You Said, We Did' communications and update to demonstrate organisational action and progress       |         | Q1-Q3     |                | Green  | Blue |    |    | H                                       | High |    |    |

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|                                             |         |                                                                                                                                                                                                     |  |       |  |       |       |  |  |   |        |  |  |
|---------------------------------------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------|--|-------|-------|--|--|---|--------|--|--|
|                                             | 12.1.4) | Implement a staff engagement and communications campaign to promote participation in the National Staff Survey                                                                                      |  | Q2-Q3 |  |       | Amber |  |  | H | Medium |  |  |
|                                             | 12.1.5) | Targeted engagement and improvement support to 100% of identified hotspot services within 3 months of survey results                                                                                |  | Q2-Q4 |  |       | Amber |  |  | M | 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 | Green |  |  | H | High   |  |  |
|                                             | 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 | Green |  |  | H | High   |  |  |
|                                             | 12.2.3) | Implement organisation-wide staff recognition framework                                                                                                                                             |  | Q1-Q4 |  | Green | Green |  |  | H | High   |  |  |
| 12.3) Leadership capability and development | 12.3.1) | Continue roll out Tier 1 & 2 Clinical Leadership Immersive Programme                                                                                                                                |  | Q1-Q4 |  | Green | Green |  |  | H | High   |  |  |
|                                             | 12.3.2) | Review leadership and management offer against the national Leadership and Management Competency framework                                                                                          |  | Q2-Q3 |  |       | Green |  |  | H | High   |  |  |
|                                             | 12.3.3) | Develop and pilot a CLIP Tier 3 Programme                                                                                                                                                           |  | Q2-Q4 |  |       | Green |  |  | H | 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   | Red   |  |  | H | Medium |  |  |
|                                             | 12.4.2) | Implementation of a health board governance approach to agree statutory and mandatory training requirements                                                                                         |  | Q2    |  |       | Red   |  |  | M | Medium |  |  |
|                                             | 12.4.3) | Embed the national Continued Professional Development arrangements and monitoring requirements                                                                                                      |  | Q2-Q4 |  |       | Red   |  |  | M | Medium |  |  |

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

|                 |     |                     |   |  |
|-----------------|-----|---------------------|---|--|
| Change in Scope | N/A | Change in Timescale | ✓ |  |
|-----------------|-----|---------------------|---|--|

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**Q1 Change in Timescale CHANGE REQUESTS NOT APPROVED AT EXECS 19<sup>TH</sup> AUGUST & 2<sup>ND</sup> SEPTEMBER**

- **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.

**Q2 Change in Timescale**

- **12.4.2)** HEIW are undertaking work nationally to define a governance approach. PTHB will seek to adopt this approach and develop any additional measures for internal purposes as required. HEIW's timeline for initial governance approaches is Q3/Q4 2026/27
- **12.4.3)** A limited national agreement was made that only included the e-learning Statutory and Mandatory training modules included within the 52 hours CPD. No Health Boards have implemented on this basis as the agreement doesn't clarify the position of higher level statutory and mandatory training courses. A DDWODs working group is undertaking further activity to establish a way forward.

**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:

- **13.1.2)** Delivery of this action is delayed pending implementation of the Workforce Wellbeing Risk Framework, but still projected to be delivered by the end of Q4. As the integrated wellbeing model is designed to provide targeted support to identified high-risk services, the absence of an agreed prioritisation framework has limited the ability to implement the model as originally intended, once the delivery model is agreed, the intention is that pending the areas of risk identified, the appropriate intervention/s can be designed enabling a multidisciplinary approach. In the interim, the Business Partner team continue to ensure compliance with organisational policy and signpost to services accordingly. This has also included follow up activity with all staff who have been off work due to stress anxiety and depression to ensure appropriate signposting to support such as stress risk assessments and signposting to VivUp and MAC practitioners.
- **13.2.1)** Wellbeing roadshows have been planned across all sites through autumn and winter 2026/27 with the first taking place in Ystradgynlais on the 14<sup>th</sup> of September.
- **13.3.1)** Monitoring of the progress is reported in the workforce performance monthly reports.

Commentary on red rated actions:

- **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.
- **13.1.2)** Delivery of this action has been deferred pending implementation of the Workforce Wellbeing Risk Framework. As the integrated wellbeing model is designed to provide targeted support to identified high-risk services, the absence of an agreed prioritisation framework has limited the ability to implement the model as originally intended, once the delivery model is agreed, the intention is that pending the areas of risk identified, the appropriate intervention/s can be designed enabling a multidisciplinary approach. In the interim, the Business Partner team continue to ensure compliance with organisational policy and signpost to services accordingly. This has also included follow up activity with all staff who have been off work due to stress anxiety and depression to ensure appropriate signposting to support such as stress risk assessments and signposting to VivUp and MAC practitioners.

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 |

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|                                                                                                     |                                                                                                                                                                                                                                                                                        |    |       |        |       |       |  |  |   |        |  |  |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|--------|-------|-------|--|--|---|--------|--|--|
| 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   | Red   |  |  | H | Medium |  |  |
|                                                                                                     | 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 |        |       | Red   |  |  | H | Medium |  |  |
| 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 | Green |  |  | H | 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    |        |       |       |  |  | H | 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 | Green |  |  | H | 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    |        |       |       |  |  | H | 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  | Blue  |  |  | H | High   |  |  |

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

|                 |     |                     |   |  |
|-----------------|-----|---------------------|---|--|
| Change in Scope | N/A | Change in Timescale | ✓ |  |
|-----------------|-----|---------------------|---|--|

Q1 Change in Timescale **CHANGE REQUESTS NOT APPROVED AT EXECS 19<sup>TH</sup> AUGUST & 2<sup>ND</sup> SEPTEMBER**

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

|                                        |                                                              |
|----------------------------------------|--------------------------------------------------------------|
| <b>Executive Director<br/>Sign Off</b> | 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)** A review of patient communication and documents is underway with a number of samples of public facing documentation sourced. Further work is required to assess direct patient communication and review this against applicable standards and requirements.
- **14.1.2) & 14.1.4)** A formal assessment against the Disability Confident Leader standards was completed, identifying a number of areas where the Health Board already has established practices and initiatives in place that support achievement of this status. Following completion of the assessment, our submission was made and has undergone external verification. We are currently awaiting confirmation of the final outcome. Subject to approval, a programme of promotion, workforce awareness activity and ongoing engagement will be implemented to support understanding of the Disability Confident Leader framework and maintain the required standards.
- **14.1.3)** The NHS Wales Anti-Sexual Harassment Policy has been formally adopted by the Health Board, with a locally developed supporting toolkit produced in partnership with Safeguarding and Trade Union colleagues. The policy and accompanying resources have now been published and are available to staff.
- In parallel, the Health Board has contributed to the development of supporting national frameworks, including a risk management framework to support implementation and oversight. This work is currently awaiting finalisation at a national level and, once approved for adoption across NHS Wales, will be considered by the Health Board to further strengthen local arrangements and ensure alignment with national expectations.
- **14.3.1)** The qualitative interview phase of the BaME staff experience project has been completed, and a draft report is being prepared. This will be shared with participants, and the PTHB: Global Majority Network for initial comments and feedback. A formal report will then be presented to the Executive Team alongside a set of recommendations to inform targeted workforce interventions and leadership actions aimed at addressing identified barriers for BaME staff.

### Commentary on red actions:

- **14.2.1)** Initial feedback was sought from current members of the Welsh Language Service Leads Group on areas for improvement, existing strengths, and priorities to inform the refresh of the group and the development of revised Terms of Reference. No feedback was received through this engagement process. As a result, an updated draft Terms of Reference will be developed and circulated to Assistant Directors for comment and input before being finalised. Given the need for further engagement and governance review, it is proposed that delivery of this action is delayed to Quarter 3.

### Achievements:

- Disability Leader Status – ahead of schedule on track for achievement late Q2

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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 |  |
| 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 |     | Green |    |                                         | H  | High   |    |  |
|                                                                                          | 14.1.2) | Undertake a formal gap analysis against Disability Confident Leader standards and develop a time-bound improvement plan                                                                                                                                                                                         |     |         |           | Q3             |        |     |       |    |                                         | H  | 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             |        |     |       |    |                                         | H  | High   |    |  |
|                                                                                          | 14.1.4) | Achieve and maintain Disability Confident Leader status, supported by leadership accountability and workforce awareness activity                                                                                                                                                                                |     |         |           | Q4             |        |     |       |    |                                         | H  | High   |    |  |
| 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             |        | Red |       |    |                                         | H  | Medium |    |  |
| 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             |        |     |       |    |                                         | H  | 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:

- **15.1.1)** Connected Care programme is progressing, there is a lot of activity taking place however key critical milestones have slipped meaning the planned March 2027 Go Live is likely to be delayed by one month
- **15.2.1)** Maternity DPIF Business case complete and successfully funded, Phase 2 plan has commenced.

Commentary on red rated actions:

- **15.1.1) & 15.1.3)** The March 2027 go live is forecast to delay by one month, entering the critical contingency period. Functionality and Testing have impacted initial milestone delivery timelines.
- **15.3.1) – 15.3.4)** Eye Care programme funding has ceased, no available resource to continue at this stage, meeting scheduled with WG for further discussion. This has only impacted OpenEyes Electronic Patient Record. The Electronic Referral System is live in primary care and soon to be in secondary care.

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 |
| 15.1) Implementation of the Single Community & Mental Health System (Welsh Community Care Information System (WCCIS) Replacement) | 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  | Red   |    |    | H                                       | Low    |    |    |
|                                                                                                                                   | 15.1.2) Deliver training in all affected services                                                                                                                                                   | CA      | Q1-Q4     |                | Green  | Amber |    |    | H                                       | Medium |    |    |
|                                                                                                                                   | 15.1.3) Replace 100% of legacy WCCIS functions to mitigate end of life WCCIS platform being unavailable                                                                                             | CA      | Q1-Q4     |                | Green  | Red   |    |    | H                                       | Low    |    |    |
| 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    | Green |    |    | M                                       | High   |    |    |

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|                                                                                                                                                                                                                                                                                                                                                          |                                                                                              |                                                                                                                                                                            |    |       |  |           |       |  |  |   |     |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|--|-----------|-------|--|--|---|-----|--|--|
| 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 |  | Amb<br>er | Red   |  |  | M | Low |  |  |
|                                                                                                                                                                                                                                                                                                                                                          | 15.3.2)                                                                                      | Support compliance with national eyecare pathways                                                                                                                          | CA | Q1-Q4 |  | Amb<br>er | Red   |  |  | M | Low |  |  |
|                                                                                                                                                                                                                                                                                                                                                          | 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 |  | Amb<br>er | Red   |  |  | M | Low |  |  |
|                                                                                                                                                                                                                                                                                                                                                          | 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 |  | Amb<br>er | Red   |  |  | M | Low |  |  |
| 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       | Amber |  |  | M | Low |  |  |
|                                                                                                                                                                                                                                                                                                                                                          | 15.4.2)                                                                                      | Complete rollout across all four Minor Injury Unit sites                                                                                                                   | CA | Q1-Q2 |  | Red       | Amber |  |  | M | Low |  |  |
|                                                                                                                                                                                                                                                                                                                                                          | 15.4.3)                                                                                      | Improve visibility of activity and outcome data across health and social care service                                                                                      | CA | Q1-Q2 |  | Red       | Amber |  |  | L | Low |  |  |
| Formal change request (Please tick as applicable and provide explanation below)                                                                                                                                                                                                                                                                          |                                                                                              |                                                                                                                                                                            |    |       |  |           |       |  |  |   |     |  |  |
| Change in Scope                                                                                                                                                                                                                                                                                                                                          | N/A                                                                                          | Change in Timescale                                                                                                                                                        | √  |       |  |           |       |  |  |   |     |  |  |
| <u>Q2 Change request</u>                                                                                                                                                                                                                                                                                                                                 |                                                                                              |                                                                                                                                                                            |    |       |  |           |       |  |  |   |     |  |  |
| Q2 change request                                                                                                                                                                                                                                                                                                                                        |                                                                                              |                                                                                                                                                                            |    |       |  |           |       |  |  |   |     |  |  |
| <ul style="list-style-type: none"><li>15.4) DHCW have designed app – only Powys are signed up to using as other Health Boards have procured an Emergency Department system. There were delays due to issues with the accuracy of the App which have now been resolved and rollout is now planned for later this year. Request to change to Q4.</li></ul> |                                                                                              |                                                                                                                                                                            |    |       |  |           |       |  |  |   |     |  |  |
| 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:

- **16.1.1) – 16.1.3)** EPMA is being successfully rolled out to plan and on schedule to complete, with positive feedback received. After inpatients the focus will then be on outpatients
- **16.3.1)** The scope of the Scan 4 Safety has been completed across the 10 locations.
- **16.4.2)** A clinical Informatics training team is now permanently in place and recruited in post
- **16.5.1) – 16.5.4)** CHC solution ADAM has been procured and the test platform configured, migration of data is in progress.

Commentary on red rated actions:

- **16.2.1)** Capacity limitations have delayed any progress on developing the case for a Communications platform
- **16.4.1)** Capacity limitations have prevented this work progressing, a DPIF bid for a role to lead this in the organisation was not successful but collaborative work with the Powys Living Well Service is ongoing.

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 |
| 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  | Green |    |    | H                                       | High   |    |    |
|                                                                                                   | 16.1.2) Improve medication safety by reducing 20% prescribing and administration errors                                                                         | CA      | Q1-Q4     |                | Green  | Green |    |    | H                                       | High   |    |    |
|                                                                                                   | 16.1.3) Embed EPMA into clinical workflows to maximise adoption and sustainability                                                                              | CA      | Q1-Q4     |                | Green  | Green |    |    | H                                       | High   |    |    |
| 16.2) Implementation of a digital communications platform (SMS Text, Hybrid Mail, Patient Portal) | 16.2.1) Approval of Business case for a Communications platform to secure funding                                                                               | CA      | Q1-Q4     |                | Red    | Red   |    |    | M                                       | Low    |    |    |
|                                                                                                   | 16.2.2) Further phase to scope for Planned Care Transformation                                                                                                  | CA      | Q1-Q4     |                | Red    | Amber |    |    | M                                       | 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  | Blue  |    |    | H                                       | High   |    |    |

|                                                                                           |                                                                                              |                                                                                  |     |       |  |       |       |  |  |   |        |  |  |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----|-------|--|-------|-------|--|--|---|--------|--|--|
| 16.4) Digital Education & Inclusion via Clinical Informatics                              | 16.4.1)                                                                                      | Support and promote digital literacy                                             | CA  | Q1-Q4 |  | Green | Green |  |  | H | Medium |  |  |
|                                                                                           | 16.4.2)                                                                                      | Provide a permanent Training Support function/team, for Clinical Services        | CA  | Q1-Q4 |  | Green | Blue  |  |  | H | High   |  |  |
|                                                                                           | 16.4.3)                                                                                      | Support the quality assurance of the use of clinical systems                     | CA  | Q1-Q4 |  | Green | Amber |  |  | H | Medium |  |  |
| 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 | Amber |  |  | M | Medium |  |  |
|                                                                                           | 16.5.2)                                                                                      | Improve accuracy and timeliness of Continuing HealthCare assessment &payments    | CA  | Q1-Q4 |  | Green | Amber |  |  | H | Medium |  |  |
|                                                                                           | 16.5.3)                                                                                      | Enhance reporting and audit capability for compliance and governance             | CA  | Q1-Q4 |  | Green | Amber |  |  | H | Medium |  |  |
|                                                                                           | 16.5.4)                                                                                      | Deliver training and support for staff adoption                                  | CA  | Q1-Q4 |  | Green | Green |  |  | H | High   |  |  |
| Formal change request (Please tick as applicable and provide explanation below)           |                                                                                              |                                                                                  |     |       |  |       |       |  |  |   |        |  |  |
| Change in Scope                                                                           | N/A                                                                                          | Change in Timescale                                                              | N/A |       |  |       |       |  |  |   |        |  |  |
|                                                                                           |                                                                                              |                                                                                  |     |       |  |       |       |  |  |   |        |  |  |
| Executive Director Sign Off                                                               | 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:

- **17.1.1)** Cyber Security controls remain robust; there is currently a Cyber Resilience Unit Audit taking place which will indicate where controls may need to be strengthened.
- **17.1.2)** Procedural documentation remains an area that is difficult to address with current operational activities.
- **17.1.3)** The response to emerging threats remains a top priority for the team. Ensuring our devices are running the latest software is a key task to maintain risk likelihood at 4.

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  | Green  |    |    | H                                       | Medium |    |    |
|                                                                                          |     | 17.1.2)                                                                                      | Complete required documentation and assurance activities for compliance     |         | Q1-Q4     |                | Ambler | Ambler |    |    | M                                       | Medium |    |    |
|                                                                                          |     | 17.1.3)                                                                                      | Monitor and respond to emerging threats to ensure organisational resilience |         | Q1-Q4     |                | Ambler | Green  |    |    | M                                       | Medium |    |    |
| Formal change request (Please tick as applicable and provide explanation below)          |     |                                                                                              |                                                                             |         |           |                |        |        |    |    |                                         |        |    |    |
| Change in Scope                                                                          | N/A | Change in Timescale                                                                          | N/A                                                                         |         |           |                |        |        |    |    |                                         |        |    |    |
| Executive Director Sign Off                                                              |     | 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:

- **18.1.1)** Many dashboards are and have been created to align to the strategic ambition for a single source of the truth. Demand has significantly increased due to the Grant Thornton findings, Financial recovery plans, Transformation and Better Together programmes and the Performance and Commissioning improvement work.
- **18.1.2)** This aligns to the ongoing best practice process implemented, our target operating model, and alignment to the connected care programme. Ability to work proactively to automate data quality checks is limited by current demand.
- **18.1.3)** The gap analysis has been completed and shared with Finance, Commissioning and performance colleagues.

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  | Amber |    |    | H                                       | Medium |    |    |
|                                                                                    | 18.1.2) Reduce manual effort in place to validate data quality through automation and standardisation | CA      | Q1-Q4     |                | Green  | Amber |    |    | H                                       | Medium |    |    |
|                                                                                    | 18.1.3) Conduct and produce a report gap analysis of commissioned data                                | CA      | Q1-Q4     |                | Amber  | Blue  |    |    | H                                       | High   |    |    |

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

|                 |     |                     |     |  |
|-----------------|-----|---------------------|-----|--|
| Change in Scope | N/A | Change in Timescale | N/A |  |
|-----------------|-----|---------------------|-----|--|

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|                                    |                                                                                              |
|------------------------------------|----------------------------------------------------------------------------------------------|
| <b>Executive Director Sign Off</b> | 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:

- **19.1.1)** Engagement at a national level is always committed and prioritised where appropriate
- **19.2.1)** The introduction of a Digital Clinical Informatics training team, and a Benefits realisation framework is helping to improve the Digital systems uptake and to realise the benefits
- **19.2.2)** This has not progressed due to capacity within the teams.
- **19.3.4)** This is ongoing.
- **19.3.5)** PTHB's proms platform is current in Alpha Phase and nearing beta testing. This will support PROMS for Mental Health, Cardiac & General EQ5DL at launch.

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 |
| 19.1) Support Digital Health Care Wales & Welsh Government national strategy requirements:<br>National Architecture and Blueprint, NHS Wales App, National Data Resource, Single Patient Record, National Data Standards, National Artificial Intelligence and Electronic Health Record policies | 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  | Green |    |    | H                                       | High |    |    |
| 19.2) Actions from the NHS Wales internal audit                                                                                                                                                                                                                                                  | 19.2.1) Improve uptake of Digital Systems, through sustainable resourcing for business change, training, and project delivery                          | CA      | Q1-Q4     |                | Green  | Green |    |    | H                                       | High |    |    |

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|                                                                                                                            |                                                                                              |                                                                                                                                                                               |     |         |  |           |       |  |  |   |        |  |  |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------|--|-----------|-------|--|--|---|--------|--|--|
| & wider NHS Wales Digital Transformation Audit                                                                             | 19.2.2)                                                                                      | Scope training needs for ‘Business Change’ Management Skills across Digital, Clinical Informatics and operational service areas                                               | CA  | Q1-Q4   |  | Amb<br>er | Amber |  |  | H | Low    |  |  |
| 19.3) Support Better Together, North Powys Wellbeing Programme & the Strategic Commissioning Framework                     | 19.3.1)                                                                                      | Engage in the demand and capacity modelling work as part of the North Powys programme, in partnership with Finance                                                            | CA  | Q1      |  | Green     | Blue  |  |  | H | High   |  |  |
|                                                                                                                            | 19.3.2)                                                                                      | Provide the data and analysis for Travel Time Analysis                                                                                                                        | CA  | Q1 – Q2 |  | Green     | Blue  |  |  | H | High   |  |  |
|                                                                                                                            | 19.3.3)                                                                                      | Design and complete a Digital Blueprint for Health and Care hubs as part of North Powys Wellbeing Programme (including a strategically owned and managed room booking system) | CA  | Q1-Q3   |  | Green     | Green |  |  | H | High   |  |  |
|                                                                                                                            | 19.3.4)                                                                                      | Support the digital elements of the referral optimisation workstream of the Strategic Commissioning Framework                                                                 | CA  | Q1-Q4   |  | Green     | Green |  |  | H | Medium |  |  |
|                                                                                                                            | 19.3.5)                                                                                      | Support the specification, procurement and governance to implement a digital Patient Related Outcome Measures platform (subject to approval of Business case in Q1)           | CS  | Q1-Q4   |  | Green     | Blue  |  |  | H | High   |  |  |
| Formal change request (Please tick as applicable and provide explanation below)                                            |                                                                                              |                                                                                                                                                                               |     |         |  |           |       |  |  |   |        |  |  |
| Change in Scope                                                                                                            | ✓                                                                                            | Change in Timescale                                                                                                                                                           | N/A |         |  |           |       |  |  |   |        |  |  |
| Q1 Change in Scope <b>CHANGE REQUESTS NOT APPROVED AT EXECS 19<sup>TH</sup> AUGUST &amp; 2<sup>ND</sup> SEPTEMBER</b>      |                                                                                              |                                                                                                                                                                               |     |         |  |           |       |  |  |   |        |  |  |
| <ul style="list-style-type: none"><li><b>19.3.5)</b> PTHB are now developing own solution rather than procuring.</li></ul> |                                                                                              |                                                                                                                                                                               |     |         |  |           |       |  |  |   |        |  |  |
| Executive Director Sign Off                                                                                                | Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital) |                                                                                                                                                                               |     |         |  |           |       |  |  |   |        |  |  |

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# Innovative Environments

## Transformation, Strategic Capital and Estates

Commentary on Progress in this Quarter:

- **20.2)** The North Powys Wellbeing programme has been moved to amber to reflect the period required to appoint a Design and Build Contractor to lead on the next stages of design development in support of the Full Business Case submission, which will not be March 2027 as anticipated. A locality-based series of commissioned reports to identify opportunities for Integrated Hubs pan Powys will be completed in Q3. The reports will act to enable a series of workshops with partners to prioritise Capital investment and inform the Powys Strategic Capital Plan.
- **20.4)** All Capital Projects are on track for delivery. Llandrindod hospital current phase for kitchen upgrade, interim dental unit, etc. is due for completion in October with £2.2 million Capital overall spend achieved at the end of month 5 of the current financial year.
- **20.5)** Llanfair Caereinion Healthcare Hub progression remains dependent on developer purchase of land which will act as enabler for planning submission and project initiation.
- **20.4.2)** 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: Completion of major reroofing project incorporating solar panels at Knighton hospital.

| 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       | Green  | Green |    |    | H                                       | Medium |    |    |
| 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     | ED P&C DI&T    | Green  | Green |    |    | H                                       | High   |    |    |
| 20.3) Flexible working environments           | 20.3.1) Continued development and delivery of flexible working spaces                                                                                                                                                               | CA      | Q1-Q4     | ED FC&SS       | Green  | Green |    |    | H                                       | 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  | Green |    |    | H                                       | High   |    |    |

|                                                                                     |                                                                                                                                                                                                                                                                             |    |       |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|
|                                                                                     | 20.4.2) Work to complete the Integrated family Health, Care and Wellbeing Hub at Spa Road                                                                                                                                                                                   | CA | Q1-Q4 |
| 20.5) Llanfair Caereinion GP Practice & community hub                               | 20.5.1) Identify procurement pathway and initiate construction phase                                                                                                                                                                                                        | CA | Q1-Q4 |
| 20.6) Discretionary Capital Programme including Targeted Estates Funding (TEF), etc | 20.6.1) Deliver Discretionary Capital Programme                                                                                                                                                                                                                             | CA | Q1-Q4 |
|                                                                                     | 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    |
| 20.7) Efficiency and Productivity of the Estate                                     | 20.7.1) Maximise the efficiency and productivity of the use of the Estates:<br>Develop synergies between Estates and Facilities work streams to improve efficiencies<br>Strategic rationalisation of estate in line with Better Together Programme and Agile Transformation | CA | Q1-Q4 |

|       |       |  |  |   |        |  |  |
|-------|-------|--|--|---|--------|--|--|
| Green | Green |  |  | H | High   |  |  |
| Amber | Amber |  |  | M | Medium |  |  |
| Green | Green |  |  | H | High   |  |  |
|       |       |  |  | M | High   |  |  |
| Green | Green |  |  | H | High   |  |  |

|                                                                                 |                                                                                                                                                                                                                                                      |                     |     |  |  |  |  |  |  |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----|--|--|--|--|--|--|
| Formal change request (Please tick as applicable and provide explanation below) |                                                                                                                                                                                                                                                      |                     |     |  |  |  |  |  |  |
| Change in Scope                                                                 | N/A                                                                                                                                                                                                                                                  | Change in Timescale | N/A |  |  |  |  |  |  |
|                                                                                 |                                                                                                                                                                                                                                                      |                     |     |  |  |  |  |  |  |
| Executive Director Sign Off                                                     | Pete Hopgood (Deputy CEO & Director of Finance)<br>Wayne Tannahill (Associate Director of Capital, Estates & Property)<br>Debra Wood Lawson (Executive Director of People and Culture)<br>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 25 Actions within the Decarbonisation Strategic Development Plan 2025-30 continue, with one item reported as red (installation of vehicle telematics). Request for dispensation made through governance groups and Climate Emergency Programme Board. There are additional actions due for delivery in 2026 which are running close to their deadlines, with some having other dependencies possibly delaying implementation.
- **21.2)** Major delivery milestone reached with Climate Adaptation Plan approved in September prior to Welsh Government deadline.
- **21.3)** Positive community engagement and collaboration continue due to key input from RPB Community Liaison Officer. Delivery of year 1 Awyr Iach project at Bro Dyfi and £25k grant scheme with Keep Wales Tidy for community gardening at Ystradgynlais are notable successes this period.
- **21.5)** Biodiversity schemes continue, including Powys-wide hedgehog surveys, but ambitious wildflower meadows have been dramatically impacted by poor germination and drought conditions since sowing.

Commentary on red rated actions: N/A

Achievements:

- **21.4)** Successful recertification to ISO14001 standard (with zero non-conformities identified), which is a Welsh Government-mandated obligation for the organisation.

| 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  | Amber |    |    | M                                       | Medium |    |    |
| 21.2) Climate Adaptation                             | 21.2.1) Publication of PTHB Climate Adaptation Plan                                                                  | CA      | Q1-Q3     |                | Green  | Blue  |    |    | H                                       | 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  | Green |    |    | H                                       | High   |    |    |

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|                                                                                 |     |                                                                                                                        |     |    |       |  |       |       |      |  |  |   |      |  |  |
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| 21.4) Environmental Management System accreditation                             |     | 21.4.1) Maintain external accreditation to ISO14001 standards                                                          |     | CA | Q2    |  |       |       | Blue |  |  | H | High |  |  |
| 21.5) Biodiversity                                                              |     | 21.5.1) Enhancement and protection of biodiversity in line with Biodiversity Action Plan                               |     | CA | Q1-Q4 |  | Green | Green |      |  |  | H | High |  |  |
| Formal change request (Please tick as applicable and provide explanation below) |     |                                                                                                                        |     |    |       |  |       |       |      |  |  |   |      |  |  |
| Change in Scope                                                                 | N/A | Change in Timescale                                                                                                    | N/A |    |       |  |       |       |      |  |  |   |      |  |  |
|                                                                                 |     |                                                                                                                        |     |    |       |  |       |       |      |  |  |   |      |  |  |
| Executive Director Sign Off                                                     |     | Pete Hopgood (Deputy CEO & Director of Finance)<br>Wayne Tannahill (Associate Director of Capital, Estates & Property) |     |    |       |  |       |       |      |  |  |   |      |  |  |

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# Transforming in Partnership

## Finance

Commentary on Progress in this Quarter:

- The Health Board has established a Financial Recovery Board and team with fortnightly rhythm to meetings providing drive and focus. A full programme of £23m savings has been identified. As at Month 5, the Health Board is £1.770m adverse to the Financial Plan. Focus is on maintaining grip and control and delivering on savings.

Commentary on red rated actions:

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 |
| 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 F           | Blue   | Blue  |    |    | H                                       | 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  | Green |    |    | M                                       | 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   | Blue  |    |    | H                                       | High   |    |    |
|                                       | 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        |                |        | Green |    |    | M                                       | Medium |    |    |

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|                                                                                 |                                                                                                 |                                                                                                  |     |    |  |       |       |  |  |   |        |  |  |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----|----|--|-------|-------|--|--|---|--------|--|--|
|                                                                                 | 22.2.3)                                                                                         | Using analysis and drivers of deficit to focus transformation activities through Better Together | CA  | Q1 |  | Green | Green |  |  | M | Medium |  |  |
| 22.3) Financial Control                                                         | 22.3.1)                                                                                         | Grip and control in commissioning, contracting and CHC                                           | CA  | Q1 |  | Green | Green |  |  | H | High   |  |  |
|                                                                                 | 22.3.2)                                                                                         | Integration of budget strategy in contracting and CHC                                            | CA  | Q1 |  | Green | Green |  |  | H | High   |  |  |
|                                                                                 | 22.3.3)                                                                                         | Engagement of clinicians in financial decision making, particularly CHC                          | CA  | Q1 |  | Green | Green |  |  | H | High   |  |  |
| Formal change request (Please tick as applicable and provide explanation below) |                                                                                                 |                                                                                                  |     |    |  |       |       |  |  |   |        |  |  |
| Change in Scope                                                                 | N/A                                                                                             | Change in Timescale                                                                              | N/A |    |  |       |       |  |  |   |        |  |  |
|                                                                                 |                                                                                                 |                                                                                                  |     |    |  |       |       |  |  |   |        |  |  |
| Executive Director Sign Off                                                     | Pete Hopgood (Deputy CEO & Director of Finance)<br>Hywel Pullen (Assistant Director of Finance) |                                                                                                  |     |    |  |       |       |  |  |   |        |  |  |

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# Transforming in Partnership

## Quality

Commentary on Progress in this Quarter:

- **23.1.1)** Work has commenced to establish the Quality Management System (QMS) architecture and associated governance framework.
- **23.1.2)** Progress has been made in creating clear links between population need, strategic priorities, improvement activity and assurance arrangements.
- **23.1.3)** Work continues to align the QMS with Board, committee and reporting structures to support organisation-wide implementation.
- **23.1.4)** Progress continues towards a consistent quality improvement approach across the organisation.
- **23.2.1)** The Listening to People Framework has been fully implemented across the organisation.
- **23.2.2)** The target of resolving 40% of complaints through early resolution has been achieved and exceeded.
- **23.3.1)** Strategic delivery and oversight arrangements for the People's Experience Framework are established and operational.
- **23.3.2)** Staff and public engagement activity supporting implementation of the People's Experience Framework has been completed.
- **23.4.1)** A multi-disciplinary working group has been established to support improvements in assurance reporting for local and commissioned services.

Commentary on red rated actions: N/A

Achievements:

- Listening to People Framework fully implemented.
- Early resolution complaints target achieved.
- People's Experience Strategic Delivery & Oversight Group established.
- Public and staff engagement on the People's Experience Framework completed.
- Working group established to strengthen assurance and oversight reporting across local and commissioned services.

| 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<br>NQW&FH   |           |       |    |    |                                         |      |    |    |
|                                       | 23.1.1) Agree the QMS architecture: how Quality Planning, Control, Improvement and Assurance connect                                                                        | CA      | Q1-Q4     |                | Amb<br>er | Green |    |    | H                                       | 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 | Amb<br>er | Green |  |  | H | Mediu<br>m |  |  |
|                                                          | 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 | Amb<br>er | Green |  |  | H | High       |  |  |
|                                                          | 23.1.4)                                                                                                                                                                              | Move towards a one system-wide approach that is universally embraced (common language, consistent method, clear priorities)                                      | CA | Q1-Q4 | Amb<br>er | Green |  |  | H | 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 | Amb<br>er | Green |  |  | H | Select     |  |  |
| Listening to People – National Framework                 | 23.2.1)                                                                                                                                                                              | Fully Implement the Listening to People Framework                                                                                                                | CS | Q1-Q4 | Amb<br>er | Blue  |  |  | H | High       |  |  |
|                                                          | 23.2.2)                                                                                                                                                                              | Ensure 40% of complaints are resolved via early resolution                                                                                                       | CS | Q2-Q4 |           | Blue  |  |  | H | 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      | Blue  |  |  | H | High       |  |  |
|                                                          | 23.3.2)                                                                                                                                                                              | Commence and conclude public & staff engagement on the Peoples Experience Framework Strategy                                                                     | CA | Q2    |           | Blue  |  |  | H | 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      | Blue  |  |  | H | High       |  |  |
|                                                          | 23.4.2)                                                                                                                                                                              | Engage with commissioned services to deliver an agreed metrics set relevant to each local service                                                                |    | Q3    |           |       |  |  | H | Mediu<br>m |  |  |
|                                                          | 23.4.3)                                                                                                                                                                              | Develop clear associated organogram and Standard Operating Procedure to ensure reporting structures and clear and followed by all areas                          |    | Q4    |           |       |  |  | H | Mediu<br>m |  |  |
|                                                          | 23.4.4)                                                                                                                                                                              | Ensure all commissioned Long Term Agreements enable accountability as required to deliver the objective                                                          |    | Q4    |           |       |  |  | H | Mediu<br>m |  |  |
|                                                          |                                                                                                                                                                                      |                                                                                                                                                                  |    |       |           |       |  |  |   |            |  |  |

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

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| Change in Scope             | N/A                                                                                                                                   | Change in Timescale | N/A |  |
|                             |                                                                                                                                       |                     |     |  |
| Executive Director Sign Off | Paul Hooton (Executive Director of Nursing, Quality, Women and Family Health)<br>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)** The time-limited Regional Integration Fund (allocated to RPBs by the previous government) is due to end on the 31<sup>st</sup> March 2027. Building on work over the last two years a multiagency Executive Group (and internal PTHB Executive Group involving the Executive Director Budget holders) has been co-ordinating the response to exit management. During intensive work in April, May and June the local authority, health board and Powys Association of Voluntary Organisations (PAVO) reviewed all exit management plans (including impact assessment and risk management) and categorised all RIF-funded activity. Work was also undertaken to ensure staffing information is up to date. There has since been an 8-week programme of work to further manage risks, including seeking viable ways to main-stream system critical services within the health board, local authority and/or PAVO in the absence of continued RIF funding. This is challenging in the current financial context and a paper was prepared for the RPB Board meeting on 23<sup>rd</sup> September. The issue is on the PTHB Organisational Risk Register and progress in relation to mitigating actions is regularly updated. The Executive Committee has been updated, and an update submitted to PPPH Committee in the Partnership Governance and Assurance Report in September. The new government is reviewing RPBs and there has not yet been any formal announcement about what may follow RIF. The chairs of RPBs in Wales are meeting the Minister at the end of September.
- **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 which will take place later in the year. Sharing lessons learned is included in the exit management work.
- **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.
- **24.4.1) & 24.4.2)** The RPB Delivery plan for 2026/27 submitted to PPPH Committee was geared to the greatest system risks. The Partnership Governance and Assurance Framework Highlight Report includes a focus on the RPB and has been submitted for the September 2026 meeting. The RPB Annual Report is also being considered at the PPPH Committee meeting.

Commentary on red rated actions: N/A

Achievements:

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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 |
| 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<br>ED P&C<br>DI&T |        |    |    |    | H                                       | Medium |        |    |
| 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                   |        |    |    |    | M                                       | High   |        |    |
|                                                                                 | 24.2.2)                                                                                                                                                                                                                                                                                                                                            | Share lessons learned with Regional Partnership Board                                                                                                                   | CA      | Q3        |                             |        |    |    |    | H                                       | 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        |                             |        |    |    |    |                                         | M      | Medium |    |
| 24.4) Partnership Governance and Assurance                                      | 24.4.1)                                                                                                                                                                                                                                                                                                                                            | Update Framework and provide highlight report                                                                                                                           | CA      | Q4        | ED PP&C<br>ED PH            |        |    |    |    | H                                       | High   |        |    |
|                                                                                 | 24.4.2)                                                                                                                                                                                                                                                                                                                                            | Provide assurance on health board participation in Regional Partnership Board and priorities aligned to areas of greatest need                                          | CA      | Q4        |                             |        |    |    |    | H                                       | High   |        |    |
| Formal change request (Please tick as applicable and provide explanation below) |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                         |         |           |                             |        |    |    |    |                                         |        |        |    |
| Change in Scope                                                                 | N/A                                                                                                                                                                                                                                                                                                                                                | Change in Timescale                                                                                                                                                     | N/A     |           |                             |        |    |    |    |                                         |        |        |    |
|                                                                                 |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                         |         |           |                             |        |    |    |    |                                         |        |        |    |
| Executive Director Sign Off                                                     | Nicola Johnson (Executive Director of Planning, Performance and Commissioning)<br>Mererid Bowley (Executive Director of Public Health)<br>Elaine Lorton (Executive Director Primary Care, Community & Mental Health)<br>Debra Wood Lawson (Executive Director of People and Culture)<br>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 included continued promotion of vaccination, continuation of women's health hub, and support for recruitment & retention campaigns. Planning under way in the quarter for autumn vaccination, and major revamp of children's vaccination pages.
- **25.2)** Planning is continuing towards future consultation on Better Together from early Q3 2026/27. Statutory consultation has concluded on the Pharmaceutical Needs Assessment. Engagement has taken place associated with a branch surgery closure application. Support was also provided to the second phase consultation by Hywel Dda University Health Board in relation to stroke services which ended during the quarter
- **25.3)** Citizen insight under way for the refreshed Powys Wellbeing Assessment and Population Needs Assessment.
- **25.4)** A significant focus during Q2 has been the post-election period following the Senedd election on May including meetings with newly elected Members of the Senedd.
- **25.5)** The Powys Health Charity Strategy 2026 - 2030 was approved by the Health Board on 29<sup>th</sup> July 2026. Operationalisation is under way including development of a new Charity Policy

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 |
| 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  | Green |    |    | H                                       | 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 (e.g. Regional Partnership Board, Public Service Board), regional programmes (e.g. cross-border / commissioned service changes) and national programmes (e.g. all Wales, specialised services) | CA      | Q1-Q4     |                | Green  | Green |    |    | H                                       | High |    |    |

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|                                                                                                |                                                                                                                                                                                                                        |                     |       |  |       |       |  |  |   |      |  |  |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------|--|-------|-------|--|--|---|------|--|--|
| 25.3) Public Service Board/ Regional Partnership Board Engagement and Participation priorities | 25.3.1) Continue to embed shared approach to coproduction across Regional Partnership Board and Public Service Board partners including through the development and implementation of the Coproduction Journey Tracker | CA                  | Q1-Q4 |  | Green | Green |  |  | H | High |  |  |
| 25.4) Corporate affairs                                                                        | 25.4.1) Undertake quarterly review and update of principal stakeholder map, including readiness for Senedd Elections 2026                                                                                              | CA                  | Q1    |  | Blue  | Blue  |  |  | H | High |  |  |
| 25.5) Powys Health Charity Strategy 2026-2029                                                  | 25.5.1) Implementation of Powys Health Charity Strategy 2026-29                                                                                                                                                        | CA                  | Q1-Q4 |  | Green | Green |  |  | H | High |  |  |
| Formal change request (Please tick as applicable and provide explanation below)                |                                                                                                                                                                                                                        |                     |       |  |       |       |  |  |   |      |  |  |
| Change in Scope                                                                                | N/A                                                                                                                                                                                                                    | Change in Timescale | N/A   |  |       |       |  |  |   |      |  |  |
|                                                                                                |                                                                                                                                                                                                                        |                     |       |  |       |       |  |  |   |      |  |  |
| Executive Director Sign Off                                                                    | Helen Bushell (Director of Corporate Governance)                                                                                                                                                                       |                     |       |  |       |       |  |  |   |      |  |  |

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# Transforming in Partnership

## Corporate Governance, Corporate Business and Information Governance

Commentary on Progress in this Quarter:

- **26.2.1)** All core Board and Committee activity has been delivered as planned. Work is ongoing with the Board to review corporate governance and organisational capacity for quarters 3 and 4 given demands of public consultation and other work streams.
- **26.2.2)** Corporate business continues to provide executive and non-executive support, a team vacancy exists which restricts capacity in some areas.
- **26.3.1)** Risk management is rated amber, the framework has been reviewed and approved, there are minor delays to finalising the strategic risk register for the current year – this will be corrected early in quarter 3.
- **26.5)** The Information Governance and Records Management Team continues to provide support across the Health Board. However, with two team members absent, capacity is restricted and work is being prioritised to maintain essential services.
- **26.5)** A multi-disciplinary Task and Finish Group commenced in Q2, with an agreed action plan to progress archive health records storage arrangements, address capacity challenges, and develop sustainable long-term solutions in support of the wider Records Management Strategy.

Commentary on red rated actions: N/A

Achievements:

- Annual report approved and AGM successfully held on 31 July 2026.
- Compliance with FOI and SAR requirements has remained consistent throughout Q2, ensuring continued organisational assurance.

| 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  | Green |    |    | H                                       | High |    |    |
| 26.2) Board and Committee business    | 26.2.1) Board and Committee work plans agreed                                                                            |         | Q1        |                | Blue   | Blue  |    |    | H                                       | High |    |    |
|                                       | 26.2.2) Board and Committee Effectiveness reviewed and findings used to inform Committee Terms of Reference reviews      |         | Q1        |                | Blue   | Blue  |    |    | H                                       | High |    |    |

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|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------|--|-------|-------|--|--|---|--------|--|--|
|                                                        | 26.2.3) Board development x10 sessions; board briefings x8 sessions                                                                                                                    |  | Q1-Q4   |  | Green | Green |  |  | H | High   |  |  |
| 26.3) Risk Management                                  | 26.3.1) Risk management framework reviewed Q1 and delivered                                                                                                                            |  | Q1-Q4   |  | Green | Amber |  |  | H | High   |  |  |
| 26.4) Organisational compliance                        | 26.4.1) Internal and External audit programmes agreed                                                                                                                                  |  | Q1      |  | Blue  | Blue  |  |  | H | High   |  |  |
|                                                        | 26.4.2) Annual Report produced Q1; Annual General Meeting held by 30 <sup>th</sup> July 2026                                                                                           |  | Q2      |  |       | Blue  |  |  | H | 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 | Green |  |  | H | High   |  |  |
|                                                        | 26.4.4) Access to effective legal advice and support maximised in a managed and cost-effective way                                                                                     |  | Q1 – Q4 |  | Green | Green |  |  | H | High   |  |  |
|                                                        | 26.4.5) Delivery of Internal and external audit programmes                                                                                                                             |  | Q1 – Q4 |  | Green | Green |  |  | H | 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 | Green |  |  | H | 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 | Green |  |  | H | 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 | Amber |  |  | H | Medium |  |  |

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

|                 |     |                     |     |  |
|-----------------|-----|---------------------|-----|--|
| Change in Scope | N/A | Change in Timescale | N/A |  |
|-----------------|-----|---------------------|-----|--|

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| Executive Director Sign Off | Helen Bushell (Director of Corporate Governance) |
|-----------------------------|--------------------------------------------------|

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# Transforming in Partnership

## Improvement, Research and Development

Commentary on Progress in this Quarter:

- **27.1)** Meetings to discuss Quality Improvement support to the delivery of organisational priorities continues with operational leads. Discussion to embed improvement within business plans and the organisational business and performance cycles continues.
- **27.5.1)** The Value Based Health Care stocktake and organisational review have informed a refreshed approach to governance, leadership and delivery. Revised arrangements are being progressed under executive sponsorship from the Medical Director and Director of Finance, with the inaugural Value Opportunities Group scheduled for 14 October 2026. Initial priority areas have been identified in alignment with organisational priorities, financial recovery objectives, including interventions of "low-value and limited effectiveness" (INNU/EBI) and Welsh Government direction. Work progressing our approach to INNU/EBI is well advanced. Progress on the wider VBHC approach has been affected by a gap in senior management capacity and the continued redirection of existing transformation resource to support Phase 1 of the Better Together programme PCBC. This has reduced the capacity available to develop the strategy and mobilise the revised arrangements. Alongside mobilisation of the Group in October, work will commence to develop an outline VBHC strategy, strategically informed by engagement with Executive and operational Directors, to clarify the Health Board's ambitions, priorities, delivery model and resource requirements for Value Based Health Care as we move forward with transformation focussing on improved outcomes and resource utilisation.
- **27.5.2)** Development of the in-house digital platform for PROMs collection is continuing in partnership with the Digital team and is aligned with an approach agreed with the national Value in Health team. Cardiology and Mental Health have been identified as the initial pilot areas, with piloting planned during Quarter 3 and an ambition to commence collecting KCCQ-12 and ReQoL-20 digitally by the end of Quarter 4. Delivery is currently rated amber due to priorities for digital development, clinical capacity and associated training. Mental Health has commenced paper-based collection of ReQoL in the interim, pending the digital functionality required to support electronic collection and EQ5DL is collected in some ward settings. A new PROMS clinical group will receive feedback and seek to enable this process with focus on use of the information for improvement.

Commentary on red rated actions:

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 |
|                       | 27.1.1) Collaborate with service area leads who have identified areas for improvement to clarify the issues, understand | CA      | Q1        | ED P&C<br>DI&T | Green  | Blue |    |    | H                                       | High |    |    |

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| 27.1) Quality Improvement (QI) systems and processes         | their objectives and timelines, and determine how they will measure impact and benefits                                                                                                                                                         |    |         |     |  |       |       |  |  |   |      |  |  |
|                                                              | 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 | Blue  |  |  | H | 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 | Blue  |  |  | H | High |  |  |
|                                                              | 27.1.4) Work to embed improvement within business plans and the organisational business and performance cycles                                                                                                                                  | CA | Q1 - Q4 |     |  | Green | Green |  |  | H | High |  |  |
| 27.2) Quality Improvement Capacity & Capability              | 27.2.1) Develop an organisational competency framework and training plan for demand & capacity planning                                                                                                                                         |    | Q1      |     |  | Green | Blue  |  |  | H | 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 | Green |  |  | H | High |  |  |
|                                                              | 27.2.3) Approval and implementation of the Demand & Capacity framework and plan                                                                                                                                                                 |    | Q2-Q3   |     |  |       | Green |  |  | H | 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 | Green |  |  | H | High |  |  |
| 27.4) Growing Research in Powys                              | 27.4.1) Consideration of '2 Year On' Assessment against national Research & Development Framework                                                                                                                                               |    | Q1      |     |  | Green | Blue  |  |  | H | High |  |  |
|                                                              | 27.4.2) Work with People and Culture Directorate to use research as motivator for recruitment and retention                                                                                                                                     |    | Q1 – Q4 |     |  | Green | Green |  |  | H | High |  |  |
|                                                              | 27.4.3) Support any application for Research Awards to further develop Research in Powys                                                                                                                                                        |    | Q1 – Q4 |     |  | Green | Green |  |  | H | High |  |  |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|-------------|-------|-------|--|--|---|--------|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                       | 27.4.4)                                                                                                                                                                | Provide coordination, direction and oversight for research across clinical services and teams                                                                            |    | Q1 – Q4 |             | Green | Green |  |  | H | 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 | Amber |  |  | H | Medium |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       | 27.5.2)                                                                                                                                                                | Expand Patient Reported Outcome Measures across organisation (subject to approval)                                                                                       | CS | Q2-Q4   |             |       | Amber |  |  | M | Medium |  |  |
| Formal change request (Please tick as applicable and provide explanation below)                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                        |                                                                                                                                                                          |    |         |             |       |       |  |  |   |        |  |  |
| Change in Scope                                                                                                                                                                                                                                                                                                                                                                                                                       | N/A                                                                                                                                                                    | Change in Timescale                                                                                                                                                      | ✓  |         |             |       |       |  |  |   |        |  |  |
| <u>Q2 Change in Timescale</u>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                        |                                                                                                                                                                          |    |         |             |       |       |  |  |   |        |  |  |
| <ul style="list-style-type: none"><li>27.5.1) Q1 was reported as green but the milestone was not achieved and should have been reported as red; a gap in senior management capacity and the redirection of existing resource to support the PCBC affected progression and delivery. That resource continues to support the PCBC and other Phase 1 work, so this change request proposes moving the milestone from Q1 to Q4.</li></ul> |                                                                                                                                                                        |                                                                                                                                                                          |    |         |             |       |       |  |  |   |        |  |  |
| Executive Director Sign Off                                                                                                                                                                                                                                                                                                                                                                                                           | Kate Wright (Executive Medical Director)<br>Debra Wood Lawson (Executive Director of People and Culture)<br>Lucie Cornish (Director of Improvement and Transformation) |                                                                                                                                                                          |    |         |             |       |       |  |  |   |        |  |  |

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## Agenda item: 5.3

| FINANCE AND PERFORMANCE COMMITTEE                                                                                                                                                                                                                                                       |                                                                                 | 13 OCTOBER 2026 |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------|------|
| Subject:                                                                                                                                                                                                                                                                                | Out of Hours General Medical Services Performance 2025/26                       |                 |      |
| Approved and presented by:                                                                                                                                                                                                                                                              | Elaine Lorton, Executive Director of Primary Care, Community and Mental Health  |                 |      |
| Prepared by:                                                                                                                                                                                                                                                                            | Assistant Director of Primary Care                                              |                 |      |
| Other Committees and meetings considered at:                                                                                                                                                                                                                                            | Executive Committee - 01 October 2026 who supported the paper to the Committee. |                 |      |
| PURPOSE:                                                                                                                                                                                                                                                                                |                                                                                 |                 |      |
| This paper provides ongoing assurance around the Out of Hours (OOH) General Medical Services (GMS) provision for Powys patients during 2025/26 and gives a high level overview of PTHB recommissioning intention.                                                                       |                                                                                 |                 |      |
| RECOMMENDATION(S):                                                                                                                                                                                                                                                                      |                                                                                 |                 |      |
| The Finance and Performance Committee is asked to:                                                                                                                                                                                                                                      |                                                                                 |                 |      |
| <ul style="list-style-type: none"><li>• <b>RECEIVE</b> the report and take ASSURANCE that appropriate mechanisms are in place to monitor and report OOH patient delivery and contract management.</li><li>• <b>NOTE</b> progress with procurement of future GMS OOH services.</li></ul> |                                                                                 |                 |      |
| Approve/Take Assurance                                                                                                                                                                                                                                                                  |                                                                                 | Discuss         | Note |
| Y                                                                                                                                                                                                                                                                                       |                                                                                 | Y               | Y    |

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

## EXECUTIVE SUMMARY:

PTHB is responsible for commissioning General Medical Services (GMS) Out of Hours (OOH) services across Powys. OOH services are delivered through two commissioned providers: Shropdoc, which covers the majority of Powys, and Swansea Bay University Health Board (SBUHB), which provides services for patients registered with Ystradgynlais Group Practice. Patient access to OOH services is frontloaded through the national NHS Wales 111 service. Contract performance is monitored against the Revised Standards and Quality Indicators for 111 and Out of Hours Services in Wales.

The report provides assurance that during 2025/26 OOH services are operating safely and effectively, with robust governance, clinical oversight and performance monitoring arrangements in place. The national response time in relation to urgent home visiting across rural Powys continues to be challenging. Assurances are in place to demonstrate appropriate processes for breach review, incident investigation and quality improvement.

Shropdoc as the main provider of the Powys service delivers the core OOH service under a current APMS contract in place until 30<sup>th</sup> September 2027, which includes Minor Injury Unit cover and community hospital medical cover (excluding Ystradgynlais Community Hospital). During 2025/26 Shropdoc contract delivery and assurance is demonstrated through the following key points:

- Clinical shift cover remained consistently strong, achieving 96% to 100% (Level 1) staffing cover throughout the year.
- All OOH GPs delivering the service are included on the Powys Medical Performers List, supported by a Shropdoc workforce of 96 GPs.
- Monthly reporting demonstrates ongoing compliance monitoring against national and local OOH standards.
- The performance challenge remains achievement of the 1-hour and 2-hour home visit standards, reflecting the rural geography and travel times across Powys.
- Robust governance arrangements are in place, including incident management, safeguarding processes, clinical audits, medicines management oversight and continuous quality improvement.
- Patient outcomes show that the majority (81.6%) of contacts were resolved through Shropdoc clinical assessment and advice without requiring onward referral.
- Patient feedback remains positive, with only six concerns and fourteen compliments received during the reporting period, consistent with previous years and indicating no emerging quality issues.
- All serious incidents were reported within agreed timescales and used as learning opportunities to improve service delivery.

Reporting arrangements with Swansea Bay University Health Board OOH cover for patients registered at Ystradgynlais Medical Practice have strengthened

significantly during 2025/26, providing Powys-specific data and improving assurance regarding service quality and patient outcomes and includes:

- Most patients received telephone clinical advice or treatment centre management, with comparatively low levels of home visiting activity.
- Staffing levels remained strong, with 90% to 100% Level 1 shift cover achieved.
- No patient concerns regarding access to OOH services were reported.

Some operational challenges remain under discussion between PTHB and SBUHB, including:

- Community nursing and palliative care provision for patients requiring support overnight, post 8pm.
- Medical cover and prescribing arrangements for the ward.
- Provision of local weekend base cover sessions for Powys Ystradgynlais residents.

These issues continue to be managed collaboratively between PTHB and SBUHB, however remain recognised as service risks.

PTHB received no concerns relating to GMS OOH services during the reporting period.

The OOH Model Design and Implementation Project Board is concluding its review of the current service model and is finalising its requirements for the next procurement of OOH services from October 2027. This work is aligned with wider service transformation initiatives, including the Better Together programme. A revised OOH service specification is expected to be presented to the PTHB Board in November 2026.

#### **BACKGROUND:**

PTHB is responsible for the provision of OOH general medical services.

Out of Hours is defined as:

- 6.30pm to 8.00 am Monday to Thursday
- 6.30pm Friday to 8.00am Monday, and
- all day on public/bank holidays.

PTHB contracts with two providers to deliver its OOH services, namely

- Shropdoc
- Swansea Bay University Health Board (SBUHB)

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The OOH pathway is frontloaded by the national NHS Wales 111 service and is the first point of contact to access PTHB GMS OOH services which includes call handling and first line triage. Patients requiring further clinical triage are passed either to the Shropdoc service, or for Ystradgynlais patients to the SBUHB Clinical Assessment Team and then onto SBUHB OOH service if appropriate.

111 performance management is reported through the NHS Wales Joint Commissioning Committee (JCC) via the NHS 111 Quality and Delivery Assurance (Commissioning) Framework.

The Revised Standards and Quality Indicators for 111 and Out of Hours Services in Wales (October 2020) are the national metrics used to quality measure OOH services across Wales. The Standards expect a significantly high achievement regarding access timeframes, which are exceptionally difficult to achieve, especially in a rural area. Assurance is obtained from breach incident reviews to confirm no patient harm and also patient concerns are used to inform assurance on service delivery.

The standards are split into two separate areas: National Measures (Part A) and Local Measures (Part B). National Measures are public facing and reported to Welsh Government on a monthly basis. The Local Measures are for local reporting purposes only.

The PTHB OOH Performance Management Group, chaired by the Assistant Director of Primary Care, monitors the performance management of OOH services across Powys. An internal OOH Assurance Framework has been in place for a number of years to support the monitoring of OOH services and used as a mechanism to inform this assurance report.

This paper solely refers to the performance management of OOH services.

## **CONTRACTUAL ARRANGEMENTS**

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### **Shropdoc:**

- Contracting is in place via an APMS contract arrangement up to 30<sup>th</sup> September 2027.
- Provide OOH General Medical Services across Powys (excluding Ystradgynlais patients).
- Provide Minor Injury Unit cover at Welshpool, Llandrindod Wells and Brecon Community Hospital.
- Provide OOH medical cover at PTHB community hospitals (excluding Ystradgynlais Community Hospital).
- In addition, the contract provides Care Coordination Centre, Alternative Treatment Scheme, Protected Learning Time cover for GMS, Palliative Care phone line, Professional phone line, co-ordination of the 111 dental pathway and co-ordination of the '111 press 2' mental health pathway.

### **Swansea Bay:**

- Contracting is in place via an annual contract to provide OOH GMS services to Ystradgynlais patients registered with the Ystradgynlais Group Practice including OOH medical cover at Ystradgynlais Community Hospital (YCH).
- Ongoing issues regarding PTHB expectations versus SBUHB deliverability continue to be worked through which include the following:
  - *Community Nursing provision including palliative care patients during the full OHH period.* The PTHB service provision is from 8 am – 8 pm, 7 days per week and SBUHB do not provide community services to Powys Ystradgynlais patients outside of these times. By default, the SBUHB OOH service manages these patient contacts. Both SBUHB and PTHB identify this as an ongoing risk.
  - *Community Hospital Medical cover including prescribing,* noting that SBUHB do not use the EPMA system. A mutually agreed amended pathway is being progressed
  - *Base cover at YCH for a morning session on the weekend,* noting that the SBUHB service does not differentiate between the weekday and weekend pathway whereby patients attend a SBUHB base, either at Morriston or Neath Portalbot Hospital.

## **PERFORMANCE AGAINST OOH STANDARDS**

### **Shropdoc Contract Delivery Assurance:**

- Triage and base shift cover rate for Shropdoc achieved 96% to 100% of Level 1 cover during 2025/26. Base shifts not filled are cross covered from a neighbouring base. Shift cover is presented at the twice weekly PTHB Delivery Co-ordination Group and weekend rota fill is shared with the PTHB GOLD Executive on call rota.
- All OOH GPs are included on the Powys Medical Performers List. There are a total of 96 GPs supporting OOH shifts.
- Provide PTHB with monthly reports detailing contract achievement against the All-Wales OOH standards (Local and National Measures)

- An ongoing challenge is meeting the home visiting requirement, in particular home visits required to take place within 1 hour and 2 hours. Due to the geography of Powys and the OOH resources at the defined bases the achievement of both these standards will always prove to be challenging.
- Shropdoc provide assurance through analysis of breaches against the standards.
- All breaches resulting in an incident are investigated and learning from events are shared with clinicians for reflection and action learning. The investigative process concludes with recommendations for either a change in process; updated communication and education; and quality improvement.
- Shropdoc patient outcome/disposition 2025/26:

|                                                       |       |        |
|-------------------------------------------------------|-------|--------|
| Advised to attend ED/MIU                              | 285   | 2.15%  |
| Assessment and advice                                 | 10816 | 81.55% |
| Death                                                 | 187   | 1.41%  |
| Failed contact                                        | 103   | 0.78%  |
| Referred to 999                                       | 304   | 2.29%  |
| Referred to a General Practitioner (handover of care) | 535   | 4.06%  |
| Referred to another Health Professional               | 57    | 0.43%  |
| Referred to Secondary Care                            | 739   | 5.57%  |
| No outcome recorded                                   | 237   | 1.79%  |

- Clinical governance assurance framework in place
- National alert letters appropriately actioned
- Risk register and risk management processes in place with clear accountability
- Incidents – 100% of reporting serious incidents is within agreed timescales. All incidents are reviewed, investigated and used as 'learning events'.
- 111 Health Profession Feedback – good communication channels are in place between Shropdoc and 111 to resolve issues.
- Safeguarding flagging in place with PTHB Safeguarding team and General Practice. All at-risk patients are notified to Shropdoc
- Clinical Audit undertaken against the RCGP OOHs toolkit criteria to review 1% of cases on a monthly basis.
- Prescribing formulary in place, monitored by PTHB Medicines Management team
- Patient surveys are undertaken, and evidence of service user experience is used to drive improvement.
- Concerns and Compliments received by Shropdoc:
  - Compliments: 14
  - Concerns:6

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## Swansea Bay University Health Board Contract Delivery Assurance:

- Reporting arrangements strengthened during the latter half of 2025/26 and PTHB now receives detailed Powys-specific performance data. This has provided greater assurance regarding service quality, patient outcomes and comparative performance with the wider SBUHB population. This reporting has further expanded for 2026/27.
- SBUHB has confirmed that 5.2% of patients are advised/referred onto A&E
- SBUHB patient outcomes/management 2025/26:

|       | Ystradgynlais Group Practice 1.4.2025- 30.9.2025<br>Patient Outcome/Management<br>2025/26 |               |            |                     |                  |                 |
|-------|-------------------------------------------------------------------------------------------|---------------|------------|---------------------|------------------|-----------------|
| Month | Contact First                                                                             | Doctor Advice | Home Visit | Prescription Pickup | Treatment Centre | Total per month |
| Apr   | 10                                                                                        | 76            | 4          | 7                   | 39               | 136             |
| May   | 9                                                                                         | 62            | 9          | 11                  | 48               | 139             |
| Jun   | 2                                                                                         | 46            | 4          | 7                   | 38               | 97              |
| Jul   | 13                                                                                        | 64            | 5          | 6                   | 30               | 118             |
| Aug   | 7                                                                                         | 56            | 7          | 2                   | 37               | 109             |
| Sep   | 4                                                                                         | 56            | 5          | 2                   | 28               | 95              |
| Oct   | 9                                                                                         | 87            | 7          | 1                   | 38               | 142             |
| Nov   | 4                                                                                         | 72            | 5          | 6                   | 52               | 139             |
| Dec   | 12                                                                                        | 89            | 10         | 10                  | 62               | 183             |
| Jan   | 4                                                                                         | 67            | 9          | 7                   | 45               | 132             |
| Feb   | 2                                                                                         | 60            | 4          | 5                   | 32               | 103             |
| Mar   | 5                                                                                         | 56            | 6          | 8                   | 35               | 110             |
| Total | 81                                                                                        | 791           | 75         | 72                  | 484              | 1503            |

- The majority of SBUHB shift cover during the period has been at level 1 (90% to 100%). Patients access SBUHB Primary Care Centres, mainly at Morriston Hospital
- During this reporting period no patient concerns have been raised regarding access.

### PTHB OOH Concerns

During this reporting period, PTHB received no concerns relating to GMS OOH services.

### FUTURE OOH COMMISSIONING INTENTIONS

The OOH Model Design and Implementation Project Board, chaired by the Executive Director of Primary Care, Community and Mental Health, is concluding its review of the current OOH service model. The project board has considered relevant interdependencies with the Better Together programme and developed a specification for the future procurement of OOH services from October 2027.

Multiple stakeholders have contributed to the proposed specification. The revised OOH service specification is scheduled for consideration by Board in November 2026.

#### **NEXT STEPS:**

- 1) Continue to monitor the OOH Performance.
- 2) Agree OOH SLA with SBUHB for Ystradgynlais area for 2026/27.
- 3) Complete procurement of the GMS OOH service, with a new service specification to be submitted for Board approval in November 2026.

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## IMPACT ASSESSMENT

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

### QUALITY:

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

### EQUALITY:

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

### RISK ASSESSMENT:

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

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## Agenda item: 5.4

| FINANCE AND PERFORMANCE COMMITTEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 | 13 OCTOBER 2026 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------|
| Subject:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Health and Safety Annual Report 2025-26                                         |                 |
| Approved and presented by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Pete Hopgood, Acting Chief Executive                                            |                 |
| Prepared by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Deputy Director People & Culture                                                |                 |
| Other Committees and meetings considered at:                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Executive Committee - 01 October 2026 who supported the paper to the Committee. |                 |
| PURPOSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                 |                 |
| This report sets out the Health Board's health and safety position for the financial year 1 April 2025 to 31 March 2026. It brings together the main performance, training, incident, regulatory and compliance information for the year, together with the controls, mitigation actions, evidence and governance arrangements in place. It identifies the matters that remain open and is presented to Executive Committee to support its consideration of the year-end position.                  |                                                                                 |                 |
| RECOMMENDATION(S):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                 |                 |
| The Finance and Performance Committee is asked to:                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                 |                 |
| <ul style="list-style-type: none"><li>• <b>RECEIVE</b> and <b>CONSIDER</b> the 2025/26 Health and Safety Annual Report and the supporting evidence set out;</li><li>• Take <b>ASSURANCE</b> there are appropriate oversight and monitoring arrangements in place for health and safety.</li><li>• <b>NOTE</b> Executive Committee endorsed the 2026/27 actions, with progress monitored through the Health and Safety Committee and material exceptions escalated to Executive Committee.</li></ul> |                                                                                 |                 |
| Take Assurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Discuss                                                                         | Note            |
| Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Y                                                                               | Y               |

| ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES: |   |                                                                                                                                                                                                |
|---------------------------------------------------------|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Focus on Wellbeing                                   | Y | Effective health and safety arrangements, supported by appropriate staff training, are central to staff wellbeing and to the safe delivery of services for patients, visitors and contractors. |
| 2. Provide Early Help and Support                       | Y |                                                                                                                                                                                                |
| 3. Tackle the Big Four                                  | N |                                                                                                                                                                                                |
| 4. Enable Joined up Care                                | N |                                                                                                                                                                                                |
| 5. Develop Workforce Futures                            | Y |                                                                                                                                                                                                |
| 6. Promote Innovative Environments                      | Y |                                                                                                                                                                                                |
| 7. Put Digital First                                    | N |                                                                                                                                                                                                |
| 8. Transforming in Partnership                          | N |                                                                                                                                                                                                |

## EXECUTIVE SUMMARY:

This report sets out the Health Board's health and safety position for the year ended 31 March 2026. It brings together the internal Health and Safety data return, the PMVA annual report, the All-Wales RIDDOR benchmarking return and the Capital, Estates and Facilities year-end position.

### Governance and oversight

The main governance development during the year was the establishment of the Health and Safety Committee in January 2026, as a formal sub-committee of Executive Committee. This provides a clearer route for scrutiny; evidence review and escalation. All existing Health Board health and safety policies remain extant until they are formally superseded or withdrawn; a review date passing does not, of itself, invalidate a policy. The Corporate Health and Safety Policy (HSP001) remains in force and is being reviewed more widely to reflect the revised governance arrangements. That review is scheduled to conclude in Q3 2026/27 while HSP011 remained extant pending completion of its review and approval route.

### Accidents and incidents

The internal accident/injury dashboard records 114 incidents in 2025/26 compared with 93 in 2024/25, an increase of 21 (22.6%). Slips, trips and falls were broadly unchanged at 27. The larger increases were contact with an object (12 to 22), road traffic collisions (5 to 11), sharps injuries (10 to 15) and burns/scalds (6 to 9). Patient/service-user manual handling fell from 12 to 6.

### RIDDOR and regulatory reporting

10 RIDDOR reports were submitted in 2025/26, compared with 13 in 2024/25. These comprised five over-seven-day injuries, two specified worker injuries, two injuries to members of the public and one serious patient incident in an inpatient service. Nine were reported within the required timescale.

No prosecution, Improvement Notice or Prohibition Notice was recorded during the year. However, HSE notified the Health Board that it considered there had been a material breach of health and safety law, resulting in a Fee for Intervention. In March 2026, HSE also advised that it was undertaking an investigation into whether any offences under health and safety law had been committed. This is a standard part of HSE's regulatory process and does not mean that a prosecution will follow. Given the nature of the incident the HSE advised that its findings would be shared with the Police for consideration of any matters falling within their remit.

The Health Board's response remains active under a defined Executive and clinical oversight structure. Elaine Lorton is the lead Executive, with clinical oversight provided by Kate Wright, Executive Medical Director, and Paul Hooton, Executive Director of Nursing. These arrangements provide clear accountability for actions, review of clinical controls, escalation and reporting through the Health and Safety Committee and Executive Committee while the HSE investigation continues.

## **Violence and aggression**

The annual PMVA table records 489 Behaviour/Violence and Aggression incidents, compared with 477 in 2024/25. The annual data show increases in physical assault/physical contact, restrictive practice, and aggressive/threatening behaviour.

The V&A dashboard has been strengthened to provide additional context on the level of harm resulting from incidents, although the harm data currently represent only a snapshot as it covers the period between January and March rather than the full year.

During this period, 10 incidents were initially categorised as moderate harm and 1 as severe harm. Following investigation and review, 3 were reclassified as no harm and seven as low harm, with 1 incident still awaiting final review.

This provides an important distinction between the initial assessment of potential harm at the point an incident is reported and the confirmed level of harm following investigation. In this snapshot, none of the incidents reviewed to completion remained categorised as moderate or severe harm. However, as the harm analysis covers only January to March, it should not be interpreted as representing the harm profile for all 489 incidents across the year.

## **Training and prevention**

Manual handling attendance improved to 90% of booked places (935 of 1,042), although fewer courses were delivered and fewer staff attended than in 2024/25. PMVA delivery increased from 92 courses and 280 attendees to 98 courses and 298 attendees. Face fit testing remains a concern: only 56 of 256 available appointments were used, a utilisation rate of 22%, compared with 56% in the previous year.

## **Estates, capital, facilities and compliance**

Water safety and food safety reported Substantial outcomes; low-voltage and ventilation received Reasonable Assurance, with 4 and 8 high-priority actions. The electrical annual report was Limited Assurance, with 5 non-compliance items and 5 recommendations, while asbestos management remained draft Reasonable Assurance pending management actions. Residual risks include security, ageing infrastructure, fire and ventilation, specialist resilience and the CAFM replacement, requiring continued action tracking and escalation.

## **Stress Related Absence**

Stress-related absence remained a significant workforce issue during 2025/26, with long-term cases continuing to predominate and absence levels showing no sustained improvement. Continued focus on prevention, early intervention and effective management of long-term absence therefore remains a priority.

## **Year-end position**

Taken together, the year-end evidence provides assurance that governance, oversight and action-tracking arrangements have strengthened, supported by improved RIDDOR reporting timeliness, a reduction in patient manual-handling incidents and Substantial or Reasonable Assurance in a number of Estates and compliance reviews. Operational and regulatory assurance remains qualified by the increase in accident/injury

reporting, the more concerning violence and aggression profile, low face fit utilisation, open policy and Estates actions, and the HSE regulatory position. Executive Committee is therefore invited to take assurance from the strengthened governance and defined controls while maintaining scrutiny of the residual risks and the evidenced delivery of the 2026/27 actions.

## ASSESSMENT & CURRENT SITUATION:

### 1. Governance, Audit and Policy Position

#### Internal audit and governance

During 2025/26 the Health and Safety Committee was established as a formal sub-committee of Executive Committee. It is chaired by the Chief Executive and includes core Executive membership, with authority to seek assurance, commission reviews and escalate significant risks.

The revised governance arrangements also provide a clearer reporting route for the specialist safety groups covering fire, site co-ordination, asbestos, water, electrical safety, radiation, medical gases, medical devices and ventilation. The priority for 2026/27 is to demonstrate that this strengthened structure is translating into timely action closure, consistent policy oversight and clearer evidence of compliance across the organisation.

#### Current policy position

| Policy Ref  | Title                                                                | Status                                                                                          |
|-------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| PTHB-HSP001 | Health & Safety Policy                                               | Extant - wider review underway to reflect revised H&S governance; planned completion Q3 2026/27 |
| PTHB-HSP002 | Health and Safety Local Implementation Procedure                     | Current                                                                                         |
| PTHB-HSP003 | Manual Handling Policy                                               | Extant - approved January 2026; intranet publication outstanding at 31 March 2026               |
| PTHB-HSP004 | Hand Arm Vibration                                                   | Current                                                                                         |
| PTHB-HSP005 | Violence and Aggression Policy                                       | Current                                                                                         |
| PTHB-HSP006 | Lone Working Policy & Procedure                                      | Current                                                                                         |
| PTHB-HSP007 | Display Screen Equipment Policy (DSE)                                | Current                                                                                         |
| PTHB-HSP008 | Management of Contractors                                            | Current                                                                                         |
| PTHB-HSP010 | New and Expectant Persons and New Mothers Policy                     | Current                                                                                         |
| PTHB-HSP011 | Stress Management Policy (Wellbeing in the Workplace)                | Extant - review/approval action outstanding at 31 March 2026                                    |
| PTHB-HSP012 | Control of Risks at Work to Young Persons Policy and Procedure       | Current                                                                                         |
| PTHB-HSP013 | Control of Substances Hazardous to Health (COSHH) Policy & Procedure | Current                                                                                         |

|             |                                      |         |
|-------------|--------------------------------------|---------|
| PTHB-HSP018 | First Aid at Work Policy             | Current |
| PTHB-HSP025 | Personal Protective Equipment Policy | Current |

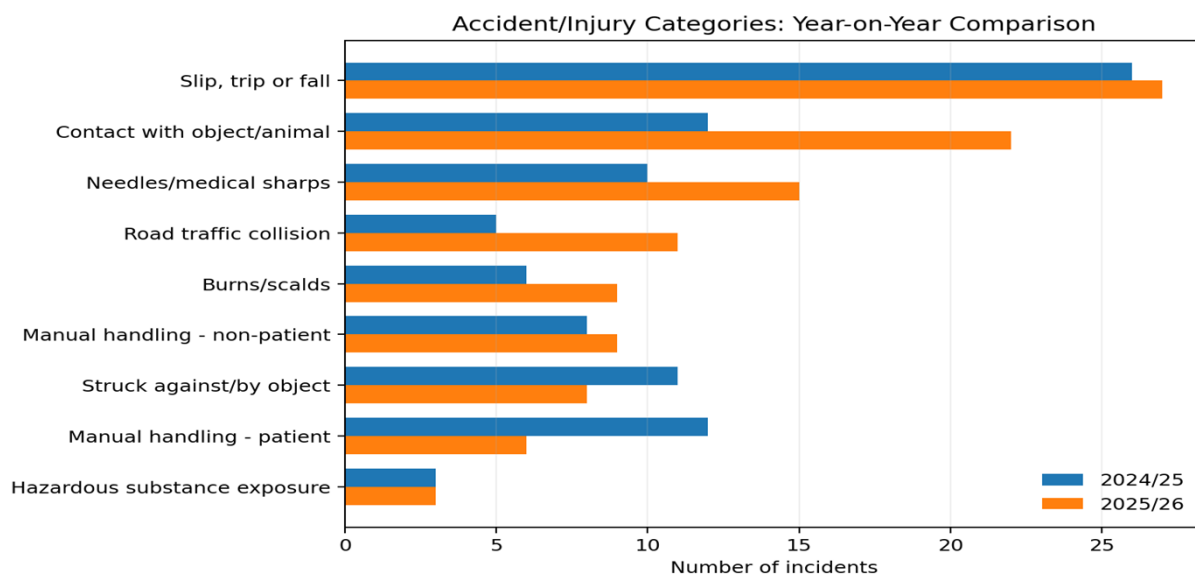
Policy position: all existing Health Board policies remain extant until they are formally superseded or withdrawn. Where a scheduled review date has passed, the policy continues to apply while the review is completed. The Corporate Health and Safety Policy (HSP001) is subject to a wider review following the recent changes to health and safety governance, including the establishment of the Health and Safety Committee as a sub-committee of Executive Committee and the revised scrutiny and escalation arrangements. The policy remains in force during this review and is planned to be finalised in Q3 2026/27. HSP003 had been approved by the Health and Safety Committee and was awaiting publication to the intranet as of 31 March 2026. HSP011 also remains extant while its review and approval action is completed.

## 2. Accidents and Incidents

Accident and incident data are taken from the Once for Wales Datix system and may change, if records are reported late or reclassified. The internal dashboard records 114 Accident/Injury incidents in 2025/26, compared with 93 in the previous-year, an increase of 21 (22.6%). Patient falls are not included in the Health and Safety slips/trips/falls figures.

| Accident category                          | 2024/25 | 2025/26 | Change | % change |
|--------------------------------------------|---------|---------|--------|----------|
| Slip, trip or fall                         | 26      | 27      | +1     | +3.8%    |
| Contact with object or animal              | 12      | 22      | +10    | +83.3%   |
| Contact with needles/medical sharps        | 10      | 15      | +5     | +50.0%   |
| Road traffic collision                     | 5       | 11      | +6     | +120.0%  |
| Burns or scalds                            | 6       | 9       | +3     | +50.0%   |
| Manual handling - non-patient/service user | 8       | 9       | +1     | +12.5%   |
| Struck against or by an object             | 11      | 8       | -3     | -27.3%   |
| Manual handling - patient/service user     | 12      | 6       | -6     | -50.0%   |
| Contact/exposure to hazardous substance    | 3       | 3       | 0      | 0.0%     |

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### Trends and themes

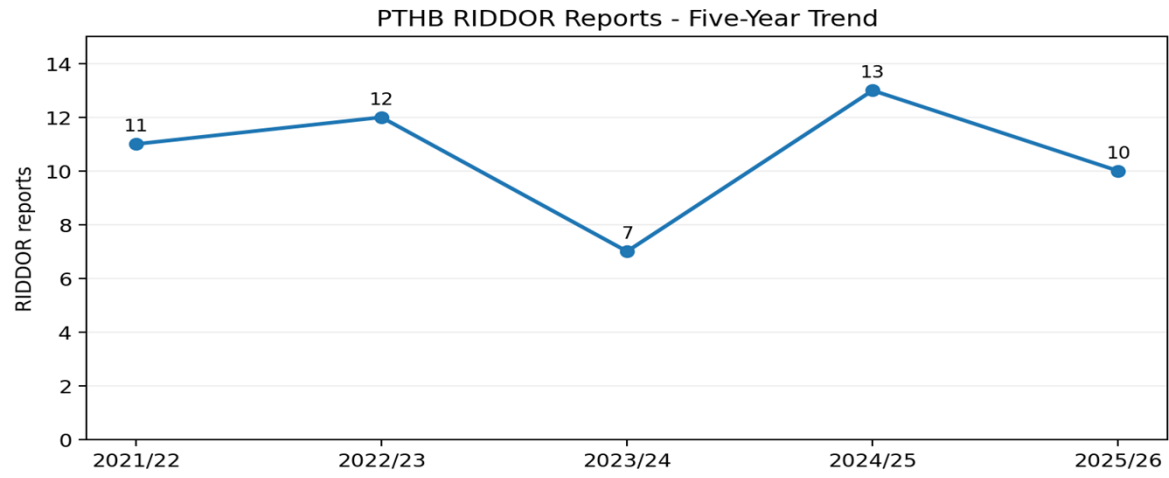
- Slips, trips and falls remained the largest category at 27, compared with 26 in 2024/25.
- Contact with an object or animal, increased from 12 to 22. The cases should be reviewed for common causes, locations and any recurring animal-related risk.
- Road traffic collisions increased from 5 to 11. Given the amount of community travel in Powys, the incidents should be reviewed for common causes and any changes needed to driving-for-work controls.
- Sharps incidents increased from 10 to 15 and burns/scalds from 6 to 9. Both are suitable for focused thematic review and local learning.
- Patient/service-user manual handling incidents reduced from 12 to 6. Non-patient manual handling moved from 8 to 9. On the 2025/26 comparison dataset, manual-handling incidents reduced overall from 20 to 15.
- Struck against/by object incidents reduced from 11 to 8.

### All-Wales Datix benchmarking

The All-Wales return records 404 staff/contractor incidents for Powys: 222 behaviour incidents and 114 accident/injury incidents. The corresponding rates are 151.5, 83.3 and 42.7 per 1,000 staff. The comparator figures shown in the return are 150.2, 74.5 and 32.2. On this measure, Powys is close to the comparator for total incidents but above it for behaviour and accident/injury incidents.

3. RIDDOR Reporting

In 2025/26 10 incidents were reported in accordance with the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), compared with 13 in 2024/25.



| RIDDOR accident category | 2025/26 |
|--------------------------|---------|
| Slips, trips and falls   | 3       |
| Physical assault         | 1       |
| Manual handling          | 3       |
| Struck by object         | 1       |
| Another kind of accident | 2       |
| Total                    | 10      |

RIDDOR classification and benchmarking

The All-Wales return records five over-seven-day injuries, two specified injuries, two specified injuries to members of the public and one fatality, totalling ten.

| Measure                               | Powys 2025/26 | Benchmark position / comment                                                |
|---------------------------------------|---------------|-----------------------------------------------------------------------------|
| Total RIDDORs                         | 10            | Eight other organisations ranged from 8 to 97; Powys joint on 10 with NWSSP |
| Total RIDDOR rate per 1,000 staff     | 3.75          | Third-lowest of the 10 participating organisations                          |
| Over-7-day rate per 1,000 staff       | 1.88          | Below most participating Health Boards/Trusts                               |
| Specified injury rate per 1,000 staff | 0.75          | Two specified injuries reported                                             |
| RIDDORs reported on time              | 9 of 10 (90%) | Highest percentage in the All-Wales exercise                                |

Nine of the ten RIDDOR reports were submitted within the required reporting timescale. This was the best percentage in the All-Wales exercise. Any late submissions continue to be reviewed so that avoidable delays are identified and addressed.

**HSE action, intervention and oversight**

During January 2026, a serious patient safety incident occurred within an inpatient service which resulted in Health and Safety Executive (HSE) involvement. Immediate risk-reduction measures were implemented and a formal review commenced, with learning and relevant safety information shared more widely where appropriate.

HSE subsequently visited the service in March 2026. The Health Board established a formal response plan and Executive-led oversight arrangements to coordinate its response and monitor completion of the required actions. During March, HSE notified the Health Board that it considered there to have been a material breach of health and safety law, resulting in a Fee for Intervention, and subsequently advised that it would continue its investigation, including undertaking interviews with staff. As of 31 March 2026, the investigation remained ongoing. No prosecution, Improvement Notice or Prohibition Notice had been recorded by the end of the reporting period. The matter nevertheless represented a significant regulatory issue and remained subject to active Executive oversight.

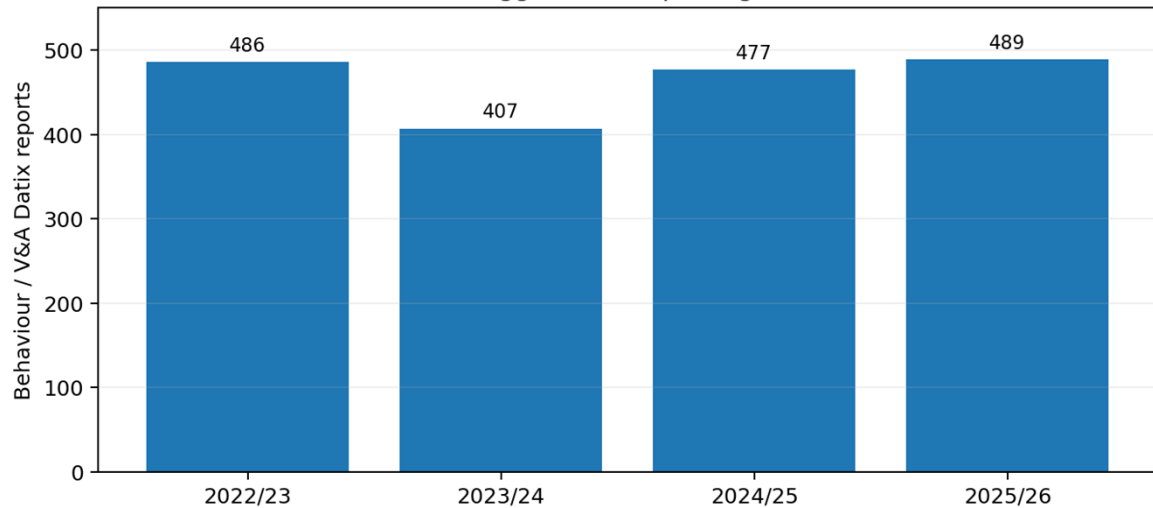
The Health Board has maintained a defined governance structure for the response, with Executive, clinical and professional oversight of the associated actions and controls. Progress is monitored through a formal action plan and oversight arrangements, with appropriate escalation through the Health and Safety Committee and Executive Committee. The focus for 2026/27 will be on maintaining effective control, evidencing completion of actions and responding to any further regulatory requirements or learning arising from the investigation.

**4. Violence and Aggression**

The PMVA annual table records 489 Behaviour/Violence and Aggression incidents in 2025/26, compared with 477 in 2024/25.

| Year    | Apr-Jun | Jul-Sep | Oct-Dec | Jan-Mar | Total |
|---------|---------|---------|---------|---------|-------|
| 2022/23 | 66      | 163     | 89      | 168     | 486   |
| 2023/24 | 117     | 98      | 97      | 95      | 407   |
| 2024/25 | 114     | 117     | 152     | 94      | 477   |
| 2025/26 | 154     | 136     | 79      | 120     | 489   |

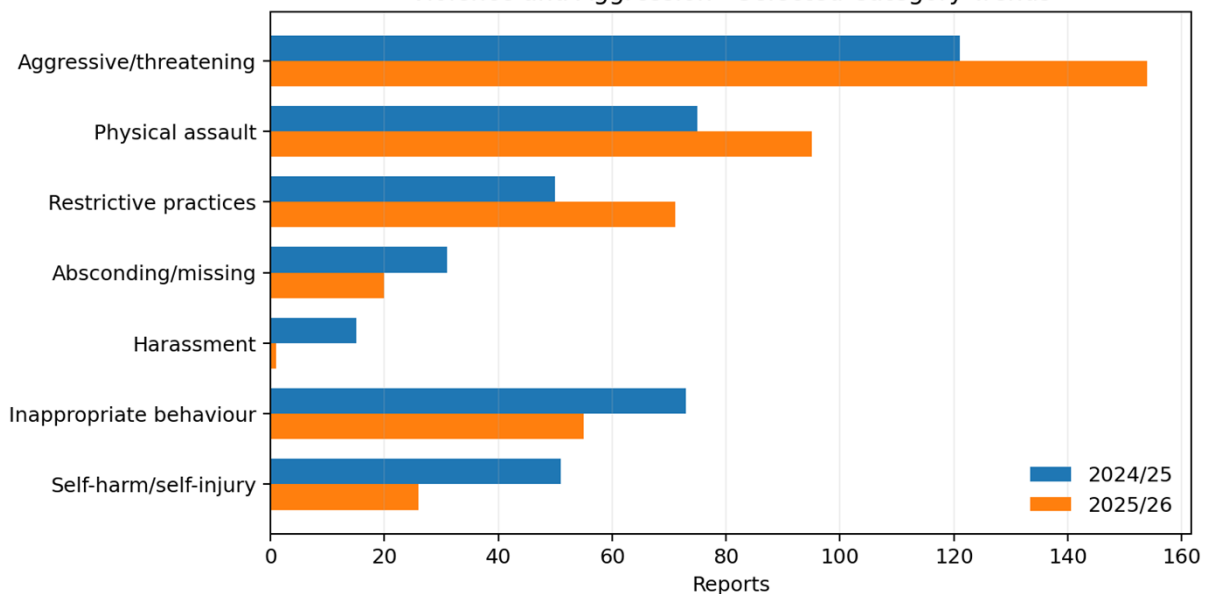
Violence and Aggression Reporting - Annual Trend



### Category changes

| Category                            | 2024/25 | 2025/26 | Change | % change |
|-------------------------------------|---------|---------|--------|----------|
| Aggressive/threatening behaviour    | 121     | 154     | +33    | +27.3%   |
| Physical assault (physical contact) | 75      | 95      | +20    | +26.7%   |
| Restrictive practices               | 50      | 71      | +21    | +42.0%   |
| Absconding/missing patient          | 31      | 20      | -11    | -35.5%   |
| Harassment                          | 15      | 1       | -14    | -93.3%   |
| Inappropriate behaviour/attitude    | 73      | 55      | -18    | -24.7%   |
| Self-harm/self-injurious behaviour  | 51      | 26      | -25    | -49.0%   |

Violence and Aggression - Selected Category Trends



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### **Harm and severity**

As part of strengthened reporting arrangement going to the Health and Safety Committee the performance dashboard included additional context on the level of harm for incidents reported between January and March 2026. 10 incidents were initially recorded as moderate harm and one as severe. Following investigation, three were reclassified as no harm and seven as low harm; 1 incident was still awaiting review. None of the physical-contact incidents in that period resulted in an injury requiring further treatment, although 1 incident resulted in 2 days' staff sickness following exposure to police PAVA spray. These figures are useful in understanding the outcome of reported incidents, but they cover only the final three months of the year and will be presented for the full-year harm profile in future reports.

### **Location and service profile**

The PMVA annual report records 406 incidents in Powys hospitals, including 240 on Mental Health wards and 57 on general wards. A further 56 incidents were recorded in community settings, including 38 in patients' homes. This confirms that violence and aggression is not solely an inpatient mental health issue and that controls, training and local risk assessment need to reflect the wider service profile.

- Mental Health wards accounted for 240 reports, around 49% of the 489 incidents in the annual PMVA table.
- Community services recorded 56 incidents, 38 of them in patients' homes.

### **Absconding/missing patients**

There were 20 absconding/missing-patient reports, down from 31 in 2024/25. Ten related to Felindre. Of the remaining 10, 9 related to general wards and 1 to another Mental Health ward. Although the overall number reduced, repeated incidents in particular settings continue to inform local learning, environmental review and security controls.

### **Sexually inappropriate behaviour and sexual assault reports**

15 Datix reports related to sexually inappropriate behaviour (11) or sexual assault (4). The PMVA report records that the 4 sexual assault reports related to 2 patients on a Mental Health ward, were not substantiated, and resulted in no further police action. Risk assessments and supervision were increased and Safeguarding was informed. All such incidents continue to be reviewed through safeguarding and staff-safety governance routes.

### **Police contact**

Police contact was recorded in 60 Behaviour/V&A reports and police attended in person in 23 cases.

## **5. Health and Safety Training and Prevention**

### **Manual handling**

The 2025/26 manual-handling programme delivered 137 courses. There were 1,042 bookings and 935 attendances, giving a 90% attendance rate. This compares with

80% in 2024/25. However, the number of courses fell from 224 to 137 and the number attending fell from 1,429 to 935. The better attendance rate therefore reflects improved use of booked places, not an increase in training throughput.

| Course              | Courses | Booked | Attended | Attendance |
|---------------------|---------|--------|----------|------------|
| 2 Day Foundation    | 40      | 321    | 301      | 94%        |
| 1 Day Refresher     | 30      | 265    | 244      | 92%        |
| Object & Load       | 54      | 380    | 320      | 84%        |
| Managers Module G   | 4       | 19     | 13       | 68%        |
| Pool Evacuation     | 4       | 31     | 31       | 100%       |
| Evac Chair          | 3       | 19     | 19       | 100%       |
| W Oxygen Cylinders  | 1       | 5      | 5        | 100%       |
| Workplace Assessors | 1       | 2      | 2        | 100%       |
| Total               | 137     | 1042   | 935      | 90%        |

- Managers Module G had the lowest attendance rate at 68% and remains a specific focus for improvement.
- One Workplace Assessor course was delivered to two staff.
- Patient/service-user manual-handling incidents reduced during the year. This continues to be monitored alongside training coverage, equipment, staffing and local risk controls to understand what has contributed to the reduction.

### Prevention and Management of Violence and Aggression (PMVA)

PMVA-related training was attended by 298 staff during 2025/26. Delivery included Mental Health ward staff and a range of community and clinical services.

| Course                          | Number of courses | Number attended |
|---------------------------------|-------------------|-----------------|
| 4 Day Foundation (ABUHB)        | 17                | 29              |
| 4 Day Foundation (PTHB)         | 4                 | 38              |
| 1 Day Refresher (ABUHB)         | 45                | 46              |
| 2 Day Refresher (PTHB)          | 1                 | 6               |
| 1 Day Breakaway                 | 12                | 49              |
| Personal Safety & De-escalation | 18                | 100             |
| Introduction to PMVA            | 1                 | 30              |
| Total                           | 98                | 298             |

Course delivery increased from 92 to 98 and attendance from 280 to 298. Over the same period, physical-contact incidents increased from 75 to 95. Attendance figures alone are therefore not enough to judge whether the programme is effective. The

2026/27 review will include workforce coverage, training needs analysis, service risk, incident learning and the use of operational controls.

**Face fit testing**

A review of Face Fit Testing (FFT) arrangements is currently underway following recent changes to the National Infection Prevention and Control Manual (NIPCM). As part of this work, the Health Board is seeking to establish a clearer organisational baseline for FFT requirements.

During 2025/26, 17 testing days were provided, offering 256 appointment slots. Of these, 56 appointments were utilised, representing 22% utilisation. This compares with 277 of 496 available appointments being utilised during 2024/25, equivalent to 56%. This represents a reduction of 34 percentage points in utilisation and an approximately 80% reduction in the number of completed appointments year on year.

There is currently no agreed Health Board-wide denominator identifying the total number of staff who require face fit testing. Requirements are determined through service-level risk assessment, the nature of the work undertaken and operational workforce requirements, rather than through a single centrally defined Infection Prevention and Control cohort. The reduction in appointment utilisation should therefore not be interpreted as a reduction in organisational compliance. At this stage, the figures provide an indication of testing capacity and utilisation only. Work is continuing to establish the appropriate organisational baseline and assurance arrangements against which future compliance can be assessed and reported.

| Location     | Test days | Appointments available | Used | Unused |
|--------------|-----------|------------------------|------|--------|
| Bronllys     | 5         | 64                     | 11   | 53     |
| Builth Wells | 6         | 96                     | 14   | 82     |
| Llanidloes   | 5         | 80                     | 28   | 52     |
| Newtown      | 1         | 16                     | 3    | 13     |
| Total        | 17        | 256                    | 56   | 200    |

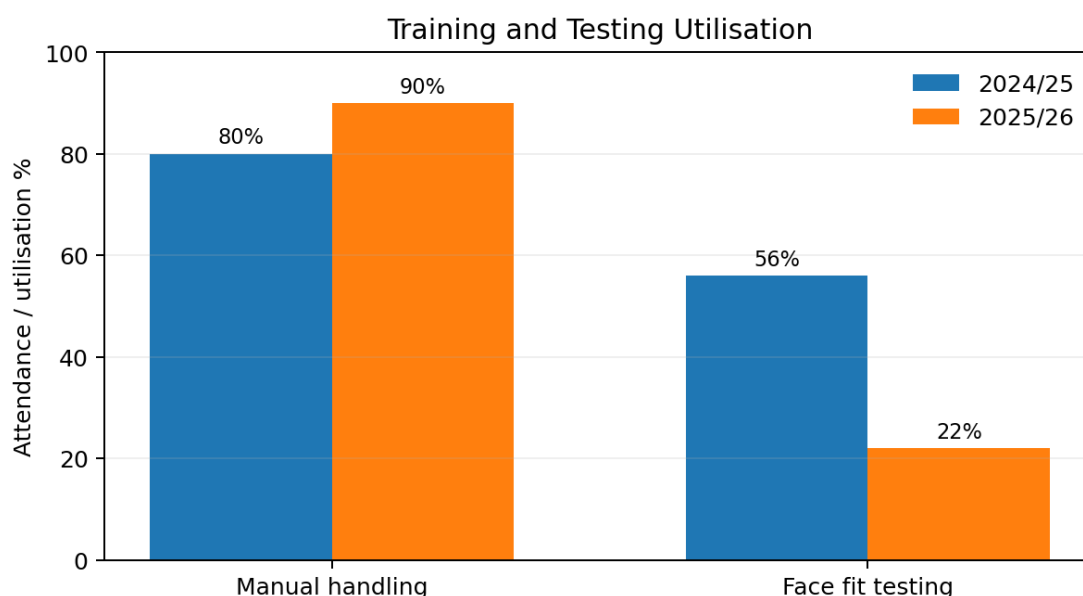


Figure 5. Manual-handling attendance and face fit testing utilisation, 2024/25 vs 2025/26.

## 6. Estates, Capital, Facilities and Compliance

### Governance and oversight

Health and safety and technical compliance across Capital, Estates and Facilities are overseen through the Estates Compliance Group, which meets bi-monthly. The Group receives information from specialist technical groups and wider safety forums, with input from NWSSP Specialist Estates Services where appropriate. Its remit includes reviewing and prioritising risks and mitigation measures, tracking audit findings and actions, undertaking compliance deep dives, reviewing health and safety and contractor performance, considering workforce issues and maintaining oversight of the legal register.

The Estates Compliance Group provides the principal technical route for bringing together compliance issues that cut across engineering, facilities, capital and operational services. The Health and Safety Committee provides an additional organisational route for challenge and escalation. In January 2026, for example, the Committee directed that the Health Board's approach to site co-ordination should be refreshed, with further audit activity identified for 2026/27.

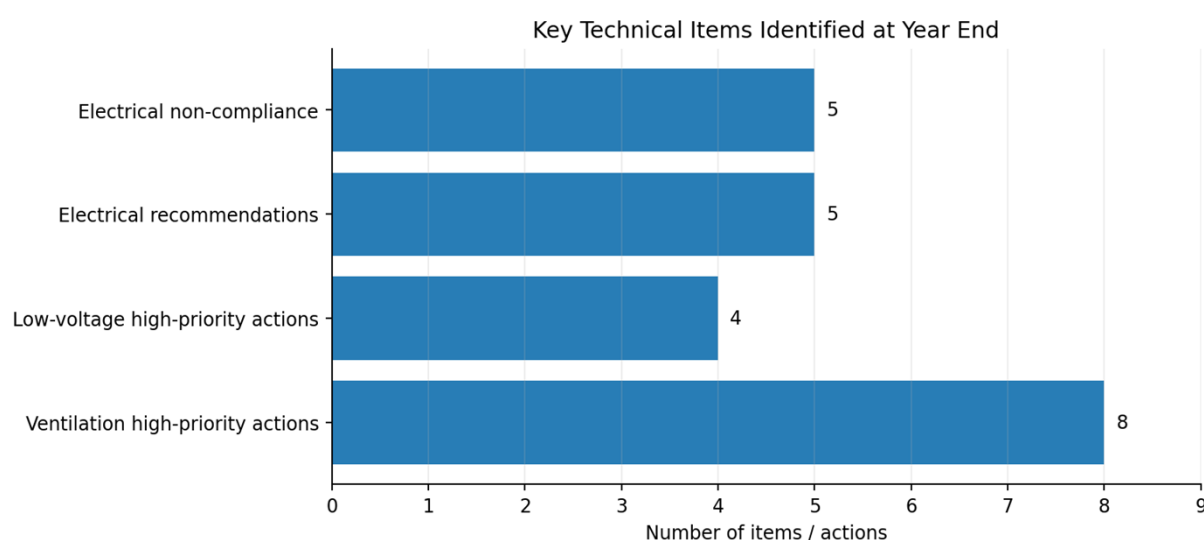
### Independent audit and technical compliance evidence

The formal audit and specialist review programme is an important part of the evidence available to Executive Committee. The ratings below are the findings of the individual reviews and should be read alongside the associated actions and management response rather than as an overall assurance judgement on the Estates, Capital and Facilities functions.

| Area / assurance source | 2025/26 position                                                 | Assurance / key issue                                                                                  |
|-------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Water safety            | NWSSP Authorised Engineer annual report and audit, February 2026 | Substantial Assurance; water safety management and controls reported as maintained to a high standard. |

|                                 |                                                                 |                                                                                          |
|---------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Electrical                      | Authorising Engineer (Low Voltage) annual report, February 2026 | Limited Assurance; 5 non-compliance items and 5 recommendations.                         |
| Low-voltage installation        | Triennial inspection - Llandrindod Wells (2025)                 | Reasonable Assurance; 4 high-priority actions identified.                                |
| Critical healthcare ventilation | Triannual operational management audit                          | Reasonable Assurance; 8 high-priority actions identified.                                |
| Catering food safety            | Facilities audit, February 2026                                 | Substantial outcome.                                                                     |
| Asbestos management             | NWSSP draft audit position, March 2026                          | Draft Reasonable Assurance outcome; report awaiting management actions at 31 March 2026. |
| Mental Health - Bronllys        | HIW inspection, November 2025                                   | 7 Estates/Facilities actions identified and recorded as closed out.                      |
| Control of Contractors          | NWSSP audit                                                     | Reasonable outcome.                                                                      |

At 31 March 2026, Audit Wales fieldwork on Managing the NHS Wales Estates, covering Estates, Capital and Technical Services, was still underway. The resulting findings therefore fall outside the evidence available at the year end. A further Site Co-ordination audit was also identified for 2026/27.



*Key technical items and high-priority actions identified by the year-end electrical, low-voltage and ventilation reviews.*

The audit picture therefore shows both positive evidence of control and areas requiring continued management action. Water and food safety provide stronger independent evidence, while electrical compliance, ventilation and asbestos management require ongoing action tracking.

## Security

Security was one of the more significant operational risks identified at year end. The dashboard records increasing issues affecting out-of-hours and Mental Health services, CCTV capability, access to zoned or sensitive areas and inconsistent building-access arrangements. It also identifies resource and management-capacity constraints within Facilities as a factor affecting progress.

At year end, the proposed response was to establish a cross-organisational Security Group involving Capital, Estates and Facilities, Digital, Information Governance, Mental Health, Health and Safety and other services as required. The intended work

programme included the standardisation and governance of CCTV, a consistent approach to electronic door-access systems and development of site lockdown protocols. The dashboard notes that delivery will require both capital prioritisation and assessment of ongoing revenue implications.

This is therefore an organisational control issue rather than a Facilities-only matter. Progress should be evidenced through confirmation of the governance arrangements, agreed standards and delivery of the CCTV, access-control and lockdown work programme.

### **Fire safety, site co-ordination and ventilation**

Investment continued in fire compartmentation, with progress reported through the Estates Compliance Group. Residual risks remained in relation to lithium-ion batteries and mobility scooters, together with site co-ordination issues affecting the consistent completion and evidencing of fire evacuation drills. An SBAR had been raised in relation to the site co-ordination difficulties.

Work was also continuing on fire-damper management within ventilation ductwork. Ventilation cleaning, previously commissioned separately, was being incorporated into the main ventilation maintenance contract, with a remedial fire-damper project planned for Epynt Ward. The critical healthcare ventilation audit identified eight high-priority actions.

The Estates Compliance Group's remit includes tracking audit findings and mitigation actions. The fire, site co-ordination and ventilation actions should therefore remain on the relevant trackers until completion is supported by clear evidence and the intended control is operating as required.

### **Electrical infrastructure and planned maintenance systems**

Electrical infrastructure is a significant compliance and capital issue within the year-end evidence. The February 2026 annual electrical report identified five non-compliance items and five recommendations and was assessed as Limited Assurance. Separately, the Llandrindod Wells triennial low-voltage inspection identified four high-priority actions.

The dashboard also identifies electrical-capacity constraints at a number of sites and ageing switchgear across parts of the estate. Upgrade programmes were in progress, with works reported as completed at Llandrindod Wells and Welshpool and further infrastructure improvements continuing. Statutory five-year fixed-wire testing was scheduled during 2026.

A further control dependency at year end was replacement of the Causeway IFM Computer Aided Facilities Management system, which had become unsupported by the supplier from the end of 2025. A replacement provider had been identified and migration of the statutory Planned Preventative Maintenance system was underway. As the CAFM system supports the scheduling and evidence base for statutory PPM activity, completion of the migration and confirmation that statutory maintenance records have transferred effectively are important elements of the compliance control framework.

### **Medical gases and decontamination**

Specialist technical capacity was identified as a resilience issue. The dashboard records that only one Senior Health and Safety Adviser was available to support essential internal medical-gas training. The requirement for additional training capacity had been raised through the Medical Gas Governance Group.

For decontamination, further work was required to bring testing arrangements within endoscopy suites fully into line with the relevant HTM operational requirements. Progress included the purchase and installation of drying cabinets, but the Health Board had only one Authorised Person available in this area, creating a dependency on a single specialist resource.

The issue for continued oversight is therefore both technical compliance and resilience: the Health Board needs sufficient competent-person and Authorised Person capacity to maintain these controls consistently and to avoid reliance on single individuals.

### **Wider estate condition and capital risk**

The dashboard reflects the continuing challenge of managing health and safety within an ageing and geographically dispersed estate. Risk areas include boilers, roofs, drainage, automatic doors and external areas, alongside specialist statutory systems. Programmes are being supported through discretionary and targeted estates funding, demonstrating the direct relationship between capital prioritisation, backlog risk and maintenance of health and safety controls.

Tree management provides an example of a more planned approach to risk control. Regular professional inspections are being undertaken, with identified high- and medium-risk works progressed through specialist contractors. The dashboard records expenditure in excess of £30,000 during the year on risk-related tree works.

Reasonable-adjustment requirements and wider changes affecting the use of estate facilities can also create capital requirements. A People and Culture-led group had been established to consider more complex staff reasonable-adjustment cases where significant physical adaptations to Health Board premises may be required.

### **Hand Arm Vibration**

Hand Arm Vibration Syndrome remains a specific area of control following the 2022 HSE prosecution. Exposure records were uploaded weekly and reviewed bi-monthly by Estates management and administrative staff. No records breached safe exposure levels during the period reported. Occupational Health surveillance also forms part of the control arrangements.

### **Radon**

Radon monitoring recorded no readings above acceptable limits. Monitoring arrangements were supported by the NHS Radiation Protection Adviser, with ventilation in identified at-risk areas subject to regular checks.

### **Climate adaptation and organisational resilience**

Climate and estate resilience form part of the wider health and safety control environment. At year end, the draft Climate Adaptation Plan had been completed and was progressing through internal governance. The Welsh Government-required organisational Climate Change Risk Register had also been completed, with department-level workshops planned to translate the corporate assessment into operational actions.

This work recognises the potential impact of extreme heat and cold, flooding, storms and other weather events on staff, buildings, critical infrastructure and access to healthcare services.

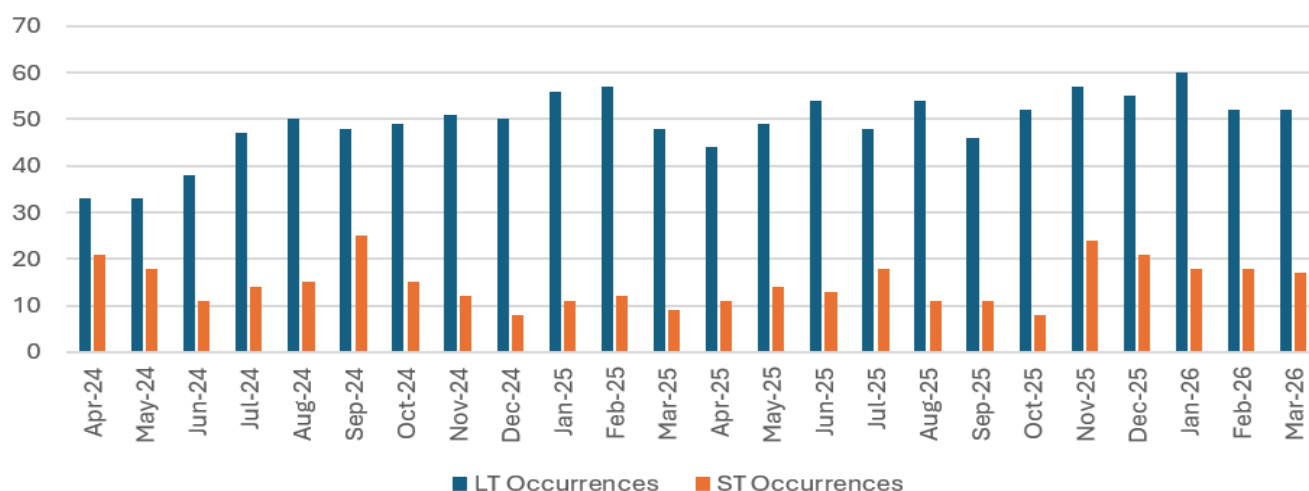
NWSSP Specialist Estates Services also undertook a resilience assessment commissioned by Welsh Government. This covered communications, support services, electrical capacity, water, medical gases, heating, ventilation and cooling, climate change, temporary accommodation and backlog maintenance. The review resulted in an 18-point action plan, largely focused on testing contingency arrangements and the effectiveness of existing plans.

### **7. Stress Related Absences**

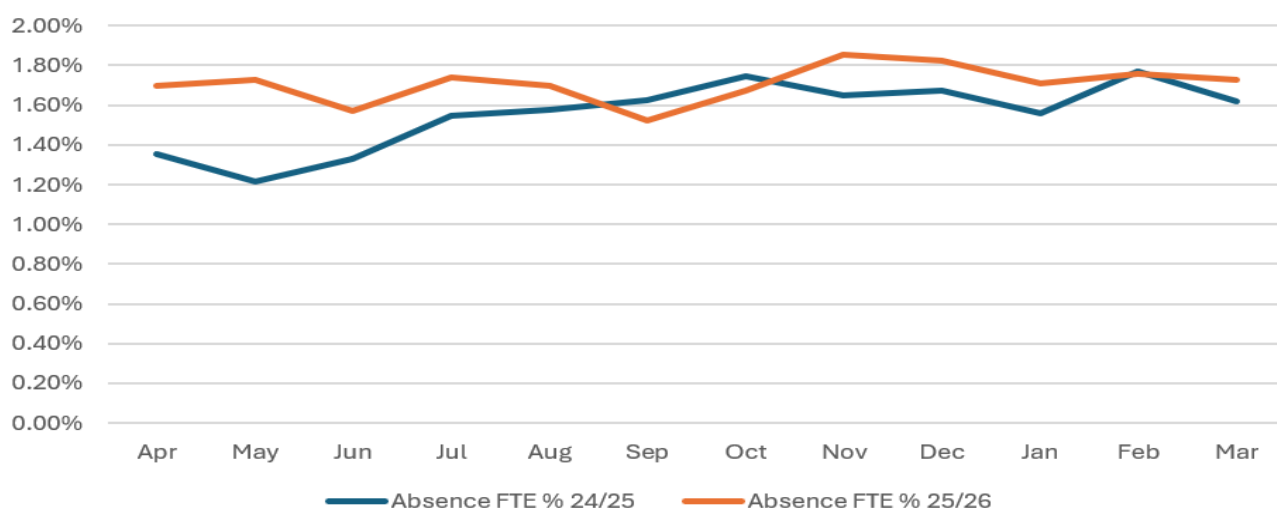
Stress-related absence continues to be a significant contributor to overall workforce sickness absence. Long-term cases consistently exceed short-term absences and remained comparatively high throughout 2025/26, peaking at 60 cases in January 2026. The proportion of workforce capacity lost to stress-related absence has broadly ranged between 1.5% and 1.9% FTE and has generally remained above the previous year. While there is some monthly variation, the overall position indicates sustained pressure and reinforces the need for continued focus on prevention, early intervention and effective management of longer-term absence.

The Health Board has a range of support in place to help employees manage stress, remain in work where possible and support a safe and sustainable return following absence. This includes the Mindfulness, Acceptance and Compassion (MAC) programme, targeted support for staff experiencing stress and burnout, and the Vivup Employee Assistance Programme, which provides confidential counselling and wider wellbeing resources. These are complemented by Occupational Health, wider staff wellbeing initiatives and management support through the sickness absence process.

### No. of Long & Short Term Absences for Stress Related Illness



### Absence FTE % for Stress Related Absences



## 8. Year-end evidence and consideration

Taken together, the 2025/26 evidence demonstrates a strengthening of the Health Board's health and safety governance and assurance arrangements, alongside a number of material risks and actions that require continued oversight. The establishment of the Health and Safety Committee has provided a clearer route for scrutiny and escalation, RIDDOR reporting performance improved, patient/service-user manual-handling incidents reduced, and a number of Estates and technical compliance reviews provided Substantial or Reasonable Assurance.

These positive developments need to be considered alongside areas where assurance remains more limited. Overall accident and injury reporting increased during the year, with particular increases in contact with objects or animals, road traffic collisions, sharps injuries and burns/scalds. Within violence and aggression, the overall number of incidents increased only modestly, but the profile changed, with increases in physical

assault, restrictive practice and aggressive or threatening behaviour. The enhanced harm information available for January to March 2026 provides some additional assurance, as incidents reviewed to completion that were initially graded moderate or severe were subsequently reclassified to no or low harm. However, one case remained under review and the information covers only the final three months of the year; it therefore cannot be regarded as a full-year harm profile.

Training and prevention evidence is similarly mixed. Manual-handling attendance improved and PMVA training activity increased. Face fit testing utilisation, however, reduced significantly. As the Health Board does not yet have an agreed organisation-wide denominator for the staff population requiring face fit testing, the utilisation data cannot in itself be interpreted as evidence of non-compliance. The priority for 2026/27 is therefore to establish the appropriate organisational baseline, clarify responsibilities and strengthen service-level assurance over compliance.

For Capital, Estates and Facilities, the year-end evidence demonstrates an established technical governance framework, regular specialist review, independent audit activity and active capital and maintenance programmes. Positive assurance includes the Substantial outcomes for water and food safety, closure of the seven Estates and Facilities actions arising from the Bronllys HIW inspection, and the continuing monitoring of Hand Arm Vibration and radon controls.

The Estates position is nevertheless not one of uniform compliance. The Limited Assurance electrical report, outstanding high-priority low-voltage and ventilation actions, outstanding asbestos management actions, security weaknesses, ageing infrastructure and the transition from the existing CAFM/PPM system all require continued management attention. The key requirement for 2026/27 is therefore to demonstrate that identified actions have progressed beyond planned activity to implemented and verified controls, with material residual risks escalated through the established governance arrangements.

These issues sit within the wider context of Strategic Risk Register 007, which records the risk that care in some areas may be compromised because elements of the Health Board estate are not fit for purpose. The risk is currently scored 16 on the 5 x 5 risk matrix, with Finance and Performance providing the principal committee assurance route. The risk score should be considered alongside the underlying mitigating activity: individual risk components may not reduce incrementally despite significant programmes of work being undertaken to address them. Fire safety provides an example, with £1 million of Welsh Government investment during 2025/26 supporting fire-compartmentation improvements at Brecon Hospital and further work planned at Llanidloes during 2026/27, which will mean compartmentation work has been completed at five of the Health Board's nine main hospitals.

The HSE regulatory position remains a significant qualification to the overall assurance available. The Health Board was notified of a material breach during the year and HSE subsequently advised that it would be leading on a criminal investigation following the Felindre Ward incident. The response is subject to defined Executive, clinical and

professional oversight, led by Elaine Lorton with clinical scrutiny from Kate Wright and Paul Hooton. Associated actions and controls are being monitored through the established action plan and governance arrangements while the regulatory process remains ongoing.

Overall, the evidence demonstrates that appropriate governance, specialist assurance and control arrangements are in place and that there has been positive progress in a number of areas. The level of assurance should nevertheless remain qualified by the active HSE regulatory process, the changes in the violence and aggression profile, limitations in the current face fit assurance data, and the open technical and Estates compliance actions. Executive Committee is therefore invited to take assurance from the strengthened governance and control framework, while maintaining oversight of the identified residual risks and requiring evidence that the agreed 2026/27 actions have been implemented and are operating effectively.

## **NEXT STEPS:**

### **Open and continuing actions - 2026/27**

#### **The Health and Safety Committee will:**

##### **Section 1 - Governance, Audit and Policy Position: Action Tracking and Escalation**

- Maintain a single action tracker showing the lead, target date, current position and evidence needed for closure. Material slippage, regulatory developments or changes in risk, control effectiveness or completeness of evidence should be escalated to Executive Committee;

##### **Section 1 - Governance, Audit and Policy Position: Corporate Health and Safety Policy**

- Finalise the wider review of the Corporate Health and Safety Policy (HSP001) in Q3 2026/27, reflecting the revised governance arrangements. Ensure the policy schedule makes clear that existing policies remain extant until formally superseded or withdrawn;

##### **Section 3 - RIDDOR and Regulatory Reporting: HSE Response and Oversight**

- Maintain formal oversight of the HSE response within agreed governance arrangements. Any material change in risk or regulatory status will be escalated promptly to Executive Committee.

##### **Section 2 - Accidents and Incidents: Thematic Review of Incident Trends**

- Complete thematic reviews of the accident categories with the largest increases - objects, road traffic collisions, sharps and burns/scalds, and agree service actions;

##### **Sections 2 and 5 - Accidents, Incidents and Training: Manual Handling Improvement**

- Maintain the reduction in patient manual-handling incidents, evaluate the Workplace Assessor pilot and improve attendance at Managers Module G;

### **Section 5 - Training and Prevention: Face Fit Testing Improvement**

- Develop a 2026/27 Face Fit Testing Improvement Plan to clarify responsibilities, complete service risk assessments, establish a compliance baseline, improve appointment utilisation, and ensure sufficient trained staff are available to meet operational requirements;

### **Section 4 - Violence and Aggression: Training Needs and Harm Reporting**

- Complete service-level Violence and Aggression training needs analyses, target action at services with increased physical assault, restrictive practice and aggressive/threatening behaviour, and strengthen future reporting so that incident numbers are considered alongside harm outcomes and investigation findings;

### **Section 6 - Estates, Capital, Facilities and Compliance: Technical Compliance Actions**

- Track the 5 electrical non-compliance items and 5 recommendations, the 4 high-priority low-voltage actions, the 8 high-priority ventilation actions and the outstanding asbestos management actions to evidenced closure;

### **Section 6 - Estates, Capital, Facilities and Compliance: Security and Site Co-ordination**

- Confirm that the proposed Security Group is in place, or identify the interim governance arrangement, and progress the CCTV, door-access, site-lockdown and site co-ordination work programme;

### **Section 6 - Estates, Capital, Facilities and Compliance: Planned Maintenance System Migration**

- Complete the migration from the unsupported Causeway IFM system and confirm that statutory Planned Preventative Maintenance schedules, records and compliance evidence have transferred effectively to the replacement system;

### **Section 6 - Estates, Capital, Facilities and Compliance: Medical Gases and Decontamination Resilience**

- Address the resilience gaps in medical-gas training and decontamination Authorised Person capacity, with clear succession and competent-person arrangements;

### **Section 6 - Estates, Capital, Facilities and Compliance: HAVS and Radon Controls**

- Continue monitoring HAVS and radon controls, escalating any material deterioration or breach through the appropriate governance route;

### **Section 6 - Estates, Capital, Facilities and Compliance: Climate Adaptation and Organisational Resilience**

- Progress the Climate Adaptation Plan, organisational climate-risk actions and the 18-point Estates resilience action plan, including evidence that contingency arrangements have been tested.

## **IMPACT ASSESSMENT**

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

### **QUALITY:**

|                          |           |          |          |      |                                                                                                                                                              |
|--------------------------|-----------|----------|----------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                          | No impact | Negative | Positive | Both | Effective health and safety arrangements support safe services, staff wellbeing and a positive safety culture for patients, staff, visitors and contractors. |
| Safe                     |           |          |          | x    |                                                                                                                                                              |
| Timely                   |           |          |          | x    |                                                                                                                                                              |
| Effective                |           |          |          | x    |                                                                                                                                                              |
| Efficient                |           |          |          | x    |                                                                                                                                                              |
| Equitable                |           |          |          | x    |                                                                                                                                                              |
| Person Centred           |           |          |          | x    |                                                                                                                                                              |
| Workforce                |           |          |          | x    |                                                                                                                                                              |
| Leadership               |           |          |          | x    |                                                                                                                                                              |
| Culture                  |           |          |          | x    |                                                                                                                                                              |
| Information              |           |          |          | x    |                                                                                                                                                              |
| Learn, Improve, Research |           |          |          | x    |                                                                                                                                                              |
| Whole Systems Approach   |           |          |          | x    |                                                                                                                                                              |

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

|                  |                          |           |                 |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------|--------------------------|-----------|-----------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RISK ASSESSMENT: |                          |           |                 |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                  | Level of risk identified |           |                 |              | Failure to maintain effective health and safety controls can result in harm to staff, patients, visitors and contractors. It also exposes the Health Board to regulatory action, financial penalties, civil claims, operational disruption and reputational damage.<br><br>This in turn has a significant potential to lead to regulatory intervention by the Health and Safety Executive (HSE). This could have a significant impact, both in sanctions and fines for failing to comply with criminal law along with reputationally. There will also potentially be further financial impact where civil claims are made for injury/damage along with lost time. |
|                  | Very Low (0-3)           | Low (4-8) | Moderate (9-12) | High (15-25) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                  |                          |           |                 |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                  |                          |           |                 |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                  |                          |           |                 |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Clinical         |                          |           | x               |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Financial        |                          |           | x               |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Corporate        |                          |           | x               |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Operational      |                          |           | x               |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Reputational     |                          |           | x               |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

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**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

## Agenda item: 5.5

| FINANCE AND PERFORMANCE COMMITTEE                                                                                                                                                                                                                     |                                                                                 | 13 OCTOBER 2026 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------|
| Subject:                                                                                                                                                                                                                                              | Capital and Estates Strategy Monitoring                                         |                 |
| Approved by:                                                                                                                                                                                                                                          | Pete Hopgood, Acting Chief Executive                                            |                 |
| Prepared and presented by:                                                                                                                                                                                                                            | Associate Director Capital, Estates and Facilities                              |                 |
| Other Committees and meetings considered at:                                                                                                                                                                                                          | Executive Committee 01 October 2026 – who supported the paper to the Committee. |                 |
| PURPOSE:                                                                                                                                                                                                                                              |                                                                                 |                 |
| To provide an updated position on the Capital and Estates Strategy and key areas of delivery, risk and assurance.                                                                                                                                     |                                                                                 |                 |
| RECOMMENDATION(S):                                                                                                                                                                                                                                    |                                                                                 |                 |
| It is recommended that the Finance and Performance Committee:                                                                                                                                                                                         |                                                                                 |                 |
| <ul style="list-style-type: none"><li>• Take <b>ASSURANCE</b> that progress has been made against the Capital and Estate Strategy’s key areas of activity since the last report.</li><li>• <b>NOTE</b> the identified key risks and issues.</li></ul> |                                                                                 |                 |
| Take Assurance                                                                                                                                                                                                                                        | Discuss                                                                         | Note            |
| Y                                                                                                                                                                                                                                                     | Y                                                                               | N               |

| ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES: |   |                                                                                                                                                                                               |
|---------------------------------------------------------|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Focus on Wellbeing                                   | N | The programme supports safe and effective environments, service integration, workforce sustainability, digital and data-led estate management, and delivery with local and national partners. |
| 2. Provide Early Help and Support                       | N |                                                                                                                                                                                               |
| 3. Tackle the Big Four                                  | N |                                                                                                                                                                                               |
| 4. Enable Joined up Care                                | N |                                                                                                                                                                                               |
| 5. Develop Workforce Futures                            | N |                                                                                                                                                                                               |
| 6. Promote Innovative Environments                      | Y |                                                                                                                                                                                               |
| 7. Put Digital First                                    | N |                                                                                                                                                                                               |
| 8. Transforming in Partnership                          | Y |                                                                                                                                                                                               |

## EXECUTIVE SUMMARY:

The 2026/27 Capital Programme continues to support delivery of the Health Board's strategic estate priorities and transformation ambitions. Following the recent approval of additional Welsh Government funding for the Knighton Roof Replacement Scheme and Bronllys Sewage Treatment Plant works, the total capital programme now stands at **£10.873M**. Capital expenditure performance remains positive, with expenditure of £2.589M achieved by Month 4, including Targeted Estates Funding contributions and staffing costs. The discretionary capital programme remains oversubscribed and is being closely monitored through established governance arrangements.

The Targeted Estates Funding (TEF) programme continues to address key infrastructure, compliance and service improvement priorities through a £3.55M investment programme covering estates infrastructure, fire safety, mental health environments, decarbonisation, infection prevention and decontamination schemes. The current two-year programme concludes in March 2027 and confirmation that the Welsh Government funded programme will continue is awaited.

Progress continues across major capital projects including the North Powys Integrated Health, Care and Wellbeing Hub, Llandrindod Wells Memorial Hospital Reconfiguration Phase 2B and Llanfair Caereinion Health Hub. Whilst progress on North Powys remains positive, contractor-related issues have emerged which are expected to impact the programme timetable and anticipated Full Business Case submission date.

The Regional Partnership Board continues to progress delivery of its Strategic Capital Plan, with integrated health and wellbeing hubs remaining a key strategic priority. Progress is being made on the development of the North Powys Wellbeing Programme, Spa Road Hub and wider strategic integrated hub blueprint for Powys. However, uncertainty remains regarding future Welsh Government funding arrangements beyond March 2027 for IRCF and Housing with Care Fund programmes.

In August 2026, Welsh Government initiated a programme of work entitled 'Developing an NHS Wales Estates Strategy' with some early activity underway.

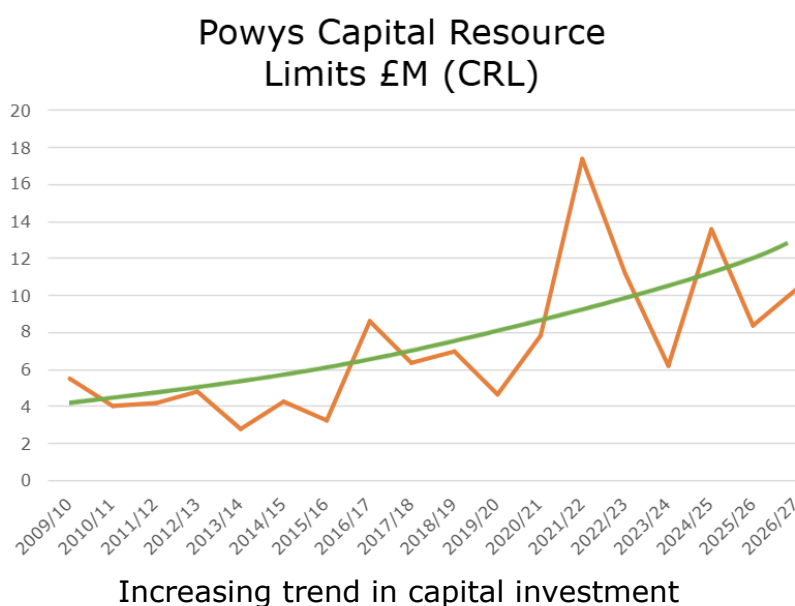
Estates and Facilities now operate within a single Directorate structure, strengthening opportunities for collaborative working, service integration and efficiency improvements. Savings plans continue to be progressed across both functions, with further opportunities being explored through alignment of services and operational efficiencies.

Compliance and assurance activity demonstrates ongoing governance across a number of estates disciplines, with substantial assurance achieved for food safety and reasonable assurance achieved across several engineering disciplines.

## REPORT:

### Capital funding and programme update

The capital programme has been updated to reflect the additional Welsh Government recent funding (£0.9M) approved for the Knighton Roof Replacement Scheme and Bronllys Sewage Treatment Plant works. The current capital programme totals **£10.873m**, comprising £3.032M discretionary capital funding, an assumed VAT recovery of £250K, a Targeted Estates Funding contribution of £430K, All Wales Capital Funding of £8.015M and £6K charitable funding.



### Discretionary Capital

Current discretionary capital funding is **£3.032M**. Following the approval of additional Welsh Government funding for the Knighton Roof Replacement Scheme and Bronllys Sewage Treatment Plant works, the overall capital programme position has improved; however, the discretionary capital pipeline remains oversubscribed. Current monitoring indicates an overcommitment of approximately £74,500, although expenditure profiling suggests the year-end pressure could increase to around £118,000. The programme continues to be actively monitored and reviewed through established governance arrangements to ensure expenditure remains within available resources, opportunities for mitigation are identified, and emerging financial pressures are addressed at the earliest opportunity. Particular attention is given to schemes where scope changes may result in additional costs, including a number of Mental Health projects currently under development.

Capital expenditure performance remains positive. At the end of **Month 4**, actual spend totalled £1.707M. When Targeted Estates Funding contributions and staffing costs are included, **total expenditure reached £2.589M**, representing strong programme delivery and expenditure performance at this stage of the financial year.

Example **Project Report** (below) for Epynt Ward flooring replacement, Brecon:



Arianwr gan  
Llywodraeth Cymru  
funded by  
Welsh Government

# Brecon Ward Flooring Replacement

Before



After



*"The project was well coordinated, with excellent joint working between teams and services. The previous flooring on Epynt presented a significant infection risk and did not provide a suitable environment for delivering care. The new flooring not only improves the look of the ward but also ensures the space is fit for purpose and functional."*

**Paul Sussex**  
Community Services Manager

**Project:** Epynt Ward Flooring

**Value:** £200K

**Funding:** TEF

**Completed:** Crossover

**Project Manager:** Lloyd / Meg



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**NHS**  
**Wales**

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

Estates & Property  
Department



Striving for  
Excellence

**Project Details:**

The existing vinyl flooring in Epynt ward, Brecon was approximately 15 years old and showing significant signs of damage. The existing coved vinyl skirting had detached from the walls throughout the area. This not only looks unsightly and has a negative impact on patient experience but also poses a significant H&S and IPC risk. This is due to the possibility that the abutment gap can harbour germs and cannot easily be cleaned. The issues had been raised and identified on several IPC audits and HIW inspection, it was also posing a trip hazard. This project replaced the flooring throughout the ward, using a phased approach to minimise disruption.

**Benefits:**

- Improve issues identified in IPC & HIW audits.
- Improve patient experience.
- Reduced risk of trips and falls.
- Provides additional support and durability with wall protection and handrails.
- Provides a safe and complaint environment.
- Dementia Friendly flooring and decoration used to create a better environment for all.

The Targeted Estates Funding programme supports investment in key estates risks. Sixteen of the 17 bids were approved across **the two-year programme, with a total value of £3.55M**. The current programme includes infrastructure schemes at Bronllys, Knighton, Welshpool and Machynlleth; fire improvements; ligature and dementia-friendly environment schemes; decarbonisation measures; infection prevention works; and decontamination equipment.

| Category                     | Scheme Description                                  | Value over 2 years |
|------------------------------|-----------------------------------------------------|--------------------|
| Infrastructure               | Bronllys Sewage Treatment Works remedials           | £350K              |
|                              | Knighton Roof replacement                           | £625K              |
|                              | Welshpool Lift replacement                          | £275K              |
|                              | Machynlleth Generator replacement                   | £140K              |
|                              | Windermere bungalow Bronllys refurbishment          | £375K              |
| Fire                         | Brecon emergency lighting and detectors replacement | £335K              |
|                              | Llanidloes fire compartmentation                    | £400K              |
|                              | Fire detector head replacement programme pan Powys  | £100K              |
| Mental Health                | Ligature Improvement plan pan Powys                 | £200K              |
|                              | Dementia Friendly environments                      | £80K               |
| Decarbonisation              | Thermostatic Radiator Valves, Spa Road Llandrindod  | £45K               |
|                              | Heat efficiency measures – HydroMx Spa Road         | £55K               |
|                              | Window Replacement Pain Management Bronllys         | £140K              |
| Infection Prevention Control | Flooring replacement, Epynt Ward, Brecon hospital   | £200K              |
|                              | Ward Kitchen refurbishment programme                | £180K              |
| Decontamination              | Endoscopy drying/storage cabinet replacement        | £50K               |
| <b>TOTAL</b>                 |                                                     | <b>£3.550M</b>     |

## Major Capital Projects

### North Powys Integrated Health, Care and Wellbeing Hub

The combined Strategic Outline Case / Outline Business Case for the North Powys Integrated Health, Care and Wellbeing Hub was approved in March 2026 and work is now focussed on development of the Full Business Case. The alternative primary and community extended model has been agreed, sketch designs have been completed and ground investigation works concluded, with final reports awaited. Negotiations relating to the acquisition of Afon House and associated planning discussions continue to progress.

The approved 2026/27 business case development budget is £2.8M. It has not been possible to make a suitable Design and Build Contractor appointment through the first Framework tender and work is underway to determine an alternative procurement route. This will have a significant impact to the programme timetable and the anticipated Full Business Case submission date. The wider project remains subject to Full Business Case approval, Welsh Government investment decisions and Ministerial approval.

## Llandrindod Wells Memorial Hospital - Reconfiguration Phase 2b

Welsh Government investment of £2.7M has been secured for this phase, covering work to the front of the hospital including the main entrance, kitchen and dining area, Llangwyn Dental and completion of Westdene works. A combined Outline Business Case / Full Business Case is expected to be developed for the remaining works to the rear of the hospital, aligned with Better Together transformation work.

## Llanfair Caereinion

Following withdrawal of the third-party developer, work is progressing to identify an appropriate procurement route to appoint a design and build contractor to acquire the land and address planning requirements. The current project estimate in the order of £6m with Welsh Government funding ringfenced.



### Llanfair Caereinion Healthcare Hub – proposed elevation plan

Capital funding is a key enabler for delivering the Health Board's strategic estate ambitions and supporting the transformation objectives set out within Better Together. This is against a backdrop of an ageing estate and significant infrastructure challenges. An Internal Audit review of Estates Condition, reported to the Audit, Risk and Assurance Committee in 2024, resulted in a Limited Assurance opinion, highlighting the gap between available capital funding across NHS Wales and the level of investment required to address backlog maintenance, statutory compliance requirements and longer-term estate modernisation.

## Capital Monitoring

Preparatory work is underway to support both the **Capital Systems Audit Review** and the **Llandrindod Wells Memorial Hospital Reconfiguration Phase 2B programme audit**. A Welsh Government Gateway 3 Review is scheduled as part of the Full Business Case (FBC) approval process. The review will assess the robustness of the Full Business Case, governance arrangements and investment decision-making processes, and will provide assurance that the scheme remains necessary, affordable and deliverable within the proposed timescales. It will also review implementation and delivery plans to confirm that appropriate arrangements are in place to support successful project delivery.

## Regional Partnership and Integrated Hubs

The Regional Partnership Board (RPB) continues to take a strategic, partnership-based approach to capital planning through implementation of its 10-year

Strategic Capital Plan. The programme is informed by asset mapping, population need, market stability information and partnership engagement to support the development of integrated health, care and wellbeing infrastructure across Powys. The Strategic Capital Plan identifies integrated health, care and wellbeing hubs as a key cross-cutting priority to support prevention, early intervention, service integration and improved access to services closer to home.

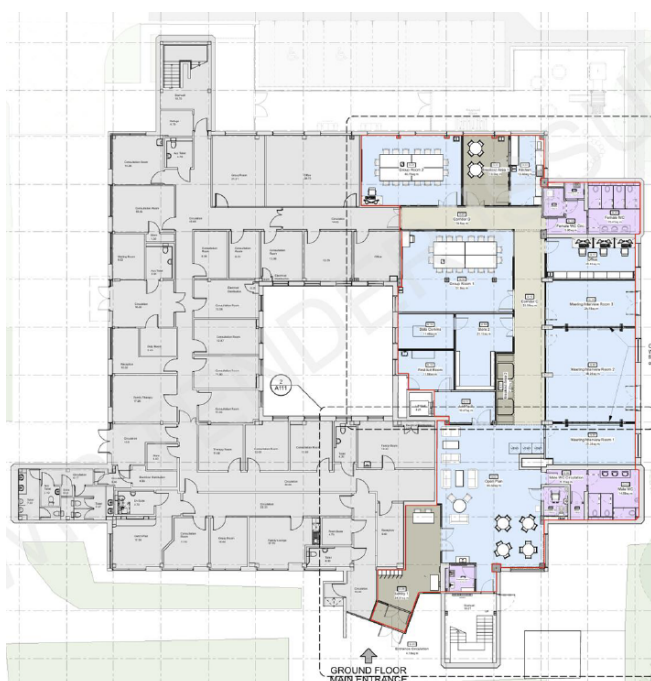


Welsh Government has commissioned a refreshed national mapping exercise for integrated health and care centres and hubs, building on the 2023 return. The return is due by 31 October 2026 and will include existing, planned and emerging developments across Powys, including community hospitals, integrated family centres, Bro Ddyfi Community Hospital, Spa Road, mental health facilities and other community-based hubs. The exercise will support future strategic planning and ensure alignment with national policy and funding opportunities.

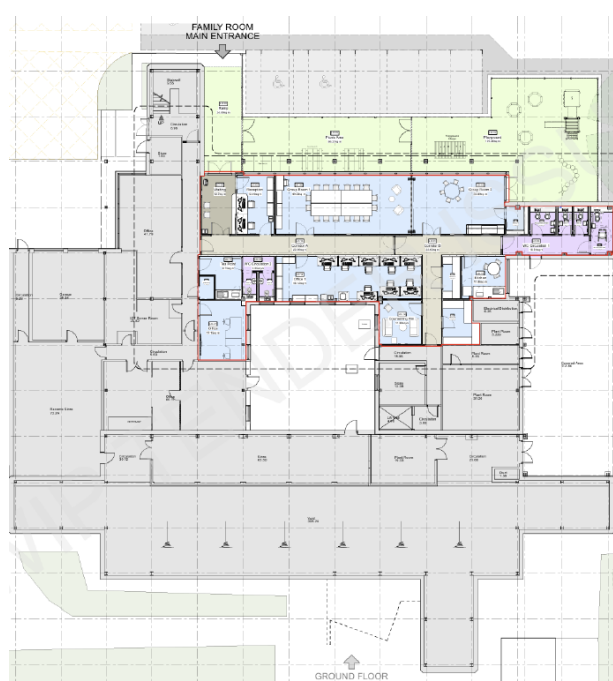
The RPB Innovative Environments Capital Planning and Oversight Group, chaired by the PTHB Associate Director of Capital, Estates and Facilities, provides oversight of the regional capital programme and strategic capital plan. Membership includes representatives from Powys Teaching Health Board, Powys County Council, housing, leisure, third sector and wider partner organisations. The Group oversees the development, prioritisation and monitoring of capital schemes and supports access to funding streams including the Health and Social Care Integration and Rebalancing Capital Fund (IRCF) and Housing with Care Fund.

The **North Powys Wellbeing Programme** remains the flagship strategic capital priority within the regional programme. Development of the Integrated Health, Care and Wellbeing Hub in Newtown forms a key component of the wider campus development and will provide integrated accommodation for health, social care, third sector and wellbeing services. The project is intended to support the delivery of new integrated models of care, estate rationalisation and improved access to services for the population of North Powys.

Progress is also continuing in relation to the **Spa Road Hub in Llandrindod Wells**, which forms part of the wider integrated hub programme and will support accommodation for mental health, health, social care and third sector services. In addition, work continues to explore further integrated hub opportunities including Bronllys Community Hub, East Radnor Community Hub and potential developments in Welshpool.



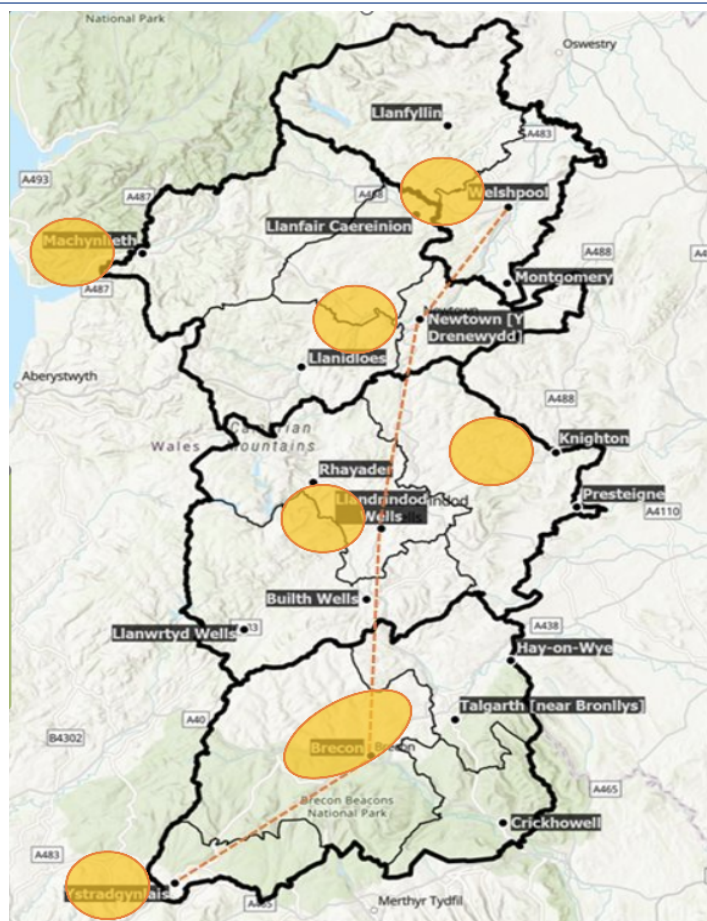
Spa Road: proposed Education Hub



Spa Road: proposed PCC Family Centre

The RPB has completed extensive **asset mapping** across health, social care and community infrastructure and is progressing development of a strategic blueprint for integrated health and wellbeing hubs across Powys. Deep-dive locality reviews have been completed for Machynlleth, Knighton and Llanidloes, with further work progressing across South Powys. This work is designed to identify future hub locations and service opportunities based on population need, accessibility, existing assets and travel times, and will help inform both the Sustainable Powys and Better Together programmes.

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Indicative Integrated Hub Blueprint

The Regional Partnership Board capital programme continues to be significantly supported through Welsh Government funding streams, including the Health and Social Care Integration and Rebalancing Capital Fund (IRCF) and Housing with Care Fund (HCF). Whilst these funding streams have enabled the development of a number of strategic schemes across Powys, including integrated health and wellbeing hubs and housing-with-care projects, the current funding arrangements are scheduled to conclude in March 2027. As a result, there remains a degree of uncertainty regarding future capital funding availability beyond this period, which may impact the pace and delivery of some emerging schemes within the regional capital pipeline. The RPB continues to work with Welsh Government and partner organisations to maintain strategic readiness and support future investment opportunities as they emerge.

### **Welsh Government Initiative; Developing an NHS Wales Estates Strategy**

NHS Performance, Delivery and Oversight wrote to the Health Boards on 24 August 2026 to, 'set out our intention to develop a national estates strategy for NHS Wales working with each NHS organisation and NWSSP Estates.' This goes on to say, 'The Plaid Cymru manifesto states that the government will seek: To protect and promote the safety of both staff and patients, we will work to address the current maintenance backlog in the NHS estate through a new Sustainable Health and Care Facilities investment programme. In particular, we will prioritise

*reducing the high-risk maintenance backlog and undertaking the most urgent repairs and upgrades.'*

*Work is already ongoing to support the first task which is set out to, 'confirm the position and start to explore opportunities for reducing occupied space and moving to a rapid reassessment of required backlog maintenance. Our intention is to include the requirement to reduce under occupied and under-utilised estate across the NHS estate within the NHS Wales Planning Framework and prioritise maintenance expenditure in a way which drives modern service delivery. We will be establishing a working group within NHS Wales to lead the development and implementation of the Estates Strategy, and I will forward further information over the coming weeks.'*

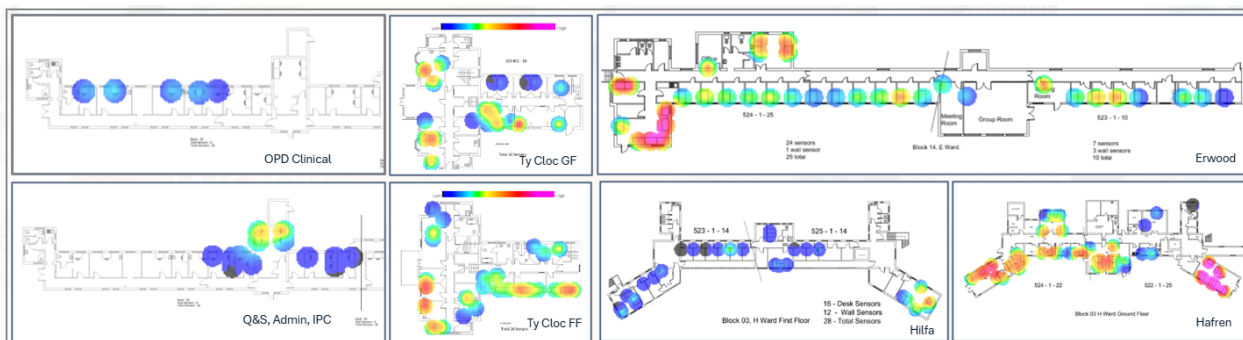
The ongoing space utilisation monitoring (OccupEye), existing backlog maintenance dataset derived from the Six Facet Survey along with Better Together and RPB Integrated Hub strategic blueprint activity, should all act to position the Health Board to engage appropriately in this Welsh Government initiative.

### **Better Together and Estates Strategy**

The publication of the Pre-Consultation Business Case (PCBC) in September 2026 starts the Better Together public consultation stage, which will consider the future shape of service provision for physical and mental health in addition to urgent care – further phases will review women and children's and planned care services. The outcomes in mid-2027 will help define the underpinning Estates Strategy and the associated need for capital investment to enable change. Major capital funding has already been ringfenced (Welsh Government 'green' list - £11M to £14M) for investment at Llandrindod hospital and this could facilitate the upgrade to the 30-bed physical health ward linked to the removal of the mental health ward, if this is an approved outcome. It is anticipated the Full Business Case for the Integrated Hub at Newtown, North Powys will be submitted in 2027 and Welsh Government have indicated that once this is underway, discussions could be progressed for Phase 2, the hospital relocation, subject to business case approval and availability of capital funds. Other elements of the proposals in the PCBC are currently 'unfunded' and are dependent on the final agreed position for Phase 1 of the Better Together programme and would form part of a refreshed Estates Strategy and 10-year capital plan for discussion with Welsh Government. It is also critical that the forming of the Estates Strategy takes full account of Digital opportunities and challenges such as Climate Adaptation.

### **Estates Optimisation and Space Monitoring**

The OccupEye space monitoring system is supported by NHS Wales Shared Services Partnership, Specialist Estates Services (NWSSP-SES) AND has enabled continuous, objective measurement of occupancy and utilisation to replace reliance on occasional observation and perceived demand. Pilot data at Bronllys showed Friday as the least-used day and an average of 68% of desks free across the monitored areas.



OccupEye image-based report with 'red' showing high use, 'blue' showing low use

The evidence has supported consolidation and relocation decision-making within the existing estate, including accommodation for the second phase of the 111P2 service and Single Point of Access (SPOA) team, temporary relocation linked to the Felindre Ward extension, and reorganisation in the Newtown area. OccupEye data is also informing the North Powys Wellbeing Programme by providing a baseline for clinical and non-clinical space requirements. Future work is expected to focus on clinical space management, room-booking arrangements and flexible working, while maintaining the principle that sensor data relates to space use and does not identify individuals.

### Estates and Facilities update

Estates and Facilities now operate within a single Directorate, Finance, Capital and Support Services, providing opportunities to strengthen joint working, improve service integration and identify efficiencies across shared functions. Following a significant period of reduced senior management capacity across both services, leadership arrangements have been strengthened with the appointment of a Head of Facilities, who took up post on 1 September 2026.

Both Estates and Facilities continue to contribute to the Health Board's financial sustainability objectives through the identification and delivery of recurring cost savings. Whilst a further £160,000 of savings remains to be identified within Facilities, work is ongoing across both services to explore opportunities for greater alignment, service rationalisation and shared approaches to service delivery. Examples of savings already realised include the roll out of electric vehicle charge points enabling the replacement of expensive short term hire vehicles with capital purchased EV fleet, similarly the enabling and purchase of waste compactors across the estate.

### Estates and Facilities Monitoring

The Audit Plan for 2026/27 in respect of Estates and Facilities includes ongoing activity involving Audit Wales and four NWSSP-SSU audits:

- Audit Wales: Managing NHS Estates
- Site Coordination: organisation governance
- Control of Contractors: safe management of contracts in Estates

- Llandrindod Phase 2: capital project review
- Capital Systems: review of Targeted Estates Funding project delivery

A number of audits have been undertaken in 2026/27:

| Audit / Inspection                                                | Source    | Assurance   | High Priority Actions | Commentary                                                                               |
|-------------------------------------------------------------------|-----------|-------------|-----------------------|------------------------------------------------------------------------------------------|
| Authorising Engineer (Ventilation) Annual Report                  | NWSSP-SES | Reasonable  | 0                     | 4 recommendations, action in progress for all 4 recommendations                          |
| Authorising Engineer (Water) Annual Report                        | NWSSP-SES | Substantial | 0                     | 5 recommendations, action in progress for all 5 recommendations                          |
| Food safety standards                                             | NWSSP-SSU | Substantial | 0                     | —                                                                                        |
| Authorising Engineer (Medical Gas Pipeline Systems) Annual Report | NWSSP-SES | Reasonable  | 4                     | 11 recommendations, Action Tracker in place                                              |
| Asbestos management                                               | NWSSP-SSU | Reasonable  | 0                     | 9 Agreed Management Actions (April 2026). 5 actions closed out, 4 in progress            |
| Authorising Engineer (Low Voltage) Annual Report                  | NWSSP-SES | Limited     | 5                     | 5 High priority actions currently tracked through Electrical Sub & Safety Groups and ECG |

Additional audits are undertaken which involve Estates including, for example, the 7 September **HIW** Inspector's unannounced visit to Tawe Ward (mental health unit) at Ystradgynlais, with very positive feedback for Estates and only two very minor items identified for rectification.

## KEY RISKS AND ISSUES:

### Capital Affordability and Financial Sustainability

- The discretionary capital programme is currently oversubscribed, with forecast depending on final expenditure profiles, but opportunity in October 2026 to bid for capital slippage.
- Emerging scope pressures within Mental Health schemes may place additional demand on available capital resources.
- The disparity between available capital funding and the level of investment required to address backlog maintenance and estate modernisation remains a significant strategic challenge.

### North Powys Wellbeing Programme

- Contractor-related issues will impact the programme timetable.
- Delivery remains dependent upon future approvals, Welsh Government investment decisions and Ministerial approval.

### Future External Funding

- Current IRCF and Housing with Care Fund arrangements are due to conclude in March 2027.

- Future funding arrangements have not yet been confirmed, creating uncertainty for a number of schemes within the regional capital pipeline and supporting revenue contributing to the production of the capital programme.

### **Estates Compliance and Infrastructure**

- Fire safety, security, electrical infrastructure, ventilation and wider infrastructure risks continue to require investment and monitoring.
- The Health Board continues to manage the implications of an ageing estate and significant backlog maintenance liabilities by employing a risk-based approach.

### **Workforce and Capacity**

- Both Estates and Facilities have experienced a prolonged period of reduced senior management capacity.
- The Department continues to manage workforce pressures whilst progressing major capital schemes, audits, compliance work and savings programmes.

### **NEXT STEPS:**

- Continue active **monitoring of the capital programme** to ensure expenditure remains within available resources and mitigating actions are implemented where required.
- Progress **delivery of the Targeted Estates Funding** programme and associated compliance improvements.
- **Resolve contractor-related issues affecting North Powys** Integrated Health, Care and Wellbeing Hub and agree a revised timetable.
- Continue to support **five ongoing audits** with Audit Wales and NWSSP-SSU.
- Complete the **Welsh Government integrated hubs mapping** return by 31 October 2026.
- Continue development of the **Powys Integrated Hubs Blueprint** to support future strategic planning and Better Together implementation.
- Develop **options to address uncertainty surrounding IRCF** and Housing with Care Fund arrangements beyond March 2027.
- Progress **efficiency and savings initiatives** across Estates and Facilities, including identification of the remaining £160,000 Facilities savings requirement and opportunities arising from the integrated Directorate structure.
- Continue utilisation of OccupEye **space monitoring** data to support estate optimisation, accommodation planning and future service redesign.

- Support for ongoing **Better Together** activity and consultation.

## 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                     |           |          |          |      | <p>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.</p> <p><b>This paper covers a range of Capital and Estates matters which will underpin and support Quality in a number of respects – these impacts will be assessed on an individual project/activity level.</b></p> |
| Timely                   |           |          |          |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Effective                |           |          |          |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Efficient                |           |          |          |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Equitable                |           |          |          |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Person Centred           |           |          |          |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Workforce                |           |          |          |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Leadership               |           |          |          |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Culture                  |           |          |          |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Information              |           |          |          |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Learn, Improve, Research |           |          |          |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Whole Systems Approach   |           |          |          |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

### EQUALITY:

|                              | No impact | Negative | Positive | Both |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------|-----------|----------|----------|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Age                          |           |          |          |      | <p>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.</p> <p><b>This paper covers a range of Capital and Estates matters which will underpin and support Equality in a number of respects – these impacts will be assessed on an individual project/activity level.</b></p> |
| 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     |                          |           |                 |              | <p>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.</p> <p><b>This paper covers a range of Capital and Estates matters which recognise and assess Risk with appropriate mitigations in a number of respects – these impacts will be assessed on an individual project/activity level.</b></p> |
| Financial    |                          |           |                 |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Corporate    |                          |           |                 |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Operational  |                          |           |                 |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Reputational |                          |           |                 |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

Finance and Performance Committee 2026-27

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

Jones Bethan  
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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                    |
| IOPF  | Integrated Quality Performance Framework            |
| IOPG  | 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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## Joint Commissioning Committee

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

|                                                           |                                                                     |
|-----------------------------------------------------------|---------------------------------------------------------------------|
| <b>Dyddiad y Cyfarfod /<br/>Date of Meeting</b>           | 22/09/2026                                                          |
| <b>Statws Cyhoeddi /<br/>Publication Status</b>           | Open/ Public                                                        |
|                                                           | Not Applicable                                                      |
| <b>Awdur yr Adroddiad /<br/>Report Author</b>             | Maxine Evans, Assurance & Risk Officer, NWJCC                       |
| <b>Cyflwynydd yr<br/>Adroddiad / Report<br/>Presenter</b> | Paul Worthington, PPF Chair and Lay Member, NWJCC                   |
| <b>Noddwr yr Adroddiad /<br/>Report Sponsor</b>           | George Galletly, Director of Corporate Planning and Strategy, NWJCC |
|                                                           | Stacey Taylor, Director of Finance and Value, NWJCC                 |

|                                                 |               |
|-------------------------------------------------|---------------|
| <b>Pwrpas yr Adroddiad /<br/>Report Purpose</b> | For Assurance |
|-------------------------------------------------|---------------|

| <b>Engagement (internal/external) undertaken to date<br/>(including receipt/consideration at Committee/Group)</b> |             |                |
|-------------------------------------------------------------------------------------------------------------------|-------------|----------------|
| <b>Committee / Group /<br/>Individuals</b>                                                                        | <b>Date</b> | <b>Outcome</b> |
| Health Boards                                                                                                     | Various     | Noted          |
| Senior Leadership Team (SLT)                                                                                      | 16/09/2026  | 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 22 September 2026.

Key highlights from the meeting are reported in Section 2.

2. HIGHLIGHT REPORT

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

| Status           | Update                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Alert / Escalate | <ul style="list-style-type: none"><li>There were no matters requiring formal escalation to the Joint Commissioning Committee (the JC). However, Members requested a further update to the JC regarding the continued escalation status of plastic surgery services, including mitigating actions and progress against planned recovery arrangements.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Advise           | <ul style="list-style-type: none"><li>The Sub-Committee received a detailed presentation on the Ambulance Performance Framework, noting improvements in cardiac arrest outcomes, progress in reducing ambulance handover delays and developments to strengthen commissioning, accountability and performance management arrangements with the Welsh Ambulance Services University NHS Trust. Members welcomed the positive direction of travel and sought further information regarding 90th percentile performance measures for stroke and STEMI (ST-segment Elevation Myocardial Infarction) pathways. The discussion also highlighted the importance of clarity regarding the respective roles of the NWJCC, NHS Performance and Improvement and Welsh Government in relation to assurance, performance oversight and escalation arrangements</li><li>The Sub-Committee received the <a href="#">NWJCC Financial Performance Report – Month 4 2026/27</a>. Members noted the forecast year-end underspend position of £2.2m and progress against the Value, Efficiency and Sustainability Programme. Whilst recognising the positive position, Members acknowledged that achievement of the full £16.2m savings target remained unlikely and highlighted the importance of maintaining momentum in converting and developing schemes to support future financial sustainability. The wider financial environment, including the potential impact of flat cash settlements and cross-border commissioning costs, was also discussed.</li><li>The <a href="#">Combined NWJCC Operational Performance Report – Month 3 2026/27</a> was received. Members noted continuing escalation within plastic surgery services and welcomed positive developments across mental health commissioning, including reductions in independent sector secure placements</li></ul> |

| Status        | Update                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|               | <p>and the opening of the North Wales Perinatal Mental Health Unit. Members also received assurance regarding arrangements being implemented to support vulnerable patients affected by current pressures within the Welsh Gender Service.</p> <ul style="list-style-type: none"> <li>The Sub-Committee received an update on development of the <a href="#">NWJCC Integrated Medium-Term Plan (IMTP) 2027-30</a>, noting progress against the agreed planning timetable, continued stakeholder engagement and the development of a revised prioritisation methodology. Members recognised the importance of balancing affordability, quality and sustainability within an increasingly challenging financial environment while ensuring that commissioning decisions are informed by robust evidence and system-wide impacts.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Assure</b> | <ul style="list-style-type: none"> <li>The Sub-Committee received the <a href="#">NWJCC Organisational Risk Register (ORR)</a> – Risks Assigned to the Sub-Committee. Members welcomed the continued development of organisational risk management arrangements, including refinement of strategic risk narratives, thematic grouping of related risks and closer alignment between the Organisational Risk Register and the emerging Joint Assurance Framework. Discussion focused on ensuring that risk scores appropriately reflect the effectiveness of mitigations, maintaining visibility of significant underlying risks within aggregated reporting, and strengthening the distinction between strategic risks and operational issues. The ORR was endorsed for onward assurance to the JC.</li> <li>The Sub-Committee received the <a href="#">NWJCC Annual Plan 2026-27 Quarter 1 Delivery Update</a>. Members welcomed improvements to reporting and received assurance that delivery had commenced and remained broadly on track. Significant discussion centred on the need to strengthen analytical capability, business intelligence, health economics and population health expertise to support evidence-based commissioning and future organisational planning. Members recognised analytical capability as a strategic organisational requirement and acknowledged ongoing work to strengthen internal and external support arrangements.</li> </ul> |
| <b>Inform</b> | <ul style="list-style-type: none"> <li>The Sub-Committee reviewed the Action Log, noting progress against outstanding actions and agreeing closure of actions relating to ambulance performance reporting arrangements. Members also discussed outstanding mandatory training</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| Status            | Update                                                                                                                                                                                                                        |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   | <p>requirements for Lay Members and requested additional support to facilitate completion.</p> <ul style="list-style-type: none"> <li>The <a href="#">Forward Plan of Business 2026-27</a> was received and noted.</li> </ul> |
| <b>Appendices</b> | None.                                                                                                                                                                                                                         |

### 3. ASSESSMENT

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

| Impact Assessment                                                                            |                               |                                                                 |
|----------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------|
| <b>Ansawdd</b><br><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> | Yes: <input type="checkbox"/> | No: <input checked="" type="checkbox"/>                         |
|                                                                                              | Outcome:                      | If no, please include rationale below: This is a summary of the |

|                                                                                                               |                                                                                                                                                                                          |                                                                                              |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>Quality</b><br><i>Have you undertaken a Quality Impact Assessment Screening?</i>                           |                                                                                                                                                                                          | latest meeting of the JC.                                                                    |
| <b>Cydraddoldeb</b><br><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i>        | Yes: <input checked="" type="checkbox"/>                                                                                                                                                 | No: <input checked="" type="checkbox"/>                                                      |
| <b>Equality</b><br><i>Have you undertaken an Equality Impact Assessment Screening?</i>                        | Outcome for Equality (delete as appropriate):<br><del>POSITIVE/NEUTRAL/NEGATIVE</del><br><br>Outcome for Welsh Language (delete as appropriate):<br><del>POSITIVE/NEUTRAL/NEGATIVE</del> | If no, please include rationale below:<br>This is a summary of the latest meeting of the JC. |
| <b>Cyfreithiol / Legal</b>                                                                                    | There are no specific legal implications related to the activity outlined in this report.                                                                                                |                                                                                              |
| <b>Enw da / Reputational</b>                                                                                  | There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.                                                                  |                                                                                              |
| <b>Effaith Adnoddau</b><br><i>(Pobl /Ariannol) /</i><br><b>Resource Impact</b><br><i>(People / Financial)</i> | Yes (Include further detail below)<br>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:

- **Note** the highlights outlined in Section 2 of this report.
- **Receive** the report as **assurance**.

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