


Finance and Performance Committee

Thu 14 May 2026, 09:30 - 13:30

Agenda

09:30 - 09:30 1. PRELIMINARY MATTERS

0 min

 F&P_Agenda_14May2026 Final.pdf (3 pages)

1.1. Welcome and Apologies

Verbal *Chair*

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

Verbal & Attached *All*

 F&P_1.2_Declarations of Interest Board 2026-271.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 26 February 2026

Attached *Chair*

 F&P_3.1_F&PUnconfirmed Minutes_26 Feb 2026_.pdf (13 pages)

3.2. Committee Action log

Attached *Chair*

 F&P_3.2_Action Log 2026-27.pdf (2 pages)

 F&P_3.2a_Action Log update detail.pdf (1 pages)

3.3. 2026/27 Annual Work Programme

Attached *Director of Corporate Governance*

 F&P_3.3_Committee Work Programme 2026-2027.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/ Deputy Chief Executive and Executive Director of Finance, Capital and Support Services

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

09:30 - 09:30 5. ITEMS FOR ASSURANCE

0 min

Lewis-Raychelle
15/05/2026 07:53:19

5.1. Finance Report Month 12 2025/26

Attached *Deputy Chief Executive and Executive Director of Finance, Capital and Support Services*

- F&P_5.1_Financial Performance Report Mth 12.pdf (21 pages)
- F&P_5.1a_Financial Performance Report Mth 01 Summary.pdf (4 pages)

5.2. Integrated Quality and Performance Report Month 11

Attached *Executive Director of Planning, Performance and Commissioning*

- F&P_5.2_IQPR_Month_11_Summary.pdf (26 pages)
- F&P_5.2a_IPR_25-26_Month_11.pdf (44 pages)

5.3. Review of Long waits at RJAH

Attached *Executive Director of Planning, Performance and Commissioning*

- F&P_5.3_Review of Long Waits at RJAH.pdf (3 pages)

5.4. Annual Delivery Plan Progress Report Q4 (2025/26)

Attached *Executive Director of Planning, Performance and Commissioning*

- F&P_5.4_Annual Delivery Plan Progress Report Q4 (2025-26).pdf (28 pages)
- F&P_5.4a_Annual Delivery Plan Progress Report Q4 (2025-26).pdf (96 pages)

5.5. Deep Dive-Minor Injury Unity (MIUs)

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

- F&P_5.5_MIU paper - May 2026.pdf (15 pages)

5.6. Community Hospital Delays

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

- F&P_5.6_Community Hospital Delays April 2026.pdf (9 pages)

5.7. Committee Risk Register

Attached *Director of Corporate Governance*

- F&P_5.7_Committee Risk Register Cover.pdf (2 pages)
- F&P_5.7a_Appendix A - Committee Risk Register.pdf (27 pages)

5.8. Annual Review of Committee Terms of Reference (ToR)

- F&P_5.8_Annual Review of Terms of Reference_Cover.pdf (2 pages)
- F&P_5.8a_AppendixA_F&P_Committee Terms of Reference, Draft May 2026.pdf (12 pages)

09:30 - 09:30 6. ITEMS FOR DISCUSSION

0 min

There are no items for inclusion within this section

09:30 - 09:30 7. CONSENT AGENDA

0 min

7.1. Committee Annual Report

Attached *Director of Corporate Governance*

- F&P_7.1_Committee Annual Report_2025-26.pdf (11 pages)

7.2. Internal Audit Report: Catering Services (For Information)

Attached *Director of Corporate Governance*

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7.3. PTHB Glossary (For information)

Attached *Director of Corporate Governance*

F&P_7.3_PTHB Board Glossary April 2026.pdf (6 pages)

09:30 - 09:30 8. OTHER MATTERS

0 min

8.1. Any Other Urgent Business

Verbal *Chair*

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

verbal *Chair*

8.3. Committee Reflections

Verbal *All*

8.4. Confidential Item

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

8.5. Welcome and apologies

8.6. Declarations of Interest

8.7. In-Committee Minutes of previous meeting 26 February 2026

8.8. Private Providers - Mental Health - Verbal Update

verbal

8.9. HSE Investigation action plan update

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



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CYMRU
NHS
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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"> Board Members Declarations of Interest 2026/27	Verbal & Attached	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 26 February 2026	Attached	Chair
09:40 10	3.2	Committee action log	Attached	Chair
09:50 5min	3.3	2025/26 Annual Work Programme	Attached	Director of Corporate Governance
	4	ESCALATED ITEMS		
09:55 15min	4.1	Organisational Escalation Status Presentation Finance and Performance Monitoring	Attached	Executive Director of Planning, Performance and Commissioning/ Deputy Chief Executive and Executive Director of Finance, Capital and Support Services
	5	ITEMS FOR ASSURANCE		
10:10 15min	5.1	Finance Report Month 12 2025/26 and Month 1 2026/27	Attached	Deputy Chief Executive and Executive Director of Finance, Capital and Support Services
10:25 20min	5.2	Integrated Quality and Performance Report Month 12	Attached	Executive Director of Planning, Performance and Commissioning
10:45 20min	5.3	Review of Long waits at RJAH	Attached	Executive Director of Planning, Performance and Commissioning

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11:05 20min	5.4	Annual Delivery Plan Progress Report Q4 (2025/26)	Attached	Executive Director of Planning, Performance and Commissioning
11:25 10min	COMFORT BREAK			
11:35 25min	5.5	Deep Dive-Minor Injury Unity (MIUs)	Attached	Executive Director of Primary, Community Care & Mental Health
12:00 25 min	5.6	Community Hospital Delays	Attached	Executive Director of Primary, Community Care & Mental Health
12:25 10min	5.7	Committee Risk Register	Attached	Director of Corporate Governance
12:35 5min	5.8	Annual Review of Committee Terms of Reference	Attached	Director of Corporate Governance
	6	ITEMS FOR DISCUSSION		
		<i>There are no items for inclusion within this section.</i>		
	7	CONSENT AGENDA		
	7.1	Committee Annual Report 2025/2026	Attached	Director of Corporate Governance
	7.2	Internal Audit Report: Catering Services (For Information)	Attached	Director of Corporate Governance
	7.3	PTHB Glossary (For information)	Attached	Director of Corporate Governance
	8	OTHER MATTERS		
	8.1	Any other urgent business	Verbal	Chair
	8.2	Items to be brought to the attention of the Board and/or other Committees	Verbal	Chair
	8.3	Committee reflections	Verbal	All
	8.4	<p>The Chair, with advice from the Director of Corporate Governance/Board Secretary, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:</p> <p>Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960</p> <p>"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"</p>		
13:00	8.5	Welcome and Apologies	Verbal	Chair
	8.6	Declarations of Interest	Verbal	Chair

	8.7	Minutes of the previous In-committee meeting held on 26 February 2026	Attached	Chair
	8.8	Private Providers – Mental Health <i>(item removed, verbal update will be provided)</i>	Verbal	Executive Director of Primary, Community Care & Mental Health
13:05 10min	8.9	HSE Investigation action plan update	Attached	Executive Director of Primary, Community Care & Mental Health

Powys Teaching Health Board is committed to openness and transparency and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe.

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

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

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

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POWYS TEACHING HEALTH BOARD - REGISTER OF DECLARATION OF INTERESTS 2026-27

Updated: May 2026

Position	Name	Interest Category	Interest Situation	Relevant Dates from	Relevant Dates to	Description of Declaration	Comment
INDEPENDENT MEMBERS							
PTHB Chair	Carl Cooper	Indirect Interests	Loyalty Interests	2018	Ongoing	Sole Trader, Mandy Williams, Consulting	Nil
		Indirect Interests	Loyalty Interests	2025	Ongoing	Family member is an employee of Cardiff & Vale University Health Board (non Director).	Nil
Vice Chair	Rhiannon Beaumont-Wood	Non Financial professional interests	Outside Employment	Jun-23	Ongoing	Director and Owner of RBW Executive and Professional Coaching	Salaried Employment
		Non Financial personal interests	Loyalty Interests	May-23	31/05/2026	Non-Executive Member Dorset ICB (In the process of forming a cluster with Dorset ICB, Somerset ICB, Bath, East Somerset, Swindon and Wiltshire ICB)	Remunerated as per Non-Executive Member, Terms and Conditions
		Non Financial personal interests	Loyalty Interests	Jun-24	31/03/2027	Registrant Council Member - Nursing and Midwifery Council (NMC)	Remunerated as per Registrant Council Member Terms and Conditions
Independent Member (General)	Rhobert Lewis	Non Financial professional interests	Outside Employment	Nov-21	Current	Chair NPTC Group of Colleges	NIL
		Indirect Interests	Outside Employment	Nov-21	Current	External member Cross-party STEMM Group Welsh Government	NIL
Independent Member (Trade Union)	Cathie Poynton	NIL	NIL	NIL	NIL	NIL	NIL
Independent Member (finance)	Stephen Elliot	Non Financial professional interests	Loyalty Interests	17/04/2024	Current	Honorary Fellow and Lifetime Member of Healthcare Financial Management Association	NIL
		Non Financial professional interests	Outside Employment	04/02/2024	Current	Spouse Directorship of Oshi's World Private Limited Company and a Trustee of Oshi's World Charity	NIL
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	Financial Interests	Outside Employment	2015	Current	Personal: Academic Registrar, Cardiff University-Variou Healthcare Programmes	Salaried Employment
		Indirect Interests	Loyalty Interests	2001	Current	Sister: Senior Operational Manager, Milestone Trust, Bristol	Salaried Employment
		Indirect Interests	Loyalty Interests	2021	Current	Spouse: District Nurse, Cardiff and Vale UHB	Salaried Employment
		Non Financial professional interests	Loyalty Interests	02-Jan-20	Ongoing	Labour Party member	NIL
		Financial Interests	Outside Employment	09-Feb-26	Current	Head of Partner Engagement for JS Group working with HE sector	Salaried Employment
Independent Member (Third Sector)	Jennifer Owen Adams	Non Financial professional interests	Loyalty Interests	Jun-16	Ongoing	Member (not a NED) of Glas Cymru the holding company of Dwr Cymru/Welsh Water	None
		Non Financial professional interests	Loyalty Interests	01.09.2024	01.06.2028	Coopted Member of PAVO	None
		Non Financial professional interests	Loyalty Interests	Jul-05	Ongoing	Chair Public Services Board Scrutiny Committee	None
		Non Financial professional interests	Loyalty Interests	2013	Ongoing	Brother - Senior Manager Freedom Leisure (Lead responsibility for Swansea and South Powys).	NIL
		Non Financial professional interests	Loyalty Interests			Member of Community Speed Watch Group Member of Society Genealogists Associate Member of the Association of Genealogists and Registered Archivists	NIL

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Independent Member (Local Authority)	Christopher Walsh	Financial Interests	Shareholdings and other ownership interests		Ongoing	Sole Trader/Owner of Celebratory Gifts Heraldic Names Sole Trader/Owner:CTW Genealogy Research and Owner:Property in the County of Powys	NIL
		Non Financial professional interests	Loyalty Interests		Ongoing	Elected Member Powys County Council •Trustee/Chair: Brecon University Scholarship Fund •Brecon Town Council Elected Member •Governor of Priory Church in Wales School •Member Brecon Beacons National Park Authority SDF & Grant Advisory Panel •Member of the Community Speed Watch Group	NIL
		Non Financial professional interests	Loyalty Interests		Ongoing	•Member of Royal College of Nursing •Registered Member of Nursing and Midwifery Council	NIL
		Non Financial professional interests	Loyalty Interests		Ongoing	Labour Party member	NIL
Independent Member (Capital)	Michael Giannasi	Indirect Interests	Loyalty Interests	2019	Current	Chair of the Board of Social Care Wales (Welsh Government Sponsored Body).	Remunerated
Independent Member	Ian Thomas	NIL	NIL	NIL	NIL	NIL	NIL
EXECUTIVE MEMBERS							
Chief Executive Officer	Hayley Thomas	NIL	NIL	NIL	NIL	NIL	NIL
Executive Director of Finance, Capital and Support Services	Pete Hopgood	Non Financial Interests	Loyalty Interests	18/06/2018	Ongoing	Partner is Finance Manager working in SBUHB	Not Relevant
Executive Director of Allied Health Professions, Health Science and Digital	Claire Madsen	Financial Interests	Outside Employment	07-Jan-19	01-Apr-28	Occasional Lecturer for University of West of England.	Hourly rate
		Non Financial professional interests	Loyalty Interests	10-Jun-05	01-Mar-28	Member of the The Chartered Society of Physiotherapy	NIL
Executive Medical Director	Kate Wright	NIL	NIL	NIL	NIL	NIL	NIL
Executive Director of People and Culture	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-Sep-25	Current	Relative employee and training in Aneurin Bevan Univeristy Health Board (non Director)	NIL
Executive Director of Public Health	Mererid Bowley	Non-Financial professional Interest	Loyalty Interest	NIL	NIL	Member of Faculty of Public Health	Previously declared on annual Declaration of Interest form issued by corporate team since commencement of role. (Transferring recording of declaration on to ESR from this date).
		Financial Interest	Shareholdings and other Ownership interests	NIL	NIL	Husband works for Mitie Engineering who hold contracts/work with some NHS bodies/organisations. Shares held by husband and myself and Mitie Company	Previously annually since start of employment through completion of declarations of interest form issued by corporate team annually.
Director of Corporate Governance/ Board Secretary	Helen Bushell	Non-Financial professional Interest	Outside Employment	Nov-21	Current	Self - School Governor – Langynwyd primary school (Bridgend)	Not remunerated
		Indirect Interests	Outside Employment	Aug-16	Current	Partner is the Chair of a Housing Association who provide social housing across a large geographical area (including Powys).	Remunerated part time role, 2-4 days per month
		Indirect Interests	Outside Employment	Jul-24	Oct-24	Partner is listed on the Bank for PTHB - working occasionally for the organisation by dual agreement.	Paid per hour/day of work
		Indirect Interests	Outside Employment	May-25	Current	Partner - Associate for Practice Solutions	

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

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FINANCE AND PERFORMANCE COMMITTEE

UNCONFIRMED MINUTES OF THE MEETING HELD ON 26 FEBRUARY 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)
Cathie Poynton	CP	Independent Member (Trade Union)
Simon Wright	SW	Independent Member (University)
IN ATTENDANCE		
Helen Bushell	HB	Director of Corporate Governance/Board Secretary
Carl Cooper	CC	PTHB Chair (Observing)
Hayley Thomas	HT	Chief Executive Officer
Stella Gwynne	SG	Deputy Board Secretary
Pete Hoggood	PH	Executive Director of Finance, Capital and Support Services and Deputy Chief Executive
Nicola Kelly	NK	Head of Primary, Community Care
Mathew King	MK	Deputy Director of Therapies and Health Science
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Chris Moss	CMO	Assistant Director of Performance
Sam Ruthven-Hill	SRH	Assistant Director of Planning
Kate Wright	KW	Executive Medical Director
APOLOGIES FOR ABSENCE:		
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Elaine Lorton	EL	Executive Director of Primary Care, Community and Mental Health

1. PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (F&P/25/111)

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

1.2 DECLARATIONS OF INTEREST (F&P/25/112)

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

2. CONSENT AGENDA BUSINESS

The Chair asked Members if they wished to bring forward any items from the Consent agenda to the main agenda. No items were raised.

3. ITEMS FOR APPROVAL / RATIFICATION / DECISION

3.1 MINUTES OF PREVIOUS MEETING (F&P/25/113)

The minutes of the meeting held on the 04 December 2025 were **CONFIRMED** as an accurate record.

The following matters arising were raised by Committee Members:

- On page 5 of the minutes, regarding emergency response times, the action identified in relation to data for the total time from initiation of a 999 call through to arrival at a hospital, would be incorporated into future reporting of the Integrated Quality and Performance Report (IQPR). This would be added to the latest iteration of the Action Log.

3.2 COMMITTEE ACTION LOG (F&P/25/114)

The Committee RECEIVED the Action Log, and the following updates were provided:

- D&P/25/009 Colonoscopy Reporting: Committee members sought assurance on progress made. HT confirmed work was underway to finalise revised performance trajectories for next year, supported by new information from Public Health Wales on index colonoscopy activity. Further internal discussions would confirm trajectories ahead of the upcoming Board session, where assurance on expected improvement would be considered.
- F&P/25/049 MIU Reporting: HB advised that a deep dive on MIUs had been scheduled in the work programme for this year and a report had been received. Work continued to clarify current operations and assess future model options. Significant activity was ongoing, and a more detailed update would be brought to the Committee when appropriate.

4. ESCALATED ITEMS

4.1 ORGANISATIONAL STATUS (NHS WALES ESCALATION FRAMEWORK) LEVEL 4 MONITORING REPORT (F&P/25/115)

PH provided an overview of the report and confirmed that the final draft of the external review from Grant Thornton and Partners was expected by tomorrow. No significant emerging findings were identified that would deliver benefit in 2025–26. However, the review highlighted substantial opportunities for future years. A management response had been completed, and work was underway to ensure the recommended actions were incorporated into next year's plan to strengthen the organisation's financial position. The final findings would be presented to the Board on 25 March 2026 and reflected in the 2026–27 plan.

Independent Members sought assurance by asking the following questions: *What was Welsh Government's current view of the Health Board's progress in addressing the issues highlighted through the escalation intervention?*

PH confirmed that Welsh Government would form its view once the Board's plan for next year was finalised. Welsh Government had already seen and commented on earlier iterations through the Finance, Performance and Delivery process. The Board's formal response would be set out within the plan.

HT added that upcoming Board Development Sessions would explore the balance between setting an ambitious plan that demonstrates improvement and ensuring it remains realistically deliverable. A scrutiny session with Welsh Government was scheduled for next week as part of the pre-submission process. Further reflections would be provided after the formal scrutiny discussion.

The Committee **RECEIVED** the Organisational Escalation Status Level 4 Monitoring Report and took **ASSURANCE** that appropriate mechanisms were in place to monitor and report to the Board and its Committees against the level 4 de-escalation criteria.

5. ITEMS FOR ASSURANCE

5.1 FINANCE PERFORMANCE REPORT MONTH 10 (F&P/25/116)

PH provided an overview of the report where the following key themes were highlighted:

- The forecast deficit had been revised from £28.4m to £33.3m, and Month 10 performance showed the Health Board remained on track to deliver the position.
- Capital spend stood at £3.8m against the £8.3m Capital Resource Limit, with assurance that full utilisation was expected by yearend.
- Variances in the revenue position were driven by commissioned services, particularly NHS England tariff increases and continued reliance on private mental health and LD providers.
- Agency spend remained broadly on track to meet the 30% reduction target, though a small Month 10 increase was noted.
- Private provider usage had risen, remaining a significant area for focused action.
- Delays in secondary care and community hospitals were forecast to cost £15–16m, representing a key area for future efficiency opportunities.
- Continuing Health Care (CHC) costs remained within plan but continued to contribute to the underlying deficit, estimated at £44m entering next year.

The Committee noted that £20.3m of savings had been delivered, one of the Health Board's highest achievements, although slightly short of the £23m target, due to limited progress in reducing private provider and delayed care costs.

Independent Members sought assurance by asking the following questions: *What were the reasons for the recent increases in agency costs, primarily within medical and dental staffing and the rise in private provider expenditure?*

It was noted that additional social care capacity had generated some positive impact despite ongoing challenges. The increase in medical locum spend related specifically to mental health services and reflected the fragility of a small consultant workforce. Recruitment activity was ongoing, but the position remained highly dynamic, with recent sickness and a significant

resignation contributing to fluctuations. The underlying focus continued to be on reducing locum reliance wherever possible.

Three new appointments had been recruited for clinical fellow posts across mental and physical health. These roles were expected to strengthen service sustainability and significantly reduce, if not remove, locum reliance in Brecon. Onboarding was anticipated to be completed by May.

Could an update be provided on any outstanding risks related to the Wye Valley invoice and the Single Activity Fee?

The invoices received from Wye Valley relating to rurality costs continued to be disputed, as there was no recognised basis for the charges. The status remained unchanged from the previous financial year, and both Audit Wales and Welsh Government were being kept fully informed. The Health Board continued to engage with SATH, who had disputed the commissioning intentions approach but remained unable to accurately report performance. As a result, a block type agreement had been applied for the first three quarters of the year and would continue into the final quarter.

Could assurance be sought that strategic cash issues had been resolved and that sufficient cash was in place to support the year-end position?

Strategic cash cover had been confirmed and increases in agency spend continued to relate to medical staffing, but it was not yet possible to determine whether this was a temporary fluctuation or a developing trend. Private provider costs had also risen again despite strengthened controls and scrutiny. Both areas remained key financial risks and would continue to be closely monitored until sustained assurance was achieved.

Given the importance of hospital delays, it was suggested that a further deep dive be undertaken for Hospital Delays. This would allow examination of the recoding changes, recent performance in reducing delay days, and the influence of social care performance on overall outcomes. A review of actions would be undertaken to review the new coding. The Committee supported the need for a report to come back to committee at its first meeting in the financial year.

Action: Director of Primary, Community Care and Mental Health.

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

5.2 SIX MONTHLY REPORT ON CONTINUING HEALTH CARE COSTS (F&P/25/117)

PH provided an overview of the report in absence of the Director of Primary, Community Care and Mental Health. The following key themes were highlighted:

- CHC continued to present significant pressure, particularly within mental health and learning disabilities (MH&LD)

- Ongoing National work to implement direct payments within the NHS from April next year, and on the Health Board's preparations and associated implementation timeline.
- CHC remained a major contributor to the underlying deficit due to sustained growth in demand.

The Committee welcomed the report, and it was recommended that future deep dives would place greater emphasis on actions and impact on spend trajectories aligned to the Grant Thornton recommendations, while ensuring continued focus on the quality of care provided.

Independent Members sought assurance by asking the following questions: *What were the specific factors, beyond general demographic pressures, that was driving the increased growth in EMI cases and associated costs?*

Various analyses had been undertaken to understand the drivers behind rising EMI and CHC demand. It was noted that continued growth in CHC was expected, making it essential to ensure high-quality, effective care and optimal use of resources for those requiring this support.

The Committee **SUPPORTED** that future reports would place greater focus on actions, as these areas were critical to achieving traction on the deficit. Despite their complexity, these issues represented key areas where meaningful progress would be required to improve the financial position.

Action: Director of Primary, Community Care and Mental Health.

Could further assurance be provided regarding the digital programme, and appropriate effort was being directed towards managing procurement vulnerabilities and the requirement for a single national system?

The ambition to develop an all-Wales CHC digital system had proven difficult to achieve. The Health Board had begun work to procure its own CHC software and was fast-tracking the required procurement process. Work was underway to cost the options, noting that no national funding was available and the system would need to be funded locally.

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

5.3 INTERGRATED QUALITY AND PERFORMANCE REPORT MONTH 09 (F&P/25/118)

CMO introduced the report and the following key highlights were drawn to the committee's attention:

- Performance against the 8-week diagnostic target had deteriorated slightly at Month 9.
- Patients breaching increased during December 2025.
- Actions underway to address diagnostic delays. despite these actions, the service remained off target.

- Referral to Treatment (RTT) performance as a provider remained compliant with:
- 52-week outpatient target.
- 104-week treatment target.
- In reach capacity challenges continued, leading to an increase in patients waiting over 52 weeks and pressure from Wye Valley in reach.
- Ophthalmology, performance improved for patients seen within their clinical target date.
- Audiology breaches continued to increase.
- Index colonoscopy performance improved, however the four-week target was still not met.
- English commissioned performance had deteriorated between October and November. The main challenge remained with Robert Jones and Agnes Hunt, which had been placed into informal escalation with fortnightly meetings in place.

Ongoing concerns remained about the accuracy of performance data reported by Public Health Wales, though performance was still below target. Work had been undertaken to map the activity trajectory needed to achieve the target, and this would inform forthcoming Board Development discussions and Welsh Government scrutiny relating to the 2026–27 plan. A deliverable trajectory had been identified, and further work was required to determine the insourcing capacity needed to mitigate in reach fragility. An update on the trajectory would be brought to the next Committee meeting. Robust performance across mental health measures was also highlighted.

Independent Members sought assurance by asking the following questions: *What was the reason that Aneurin Bevan Health Board (ABHB) consistently perform closer to the Single Cancer Pathway target compared to other Welsh health boards, and what actions were being taken by commissioned providers to address the persistently poor cancer performance?*

Cancer performance across Wales remained poor. Powys had begun reviewing individual long waiting pathways and escalating specific cases. The work aimed to strengthen whole pathway oversight and influence improvements where possible, though wider system level progress, particularly in diagnostics, was still needed nationally. Further discussion would be undertaken with ABHB regarding cancer performance and shared with committee members for information.

Action: Director of Planning, Performance and Commissioning

Why was the ambulance response time performance not escalated to Level 3 within the Health Board's internal escalation process, given the persistently poor service experienced by the Powys population and the external concern this generates?

HT confirmed that escalation required careful consideration given the collective national commissioning arrangements for the Welsh Ambulance Service. Concerns about Powys response times were actively raised through existing forums, the current performance framework did not yet support

formally escalating a jointly commissioned service. Time was requested to reflect on how the escalation process for commissioned services may evolve through formal governance arrangements.

Action: Director of Corporate Governance

Could the escalation approach for commissioned services be incorporated into the work to strengthen Powys' commissioning function and would the change in national reportable incident data reflect a reassessment of closed cases?

CMO confirmed that the change in national reportable incident data related to a recording and presentation issue, there was no indication that external colleagues had taken a different view on incidents the Health Board had closed. Work was underway with NHS PNI to understand the data inclusion. It was agreed that increased harm review data from a quality perspective around commissioned services would be welcomed at Patient Experience, Quality and Safety Committee (PEQS).

Action: Director of Planning, Performance and Commissioning.

Were Robert Jones and Agnes Hunt actively engaging in the increased senior level discussions aimed at securing improvement?

CMO confirmed that engagement was strong and taking place at a senior level, providing confidence in the process.

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

5.4 INTEGRATED QUALITY AND PERFORMANCE FRAMEWORK 2025/2026 REPORTING CHALLENGES (F&P/25/119)

CMO provided an overview of the earlier recording and reporting issues within the IQPR had now been resolved. As part of the learning, a full review of all IQPR metrics which covered both data quality and reporting processes was underway and due for completion within the next few weeks. A report providing assurance on all metrics, extending beyond the six initially identified areas, would be presented to this Committee and the Executive Committee once the review was concluded.

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

5.5 Q3 ANNUAL DELIVERY PROGRESS REPORT (F&P/25/120)

SRH provided an overview of the quarterly report and outlined progress against the annual plan for October–December 2025. A typographical error was highlighted within the cover paper, with the correct position confirmed as 111 items on track, not 107; this would be corrected for submission to the Board at the end of March.

Overall, approximately two thirds of deliverables were on track or complete. Of the remaining third, half were not yet due, and the other half were either

at risk or behind schedule, with redrafted items highlighted within the cover paper and correlated with issues already discussed.

The Committee's attention was also drawn to the achievements to date and noted these represented a small proportion of the wider organisational work. This would inform preparations for the annual report.

Independent Members sought assurance by asking the following questions: *Could assurance be sought around the progress made since the Q3 position on implementing the Grant Thornton recommendations, and what updates should be expected in Q4?*

HB confirmed that while the Q3 report reflected the position at December, further work had progressed in Q4. The Grant Thornton report was being finalised, and the executive team was developing management responses, most of which were being accepted or partially accepted. Discussions were underway with Grant Thornton on supporting accelerated progress in key areas, including financial governance and turnaround arrangements, CHC, and potentially commissioning performance data. These discussions were ongoing, with recent meetings held earlier that day. An update would be provided to the Board at the next Board Development session.

Action: Director of Corporate Governance

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

5.6 ENDOSCOPY UPDATE TO INCLUDE JAG ACCREDITATION (F&P/25/121)

NK provided an overview of the Endoscopy service and JAG Accreditation; the following key highlights were noted:

- JAG accreditation remained a priority, with all underpinning work progressing; however, accreditation was delayed due to a vacancy in the Senior Nurse for Theatres and Endoscopy.
- Positive feedback had been received from the JAG team during the October preassessment, though emphasised the need for full clinical and specialty leadership in post before accreditation could proceed.
- The service continued to rely on fragile in reach support from Cwm Taf Morgannwg Health Board (CTMHB) though no insourcing was required and no waiting time breaches were reported.
- The Llandrindod Endoscopy Suite had been paused due to capacity challenges.
- Referral numbers into Powys had declined, and work was ongoing with commissioning and CTMHB colleagues to increase activity and repatriate patients.
- Workforce improvements included a new dedicated Endoscopy clinical support service.
- Digital enhancements included scope tracking and involvement in the national programme for digital image capture.
- Once specialty nursing leadership was appointed, the JAG accreditation process would resume.

The Committee acknowledged the considerable progress made within and clarity was sought on when a formal JAG accreditation visit would be expected. It was confirmed that, subject to successful recruitment of the Senior Nurse for Endoscopy, the accreditation visit was hoped to take place by the end of the summer.

Independent Members sought assurance by asking the following questions: *Would the £5,000 cost to recommission the Llandrindod Endoscopy Suite a short-term estimate and would costs increase the longer the unit remained out of use?*

NK confirmed that all infrastructure remained in place and that the cost would stay at approximately £5,000, covering only the restarting of equipment and required water and machinery testing, with no additional estates related work anticipated. Patients living in the North of Powys would receive endoscopy services, into Shrewsbury and Telford Trust or other northern providers. The service had not been extended into North Powys although there is opportunity to develop an Endoscopy suite within the North.

Would the temporary closure of the Llandrindod Endoscopy Suite affect the annual JAG accreditation fee, and could assurance be provided that the current JAG assessors and assessment criteria remain consistent with those used previously?

The JAG accreditation fee was £3,000 per site, and the Health Board was currently only paying for the Brecon site, as the Llandrindod suite was not in operation, resulting in a saving. It was noted that while the service had made strong progress and had, at points, been able to achieve reaccreditation, the process had been affected by changing JAG requirements and timing issues, including the need for leadership roles to be in post for longer and the subsequent impact of staff retirement. These shifting expectations, combined with local staffing changes, had contributed to ongoing deferral of accreditation despite the service meeting required standards at various stages.

What were the implications of not securing JAG accreditation and whether continued deferral could lead to an indefinite position without full accreditation?

NK confirmed that many Health Board units in Wales were not accredited and that lack of accreditation did not affect the ability to operate the service. The Endoscopy service continued to meet ambitious standards and receive excellent patient feedback. While accreditation remained desirable as a quality mark, its absence did not impact service delivery.

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

5.7 IN-REACH FRAGILITY (F&P/25/122)

NK presented the report and highlighted the complexity of Powys' provider role, delivering services across two health economies reflecting a complex

and fragile system. It was noted that performance heavily affected by wider system level pressures and large backlogs within those commissioned providers. These pressures had reduced providers' ability to deliver contracted in reach activity, resulting in underperformance against service level agreements and corresponding underspend. Powys continue to work hard to maximise in reach capacity, achieving low DNA rates and maintaining target performance. The following key themes were highlighted:

- Provider specific challenges, included:
 - a) Reduced in reach templates, particularly from Wye Valley.
 - b) Ophthalmology underperformance of around 40%.
 - c) Ongoing issues within reach consultant support for key targets
- Work continued through the Better Together Transformation Programme and Getting it Right First Time (GIRFT) to identify and implement opportunities to optimise planned care models, multidisciplinary working, and care flows.
- MSK physiotherapy triage model, implemented in September, had been effective in diverting patients to more appropriate services.
- A strategic plan for future sustainable planned care in Powys was being developed through the transformation and GIRFT programmes.

Independent Members sought assurance by asking the following questions: *Could assurance be provided that, given the flexibility in SLAs and frequent cancellations of in reach activity by providers, each specialty's in reach model remains beneficial?*

It was confirmed that the Better Together GIRFT review was examining whether all specialties were best delivered through an in-reach model or whether alternative commissioning approaches would be more appropriate. The lack of clinical specialty leads in Powys had been a challenge, but recent engagement, including a workshop earlier in the week, had been positive and had strengthened confidence in the review's direction.

Was the Health Board confident that it was not paying for services that were not received, particularly in relation to healthcare agreements and whether non-delivered activity was not paid for?

NK confirmed that the in-reach service was operated on a cost-per-case basis, if activity was not delivered, it was not paid for.

Was there opportunity to increase the use of the private sector to maintain or improve current in-reach service levels, despite the associated costs?

NK confirmed that the Better Together Transformation work and the GIRFT review were expected to consider further options for insourcing and private sector provision, with recommendations to follow as part of that process.

The Committee **RECEIVED** the In-reach Fragility report and took **ASSURANCE** that the appropriate mechanisms were in place to monitor compliance.

5.8 CAPITAL AND ESTATES COMPLIANCE REPORT (F&P/25/123)

The Committee received an overview of the compliance framework within Estates and Capital. Within Capital, a structured approach to compliance was in place through capital procedures. Assurance was provided through routine audits undertaken by Shared Services Specialist Estate Services. The recent Capital audit undertaken across Shared services received a rating of Reasonable Assurance, with the North Powys audit outcome awaited. Facilities compliance was also noted, with the latest food hygiene audit receiving a substantial assurance outcome.

Independent Members sought assurance by asking the following questions: *Was there a mechanism in place to improve the limited or reasonable assurance levels reported for low-voltage electrical systems, given the geographical challenges and recent work at Welshpool?*

WT confirmed that audit outcomes had improved significantly over years, with fewer areas now receiving limited assurance. Electrical compliance remained a challenge due to ageing infrastructure, in response to audit recommendations, an electrical safety group had been established, and ongoing efforts continued to improve electrical compliance and infrastructure.

When were the results of the current asbestos audit expected?

WT confirmed that a draft asbestos audit report had been received in recent days and was under review. Assurance was given that the audit findings would be shared in due course, and the importance of strong asbestos management was emphasised, particularly as Shared Services did not provide support for this compliance area.

Was there anything outside the usual compliance and audit processes that was causing concern or presents a significant risk that may not be visible through standard reporting?

The main concern was the pressures on resource, although audit outcomes provided good assurance, there was always a risk that isolated human error could lead to compliance issues.

Concern was also raised regarding the capacity of the team and the ongoing strain of maintaining compliance across the estate.

The Committee **RECEIVED** the report and took **ASSURANCE** that mechanisms were in place to monitor compliance.

5.9 COMMITTEE RISK REGISTER (F&P/25/124)

HB presented the report and drew attention to the following areas:

- Four strategic risks remain within the Committees' remit:
 - 001 – Financial Position
 - 007 – Estates
 - 009 - Continuing Healthcare
 - 012 – Reputation and Public Confidence

● The first three risks had been discussed in various parts of the agenda, although not all associated actions were discussed in detail.

- The Risk Register remained unchanged following the version received by the Board in January. This would be updated ahead of the Board meeting in March 2026.
- All risks would undergo a full annual review at year-end, aligned with the Board's strategic risk register and risk appetite, to ensure controls and assurances remain appropriate for the new financial year.

Independent Members sought assurance by asking the following questions: *Why was Continuing Healthcare (CHC) included as a strategic risk on the register, and should this risk be broadened to include other areas such as delayed transfers of care?*

HB confirmed this was due to significant growth in demand, associated financial pressures, and wider national issues affecting the service. Related risks such as those linked to provider and commissioned services were captured elsewhere. Broadening or reframing the risk was noted. This would be considered as part of the review of strategic and organisational risks to ensure they are positioned appropriately within the revised register.

The Committee **RECEIVED** the Committee Risk Register and took **ASSURANCE** that the risks are being managed in line with the risk management framework.

6. ITEMS FOR DISCUSSION

There were no items for discussion.

7. CONSENT AGENDA

The reports below were taken under the Consent Agenda and recommendations supported:

FOR ASSURANCE:

- 7.1 Internal Audit Reports (Substantial Assurance)
 - Primary Care Clusters Project Management
 - Core Financials (Reasonable Assurance)
- 7.2 Getting it Right First Time (GIRFT) Report
- 7.3 Highlight Report: Planning, Performance and Finance Sub-Committee report from 23.10.2025 and 27.01.2026
- 7.4 Committee Governance Action Plan

FOR INFORMATION:

- 7.5 Committee Work Programme 2025/26
- 7.6 PTHB Glossary

8. OTHER MATTERS

8.1 ANY OTHER BUSINESS (F&P/25/125)

No other business was raised.

8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES (F&P/25/126)

There was none.

8.3 COMMITTEE REFLECTIONS (F&P/25/127)

The following feedback was noted:

- Succinct meeting and easy to understand report presentations.
 - Reports flowed well, moved logically from one topic to the next
 - Chaired very effectively which contributed to smooth flow.

- Focused and purposeful reports helped ensure clarity

8.4 DATE OF NEXT MEETING (F&P/25/128)

14 May 2026 via Microsoft Teams

Meeting closed at 11:31

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Beth Powell														
RAG Status:														
At risk	Red - action date passed or revised date needed													
On track	Yellow - action on target to be completed by agreed/revised date													
Completed	Green - action complete													
No longer needed	Blue - action to be removed and/or replaced by new action													
Transferred	Grey - Transferred to another group													
Finance and Performance Committee														
Meeting Date	Item Reference	Lead	Meeting Item Title	Details of Action	Update on Progress	Original target date	Revised Target Date	RAG status						
OPEN ACTIONS FOR REVIEW - (12 MAY 2026)														
01/05/2025	D&P/25/009	DoPP&C	IQPR	To confirm a timeframe for a resolution on Colonoscopy reporting from PHW	<p>26.06.25 update - update to be provided within the meeting. The Colonoscopy reporting from Public Health Wales is a national process, which had been raised with Public Health Wales colleagues on a number of occasions. Should a resolution not be confirmed by the end of July, this would be escalated to Director level.</p> <p>26.08.2025 update: A verbal update would be provided to committee in September.</p> <p>02.09.2025 update: To confirm a timeframe of further improvement at the next meeting in October 2025.</p> <p>21.10.2025 update: consideration being given to enacting an Escalation Oversight Group mechanism under the IQPF to address. Timeframe unable to be confirmed at this stage.</p> <p>04.12.2025 Update: Further action to be taken to consider escalation.</p> <p>26.02.2026 Update: Head of Performance working with PTHB planned care colleagues and undertaking a deep dive to be completed by end of Q4 2025/26 to review the change in demand and understand delays in the pathway. BSW currently reporting PTHB as 7 week and 3 day total waiting time, against 7 week and 5 days all Wales average. Methodology remains under scrutiny with PHW. Action underway to improve PTHB local reporting for cross reference against BSW performance report. Head of Performance requested from PHW additional clarity on methodology for booking Specialist Screening Practitioner assessment appointments. Action suggested to remain open for update to next F&P Committee.</p> <p>14.05.2026 Update: Work has progressed but action not yet ready for closure. See paper 3.2a for a more detailed action update. Recommend action remains open - date change requested.</p>	Jun-25	Sep-26	At risk						
26/02/2026	F&P/25/118	DPP&C	IQPR	Share the outcome of upcoming discussions with ABHB on cancer performance with committee members, ensuring continued oversight of long-waiting pathways and system-level issues.	<p>14.05.2026 Update: A verbal to be provided at the May meeting. Committee can then determine if action can be closed or remain open.</p>			On track						
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE (12 MAY 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.	<p>14.05.2026 update: Action will progress as per timescale.</p>			On track						
ACTIONS RECOMMENDED FOR CLOSURE (12 MAY 2026)														
26/02/2026	F&P/25/117	DPCCMH	CHC Costs	Future reporting of CHC costs to focus on actions as seen as critical to achieving traction on the deficit position.	<p>14.05.2026 Update: Action reqeues noted and wuill be incorporated into future CHC reports. Recommended for closure on basis action will be incorporated</p>			Completed						
26/02/2026	F&P/25/116	DPCCMH	Finance Performance	A deep dive to be undertaken on Hospital delays to allow examination of the recoding changes, performance in reducing delays and influence of social care performance on overall outcomes. A report to be brought back to the first meeting of the financial year.	<p>March 2026 Update: On track for the Agenda in May.</p> <p>14.05.2026 update: Item on May agenda</p>			Completed						



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26/02/2026	F&P/25/120	DCG	Annual Delivery Progress Report	Provide an update at the next Board Development session on the finalisation of the Grant Thornton report, the executive team's management responses, and ongoing discussions to accelerate progress in key areas such as financial governance, turnaround arrangements, CHC, and commissioning performance data.	14.05.2026 update: Update was provided to Board Development, report subsequently finalised and executive summary published with March 2026 Board papers	May-26		Completed	
26/02/2026	F&P/25/118b	DPP&C	IQPR	To clarify the data inclusion issue related to national reportable incidents and provide increased harm-review information for commissioned services to the Patient Experience, Quality and Safety Committee (PEQS).	14.05.26 Update: This action has been transferred to the PEQS Committee action log in order for them to receive and consider the update. It is intended the ownership of this item remains with PEQS and does not return to F&P.			Transferred	
04/12/2025	F&P/25/096	DPP&C	IQPR	To determine whether WAST measure call to hospital door times for PTHB residents in the IQPR	14.05.26 Update: This is not currently included on WAST performance reports that Powys are either routinely sent or can access via the dashboard			Completed	
28/01/2026	PTHB/25/139	DPP&C and Chair of F&P Cttee	Integrated Quality and Performance Report	Finance and Performance Committee to investigate the position in relation to long waits at RJAH	25.03.2025 update: Item added to May agenda. An update will be provided to the Board. 14.05.2026 update - item on Committee agenda	May-26		Completed	
02/09/2025	F&P/25/049	DPCCMH	MIUs	To provide the committee with a report on the MIU position and the feasibility of changes.	26.02.2026 update: Item was scheduled for Feb agenda, deferred due to internal developments. Chair and DCG to consider relevant timing for item in the 2026/27 work programme 14.05.2026 update: Item on May agenda	Feb-26	May-26	Completed	

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Paper 3.2a - Finance and Performance Committee (14 May 2026)

Update paper against action log item D&P/25/009

The action was - to confirm a timeframe for a resolution on Colonoscopy reporting from PHW

Executive Owner – Nicola Johnson, Executive Director Planning, Performance and Commissioning.

The action has been open for some time, meeting by meeting updates are contained in the main action log. The update provided for the May 2026 meeting is as follows:

- Clinician tendered resignation at short notice (single clinician service in Powys) and from March 2026 service is managed with insource capacity.
- Performance in February has increased significantly to 40% following engagement with PHW, but locally performance was expected to improve but be at circa 17 – 20% for the same period (this requires further engagement/investigation).
- Head of Performance and Senior Planned Care Manager met with PHW (14/04/2026) to clarify bowel screening KPI methodology, waiting time reporting, and performance reconciliation between Powys Teaching Health Board (PTHB) and Public Health Wales (PHW). Key notes include:
 - PHW confirmed the bowel screening KPI clock starts when a patient contacts the screening service following a positive FIT result, not from the positive FIT date itself.
 - KPI expectations:
 - SSP assessment within 14 days of patient contact.
 - Colonoscopy within 14 days of SSP assessment.
 - KPI measures actual colonoscopy completion date, not only the offer date.
 - Differences were noted (and are being investigated) between wording used in:
 - National KPI definitions
 - LTA performance reporting
 - Welsh Government reporting terminology.
 - PHW acknowledged current reporting is based partly on weekly “snapshot” estimations of available capacity and holding lists, which may contribute to variance.
- PHW provided a month of their data for comparison with locally held reports for cross checking to be undertaken – this was provided on the 08/05/2026 and will be reviewed week 11/05/2026 onward.
Deep dive is not complete whilst the above key information is analysed.

The action is recommended to remain open.

End

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Finance and Performance Committee 2026-27

Theme	Item Title	Exec Lead	May 14/05/2026	June 25/06/2026	September 10/09/2026	October 13/10/2026	December 03/12/2026	February 18/02/2027
Governance	Minutes of previous meeting	DCG	✓	✓	✓	✓	✓	✓
Governance	Declaration of Interests	DCG	✓	✓	✓	✓	✓	✓
Governance	Action Log	DCG	✓	✓	✓	✓	✓	✓
Governance	Committee Reflections	N/A	✓	✓	✓	✓	✓	✓
Governance	Committee Risk Register	DCG	✓	✓	✓	✓	✓	✓
Governance	Annual Work Programme	DCG	✓					
Governance	Work Programme (updated through year)	DCG		✓	✓	✓	✓	✓
Governance	Annual Assessment of Committee Effectiveness	DCG		✓				
Governance	Committee Governance Action Plan	DCG		✓				✓
Governance	Committee Annual Report (including IC elements)	DCG	✓					
Governance	Review of Terms of Reference	DCG						✓
Performance	Integrated Quality and Performance Report	DPP&C	✓ mnt 11	✓ mnt 01	✓ mnt 03	✓ mnt 05	✓ mnt 07	✓ mnt 09
Performance	Ministerial Enabling Actions (included within IQPR)	DPP&C		✓			✓	
Performance	Annual Delivery Progress Report	DPP&C	✓		✓ Q1	✓ Q2		✓ Q3
Finance	Finance Report	DoFCSS	✓	✓	✓	✓	✓	✓
Finance	Savings - (Six monthly report on Continuing Health Care costs)	DPCCMH			✓			✓
Finance	Variable Pay	DoFCSS			✓			
Innovative Environments	Capital Programme Delivery & Decarbonisation programme	DoFCSS					✓	
Innovative Environments	Capital and Estates Compliance Report	DoFCSS						✓
Innovative Environments	Capital and Estates Strategy Monitoring	DoFCSS			✓			
Innovative Environments	Capital Pipeline Overview	DoFCSS					✓	
Innovative Environments	Powys PSB Climate Working Group Update	DoFCSS				✓		
Primary Care	GMS (to include access)	DoPCCMH			✓			
Primary Care	GDS	DoPCCMH				✓		
Primary Care	Out of Hours Performance review	DoPCCMH		✓				
Primary Care	Community Pharmacy Annual Report	MD					✓	
Primary Care	Optometry Annual Report to include performance	DPCCMH		✓				
Primary Care	Mental Health Services	DoPCCMH						
Audit Reports	Any Internal Audit/Wales Audit reports received - for information	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Communications	Comms and Engagement Report	DCG					✓	
Performance	Organisational Escalation Status Presentation Finance and Performance Monitoring	DoFCSS & DPP&C	✓	✓	✓	✓	✓	✓
Finance	Deep Dive - CHC savings track growth on case numbers.	DPCCMH		✓				
Performance	Endoscopy Update to include JAG accreditation	DPCCMH			✓			✓
Health and Safety	Health and Safety Dashboard (Annual Report)	DoFCSS	✓					
Health and Safety	Health & Safety 6 monthly report	DoFCSS/ DoN,Q&FH					✓	
Planning	Integrated Plan 2026/2027 Development & Draft Performance Report (of Annual Report) - Joint PPPH and F&P meeting March 2026							
Actions	MIU Deep Dive - from Performance report (Action at Sept 25 meeting)	DPP&C	✓					
Actions	Review the effectiveness of clusters in achieving their purpose on an Annual basis (consent agenda)	DPCCMH		✓				
Actions	Community Hospital Delays & Flow	DPCCMH		✓				
Actions	Private Providers- Mental Health	DPCCMH	✓				✓	
Governance	Public Sector Prompt Payment (PSPP) Performance'	DoFCSS					✓	
External Audit	Cancer Services Improvement Plan and Performance Update	MD			✓			
	In-reach fragility	DPP&C					✓	
Actions								
Governance	Deep Dive on Hospital Delays	DPCCMH	✓					
	Finance and Performance Committee to investigate the position in relation to long waits at RJAH	DoPP&C	✓					
Key								
Date to be confirmed								
Item to be confirmed								
Item deferred								
Item brought forward								
Going to Board								
Find Exec Cttee date								
Added to draft agenda								
transferred to another committee								



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Level 4 Escalation Update

Finance and Performance Committee
14 May 2026

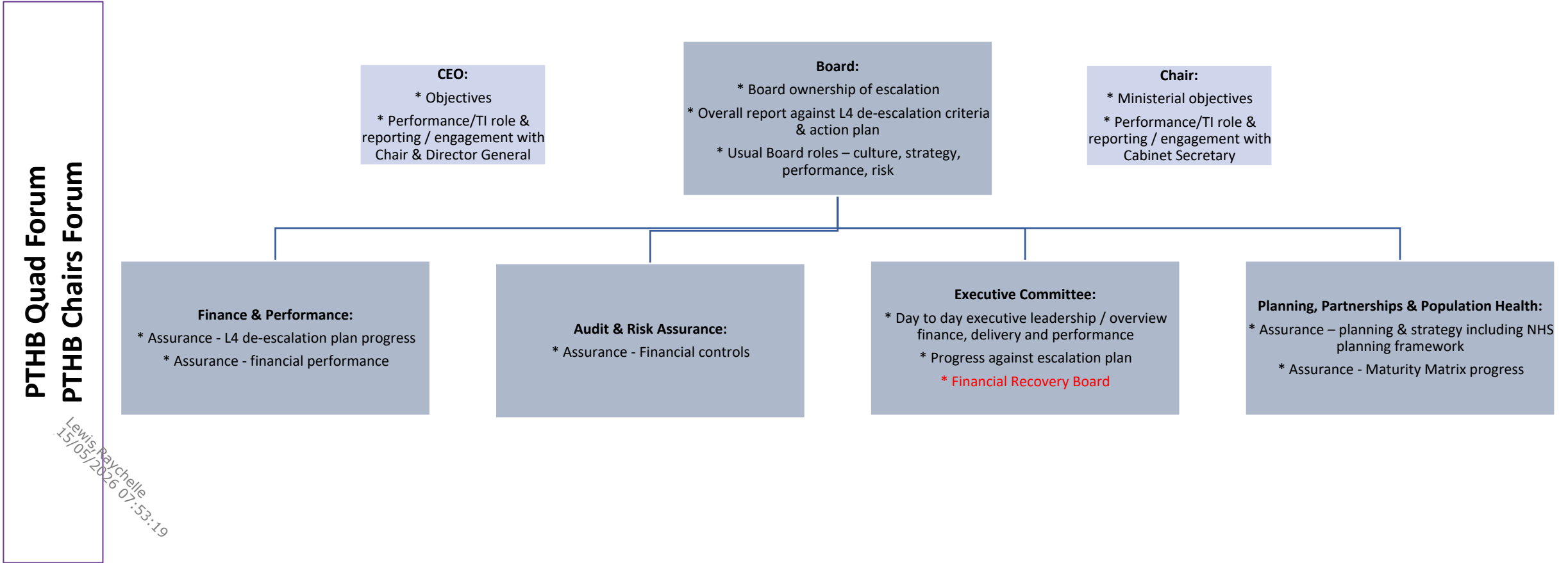
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4.1 - Escalation and Intervention Arrangements

Subject:	Escalation and Intervention Arrangements
Approved and Presented by:	Nicola Johnson, Executive Director Planning, Performance and Commissioning
Prepared by:	Director of Corporate Governance/Board Secretary
Purpose:	This document provides an update against the Welsh Government escalation and intervention arrangements for Powys Teaching Health Board.
Recommendations:	<p>The Committee is asked to:</p> <ul style="list-style-type: none">• RECEIVE the report and take ASSURANCE that appropriate mechanisms are in place to monitor and report to the Board (and its Committees) against the Level 4 de-escalation criteria.
Executive Summary	<p>The Welsh Government Escalation and Intervention Arrangements has five levels of escalation</p> <ol style="list-style-type: none">1. Routine arrangements2. Area of concern (new level)3. Enhanced monitoring4. Targeted intervention5. Special measures <p>The framework has six escalation domains and can be viewed here - NHS Oversight, Assurance, Escalation and Intervention Framework (gov.wales)</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:	<i>None for this meeting</i>

Lewis Perchella
15/05/2025 07:57:19

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	30 Sept 2026
Finance & Performance Committee (overall reporting)	Every meeting	26 Feb 2026	14 May 2026
Planning, Partnerships and Population Health Committee (planning & strategy)	Every meeting	20 Nov 2025	18 May 2026
Audit, Risk and Assurance Committee (financial control)	Every meeting	12 May 2026	23 June 2026
Executive Committee (overall reporting)	Monthly	13 May 2026	27 May 2026

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Update – Welsh Government Assurance Reporting

- Engagement and reporting to Welsh Government has continued as required

Mechanism	Frequency	Last Meeting	Next Meeting
JET meetings	Bi-annual	Public Accountability Meeting (27 Nov 2025) replaced JET meeting	N/A – new framework in place
IQPD meetings	Monthly	26 March 2026	N/A – new framework in place
Professional lead meetings – finance	Monthly	Several contact points throughout month	Several contact points throughout month
Professional lead meetings – planning & strategy	Monthly	Several contact points throughout month	Several contact points throughout month
Chair to Cabinet Secretary meetings	Quarterly	4 Feb 2026	TBC due to election period
PTHB CEO to NHS Wales CEO/Director General	Ongoing	Several contact points throughout month	Several contact points throughout month
Scrutiny meetings	As required by WG		2 June 2026

Update – Support

- Externally procured report – Grant Thornton report completed Feb 2026 (executive summary published with March Board papers)
- No significant emerging findings identified that would benefit the 2025/26 in year position
- 34 Recommendations made, all excepted or partially accepted except 3 (see next slide). Management responses provided against all recommendations. Progress against recommendations will be reported x2 per year
- The themes from the report are as follows:



Lewis, Raychelle
15/05/2026 07:53:30

Grant Thornton Summary of Executive Responses to Recommendations

- 34 Recommendations

Area	No. Recommendations	Accepted	Partially Accepted	Not Accepted
Commissioning & Contracting	19	7	9	3
CHC	8	6	2	0
Finance, Planning & Transformation	7	7	0	0
Totals	34	20 (59%)	11 (32%)	3 (9%)

- Recommendations not accepted:**

- Catalogue all collaborative forums (who attends, decisions, finances at stake) and align to commissioning intentions. Productivity gains – *already in Partnership Governance Framework and Strategic Change report*
- Tighten process and expedite setting of annual Commissioning Intentions linked to key areas of financial pressure, ensure intentions are clearly communicated to providers in advance. *NHSW LTAs to be agreed by 27 February 2026, not timely. PTHB Commissioning Intentions for NHSE currently very similar to local host ICBS. Any additional learning & benefit of this recommendation to be explored for NHSE as part of Rec 16.*

Focus on improving automatic data feeds from Welsh data systems to each Health Board, avoiding the need for manual manipulation. Reduced costs and better operational and financial understand and control. *Included in other recommendations. However, this element is not in PTHB control.*

Lewie Raynor
15/05/2026 09:53:19

Update – Actions taken

- 2026/27 PTHB Annual Plan includes response to Grant Thornton report – significant focus on progressing those actions, led by executive colleagues
- Financial Recovery Board in operation (CEO Chaired, part of formal governance structure – reports to Board via Committee Chair’s report)
- Additional external support and expertise in place in the following areas
 - CHC
 - Commissioning and Contracting
 - Financial Recovery
 - Workforce model

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Alignment of annual plan to de-escalation criteria

- The 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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Next Steps

- Continued delivery of PTHB Annual Plan (actions and finance)
 - This includes transformation work within key areas (e.g. CHC, Commissioning & Contracting)
- Continued delivery of the Financial Recovery Board
- Continued reporting to and engagement with Welsh Government – next Escalation Board 2 June 2026
- Reporting of progress against the Grant Thornton report recommendations to F&P Committee (Autumn and year end)
- 2026/27 Internal audit scheduled on Escalation Status – PTHBs response and governance structure (external assurance)
- All Committee and Board reporting will continue – shift towards assessing progress against de-escalation criteria.

Leah Raychelle
10/05/2026 07:53:19



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Supporting Information

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Reminder - NHS Wales Escalation and Intervention Arrangements

- Welsh Government Escalation and Intervention Arrangements – Five levels of escalation

1. Routine arrangements
2. Area of concern (new level)
3. Enhanced monitoring
4. Targeted intervention
5. Special measures

- Six escalation domains

- [NHS Oversight, Assurance, Escalation and Intervention Framework \(gov.wales\)](https://gov.wales/nhs-oversight-assurance-escalation-and-intervention-framework)

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



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Recap – External Support

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

Commissioning and contracting expertise

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

CHC clinical and operational expertise

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

External planning and transformation capacity and expertise

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

Audit expertise

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

Recap - 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.

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

Powys THB Finance Department Financial Performance Report Finance and Performance Committee

**Period 12 (March 2026)
FY 2025/26**

Date Meeting: 14 May 2026

Lewis, Raychelle
15/05/2026 07:53:19

Introduction

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 12 OF FY 2025/26
Approved & Presented by:	Pete Hopgood, Executive Director of Finance
Prepared by:	Deputy Director of Finance
Other Committees and meetings considered at:	Executive Committee 29.04.26

PURPOSE:

This paper provides an update on the March 2026 (Month 12) Financial Position, including progress with savings delivery.

RECOMMENDATION:

The Committee is asked to **receive** the financial report and take **assurance** that the organisation has effective financial monitoring and reporting mechanisms in place.

The Committee is asked to **consider** and **discuss** the pre-audit financial performance for 2025/26 of £33.3m and the underlying deficit of £45.1m.

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	• Focus on Wellbeing	✗
	• Provide Early Help and Support	✗
	• Tackle the Big Four	✗
	• Enable Joined up Care	✗
	• Develop Workforce Futures	✗
	• Promote Innovative Environments	✗
	• Put Digital First	✗
	• Transforming in Partnership	✓

Health and Care Standards:	• Staying Healthy	✗
	• Safe Care	✗
	• Effective Care	✗
	• Dignified Care	✗
	• Timely Care	✗
	• Individual Care	✗
	• Staff and Resources	✓
	• Governance, Leadership & Accountability	✗

Approval/Ratification/Decision	Discussion	Information
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2/21 ✓	✓	40/351
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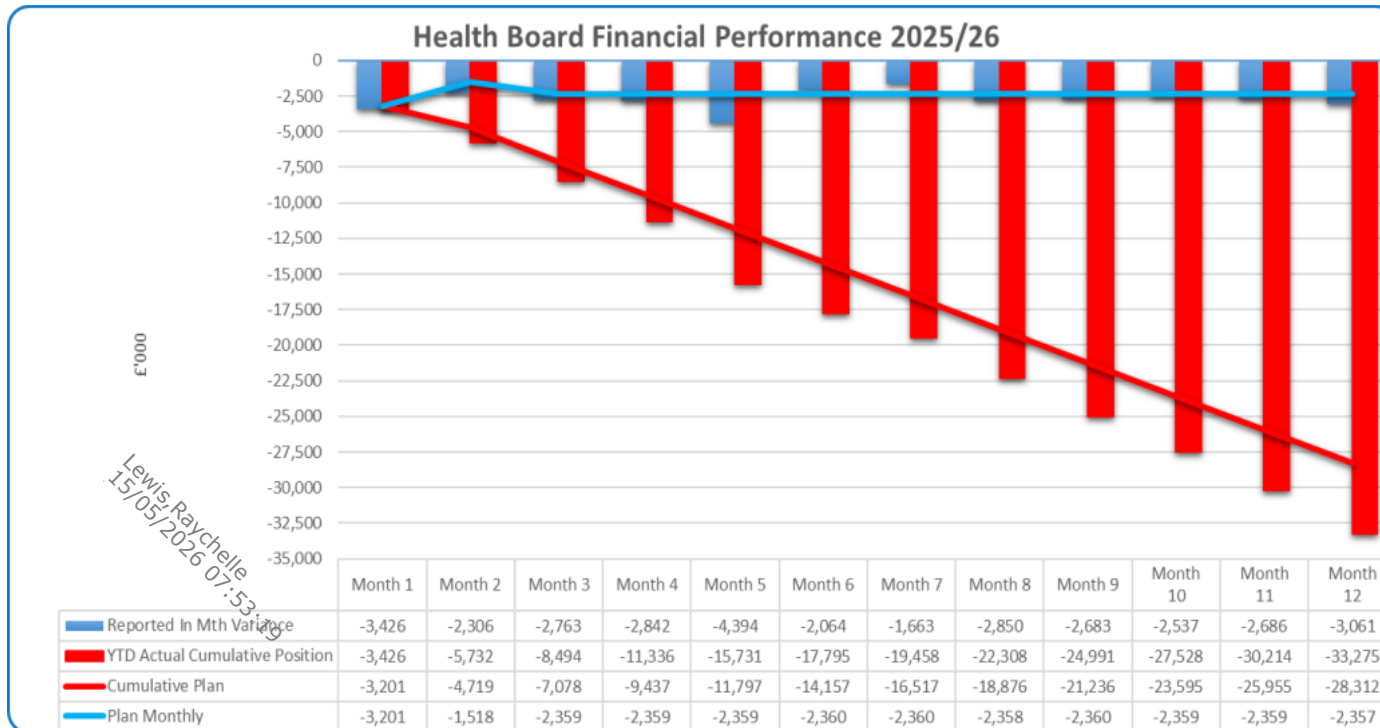
Revenue				Capital		
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by WG	Plan £'000	Actual £'000	Trend		Value £'000	Trend
Reported in-month financial position – (deficit)/surplus	-2,357	-3,061	↑	Capital Resource Limit	8,393	↑
Reported Year To Date financial position – (deficit)/surplus	-28,312	-33,275	↑	Reported Year to Date expenditure	8,312	↑
Year end – (deficit)/surplus	-28,312	-33,275	↑	Reported year end – (deficit)/surplus – Forecast	8,312	↑

Powys THB submitted an Annual Plan to Welsh Government in March 2025, which included a deficit of £38.4m. The Accountable Officer (AO) letter in May confirmed actions to reduce expenditure in 2025/26 with a quantified value of £10.1m to revise the Health Board’s forecast to a £28.3m deficit.

As per AO letter in December, the Health Board's forecast is £33.312m.

At month 12, there is a £33.275m overspend, compared to a planned deficit of £28.312m, this equates to the Health Board having an overspend of £4.963m. Therefore, in line with the readvised £33.312m deficit.

The capital resource limit for 2025/26 is £8.393m, the outturn was £8.312m. A small underspend of £0.081m. This excludes the leases element of £0.451m.



Year to Date overspend of £5m compared to Plan

The YTD overspend is due to unforeseen cost pressures.

- NHS England unplanned care tariff increase - £3.8m
- JCC delivery - £0.5m
- Employers NI contribution - £1.0m

The balance of £0.3m underspend is an operational variance connected with savings and private providers overspend off-set by underspends elsewhere.

Overall Summary of Variances £'000s

	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(472,073)	(472,073)	0
02 - Capital Donations	(614)	(614)	(0)
03 - Other Income	(8,388)	(10,173)	(1,785)
Total Income	(481,075)	(482,860)	(1,785)
05 - Primary Care - (excluding Drugs)	51,825	50,267	(1,558)
06 - Primary care - Drugs & Appliances	35,351	35,188	(162)
07 - Provided services -Pay	131,681	133,080	1,398
08 - Provided Services - Non Pay	24,963	21,422	(3,540)
09 - Secondary care - Drugs	1,394	1,318	(77)
10 - Healthcare Services - Other NHS Bodies	190,264	197,912	7,647
12 - Continuing Care and FNC	40,696	40,324	(372)
13 - Other Private & Voluntary Sector	6,410	9,586	3,176
14 - Joint Financing & Other	10,244	10,489	245
15 - DEL Depreciation etc	6,270	6,271	1
16 - AME Depreciation etc	10,288	10,287	(1)
18 - Profit/Loss Disposal of Assets	0	(10)	(10)
Total Costs	509,387	516,135	6,748
Reported Position	28,312	33,275	4,963

At Month 12, there is a £33.275m overspend against the planned deficit of £28.312m giving the Health Board an operational overspend of £4.963m. The most significant areas to highlight are:

- Commissioning of Healthcare Services from other NHS Bodies is £7.647m overspent. There is an unfunded cost pressure arising from price increase on non-elective tariffs in the English system, savings target shortfall, overspend with JCC and underspend with Welsh providers.
- Other private and voluntary sector is overspent by £3.176m. This is due to an increased number of acute mental health and LD placements with private providers.
- Agency expenditure of £0.385m in the month, the highest it has been since month 04 (July). Compared to M12 2024/25 it is £0.196m lower.
- CHC and FNC is underspent by £0.372m. There are 407 packages of CHC care, a net increase of 52 since Month 12 2024/25.
- There are underspends in Primary Care within dental and general medical services and in Provider Services – non-pay.

We are focused on this because:

This page gives a directorate level view of PTHB's corporate and provider services. There are significant budget variances to be understood and managed.

Subset of Table B Categories and Directorate View Variances

Subset of Table B Categories	WTE Bud	WTE Act	WTE Var	Avg WTE	Budget	Actual	Variance
03 - Other Income	0	0	0	0	(8,388)	(10,173)	(£1,785)
07 - Provided services -Pay	2,393	2,175	(219)	2,144	131,681	133,080	£1,398
08 - Provided Services - Non Pay	0	0	0	0	24,963	21,422	(£3,540)
Grand Total	2,393	2,175	(219)	2,144	£148,256	£144,329	(£3,927)
Directorate View							
Assistant Director Community Services	1,018	933	(85)	923	49,784	48,120	(£1,664)
Assistant Director MH/LD	540	442	(97)	428	24,755	31,702	£6,947
Assistant Director Women and Children	159	151	(8)	159	7,936	8,071	£134
Estates and Support Services	207	213	6	208	16,695	16,651	(£44)
Corporate and other Services	470	435	(34)	426	49,086	39,785	(£9,300)
Grand Total	2,393	2,175	(219)	2,144	148,256	144,329	(£3,927)

Note: The above table only relates to the directly provided services for the directorates shown. These directorates are also accountable for other areas, such as CHC, Commissioning, Private Providers and Voluntary Sector, which is not included in the above.

Risks

- Increased workforce gaps resulting in greater requirement for temporary workforce and associated premium spend.

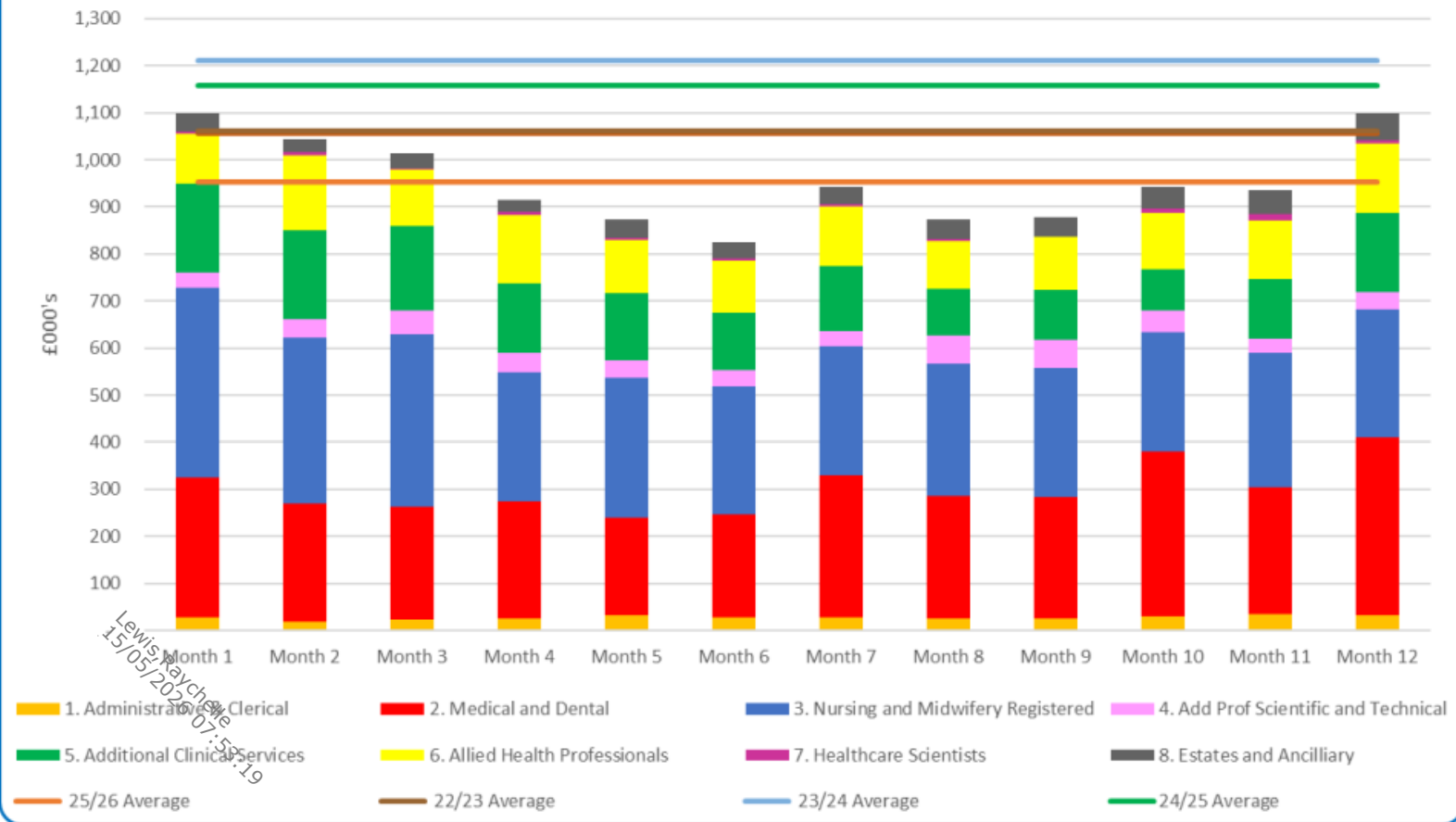
Explanation of Performance

- The Month 12 position is showing an underspend of £3.927m over these categories.
- The service with the largest overspend is Mental Health & Learning Disability. This is due to agency and locum expenditure and the underachievement of savings.
- Community Services is underspent due to the effective management of vacancies.
- Vacancies are running at 18% (97 WTE) for MH&LD Services and 8% (85 WTE) for Community Services.
- Corporate and other Services are underspent. There are vacancies and financial reserves held centrally to off-set the overspends in MH&LD Services.
- The following page provides more detail on agency expenditure and the actions being taken to address the high usage.

We are focused on this because:

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

Total Actual Variable (Locum + Bank + Agency) Pay 2025/26 vs Previous Years



Performance and Actions

- The chart opposite demonstrates that in March variable pay was the highest it has been since the beginning of the year.
- Powys continues to be an outlier within NHS Wales as forecasted agency and locum spend was on average 5.7% of total forecasted pay in Month 11, against the Wales average of 1.9%.
- The HB's Variable Pay Reduction group is implementing a detailed action plan. There are improvements on the wards in CSG, but high expenditure run rates remain in non-ward services and Mental Health.

Risks

- Level of agency (% of pay).
- Increased workforce gaps resulting in greater requirement for temporary workforce.
- Supply and demand price pressures leading to use of off-contract agencies.

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

We are focused on this because:

Commissioning of secondary and tertiary healthcare services is circa 40% of all expenditure and has been growing steadily. It is a core component of the Health Board's Strategy facilitated through the transformation programme.

Status Update

The Health Board is seeking to reduce expenditure in 2025/26 by reducing the quantity of elective activity commissioned. Particularly, with SaTH, WVT and RJAH.

NHS Commissioning Variance to Date 2025/26

Commissioning	Budget to Date £000	Actual to Date £000	Variance to Date £000
Welsh Providers	50,611	49,230	(1,380)
English Providers	75,318	82,232	6,914
JCC	58,442	59,975	1,533
Other NHS Providers	4,961	5,761	799
Mental Health (LTAs Only)	932	713	(219)
Total	190,264	197,912	7,647

Performance

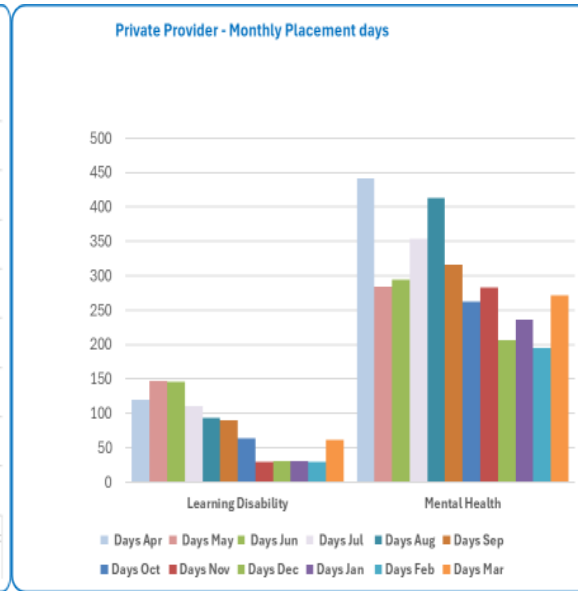
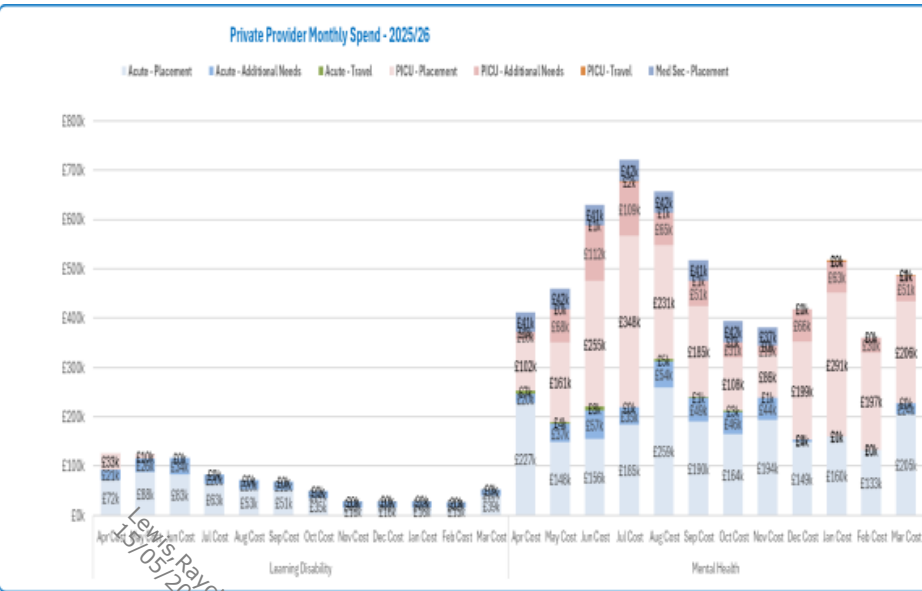
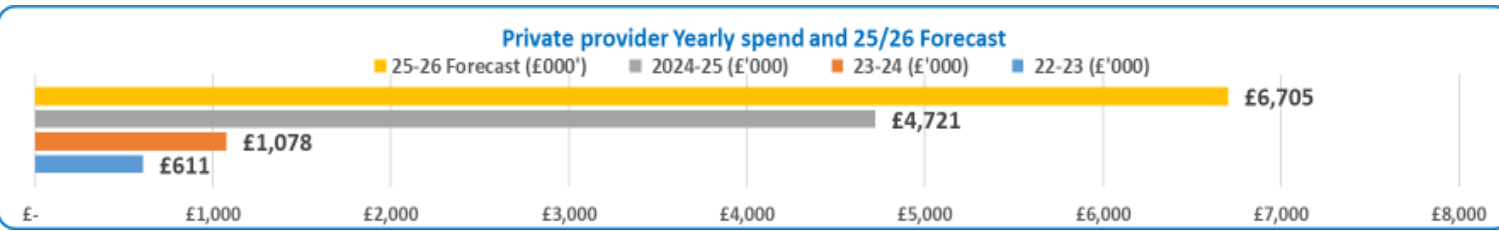
- *Welsh Providers* – there is an underspend due to reduced activity.
- *English providers*
 - There is an unfunded cost pressure arising from price increases in the English system for maternity and non-elective tariffs of circa an average 13%. This is estimated as £3.8m for the year.
 - The other contributing factor is that the savings target was not fully achieved (see later slide). This is £1.9m of the variance.
- *Joint Commissioning Committee* – the JCC overspend reflects two issues:
 - Powys share of JCC forecast overspend £0.5m.
 - the additional £1m expenditure reduction sought from JCC, so that the cost increase is limited to 1.77% funding increase the Health Board received from Welsh Government.

Risks

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

We are focused on this because:

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



Performance and Action

The 2025/26 financial plan had provision for private provider expenditure for acute mental health patients to match equivalent expenditure in 2024/25, reduced by an expectation that actions could be taken for costs to be £2m lower on a recurrent basis.

As at M12, the costs have increased to £6.7m (£5.9m MH and £0.8m LD). This is an increase of £2.0m from the prior year.

The number of open packages is 18 at the end of March, an increase of 6 in month.

LD and MH costs have stayed consistent, which is primarily driven by high cost PICU placements and Additional Needs (1-2-1 care).

Action has been taken to strengthen operational decision making and the monitoring of commissioned packages. The Health Board is exploring the option of increasing its own capacity and block booking of placements.

What the table tells us

The table shows the significant growth in costs incurred with private providers across all categories (mental health, learning disability,). If this continues unabated it poses a significant risk to the achievement of the financial plan and medium-term sustainability.

Risks

The HB has seen a significant increase in the complexity and number of patients requiring private provision, there is a risk the growth continues throughout 2025/26 above that planned for and beyond the levels that can be mitigated. There is a pressure on the weekly fees charged for packages of care.

We are focused on this because:

The delay in discharges from community and district general hospitals due to capacity and performance challenges within Adult Social Care services is causing a pressure on the Health Board.

- The table opposite includes both health and adult social care (ASC) related delayed discharges. It distinguishes between Powys community hospitals and the two English health systems (Shropshire and Herefordshire).
- The District General Hospital (DGH) delays includes information from our neighbouring hospitals around the perimeter of Powys.
- The table shows that of delayed discharges to date:
 - 8,000 days within Powys community hospitals related to Health processes, 14,402 days to Social Care and 2,850 days to joint processes. Associated costs to date of £3.6m, £6.6m and £1.3m, respectively.
 - 9,662 days within district general hospitals (DGHs) and English community hospitals related to Health processes; 7,038 days to Social Care and 1,227 to joint processes. Associated costs to date of £2.2m, £1.8m and £0.2m, respectively.

Please note the days are costed at £456 in Powys, on average of £396 for a community hospital in England and £343 for an excess bed day in a DGH in England.

2025-26 Gross Cost of Delays	Health			Joint			Social Care		
	YTD		Forecast	YTD		Forecast	YTD		Forecast
	Days	£m	£m	Days	£m	£m	Days	£m	£m
PTHB Provider Delays	3,154	£1.4	£1.4				6,501	£3.0	£3.0
PTHB Provider Assessment Delays	4,846	£2.2	£2.2	2,850	£1.3	£1.3	7,901	£3.6	£3.6
Subtotal PTHB Provider	8,000	£3.6	£3.6	2,850	£1.3	£1.3	14,402	£6.6	£6.6
Shropshire Community Bed Delays	423	£0.1	£0.1				163	£0.1	£0.1
WVT Community Bed Delays	722	£0.3	£0.3				747	£0.3	£0.3
DGH Bed Delays - England	6,119	£1.8	£1.8	791	£0.2	£0.2	4,800	£1.4	£1.4
DGH Bed Delays - Wales	2,398	£0.0	£0.0	436	£0.0	£0.0	1,328	£0.0	£0.0
Subtotal English & Welsh Providers	9,662	£2.2	£2.2	1,227	£0.2	£0.2	7,038	£1.8	£1.8
Total Opportunity Cost (at full cost)	17,662	£5.9	£5.9	4,077	£1.5	£1.5	21,440	£8.3	£8.3
							Total All	43,179	£15.8
									£15.8

Note: There has been a service change in regard to responsibility in the Reablement service. Previously PCC led on Reablement and Enablement. In October 2025, the responsibility for Reablement passed to the HB, and any delays relating to this are now being coded as Health delays when they were Social Care delays previously.

Performance and action:

This is a challenging situation with increased risks for patients, the effective operation of services and the financial performance. The Health Board works in partnership with the Council to address the underlying issues.

We are focused on this because:

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

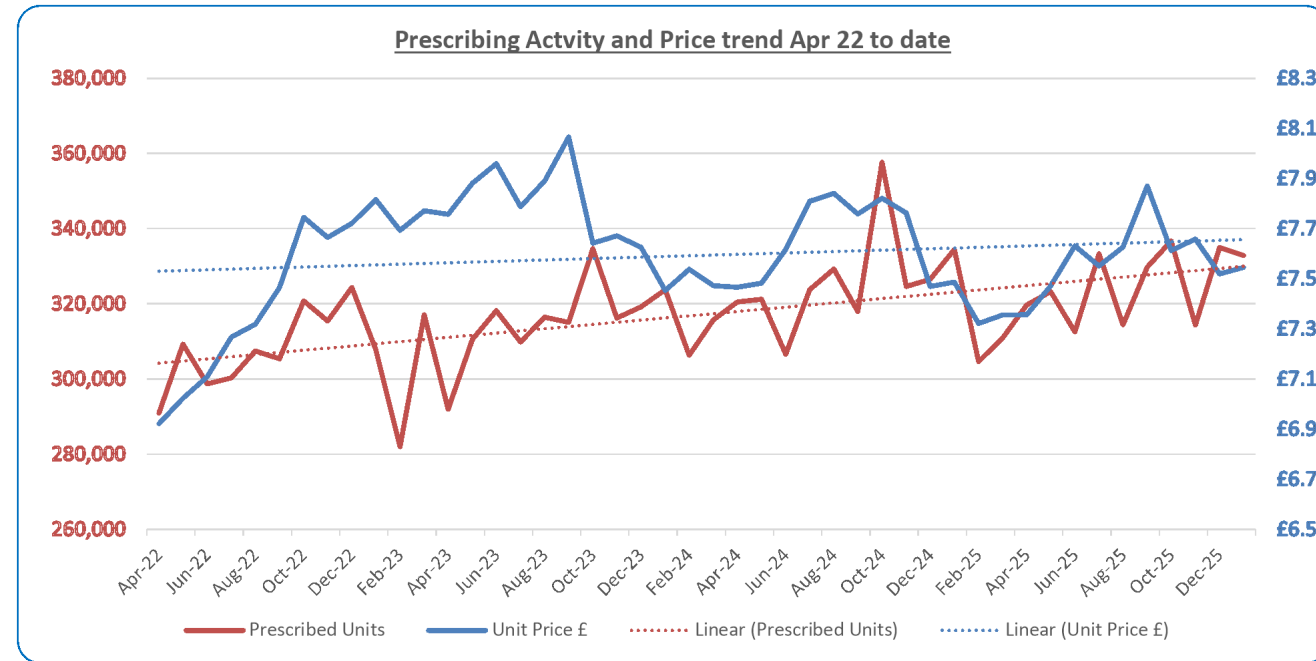
Status Update

An overspend of £475k against a budget of £29.0m (incl £1.5m saving target). Prescribing costs are reported 2 months in arrears.

YTD costs, M1-10, are a slight reduction **-0.2%** FY24-25.

- Unit price decrease year on year of **-0.2%**
- Reducing £% in FY25-26, driven by NCSO/price concessions. Unit costs are expected to continue at a lower rate into FY26-27 as the impact of reduced costs for SGLT-2 inhibitors come into the position.
- Activity yr on yr increased through Q3 & Q4 driving cost up for outturn.

Prescribing cost increases	F'cast				
	FY21-22	FY22-23	FY23-24	FY24-25	FY25-26
	£k	£k	£k	£k	£k
Prescribing Budget	23,182	24,694	28,959	31,161	28,962
Prescribing Annual costs/f'cast	25,610	27,469	29,195	29,488	29,437
Yr on Yr % increase/decrease	-1.3%	7.3%	6.3%	1.0%	-0.2%
Yr on Yr increase £ Total	-344	1,859	1,727	292	-51
Yr on Yr increase £ Growth	475	655	747	991	-25
Yr on Yr increase £ Inflation	-819	1,204	980	-698	-26



Risks & Challenges

- High proportion of dispensing practices: (38% of patients receive medicines from a dispensing practice; 79% of patients are registered with a dispensing practice)
- Access and control to prescribing data, audit participation, other services driving prescribing activity.
- Responsibilities for prescribing vs accountability for the prescribing budget.

Medicines Management savings performance and actions

- Schemes delivered £2.5m of savings, against a target of £1.5m. Actual savings will be identifiable later in the financial year.
- Guidance and support is given to Primary Care including, decision support software, monthly KPI reporting, practice visits, shared formulary and presc. guidelines, audit & shared care agreements.
- Active involvement in NHS Wales pharmacy and finance forums, including the Value and Sustainability Board workstream.

We are focused on this because:

Commissioning of complex healthcare packages is an area of significant expenditure growth (price inflation and number of packages). Maintaining strong and transparent governance over CHC processes is crucial for financial sustainability and relationships with our partners.

Area	21/22 Year end Position £'000	22/23 Year end Position £'000	23/24 Year end Position £'000	24/25 Year end Position £'000	25/26 Budget £'000	25/26 Forecast £'000	25/26 Variance £'000	Growth 2024/25 to 2025/26 Forecast £'000	Growth 2024/25 to 2025/26 Forecast %
Children	£157	£296	£310	£623	£694	£725	£31	£103	16.5%
Learning Disabilities	£1,639	£2,461	£3,549	£4,322	£4,943	£5,765	£821	£1,443	33.4%
Mental Health	£10,611	£13,949	£16,201	£19,714	£22,590	£22,242	(£349)	£2,528	12.8%
Mid Locality	£1,635	£1,882	£2,123	£2,301	£2,658	£2,485	(£173)	£184	8.0%
North Locality	£2,098	£2,646	£3,475	£3,927	£4,548	£3,848	(£699)	(£79)	(2.0%)
South Locality	£1,853	£1,904	£1,955	£1,670	£1,937	£2,058	£120	£388	23.2%
CHC Provisions	£1,796	£779	£683	£248	£63	£326	£263	£78	31.5%
Grand Total	£19,790	£23,917	£28,296	£32,803	£37,434	£37,448	£15	£4,645	14.2%
Number of active clients	285	295	327	355	379	407		52	14.6%
D2RA		£696	£201	£7	£9	£0	(£9)	(£7)	(100.0%)
FNC	£1,960	£2,131	£2,279	£2,782	£3,254	£2,876	(£378)	£94	3.4%
Total	£21,750	£26,744	£30,777	£35,592	£40,696	£40,324	(£372)	£4,732	13.3%

Performance and Action

The 2025/26 financial plan had provision for CHC inflation and growth based on the forecast for 2024/25 at Month 10.

At month 12, there is an underspend of £0.372m on the budget of £40.696m against Continuing Care and FNC.

The number of CHC packages has increased by 52 to 407, since the 2024/25 outturn, which is a 14% increase. However, there has been a 16% increase in the number of days of CHC provided.

Across Wales, at Month 11, the forecast is for an 6.6% increase in costs in 2025/26 compared to 2024/25. It is 14.1% in Powys.

What the table tells us

The table shows the significant growth in CHC costs across all categories (mental health, learning disability, children and frail adults). If this continues unabated it poses a significant risk to the achievement of the financial plan and medium-term sustainability.

Risks

The HB has seen a significant increase in the complexity and number of patients requiring CHC, there is a risk the growth continues in 2025/26 above that planned for and beyond the levels that can be mitigated.

There is a pressure on the weekly fees charged for packages of care.

We are focused on this because:

Delivering savings is key to successfully mitigating financial risk and achieving the financial plan. Maximising recurrent savings is key to our financial sustainability and tackling our underlying deficit into the medium term.

Forecast Performance of Saving Schemes by Programme

Targeted Area	(£ '000s)								
	In-year 2025/26						Recurrent for future years		
	2025/26 Target	No. Green + Amber	Green (forecast)	Amber (forecast)	Green + Amber (forecast)	Forecast vs Target	Recurrent 2025/26 Target	Forecast FYE	FYE vrs Recurrent Target
Premium pay expenditure	3,400	44	3,687	0	3,687	287	3,400	3,474	75
Medicine Management	1,500	6	2,488	0	2,488	988	1,500	2,488	988
MV and HP Programmes	1,000	1	805	0	805	-195	0	0	0
2% Recurrent	1,000	33	1,621	0	1,621	621	1,000	1,305	305
1% Non-recurrent	500	20	3,343	0	3,343	2,842	0	0	0
CHC / Private Providers	2,500	1	500	0	500	-2,000	2,000	0	-2,000
Commissioning	3,080	8	1,127	0	1,127	-1,953	1,420	1,127	-293
Commissioning (NHSE to Wales Targets)	7,100	14	7,772	0	7,772	672	0	1,200	1,200
Commissioning (JCC)	1,000	0	0	0	0	-1,000	0	0	0
Commissioning (POCD)	1,500	2	847	0	847	-653	0	847	847
RTGH	500	2	669	0	669	169	0	0	0
Total	23,080	131	22,858	0	22,858	-222	9,320	10,441	1,121

What the table tells us

Focus is on converting opportunities into deliverable schemes. Particularly recurrent schemes to impact upon the underlying financial deficit.

Risks

Timescales and capacity of teams to deliver the schemes.

Identification of additional schemes.

WG Value & Sustainability Board

V&S Board Category	£000
Workforce	3,400
Medicine Management	1,500
CHC/ private providers	2,500
Non-pay/ commissioning	12,680
Other	3,000
Total	23,080

Performance and Actions

- As shown in the table, green schemes with £22.858m savings achieved, against the £23.080m target, giving a gap of £0.222m. Accountancy gains of £2.687m are included within '1% non-recurrent'.
- The recurrent impact of saving schemes is £10.441m, compared to the £9.320m recurrent target. An overachievement of £1.121m. This improves the Health Board's underlying deficit.

Note: RAG rating is per WG's guidance in WHC (2023) 012: [Welsh Health Circular 2023 012 \(English\).pdf](#)

Table reported to Welsh Government

Risk	£ '000	Likelihood
Commissioning - NSE parity of funding (WVT) 2024/25	(5,000)	Low
Commissioning - NSE parity of funding (WVT) 2025/26	(8,100)	Low
Total	(13,100)	

Risks

Wye Valley Trust raised an invoice for £5m in 2024/25 related to its view regarding parity of funding from PtHB equivalent to NHS England commissioners. The equivalent figure for 2025/26 is £8.1m. Both amounts are shown as risks.

The description *“Recognition of discussions regarding parity of funding with English commissioners inc remoteness uplift, PFI and inflation”*.

The Health Board strongly refutes the basis for the charges. This is a serious matter for both organisations in terms of agreeing the end of year position and the preparation of annual accounts. These amounts have not been included within the Health Board’s 2025/26 month 12 financial position reported to Welsh Government. Senior officials have been alerted to the situation, as has Audit Wales.

This dispute was formally escalated to WG (and to NHSE by the Trust) in May 2025 for resolution at Government level. WG supports the PtHB position that it is not reasonable for the Health Board to pay these invoices, as they are not part of cross border contracting and not supported by guidance.

Care will be taken to ensure that the situation is appropriately and transparently reflected in the Annual Accounts, disclosed as contingent liabilities..

1. At month 12, PTHB is reporting a £33.275m deficit. This comprises the planned deficit £28.312m, with an operational overspend of £4.963m.
2. The outturn was in line with the 2025/26 updated forecasted position of £33.312m as per the Accountable Officer letter in December.
3. There is a risk to this position of up to £13.1m (£5m and £8.1m) relating to invoices that have been received from Wye Valley NHS Trust.
4. The Health Board's planned underlying deficit has held at the month 11 position of £45.071m.
5. Other financial matters:
 - The Health Board has a £8.393m capital allocation. This has been utilised on a range of estates projects, digital investments and equipment, with a small underspend of £81k.
 - Due to the £33.3m forecast financial deficit, the THB has received Strategic Cash to meet its obligations to suppliers and staff.
 - The Health Board is not currently achieving the target of paying 95% of non-NHS invoices within 30 days. This is due to delays in the process for approving CHC invoices and agency invoices. By number, the Q4 performance is 91.5%, which is just under the average for the year. Additional work is being undertaken to improve this, and we are seeing a monthly decrease in agency PAPP breaches.

Lewis Raycliffe
15/05/2026 09:33:19

Powys THB Finance Department Financial Performance Report – Appendices

Lewis, Raychelle
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Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 28th April 2026.

MMR Narrative



MMR M12
Narrative

MMR Tables



MMR M12 Tables

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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st March 2026
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	2.304	2.304	2.473
Decarbonisation Programme	0.643	0.643	0.285
TEF - Fire	0.415	0.415	0.415
TEF - Infrastructure	1.182	1.182	1.182
TEF - Decarbonisation	0.100	0.100	0.073
TEF - Mental Health	0.080	0.080	0.044
TEF - Infection Prevention Control	0.230	0.230	0.246
Mental Health Quality and Safety Schemes	0.305	0.305	0.305
DPIF - Medicines and Prescribing and Medicines Administration (ePMA)	0.127	0.127	0.127
DPIF - Digital Maternity Cymru	0.100	0.100	0.101
IRCF - North Powys Integrated Health and Wellbeing Hub - Fees	0.971	0.971	0.958
DPIF - RISP	0.077	0.077	0.078
End of Year Digital Funding 2025-26	0.678	0.678	0.670
End of Year Funding 2025-26	0.473	0.473	0.602
DR Detector	0.050	0.050	0.050
DPIF - Connecting Care	0.319	0.319	0.325
Llandrindod Integrated Health, Care & Wellbeing Hub	0.070	0.070	0.092
End of Year Equipment Funding - December 2025	0.198	0.198	0.212
Llandrindod Wells Memorial Hospital - Reconfiguratiuon Phase 2b	0.070	0.070	0.073
Transfer from HEIW for National Programme Theatre Laptop	0.001	0.001	0.001
Donated assets - Purchase	0.130	0.614	0.614
IFRS 16 Leases	0.451	0.451	0.451
Donated assets (receipt)	(0.130)	(0.614)	(0.614)
TOTAL APPROVED FUNDING	8.844	8.844	8.763

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	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	629	674	336	1,352	1,022	2,260	2,491	3,659	6,237	563	338	146
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	40,262	42,051	39,419	40,578	41,478	43,657	43,273	40,376	36,747	38,794	38,287	38,432
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	401	(73)	(144)	(120)
WG Revenue Funding - Other (e.g. invoices)	1,909	50	5	47	3	18	901	3	1,054	143	0	3,078
WG Capital Funding - Cash Limit - LHB & SHA only	0	500	0	500	0	1,664	0	0	500	1,000	2,249	2,440
Income from other Welsh NHS Organisations	771	499	737	586	798	510	941	621	717	897	265	1,822
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	901	1,221	539	546	1,844	235	560	657	1,271	651	1,353	653
Total Receipts	43,693	44,171	40,550	42,107	43,973	45,934	45,525	41,507	40,690	41,412	42,010	46,305
Payments												
Primary Care Services : General Medical Services	3,039	2,719	3,179	3,006	2,720	3,089	3,220	2,872	2,789	3,134	2,836	2,972
Primary Care Services : Pharmacy Services	548	1,186	0	460	357	329	767	0	1,047	652	579	0
Primary Care Services : Prescribed Drugs & Appliances	1,356	2,736	0	1,466	1,693	1,693	3,043	0	3,184	1,463	1,541	0
Primary Care Services : General Dental Services	407	420	365	491	507	441	441	456	452	552	389	453
Non Cash Limited Payments	134	145	155	141	144	135	135	180	201	99	168	154
Salaries and Wages	9,669	9,855	9,879	9,866	10,442	10,844	10,394	10,314	10,458	10,380	10,485	11,031
Non Pay Expenditure	23,062	27,068	25,356	26,697	26,564	28,912	26,019	24,875	27,822	24,135	25,400	26,261
Capital Payment	5,433	380	600	310	308	260	338	232	411	1,222	804	4,734
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	43,648	44,509	39,534	42,437	42,735	45,703	44,357	38,929	46,364	41,637	42,202	45,605
NET CASH FLOW IN MONTH	45	(338)	1,016	(330)	1,238	231	1,168	2,578	(5,674)	(225)	(192)	700
Balance c/f	674	336	1,352	1,022	2,260	2,491	3,659	6,237	563	338	146	846

Due to the £33.3m forecast financial deficit, the THB received Strategic Cash to meet its obligations.

	Opening Balance Beginning of Apr-25 £'000	Closing Balance End of Mar-26 £'000	Forecast Closing Balance End of Mar-26 £'000
Non-Current Assets			
Property, plant and equipment	110,704	111,134	111,134
Intangible assets	154	154	154
Trade and other receivables	196	46	46
Other financial assets	0	0	0
Non-Current Assets sub total	111,054	111,334	111,334
Current Assets			
Inventories	197	175	175
Trade and other receivables	10,991	9,053	9,053
Other financial assets	0	0	0
Cash and cash equivalents	629	846	846
Non-current assets classified as held for sale	0	0	0
Current Assets sub total	11,817	10,074	10,074
TOTAL ASSETS	122,871	121,408	121,408
Current Liabilities			
Trade and other payables	50,135	47,039	47,039
Borrowings (Trust Only)	0	0	0
Other financial liabilities	0	0	0
Provisions	3,803	2,903	2,903
Current Liabilities sub total	53,938	49,942	49,942
NET ASSETS LESS CURRENT LIABILITIES	68,933	71,466	71,466
Non-Current Liabilities			
Trade and other payables	720	540	540
Borrowings (Trust Only)	0	0	0
Other financial liabilities	0	0	0
Provisions	803	643	643
Non-Current Liabilities sub total	1,523	1,183	1,183
TOTAL ASSETS EMPLOYED	67,410	70,283	70,283
FINANCED BY:			
Taxpayers' Equity			
General Fund	16,781	12,157	12,157
Revaluation Reserve	50,629	58,126	58,126
PDC (Trust only)	0	0	0
Retained earnings (Trust Only)	0	0	0
Other reserve	0	0	0
Total Taxpayers' Equity	67,410	70,283	70,283

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Core Financial Plan Year 1 2025/26

Financial Plan	(£m)
Underlying Deficit	30.6
Cost pressures in secondary care	13.4
Other cost pressures	11.4
Net effects of allocation adjustments	-6.0
Mitigating Actions	-11.0
Additional Mitigating Actions	-10.1
TOTAL DEFICIT	28.3

Powys THB submitted its 2025/26 Annual Plan to Welsh Government in March 2025, which included a deficit of £38.4m with an ambition to identify further actions to be able to plan for a £16m deficit.

The Accountable Officer letter in May confirmed actions to reduce expenditure in 2025/26 with a quantified value of £10.1m to revise the Health Board's forecast to a £28.3m deficit.

This report and the monthly monitoring returns to Welsh Government have been completed with reference to the £28.3m deficit.

Underlying deficit

The underlying deficit associated with the 2025/26 Financial Plan is £42.1m. This reconciles to the £28.3m deficit plan above by adding back the £10.1m of Additional Mitigating Actions, which are non-recurrent, and £3.7m of the Mitigating Actions, which relates to the 1% non-recurrent savings target.

The cost drivers causing the underlying deficit are commissioning of specialist and secondary healthcare, continuing healthcare (CHC), pay and use of private providers.

The Health Board's underlying position has been reviewed and adjusted from £42.070m to £44.671m. The adjustments are as follows:

- deterioration of £5.000m in line with the forecast
- an improvement of £0.900m FYE of savings above recurrent target
- assessment that actions taken this year will result in £1.000m lower recurrent expenditure with Private providers; and
- recurrent impact of constraint in non pay expenditure – £0.500m.

It was further reviewed in month 11 and adjusted from £44.671 to £45.071. The adjustment of £0.400m was in relation to the Band 3 HCSW Framework assimilation.

In Month 09, the forecast was deteriorated by £5.000m to £33.312m as per the Accountable Officer letter in December, which was based on Month 8.

Financial Plan	YTD (£m)	Forecast (£m)	Mitigated Forecast (£m)	Comment
Financial Plan profile	18.9	28.3	28.3	
Operational variance	(0.4)	0.0	(0.7)	Continue control mechanisms
Unforeseen cost pressures (reported as risks)				
o NHS England unplanned care tariff increase	2.5	3.8	3.8	Fixed estimate
o Joint Commissioning Committee delivery	0.6	0.8	0.8	Assume latest JCC forecast is maintained
o Employers NI contribution shortfall	0.7	1.1	1.1	Fixed figure
o Band 2/3 Framework		2.1	0.0	Confirmation of full WG funding for 2025/26
o Welsh Risk Pool		0.9	0.0	Confirmation of WG funding for 2025/26
Further risk: Activity in English Trusts		0.0	0.0	Seeking to mitigate by block contract with SaTH and robust estimation of WVT activity costs.
o SaTH reporting activity				Remains an area of opportunity and risk.
o WVT coding of its activity				
Financial Performance	22.3	37.0	33.3	Manage any other risks, use findings from external review (GT) to assist with this
Variance	3.4	8.7	5.0	

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Powys THB Finance Department Financial Performance Report – Summary Executive Committee

**Period 01 (April 2026)
FY 2026/27**

Lewis, Raychelle
15/05/2026 07:53:19

Introduction

Subject:	SUMMARY FINANCIAL PERFORMANCE REPORT FOR MONTH 01 OF FY 2026/27
Approved & Presented by:	Pete Hopgood, Executive Director of Finance
Prepared by:	Hywel Pullen, Deputy Director of Finance
Other Committees and meetings considered at:	Executive Committee

PURPOSE:
This paper provides an update on the April 2026 (Month 01) Financial Position.
RECOMMENDATION:
<p>The Committee is asked to receive the financial report and take assurance that the organisation has effective financial monitoring and reporting mechanisms in place.</p> <p>The Committee is asked to consider and discuss the financial forecast and the underlying deficit for 2026/27 of £44.652m.</p>

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	• Focus on Wellbeing	✗
	• Provide Early Help and Support	✗
	• Tackle the Big Four	✗
	• Enable Joined up Care	✗
	• Develop Workforce Futures	✗
	• Promote Innovative Environments	✗
	• Put Digital First	✗
	• Transforming in Partnership	✓
Health and Care Standards:	• Staying Healthy	✗
	• Safe Care	✗
	• Effective Care	✗
	• Dignified Care	✗
	• Timely Care	✗
	• Individual Care	✗
	• Staff and Resources	✓
	• Governance, Leadership & Accountability	✗

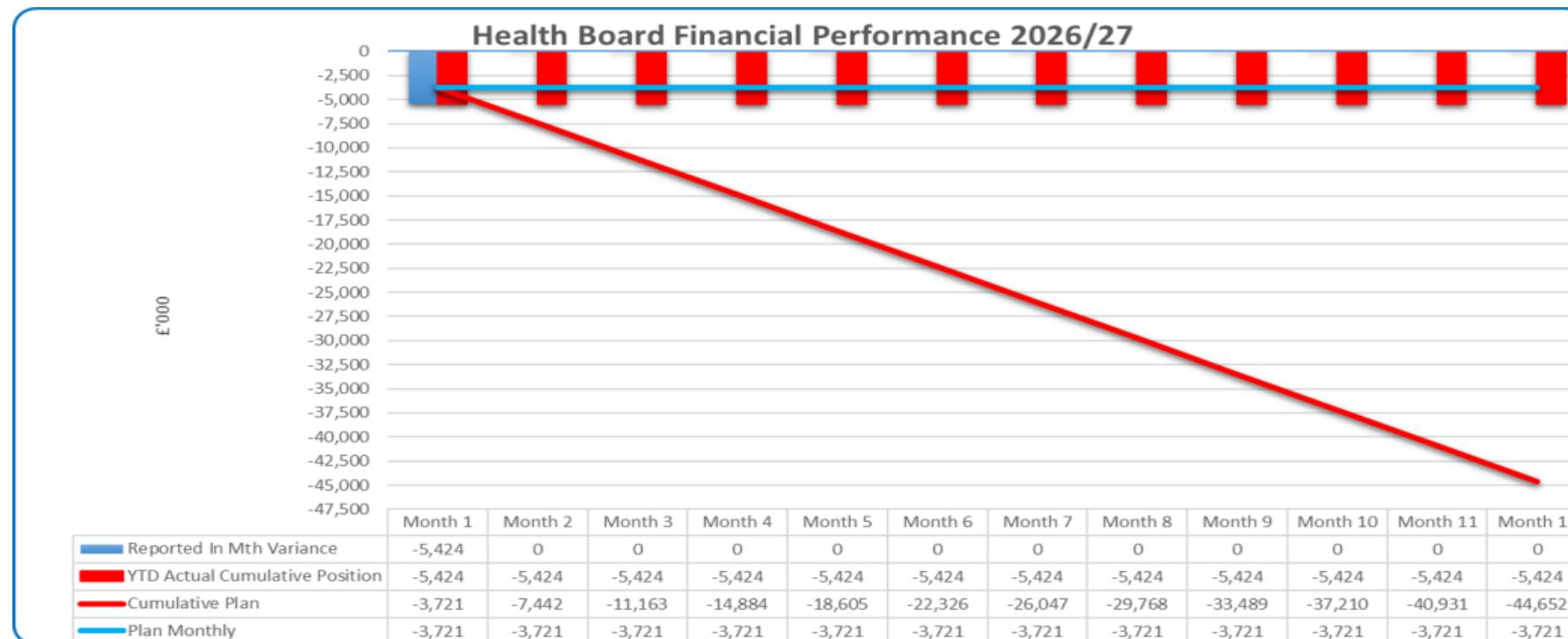
Approval/Ratification/Decision	Discussion	Information
	✓	

Revenue			
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by WG	Plan £'000	Actual £'000	Trend
Reported in-month financial position – (deficit)/surplus	-3,721	-5,424	↑
Reported Year To Date financial position – (deficit)/surplus	-3,721	-5,424	↑
Year end – (deficit)/surplus	-44,652	-44,652	↑

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

At month 01, there is a £5.424m deficit, compared to a planned deficit of £3.721m. This equates to the Health Board having an overspend of £1.703m. It is predominantly caused by the gap between the savings target and the value of saving schemes that have been identified and implemented to date.

The capital resource limit for 2026/27 is £9.510m. Capital expenditure will be reported from month 2 onwards.



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Overall Summary of Variances (£'000s)

	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(38,099)	(38,099)	0
02 - Capital Donations	(11)	(11)	0
03 - Other Income	(845)	(734)	111
Total Income	(38,955)	(38,844)	111
05 - Primary Care - (excluding Drugs)	4,385	4,330	(55)
06 - Primary care - Drugs & Appliances	2,970	2,970	0
07 - Provided services -Pay	10,505	10,989	484
08 - Provided Services - Non Pay	2,206	2,321	115
09 - Secondary care - Drugs	118	118	0
10 - Healthcare Services - Other NHS Bodies	16,863	17,548	686
12 - Continuing Care and FNC	3,617	3,806	189
13 - Other Private & Voluntary Sector	645	819	174
14 - Joint Financing & Other	862	861	(1)
15 - DEL Depreciation etc	584	584	0
16 - AME Depreciation etc	(78)	(78)	0
18 - Profit/Loss Disposal of Assets	0	0	0
Total Costs	42,676	44,268	1,591
Reported Position	3,721	5,424	1,703

Key focus needs to be on the identification and implementation of savings

At Month 01, there is a £5.424m deficit. Compared to the planned deficit of £3.721m, this equates to the Health Board having an operational overspend of £1.703m.

The financial reporting is limited at month 1, due to the timing lag on receiving supporting information connected with the Commissioning of Healthcare Services from other NHS Bodies, Prescribing and Primary Care activity.

The most significant areas to highlight are:

- Commissioning of Healthcare Services from other NHS Bodies is £0.686m overspent.
- The £0.599m variance across provider services (pay, and non-pay) is due to underachievement of savings at the beginning of the year / agency and locum use.
- CHC and FNC is overspent by £0.189m. There are 408 packages of CHC care, a net increase of 1 since Month 12 2025/26.
- Other private and voluntary sector is overspent by £0.174m.



**GIG
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**Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board**

Agenda item: 5.2

Finance and Performance Committee **Date: 14 May 2026**

Subject:	Powys Teaching Health Board Integrated Quality & Performance Summary Report – February (Month 11) 2025/26.
Presented by:	Executive Director of Planning, Performance, and Commissioning.
Approved by:	Deputy Director of Performance and Commissioning.
Prepared by:	Head of Performance. Performance Management Analyst. Performance Management Support Officer.
Other Committees and meetings considered at:	Executive Committee – 29.04.2026

PURPOSE:

This Integrated Quality & Performance Report (IQPR) summary provides an update on the latest available performance position for Powys Teaching Health Board against the NHS Wales Performance Framework 2025/26 containing information up until the end of February 2026 (Month 11).

RECOMMENDATION(S):

The Committee is asked to:

- **DISCUSS** the content of this report; and
- **TAKE ASSURANCE** that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.

Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y
2. Provide Early Help and Support	Y
3. Tackle the Big Four	Y
4. Enable Joined up Care	Y
5. Develop Workforce Futures	Y
6. Promote Innovative Environments	Y
7. Put Digital First	Y
8. Transforming in Partnership	Y

SUMMARY:

This exception report provides the Executive Committee with the latest information to provide oversight and assurance of the Health Board's performance and delivery. The attached IQPR provides the more detailed position up until the end of February 2026 (Month 11).

Summary for Month 11

PTHB Provider Services

Planned care:

- Diagnostic waits – Positive improvement against the 8-week target in February with breaches decreasing to 22 reported (50 breaches Jan-26): 11 were for Echocardiograms, 6 Heart Rhythm tests, and 5 Non-Obstetric Ultrasound (NOUS) pathways. The performance of the diagnostic echocardiogram service has deteriorated slightly against the recovery trajectory to year end, this is a result of more than double the average expected referrals in January, but the operational team have organised further capacity in ABUHB to ensure compliance by the year-end. The key challenge for Heart Rhythm diagnostic compliance is fixed capacity due to both workforce and the number of recording devices available however the service has worked to increase the capacity reducing breaches in month with the aim to have no breaches at the year-end. NOUS services, impacted by a fragile service with unplanned sickness, were still able to reduce breaches from 20 in January to 5 in February. It should be noted that risks in relation to in-reach fragility and scale of service remain across all specialties and the winter period with the risks of sickness and inclement weather cancellations are key challenges to maintaining the positive improvement trajectory to year-end.

Table 1 – Diagnostic pathways - source PTHB Digital

ServiceHeading	SubHeading	Total	TotalOver8Weeks	PercentOver8Wks
Cardiology	Echo Cardiogram	101	11	11%
Cardiology	Heart Rhythm Recording	42	6	14%
Diagnostic Endoscopy	Colonoscopy	10	0	0%
Diagnostic Endoscopy	Cystoscopy	8	0	0%
Diagnostic Endoscopy	Flexible Sigmoidoscopy	2	0	0%
Diagnostic Endoscopy	Gastroscopy	9	0	0%
Radiology – Consultant Referral	Non-Obstetric Ultrasound	48	0	0%
Radiology – GP Referral	Non-Obstetric Ultrasound	563	5	1%

- Referral to treatment (RTT) pathways in Powys as a provider are fully compliant with the national target of 104 weeks for treatment. Two pathways waited > 52 weeks for a new outpatient appointment in February against a target of zero.

Continued challenge remains with in-reach capacity. Key challenges include Rheumatology where since October 2025 PTHB have worked with Wye Valley NHS Trust (WVT) to transfer patients ahead of the withdrawal of the in-reach service from March 2026 into WVT pathways.

Table 2 – Powys provider RTT position by stage and week band.

Stage of Pathway Description	0 to 25 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	Total
1: New outpatient appointment	2631	137	55	2	2825
2: Diagnostic or AHP test, intervention or result	141	59	60	18	278
3: Followup appointment or decision following previous event	3318	14	20	2	3354
4: Admitted diagnostic or therapeutic intervention/treatment	370	120	230	64	784
Total	6460	330	365	86	7241

- Ophthalmology R1 patient pathways - improved performance of 67.3% in February (55% in January) for those patients that attended within their clinical target date or beyond 25% of their target date for an outpatient appointment. This measure is particularly impacted by the in-reach fragility of WVT into mid Powys with significant underperformance against contracted in-reach sessions.
- Therapies pathway breaches have reduced from 5 in January to 4 in February, with all breaches reported in Podiatry. Breaches continue to be linked to fragility of small teams, unplanned sickness, and vacancies (circa 50% of workforce).

Table 3 – Therapies – Source PTHB Digital

ServiceHeading	SubHeading	Total	TotalOver14Weeks	PercentOver14Wks
Physiotherapy	Adults	2120	0	0%
Podiatry	Routine	444	4	1%
Dietetics	Adults	156	0	0%
Speech Language	Adults	113	0	0%
Physiotherapy	Paediatrics	101	0	0%
Dietetics	Paediatrics	84	0	0%
Speech Language	Paediatrics	80	0	0%
Podiatry	Urgent	53	0	0%
Occupational Therapy	Adults	44	0	0%
Occupational Therapy	Paediatrics	9	0	0%
Occupational Therapy	Learning Disabilities	4	0	0%

- The Audiology measure for adults has achieved its month-on-month reduction target with the number of breaches falling from 34 in January to 12 in February. However five Paediatric breaches were reported against their respective 6-week target for the same month. The Paediatric service remains fragile and has a specific single clinician pan Powys challenge with annual leave or sickness directly impacting service waiting times.
- The percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment remains escalated to level 3 whilst investigations are ongoing. January performance is reported as 9.1% against the 95% target.
- Forty-eight new provider cancer pathways were reported in February and 70.8% of 24 downgraded pathways were closed within the 28-day NICE guidance of best practice target in the same month.

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Mental Health

- Under-18s: Compliance remains robust against all key measures in February with 100% and 94.4% compliance reported for assessments and interventions respectively. Part 2 care and treatment plan compliance reported 90.7% against the 90% target in February.
- For Adults: Compliance in February meets the targets for assessments (97.4%), interventions (92.2%), and adult psychological therapies reporting 82.5%. Of the adult mental health metrics, only Adult CTP compliance does not meet the 90% target falling slightly to 83.8% compliance. Key challenges include the increased complexity of patients and the additional demand on the PTHB team linked to a shortfall of local authority capacity.

Neurodevelopmental Services (Children and Young People):

- Performance against the nationally reported measure (26 week wait to assessment) continues to improve slowly with 29.9% compliance in February. It should be noted that 2 pathways waited over 104 weeks for the start of assessment in the same period.

Emergency Care:

- Powys provider Minor Injuries Units (MIU) services performed very well, meeting the 4-hour target (100% compliance) with no patients waiting over 12hrs.

Number of National Reportable incidents (NRI) that remain open 90 days or more:

- Following the revision of data reported in month 9, the PTHB Quality and Safety team has engaged with the national NHS Performance and Improvement team and this measure remains removed from the IQPR for Month 11 with validation continuing. It had been found that the NRI reporting process had not allocated downgrades correctly providing an incorrect position for the health board - the records remain open and reported centrally although they have been closed locally. A concluded position will be available within the month 12 IQPR.

Commissioned services

Planned care (RTT) Wales:

- The number of patients waiting over 52 weeks for a new outpatient appointment has reduced from 83 in January to 52 in February. Swansea Bay UHB & Hywel Dda UHB are compliant with the targets and have no Powys residents waiting over 52 weeks for a new outpatient appointment. All providers show improvement for this period, and the measure continues to report special cause improvement.

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- Waits over 104 weeks reduced from 29 in January to 23 in February for Powys residents. There are 7 Powys residents waiting over 104 weeks in ABUHB, 7 in BCUHB, 6 in CAVUHB, 2 in CTMUHB and 1 in HDUHB. SBUHB has maintained no Powys residents waiting over 104 weeks.

Table 4 – Welsh RTT Performance for Powys responsible pathways

Welsh Providers	Feb-26 % of Powys residents < 26 weeks for treatment	No. long waits by cohort, with latest SPC variance						Total pathways Waiting	Stage 1 pathways over 52 weeks	
		All pathways waiting over 36 weeks.	All pathways waiting over 52 weeks.		All pathways waiting over 104 weeks.					
Aneurin Bevan University Health Board	70.4%	508		281		7		2489	24	
Betsi Cadwaladr University Local Health Board	62.1%	171		88		7		626	8	
Cardiff & Vale University Health Board	57.1%	101		70		6		357	14	
Cwm Taf Morgannwg University Health Board	62.4%	212		94		2		756	6	
Hywel Dda University Health Board	62.3%	406		252		1		1346	0	
Swansea Bay University Health Board	66.8%	432		222		0		1817	0	
Total	65.9%	1830		1007		23		7391	52	

Planned care (RTT) England:

- Powys residents accessing services in England have consistently waited less time for treatment in 2025/26 except for at Robert Jones & Agnes Orthopaedic Hospital NHS Foundation Trust (RJAH) as explained below.
- Following the implementation of PTHB commissioning intentions, waiting times in Wye Valley NHS Trust (WVT) are continuing to lengthen with the over 52-week cohort increasing to 294 pathways in February 2026. One pathway was reported as exceeding the 104-week treatment target.
- The Shrewsbury & Telford Hospital NHS Trust (SATH) have not implemented PTHB commissioning intentions and report an improved position with special cause improvement across all key wait bands in February 2026. The over 52-week cohort reduced further to 164.
- RJAH remain the most challenged English provider with all key wait bands reporting special cause concern. RJAH continue to face challenges with regards to their capacity and ability to see all patients within the Welsh Government targets. In February 2026, the Trust reported an improvement with breaches over 104 weeks falling from 119 to 116. The breaches comprise of treatment waits for spinal, arthroplasty, knee and sports injuries and foot and ankle care. Funding allocated by Welsh Government for an additional clinic to be held in March for a small cohort of the 15 longest waiters on the RJAH spinal pathway, to be clinically reviewed face to face by Consultant/Advanced Practitioner to assess suitability for an alternative pathway.

Fortnightly meetings are also in place with PTHB performance and commissioning team to monitor the waiting list and booking.

Table 5 – English RTT Performance for Powys responsible pathways

Cancer Pathways:

English Providers	Feb-26	No. long waits by cohort, with latest SPC variance						Total pathways Waiting
	% of Powys residents < 26 weeks for treatment	All pathways waiting over 36 weeks.		All pathways waiting over 52 weeks.		All pathways waiting over 104 weeks.		
English Other	76.2%	33		7		0		231
The Robert Jones and Agnes Hunt Orthopaedic Hospital	42.6%	1726		1091		116		3893
The Shrewsbury and Telford Hospital NHS Trust	69.4%	582		164		0		3727
Wye Valley NHS Trust	65.8%	784		294		1		3651
Total	59.3%	3125		1556		117		11502

Welsh Providers

- At the end of February, the provisional position reported a total of 254 pathways that were closed for Powys residents across all Welsh providers including PTHB. Of these, 210 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). The remaining 44 pathways were closed with the commencement of definitive treatment. 22 patients breached the 62 days target with the longest wait reported at 157 days in Cwm Taf Morgannwg UHB for a Lower GI pathway.
- Performance against the SCP for Powys residents in Wales has seen very little overall change with performance falling to 50% in February from 55% in January.
- The number of pathways going straight to test reports 62% in February below the 12-month average (64%) but improving on January (58%).

English Providers

- Shrewsbury and Telford NHS Trust (SaTH) reported 77.4% compliance against the 62 days urgent suspected cancer pathway in February 2026. Three patients were reported waiting over 104 days across Head and Neck, Lung and Urology, cancer performance continues to show an improvement trend over the period reported.
- No new data is available for Wye Valley NHS Trust (WVT) and performance remains reported as December that 92% of 13 Powys residents started treatment within 62 days, with one breach in a gynaecological pathway reported.

Commissioned Emergency Care:

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- WAST does not achieve the median target for Purple Arrest (Cardiac or respiratory arrest) for Powys, in February performance reported 8 minutes and 40 seconds a slight improvement compared to January which reported at 8 minutes 51 seconds (All Wales performance was significantly better at 6 minutes 50 seconds).
- In February, the Welsh aggregated median wait time for triage in an emergency department is 18 minutes, and the aggregated median wait time for assessment by a clinical decision maker is 58 minutes. Performance for Powys residents is in line with department performance for all patients.
- No commissioned service met the required national 4hr or 12hr targets in November for their A&E departments. However, Welsh emergency department performance for Powys residents is better than the English counterparts, though significant delays persist, especially in ambulance handovers.

Month 11 measures by escalation level.

Of the reported metrics, 3 are reported at level 3 as follows:

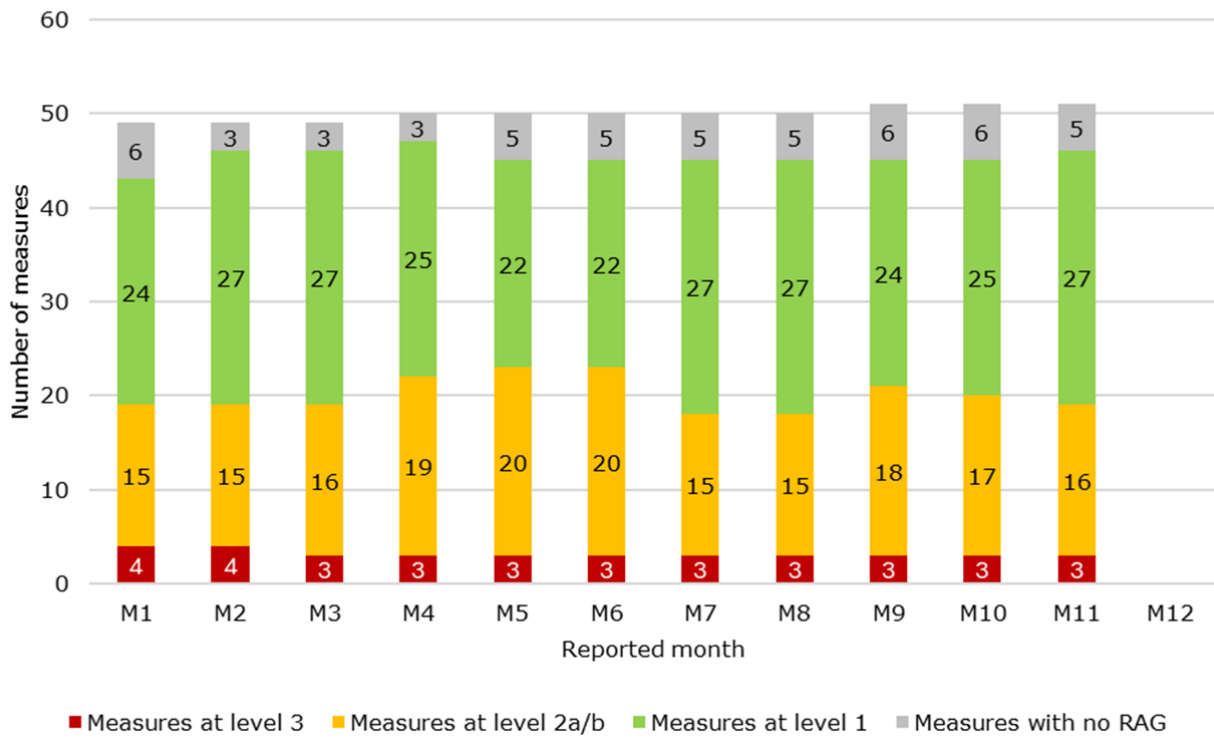
- Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment.
- Number of patients waiting more than 8 weeks for a specified diagnostic.
- Number of patients waiting for a follow-up (FUP) outpatient appointment who are delayed by over 100% due to data quality issues.

Sixteen measures are rated at level 2a, and 27 are achieving level 1 compliance (no issues reported). Five measures remain without a RAG rating:

- It should be noted that measure 1 “% Attempted to quit smoking” although an annual measure has been reported compliant against the 5% target in Q3 reporting 5.89% (green), it was previously not RAG rated.
- Smoking measure 2 has an annual compliance target, and as confirmed with the Director of Public Health will not be RAG rated until a full year’s data is available. It should be noted that from 2026/27 the NHS Performance Framework will have quarterly uptake targets set by Welsh Government.
- Median emergency response time to Orange calls replaces Median emergency response time to amber calls from December 2025. It should be noted that this measure in Month 10 is not RAG rated against its target of 12-month reduction trend due to a lack of data points.
- As per 2024/25 a further 3 health care acquired infections (HCAI) measures are currently non-rated with ongoing discussions between the Nursing Directorate and Welsh Government on integration into the national targets.

The following provides the relative performance of the Health Board against the NHS Performance Framework 2025/26 that is applicable to the provider - no commissioned planned care or local measures are accounted for even if they are listed within the below exception/escalation reports or other areas of the IQPR.

Number of escalations by level, and by month - Provider



Enabling Actions

The Welsh Government has set out a number of enabling actions to support Health Boards to deliver against the expectations of the NHS Wales Planning Framework 2025-28. The below summary table of progress against the enabling actions was submitted on the 16th of March (see **Appendix One** for detailed submission).

Summary table: Q4 position

Thematic area	Objective	RAG rating
Operational effectiveness – urgent and emergency care (6 actions)	Improve timely access to care, reducing the length of wait in key areas of the urgent and emergency care stream through addressing variation.	3 - Amber 2 - Light Green 1 N/A – PTHB not have ED or Acute services
Operational effectiveness – planned care (10 actions)	Improving timely access to care, reducing unwarranted variation in clinical productivity.	2 - Red 2 – Green 3 - Light green 2 N/A - Not currently applicable to PTHB
Workforce productivity (5 actions)	Maximise workforce productivity and efficiency, strengthening value and effective deployment of the workforce.	1 – Red 2 – Green 2 - Light green
Maximising value for money (4 actions)	Continue to optimise value for money and contribution to overall efficiency through key non-pay areas, optimising both efficiency and effectiveness.	2 - Amber 2 - Light green

Improving value, optimising outcomes, minimising variation (11 actions)	Support improvements in outcomes, effectiveness and value through optimising how resources are utilised, and focus on improving outcomes.	4 - Amber 2 - Green 2 - Light green 2 N/A - Non applicable to PTHB e.g., no cancer treatment services and no Arthroplasty.
<p><u>Key to RAG rating:</u> Green: complete Light green: on track Amber: delayed but will be achieved in year Red: will not be achieved in year</p>		

Three Enabling Actions have been rated as Red and will not be achieved in year:

- Timely access to care: improvement in the implementation of High-Volume Low Complexity Theatre Lists with initial focus on Cataract – 90% of lists to have 7 cataracts per list by end of Q2. Challenges of In-reach fragility, strengthening medical leadership and capacity within provider services. Updated as of Q4 - Continued focus on delivery, with testing in ophthalmology pathways ongoing (recent delivery of 8x patients in list using insourcing). Ongoing in reach fragility and consultant challenges and further development anticipated following outputs of PTHB commissioning of GIRFT development.
- Timely access to care: ensure effective utilisation of theatre capacity – increasing session utilisation to GIRFT standard of 85% by March 2026. Due to the unique PTHB provider service configuration, achievement of 85% will require significant transformation and will not be completed in 2025/26. Continued focus on theatre utilisation. Ongoing in reach fragility and consultant challenges and further development anticipated following outputs of PTHB commissioning of GIRFT development.
- Workforce productivity: ensure reduction in agency spend on HCSW, A&C, estates and ancillary staff to zero by 30th September 2025. No agency spend across A&C, estates or ancillary since 30th September 2025, agency use restricted to HCSW roles only. Updated for Q4 - A combination of establishment reviews for Community wards, alongside targeted substantive and Bank recruitment, has significantly reduced reliance on agency Registered Nurses (RN/RMN) and Healthcare Support Workers (HCSW). Agency cover is now only approved at Executive level in exceptional circumstances, where essential minimum staffing levels cannot otherwise be safely maintained. While the remote nature of many sites and the requirement to maintain minimum staffing levels means it remains challenging to eliminate all agency usage for short-notice or immediate cover, robust controls and strengthened workforce planning measures have materially reduced dependency. As a result, the forecast position at February 2026 indicates an approximate 36% reduction in agency expenditure across ward areas, and a 28% reduction across the Health

Board overall, compared with the 2024/25 outturn. Further progress is expected. A revised Medical model and establishment review for Mental Health wards will shortly be considered by the Executive Committee, with the explicit objective of achieving additional reductions in agency usage during the coming financial year. In addition, the first major cohort resulting from the Health Board's Aspiring Nurse programme will see 36 newly qualified registered nurses join the workforce during the next financial year. This represents more than seven times the number historically recruited through the national streamlining process for Powys, creating further opportunities to sustainably reduce agency reliance across services."

Quality Outcomes Framework

NHS Wales Performance and Improvement has led the development of the National Quality Outcomes Framework (QOF) over the past year, as commissioned by the Chief Nursing Officer. A collaborative approach has been undertaken with a wide range of stakeholders across NHS Wales and Welsh Government to co-design the first phase.

The development of the QOF has been informed by research and learning from high-performing healthcare systems both nationally and internationally. It is designed to provide a clear and consistent picture, both locally and nationally, to support the identification, monitoring, and learning of quality and safety improvement priorities, as part of a Quality Management System (QMS) approach.

The health board is required to ensure measures are included in Board level reporting from October 2025 to support assurance of service quality and help identify areas for strategic improvement. The Performance team are now including this report which is sourced directly from the NHS Performance and Improvement dashboard monthly.

It should be noted that PTHB as a unique provider requires further data quality checks and methodology work for example:

- **Crude Mortality** – PTHB will consistently appear as an outlier in crude mortality comparisons with Welsh acute providers due to differences in service model and methodology. PTHB provides only community inpatient care and day-case procedures, resulting in a small denominator. In addition, the provider has a relatively high proportion of patients on end-of-life care pathways, increasing the numerator. Together, these factors produce a higher crude mortality rate compared with All-Wales and acute providers. Small activity volumes also create greater statistical volatility, particularly when data are not presented using a rolling 12-month period.
- **RAMI** – linked to the above and requires further validation.

- **Agency Spend** - Please note that the national agency spend figures from the Beacons dashboard will not match the figures used in the IQPR measures slide/scorecards. For the IQPR the data is source directly from the PTHB Finance team giving a more concise value. PTHB and Welsh Government (WG) use a different interpretation of total pay, WG's calculation uses the Net Pay position with excludes the Hosted Services (HCRW) and the pay in PTHB's Primary Care Services.

Quality Standard	Measure	Latest period	Latest figure	Change	Previous figure	Last 12 months	Outlier	
Safe	Antibacterial items per 1,000 STAR-PU's	Dec-25	247.37	▲ 15.7%	213.80			
Safe	Crude mortality rate (%)	Feb-26	4.63%	▼ -22.5%	6.23%			
Safe	Never Events reported to NHS P&I	Mar-26	0		0			
Safe	Percentage of discharges on D2RA Pathway 0	Feb-26	72.7%	▲ 96.4%	3.70%			
Safe	Percentage of discharges on D2RA Pathway 1	Feb-26	34.55%	▼ -11.2%	38.89%			
Safe	Percentage of discharges on D2RA Pathway 2	Feb-26	16.38%	▲ 10.5%	14.81%			
Safe	Percentage of discharges on D2RA Pathway 3	Feb-26	16.38%	▼ -19.7%	20.37%			
Safe	Percentage of discharges with no D2RA Pathway Allocated	Feb-26	25.45%	▲ 14.5%	22.22%			
Safe	RAMI (Risk adjusted mortality index) 2023	Feb-26	154.31	▲ 49.7%	103.05			
Safe	Safeguarding Adults - Lv1 training	Dec-25	92.33%	▼ -0.2%	92.48%			
Timely	Ophthalmology R1 appointments attended within target date* (%)	Feb-26	67.34%	▲ 22.4%	55.04%			
Timely	Patients starting first definitive cancer treatment* (%)	Jan-26	Not applicable to PTHB provider.					
Effective	Diabetes patients completing all eight care processes* (%)	Feb-26	51.76%	▲ 2.8%	50.33%		Outlier high	
Efficient	Agency spend for all staff groups as % of total pay bill	Dec-25	5.57%	▼ -0.4%	5.59%			
Equitable	Were you able to communicate in your preferred language? (%)	Mar-26	96.77%	▲ 4.8%	92.31%			
Person-centred	People's Experience Survey (PES) - how would you rate your overall experience?	Mar-26	7.19	▼ -15.3%	8.49			
Person-centred	Staff with Personal Appraisal and Development Review in last 12 months (%)	Dec-25	81.05%	▲ 1.3%	80.02%			
Person-centred	Were you involved as much as you wanted to be in decisions about your care? (%)	Mar-26	51.72%	▼ -8.9%	56.76%			

NEXT STEPS:

- 2026/27 NHS Performance Framework measures under review with forecasting as part of the Annual Plan process.

IMPACT ASSESSMENT

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

QUALITY:

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

EQUALITY:

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

RISK ASSESSMENT:

	Level of risk identified				
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)	
Clinical					A Risk Assessment should be undertaken for all reports requesting approval, ratification or decision in line with health board Risk Management Framework CGP005. In this space you should briefly describe the key risks and the steps being taken to manage them, and also how these risks relate to the Board's stated Risk Appetite.
Financial					
Corporate					
Operational					
Reputational					

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Appendix 1 – Enabling Actions – Submitted 16/03/2026

Ref	Thematic area	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	Powys Rationale Update Q4 (March 16th deadline)
1	Operational productivity planned care	Timely Access to Care	Implementation of CIN follow up criteria both prospectively and retrospectively to established Follow-up waiting lists.	Continued delivery on all best practice actions, with ongoing testing across all specialities. All developments now wrapped into externally commissioned PTHB GIRFT review and development, and to set direction of travel for upcoming year.
2	Operational productivity planned care	Timely Access to Care	Consistent clerical and clinical validation should be in place on an ongoing basis and reported quarterly for impact	Stated validation processes remain in place, with ongoing work to ensure timely completion of all elements of NHS Wales wide validation exercise, including technical validation, administrative validation and clinical validation.
3	Operational productivity planned care	Timely Access to Care	Improvement in the implementation and delivery of High-Volume Low Complexity Theatre lists, with an initial focus on - Cataract 90% of lists to have 7 Cataracts per list by end of Q2	Continued focus on delivery, with testing in ophthalmology pathway ongoing (recent delivery of 8x patients in list using insourcing). Ongoing in reach fragility and consultant challenges and further development anticipated following outputs of PTHB commissioning of GIRFT development.
4	Operational productivity urgent and emergency care	Timely Access to Care	Implementation of the Single Point of Access (SPoA) Framework - 6 Goals Programme	SPOA in place, with continued integration with OOH, PCC and third sector teams.

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Ref	Thematic area	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	Powys Rationale Update Q4 (March 16th deadline)
5	Operational productivity planned care	Timely Access to Care	Ensure effective utilisation of theatre capacity through - Increasing session utilisation to the GiRFT standard of 85% by March 2026.	Continued focus on theatre utilisation. Ongoing in reach fragility and consultant challenges and further development anticipated following outputs of PTHB commissioning of GIRFT development.
			Ensure effective utilisation of theatre capacity through - Reducing early finishes to less than 10%	PTHB in-reach service has contracted travel times as part of the sessional rate, this metric is difficult to interpret against national methodology.
			Ensure effective utilisation of theatre capacity through - Reducing late starts to less than 20%	PTHB in-reach service has contracted travel times as part of the sessional rate, this metric is difficult to interpret against national methodology.
6	Operational productivity planned care	Timely Access to Care	On 90% of days planned care inpatient/day case/theatre recovery capacity should be protected from unscheduled care pressures and outlying of patients by the end of Q1.	100%
7	Operational productivity planned care	Timely Access to Care	Ensure monitoring of DNA/CNA rates is in place for every Outpatient clinic. When DNA/CNA as a combined rate is greater than 5%, overbooking additional patients should be implemented and monitored.	Standard continues to be met

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Ref	Thematic area	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	Powys Rationale Update Q4 (March 16th deadline)
8	Operational productivity planned care	Timely Access to Care	Improvement in the implementation and delivery of High-Volume Low Complexity Theatre lists, with an initial focus on - 90% of the time achieve at least 6 HVLC general surgery procedures on an all-day list made up of hernia or gallbladders by end of Q2.	Not currently applicable.
9	Operational productivity urgent and emergency care	Timely Access to Care	Implementation of the Welsh Health Circular - Ambulance Guidance - 6 Goals programme	Without a Type 1 Emergency Department or acute services, PTHB will support these priorities through continued efforts to reduce emergency attendances and admissions, with a focus on the frail population. Ambulance conveyances to PTHB MIUs are minimal and do not represent a significant proportion of demand. Therefore, handover delays in these settings are not a current issue and do not currently represent an operational pressure.
10	Operational productivity urgent and emergency care	Timely Access to Care	Implementation of the Optimal Hospital Flow framework - 6 Goals Programme	Continued focus on high impact actions, with local team focussing on Board Round improvement measures, including localising team to adapt to optimal hospital flow framework measures. Continued focus on improvements in flow, aiming to further reduce LoS, recovery of POCD performance and reduced delays out of county. Evidence of reduced spend on community hospital beds and excess bed days out of county as a result. Commenced recruitment to OHFF roles.

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Ref	Thematic area	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	Powys Rationale Update Q4 (March 16th deadline)
11	Operational productivity planned care	Timely Access to Care	Implement national guidelines with thresholds by Clinical Implementation Network (CIN) and procedure. This includes delivery of effective outpatients through See on Symptom (SOS) and Patient Initiated Follow-up (PIFU) by default. Individual CINs will establish PIFU / SOS targets by specialty & sub-specialty on an ongoing basis by March 2025.	Ongoing operational delivery of PIFU / SOS recognising that follow up numbers, whilst improving, remain clinically disproportionate. More recent conversion of new to follow up reasonable, but further focus needed on backlog. Actions being taken and plans in place for full recovery (and meeting of new performance standards) in 26/27
12	Operational productivity urgent and emergency care	Timely Access to Care	Implementation of acute frailty model at the Front Door - 6 Goals Programme	Development of Community Frailty Services progressing via existing transformation programme(s). Some early testing in place, with therapy in-reach to a handful of EDs out of county, strengthening of community reablement offer (to include frailty response) and realising benefits of SPOA
13	Operational productivity planned care	Timely Access to Care	Deliver improvements in day surgery rates, with an expectation to achieving a BACDS day case rate of 70% from April 2025, moving to 80% by the end of June 2025	Data provided by NHSP&I challenged following quality concern. Only day case procedures are carried out in PTHB. Not all BACDS day case procedures are applicable or carried out in PTHB. The methodology for this measure does not appear to reflect the actual correctly.
14	Operational productivity urgent and emergency care	Timely Access to Care	Maintaining the actions within the 50 Day challenge that can be delivered consistently with minimal additional resource, within organisations and as a priority within regional partnership arrangements.	Actions within the 50-day challenge have been carried forward through the work outlined above (UEC1-5)

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Ref	Thematic area	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	Powys Rationale Update Q4 (March 16th deadline)
16	Operational productivity planned care	Timely Access to Care	All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage by the end of Q2.	Complete
17	Operational productivity urgent and emergency care	Timely Access to Care	Implementation of the Community Based Falls Response - 6 Goal Programme	Continued implementation of standard via extension of current services. SPOA enabling further delivery and expected improvement in outcomes in coming year.
19	Improving value	Timely Access to Care	Progress implementation of the national approach to Interventions not normally undertaken (INNU) Deliver the 8 priority procedures determined for implementation as part of Phase 1.	<p>PTHB Strategic Commissioning Plan for 2025/26 has key activity to support evidence-based practice implementation.</p> <p>PTHB Contract Quality and Performance Review meeting structure (commissioned services) and Directorate Performance review structure (provider services) provides robust performance monitoring of commissioned service and provider activity in NHS Wales.</p> <p>PTHB INNU dashboard utilised to inform discussions.</p> <p>Policy and process being developed re EBI in NHS England providers; updated INNU policy and process for PTHB provider and PTHB commissioner to be developed.</p>

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Ref	Thematic area	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	Powys Rationale Update Q4 (March 16th deadline)
20	Improving value	Timely Access to Care	Progress implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement ongoing recommendations throughout 2025/26	<p>PTHB Strategic Commissioning Plan for 2025/26 has key activity to support evidence-based practice implementation.</p> <p>PTHB Contract Quality and Performance Review meeting structure (commissioned services) and Directorate Performance review structure (provider services) provides robust performance monitoring of commissioned service and provider activity in NHS Wales.</p> <p>PTHB INNU dashboard utilised to inform discussions.</p> <p>Policy and process being developed re EBI in NHS England providers; updated INNU policy and process for PTHB provider and PTHB commissioner to be developed.</p>
21	Improving value	Timely Access to Care	Ensure delivery of effective referral management processes. This includes consistent implementation of Health Pathways (Pathway Alliance Programme) across all Health Boards with the rapid adoption of the 282 pathways within the programme.	<p>PTHB Strategic Commissioning Plan for 2025/26 has key activity to support referral optimisation with Commissioning for Value work programme (chaired by Executive Director for Planning, Performance and Commissioning) overseeing the work to develop and implement a referral optimisation process within PTHB across provider and commissioned service. The health board started an MSK referral management service in September 2025 which is showing good early results in redirection to more appropriate services.</p> <p>As part of this process, a business case has been approved to support the implementation of Clinical Health Pathways. Business case also being developed by GIRFT to inform PTHB approach to referral management - this will not be delivered in 2025/26 but will be achieved in 2026/27.</p> <p>PTHB also working with the Joint Commissioning Committee as a preferred partner to take forward referral management for specialised services.</p>

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Ref	Thematic area	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	Powys Rationale Update Q4 (March 16th deadline)
22	Improving value	Building Community Capacity	Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions.	<p>The national rollout of the App is continuing to take place across general Practice, with the majority of Practices now live. Contractual expectation is that practice will utilise the repeat prescribing function of the App once on-boarded. This will be monitored through the Unified Contract Assurance Framework 2025/26. Support for the use of others areas of functionality in the NHS App are at practice discretion. PCT team continues to encourage practice to increase their functionality offer.</p> <p>Further work is being explored with support from Welsh Government to extend the functionality of the app to include Powys patients treated across border.</p>
23	Improving value	Population Health & Prevention	Ensure progress with the Implementation of Value & Sustainability Board High Value High Impact pathway - Diabetes	<p>Education and support for practices continue and the 8 Care Process new data will support the focus of this work.</p> <p>AWDPP service is in place across the whole of Powys and work is underway to support enabling this from April 2027 ad funding to support has been identified for 26/27.</p> <p>Work completed for 2025/26.</p>
24	Improving value	Improving Value, Optimising Outcomes, & minimising Variation	Ensuring the full implementation of the nationally optimised pathways in the cancer recovery programme	No tumour site services delivered in Powys. Full compliance with element of pathway relevant to PTHB context e.g. endoscopy, diagnostics.

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Ref	Thematic area	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	Powys Rationale Update Q4 (March 16th deadline)
25	Improving value	Improving Value, Optimising Outcomes, & minimising Variation	Ensuring full compliance with straight to test guidance.	Limited performance against this standard, recognising limitations of high volume low-risk activity in county. Standard less easy to implement in absence of diagnostic pathways and further development to be incorporated following GIRFT review.
26	Improving value	Improving Value, Optimising Outcomes, & minimising Variation	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health	Business case available for the establishment of a PTHB Fracture Liaison Service. Some elements under test via delivery of consultant and GPSI clinics, infusion clinics and SLA. Further development expected to be realised from business case when considered.
27	Improving value	Improving Value, Optimising Outcomes, & minimising Variation	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Arthroplasty (Hip & Knee)	No joint services delivered in Powys. MSK triage to support compliance with relevant OP elements of pathways.
28	Improving value	Improving Value, Optimising Outcomes, & minimising Variation	Ensure implementation of national digital priorities, specifically the implementation of the digital maternity system, and NHS Wales app.	<p>National Digital Priorities remain a significant focus for digital team.</p> <p>Digital Maternity Cymru has gone live on the third of march. Phase 2 of this project to introduce increased interoperability with clinical systems is currently being scoped.</p> <p>EPMA has been delayed further with current scheduled delivery for early in May. UAT testing has now completed successfully. There is now increased confidence in delivery timescales.</p> <p>PTHB maintain engagement with NHS Wales App, rollout scheduled.</p> <p>Procurement activity for Connecting Care remains on track for contract signing late in Q4. Engagement activities are now scaling up to ensure data quality is sufficient to support migration, patient flows are documented. A phased transition is currently started to begin Q2 26/27, completing in Q4 26/27</p>

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Ref	Thematic area	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	Powys Rationale Update Q4 (March 16th deadline)
29	Improving value	Improving Value, Optimising Outcomes, & minimising Variation	Eradicate unsupported systems and devices, and ensure a clear cyber response plan for the organisation	<p>Complete</p> <p>All legacy operating systems have been removed from the health boards IT estate.</p> <p>A cyber response plan is in place and is reviewed alongside organisation business continuity planning.</p> <p>External audits have demonstrated "Satisfactory" compliance that has been maintained since 2023/2024</p>
30	Maximising value for money	Maximising Value for Money	Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.	<p>This area has less impact for PtHB given the balance of its commissioning and provider activities.</p> <p>Nevertheless, V&S Board non-pay workstream recommendations are considered jointly with NWSSP procurement colleagues. They are implemented where applicable. For example, the adoption of Scan 4 Safety in operating theatres is leading to better stock management and reduced non-pay expenditure.</p>
31	Maximising value for money	Maximising Value for Money	Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the four programme areas (maximise use of biosimilars, switch to generics, preferential use of medicines in primary care,	<p>Medicines team continues to deliver against the national High Value Medicines programme through routine prescribing dashboards and targeted engagement with practices and commissioned providers.</p> <ul style="list-style-type: none"> • Biosimilars – sustained high uptake, with biosimilars established as the default option across commissioned provider services. • Generic and preferred product use in primary care – continued work with GP practices to maximise generic prescribing and preferred product switching, including increased use of generic DOACs and generic dapagliflozin in line with national priorities. • Reducing low-value prescribing – ongoing action to reduce bath and shower emollients, optimise blood glucose testing strip

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Ref	Thematic area	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	Powys Rationale Update Q4 (March 16th deadline)
			restrict low value prescriptions)	selection and improve oral nutritional supplement prescribing. Overall performance remains stable with strong biosimilar delivery and steady incremental improvement across primary care optimisation opportunities.
32	Maximising value for money	Maximising Value for Money	Estate - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate.	Monitoring of space utilisation with NWSSP-SES continues to inform consolidation of office accommodation, supporting transition to integrated hubs and agile working to reduce overall space requirements. Welsh Government IRCF funding has been secured to support a business case to continue consolidation of the public sector estate at Spa Road, Llandrindod; anticipated submission of this business case will be during Q2 2026/27. Significant future consolidation and repurposing will be delivered through the North Powys (Newtown) Integrated Hub programme. The Outline Business Case (OBC) has been approved by WG, in March 2026, for the first phase of a new health and wellbeing hub in Newtown. The next stage will include seeking community views on detailed plans for the building ahead of submitting a planning application later this year. Work remains aligned to the Better Together programme Site Review to ensure estate decisions reflect clinical and operational service need, including identification of opportunities for repurposing and disposal of under-utilised estate.

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Ref	Thematic area	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	Powys Rationale Update Q4 (March 16th deadline)
33	Maximising value for money	Maximising Value for Money	CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. This includes implemented a standard digital solution to support effective intelligence capture on a national basis.	Progress during Q4 has focused on continued supplier engagement alongside services, finance and digital teams to ensure that functional and operational requirements are fully understood and appropriately reflected. This collaborative engagement is supporting refinement of requirements and alignment with service, financial and digital standards. This work is ongoing and is intended to ensure the selected solution is fit for purpose and supports consistent implementation across Wales, subject to approval of a local or national business case.
34	Workforce productivity	Workforce Productivity	Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025.	Complete
35	Workforce productivity	Workforce Productivity	Deliver a further continued and sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn and ensuring no off-contract expenditure.	Continued positive progress made in further reductions for agency use. Some exceptions continue to WG requirements, specifically around agency HCSW. This reflects the continued fragility of services (isolated configuration of wards), sickness absence pressures, and additionality of care, but exceptionality demonstrated where this occurs.

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Ref	Thematic area	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	Powys Rationale Update Q4 (March 16th deadline)
36	Workforce productivity	Workforce Productivity	Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular	Complete
37	Workforce productivity	Workforce Productivity	Ensure a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to zero by 30th September 2025.	<p>"There has been no agency expenditure during 2025/26 across the Admin & Clerical, Estates, or Ancillary staff groups.</p> <p>A combination of establishment reviews for Community wards, alongside targeted substantive and Bank recruitment, has significantly reduced reliance on agency Registered Nurses (RN/RMN) and Healthcare Support Workers (HCSW). Agency cover is now only approved at Executive level in exceptional circumstances, where essential minimum staffing levels cannot otherwise be safely maintained.</p> <p>While the remote nature of many sites and the requirement to maintain minimum staffing levels means it remains challenging to eliminate all agency usage for short-notice or immediate cover, robust controls and strengthened workforce planning measures have materially reduced dependency. As a result, the forecast position at February 2026 indicates an approximately 36% reduction in agency expenditure across ward areas, and a 28% reduction across the Health Board overall, compared with the 2024/25 outturn.</p> <p>Further progress is expected. A revised Medical model and establishment review for Mental Health wards will shortly be considered by the Executive Committee, with the explicit objective of achieving additional reductions in agency usage during the coming financial year.</p> <p>In addition, the first major cohort resulting from the Health Board's Aspiring Nurse programme will see 36 newly qualified registered nurses join the workforce during the next financial year.</p>

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Ref	Thematic area	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	Powys Rationale Update Q4 (March 16th deadline)
				<p>This represents more than seven times the number historically recruited through the national streamlining process for Powys, creating further opportunities to sustainably reduce agency reliance across services."</p>

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Ref	Thematic area	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	Powys Rationale Update Q4 (March 16th deadline)
38	Workforce productivity	Workforce Productivity	Ensure a reduction in sickness absence in 2025/26 in comparison to 2024/25, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels.	<p>In January 2026, actual sickness absence was 5.44%, an increase of 0.33% compared with January 2025 (5.11%). The rolling 12-month rate improved slightly to 5.32%, a 0.09% reduction from January 2025 (5.41%), suggesting some stabilisation over the longer term.</p> <p>Long-term and short-term sickness have remained broadly stable over the past two years. However, January 2026 saw long-term sickness fall to its lowest level (3.40%), while short-term sickness increased to its highest level (2.04%), highlighting a growing challenge in managing short-term absence.</p> <p>The four leading causes of sickness account for 56% of all absence:</p> <ul style="list-style-type: none"> • Anxiety / Stress / Depression – 35.4 WTE (264 staff), 31% of all sickness • Other Musculoskeletal Problems – 11.6 WTE (127 staff), 10% • Other Known Causes – Not Elsewhere Classified – 8.9 WTE (151 staff), 7.8% • Gastrointestinal Problems – 8.8 WTE (418 staff), 7.5% <p>Mental health related absence remains the largest single contributor.</p> <p>Despite these challenges, the Health Board continues to benchmark favourably against the All Wales average of 6.3% (November 2025).</p> <p>Planned Activity (2026/27)</p> <ul style="list-style-type: none"> • Develop a data-led workforce wellbeing risk framework to identify and prioritise services requiring targeted intervention. • Implement an integrated wellbeing delivery model linking Workforce Business Partners, Organisational Development, Occupational Health, MSK services and psychological support. • Target services with high levels of stress, anxiety and depression (SAD) related sickness and identified sickness hotspots to strengthen early intervention and prevention.

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Powys Teaching Health Board

Integrated Quality & Performance Report

Month 11 (February) - 2025/26

Updated on 21/04/2026

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Delivery Area	Report section
	<u>Introduction</u>
Provider National Focus (NHS Performance Framework)	<u>Level 3 Performance Challenges</u>
	<u>Level 2a/2b Performance Challenges</u>
	<u>Level 1 Achievements</u>
	<u>Quadruple Aim 1</u>
	<u>Quadruple Aim 2</u>
	<u>Quadruple Aim 3</u>
	<u>Quadruple Aim 4</u>
Provider/Commissioned service assurance	<u>Provider Cancer & Quality & Safety</u>
	<u>Commissioned Planned & Emergency Care Inc. Cancer</u>

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Background of the IQPR

What is the Integrated Quality & Performance Report (IQPR)

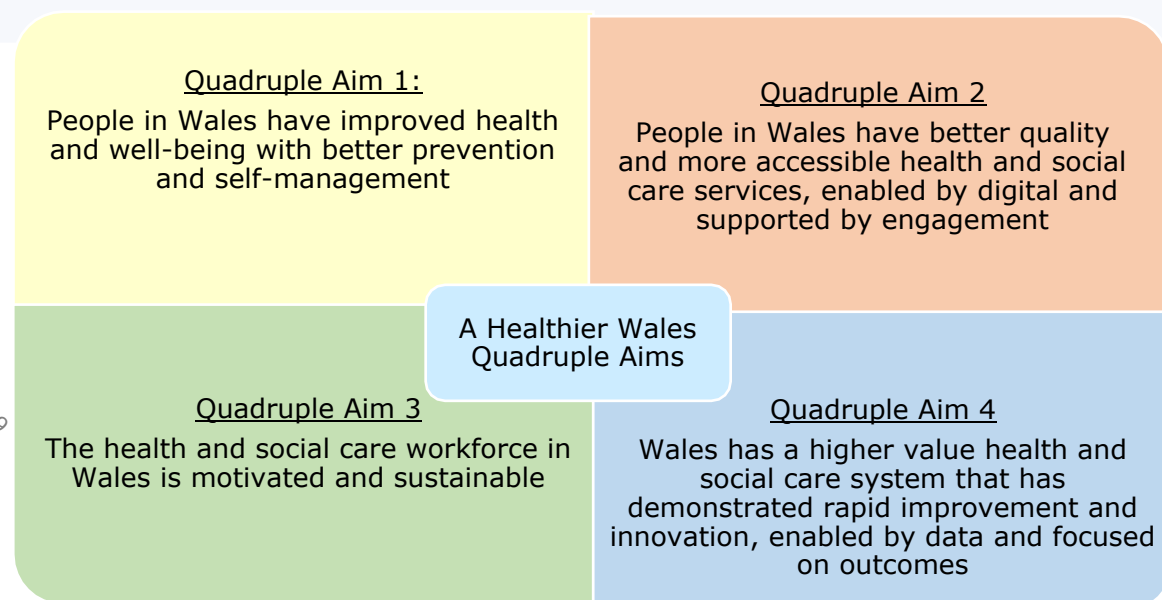
This report is a key part of the health boards Integrated Quality and Performance Framework (IQPF) designed to drive improvement in health board performance and health outcomes for those patients that Powys is responsible for.

The IQPR uses key NHS Performance Framework measures updated for 2025/26 which include further timely local measures to provide robust assessment of the health boards performance as both a provider and commissioner of care focusing on key challenge and success.

This process utilises both quantitative and qualitative measurements which are backed by statistical process, business rules, and narrative provided by leads of the service area. The IQPR will continue to be developed with further inclusion of key measures.

What is the NHS Performance Framework?

The NHS Performance Framework is a key measurement tool for “A Healthier Wales” outcomes, The NHS Wales Quadruple Aim Outcomes are a set of four interconnected goals or aims that aim to guide and improve healthcare services in Wales. These aims were developed to enhance the quality of care, patient experience, and staff well-being within the National Health Service (NHS) in Wales. Link to the [NHS Wales Performance Framework 2025/26](#)



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What is the Integrated Quality and Performance Framework (IQPF) in Powys?

The Integrated Quality & Performance Framework (IQPF) aims to report holistically at service, directorate or organisation level the performance of the resources deployed, and the outcomes being delivered. Overall performance assessed via intelligence gathered across key domains including activity, finance, workforce, quality, safety, outcomes and performance indicators. The framework is reviewed and refreshed on a yearly basis ensuring modernisation and compliance with developing aspects of health care.

Key for the framework is the system review, reporting, escalation and assurance process that aligns especially to the NHS Performance measures and any priority trajectories. In the provider Integrated Quality & Performance Group meetings will address key challenges and provide a robust forum for support and escalation to Executive leads and provide actions and recovery trajectories for escalated metrics.

As part of the operationalisation of the IQPF there is an expected element of exception or escalation either in a clinical or corporate service area triggering cause for concern. In such circumstances the Clinical Service Area or corporate team may be put into an escalation arrangement. Escalation will be considered against 4 domains (Access & Activity; Finance & Value; Quality; Workforce & Culture) and 3 levels of escalation. The levels of the framework, triggers and escalation response are set out below.

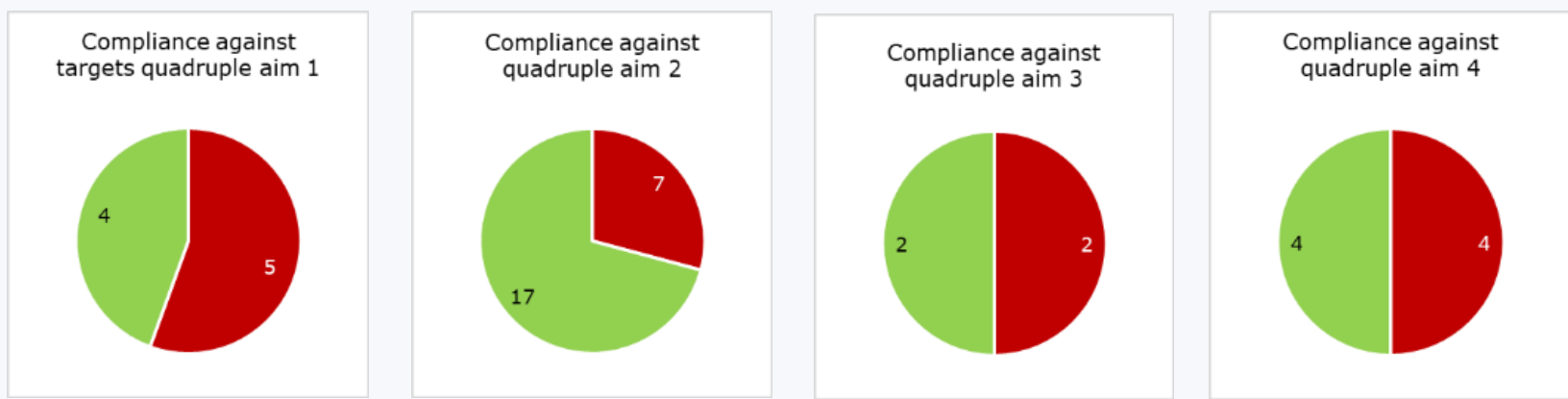
1. Level 1 : Normal e.g., earned autonomy meeting key objectives
2. Level 2a : Failure to achieve / maintain delivery
3. Level 2b : Specific for financial overspend by more than £0.5m per year
4. Level 3 : Serious concerns on quality, governance, ongoing failure to achieve key priority metrics.
5. De-escalation : Challenge rectified, requirement change, or senior committee decision.

[Link to escalation descriptor slide](#)

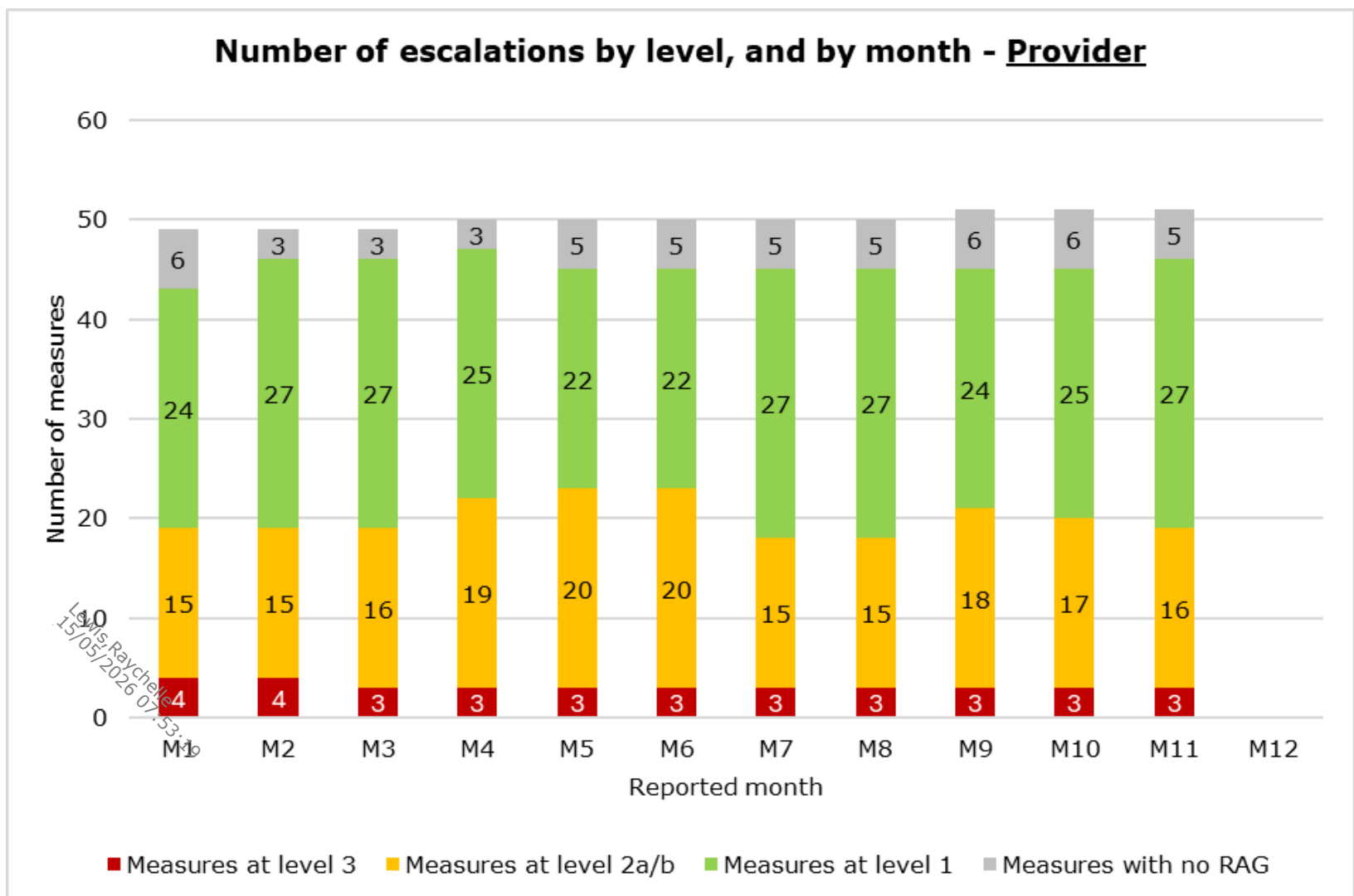
Visual summary of performance at month 11 (February 2026)

Only measures with a compliance rating e.g., compliant (green), non-compliant (red) are included within the quadruple aims compliance pie charts.
No commissioned metrics are included within graphs below.
No non-RAG rated measures are included.




Compliance against NHS Performance Framework 2025/26 measures at month 11 by quadruple aim area.



- For Powys Teaching Health Board currently 51 quantitative measures are reportable of the 55 total in the NHS Performance Framework in 2025/26.
- This graph provides the relative performance of the health board against the NHS Performance Framework that is applicable to the provider e.g., no commissioned planned care or local measures are accounted for even if they are listed within the below exception/escalation reports or other areas of the IQPR.
- It should also be noted however that any measure can have its escalation level raised or lowered by senior agreement for example serious concerns can result in a level 3 escalation, even if performance meets national target e.g., the escalation rating can override compliance against national target.
- Measures with no escalation are those with either insufficient data to determine compliance e.g. 12-month reduction trends (normally new metrics), and those where PTHB reports but has no national target as a non-acute provider.
- From July 2025 the Welsh Ambulance Service NHS Trust (WAST) 8-minute response times to RED calls has been retired and replaced with median emergency ambulance response time to purple (arrest category calls) and median emergency ambulance response times to red (emergency category calls). This has increased reportable measures to 50 with the red median directly replacing the now retired 8-minute response (no measure numbers have yet been allocated by Welsh Government).
- Median emergency response time to Orange calls replaces Median emergency response time to amber calls from December 2025. It should be noted that this measure in Month 9 is not RAG rated against its target of 12-month reduction trend due to a lack of data points.



Serious concerns on quality and governance or continued and consistent failure to meet agreed performance improvements and trajectories.

No.	Measure description, target, performance and other information								Reason for escalation level	Key Performance Drivers	Key Actions
8	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment								<p>This measure remains in escalation due to poor target compliance.</p> <p>Triggered level 3 escalation internally following the Integrated Quality and Performance Framework rules with extra checks and engagement being carried out between the health board and Public Health Wales screening.</p>	<ul style="list-style-type: none"> Powys is commissioned to carry out Bowel Screening Wales (BSW) activity within its diagnostic/day case units, patients also access services commissioned from bordering DGH's. Non-Powys responsible patients may also have screening carried out in PTHB facilities. Key challenges for colonoscopy in PTHB include very fragile capacity. Single handed in reach consultant has tendered resignation service will be managed solely via insourcing from March 26. Patient choice including appointment deferral has significant impact on compliance (clock adjustments are not made for BSW pathways), some patients are deferring up to circa 3-5 potential dates or noting that they are not available for multiple months from screening assessment. The methodology of the KPI requires ongoing scrutiny and engagement with the Public Health Wales Team (PHW). Currently the assessment of the offer within 4 weeks for a colonoscopy is carried out by the PHW team. 	<ul style="list-style-type: none"> Regular meetings between local operational leads and the Bowel Screening Wales (BSW) team. In-source capacity utilised for both screening and symptomatic service. Continue with regional planning discussions around endoscopy which in turn supports bowel screening. Work ongoing with regional partners around the provision of sustainable services going forward. Powys physical capacity (treatment rooms) offered as part of mutual aid for regional solutions further discussions with Associate Director Regional Delivery NHS Performance & Improvement. Head of Performance engaged with key operational and performance leads in PHW around the key performance indicator (KPI) methodology and consistency. Validation workstream underway to provide assurance including local waiting list cross checking with the PHW screening booking system. Dedicated analyst resource is currently deep diving the pathways with the aim of investigation completion in Q1 2026/27.
	Period	Jan-26	Target	90%	Actual	9.1%	SPC icon				
26	Number of patients waiting more than 8 weeks for a specified diagnostic								<p>This measure remains escalated due to ongoing service pressure and non-compliance against Welsh Government key performance indicator target.</p>	<ul style="list-style-type: none"> Cardiology (Echo Cardiogram scans) remain under pressure in South Powys, due to in reach fragility of Aneurin Bevan University Health Board consultant services and increasing echo cardiogram demand, following change in clinical practice where patients are sent straight to test by consultant prior to outpatient appointment. Heart Rhythm diagnostics has fixed monthly capacity both clinical technician and the availability of measurement devices, when demand exceeds this fixed capacity breaches will occur. NOUS - Fragility of service due to unplanned sickness NOUS - Speciality consultant session for Ystradgynlais Community Hospital. 	<ul style="list-style-type: none"> Echocardiograms performance remains on improvement trajectory following increased capacity provision by ABUHB, and utilisation of locum capacity. Additional capacity currently being sought via bank staff for cardiology specific physiologist clinician to undertake echo cardiograms. (second attempt at recruitment). New echo cardiogram scanner purchased and installed via charitable funds for Brecon War Memorial Hospital. NOUS - Use of agency and bank for breaching patients. NOUS - Reviewing clinical templates for existing workforce NOUS - Swansea Bay UHB have agreed to increase the Musculoskeletal (MSK) physiotherapy sessions within the rota at Ystradgynlais Community Hospital commencing from April 2026.
	Period	Feb-26	Target	0	Actual	22	SPC icon				
32	Number of patients waiting for a follow-up (FUP) outpatient appointment who are delayed by over 100%								<p>FUP pathways recording and reporting was escalated in Q4 2021/22 following service identified significant accuracy challenge in the reporting of pathway time banding. Resulting reporting checks by the Powys Data Intelligence team highlighted a significant quantity of un-reported pathways and local reporting was aligned to the National WPAS team's process. Although accuracy of reporting has improved significantly this measure with remain escalated until suitably resolved with Executive signoff.</p>	<ul style="list-style-type: none"> Service capacity pressure prioritising urgent, and urgent suspected cancer pathways, which in turn places pressure of compliance on routine and FUP pathways. Clinical leadership to support in reach clinicians to adopt see on symptoms (SOS)/patient-initiated follow-up (PIFU) pathways. Underperformance across in reach SLAs with associated impact on capacity. Increased number of over 100% delays reported requiring further investigation. Challenge with clinical staff capacity for validation especially in single clinician services who are not administratively supported. 	<ul style="list-style-type: none"> Review of all non consultant led specialties including subspecialties data warehouse lookups to confirmed start 18/03/2026. Proactive action on validation with services has confirmed; <ul style="list-style-type: none"> Significantly improved pathway management and validation for consultant led specialties. Growing challenge of FUP capacity which is showing that patient pathways delayed over 100% of their re-attendance target date have increased. Enhanced clinical support for consultants in outpatients to maximise SOS & PIFU opportunities. Networks to move clinical practice in terms of SOS/PIFU. Plan under development for national implementation of discharge protocols which will require MDT resource and 5 speciality leadership.
	Period	Feb-26	Target	< same month pre. year	Actual	1087	SPC icon				



Level 2 - Performance Challenges

Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance, or deterioration of performance over time.

No.	Measure description, target, performance and other information								Reason for escalation level	Key Performance Drivers	Key Actions
4	Percentage of children who are up to date with the scheduled vaccinations by age 5								Measure not meeting target	<ul style="list-style-type: none"> Reported queue numbers have increased following the introduction of the quadrivalent measles, mumps, rubella, and varicella (MMRV) vaccine on 1st January 2026, as those with previously declined consent for MMR were automatically included in the offer for the new MMRV vaccine. 	<ul style="list-style-type: none"> Enhanced COVER surveillance continues which includes: <ul style="list-style-type: none"> Data cleansing. Enhanced monitoring of practice queues lists. Enhanced monitoring of key childhood vaccinations (6 in 1 and MMR). Primary Care Standard Operating Procedure developed to ensure timely return of Childhood Immunisation clinic lists from Primary Care to Child Health Department.
	Period	Q3 2025/26	Target	95%	Actual	91.1%	SPC icon	N/A			
5	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15								Measure not meeting target	<ul style="list-style-type: none"> Obtaining signed parental consent forms can be challenging. There are discrepancies in data being captured by different systems, and inaccuracies with data held on CYPriS. It is challenging therefore to ensure immunisation status for Powys residents is accurate and that those eligible are being immunised, particularly when not a pupil of a Powys school. 	<ul style="list-style-type: none"> Vaccination promotion in schools in an appropriate way and through the curriculum where possible. A new HPV toolkit has been released and is being promoted in schools. Review implementation of the NICE guidelines (NG218) Vaccine uptake in the general population particularly recommendations 1.3.24 to 1.3.39 in subsection - Vaccinations for school-aged children and young people to ensure these are being implemented, where appropriate. HPV vaccine programme delivery in schools commenced beginning of May 2025. Programme to continue until 17 July with mop-ups following initial school visits, so each school attended twice. 2025/26 programme has ended and will recommence in Q1 2026/27.
	Period	Q3 2025/26	Target	90%	Actual	79.5%	SPC icon	N/A			
6	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over								Measure not meeting target	<ul style="list-style-type: none"> Vaccine fatigue anecdotally reported across Wales in previous seasons, requires continued work to maintain uptake levels. There has been a change to a central procurement model for flu vaccines in September 2025. The introduction of Welsh Immunisation System (WIS) as the primary vaccination recording system for flu has presented some challenges for GPs and Pharmacies. Data Quality issues identified with WIS where patients are being recorded as Powys resident patients but are currently living in England with no accurate address update on the system. Uptake is reported on resident population rather than registered population, therefore there is a cohort of patients who reside in Powys but are not registered with a Welsh GP where vaccination data will be unavailable. 	<ul style="list-style-type: none"> Flu Vaccination Programme for over 65s started on 1st of October 2025. Adult flu vaccine is offered through GP Practices for eligible patients, and in community pharmacies in many communities across Powys. Opportunistic vaccination of eligible population through vaccination centres. The introduction of WIS as the primary vaccination recording system aims to improve the accuracy and accessibility of uptake data. Challenges in primary care with the new processes have been addressed with the support of the Vaccination Service. Continued monitoring of uptake data to direct additional action. Transforming service - the Central Procurement of Flu programme is being implemented for the 2025/26 Influenza campaign with the aim of making flu vaccine more readily available for GPs and Pharmacies. Early logistical challenges have been addressed by the Vaccination Service. Data Quality issues with the WIS system raised with Vaccination Programme Wales and DHCW which are currently being looked into with a national task and finish group set up reporting to WG.
	Period	Feb-26	Target	75%	Actual	68.8%	SPC icon	N/A			
7	Percentage uptake of the COVID-19 vaccination for those eligible								Measure not meeting target.	<ul style="list-style-type: none"> Vaccine fatigue anecdotally reported across Wales in previous seasons, requires continued work to maintain uptake levels. Data on COVID-19 Vaccination uptake is sourced from Public Health Wales (PHW) surveillance data, which is based on total eligible population. This does not consider those who have opted out of vaccination and therefore cannot be invited for a vaccination appointment. Denominator now includes those who have previously chosen not to come forward for a Covid-19 vaccination. Staffing challenges within the clinical team have led to a slower roll out of the Spring Covid-19 Data Quality issues identified with WIS where patients are being recorded as Powys resident patients but are currently living in England with no accurate address update on the system. 	<ul style="list-style-type: none"> Ongoing work to support care homes with completing the correct paperwork for vaccination prior to vaccination teams visiting care homes prior to COVID-19 Vaccination programmes. The service has moved away from "opting out" for citizens, to ensure that eligible citizens are invited for their COVID-19 Vaccination during each programme that they are eligible for. Programme of work completed by the service to ensure any citizen without clear notes on record as to instruction to not receive any more invites for COVID-19 have the "opt out" flag removed from their record, to ensure that they will be invited for each COVID-19 programme in which they are eligible. Increase local clinics to offer more access to vaccinations in targeted communities, utilising PTHBs community hospitals. Data currently being collected by the Vaccination Service on the reasons patients are cancelling appointments, to help inform improvements to the COVID-19 vaccination services in the future. Recent paediatric immunosuppressed pilot undertaken offering vaccination counselling to parents to optimise vaccination uptake and offer equitable vaccination at one of our 8 clinic locations across PTHB.
	Period	Feb-26	Target	75%	Actual	61.1%	SPC icon	N/A			

Level 2 - Performance Challenges




Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance, or deterioration of performance over time.

No.	Measure description, target, performance and other information								Reason for escalation level	Key Performance Drivers	Key Actions
NA	Median target for purple arrest: Cardiac or respiratory arrest								Measure not meeting target	<ul style="list-style-type: none"> WAST continue to experience challenges with large number of ED attendances and conveyances, large number of lost hours per month and handover delays. Ambulance handover times exceeding 45 minutes for incidents in Powys particularly a challenge in Royal Shrewsbury Hospital and Hereford County Hospital. 	<ul style="list-style-type: none"> Continued engagement with commissioned services via CQPRM meetings and sharing resident view findings with key services. WAST new integrated clinical services model to ensure addressing life-threatening illness or injury; urgent healthcare need; non-urgent health query; and health related transport need. New features of model include online digital advice, rapid clinical screening, remote integrated care, urgent community response, planned care and health transport. WAST Falls Desk operates daily from 7am-7pm with focus on providing early advice (nutrition, hydration, movement) and support patients to lift from the floor (where appropriate). PTHB to continue to work closely with WAST and seek to include qualitative as well as quantitative measures in future reports. PTHB continues to be active member of the Ambulance Services and 111 Collaborative Commissioning Integration Group, represented by the Deputy Director of Performance and Commissioning. Actions taken to reduce ambulance conveyance to ED: <ul style="list-style-type: none"> PTHB Level 2 Community Based falls response aligned for delivery via UEC Single Point of Access, supporting admission avoidance.
	Period	Feb-26	Target	6-8 minutes median response time	Actual	00:08:40	SPC icon	N/A			
NA	Median emergency ambulance response times to red (emergency category calls)								Measure not meeting target		
	Period	Feb-26	Target	6-8 minutes median response time	Actual	00:14:32	SPC icon	N/A			
28	Number of therapy breaches 14+ weeks (all ages)								Measure not meeting target.	<ul style="list-style-type: none"> Podiatry capacity challenge due to staff vacancies and long-term sickness (50% workforce) 	<ul style="list-style-type: none"> Podiatry – agency to support the service, 3.0wte going through vacancy recruitment approval process.
	Period	Feb-26	Target	0	Actual	4	SPC icon				
30	Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)								Measure not meeting target.	<ul style="list-style-type: none"> Single practitioner delivering the service in South Powys places risk on service delivery against target with annual leave or potential sickness impacting the service. 	<ul style="list-style-type: none"> Reviewing demand and any efficiencies where appropriate. Recruitment and temporary staffing continues to be pursued as needed across all audiology services.
	Period	Feb-26	Target	Month on Month reduction	Actual	5	SPC icon	N/A			
31	Number of patients waiting >52 weeks for a new outpatient appointment								Measure not meeting target.	<ul style="list-style-type: none"> Rheumatology in-reach service ceased by Wye Valley NHS Trust, ongoing discussions since October 2025 to support transfer of patients including clinical validation. 	<ul style="list-style-type: none"> Rheumatology actions include provider to provider discussions with Operational, Clinical and Commissioning teams. The pathways will remain tracked locally until transfer is confirmed.
	Period	Feb-26	Target	0	Actual	2	SPC icon				



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Level 2 - Performance Challenges

Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance, or deterioration of performance over time.



No.	Measure description, target, performance and other information								Reason for escalation level	Key Performance Drivers	Key Actions
34	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment								Measure is not meeting target.	<ul style="list-style-type: none"> Referral demand continues to be sustained at a significant level. While local systems and processes have been strengthened to improve the management and triage of referrals, ongoing pressure on the service remains. In response, there is a continued focus on whole-system management of population need, including the development of a proposal for a Powys-wide single point of access. This approach has been agreed as a <i>Start Well</i> priority for consideration within the 2026/2027 funding cycle. Establishing a sustainable and resilient staffing model remains a key priority, particularly during Quarter 4. The current operational objective is to maintain waiting times below 104 weeks. There were 2 children waiting per 104+ weeks at month 11. 	<ul style="list-style-type: none"> Waiting list management aligned to longest wait from referral to assessment (RTA) commenced in March 2025. Open pathways being managed ongoing via ND Multi Disciplinary Team (MDT) panel. KPI's to ensure quality service is in place. Robust scheduling, with the utilisation of joint appointments. Commencements of improved clinic scheduling. Pan Powys model for waiting time pathways rather than the previous geographically led process which resulted in regional variance in patient's pathway wait times. Child centred model with partners in education, social care and 3rd sector being mapped – care around the child and family/carer. Commissioned co-production partnership model with the Parent and Carers Voices Forum, programme of work commenced in September 2024 for 12 months. Year 2 commissioned jointly with education and new families identified.
	Period	Feb-26	Target	80%	Actual	29.9%	SPC icon				
36	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment								Measure is not meeting target.	<ul style="list-style-type: none"> For Feb 2026, actual sickness absence reported at 5.40%, which is 0.34% lower than Feb 2025 (5.74%), however, rolling sickness absence reported at 5.32%, representing a 0.09% increased compared with Feb 25 (5.23%) . Long-term sickness has remained stable at around 4% since August 2025. Short term sickness increased marginally from 1% to 1.5% between October and January, which is consistent with seasonal illnesses. Since January short term sickness has been trending down wards (1.32%). Anxiety, Stress & Depression continues to be the main reason for absence (30.5%), followed by other musculoskeletal problems (10.4%). <p>Rolling sickness absence rates remain the highest in the following staffing groups:</p> <ul style="list-style-type: none"> Additional Clinical Services – 6.39% Nursing & Midwifery – 6.17% Estates & Ancillary – 6.55% 	<ul style="list-style-type: none"> To target short term absence, the People and Culture Business Partners team (P&C BP) are monitoring absences prompts in ESR and following these up with managers to ensure policy is followed. Sickness absence is monitored via directorate Senior Management Team (SMT) meetings and escalated to Assistant Directors (AD's) where necessary. All long-term absence cases over 6 months are reviewed with managers to ensure all actions are up to date in line with the Managing Attendance at Work policy. The managers training programme covers the managing attendance at work policy and manager responsibilities in detail. The P&C BP team undertake absence monitoring to enable more efficient targeted interventions in directorates. This has included delivery of bespoke sessions to directorates and is an ongoing programme of work. P&C has recruited Mindfulness Practitioners onto the bank who have established the Mindfulness and Compassion (MAC) programme. The MAC programme has received Powys Charities funding until sept 2027. Individual and group support and session are regularly promoted across the organisation and between April and November 25 has seen 123 new participants in the MAC offer. A review of teams with higher levels of absence due to anxiety, stress, depression & other psychiatric illnesses is underway, with the aim of deploying the MAC team into the areas of the organisation in most need. We have signed up to the ViVUP – Virtual GP appointment model – Enabling staff to gain same or next day access to a GP for non-routine advice (note; this service will not issue fit notes) Virtual GP appointments are now in place and promoted with a handful of staff accessing the offer to date.
	Period	Feb-26	Target	80%	Actual	5.40%	SPC icon				
39	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/ medical appraisal in the previous 12 months (excl. doctors and dentists in training)								Measure is not meeting target.	<ul style="list-style-type: none"> Directorates continue to report that a combination of staff absence, vacancies and operational pressures have continued to have an impact in the delivery of PADRs. 	<ul style="list-style-type: none"> The People and Culture Business Partners team (P&C BP) team review the monthly PADR compliance report and provide focussed intervention to managers that have compliance less than 85%. Targeted work will continue in directorates with lower compliance. A PADR progress update was shared with the organisation in January, highlighting that approximately 118 additional PADRs would be required to achieve the national compliance target of 85%. This also signposted to additional support, guidance and people and culture advice.
	Period	Feb-26	Target	85%	Actual	80.1%	SPC icon				

Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance, or deterioration of performance over time.

N o.	Measure description, target, performance and other information								Reason for escalation level	Key Performance Drivers	Key Actions
42	Number of Pathways of Care delayed discharges								Measure not meeting target.	<ul style="list-style-type: none"> Some apparent impacts from out of county surge in discharge. Evidence of higher dependency in recent inpatient admissions. Seasonal inpatient care setting fluctuations adding pressures. High-cost placements (in particular, Dementia Nursing Care Home beds) continue to be challenging. Complex patients including court of protection. 	<ul style="list-style-type: none"> Our Average Days Delayed has reduced by small amount (3%). Our Average Length of Stay is fairly static, with spiking in turnover Awaiting Social Worker Allocation delays have reduced significantly. Weekly Multi Disciplinary Team deep dive into longest lengths of stay. . Testing Therapy turnaround at front-door in two ED's. Success includes 3x patients turned around in one day. Optimal hospital flow framework (OHFF) and Powys DigiFLO expansion into Mental Health wards underway. Staff engagement in OHFF Champion training and national project. Revised board round process in development, aligned with OHFF training approach. Implementation of SPOA expected to help offset numbers of patients admitted and support earlier discharge. Easter sprint actions in place through month
Period	Feb-26	Target	12-month reduction trend	Actual	67	SPC icon					
44	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (CTP) for adults 18 years and over								Measure not meeting target.	<ul style="list-style-type: none"> Additional demand on PTHB's Community Mental Health Teams (CMHT) remains as capacity is not yet fully optimised by the mitigation of impact from local authority deficits in capacity to contribute to duty and initial assessment. This mitigation began with the introduction of the single point of access triage and assessment model. This is aligned to 111#2 and is also key transformational work to modernise and streamline services. Phase 2 is currently being rolled out, but this has impacted on Community Mental Health Team (CMHT) capacity again as they are holding additional pressures whilst assessments are moved from teams to the Single Point of Access. Competing priorities and complexity of patients presenting at present has put additional pressure on teams. Agency usage in the Community remains high with local delivery challenges for CTP recording as a result. Maintaining the level of compliance even though below target has been challenging and it is positive that we remain consistent with plan in place to improve. Escalating challenge has been in older adult community mental health services due to staffing fragility. 	<ul style="list-style-type: none"> Continue to advertise vacant positions and there has been some success in removal of long-standing agency arrangements in some teams. division have brought in capacity to undertake a whole service CTP audit. This has been completed and recommendations being delivered including comprehensive and wide scale training seeing quality improvement in co-production of care and treatment planning. Teams are reviewing medics clinics to streamline processes and provide greater capacity for CTP reviews within their job plans. A part 1 clinic workstream has developed an interim statement of the Part1 Scheme for Powys currently going through governance mechanisms. Intervention and support has shifted to Brecon Team - will significantly increase overall position once interventions complete. Need to improve quality has been a focus. 2025/26 seen significant audit and training work undertaken. Roll out of Open Access – seeking to create capacity for CMHTs and freeing up time for CTP work undertaken. PTHB is now a 'Demonstrator Area' to design and implement model of Open access, and consideration of stepped care 2.0 and 'One at a Time'. The service are working to a target of improvement closer to target by May 2026 and this is the highest level of compliance that PTHB MH&LD have been at during the 25/26 financial year. The improvement in CTP compliance in Ystrad should be noted- >95% compliance since July, currently at 96%.
Period	Feb-26	Target	90%	Actual	83.8%	SPC icon					

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Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance, or deterioration of performance over time.

No.	Measure description, target, performance and other information								Reason for escalation level	Key Performance Drivers	Key Actions
50	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)								Measure not meeting target	<ul style="list-style-type: none"> Ongoing challenge from fragility of in-reach service model especially Ophthalmology (WVT). Impact of NHSE Waiting Times making backfill of lost sessions extremely difficult with significant underperformance against contracted in-reach sessions. 	<ul style="list-style-type: none"> On-going development of Multi Disciplinary Team (MDT) in eyecare further extension of wet AMD capacity in Powys to support service sustainability and repatriation of patients Development and implementation of WGOS4 community optometry triaging with appointment of community optometrist in Planned Care commencing Nov-25. On-going escalation of contracted position via Commissioning CQPRM meetings with WVT. Additional insourcing capacity from HBSUK planned as part of National Commissioning Programme awaiting confirmation from provider regarding start date for ophthalmology.
	Period	Feb-26	Target	12 month improvement trend towards national target of 95%	Actual	67.3%	SPC icon				
53	No of patient safety incidents that remain open 90 days or more								Measure not meeting target	<ul style="list-style-type: none"> Ongoing challenge from fragility of in-reach service model especially Ophthalmology (WVT). Impact of NHSE Waiting Times making backfill of lost sessions extremely difficult with significant underperformance against contracted in-reach sessions. 	<ul style="list-style-type: none"> On-going development of Multi Disciplinary Team (MDT) in eyecare further extension of wet AMD capacity in Powys to support service sustainability and repatriation of patients Development and implementation of WGOS4 community optometry triaging with appointment of community optometrist in Planned Care commencing Nov-25. On-going escalation of contracted position via Commissioning CQPRM meetings with WVT. Additional insourcing capacity from HBSUK planned as part of National Commissioning Programme awaiting confirmation from provider regarding start date for ophthalmology.
	Period	Feb-26	Target	12 month reduction trend	Actual	21	SPC icon				

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


Level 1 – No concerns

Local delivery of agreed objectives and performance, finance ambitions in line with agreed trajectories.

No.	Measure description	Period	Target	Actual	SPC icon
1	Percentage of adult smokers who make a quit attempt via smoking cessation services	Q3 2025/26	5% cumulative annual target	5.89%	N/A
3	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)	Q3 2025/26	4 Quarter improvement trend	78.7%	
9	Percentage of well babies completing the hearing screening programme within 4 weeks	Jan-26	90%	95.5%	
10	Percentage of eligible newborn babies who have a conclusive bloodspot screening result by day 17	Feb-26	95%	96.8%	
11	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2024/25	100%	100%	
12	Percentage of patients (aged 12+) with diabetes who received all 8 NICE recommended care processes	Feb-26	Improvement compared to the same month in the previous year	51.5%	
13	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Feb-26	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2025 and 100% by 31 March 2026	68.5%	
14	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Feb-26	Increase compared to the same month in the previous year	700	
15	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged <u>under 18 years</u>	Feb-26	80%	100%	
16	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LMPHSS) for people aged <u>under 18 years</u>	Feb-26	80%	94.4%	
17	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged <u>18 and over</u>	Feb-26	80%	97.4%	
18	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LMPHSS) for people aged <u>18 and over</u>	Feb-26	80%	92.2%	
21	Median time from arrival at an emergency department to triage by a clinician	Feb-26	15 minutes or less	5	N/A
22	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	Feb-26	60 minute or less	6	
23	Percentage of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Feb-26	Improvement compared to the same month in the previous year, towards the national target of 95%	100%	
24	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Feb-26	Reduction compared to the same month in the previous year, towards the national target of zero	0	
11/44	Percentage of children <18 waiting 14 weeks or less for a specified AHP	Feb-26	100%	100%	100/351

Level 1 – No concerns

Local delivery of agreed objectives and performance, finance ambitions in line with agreed trajectories.

No.	Measure description	Period	Target	Actual	SPC icon
29	Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)	Feb-26	Month on Month Reduction	12	N/A
33	Number of patients waiting more than 104 weeks for referral to treatment	Feb-26	0	0	
35	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Feb-26	80%	82.5%	
37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Jan-26	Rolling 12-month reduction against a baseline of 2024/25	8.75%	
38	Agency spend as a percentage of the total pay bill	Feb-26	12-month reduction	4.0%	
40	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Jan-26	Maintain the 95% target or demonstrate a 12-month improvement trend	100%	
41	Percentage of all classifications' coding errors corrected by the next monthly reporting submission	Jan-26	90%	100%	
43	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (CTP) under 18's	Feb-26	90%	90.7%	

Non-RAG rated measures

These measures will include those that can't be assessed in year e.g. cumulative smoking, have no national target for PTHB e.g. infection rates or those that are new with insufficient data points for trend targets.

2	Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	Q3 2025/26	40% Annual Target	13.35%	N/A
N/A	Median emergency response time to Orange Now calls	Feb-26	12-month reduction trend	00:59:09	N/A
46,47,48	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Pseudomonas aeruginosa	Feb-26	No national target for PTHB as a non-acute provider.	0	N/A
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli and; S.aureus (MRSA and MSSA)	Feb-26		1.62	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C.Difficile	Feb-26		19.51	

Vaccinations - Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)

Executive lead	Executive Director of Public Health	Lead Officer	Head of Service: Public Health Programmes & Services
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Latest available	Q3 2025/26	Status of measure	Level 2a
Reported performance	91.1%	Benchmark position (Wales)	1 st (87.5%)
Target	95%		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Q4 2025/26		

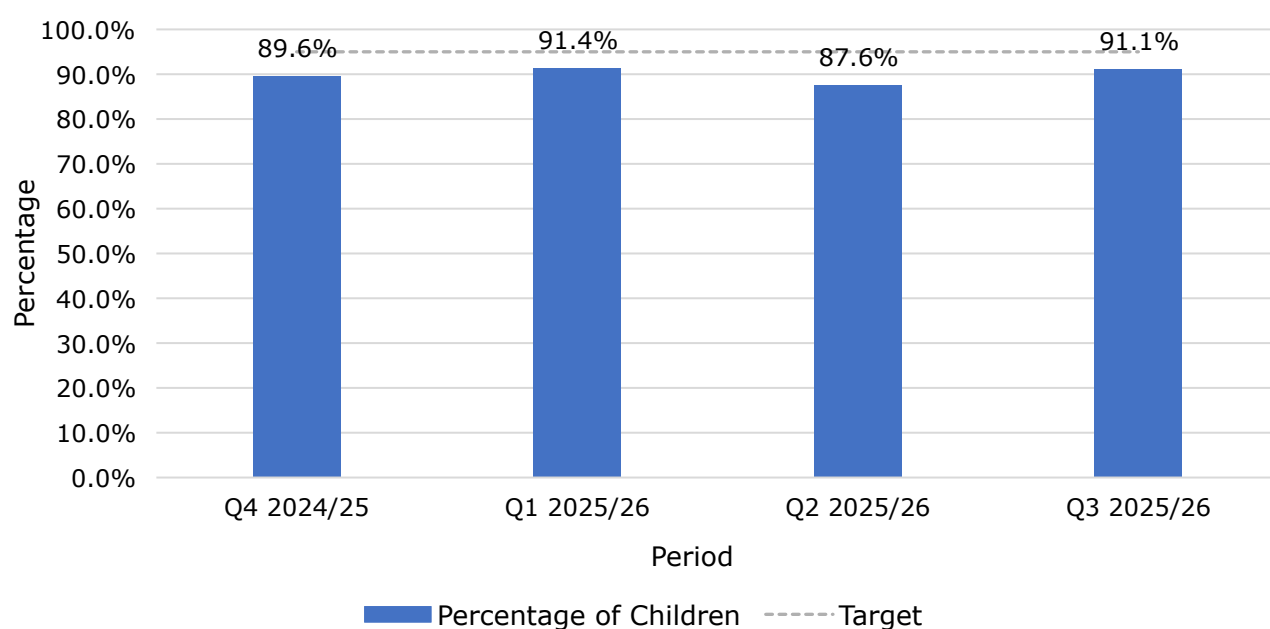
Challenges

- Data on uptake is sourced nationally from the Child Health System, whilst vaccination is undertaken by GP Practices and recorded on their information system. The Child Health System and GP database are not electronically linked; therefore, frequent data cleansing is required to ensure that the information flow into the Child Health System is accurate and reflects immunisation status for Powys residents.
- Children moving into the area from countries outside of the UK, and challenges to record accurate vaccination history in Primary Care & Child Health.
- Childhood schedule changes from 01/07/2025 with the removal of Hib / Meningococcal Group C at 12 months – hard stop on supply of Menitorix, Meningitis B and Pneumococcal (PVC) swap at 12 and 16 weeks.
- Introduction of an 18-month appointment to include a fourth DTaP/IPV/Hib/Hep B (6 in 1) and bringing forward the pre-school MMR/V. MMR to be replaced by MMRV in the routine childhood immunisation programme from 1st January 2026.
- The digital infrastructure for these changes is not in place and therefore will rely on manual changes to the schedule from primary care which may impact on timely recording of vaccination on systems.
- Reported queue numbers have increased following the introduction of the quadrivalent measles, mumps, rubella, and varicella (MMRV) vaccine on 1st January 2026, as those with previously declined consent for MMR were automatically included in the offer for the new MMRV vaccine.

Actions & Mitigations

- Enhanced COVER surveillance continues which includes:
 - Data cleansing.
 - Enhanced monitoring of practice queues lists.
 - Enhanced monitoring of key childhood vaccinations (6 in 1 and MMR/V).
- Support being provided to Health Visitors to follow up preschool children who have missed routine vaccinations – Standard Operating Procedure (SOP) ratified and in use.
- Immunisation coordinator working with GP practices to improve pre-school uptake.
- Ongoing support provided for Primary Care with queues list monitoring and prompting to review lists/understand waits and cover equity. Encouraging GPs to offer unscheduled vaccinations for missed vaccinations. SOPs have been developed for both scheduled and unscheduled immunisations to improve the accuracy of data recorded by Primary Care and shared with Child Health System and prevent delays with returning forms to Child Health.
- There is national work exploring improving vaccine uptake and information sharing for children who transfer in from outside the UK.
- National changes to the digital infrastructure underway, led by DHCW, to improve data transfer between GP practices and CYPrIS (the child health record database).
- The All-Wales data collection Child Health Immunisation Process Standards (CHIPS) pathway is currently being updated. This has not been finalised yet – awaiting publication
- VPDP have provided a letter and visual guide to primary care clinicians to support with the recent childhood vaccination schedule changes.
- New complete routine immunisation schedule for Wales published from 1st January 2026
- VPDP have provided Q&A sessions for Primary Care since the changes on 01/07/25 and pre the MMRV introduction.
- Webinar provided by VPDP on 04/12/25 on impending changes to the childhood immunisation schedule from 1st January 2026
- Additional educational support provided by Immunisation Coordinator to Primary Care via the P&CCA – Lunch n Learn session on the "Introduction of Varicella vaccination and other changes to the routine immunisation schedule" held on 18/12/25.
- Ongoing additional support has been provided by the Immunisation Coordinator to support implementation of the new routine childhood immunisation schedule.

Percentage of children up to date with scheduled vaccinations by age 5



What the data tells us

- Reported uptake performance for Powys in Q3 (91.1%) remains below target (95%).
- Powys ranks 1st in Wales for scheduled vaccinations by age 5, the All-Wales average is 87.5%

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Vaccinations - Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15

Executive lead	Executive Director of Public Health	Lead Officer	Assistant Head of Public Health Nursing
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Latest available	Q3 2025/26	Status of measure	Level 2a
Reported performance	79.5%	Benchmark position (Wales)	3 rd (75.6%)
Target	90%		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?	TBC		

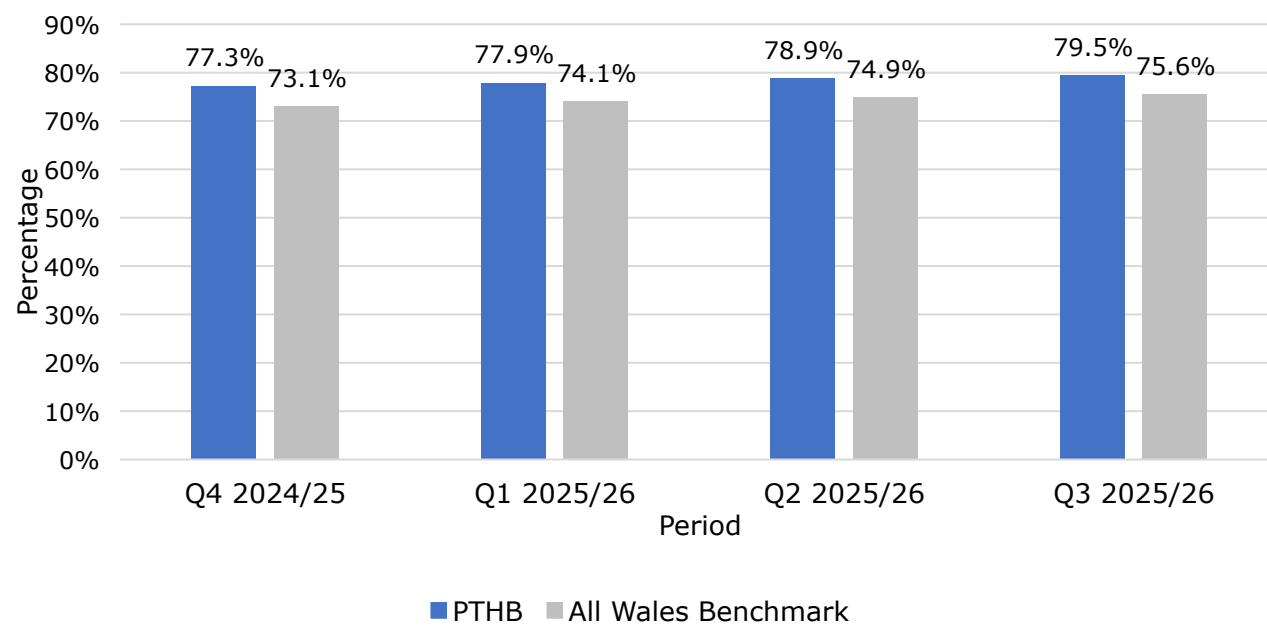
Challenges

- Obtaining signed parental consent forms can be challenging.
- There are discrepancies in data being captured by different systems, and inaccuracies with data held on CYPrIS. It is challenging therefore to ensure immunisation status for Powys residents is accurate and that those eligible are being immunised, particularly when not a pupil of a Powys school.

Actions & Mitigations

- Vaccination promotion in schools in an appropriate way and through the curriculum where possible. A new HPV toolkit has been released and is being promoted in schools.
- Review implementation of the NICE guidelines (NG218) Vaccine uptake in the general population particularly recommendations 1.3.24 to 1.3.39 in subsection - Vaccinations for school-aged children and young people to ensure these are being implemented, where appropriate.
- HPV vaccine programme delivery in schools commenced beginning of May 2025. Programme to continue until 17 July with mop-ups following initial school visits, so each school attended twice.
- E-consent has been rolled out in Powys in 2025 with the aim of increasing the return rate of consent. Further evaluation of this approach to be undertaken.
- Work being undertaken by the School Nursing service and Child Health in relation to data cleansing to improve accuracy of data and uptake rates.
- Letters were sent in August 2025 to parents of children in school years 8-13 with a missing HPV, DTP, MenACWY or MMR record on CYPrIS inviting parents to contact PTHB with updated records or to attend drop-in vaccination clinics. Over 80 queries were made to the Immunisation Coordinator to either update records, make enquiries or to provide updated personal information.
- Drop-in clinics for young people who have missed their vaccination, were undertaken by the Vaccination Centre during August 2025 with over 100 vaccinations administered.
- Data cleansing and vaccination administration increased current HPV uptake.
- 2025/26 programme has ended and will recommence in Q1 2026/27.

Percentage of children receiving the HPV vaccination by age 15



What the data tells us

- Reported uptake improved slightly in Q3 2025/26 reporting 79.5% compared to 78.9% in Q2 2025/26
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Access & Activity NHS Performance Measure – 6

Vaccinations - Percentage uptake of the influenza vaccination amongst adults aged 65 years and over

Executive lead	Executive Director of Public Health	Lead Officer	Head of Service: Public Health Programmes & Services
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Latest available	Feb-26	Status of measure	Level 2a
Reported performance	68.8%	Benchmark position (Wales)	6 th (71.6%)
Target	75%		
SPC assurance rating	Not applicable (season cumulative measure)		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Qu. 4 2025/26		

Challenges

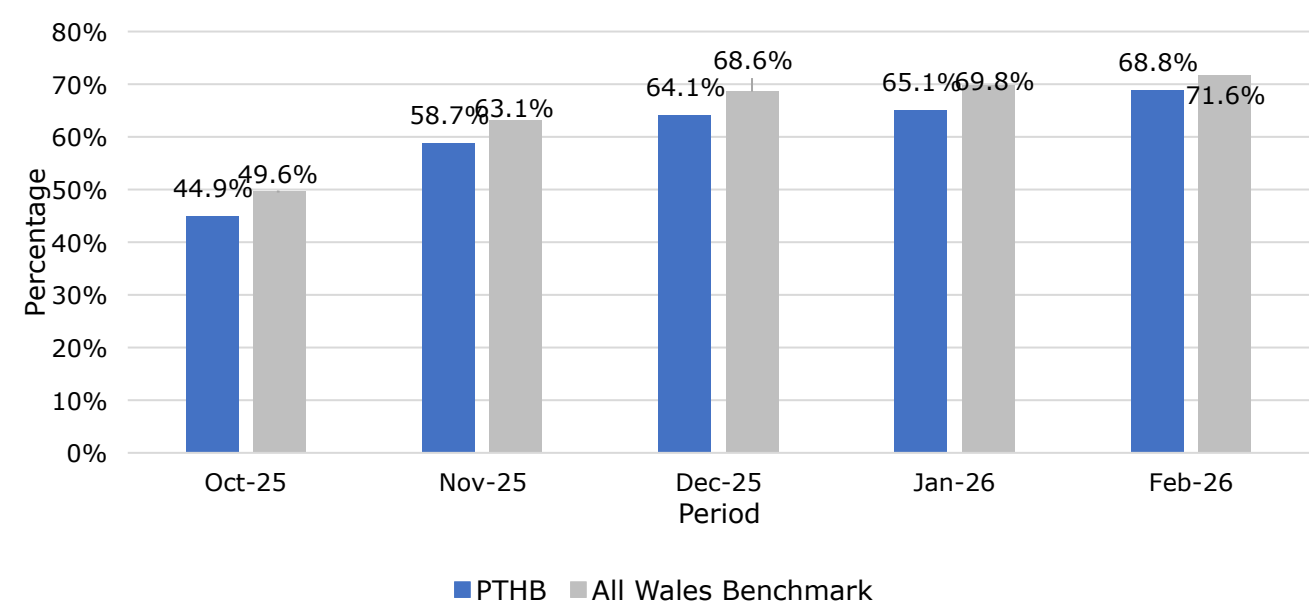
- Vaccine fatigue anecdotally reported across Wales in previous seasons, requires continued work to maintain uptake levels.
- There has been a change to a central procurement model for flu vaccines in September 2025.
- The introduction of Welsh Immunisation System (WIS) as the primary vaccination recording system for flu has presented some challenges for GPs and Pharmacies.
- Data Quality issues identified with WIS where patients are being recorded as Powys resident patients but are currently living in England with no accurate address update on the system.
- Uptake is reported on resident population rather than registered population, therefore there is a cohort of patients who reside in Powys but are not registered with a Welsh GP where vaccination data will be unavailable
- Previous years' uptake was based on registered population, pulled from GPs via AccuRX, data this year is based on resident population pulled from the Welsh Immunisation system.

Actions & Mitigations

- Flu Vaccination Programme for over 65s started on 1st of October 2025.
- Adult flu vaccine is offered through GP Practices for eligible patients, and in community pharmacies in many communities across Powys.
- Opportunistic vaccination of eligible population through vaccination centres.
- Public Health Wales led communication campaign, supported by local communications through health board channels, amplified through local networks.
- The introduction of WIS as the primary vaccination recording system aims to improve the accuracy and accessibility of uptake data. Challenges in primary care with the new processes have been addressed with the support of the Vaccination Service.
- Continued monitoring of uptake data to direct additional action.
- Transforming service - the Central Procurement of Flu programme is being implemented for the 2025/26 Influenza campaign with the aim of making flu vaccine more readily available for GPs and Pharmacies. Early logistical challenges have been addressed by the Vaccination Service.
- Data Quality issues with the WIS system raised with Vaccination Programme Wales and DHCW which are currently being looked into with a national task and finish group set up reporting to WG.
- Offer of flu vaccine to eligible population through GPs and Pharmacies, expanded to include PTHB vaccination Service from December 2025 in-line with WG Directive.

PHW Vaccination coverage reports now include uptake based on health board population registered with GP Practices within HB area, as well as the resident population. Uptake by residents registered with GP in Powys is 72.2%, slightly below the Wales average of 73%, and target of 75%.

Percentage uptake of the influenza vaccination amongst adults aged 65 years and over



What the data tells us

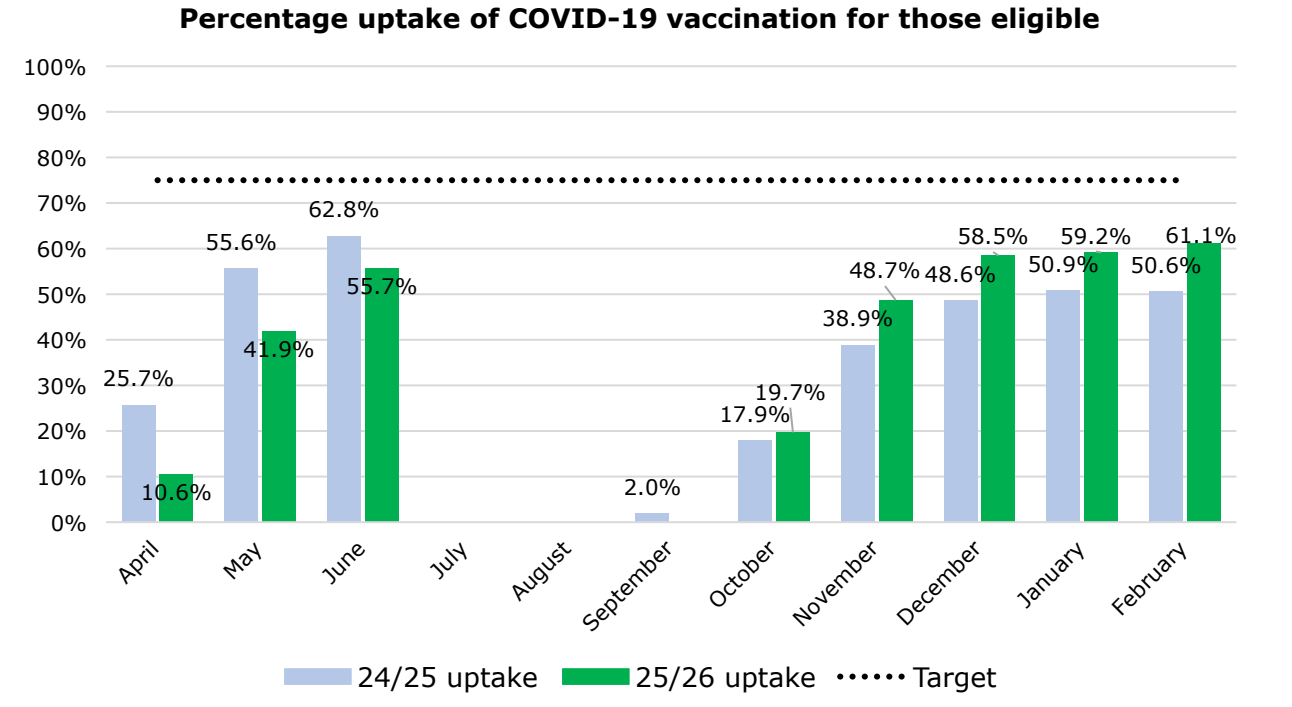
- To note this is a cumulative measure and will only be updated during active influenza vaccination period.
- Autumn/Winter 2025/26 vaccinations commenced 1st October 2025.
- Uptake of 68.8% is for Powys resident population, however issues identified with resident denominator in Welsh Immunisation System (the denominator includes people who are no longer resident or registered in Powys). A national task and finish group has been established to address this challenge.

Vaccinations - Percentage uptake of the COVID-19 vaccination for those eligible - Spring and Autumn Booster: All eligible people

Executive lead	Executive Director of Public Health	Lead Officer	Head of Service: Public Health Programmes & Services
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Latest available	Feb-26	Status of measure	Level 2a
Reported performance	61.1%	Benchmark position (Wales)	1 st (58.3%)
Target	75%		
SPC assurance rating	Not applicable (season cumulative measure)		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Quarter 4 2025/26		

Challenges
<ul style="list-style-type: none"> Vaccine fatigue anecdotally reported across Wales in previous seasons, requires continued work to maintain uptake levels. Data on COVID-19 Vaccination uptake is sourced from Public Health Wales (PHW) surveillance data, which is based on total eligible population. This does not consider those who have opted out of vaccination and therefore cannot be invited for a vaccination appointment. Universal offer of Covid-19 for eligible populations, no longer a need for patients to have received any previous doses prior to being invited. Denominator now includes those who have previously chosen not to come forward for a Covid-19 vaccination. Staffing capacity challenges within the clinical team have led to a slower roll out of the Spring Covid-19 Vaccination programme, with ongoing challenges as we head into winter, mitigated by bank staff support. Data Quality issues identified with WIS where patients are being recorded as Powys resident patients but are currently living in England with no accurate address update on the system.



Actions & Mitigations
<ul style="list-style-type: none"> Ongoing work to support care homes with completing the correct paperwork for vaccination prior to vaccination teams visiting care homes prior to COVID-19 Vaccination programmes. The service has moved away from "opting out" for citizens, to ensure that eligible citizens are invited for their COVID-19 Vaccination during each programme that they are eligible for. Programme of work completed by the service to ensure any citizen without clear notes on record as to instruction to not receive any more invites for COVID-19 have the "opt out" flag removed from their record, to ensure that they will be invited for each COVID-19 programme in which they are eligible. Increase local clinics to offer more access to vaccinations in targeted communities, utilising PTHBs community hospitals. Data currently being collected by the Vaccination Service on the reasons patients are cancelling appointments, to help inform improvements to the COVID-19 vaccination services in the future. Recent paediatric immunosuppressed pilot undertaken offering vaccination counselling to parents to optimise vaccination uptake and offer equitable vaccination at one of our 8 clinic locations across PTHB.

What the data tells us
<ul style="list-style-type: none"> To note this is a cumulative measure and will only be updated during active COVID-19 vaccination period. The Autumn/Winter 2025/26 programme started 1st October 2025 (Month 7) Uptake in 2025/26 remains above monthly uptake in 2024/25 (vaccination did not start until Oct-25 in 2025/26). Powys benchmarks 1st against the All-Wales position of 58.3%. Issues identified with resident denominator in Welsh Immunisation System (the denominator includes people who are no longer resident or registered in Powys). A national task and finish group has been established to address this challenge.

Screening - Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment

Executive lead	Executive Director of Primary Care, Community and Mental Health	Lead Officer	Assistant Director Community Services
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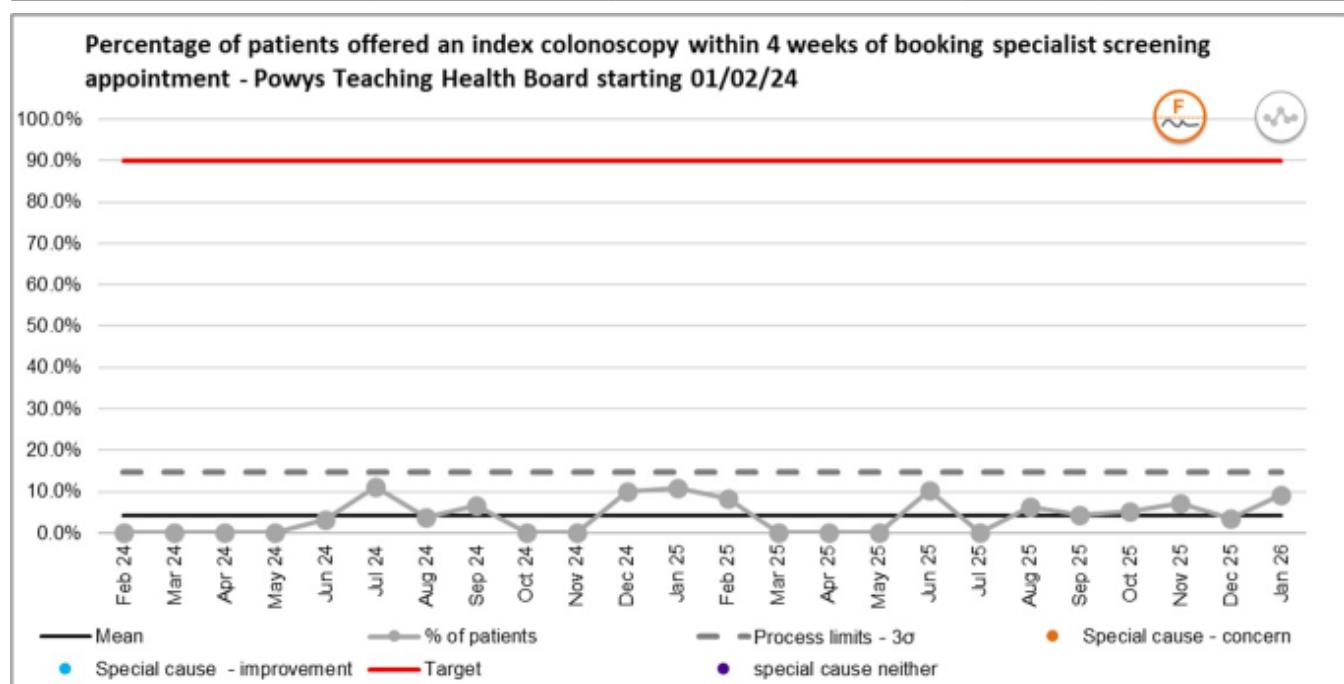
Latest available	Jan-26	Status of measure	Level 3
Reported performance	9.1%	Benchmark position (Wales)	5 th (18.8%)
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PHW compliance report		
Recover by?	Timescale requested from Public Health Wales		

Challenges

- Powys is commissioned to carry out Bowel Screening Wales (BSW) activity within its diagnostic/day case units, patients also access services commissioned from bordering DGH's. Non-Powys responsible patients may also have screening carried out in PTHB facilities.
- Not all referrals for PTHB led Specialist Screening Practitioner assessment appointments have their colonoscopy carried out within provider services and not all patients are suitable for the procedure within PTHB provided units.
- Key challenges for colonoscopy in PTHB include very fragile capacity. Single handed in reach consultant has tendered resignation service will be managed solely via insourcing from March 26.
- Patient choice including appointment deferral has significant impact on compliance (clock adjustments are not made for BSW pathways), some patients are deferring up to circa 3-5 potential dates or noting that they are not available for multiple months from screening assessment.
- The methodology of the KPI requires ongoing scrutiny and engagement with the Public Health Wales Team (PHW). Currently the assessment of the offer within 4 weeks for a colonoscopy is carried out by the PHW team.

Actions & Mitigations

- Positive feedback via Public Health Wales assurance visit to bowel screening service (June 25) recognised PTHB service delivered to a high standard and the team should be commended for this. Staff are highly skilled and motivated to provide a high-quality service to bowel screening participants and there is effective and dedicated leadership across the teams. There is evidence of a quality-focused culture that encourages continuous improvement, with effective communication and planning. PHW did highlight the challenges faced by PTHB in terms of single-handed consultant and impact on waiting times for screening – we continue to require insourcing to support delivery of this service (insourcing is stop start due to change in procurement which makes forward planning difficult), regional working with CTMUHB joint nursing posts reviewing options for joint screening clinician post however there is skills shortage all HBs challenged. – PHW assurance visit report will be released in August.
- Increased number of patients being assessed and screened in PTHB; the service is also repatriating patients from CTMUHB pathways.
- Appointment of new band 7 screening practitioner with CTMUHB from May 2025.
- Regular meetings between local operational leads and the Bowel Screening Wales (BSW) team.
- In-source capacity utilised for both screening and symptomatic service.
- Continue with regional planning discussions around endoscopy which in turn supports bowel screening.
- Work ongoing with regional partners around the provision of sustainable services going forward.
- Powys physical capacity (treatment rooms) offered as part of mutual aid for regional solutions further discussions with Associate Director Regional Delivery NHS Performance & Improvement.
- Head of Performance engaged with key operational and performance leads in PHW around the key performance indicator (KPI) methodology and consistency. Validation workstream underway to provide assurance including local waiting list cross checking with the PHW screening booking system. Dedicated analyst resource is currently deep diving the pathways with the aim of investigation completion in Q1 2026/27.
- PTHB fully engaged with the All-Wales Review of Bowel Screening Programme.
- Exploring opportunities for joint bowel screening consultant appointment with ABUHB.



What the data tells us

- Powys performance against this measure is challenged reporting 9.1% in January 2025, All Wales performance is also challenged against this measure reporting 18.8% compliance for the same period.
- Methodology of measure remains under scrutiny with Public Health Wales; data quality however was updated to average quality following positive checks on provided metric information.

Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity

NHS Performance Measure – 26

Frequency - Monthly

Planned Care & Cancer - Number of patients waiting more than 8 weeks for a specified diagnostic

Executive lead Executive Director of Primary Care, Community and Mental Health

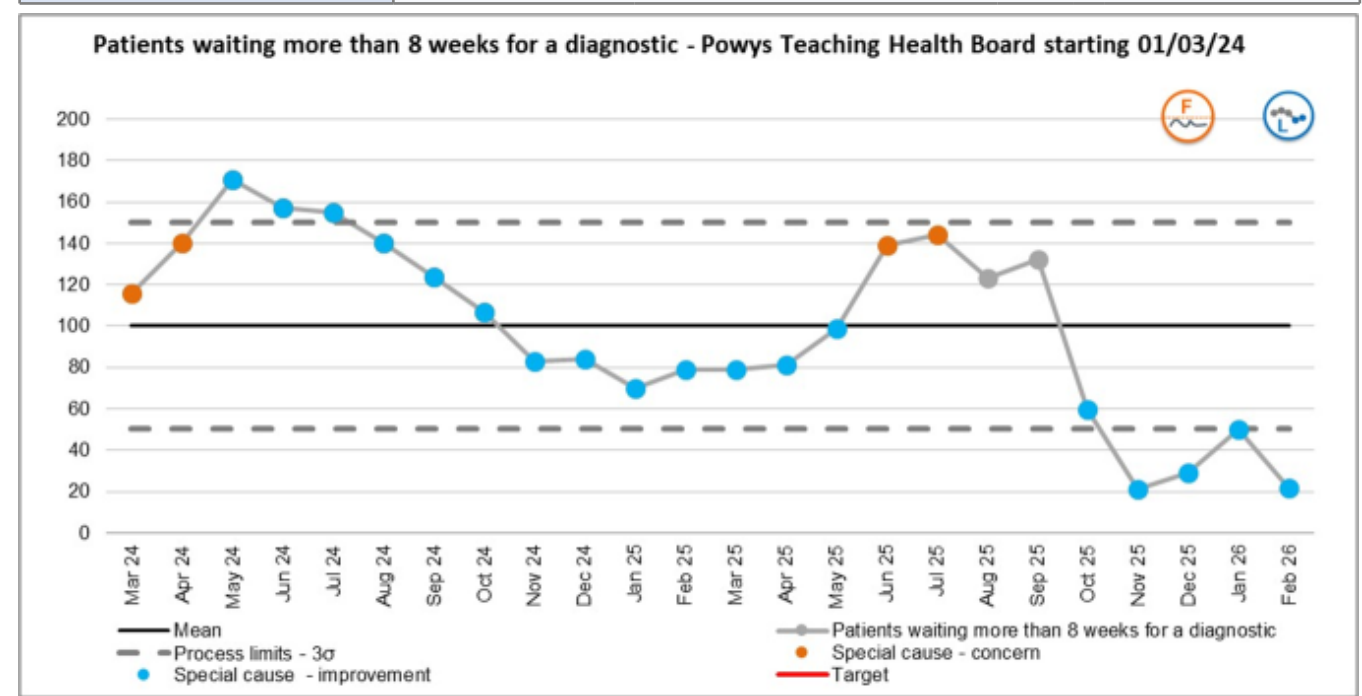
Lead Officer

Assistant Director of Community Service Group

Latest available	Feb-26	Status of measure	Level 3
Reported performance	22	Benchmark position (Wales)	1 st (38,486)
Target	Zero		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	TBC		

Diagnostic's performance by sub service

Service	Sub service	Total pathways waiting	Number of pathway breaches	Percentage breaching target
Cardiology	Echo Cardiogram	101	11	11%
Cardiology	Heart Rhythm Recording	42	6	14%
Diagnostic Endoscopy	Colonoscopy	10	0	0%
Diagnostic Endoscopy	Cystoscopy	8	0	0%
Diagnostic Endoscopy	Flexible Sigmoidoscopy	2	0	0%
Diagnostic Endoscopy	Gastroscopy	9	0	0%
Radiology – Consultant Referral	Non-Obstetric Ultrasound	48	0	0%
Radiology – GP Referral	Non-Obstetric Ultrasound	563	5	1%



What the data tells us

This measure includes various diagnostic provisions, echo cardiograms, endoscopy, and non-obstetric ultrasound.

- The health board has reported 22 breaches in February 2026, 17 breaches are within Cardiology, and a further 5 breaches are within non-obstetric ultrasound. Zero Endoscopy pathways breach the 8-week target.
- This measure remains **escalated** due to ongoing service pressure and non-compliance against Welsh Government key performance indicator target but will be reviewed during Q4 for de-escalation if recovery trajectories continue to be achieved.

Key data quality challenges/changes in 2025/26

- Heart Rhythm Test Pathways**
A review of diagnostic submissions in September found that a small number of heart rhythm test pathways had not been included in previous data submissions. Although these account for only around 2% of total diagnostic pathways, they do include cases that exceeded the 8-week target. These pathways have been managed appropriately in line with national Referral to Treatment (RTT) guidance and best practice but were unintentionally omitted from the data submitted to DHCW and Welsh Government. This issue has been escalated to the Powys Teaching Health Board (PTHB) Executive Team and the Welsh Government's Head of Planned Care. Following agreement, these pathways will be included in the submission from the end of October (Month 7).
- Non-Obstetric Ultrasound Reporting**
Improving position, RISP will be completely rolled out across Powys by the end of April 2026. This will support improved reporting and waiting list management.
 - Data quality rating has been moved to good following robust checks by service and the digital team.

Detailed narrative of challenges, actions and mitigations by sub service on the next slide

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Access & Activity	NHS Performance Measure – 26	Frequency - Monthly
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Planned Care & Cancer - Number of patients waiting more than 8 weeks for a specified diagnostic

Executive lead	Executive Director of Primary Care, Community and Mental Health	Lead Officer	Assistant Director of Community Service Group
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Cardiology - Challenges	No. of breaches	17	Diagnostic Endoscopy - Challenges	No. of breaches	0	Non-Obstetric Ultrasound - Challenges	No. of breaches	5
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- Eleven breaches in Echo Cardiograms and 6 within Heart Rhythm diagnostics.
- Significant demand increase in January with double the number of expected (average) referrals received.
- Cardiology (Echo Cardiogram scans) remain under pressure in South Powys, due to in reach fragility of Aneurin Bevan University Health Board consultant services and increasing echo cardiogram demand, following change in clinical practice where patients are sent straight to test by consultant prior to outpatient appointment.
- National shortage of clinical physiologists has resulted in whole system fragility, acute care providers also require insource arrangements to manage demand and reduce delays.
- National waiting times for echo-cardiograms have increased and remain high in acute providers.
- Heart Rhythm diagnostics has fixed monthly capacity both clinical technician and the availability of measurement devices, when demand exceeds this fixed capacity breaches will occur.

- The provider has continued to maintain zero breaches within endoscopy however key national specialty challenges remains including a shortage of colorectal endoscopists, increased urgent suspected cancer referrals and reliance across Wales on insource capacity.
- In-reach clinician fragility resulting from the above points including further business continuity challenges in Cwm Taf Morgannwg UHB (CTMUHB). CTMUHB currently have challenges in succession planning (as per national challenge), ongoing fragile workforce reliant on locums and insourcing which impacts on in-reach service capacity and reliability with resulting short notice cancellations.
- CTMUHB currently triage all Endoscopy referrals this has resulted in reduced demand for the Powys provided diagnostics.
- JAG 5 Year Assurance accreditation preliminary discussion with JAG has advised further time is required to embed the clinical leadership model – advise that the health board apply for JAG accreditation.
- Delays in District General Hospitals (DGH diagnostics, especially Histology/Pathology risk timeliness of pathways including urgent suspected cancer pathways.
- Senior Clinical Nurse for endoscopy post will be vacant from February (retirement).

- Fragility of service due to unplanned sickness
- Speciality consultant session for Ystradgynlais Community Hospital.

Cardiology - Actions & Mitigations	Diagnostic Endoscopy - Actions & Mitigations	Non-Obstetric Ultrasound - Actions & Mitigations
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- Following increased referrals in January extra capacity is being sought with ABUHB to meet the target for end of year, but this has seen limited increase in breaches for February.
- Additional capacity currently being sought via bank staff for cardiology specific physiologist clinician to undertake echo cardiograms. (second attempt at recruitment).
- Improved patient information and advice and support with aims to reduce patient "Did not attend" (DNA). DNA Rate less than 3%.
- Working with in-reach to review capacity due to changes in clinical practice (escalated via CQPRM).
- Development of clinical waiting list validation within in reach clinical team: On-going.
- New echo cardiogram scanner purchased and installed via charitable funds for Brecon War Memorial Hospital.
- Escalated via CQPRM, capacity shortfall escalated as part of insourcing proposal however delayed with extension to current insource provider until Q4.

- Planned recruitment for Senior Clinical Nurse post Q4.
- Significant service transformation including strengthening of team leadership and staff development to maximise service efficiency.
- Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a very high risk for the health board). Proposal for capacity and contingency planning awaiting finalisation.
- Sponge capsule (cyto-sponge) will be business as usual from 1st of April 2026
- Ongoing Executive level discussions around service sustainability and joint work with CTMUHB from February 2024.
- Rolling programme of clinical and administrative waiting list validation.
- Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid.

- Use of agency and bank for breaching patients.
- Reviewing clinical templates for existing workforce
- Continuous monitoring and validation of waiting list.

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Access & Activity

NHS Performance Measure – 28

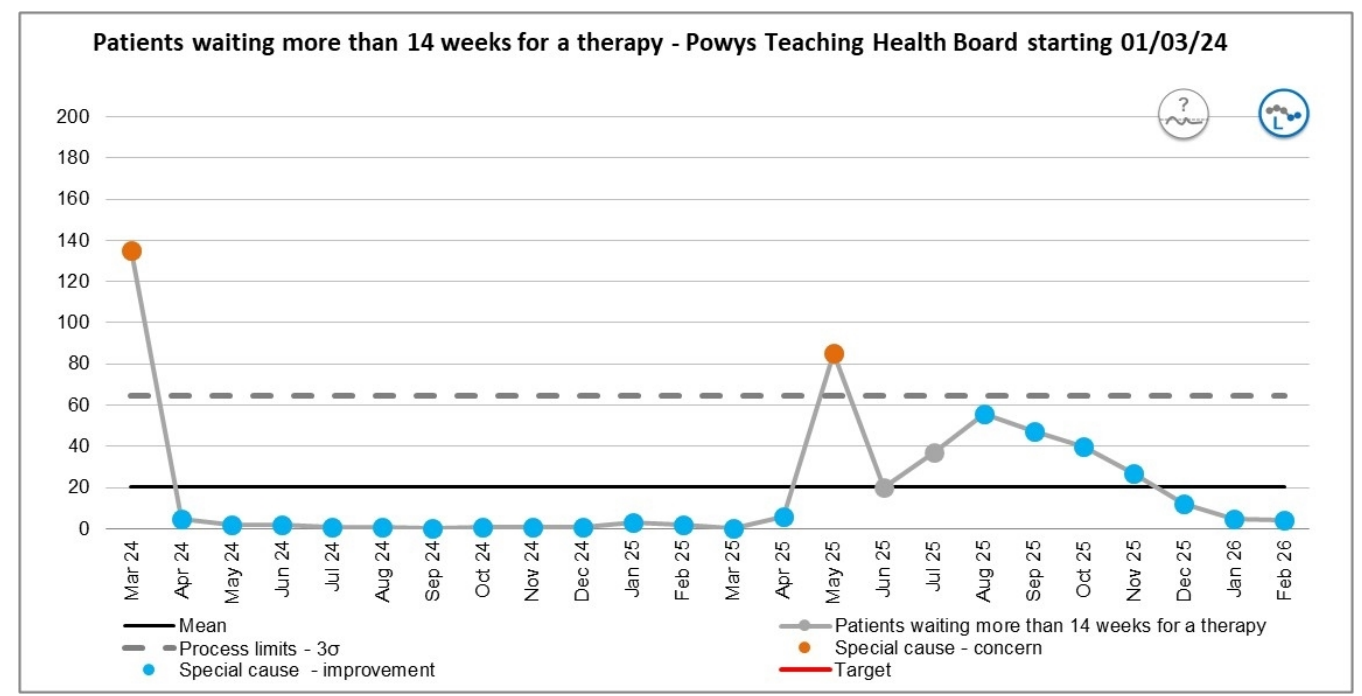
Frequency - Monthly

Planned Care & Cancer - Number of patients (all ages) waiting more than 14 weeks for a specified therapy

Executive lead	Executive Director of Primary Care, Community and Mental Health	Lead Officer	Assistant Director of Community Service Group
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Latest available	Feb-26	Status of measure	Level 2a
Reported performance	4	Benchmark position (Wales)	2 nd (5156)
Target	Zero		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			

Therapy performance by sub service				
Service	Sub service	Total pathways waiting	Number of pathway breaches	Percentage breaching target
Dietetics	Adults	156	0	0%
Dietetics	Paediatrics	84	0	0%
Occupational Therapy	Adults	44	0	0%
Occupational Therapy	Learning Disabilities	4	0	0%
Occupational Therapy	Paediatrics	9	0	0%
Physiotherapy	Adults	2120	0	0%
Physiotherapy	Paediatrics	101	0	0%
Podiatry	Routine	444	4	1%
Podiatry	Urgent	53	0	0%
Speech Language	Adults	113	0	0%
Speech Language	Paediatrics	80	0	0%



Challenges

- Podiatry capacity challenge due to staff vacancies and long-term sickness (50% workforce)

Actions & Mitigations

- Podiatry – agency to support the service, 3.0wte going through vacancy recruitment approval process.

What the data tells us

- Performance in February continues to report a reduction in very limited breaches (4).
- 24-month SPC assurance is special cause improvement

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Access & Activity

NHS Performance Measure – 30

Frequency - Monthly

Planned Care & Cancer – Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)

Executive lead

Executive Director of Primary Care, Community and Mental Health

Lead Officer

Assistant Director of Community Service Group

Latest available	Feb-26	Status of measure	Level 2a
Reported performance	5	Benchmark position (Wales)	1 st (2,779)
Target	Month on Month Reduction		
SPC assurance rating	N/A		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			

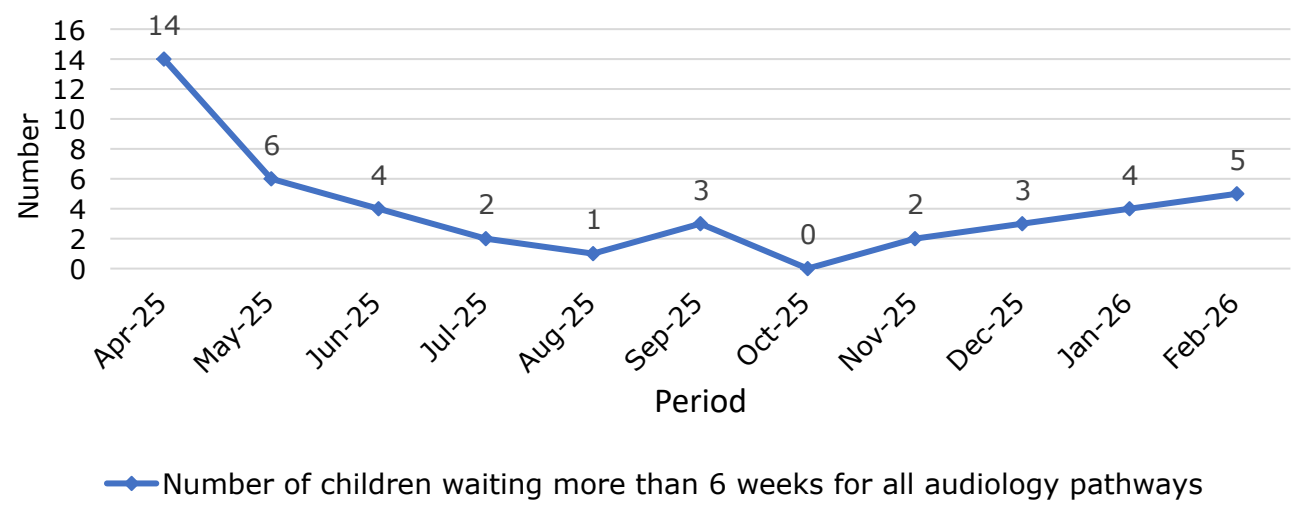
Challenges

- Single practitioner delivering the service in South Powys places risk on service delivery against target with annual leave or potential sickness impacting the service.

Actions & Mitigations

- Reviewing demand and any efficiencies where appropriate.
- Recruitment and temporary staffing continues to be pursued as needed across all audiology services.

Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)



What the data tells us

- The measure is non-compliant in February with 5 patients breaching the 6-week target.
 - Very limited breaches because of small fragile service with single practitioner.
- Lewis, Raychelle
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Planned Care & Cancer – Patients waiting more than 52 weeks for a new outpatient appointment

Executive lead	Executive Director of Primary Care, Community and Mental Health	Lead Officer	Assistant Director of Community Service Group
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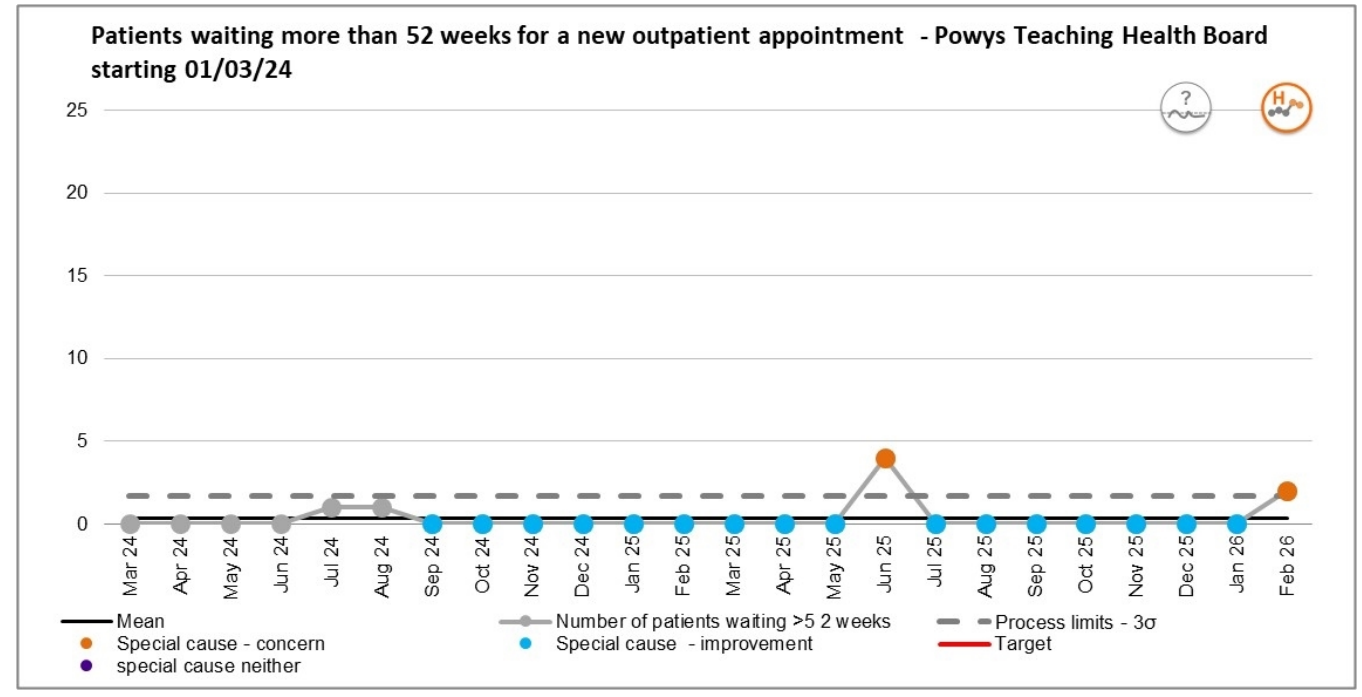
Latest available	Feb-26	Status of measure	Level 1
Reported performance	2	Benchmark position (Wales)	2nd (17,721)
Target	Zero		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			

Challenges

- Rheumatology in-reach service ceased by Wye Valley NHS Trust, ongoing discussions since October 2025 to support transfer of patients including clinical validation.

Actions & Mitigations

- Rheumatology actions include provider to provider discussions with Operational, Clinical and Commissioning teams. The pathways will remain tracked locally until transfer is confirmed.



What the data tells us

- Two pathways exceeded the 52-week wait target for a new outpatient appointment in February 2026 within Rheumatology. The health board previously reported a breach in this specialty in June 2025. Further breaches are anticipated in March, reflecting ongoing challenges within the Rheumatology service in mid Powys.

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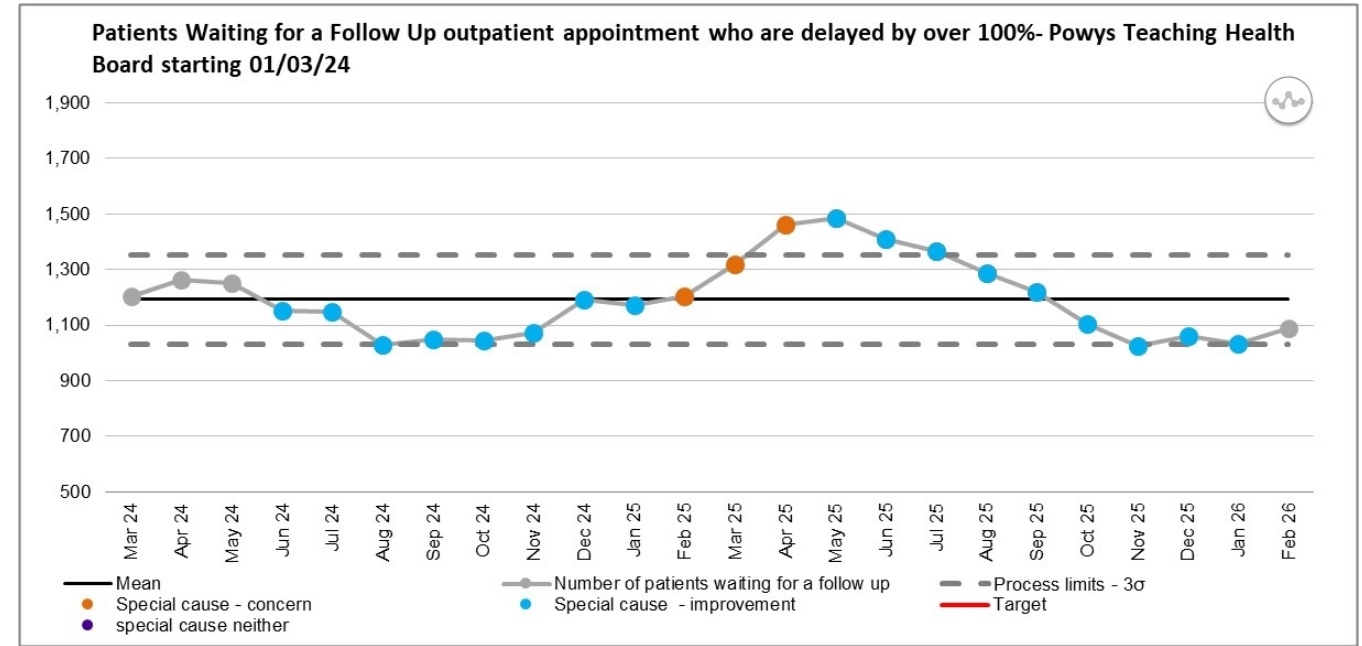
Access & Activity NHS Performance Measure – 32 Frequency - Monthly

Planned Care & Cancer - Number of patients waiting for a follow-up (FUP) outpatient appointment who are delayed by over 100%

Executive lead	Executive Director of Primary Care, Community and Mental Health	Lead Officer	Assistant Director of Community Service Group
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Latest available	Feb-26	Status of measure	Level 3
Reported performance	1087	Benchmark position (Wales)	1st (285,608)
Target	Reduction compared to the same month in the previous year		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?			

Challenges
<ul style="list-style-type: none"> Service capacity pressure prioritising urgent, and urgent suspected cancer pathways, which in turn places pressure of compliance on routine and FUP pathways. Clinical leadership to support in reach clinicians to adopt see on symptoms (SOS)/patient-initiated follow-up (PIFU) pathways. Underperformance across in reach SLAs with associated impact on capacity. Increased number of over 100% delays reported requiring further investigation. De-escalation has not been achieved within schedule e.g., by end of Q1 2025/26 with delay linked to un-scoped workstream for non consultant led services and reportable specialty status review. FUP pathways recording and reporting was originally escalated in Q4 2021/22 following service identified accuracy challenges in the reporting of pathway time banding. This challenge has been significantly reduced with confidence levels improved in planned care specialties (consultant led RTT), it should be noted that non reportable, mental health, and some specialised nurse pathways remain under review. Challenge with clinical staff capacity for validation especially in single clinician services who are not administratively supported.



Actions & Mitigations
<ul style="list-style-type: none"> FUP reduction opportunities are currently being scoped by Getting it right first time (GIRFT). PTHB standardised service operating procedure for validation, and submission under development. New Power BI report initial version released September 2025, this report will now have a further consultation window with services. Review of all non consultant led specialties including subspecialties data warehouse lookups to confirmed start 18/03/2026. Proactive action on validation with services has confirmed; <ul style="list-style-type: none"> Significantly improved pathway management and validation for consultant led specialties. Limited issues reported linked to system challenges (under assessment). But a growing challenge of FUP capacity which is showing that patient pathways delayed over 100% of their re-attendance target date have increased. Enhanced clinical support for consultants in outpatients to maximise SOS & PIFU opportunities. Support from National Clinical Implementation Networks to move clinical practice in terms of SOS/PIFU. Plan under development for national implementation of discharge protocols which will require MDT resource and specialty leadership.

What the data tells us

- In February 1087 FUP's were reported as overdue by 100%.
 - Data quality has been assessed following wider RTT validation by the Performance team for reportable specialties and subsequently increased from poor to average.
- Lewis, Raychelle
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Access & Activity

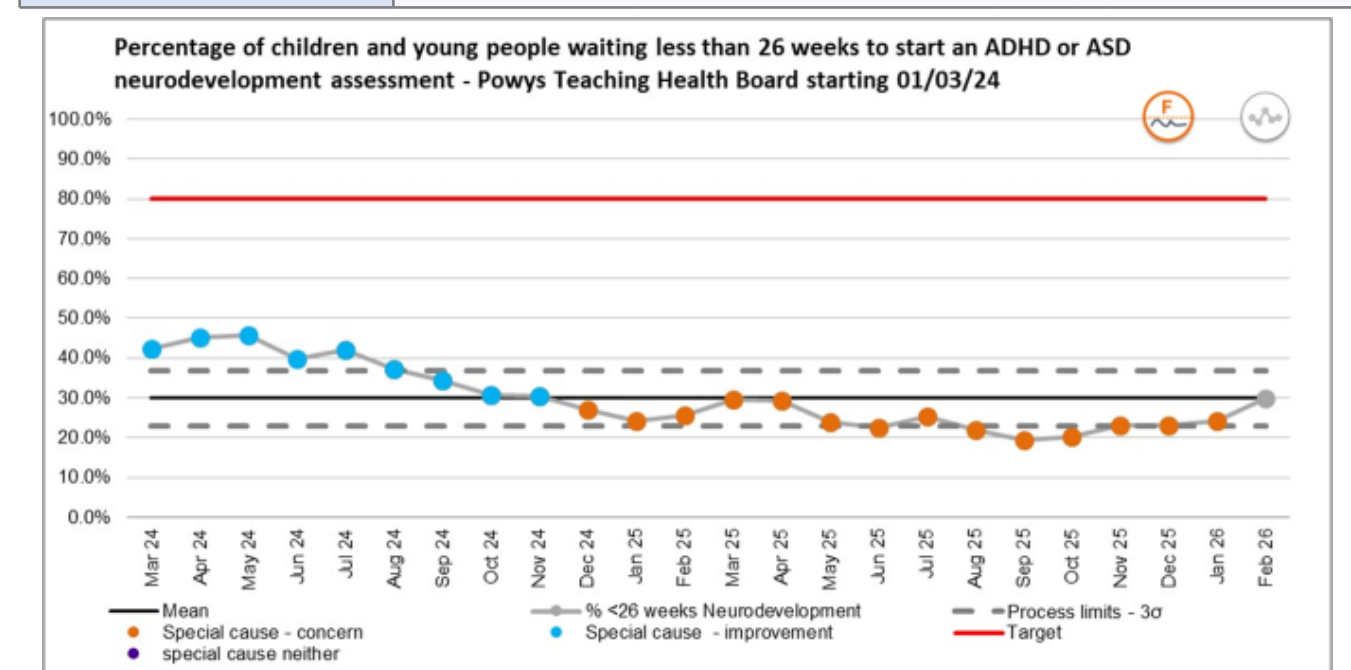
NHS Performance Measure – 34

Frequency - Monthly

Mental Health including CAMHS - Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment (ND)

Executive lead	Executive Director of Nursing, Quality, Women and Family Health	Lead Officer	Director of Midwifery, Women and Family Health
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Latest available	Feb-26	Status of measure	Level 2a
Reported performance	29.9%	Benchmark position (Wales)	3 rd (21.6%)
Target	80%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	TBC		



What the data tells us

Please note that unlike normal referral to treatment pathways for planned care this metric measures the time from referral to first assessment appointment, this assessment may then take a significant engagement time to provide a diagnosis and future care plan. Only children between the ages 0-17.5 years are submitted as part of the performance proforma to Welsh Government.

- ND is now de-escalated to level 2a following rigorous escalation oversight and Executive agreement that key recovery plans are in place and effective.
- Of the 856 pathways reported in February's snapshot 29.9% wait less than 26 weeks for their first assessment.

Challenges

- Since April 2022, the Neurodevelopmental (ND) service has been reliant on non-recurrent funding through the Regional Partnership Board (RPB) Revenue Integration Fund (RIF) (2022–2026), alongside Welsh Government Neurodivergence funding (2022–2026). These funding streams have enabled the recruitment of temporary staff to address the rising referral trajectory and the associated waiting list backlog. However, the funding does not fully meet the total staffing costs of the service, and confirmation and formal allocation of the funding into the base budget remains outstanding.
- Referral demand continues to be sustained at a significant level. While local systems and processes have been strengthened to improve the management and triage of referrals, ongoing pressure on the service remains. In response, there is a continued focus on whole-system management of population need, including the development of a proposal for a Powys-wide single point of access. This approach has been agreed as a *Start Well* priority for consideration within the 2026/2027 funding cycle.
- Establishing a sustainable and resilient staffing model remains a key priority, particularly during Quarter 4. The current operational objective is to maintain waiting times below 104 weeks. There were 2 children waiting over 104+ weeks at month 11.
- Data quality remains downgraded to average from month 9 following spot checks on the Welsh Patient Administration System held waiting list by the Performance team.

Actions & Mitigations

- Waiting list management aligned to longest wait from referral to assessment (RTA) commenced in March 2025 as internal waiting list had been addressed and concluded. Open pathways being managed ongoing via ND Multi Disciplinary Team (MDT) panel.
- KPI's to ensure quality service is in place. National metrics being introduced in 2026/27 in a three phased approach. Initial data set for April 2026 reporting mechanisms confirmed with phase 2 from September 2026.
- Robust scheduling, with alignment to evidenced based diagnostic tools implemented in 2025/26.
- Commencements of improved clinic scheduling with CAMHS colleagues forming part of the diagnostic assessment team from Month 10.
- Pan Powys model for waiting time pathways rather than the previous geographically led process which resulted in regional variance in patient's pathway wait times.
- Child centred model with partners in education, social care and 3rd sector being mapped – care around the child and family/carer.
- Commissioned co-production partnership model with the Parent and Carers Voices Forum, programme of work commenced in September 2024 for 12 months. Year 2 commissioned jointly with education and new families identified.
- Business efficiencies being addressed within the administrative processes. Further work to enhance digital capabilities required with digital services expertise.
- Use of system generated letters in operation as well as automated text messaging (WPAS) - implemented July 2025.
- Core templates of documentation developed and in use (WCCIS).
- New referral form in operation January 2026.
- Robust communication plan in place for parents/carers; letters sent to families when a child is accepted to waiting list along with progress updates.
- MDT panel and decisions implemented and embedded within the structure. Further action required to ensure robust multi professional panel e.g. recruitment of clinical psychologist.
- Multi agency Start Well project under consideration in relation to a whole system single point of access for children with ND and emotional health and wellbeing needs, for signposting to the most appropriate level of support.
- RIF non recurrent funding ceases 31st March 2026. Mitigating action – PTHB Executive Board have approved the ND Remodel business case to sustain the current temporary workforce. All Wales NDIP (Neurodivergence Improvement Programme) funding also anticipated for 2026/27 but allocation yet to be confirmed.
- Service to update conditions for sustainability assessment for presentation to Escalation Oversight Group, PEQs (Patient Experience, Quality and Safety Committee) and Executive Committee.

Percentage of sickness absence rate of staff

Executive lead	Executive Director of People and Culture	Lead Officer	Deputy Director of People and Culture
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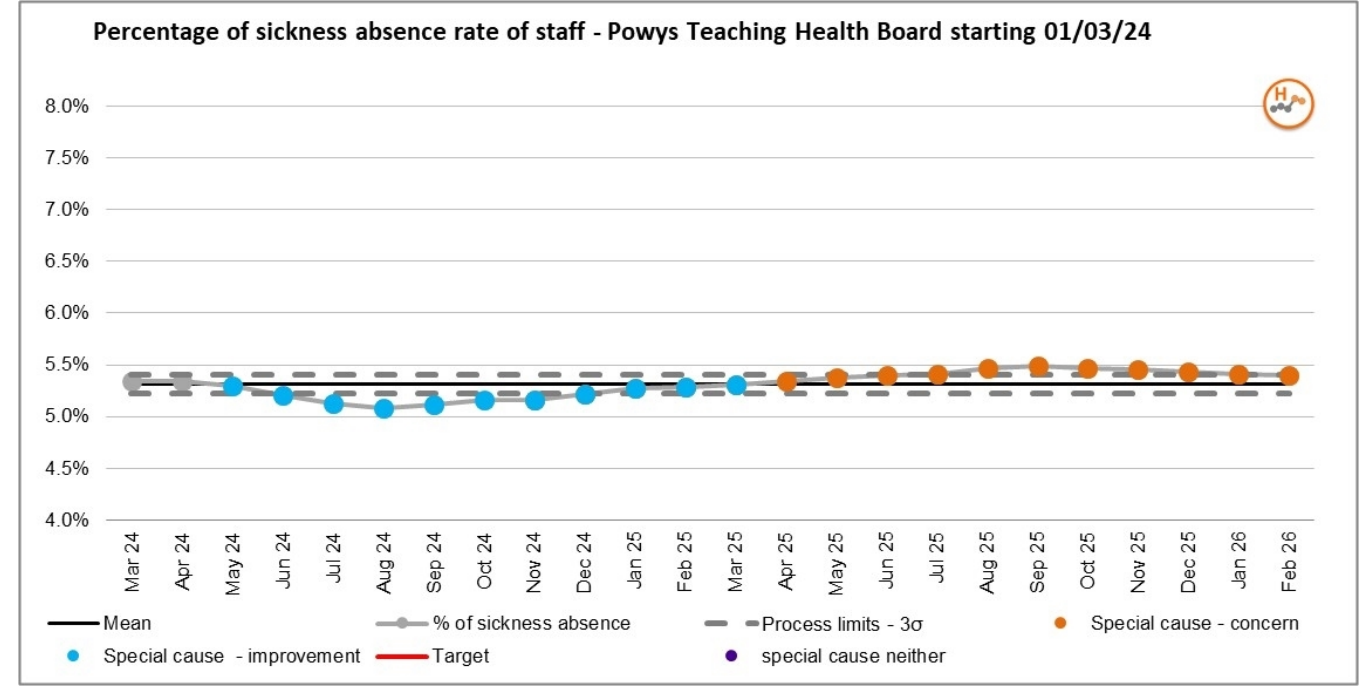
Latest available	Feb-26	Status of measure	Level 2a
Reported performance	5.40%	Benchmark position (Wales)	5 th (6.34%) (Jan-26)
Target	12-month reduction trend		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB People and Cultures		
Recover by?			

Challenges

- For Feb 2026, actual sickness absence reported at 5.40%, which is 0.34% lower than Feb 2025 (5.74%), however, rolling sickness absence reported at 5.32%, representing a 0.09% increased compared with Feb 25 (5.23%) .
- Long-term sickness has remained stable at around 4% since August 2025. Short term sickness increased marginally from 1% to 1.5% between October and January, which is consistent with seasonal illnesses. Since January short term sickness has been trending down wards (1.32%).
- Anxiety, Stress & Depression continues to be the main reason for absence (30.5%), followed by other musculoskeletal problems (10.4%).

Rolling sickness absence rates remain the highest in the following staffing groups:

- Additional Clinical Services – 6.39%
- Nursing & Midwifery – 6.17%
- Estates & Ancillary – 6.55%



Actions & Mitigations

- To target short term absence, the People and Culture Business Partners team (P&C BP) are monitoring absences prompts in ESR and following these up with managers to ensure policy is followed.
- Sickness absence is monitored via directorate Senior Management Team (SMT) meetings and escalated to Assistant Directors (AD's) where necessary.
- All long-term absence cases over 6 months are reviewed with managers to ensure all actions are up to date in line with the Managing Attendance at Work policy.
- The managers training programme covers the managing attendance at work policy and manager responsibilities in detail.
- The P&C BP team undertake absence monitoring to enable more efficient targeted interventions in directorates. This has included delivery of bespoke sessions to directorates and is an ongoing programme of work.
- P&C has recruited Mindfulness Practitioners onto the bank who have established the Mindfulness and Compassion (MAC) programme. The MAC programme has received Powys Charities funding until sept 2027. Individual and group support and session are regularly promoted across the organisation and between April and November 25 has seen 123 new participants in the MAC offer.
- A review of teams with higher levels of absence due to anxiety, stress, depression & other psychiatric illnesses is underway, with the aim of deploying the MAC team into the areas of the organisation in most need.
- We have signed up to the ViVUP – Virtual GP appointment model – Enabling staff to gain same or next day access to a GP for non-routine advice (note; this service will not issue fit notes) Virtual GP appointments are now in place and promoted with a handful of staff accessing the offer to date.

What the data tells us

- The rolling 12-month sickness absence rate is reported as 5.40% for February 2026
- The organisation benchmarks 5th and the All-Wales performance position is 6.34% for January 2026
- Assurance reports special cause concern.

Michelle
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Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)

Executive lead	Executive Director of People and Culture	Lead Officer	Deputy Director of People and Culture
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Latest available	Feb-26	Status of measure	Level 2a
Reported performance	80.1%	Benchmark position (Wales)	7th (77.5%) (Jan-26)
Target	85%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB People and Cultures		
Recover by?			

Challenges

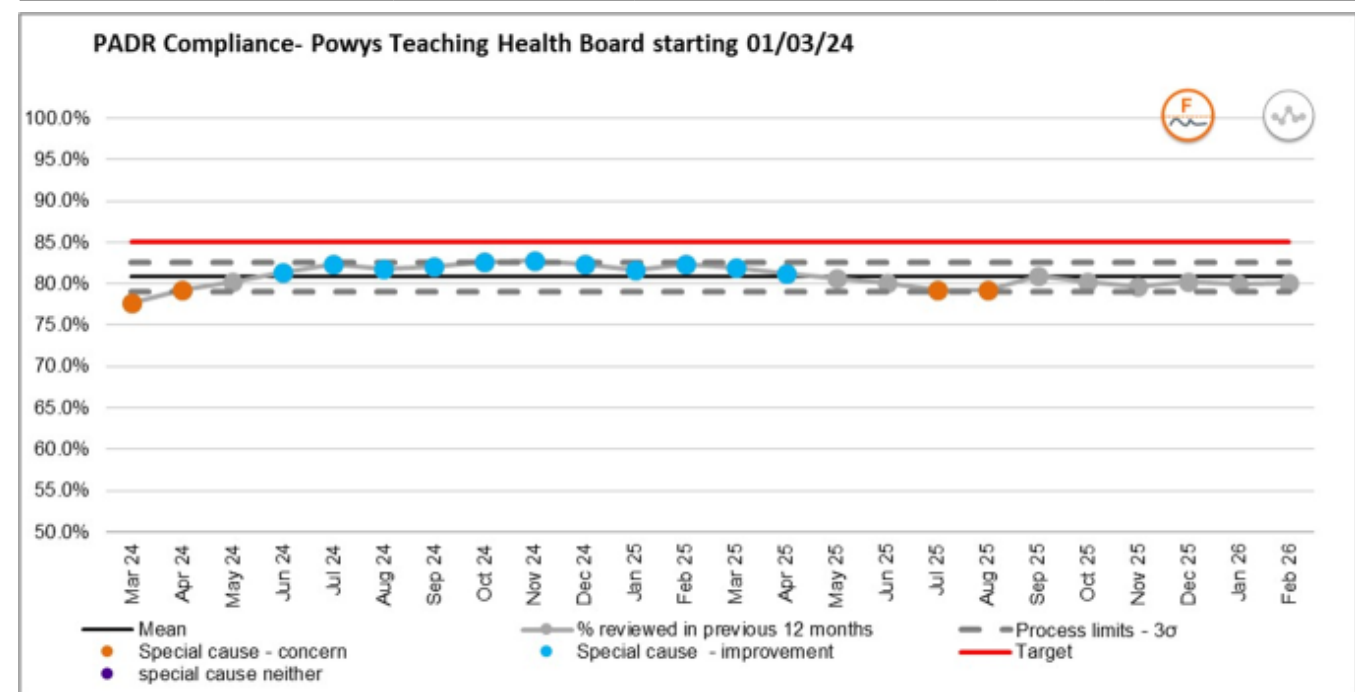
Directorates continue to report that a combination of staff absence, vacancies and operational pressures have continued to have an impact in the delivery of PADRs.

PADR compliance reflects the percentage of staff who have received an appraisal within the last 12 months. PADR compliance has remained stable over the past 12 months and remains above the national average. However, challenges remain in achieving further improvement to meet—and sustain—the national target of 85%.

- February 26 compliance : **80%**, a **3%** decrease from February 25 (83%).
- The health board continues to benchmark positively when compared with All Wales position of 77% (Nov 25).

Actions & Mitigations

- The People and Culture Business Partners team (P&C BP) team review the monthly PADR compliance report and provide focussed intervention to managers that have compliance less than 85%.
- Communications have been issued across the organisation with tangible targets and offers of support to help drive forward compliance rates.
- The P&C BP team discuss compliance at senior management meetings within services, escalating to Assistant Directors areas of concern as required.
- Targeted work will continue in directorates with lower compliance.
- A PADR progress update was shared with the organisation in January, highlighting that approximately 118 additional PADRs would be required to achieve the national compliance target of 85%. This also signposted to additional support, guidance and people and culture advice.



What the data tells us

- PTHB PADR compliance is reported at 80.1% for February 2026.
- The benchmark for Wales in January showed PTHB benchmarking 7th out of 13 organisations with All Wales compliance of 77.5%.

Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Access & Activity

NHS Performance Measure – 42

Frequency - Monthly

Enhanced Care in the Community - Number of Pathways of Care delayed discharges

Executive lead	Executive Director of Primary Care, Community and Mental Health	Lead Officer	Assistant Director of Community Service Group
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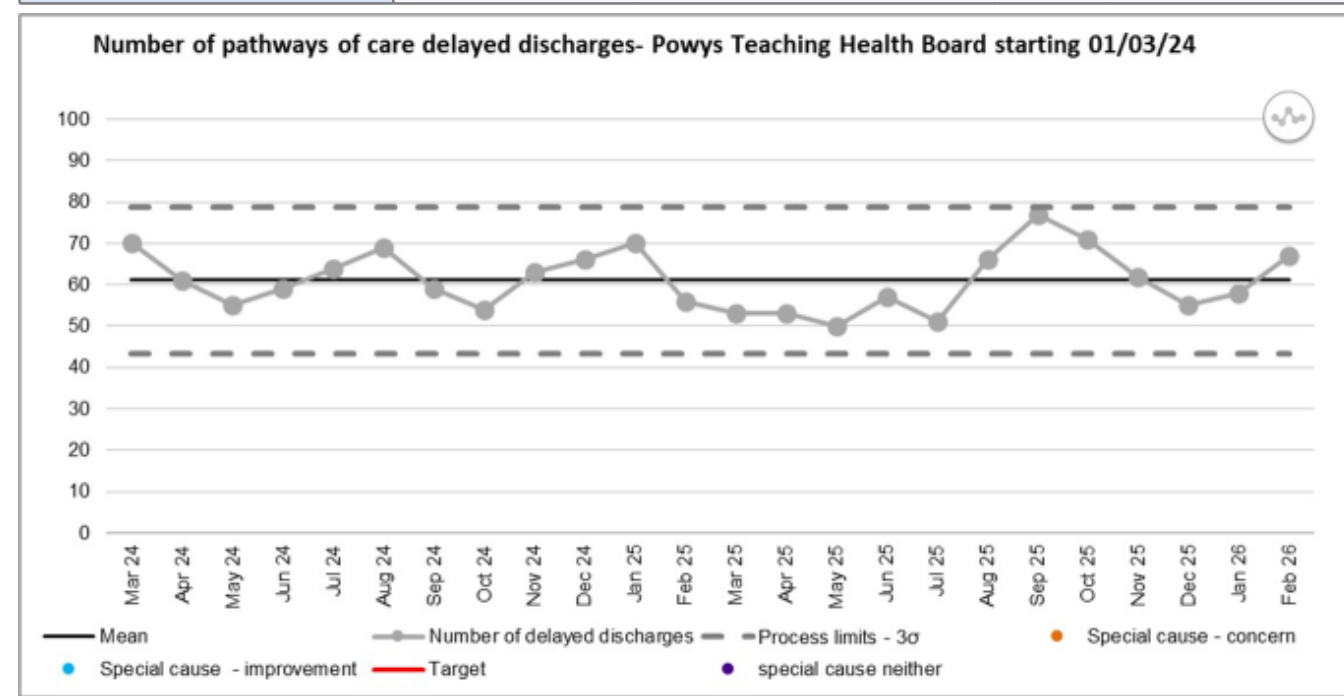
Latest available	Feb-26	Status of measure	Level 2a
Reported performance	67	Benchmark position (Wales)	2 nd (1,444)
Target	12-month reduction trend		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			

Challenges

- Some apparent impacts from out of county surge in discharge.
- Evidence of higher dependency in recent inpatient admissions.
- Seasonal inpatient care setting fluctuations adding pressures.
- High-cost placements (in particular, Dementia Nursing Care Home beds) continue to be challenging.
- Complex patients including court of protection.

Actions & Mitigations

- Our Average Days Delayed has reduced by small amount (3%).
- Our Average Length of Stay is fairly static, with spiking in turnover
- Awaiting Social Worker Allocation delays have reduced significantly.
- Weekly Multi Disciplinary Team deep dive into longest lengths of stay. .
- Testing Therapy turnaround at front-door in two ED's. Success includes 3x patients turned around in one day.
- Optimal hospital flow framework (OHFF) and Powys DigiFLO expansion into Mental Health wards underway.
- Staff engagement in OHFF Champion training and national project.
- Revised board round process in development, aligned with OHFF training approach.
- Implementation of SPOA expected to help offset numbers of patients admitted and support earlier discharge.
- Easter sprint actions in place through month



What the data tells us

- PTHB is non-compliant at the end of February with 67 delayed discharges.
- Relatively low numbers cause significant challenge for achieving a 12-month reduction target
- Pathways of Care delayed discharges (POCD) continues to report common cause variation.

Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Quality, safety, effectiveness, and experience

NHS Performance Measure – 44

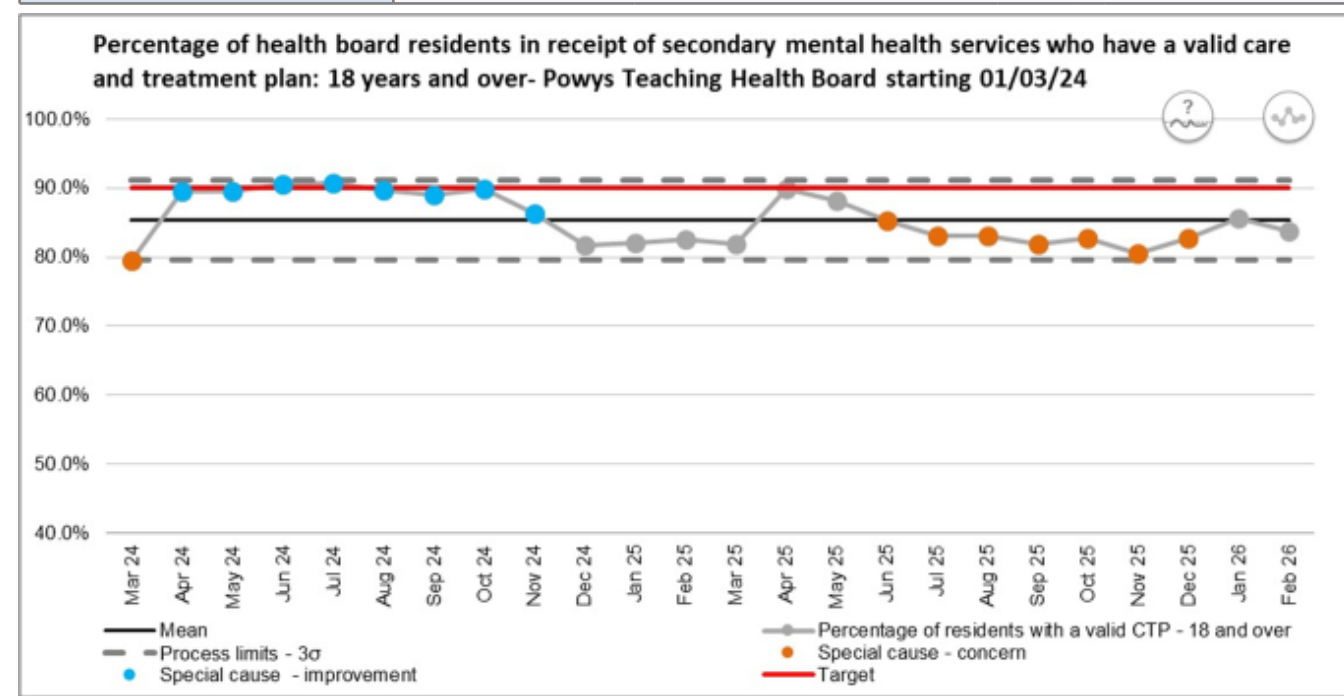
Frequency - Monthly

Mental Health, including CAMHS - Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (CTP) for adults 18 years and over

Executive lead	Executive Director of Primary Care, Community and Mental Health	Lead Officer	Assistant Director of Mental Health
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Latest available	Feb-26	Status of measure	Level 2a
Reported performance	83.8%	Benchmark position (Wales)	6 th (83.1%)
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health submission proforma		
Recover by?	Q4 2024/25		

Challenges
<ul style="list-style-type: none"> Additional demand on PTHB's Community Mental Health Teams (CMHT) remains as capacity is not yet fully optimised by the mitigation of impact from local authority deficits in capacity to contribute to duty and initial assessment. This mitigation began with the introduction of the single point of access triage and assessment model. This is aligned to 111#2 and is also key transformational work to modernise and streamline services. Phase 2 is currently being rolled out, but this has impacted on Community Mental Health Team (CMHT) capacity again as they are holding additional pressures whilst assessments are moved from teams to the Single Point of Access (SPOA). Competing priorities and complexity of patients presenting at present has put additional pressure on teams. Agency usage in the Community remains high with local delivery challenges for CTP recording as a result. Maintaining the level of compliance even though below target has been challenging and it is positive that we remain consistent with plan in place to improve. Escalating challenge has been in older adult community mental health services due to staffing fragility.



Actions & Mitigations

- Continue to advertise vacant positions and there has been some success in removal of long-standing agency arrangements in some teams.
- The triage and assessment service when phase 2 is rolled out, will have a positive impact in reducing the pressures within CMHTs enabling more time for C&T Planning. PTHB MH&LD Division is now a 'demonstrator project' for this roll out, furthering open access approach and considering stepped care / OAAT (one at a time) with workshops being undertaken for planning with National colleagues throughout March. As part of the proposed positive outcomes, it is anticipated that people using services will have increased recovery opportunities and confidence that they do not need to remain with MH Services for significant amounts of time but will be able to easily step in and out of services as and when needed. This in turn will increase staff capacity to review and comply with CTP target. Implementation in line with Ministerial priority to implement from March 2027.
- Mental Health & Learning Disabilities division have brought in capacity to undertake a whole service CTP audit. This was first completed in 2024/25 with the 2nd new annual CTP audit undertaken in early 2026 and findings reported to SMT on 15th April with recommendations including ongoing wide scale training seeing quality improvement in co-production of care and treatment planning. Additional remedial improvement work has been identified to be implemented in the new financial year.
- Focussed work is being undertaken striving for improvement for next reporting period as follows.
 - Outpatient's Clinics have been revised to accommodate CTP reviews.
 - Compliance data and out of date reviews have been added as standard MDT agenda item.
 - Targeted approach to support older adult community services due to deficits in band 7 and agency/locum cover.
- Teams are reviewing medics clinics to streamline processes and provide greater capacity for CTP reviews within their job plans. A part 1 clinic workstream has developed an interim statement of the Part1 Scheme for Powys currently going through governance mechanisms.
- Targeted work to improve has moved to focus on Older Adult Services.
- intervention and support has shifted to Brecon Team - will significantly increase overall position once interventions complete.
- Need to improve quality has been a focus. 2025/26 seen significant audit and training work undertaken.
- Roll out of phase two duty SPOA – currently recruiting to assessment team that will reduce capacity challenges in CMHTs by freeing up time for CTP work undertaken. PTHB is now a 'Demonstrator Area' to design and implement model of Open access, and consideration of stepped care 2.0 and 'One at a Time'.
- The service are working to a target of improvement closer to target by May 2026 and this is the highest level of compliance that PTHB MH&LD have been at during the 25/26 financial year.

What the data tells us

- Adult and older CTP compliance has measured at 83.8% and reports common cause variation in February 2026.
- PTHB benchmarked 6th against the other Welsh health boards and the All-Wales position was reported as 83.1% in February.

Wendy Laychelle
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Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Access & Activity

NHS Performance Measure – 50

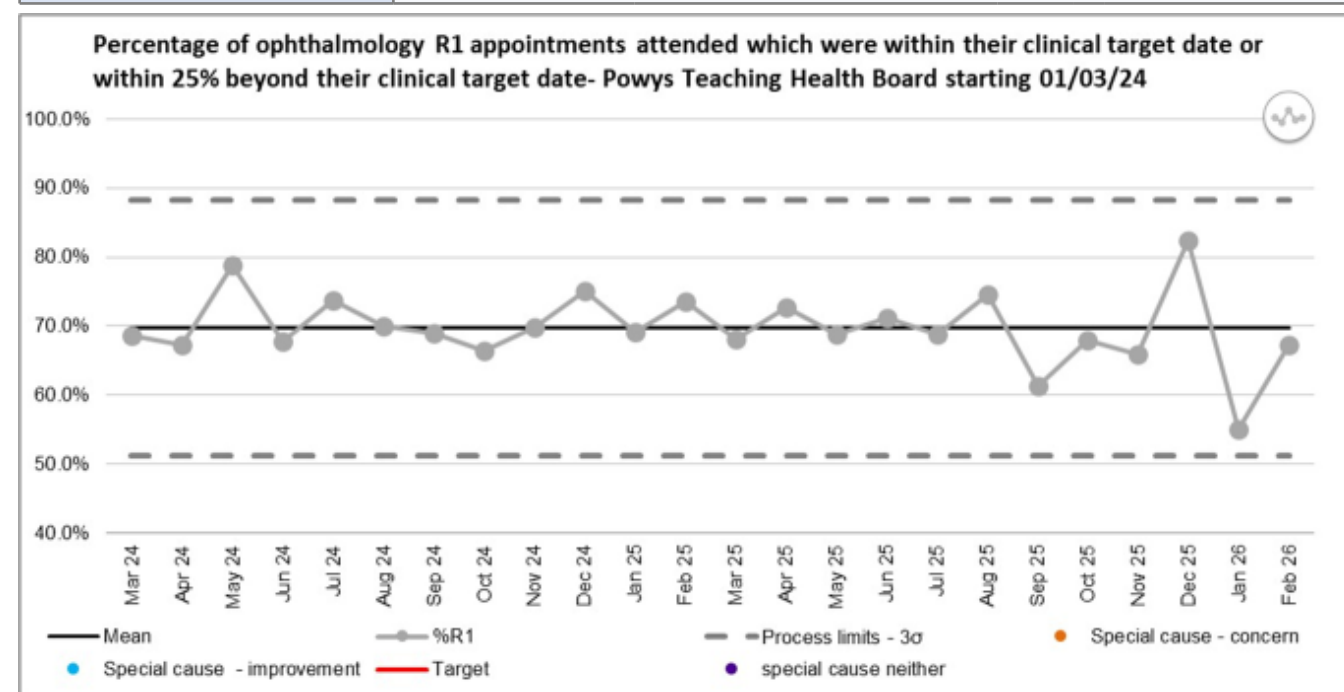
Frequency - Monthly

Planned Care and Cancer - Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group
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Latest available	Feb-26	Status of measure	Level 2a
Reported performance	67.3%	Benchmark position (Wales)	2 nd (58.4%)
Target	12-month improvement trend towards national target of 95%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			

Challenges
<ul style="list-style-type: none"> Ongoing challenge from fragility of in-reach service model especially Ophthalmology (WVT). Impact of NHSE Waiting Times making backfill of lost sessions extremely difficult with significant underperformance against contracted in-reach sessions. Significant operational challenges with in-reach visiting consultants from Wye Valley NHS Trust.



Actions & Mitigations

- On-going development of Multi Disciplinary Team (MDT) in eyecare further extension of wet AMD capacity in Powys to support service sustainability and repatriation of patients
- Development and implementation of WGOS4 community optometry triaging with appointment of community optometrist in Planned Care commencing Nov-25.
- On-going escalation of contracted position via Commissioning CQPRM meetings with WVT.
- All patients receive a clinical call prior to appointment to provide advice support and ensure scarce OP resources are maximised limiting DNAs – DNA rate is less than 3%.
- Business proposal to PTHB Planned Care Board for Speciality Lead Ophthalmology Consultant sessions as per GIRFT recommendations to support further MDT service transformation has been agreed.
- Project Team currently being established to progress implementation of Open Eyes Electronic Patient Record and Electronic Referrals for Community Optometry to support further service efficiencies.
- Additional insourcing capacity from HBSUK from February.
- Eight cataracts per list are planned from March inline with GIRFT recommendations.

What the data tells us

- The health boards performance for the measure in February is 67.3% attending within clinical target date (or within 25% beyond). The All-Wales benchmark (58.4%) and ranks 2nd in February 2026.
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Wendy Laychelle

Provider Service Assurance

PTHB information on key provider elements e.g., local measures, quality specific and provider cancer pathway assurance..

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Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement



Access & Activity **Local Measure** **Frequency - Monthly**

Planned Care & Cancer – Powys provider cancer pathways additions Inc. straight to test diagnostics, and downgrade performance against 28-day NICE guidance of best practice.

Executive lead	Executive Director of Primary Care, Community and Mental Health	Lead Officer	Assistant Director of Community Service Group
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Latest available	Feb-26	Status of measure	Level 2a
Measure type	Local measure	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		

What the data tells us

Powys Teaching Health Board (PTHB) does not provide cancer treatment but supports limited diagnostics and outpatient engagement predominately for upper and lower gastrointestinal suspicions. These pathways in 2025/26 remain highly dependant on the General Surgery in-reach and private insource to achieve high quality timely care. It should be noted that many Powys residents will be referred directly into acute commissioned care especially within North and Mid Powys.

- Powys has reported 48 new pathways in February 2026 with 41 via primary care referral.
- The health board has reported a positive compliance of 70.8% for downgrades within 28 days of the 24 closed pathways in February.
- PTHB does not achieve the straight to diagnostic test 12-month improvement trend in February with 53.8% compliance reported. It should be noted that compliance is volatile because of small numbers sent straight to diagnostics in Powys.
- Complex diagnostics are carried out within acute care providers although the patient remains tracked by PTHB, these delays remain a challenge for provider pathway compliance.

Challenges

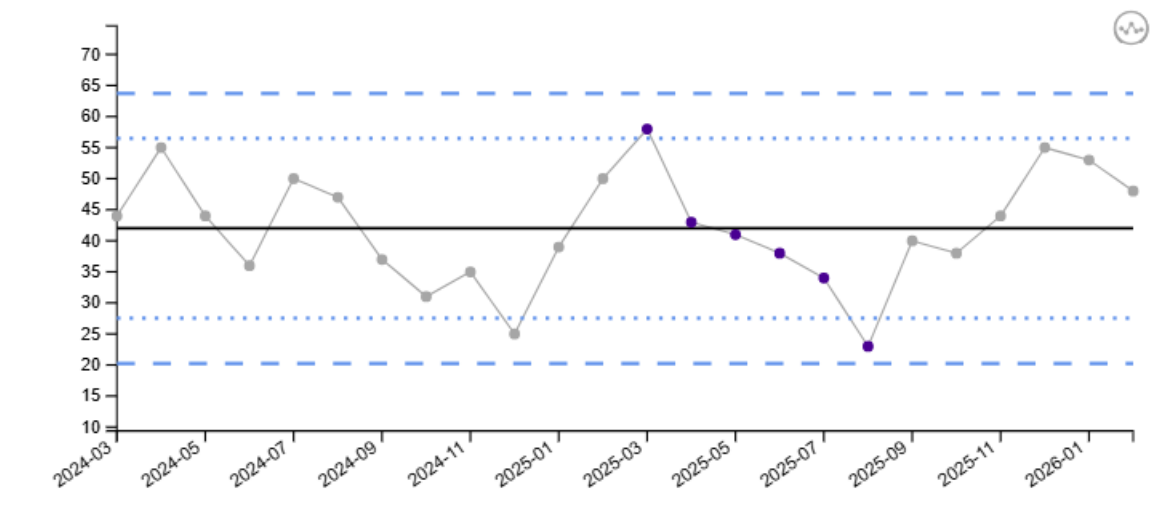
Key challenges within PTHB align to the national issues:

- Business continuity challenges with Cwm Taf Morgannwg UHB (CTMUHB) for referrals and PTHB acceptance criteria.
- Delays in DGH diagnostics, Histology/Pathology risk timeliness of pathways including USC.

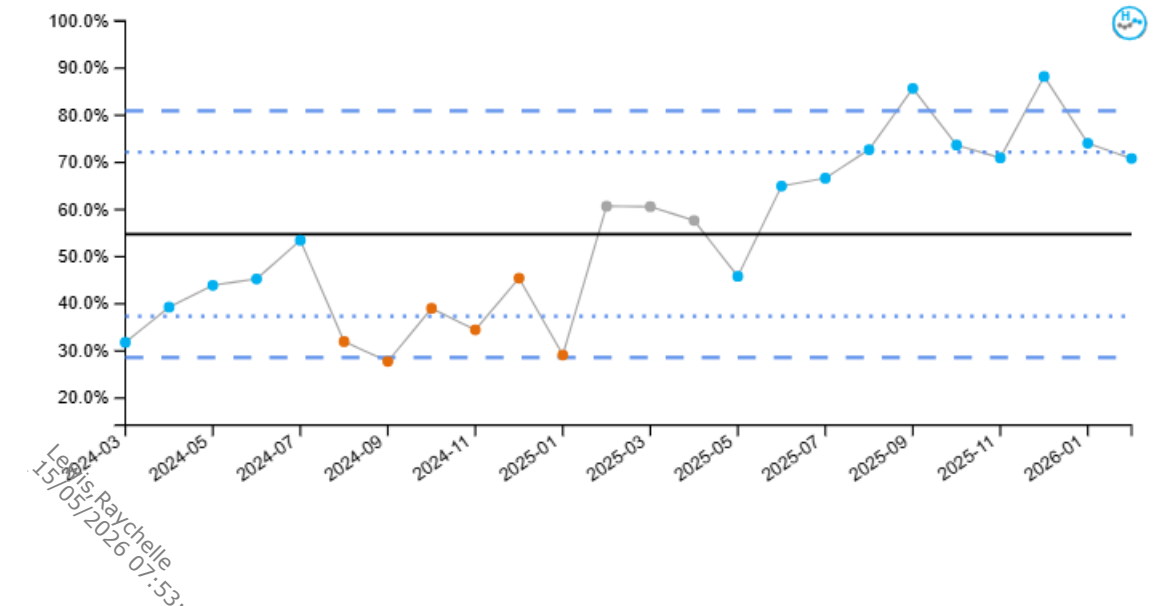
Actions & Mitigations

- Utilising Waiting Well Service to provide clinical support to cancer tracking.
- Significant service transformation including strengthening of team leadership and staff development to maximise service efficiency.
- Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid.
- Funding secured from National Planned Care Programme for additional dermatoscope for Llandrindod GP practice.

SCP Pathways By Suspicion Month (WPAS)



% Downgraded Within 28 Days (By Stop Month)



Source National SCP dataset	Target	2025-03	2025-04	2025-05	2025-06	2025-07	2025-08	2025-09	2025-10	2025-11	2025-12	2026-01	2026-02
% of patients who are sent straight to test	12 month improvement trend	73.3%	60.0%	40.0%	33.3%	66.7%	33.3%	33.3%	33.3%	18.8%	75.0%	25.0%	53.8%

Quality Standard	Measure	Latest period	Latest figure	Change	Previous figure	Last 12 months	Outlier	
Safe	Antibacterial items per 1,000 STAR-PUs	Dec-25	247.37	▲ 15.7%	213.80			
Safe	Crude mortality rate (%)	Feb-26	4.83%	▼ -22.5%	6.23%			
Safe	Never Events reported to NHS P&I	Mar-26	0		0			
Safe	Percentage of discharges on D2RA Pathway 0	Feb-26	7.27%	▲ 96.4%	3.70%			
Safe	Percentage of discharges on D2RA Pathway 1	Feb-26	34.55%	▼ -11.2%	38.89%			
Safe	Percentage of discharges on D2RA Pathway 2	Feb-26	16.36%	▲ 10.5%	14.81%			
Safe	Percentage of discharges on D2RA Pathway 3	Feb-26	16.36%	▼ -19.7%	20.37%			
Safe	Percentage of discharges with no D2RA Pathway Allocated	Feb-26	25.45%	▲ 14.5%	22.22%			
Safe	RAMI (Risk adjusted mortality index) 2023	Feb-26	154.31	▲ 49.7%	103.05			
Safe	Safeguarding Adults - Lv1 training	Dec-25	92.33%	▼ -0.2%	92.48%			
Timely	Ophthalmology R1 appointments attended within target date* (%)	Feb-26	67.34%	▲ 22.4%	55.04%			
Timely	Patients starting first definitive cancer treatment* (%)	Jan-26	Not applicable to PTHB provider.					
Effective	Diabetes patients completing all eight care processes* (%)	Feb-26	51.76%	▲ 2.8%	50.33%		Outlier high	
Efficient	Agency spend for all staff groups as % of total pay bill	Dec-25	5.57%	▼ -0.4%	5.59%			
Equitable	Were you able to communicate in your preferred language? (%)	Mar-26	96.77%	▲ 4.8%	92.31%			
Person-centred	People's Experience Survey (PES) - how would you rate your overall experience?	Mar-26	7.19	▼ -15.3%	8.49			
Person-centred	Staff with Personal Appraisal and Development Review in last 12 months (%)	Dec-25	81.05%	▲ 1.3%	80.02%			
Person-centred	Were you involved as much as you wanted to be in decisions about your care? (%)	Mar-26	51.72%	▼ -8.9%	56.76%			

Quality Outcome Framework (QOF) measures continue to be developed with ongoing data source and quality discussion. All these current measures are also picked up either within the wider NHS Performance Framework e.g., measures 12, 25, 38 and 50 are duplicated in the QOF or within the health board PEQS report which covers key elements of Quality and Safety.

*** Crude Mortality** – PTHB will consistently appear as an outlier in crude mortality comparisons with Welsh acute providers due to differences in service model and methodology. Powys provides only community inpatient care and day-case procedures, resulting in a small denominator. In addition, the provider has a relatively high proportion of patients on end-of-life care pathways, increasing the numerator. Together, these factors produce a higher crude mortality rate compared with All-Wales and acute providers. Small activity volumes also create greater statistical volatility, particularly when data are not presented using a rolling 12-month period.

**** Agency Spend** - Please note that the national agency spend figures from the Beacons dashboard will not match the figures used in the IQPR measures slide/scorecards. For the IQPR the data is sourced directly from the PTHB Finance team giving a more concise value. PTHB and Welsh Government (WG) use a different interpretation of total pay, WG's calculation uses the Net Pay position with excludes the Hosted Services (HCRW) and the pay in PTHB's Primary Care Services.

Commissioned Service Assurance

PTHB information on key commissioned e.g., services not provided in county. This includes planned, urgent and cancer care as examples.

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Urgent & Emergency Care –

- Median emergency ambulance response time to purple arrest category calls.
- Median emergency ambulance response time to red: emergency category calls

Executive lead	Executive Director of Planning, Performance and Commissioning	Lead Officer	Deputy Director of Performance and Commissioning
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Median emergency ambulance response time to purple: arrest category calls

Report Month	All Wales	Aneurin Bevan University Health Board	Betsi Cadwaladr University Local Health Board	Cardiff & Vale University Health Board	Cwm Taf Morgannwg University Health Board	Hywel Dda University Health Board	Powys Teaching Health Board	Swansea Bay University Health Board
Feb-26	00:06:50	00:06:38	00:06:04	00:06:55	00:07:16	00:06:16	00:08:40	00:07:22

Median emergency ambulance response time to red: emergency category calls

Report Month	All Wales	Aneurin Bevan University Health Board	Betsi Cadwaladr University Local Health Board	Cardiff & Vale University Health Board	Cwm Taf Morgannwg University Health Board	Hywel Dda University Health Board	Powys Teaching Health Board	Swansea Bay University Health Board
Feb-26	00:08:54	00:07:58	00:09:08	00:08:30	00:09:54	00:09:33	00:14:32	00:08:33

Challenges

- WAST continue to experience challenges with large number of ED attendances and conveyances, large number of lost hours per month and handover delays.
- Ambulance handover times exceeding 45 minutes for incidents in Powys particularly a challenge in Royal Shrewsbury Hospital and Hereford County Hospital.

Actions & Mitigations

- Continued engagement with commissioned services via CQPRM meetings and sharing resident view findings with key services.
- WAST new integrated clinical services model to ensure addressing life-threatening illness or injury; urgent healthcare need; non-urgent health query; and health related transport need. New features of model include online digital advice, rapid clinical screening, remote integrated care, urgent community response, planned care and health transport.
- WAST Falls Desk operates daily from 7am-7pm with focus on providing early advice (nutrition, hydration, movement) and support patients to lift from the floor (where appropriate).
- PTHB to continue to work closely with WAST and seek to include qualitative as well as quantitative measures in future reports.
- PTHB continues to be active member of the Ambulance Services and 111 Collaborative Commissioning Integration Group, represented by the Deputy Director of Performance and Commissioning.
- Actions taken to reduce ambulance conveyance to ED:
 - PTHB Level 2 Community Based falls response aligned for delivery via UEC Single Point of Access, supporting admission avoidance.

What the data tells us

Welsh Ambulance Services University NHS Trust (WAST) have provided a guide to how the service is changing here - [how our service is changing - Welsh Ambulance Services University NHS Trust](#).

Purple Arrest (Cardiac or respiratory arrest) aim to increase return of spontaneous circulation (ROSC) and represents a broader strategy to improve out of hospital cardiac survival rates in Wales. WAST measured by ROSC rate, median and 90th percentile response, time it takes to identify a cardiac arrest, for CPR instructions to begin and for a defibrillator to arrive.

Red Emergency (at high risks of cardiac or respiratory arrest) aim to prevent deterioration into arrest with WAST measured on median and 90th percentile response and outcome measure (Pain, NEWS, Spo2).

Orange (likely to need diagnostics and transport to hospital or specialist care aim for rapid arrival at specialist or emergency care facility as soon as possible. WAST measured on median and 90th percentile response as well as stoke and STEMI care bundle.

Yellow (further clinical assessment to support clinical decision making for discharge at scene and/or alternative pathway and/or transport to treating facility) aim to prevent unnecessary escalation of care. WAST measured by median and 90th percentile response.

Green (high potential for Ambulance Service to manage care episode in its entirety or in collaboration with community service or planned care provider. WAST measured by median and 90th percentile.

Data is sourced from the Welsh Government Performance team.

- The data above contains information on the performance of the respective Welsh health board areas and will contain non-Powys responsible patient response times.
- Core target for both measures is Median response (6-8 minutes) e.g., any median time of 00:08:01 or higher is classed a missed target.
- WAST does not achieve the median target for Purple Arrest (Cardiac or respiratory arrest) for Powys, in February performance reported 8 minutes and 40 seconds a slight improvement compared to January which reported at 8 minutes 51 seconds (All Wales performance was significantly better at 6 minutes 50 seconds).
- Median emergency response time to red reported performance declining from 11 minutes and 48 seconds in January to 14 minutes and 32 seconds in February. All Wales performance for the same period reported 8 minutes and 54 seconds.

Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement



Access & Activity **NHS Performance Measure – 21 & 22** **Frequency - Monthly**

Urgent & Emergency Care – Powys residents - Median time from arrival at an emergency department to triage by a clinician

Urgent & Emergency Care – Powys residents - Median time from arrival at an emergency department to assessment by a clinical decision maker

Executive lead **Executive Director of Planning, Performance and Commissioning** **Lead Officer** **Deputy Director of Performance and Commissioning**

Latest available	Feb-26	Status of measure	Level 2a
Target	Median wait to triage = 15 minutes or less Median wait to senior clinical decision = 60 minutes or less		
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		

What the data tells us

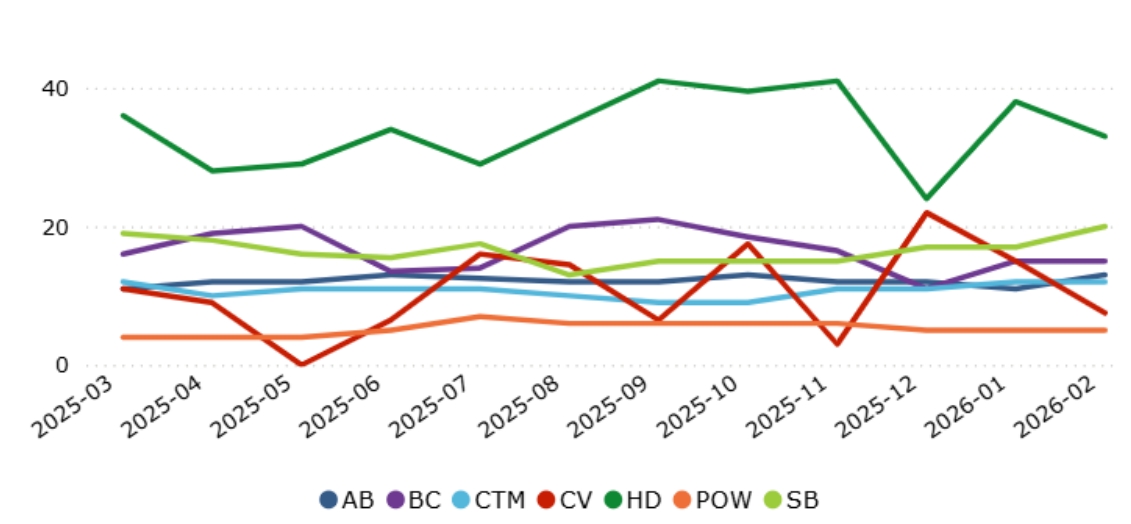
- Median Waits time reporting for emergency departments is not currently available for English providers following data limitations. Welsh provider information is sourced directly from the DHCW.
- In February, the Welsh aggregated median wait time for triage is 18 minutes, and the aggregated median wait time for assessment by a clinical decision maker is 58 minutes.
- Median wait times reported within the IQPR are only that experienced by Powys residents e.g., the reported performance may not reflect the overall experience for all patients at the respective health provider.
- Please note that the benchmark table (right) is only available up until January 2026 for this IQPR due to data scheduling.

Actions & Mitigations

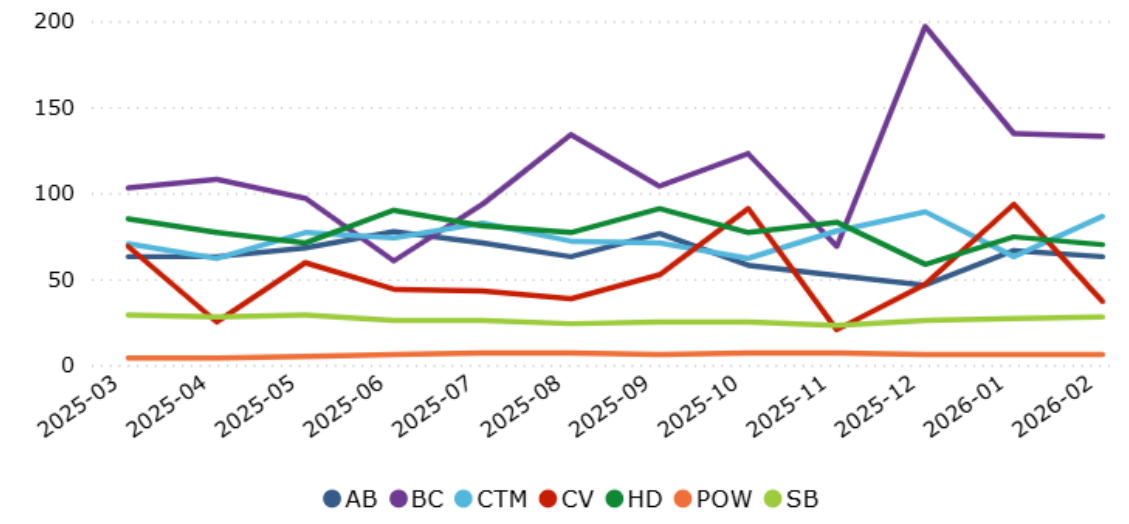
- Engagement with commissioned services via CQPRM meetings and sharing resident view findings with key services.

Lewis Raychelle
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Median Wait from Arrival to Triage (minutes)



Median Wait from Arrival to Clinician (minutes)



The data in the below table should be used for guidance only and cannot provide an equity of access review without significant data quality risk (caveat). The cohort of Powys residents of which their median wait is calculated is considerably smaller than the over number of patients attending the unit. These low numbers will result in potentially significant variation for the health boards overall calculated median wait.

Jan-26 -Source Welsh Government monthly scorecard.				
Emergency access provider	Median wait to triage – Powys resident - minutes	Median wait to triage – All patients attending - minutes	Median wait to senior clinical decision – Powys resident - minutes	Median wait to senior clinical decision – All patients attending - minutes
ABUHB	11	17	67	137
BCUHB	15	19	135	114
CTMUHB	12	13	63	70
C&VUHB	15	4	94	64
HDUHB	38	26	75	68
SBUHB	17	23	27	24

Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement



Access & Activity NHS Performance Measure – 23 & 24 Frequency - Monthly

Urgent & Emergency Care - Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge
Urgent & Emergency Care - Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge

Executive lead Executive Director of Planning, Performance and Commissioning **Lead Officer** **Deputy Director of Performance and Commissioning**

Latest available	Feb-26	Status of measure	Level 2a
Target	Improvement compared to the same month in the previous year, towards the national target of 95%.		
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		

Key notes

- Complete English data is delayed by up to 1 month and the latest information should be taken as provisional.

What the data tells us

Welsh Emergency Access (A&E) providers

- Powys residents have seen a slight increase in performance in February to 60.1% from 60.0% in January for those waiting under 4 hrs in Welsh units.
- Patients waiting over 12 hrs increased to 155 in February from 142 in January.

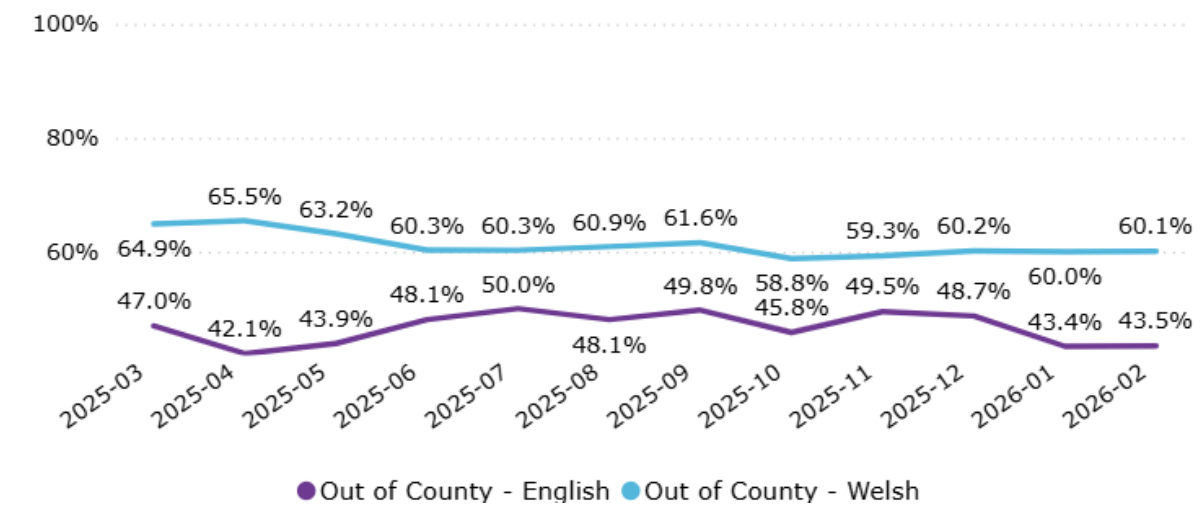
English Emergency Access (A&E) providers

- PTHB residents attending English emergency units see the longest wait with poor but stable compliance to the 4-hour target. 43.5% were reported in February as waiting less than 4hrs in their units.
- In February provisional data shows 305 Powys responsible patients waiting over 12 hrs in emergency units before admission, transfer, or discharge.

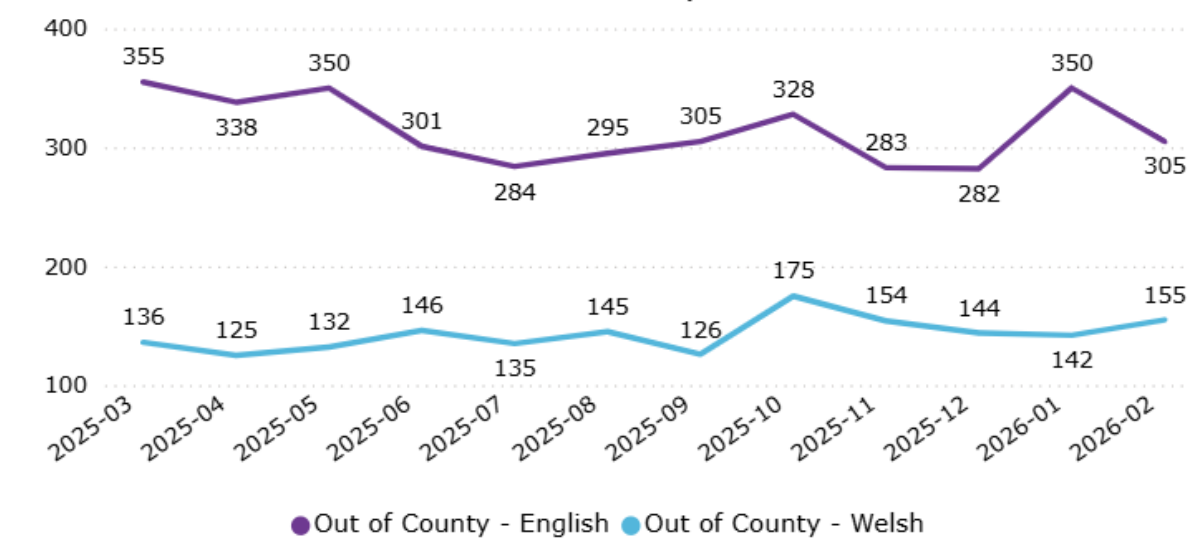
Data Quality

- Information on emergency department waits can be delayed especially from English providers; this results in retrospective updates of performance. which will be noticeable between reporting month although minor.

Percentage of ED Waits Seen Within 4 Hours by Arrival Month



Number of ED Waits Over 12 Hours by Arrival Month



Challenges

- More Powys residents flow into emergency units in England than Wales, where the greatest compliance pressures occur.
- Handover times of ambulances are poor at key sites in Wales & England with patients waiting a considerable period before being admitted to A&E.
- Providers experiencing ongoing challenges of high demand, over occupancy in departments, long waits for inpatient beds, delay in discharge of clinically optimised patients.

Actions & Mitigations

- PTHB as provider to continue to progress Urgent and Emergency Care plans within context of Better Together (including falls prevention pathway, frailty models, enhanced care in the community and Same Day Urgent Care).

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Access & Activity

NHS Performance Measures – 25

Frequency - Monthly

Planned Care & Cancer – Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

Executive lead	Executive Director of Planning, Performance and Commissioning	Lead Officer	Deputy Director of Performance and Commissioning
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Latest available	Feb-26	Status of measure	Level 2a
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		

Single cancer pathway performance – Powys residents – Last 12 months – Source DHCW
Target improvement trend to 80% - (Target prior to April 2025 75%).

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

HealthBoard	2025-03	2025-04	2025-05	2025-06	2025-07	2025-08	2025-09	2025-10	2025-11	2025-12	2026-01	2026-02
Aneurin Bevan UHB												
Pathways With Treatment	16	9	16	14	24	14	16	16	16	18	19	19
Treated Within 62 Days	11	5	10	7	19	10	9	6	12	13	11	15
Breaching 62 Day Target	5	4	6	7	5	4	7	10	4	5	8	4
% Treated Within Target	69%	56%	63%	50%	79%	71%	56%	38%	75%	72%	58%	79%
Betsi Cadwaladr UHB												
Pathways With Treatment		3	2		3	1	4	2	1	7	6	7
Treated Within 62 Days		2	1		1				1	2	2	1
Breaching 62 Day Target		1	1		2	1	4	2		5	4	6
% Treated Within Target		67%	50%		33%	0%	0%	0%	100%	29%	33%	14%
Cardiff And Vale UHB												
Pathways With Treatment					1			1	1	2	1	1
Treated Within 62 Days					1			1		2	1	
Breaching 62 Day Target									1			1
% Treated Within Target					100%			100%	0%	100%	100%	0%
Cwm Taf Morgannwg UHB												
Pathways With Treatment	5	3	2	5	7	3	8	2	6	2	4	9
Treated Within 62 Days	1			4	2	1	5	2	3	1	1	4
Breaching 62 Day Target	4	3	2	1	5	2	3	3	3	1	3	5
% Treated Within Target	20%	0%	0%	80%	29%	33%	63%	100%	50%	50%	25%	44%
Hywel Dda UHB												
Pathways With Treatment	6	10	9	11	10	7	6	8	14	4	7	3
Treated Within 62 Days	3	5	3	6	5	3	2	4	7	1	3	1
Breaching 62 Day Target	3	5	6	5	5	4	4	4	7	3	4	2
% Treated Within Target	50%	50%	33%	55%	50%	43%	33%	50%	50%	25%	43%	33%
Swansea Bay UHB												
Pathways With Treatment	7	7	6	5	6	2	14	6	4	6	5	5
Treated Within 62 Days	5	1	4	3	5	1	10	2	2	4	5	1
Breaching 62 Day Target	2	6	2	2	1	1	4	4	2	2		4
% Treated Within Target	71%	14%	67%	60%	83%	50%	71%	33%	50%	67%	100%	20%
Pathways With Treatment	34	32	35	35	51	27	48	35	42	39	42	44
Treated Within 62 Days	20	13	18	20	33	15	26	15	25	23	23	22
Breaching 62 Day Target	14	19	17	15	18	12	22	20	17	16	19	22
% Treated Within Target	59%	41%	51%	57%	65%	56%	54%	43%	60%	59%	55%	50%

What the data tells us

- At the end of February, the provisional position reported a total of 254 pathways were closed for Powys residents across all Welsh providers including PTHB. Of these 210 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). The remaining 44 pathways were closed with the commencement of definitive treatment. 22 patients breached the 62 days target with the longest wait reported at 157 days in Cwm Taf Morgannwg UHB for a Lower GI pathway.
- Performance against the SCP for Powys residents in Wales has seen very little overall change with performance falling to 50% in February from 55% in January.
- The number of pathways going straight to test reports 62% in February below the 12-month average (64%) but improving on January (58%).
- Data quality for reporting rated average - please note that the SCP data provided within the IQPR is preliminary as the reported position is reviewed, finalised and validated at the end of every completed quarter. This validation by submitting health boards often results in limited changes included added/removed pathways or adjustment of waiting times. These changes will be fully reflected in the IQPR when available.**

Challenges

- The key challenges for Powys residents in cancer pathways for Welsh commissioned services remain predominately capacity including, but not limited to, diagnostic test and reporting capacity especially within imaging, endoscopy and pathology, and surgical capacity meeting the <62-day target. There is also a limited number of breaches resulting from patient-initiated delay e.g., holidays etc.
- Primary tumour site breaches in February include Breast (9), Lower GI (6), Urological (5), Skin exc. BCC (1), Lung (1).
- Open pathway influence remains challenging; the health board has limited actions available to it for influencing a patient's diagnostic and treatment pathway.

Actions & Mitigations

- Breaches of greater than 146 days continue to be monitored with breach reports/pathway reports provided on a quarterly basis 11 pathways met the trigger and information on their individual pathways has been sought by the Health Board for review by the health board.
- SCP performance reviewed regularly through CQPRM process and reported through PTHB Integrated Quality & Performance Report, which highlights variation across providers in NHS Wales and NHS England.
- SCP performance discussion monthly with Welsh Government and the NHS Performance and Improvement team.

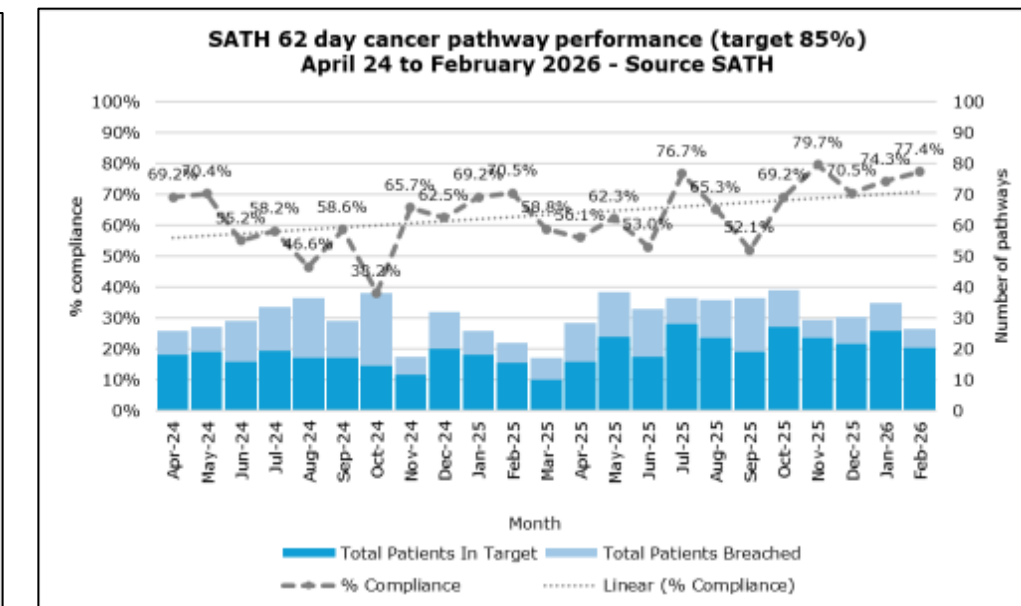
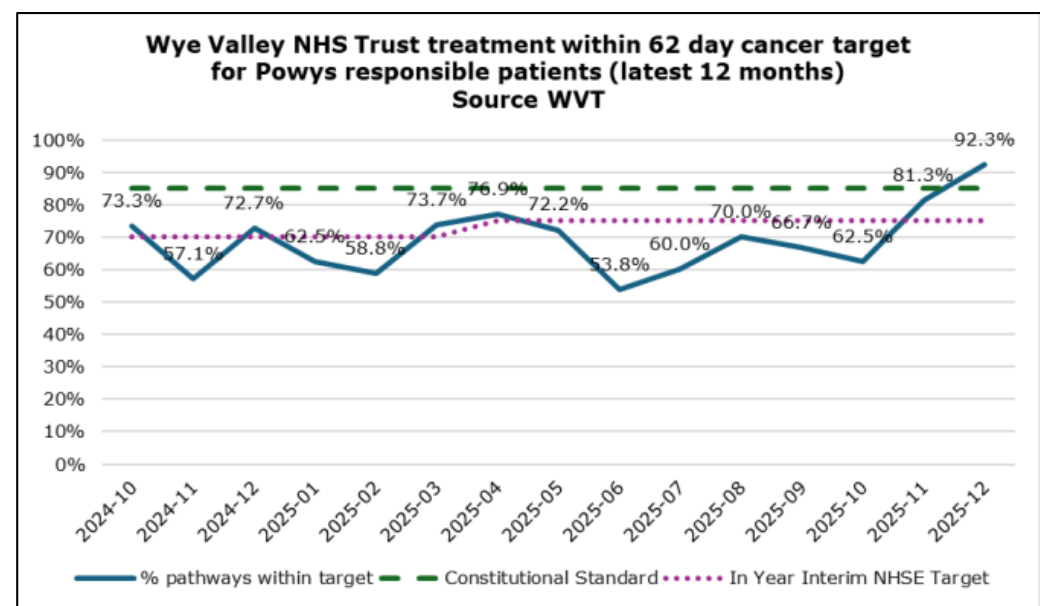
Planned Care & Cancer – Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

Executive lead	Executive Director of Planning, Performance and Commissioning	Lead Officer	Deputy Director of Performance and Commissioning
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Latest available	Dec 25 WVT Feb-26 SaTH	Status of measure	Level 2a
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	Manual Provider Feeds, and NHS England reporting and trust IQPR's.		

NHS England Cancer Measures, and target

- 28-day FDS = Four Week (28 days) Wait from Urgent Referral to Patient Told they have Cancer, or Cancer is Definitely Excluded (target 75%)
- 31-day DTT = One Month (31-day) Wait from a Decision To Treat/Earliest Clinically Appropriate Date to First or Subsequent Treatment of Cancer (target 96%)
- 62-day USC = Two Month (62-day) Wait from an Urgent Suspected Cancer or Breast Symptomatic Referral, or Urgent Screening Referral, or Consultant Upgrade to a First Definitive Treatment for Cancer (target 85%).



Powys key provider provisional cancer waiting times standards NHS England - All patients e.g., including non-Powys residents (table 1)

	Feb-26	SaTH	WVT	All English Providers	Target
28-day FDS		85.5%	86.2%	80.5%	75%
31-day DTT		99.2%	98.0%	93.0%	96%
62-day USC		75.0%	77.2%	68.6%	85%

[Statistics » Cancer Waiting Times \(england.nhs.uk\)](#)

What the data tells us

Powys residents attending English providers are measured in line with key NHS England cancer targets. The closest match to the Welsh Single Cancer Pathway measure is that of the Two Month (62-day) Wait from an Urgent Suspected Cancer or Breast Symptomatic Referral, or Urgent Screening Referral, or Consultant Upgrade to a First Definitive Treatment for Cancer. As a commissioner PTHB uses this key measure to gauge the compliance of our resident care in England.

- At a high-level NHS England cancer pathways report better performance against the 62-day USC when compared to the Welsh Single Cancer Pathway, but it should be noted that there is variance by provider.
- Shrewsbury and Telford NHS Trust (SaTH) reported 77.4% compliance against the 62 days urgent suspected cancer pathway in February 2026. 3 patients were reported waiting over 104 days across Head and Neck, Lung and Urology, cancer performance continues to show an improvement trend over the period reported.
- SaTH overall compliance for all pathways (including non-Powys responsible) reported 85.5% against 28-day FDS, 99.2% for 31-day DTT, and 75.0% for 62-day USC (table 1).
- Wye Valley NHS Trust (WVT) performance reported in December that 92.3% of 13 Powys residents started treatment within 62 days.
- WVT overall compliance for all pathways (including non-Powys responsible) reported 86.2% against the 28-day FDS, 98.0% for 31-day DTT, and 77.2% for 62-day USC (table 1).
- It should be noted that low numbers of Powys pathways can distort compliance and the NHS England cancer statistics are provisional and subject to change.

Challenges

- Key narrative below is sourced from the respective Integrated Performance Reports in October.
- SaTH - Clinical and operational workforce constraints continue most notably in Oncology and Max Fax pathways. Whilst oncology outpatient waiting times and radiotherapy waiting times have improved the fragility of the Max Fax pathway remains a risk.
- Mitigations are in place, including partnership working with a neighbouring Trust and insourcing additional capacity.
- WVT whole service e.g., all patients not just Powys responsible has seen a 20% increase in referrals vs 2 years ago for the same period (Skin 67%, and Urology 43% are key outliers).

Actions & Mitigations

- Cancer performance reviewed and reported through PTHB Integrated Quality & Performance Report, which highlights variation across providers in NHS Wales and NHS England.
- SaTH is now in Tier 2 NHSE monitoring for cancer due to improved performance.
- SaTH - Additional cancer improvement expertise and senior leadership oversight is in place to drive improvement against the cancer waiting times standards. Recruitment has been successful to the cancer clinical lead role; a full triumvirate leadership team is now in place
- SaTH – fragile service review against NHSE Framework includes cancer Head & Neck services undertaken with monthly updates.
- WVT – To help diagnostic and surgical delays additional funding has been secured through the West Midlands Cancer Alliance (WMCA) to support waiting list initiatives across Gynaecology, Radiology and Endoscopy.
- WVT – have appointed a new Programme Manager to strengthen diagnostic pathways, working closely with Cancer Services to implement a 7-day turnaround for Computed Tomography Colonography (CTCs) and 48-hour turnaround for Magnetic Resonance Imaging (MRI) prostate.

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Access & Activity

NHS Performance Measures – 31 and 33

Frequency - Monthly

Planned Care & Cancer – Welsh Commissioned Referral to treatment (RTT)

Executive lead	Executive Director of Planning, Performance and Commissioning	Lead Officer	Deputy Director of Performance and Commissioning
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Latest available	Feb-26	Status of measure	Level 3
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DCHW		

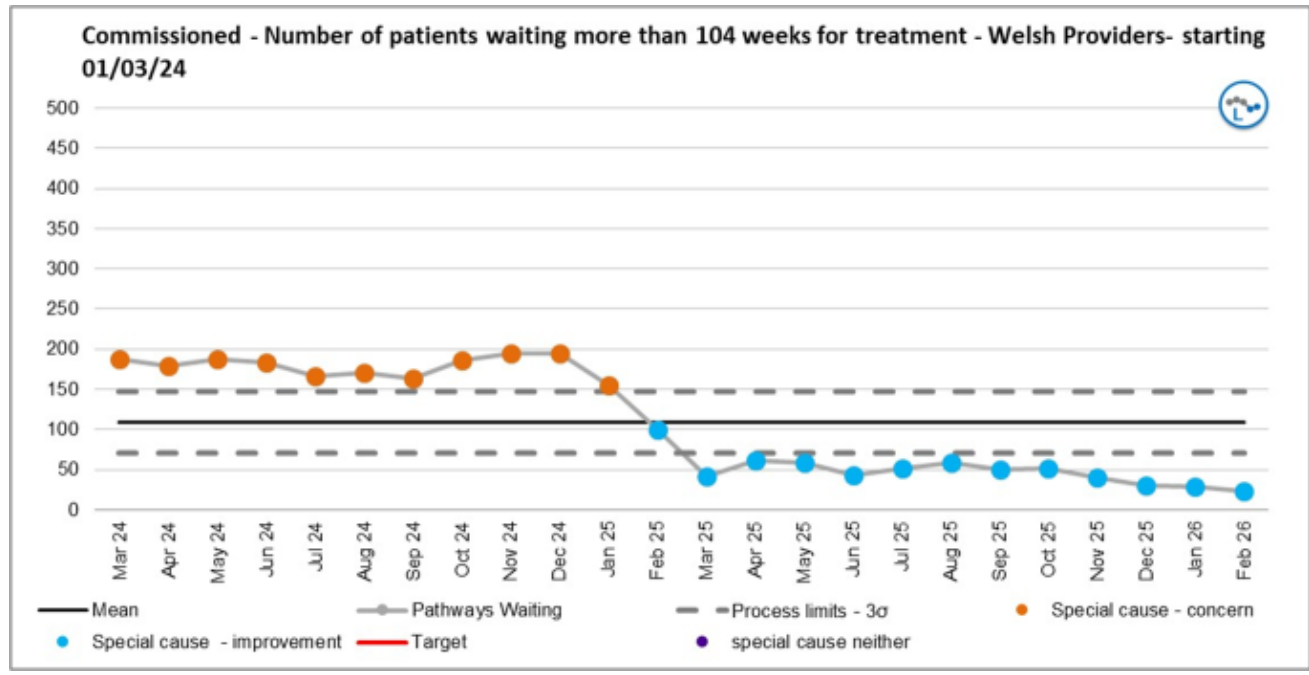
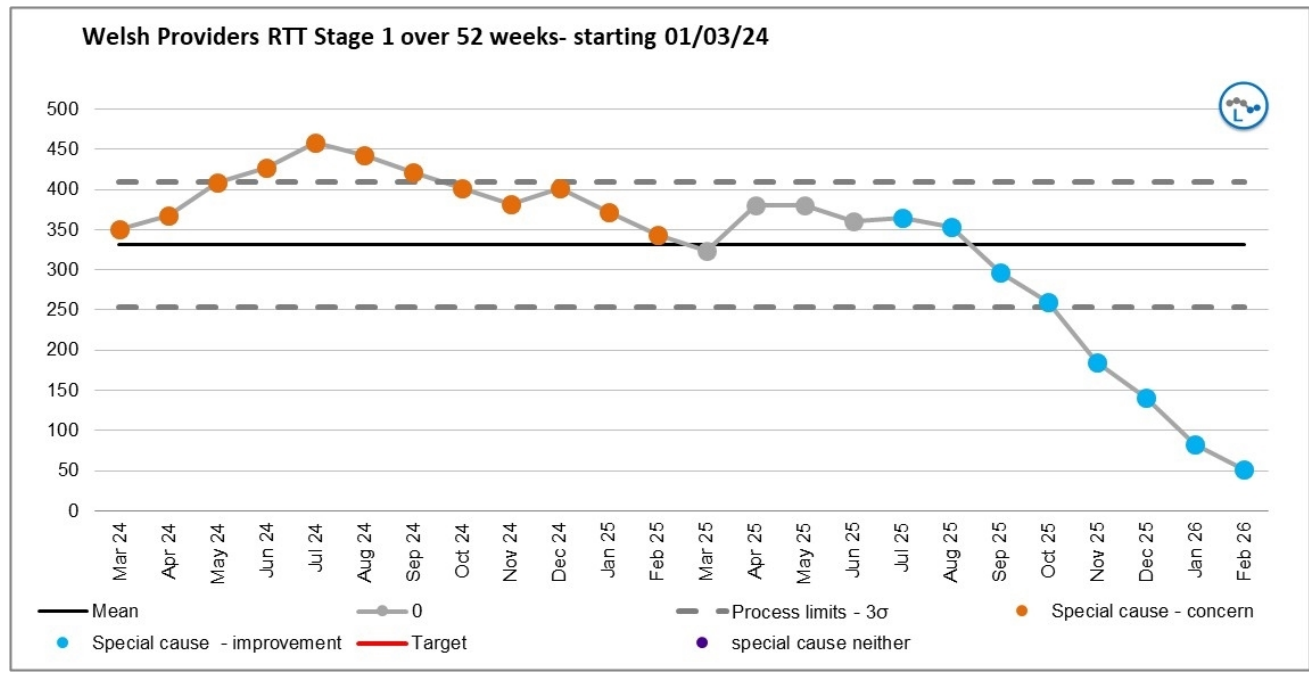
What the data tells us

Measure 31. Number of patients waiting over 52 weeks for a stage 1 (new outpatient) appointment.

- The number of patients waiting over 52 weeks for a new outpatient appointment has reduced from 83 in January to 52 in February. Swansea Bay UHB & Hywel Dda UHB are compliant with the targets and have no Powys residents waiting over 52 weeks for a new outpatient appointment. All providers show improvement for this snapshot, and the measure continues to report special cause improvement.

Measure 33. Number of patients waiting more than 104 weeks for referral to treatment

- Waits over 104 weeks for February reduced from 29 to 23 for Powys residents. ABUHB and BCUHB has 7 patients waiting over 104 weeks, Cardiff & Vale reports 6, HDUHB has 1 and CTMUHB has 2 pathways breaching the 104 targets. SB have maintained no patients waiting over 104 weeks.



Welsh Providers	Feb-26 % of Powys residents < 26 weeks for treatment	No. long waits by cohort, with latest SPC variance						Total pathways Waiting	Stage 1 pathways over 52 weeks	
		All pathways waiting over 36 weeks.		All pathways waiting over 52 weeks.		All pathways waiting over 104 weeks.				
Aneurin Bevan University Health Board	70.4%	508	281	7	2489	24				
Betsi Cadwaladr University Local Health Board	62.1%	171	88	7	626	8				
Cardiff & Vale University Health Board	57.1%	101	70	6	357	14				
Cwm Taf Morgannwg University Health Board	62.4%	212	94	2	756	6				
Hywel Dda University Health Board	62.3%	406	252	1	1346	0				
Swansea Bay University Health Board	66.8%	432	222	0	1817	0				
Total	65.9%	1830	1007	23	7391	52				

Challenges and actions narrative link (slide 48)

Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity NHS Performance Measures – 31 and 33 Frequency - Monthly

Planned Care & Cancer – English Commissioned Referral to treatment (RTT)

Executive lead	Executive Director of Planning, Performance and Commissioning	Lead Officer	Deputy Director of Performance and Commissioning
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Latest available	Feb-26	Status of measure	Level 3
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DCHW		

[Challenges and actions narrative link \(slide 46\)](#)

What the data tells us

- Powys residents accessing services in England have consistently waited less time compared to Wales for treatment with the exception of Robert Jones & Agnes Orthopaedic Hospital NHS Foundation Trust (RJAH) as explained below.
- Pathways waiting over 52 weeks has increased from 1537 in January to 1556 in February with the ongoing impact of commissioning intentions (reporting a special cause concern).
- Pathways over 104 weeks have decreased from 121 in January to 117 in February, RJAH accounts for 116 pathways and Wye Valley NHS Trust a further 1.
- The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) remains the most challenged English provider for long waits but with some reduction in 104-week waiters and with all key wait bands reporting special cause concern. RJAH continue to face challenges with regards to their capacity and ability to see all PTHB patients within the Welsh Government targets. The breaches comprise of treatment waits for spinal, hand and upper limb, arthroplasty, neurology, paediatric orthopaedics, physiotherapy, radiology, rheumatology, paediatric medicine, knee and sports injuries and foot and ankle care.
- Wye Valley NHS Trust (WVT) following commissioning intention instructions by Powys Teaching Health Board continue to adversely impact the waiting times of Powys residents when compared to the English resident cohorts. Increased over 52 week waits and limited over 104-week breaches. Prior to waiting time changes WVT consistently reported improving performance for Powys residents.
- The Shrewsbury & Telford Hospital NHS Trust (SATH), who have not agreed to follow the PTHB Commissioning intentions to Welsh targets, reports an improved position with special cause improvement across all key wait bands, in line with their NHSE reportable position. It should be noted at the end of December pathways over 52 weeks have fallen from to 179 in January to 164 in February.

	Feb-26	No. long waits by cohort, with latest SPC variance						
		All pathways waiting over 36 weeks.		All pathways waiting over 52 weeks.		All pathways waiting over 104 weeks.		Total pathways Waiting
English Providers	% of Powys residents < 26 weeks for treatment							
English Other	76.2%	33		7		0		231
The Robert Jones and Agnes Hunt Orthopaedic Hospital	42.6%	1726		1091		116		3893
The Shrewsbury and Telford Hospital NHS Trust	69.4%	582		164		0		3727
Wye Valley NHS Trust	65.8%	784		294		1		3651
Total	59.3%	3125		1556		117		11502

Planned Care & Cancer – Commissioned Referral to treatment (RTT) Challenges and Actions

Commissioned RTT for Welsh providers challenges and actions

Commissioned RTT for English providers challenges and actions

Challenges

Challenges

- NHS Wales Planning and Performance Frameworks 2025/26 key targets:
 - No patients waiting over 104 weeks for referral to treatment.
 - No patients waiting over 52 weeks for new outpatient appointment.
 - No patients waiting over 8 weeks for specified diagnostics.
- Welsh acute care providers continue to experience ongoing challenges due to increased demand and service sustainability issues – BCUHB remains particularly challenged with long waiting lists and on-going demand – particular fragility with Oral Surgery and Pain Management.
- Powys residents who can have their pathways within the Powys as a provider have the quickest reported care, and with English acute health trusts providing more timely access for residents in the North & East of the county. Those residents living in southwest health economy wait the longest.
- Long wait pressure by treatment specialty remains within General Surgery, Trauma & Orthopaedics, ENT, and Ophthalmology.

- English acute care providers continue to experience ongoing challenges due to increased demand and service sustainability issues.
- RJAH reports the highest number of over 104-week pathways for Powys residents in both England & Wales, these very long waits are not limited to specialist spinal (the historical challenge) – recent vacancy for Foot and Ankle consultant impacting on this sub-specialty
- The Health Board remains in discussions with all NHSE commissioned service providers with commissioning intentions for 2025/26 for all routine patient pathways for Powys responsible adults to be booked to NHS Wales waiting times targets.
- NHS England 2025/26 priorities remain as:
 - 65% of patients to wait 18 weeks or less from referral to treatment by March 2026 (with each trust required to improve by at least 5%).
 - Every trust must also ensure 72% of patients wait ≤18 weeks for their first appointment.
 - Reduce the share of patients waiting over 52 weeks to under 1% of the entire waiting list by March 2026.
 - These are interim milestones toward the constitutional standard of 92% for 18-week waits, now expected by March 2029.
- Increase in NHSE tariffs (A&E, Maternity, Non-Elective) of up to 17% in some instances plus 2.85% uplift.
- Patients have reported to PTHB concerns on the impact for their pathways as a result of PTHB Commissioning Intentions for 25/26.

Actions & Mitigations

Actions and Mitigations

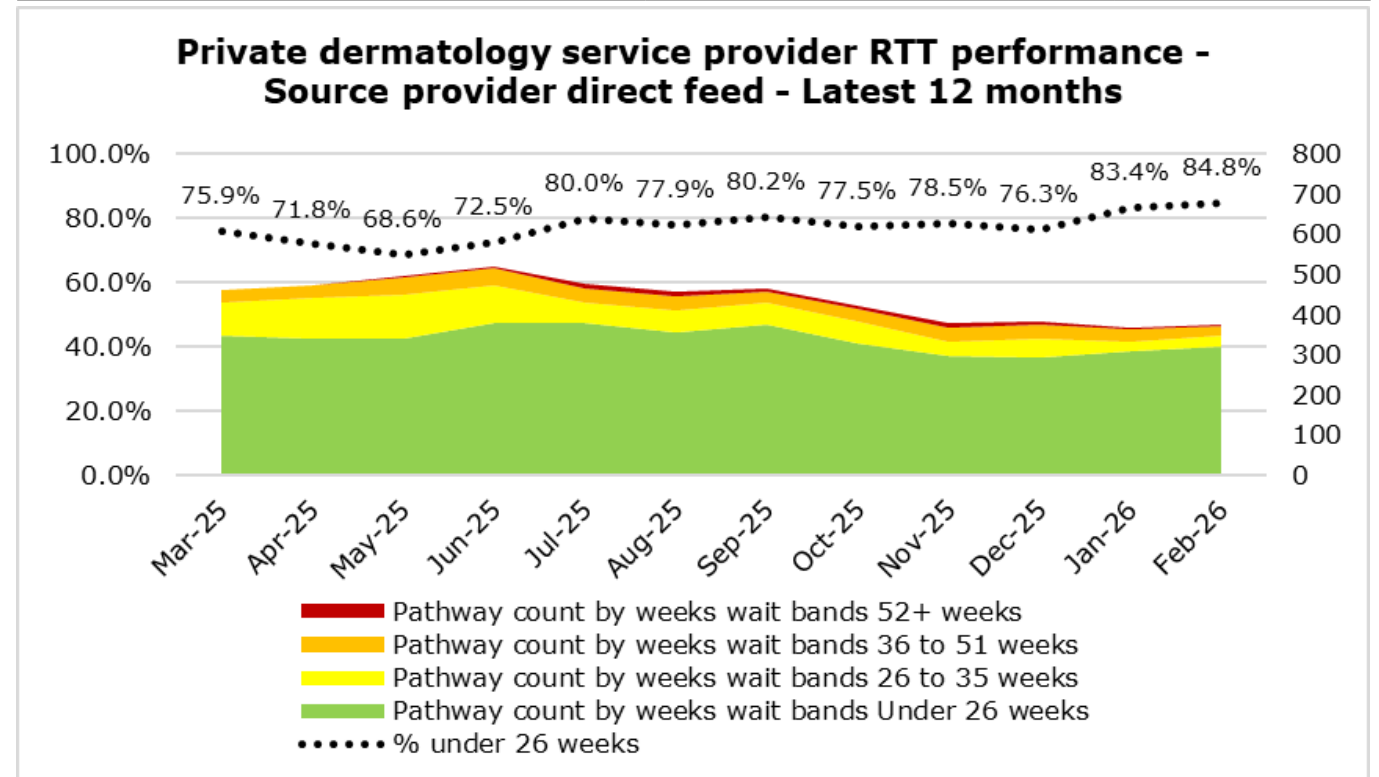
- Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within PTHB or alternative provider.
- Continued to engage on a regular basis with all commissioned providers via contracting, quality and performance meetings. These meetings are used to discuss challenges and highlight key concerns to support the best possible care for Powys responsible patients including focus on:
 - Long waiters TCI (booked) over 52 or 104 weeks – next actions,
 - Fragile Services,
 - Demand/Activity/Financial Position
 - Elective Recovery Actions – including update on National Recovery activity
- BCUHB outsourcing and insourcing programme for most specialties underway, assess potential for PTHB living well service support (pain management)
- PTHB developed productive pathways for planned care with actions including referral management, effective clinically led pathways, implementation of GIRFT recommendations, theatre utilisation improvement.
- Welsh Government confirmed national programme to reduce overall size of waiting lists in Wales by targeting a reduction of 200,000 first outpatient appointments. This has involved national procurement of 164,000 first outpatient appointments.
- Health Boards will also deliver up to 50,000 first outpatient appointments via local plans with all Health Boards having submitted costed plans indicating specialty and volume per specialty.

- English providers have mobilised additional capacity including insourcing, outsourcing, increase usage of additional payments for clinical activity.
- Use of Community Cardiology service in the North of Powys to reduce the flow and manage locally Powys patients driving improved outcomes and reduced travel times. Work on-going to roll out to Mid Powys clinical/operational engagement with SaTH to agree pathway.
- Continued to engage on a regular basis with all commissioned providers via contracting, quality and performance meetings.
- RJAH undergoing GIRFT programme with support from NHSE/GIRFT Team – key focus on Welsh Stage 1 waiting times with most spinal waits now with dates, review of O/P productivity, best practice changes to follow up criteria to be implemented. Recruitment underway for foot and ankle consultant. Outsourcing still in place for neurophysiology. Theatre efficiency review underway.
- RJAH: Funding allocated by Welsh Government to support 2 additional clinics for 40x stage 1 longest waiters on RJAH spinal pathway to clinically review the patients face to face by Consultant/Advanced Practitioner to assess suitability for alternate pathway – clinic to be held 19th March
- PTHB developed productive pathways for planned care with actions including referral management, effective clinically led pathways, implementation of GIRFT recommendations, theatre utilisation improvement.
- Implementation of PTHB MSK triage/Single Point Of Access (SPOA) enabling all GP referrals to be triaged by CMATS to decide most appropriate treatment pathway expectation that will reduce onward Orthopaedic referrals by circa 40%
- SaTH data system challenges – still present, continue with block arrangements Q4 and potentially Q1 2026/27.
- CSU undertaken work to assess impact of increase in NHSE tariffs, WG notified of increase in costs for PTHB.
- Communications around deferral of waiting times in WVT/RJAH shared with providers, stock response in place but most recent concerns/complaints are specific to patient pathways so individual responses being written.
- Longer Term Actions: Better Together programme includes appraisal/review of opportunities for repatriation to have treatment/care within PTHB or alternative provider.

Referral to Treatment - Private dermatology service provider

Executive lead Executive Director of Planning, Performance and Commissioning **Lead Officer** Deputy Director of Performance and Commissioning

Latest available	Feb-25	Status of measure	Level 2a
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		



Snapshot month	% under 26 weeks	Pathway count by weeks wait bands				Total Waiting
		Under 26 weeks	26 to 35 weeks	36 to 51 weeks	52+ weeks	
Mar-25	75.9%	349	80	30	1	460
Apr-25	71.8%	339	104	29	0	472
May-25	68.6%	339	109	44	2	494
Jun-25	72.5%	377	94	44	5	520
Jul-25	80.0%	380	51	34	10	475
Aug-25	77.9%	356	55	36	10	457
Sep-25	80.2%	373	55	29	8	465
Oct-25	77.5%	328	55	29	11	423
Nov-25	78.5%	296	35	37	9	377
Dec-25	76.3%	293	46	37	8	384
Jan-26	83.4%	307	26	31	4	368
Feb-26	84.8%	319	27	25	5	376

What the data tells us

- Under 26-week performance is 84.8% in February 2026, this is an improvement on January 2026 position (83.4%). Patients waiting over 36 weeks has decreased to 30 in February 2026 from 35 in January 2026

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Challenges

- Limited number of patients continue to wait over 52 weeks.

Actions & Mitigations

- Improvements to data flow with the provider has resulted in waiting list data which is reportable via PTHB Cloud Service from April 2026.
- Advice and guidance for North Powys continues to be well utilised and demonstrating good outcomes.
- The provider has now become part of BUPA UK.

PTHB Integrated Quality & Performance Framework Escalation Framework 2024/25

Please note that this framework replaces the 23/24 business reporting rules as used within the Integrated Performance Framework and report.

Escalation level	Trigger	Action expected	Monitoring and support
Level 1 (No concerns)	<ul style="list-style-type: none"> Local delivery of agreed objectives and performance, finance ambitions in line with agreed trajectories. No exceptions or quality concerns. Sound governance arrangements in place. Performance within expected targets either national or local 	<ul style="list-style-type: none"> No escalation action. Could result in frequency adjustment for some monitoring mechanisms and meetings including IQPG. 	Main monitoring through base performance review process. Key measures bi-annually in IQPR to the Board.
Level 2a (Exception)	<ul style="list-style-type: none"> Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance. Sustained deterioration on 1 or more domain. <p>This can include:</p> <ul style="list-style-type: none"> Failure to deliver on an NHS Performance Framework target or local target trajectory. A deviation or departure from the normal or expected course of action signifying specific condition or event that requires attention or further action to address the deviation. Failure of quality standard. Where SPC methodology notes variance of concern. 	<ul style="list-style-type: none"> Correspondence to Clinical service area/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring. Recovery plan to be developed that address issues to be recovered/improved. Depending on issue – change in frequency of and focus of standard meeting and consideration of increasing frequency including IQPG. Reported through to Executive Committee. Monthly reporting where appropriate via IQPR as an exception to performance. 	<p>Options include:</p> <ul style="list-style-type: none"> IQPG engagement monthly with Executive Internal support as required (QI/vbhc/planning – issue dependent). Consideration of compliance with Professional clinical codes and standards and proportionate response. Consideration of compliance with managerial code of practice. Internal peer review. Executive support (directly or from other teams). Consider need for bespoke response. Minimum monthly updates to Executive Committee.
Level 2b (Exception)	<p>Specially for finance:</p> <ul style="list-style-type: none"> Where Corporate Directorate or Clinical Service Area level budget is overspending by more than £0.5m Year to date or £1m forecast. 	Identified through monthly financial reporting	<p>CEO to call a special 'Budget Review Meeting' of all Executive Directors and the Divisional or Directorate budget holder (up to 3 team members may attend in support).</p> <p>Agreed action plan established:</p> <ul style="list-style-type: none"> Monitored through financial reporting arrangements. Review period established if plan failing.
Level 3 (Escalation)	<ul style="list-style-type: none"> Serious concerns on quality and governance. Continued and consistent failure to meet agreed performance improvements and trajectories across a number of objectives. Clear articulation of reasons for escalation and criteria for escalation. <p>This can include:</p> <ul style="list-style-type: none"> Where a performance matter (exception) does not meet target and hits criteria for higher level of resolution, decision making or further action. Any measure that continues to fail a health board submitted trajectory as part of the Ministerial Priority measures. Performance recovery is failing to improve or maintain performance. Any significant failure of quality standard. Where IQPG deems that a service or measured outcome requires escalation resulting from identified challenge or significant concern. 	<ul style="list-style-type: none"> Correspondence to service area/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring. Service Area or corporate directorate demonstrating recognition of issues and commitment to improve. Improvement/recovery plan required to address issues identified. Reported through to executive and relevant committee. Escalated frequency of IQPG meetings and resultant remedial action plan completion. Challenge review on appropriate shift to the Escalations Oversight Group (EOG). Monthly reporting where appropriate via IQPR as an exception to performance. 	<p>Actions could include:</p> <ul style="list-style-type: none"> Escalation Oversight Group (EOG) Independent review of service/corporate department effectiveness. Deployment of appropriate HR policies e.g. Capability policy. Weekly/fortnightly meetings with CEO and/or relevant execs to track progress against improvement actions (which directly related to de-escalation criteria). Consideration of compliance with Professional clinical codes and standards and proportionate response. Consideration of compliance with managerial code of practice. Suspension or revision of service provision. <p>De-escalation: The appropriate outcome for a challenge to be de-escalated. Either challenge has been rectified, requirement has changed, or via senior committee decision.</p> <p>A level 3 escalation may return to any previous lower level of escalation dependant on the remaining challenge and required monitoring.</p>

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Domains	
Safe	Our healthcare system is a high quality, highly reliable and safe system that avoids preventable harm, maximising the things that go right and learning from when things go wrong to prevent them occurring again. People's health, safety and welfare are actively promoted and protected; risks are identified and monitored and where possible, risks to safety are reduced or prevented. We promote and protect the wellbeing, and safety of children and adults who become vulnerable or at risk at any time. Where children or adults may be experiencing or are at risk of abuse or neglect, we take appropriate, timely action and report concerns.
Timely	Our healthcare system ensures people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place, first time. We care for those with the greatest health need first, and where treatment is identified as necessary, we treat people based on their identified and agreed clinical priority.
Effective	Our healthcare system ensures decision-making, care and treatment reflects evidence-based best practice, to ensure that people receive the right care to achieve the optimal and possible outcomes that matter to them. We design transformative, evidenced-based, whole-of-life pathways that cover prevention, care and treatment, rehabilitation and embed these into local service delivery.
Efficient	Our health care system takes a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste. We make the most effective use of resources to achieve best value in an efficient way. We only do what is needed and undertake treatments that ensure any interventions represent the best value that will improve outcomes for people.
Equitable	Our health care system provides everyone with an equal opportunity to attain their full potential for a healthy life which does not vary in quality by organisation providing care, location where care is delivered or personal characteristics (such as age, gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status or political affiliation). We embed equality and human rights in our health care system.
Person Centred	Our health care system meets people's needs and ensures that their preferences, needs and values guide decision-making that is made in partnership between individuals and the workforce. We care about the well-being of individuals, their families, carers and our staff. We ensure that everyone is always treated with kindness, empathy and compassion and we respect their privacy, dignity and human rights. We are committed to working better together to put people and their families at the centre of decisions, seeing them as experts working alongside professionals to get the best outcome and experience.
Enablers	
Leadership	Our health care system has visible and focused leadership at all levels, with its activities driven by the organisations' vision and values for quality. Our leaders and managers take a long-term, stakeholder-centric view to develop a clear organisational vision. They have the appropriate skills and capacity to create the conditions for a functioning quality management system. We ensure our governance, leadership and accountability is effective in sustainably delivering care.
Workforce	Our healthcare system recruits, retains, develops and extends roles to ensure we have enough, confident people with the right knowledge and skills available at the right time to deliver safe care. We value our people and the commitment and resilience they demonstrate in the care they provide. We care about their wellbeing, protect their rights and support them to feel well and happy at work; and provide them with the tools, systems and environment to work safely and effectively. Our workforce planning focuses on investing in our people and nurturing, growing and transforming our workforce to create a sustainable workforce for the future.
Culture	Our healthcare system creates the right climate and culture to nurture and encourage quality and system safety, valuing people in a supportive, collaborative and inclusive workplace so that our people feel psychologically safe to raise concerns and try out new ideas and approaches. Relationships within teams and with the people we serve are effective and based on transparency, accountability, ethical behaviour, trust and just culture, where people can thrive.
Information	Our healthcare system ensures information is available and shared appropriately for all who need it. We turn data to knowledge by triangulating quantitative and qualitative performance, experience and outcome measures to understand the quality of services, efficacy of improvement work and impact of decisions made. We monitor, report and escalate indicators through our governance structures to ensure that appropriate action is taken at every level in terms of learning, improvement and accountability.
Learning, improvement and research	Our healthcare system creates the conditions and capacity for an organisation and system-wide approach to continuous learning, quality improvement and innovation, which it actively promotes. We use new knowledge to influence improvements in practice and to inform our decision-making. We ensure our learning and improvement activity is linked to our strategic vision to deliver transformational, organisation-wide change. We commit to participating in research because research-active organisations provide improved quality of care and outcomes for people.
Whole system approach	Our healthcare system ensures safety in healthcare goes beyond individual patient safety. We will look within and beyond our organisational boundaries to learn how we can continually, reliably and sustainably meet the evolving needs of people. We will strengthen relationships and work with all our partners to achieve good outcomes. Our policies incorporate the broader ambitions within the seven well-being goals and five ways of working in the Well-being of Future Generations Act.



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Agenda item: 5.3

FINANCE AND PERFORMANCE COMMITTEE	14 MAY 2026
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Subject:	Review of Long Waits at Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Trust
Approved and presented by:	Nicola Johnson, Executive Director of Planning, Performance and Commissioning
Prepared by:	Deputy Director of Performance and Commissioning Head of Commissioning Head of Performance Consultant Physiotherapist
Other Committees and meetings considered at:	Executive Committee 6 May 2026

PURPOSE:

The purpose of this paper is to provide the Finance and Performance Committee with an update on the current and forecasted position with Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Trust (RJA), for patients waiting over 104 weeks.

RECOMMENDATION(S):

The Finance and Performance Committee is asked to:

- NOTE** the contents of the report including the current and future planned work being undertaken with RJA, NHS Performance and Improvement and Clarity Consulting colleagues.

Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

Wellbeing Objective	Y/N
1. Focus on Wellbeing	Y
2. Provide Early Help and Support	Y
3. Tackle the Big Four	Y
4. Enable Joined up Care	Y
5. Develop Workforce Futures	Y
6. Promote Innovative Environments	Y
7. Put Digital First	Y
8. Transforming in Partnership	Y

EXECUTIVE SUMMARY

PTHB commissions RJAH to provide services for the PTHB responsible population. In 2025/26 and into 2026/27 there has been a continuation of a cohort of patients waiting over 104 weeks in RJAH.

This paper provides an update on the work that has been undertaken to date with RJAH to improve this position and future plans to support further recovery

BACKGROUND AND ASSESSMENT

In 2025/26 commissioning intentions were issued to RJAH these including the requirement for RJAH to deliver to NHS Wales elective activity waiting times (excluding urgent, cancer and under 18 activity). For 2026/27 commissioning intentions have been issued to RJAH with continued requirement for RJAH to deliver to NHS Wales waiting times targets of 104 weeks for treatment and 26 weeks for outpatients (excluding urgent, cancer and under 18 activity) to be enacted from 1 April 2026.

RJAH remains the most challenged PTHB provider for long waiting patients and continue to experience challenges regarding their capacity and ability to meet the 104-week WG treatment target. At the end of March 2026, there were 114 Powys residents waiting >104 weeks on the treatment waiting list with breaches comprising treatment waits for spinal, knee and sport injuries, arthroplasty, neurology, and foot and ankle. As of the 23 April 2026, this position had improved with 104 Powys responsible patients waiting >104 weeks on the treatment waiting list with 18 patients having a TCI date (no identification of harm escalated to PTHB). A recent vacancy for a Foot and Ankle consultant has impacted on this sub-specialty.

The steps towards continued and sustainable improvement that have been undertaken include:

- In February 2026, in addition to the formal CQPRMs, PTHB initiated a series of bi-weekly performance meetings to discuss the long waiting patients and mitigating actions to be taken by RJAH. Regular Executive level meetings are also held on a fortnightly basis.
- RJAH undergoing GIRFT programme with direct support from NHSE/GIRFT Team with key focus on Welsh Stage 1 waiting times (most spinal patients now have an appointment date), review of outpatient productivity, best practice changes to follow up criteria being implemented.
- Recruitment underway for foot and ankle consultant.
- Outsourcing remains in place for neurophysiology.
- Theatre efficiency review underway following recommendations from GIRFT review with new theatre to go live during 2026/27.
- RJAH providing full reporting of weekly Patient Tracking List (PTL) for all PTHB responsible patients on RJAH waiting list.
- PTHB and RJAH teams coordinated an additional clinic to address long spinal waiting patients who had not yet received their first outpatient appointment, this being supported by Welsh Government additional funding. The clinic occurred on the 19 March with 15 patients seen, of whom none required

listing for a procedure. Learning from the clinic is being used to inform future plans for Q1 2026/27.

Further work is also planned to achieve an improved position including:

- Firm Indicative Activity Plan (IAP) and costs requested from RJAH for eliminating the 104-week waiters and to provide assurance on delivery confidence.
- PTHB Consultant Physiotherapist to produce a short report with recommendations based on learning from the collaborative clinic in March; and to review the data of a subset of PTHB responsible patients on spinal stage 1 waiting list (who were added to the RJAH waiting list pre the commencement of the PTHB MSK single point of access) to inform future options.
- PTHB is working with NHS Performance and Improvement colleagues to explore options for commissioning of orthopaedic activity (hips and knees), from the independent sector which would enable transfer of the long waiters on the RJAH PTL, potentially at reduced cost to make the IAP more affordable.
- A separate paper on the affordability of the NHSE provider IAPs will be developed by the end of May which will be presented to the Executive Committee along with any commissioning or performance choices which will need to be made. This is being supported by Clarity colleagues (via GT additional support).
- It is noted that all NHSW Health Boards (with the exception of CTM) are flagging that they are unable to maintain 104 week waits in 2026/27 and this will need to be taken into account in any choices made for NHSE providers.
- In this context it is noted that historically NHSW planned care monies have not been made available to PTHB as a commissioner, or to RJAH as a provider, and that long waits in the provider have been unable to be addressed through this funding.

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Agenda item:5.4

Finance and Performance Committee **14 May 2026**

Subject:	Progress Against the Annual Plan (Delivery Plan 2025-26) for the Quarter 4 Period, January to March 2026 – Year End Report
Approved and presented by:	Nicola Johnson, Executive Director of Planning, Performance & Commissioning
Prepared by:	Assistant Director of Planning/Planning Managers
Other Committees and meetings considered at:	Executive Committee - 29 April 2026 who scrutinised the report and supported it to F&P.

PURPOSE:

This report provides the Finance and Performance Committee with an update of the progress made against the Annual Plan in the Quarter 4 period (January to March) which provides the end of year report for 2025 – 2026.

The report has been considered moderated and approved by the Executive Committee where any additional information provided by colleagues to strengthen the document has been added.

Following consideration at the Finance and Performance Committee, it will be presented to PTHB Board and subsequently submitted to Welsh Government, as a formal report of Progress against the Plan for 2025/26.

It will also feed into the PTHB Annual Report 2025/26 to show progress made against the organisation’s vision and Wellbeing Objectives, in line with the requirements of the Well-being of Future Generations (Wales) Act 2015.

RECOMMENDATION(S):

The Finance and Performance Committee are asked:

- to **CONSIDER** the report ahead of submission to PTHB Board and;
- take **ASSURANCE** that there is a process in place for monitoring progress against plan.

Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y
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2. Provide Early Help and Support	Y	Use this space to provide a brief narrative explanation of alignment with the health board's wellbeing objectives including reference to our strategic priorities. This can include reference to the Board Assurance Framework.
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

This report provides the Finance and Performance Committee with an update of the progress in the Quarter 4 period (January to March) which provides the end of year report for 2025 – 2026. This is the cumulative output of the reviews carried out by each Executive Lead on their respective areas for the whole year.

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 2025-26, in line with national reporting requirements.

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

This year-end report also feeds into the PTHB Annual Report 2025 – 2026 and importantly, the account of progress against the Wellbeing Objectives, in line with the requirements of the of the Well-being of Future Generations (Wales) Act 2015.

BACKGROUND

This report provides the Finance and Performance Committee with an update of the progress made at year end against the 2025/26 Annual Plan.

This also reflects the progress against Wellbeing Objectives, and this information will be used in the PTHB Annual Report, in line with the requirements of the Well-being of Future Generations (Wales) Act 2015.

1) Recap and context in relation to Wellbeing Objectives

For recap and context, and in response to a point raised through the audit process on how the health board tracks progress against the Wellbeing Objectives, the PTHB Integrated Plan is set in the context of the shared, long term health and care strategy, A Healthy Caring Powys – and the Wellbeing Objectives, which are a component part of this. These were developed by the Powys Regional Partnership Board (RPB), following extensive engagement with the communities and stakeholders in Powys, and is the basis both for the RPB Area Plan and the PTHB Integrated Plan (the latter being the subject of this report).

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

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

In addition, the PTHB Annual Report also maps these Wellbeing Objectives to the requirements of the Well-being of Future Generations (Wales) Act 2015 (notably the 7 national Wellbeing Goals and the 5 Ways of Working).

2) Development of Progress Report against Plan

Each of the 22 Strategic Priorities set out within the Annual Plan have been reviewed and a commentary provided by Executive Leads on key achievements and challenges, where required for year end.

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

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

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

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

3) Progress Summary at Year End

The report shows the progress made with delivery of the Wellbeing Objectives and Strategic Priorities in the Plan as reported for year end.

At the end of Quarter 3, approval was given to remove a number of deliverables from the plan. This meant that at Q3 there was a total of 337 key deliverables and at Q4 there is now a total of 327. The items that were removed were all reviewed for delivery in the 2026-27 plan. Therefore, of the of the 327 key deliverables identified for completion as at year end in 2025/26:

- 232 complete
- 39 on track
- 25 at risk
- 31 behind schedule

As this is a year end report, items are predominantly marked complete or behind schedule (as all items should theoretically be delivered within the year). However, in practice, there are items that are not wholly confined to a twelve month delivery period, or where further work is needed to sustain progress. There are also items which span across multiple years of work, given the complexity of some programmes. In these cases, the Executive Leads have determined that a Green (on track) or Amber (at risk) rating is appropriate, as they are neither fully complete nor would it be appropriate to deem them fully behind schedule.

Further detail of items that have been carried over into the 2026/27 Annual Plan are mapped out below (see Appendix 1)

4) Ministerial Advisory Group Recommendations

Work was carried out in Q1 to add cross references to the Progress against Plan reporting to the MAG (Ministerial Advisory Group report & recommendations on productivity) as part of tracking of actions in these areas.

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

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

MAG recommendation	Key Deliverables	RAG rating	Commentary provided
5.6) Theatres: Development of key day case pathways Cross reference to MAG Report 2025 recommendations: <ul style="list-style-type: none"> - All Health Boards should adopt best practice in theatre management 	5.6.1) Development of theatre dashboard in line with national programme Q3	On track	5.6.1) Theatre Dashboard PTHB part of national dashboard requires further refinement
	5.6.2) Implementation of all day lists ophthalmology/orthopaedics 2025/26 Q4	On track	5.6.2) All day lists via insourcing on-going development in terms of in reach aligns to GIRFT transformation
	5.6.3) Anaesthetics specialty lead for PTHB resourced from SLA underperformance Q2	On track	5.6.3) Speciality lead resource identified recruitment in train

<p>(GIRFT), local Theatre Optimisation Boards and increased productivity ie. cases per session (see MAG for specifics) (further recommendation on accreditation of Surgical Hubs which WG propose they lead)</p>	<p>5.6.4) Digitalisation – costed proposal for theatre management system Q1 (Removed)</p>		<p>5.6.4) National Theatre system not yet agreed currently utilising functionality within PAS – request to be removed from plan</p>
	<p>5.6.5) Review of day case procedures to identify opportunities for repatriation Q2</p>	<p>On track</p>	<p>5.6.5) Day case review forms part of GIRFT recommendations for 26/27</p>
<p>5.7) Outpatients: Develop a single management system and oversight</p> <p>Cross reference to MAG Report 2025 recommendations:</p> <ul style="list-style-type: none"> - All Health Boards should within three months develop a plan to reduce referrals to traditional outpatients in high volume specialities / unwarranted variation - Models that offer alternatives should be rapidly identified and scaled - Reduce variation in OP waiting times using best practice inc. GIRFT/ Further faster/ triage/ pathways 	<p>5.7.1) Development of Outpatients in core specialities aligned to Planned Care optimisation frameworks with focus on discharge pathways SOS/PIFU, digital and MDT development Q1-Q4</p>	<p>On track</p>	
<p>7.2) Cancer</p> <p>Cross reference to MAG Report 2025 recommendations: No health board specific however note the recommendation for NHS Wales to identify single highest impact pathway change for five tumour types and</p>	<p>7.2.1) Delivery against Cancer Improvement plan Q1-Q4</p>	<p>On track</p>	
	<p>7.2.2) Continue to work with Commissioned Service Providers to identify areas of the suspected Cancer pathway which could be improved Q1-Q4</p>	<p>On track</p>	
	<p>7.2.3) Work with the Cancer Network to implement innovations to support earlier diagnosis and reduce waiting times Q1-Q4</p>	<p>On track</p>	
	<p>7.2.4) Continue the Improving the Cancer Journey Programme Phase 2 Q1-Q4</p>	<p>On track</p>	

incentives; and associated data development (see MAG for detail)	7.2.5) Annual review of the PTHB Cancer Improvement Plan Q1-Q4	On track	
<p>10.2) Improved approach to Pathways of Care Delays (POCD) through escalation and tracking and working in partnership to deliver the recommendations of the Newton Europe diagnostic report.</p> <p>Cross reference to MAG Report 2025 recommendations:</p> <ul style="list-style-type: none"> - Health Boards should make improvement in processes, partnerships and investment in specific community pathways to reduce delayed pathways of care (6 months) - Delays by pathways to be published in 3 months • Also note recommendation for WG to carry out Rapid study of longest delays to target investment, with Health Board input <p>Also note ambulance handovers included (see MAG for detail)</p>	10.2.1) Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking Q1-Q4	On track	Total numbers of Pathways of Care Delays have decreased. Number of POCDs throughout Q4 represent a 7% decrease when compared to with Q3 (188 [Q3]: 175[Q4]), and a 2% decrease when compared to the same period in the previous year (179 [Q4 24/25]: 175 [Q4 25/26]). This however represents an 10% increase of the monthly average compared to the Mar '25 baseline (58.3 [Q4 Avg.]: 53 [Mar '25]). The year-end position remains positive, with the month-to-month comparison, and 12-month aggregate performance both representing a 6% decrease in total POCDs compared to the year prior (50 [Mar '26]: 53 [Mar '25]), (700 [25/26]: 743 [24/25]).
	10.2.2) Reduce the number of super-stranded patients through escalation and tracking Q1-Q4	On track	The number of super-stranded patients has decreased throughout Q4 and remains low. Number of super-stranded patients within March represent a 25% decrease when compared with the Mar '25 baseline (3 [Mar '26]: 4 [Mar '25]). It should be noted that the low incidence rate of super-stranded patients has a disproportionate impact to target performance when viewed as a percentage.
	10.2.3) Work in partnership with PCC to improve social care delays through the recommendations of the Newton Europe diagnostic report Q1-Q4	On track	Joint POCD Action Plan with PCC remains in place and up to date. The escalation action plan and monthly escalation meetings with the Powys County Council Hospital Social Worker Team Lead have continued throughout

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			Q4, working well through integrative working partnerships. Performance has improved/remained stable/worsened, with the average time to Social Worker allocation having decreased from 4.5 days [Q3 Avg.] to 4 days [Q4 Avg.]
	10.2.4) Reduce the total number of days delayed due to Pathways of Care delays Q1-Q4	On track	Total numbers of Days Delayed as a result of Pathways of Care Delays have decreased. Number of days delayed throughout Q4 represent an 19% decrease when compared to with Q3 (7694 [Q3]: 6523 [Q4]), and a 9% decrease when compared to the same period in the previous year (6859 [Q4 24/25]: 6523 [Q4 25/26]). This also represents a 4% decrease of the monthly average compared to the Mar '25 baseline (2174 [Q4 Avg.]: 2265 [Mar '25]). The year-end position is positive, with the month-to-month comparison demonstrating a 14% decrease from the year prior (1950 [Mar '26]: 2265 [Mar '25]), and 12-month aggregate performance representing an 8% decrease in total days delayed due to POCDs compared to the year prior (27111 [25/26]: 29544 [24/25]).
<p>10.5) Further develop PTHB's utilisation of the Optimal Hospital Flow Framework and associated tools, with a focus on D2RA and Red2Green</p> <p>Cross reference to MAG Report 2025 recommendations: Hospitals must ensure all admitted patients are</p>	10.5.1) Develop R2G and D2RA Information and Performance dashboards Q1	Complete	
	10.5.2) Monitor and review data outputs and identify barriers Q2	Complete	
	10.5.3) Scope and assess means to address identified barriers Q3	Complete	
	10.5.4) Develop targeted action plan to address identified barriers Q4	Complete	In response to the barriers identified through the NHS Performance and Improvement Team review during Q3, a revised approach has been taken focusing on re-embedding

<p>placed on D2RA pathways</p>			<p>Optimal Hospital Flow principles, recognising that the primary challenge relates to operational application rather than data entry itself. Targeted training sessions were delivered throughout Q4 to support this, alongside the introduction of automated prompts for patient-facing teams to support D2RA pathway allocation and weekly reporting to operational leads. This forms the basis of the targeted action plan, with activity continuing into 2026/27 through a broader body of work to support deeper embedding.</p>
<p>10.6) Further strengthening the approach to Trusted Assessment</p> <p>Cross reference to MAG Report 2025 recommendations:</p> <ul style="list-style-type: none"> Audit of Trusted Assessors May & Sept (WG lead, Health Boards to provide justification and timescales) 	<p>10.6.1) Pilot of Trusted Assessment approach Q1</p>	<p>Complete</p>	
	<p>10.6.2) Review outcomes of the pilot Q2</p>	<p>Complete</p>	<p>Outcomes of the pilot have been incorporated into an evaluation and benefits framework during Q4, assessing impact on patients awaiting repatriation to Powys from WVT, financial implications of WVT community hospital bed occupancy, discharge outcomes, and overall patient experience for those transferring into D2A beds (Cottage View).</p>
	<p>10.6.3) Scoping of next steps Q3</p>		<p>In line with Ministerial priorities, next steps for the Trusted Assessor model have been scoped, resulting in a co-designed Joint Discharge Memorandum of Understanding with Powys County Council. This includes application of the Trusted Assessor model within discharge planning, including MCA/Best Interest decision-making and assessment for D2A step-down beds. Further development work is planned to extend this</p>

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			approach to discharge home with domiciliary care, with Social Care assessment undertaken post-discharge to ensure care is right-sized to patient need.
<p>12.1) Transformation skills and development Focused on targeted support for transformation, including leadership, change management, training and capability for transformation and new ways of working</p> <p>CRITICAL ACTION</p> <p>Cross reference to MAG Report 2025 recommendations:</p> <ul style="list-style-type: none"> Health Boards to report workforce headcount, FTE staffing and productivity data to public Board meeting (see MAG report and WG response for further detail/ timescale) <p>also note recommendation for HEIW in relation to Leadership programmes</p>	<p>12.1.1) Working with the Transformation and Improvement team, assess and prioritise the development of transformation and improvement training, skills and capacity at all levels of the organisation Q1-Q4</p>	Complete	<p>To support the Better Together Programme, Transformation and Value Programme Managers and OD Facilitators have all undertaken Change Management Practitioner training and guides have been published on the intranet as a resource for anyone involved in change. Change management is also included in management and leadership programmes. Work continues and remains an ongoing action to identify specific individuals who need change management training to directly deliver Phase 1 elements of Better Together.</p>

5) Progress of Critical Actions:

Additionally in this year's Plan, due to the board's escalation status, a set of 'critical actions' has been agreed to focus on maintaining grip and control, addressing the known drivers of our financial deficit, and effectively prioritising our resources to address them. Of the 51 critical actions identified in the Plan:

- 37 are reported as "complete"
- 4 are reported as "on track"
- 8 are reported as "at risk"
- 2 are reported as "behind schedule" (for further details, see table below).

Naturally there is an overlap between the 2 tables given that the critical actions are areas being picked up by the MAG also. The Executive team are asked to moderate

and assure the Delivery Confidence of all AMBER Critical Actions as listed below – and to moderate and assure the Delivery Confidence of all RED actions as laid out in the table on page 12.

Wellbeing Objective	Key Areas of Delivery	Key Deliverables	RAG rating Commentary provided Items at risk
Focus on Wellbeing	3.1) Develop, design and implement a Children’s Neurodevelopment (ND) service that is family and child centred in line with national standards CRITICAL ACTION	3.1.1) Embed and sustain improvements in the Children’s ND Improvement Plan Q1	Complete
		3.1.2) Ensure a clear delivery model is in place aligned to demand and capacity modelling along with population need and mapping for future prevalence Q2	Complete
		3.1.3) Ensure a robust workforce model is in place Q2	Complete
Early Help and Support	4.1) Enhanced Community Care Model Develop and implement a new Enhanced Community Care model incorporating Frailty, Virtual Ward and Hospital @ Home in a Powys context and the development of Integrated Community Teams CRITICAL ACTION	4.1.1) Carry out a strategic assessment of community provision including delivery of MDTs, Community Resource Team/Virtual Ward, Directed Supplementary Service (DSS), outcomes, variation, best practice and opportunities Q1	Complete
		4.1.2) Complete a strategic assessment of the existing community based MDTs in Powys to learn from existing good practice and identify opportunities (linked to similar work in Mental Health) Q1	Complete
		4.1.3) Design a new model for Enhanced Community Care with stakeholders Q1	Complete
		4.1.4) Develop and agree with partners (primary care, social care and third sector) the workforce scope and geographical structure Q1	Complete
		4.1.5) Check, challenge and test the proposed model through engagement with staff, stakeholders and partners Q2	Complete
		4.1.6) Commence implementation of the integrated community model across all localities in Powys Q4	At risk - Light-touch implementation activity has been across several localities, with early testing of elements of the integrated model now in place. This includes operation of the Single Point of Access, enhanced in-reach to Emergency Departments through community teams, and extensions to the community frailty offer. While these represent positive early steps, full implementation has not yet been achieved and continue into 2026/27 as the model is further developed, tested and resourced.
	4.2) GP Out of Hours (OOH) CRITICAL ACTION	4.2.1) Extend the Shropdoc contract to sustain existing services subject to the assessment of delivery Q1	Complete
		4.2.2) Re-tender for an Out Of Hours service provision Q2-Q3	Complete
		4.2.3) Resolve and commission Swansea Bay University Health Board to deliver service for Ystradgynlais Q1	Complete
	5.1) Delivery of prioritised strategic planned care improvements	5.1.1) Implementation of Clinically led referral optimisation model for Planned Care (Ophthalmology and Orthopaedics) – joint work across Transformation, Operational teams, Commissioning and Digital CRITICAL ACTION Q1-Q3	On track
	6.1) External expertise will be commissioned to fully appraise any further improvements and develop a new model CRITICAL ACTION	6.1.1) Expertise commissioned and appraisal completed Q1-Q2	Complete
		6.1.2) Outputs of appraisal used to inform further improvement plan Q2	Complete
	Tackling the Big Four	7.1.1) Implement improvements in the High Value High Impact pathways aligned to	On track

7.1) Deliver improvements in High Value High Impact pathways (Diabetes) CRITICAL ACTION	Value & Sustainability Board priorities – Diabetes Q1-Q4	
	7.1.2) Review the outcomes in Powys of existing Diabetes care and pathways Q1	Complete
	7.1.3) Scope the potential to provide elements of the hybrid closed loop pathway closer to home Q1-Q2	At risk - An SBAR outlining PTHB's ability to deliver Hybrid Closed Loop (HCL) has been developed and scheduled for presentation to the Diabetes and Integrated Planning 2025–26 Workstream on 31 st March 2025. Subject to workstream endorsement the SBAR will progress to next destination for approval. Delivery of HCL by PTHB will require investment to support this deliverable.
	7.1.4) Further Faster review in reach general medical endocrinology (Links to eye care referral management diabetic retinopathy pathway) Q2	At risk - Further Faster review in reach general medical endocrinology (Links to eye care referral management diabetic retinopathy pathway) Q2: Some overlap with Strategic transformation Planned Care (GIRFT) review and to be continued into Q1 26/27.
	7.1.5) Develop cluster model to enhance the 8 care process outcomes Q2-Q3	On track
	7.1.6) Implement changes to the hybrid closed loop pathway Q3-Q4	At risk - An SBAR outlining PTHB's ability to deliver Hybrid Closed Loop (HCL) has been developed and scheduled for presentation to the Diabetes and Integrated Planning 2025–26 Workstream on 31 st March 2025. Subject to workstream endorsement the SBAR will progress to next destination for approval. Delivery of HCL by PTHB will require investment to support this deliverable.
	7.1.7) Implement enhanced primary & community Diabetes pathway Q4	At risk - Some elements of this action have been complete during 25-26, a plan is in place for business case to develop further capacity within the special nursing team to enhance capacity for local delivery Hybrid Closed Loop in Q1 26/27. Ongoing work will continue in 26-27 to further enhance the primary & community diabetes pathway with monitoring to continue through diabetes workstream which will meet on a bi-monthly basis.
8.1) Mental Health Transformation Programme CRITICAL ACTION	8.1.1) Complete strategic assessment of community based MDTs and identify opportunities Q1	Complete
	8.1.2) Continue transformation of front door building on Single Point of Access (SPOA) aligned to 111(2) Q1-Q4	Complete
	8.1.3) Implement electronic GP referral to SPOA Q4	At risk - Resource was diverted to the accelerated scope for Better Together Accelerated Community Model (& Inpatient Model) earlier in the year, which lead to the submission of a change request to reschedule this deliverable into Q4 (approved). With discussions have begun with Primary Care and with Cluster Meetings, this work has not progressed as planned and therefore has an amber status for Q4. This deliverable requires scoping in line with forthcoming electronic system and process change and will continue into 2026-27. It is hoped that this deliverable will benefit from much improved digital integration between primary and secondary care following the planned implementation of an improved community services electronic system, (wccis replacement).
	8.1.4) Undertake demand and capacity modelling (health and care) Q1-Q2	Complete
	8.1.5) Redefine core offer / care and treatment pathways with new recovery focused model Q3-Q4	On track
	8.1.6) Design community model to deliver core offer, aligned to wider community model Q3-Q4	Complete

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		8.1.7) Develop phased implementation plan Q4	Complete
		8.1.8) Rescope sanctuary model in above context, in North Powys Q2-Q3	Behind Schedule - Alternative to hospital admission e.g. Sanctuary, has been included within MH options for public consultation. However, scope of the sanctuary offer will be informed by both forthcoming national guidance regarding alternatives to admission and outcome of public consultation of recommended MH Better Together options. Therefore, this deliverable has red status for Q4 and will be continued forwards to 2026-27 Integrated Plan, where the above interdependencies can be addressed during Better Together wider design.
		8.1.9) Align teams to address co-morbidities and complex needs across health and care Q3-Q4	Complete
		8.1.10) Align specialist teams (including Complex Emotional Needs service) Pan Powys Q3-Q4	Complete
		8.1.11) Leverage digital opportunities e.g. access to information, virtual appointments, data collection and reporting Q1-Q4	Complete
		Acute Inpatient Model of Care 8.1.12) Further planning and design following recommendations of Supportive Assessment by NHS Executive in March 2025 Q1	Complete
		8.1.13) Consideration of optimum bed / ward configuration in line with Strategic Priority 9 (which includes period of engagement for any proposed redesign and service change) Q1-Q4	Complete
		8.1.14) Clinical review of existing model and demand / capacity analysis (linked to work above) Q1 (Removed)	
		8.1.15) Service improvement learning from Phase 1 Dementia Home Treatment Team (Design / implementation of model part of wider work noted above) Q3	Complete
Joined Up Care	9.1) Optimising inpatient care and bed utilisation CRITICAL ACTION	Colocation by clinical need 9.1.1) Complete the evaluation of Temporary Service Changes (Ready to Go Home Units and Rehabilitation Units) with learning to be considered in developing future models of care (as part of SP4 Community Model) Q1	Complete
		9.1.2) Implement recommendations including any rostering improvements (reflected in Workforce Futures and as part of SP4 Community Model) Q2-Q4	Complete
	10.1) Refine the Integrated Flow Hub to develop a sustainable model that enhances system-wide coordination and patient flow CRITICAL ACTION	10.1.1) Scope and define the role and priorities of the Integrated Flow Hub, including the development of a resource plan Q1	Complete
		10.1.2) Subject to scoping, secure necessary resourcing including workforce and digital technologies for effective and sustainable implementation Q2	Complete
		10.1.3) Implement a revised approach to the Integrated Flow Hub, ensuring alignment with identified role and priorities Q3	Complete
		10.1.4) Assess the effectiveness and impact of the revised Integrated Flow Hub, identifying lessons learned and opportunities to support long-term sustainability Q4	At risk - Full assessment of the revised Integrated Hub has not been completed during Q4, as implementation through soft launch of the Single Point of Access commenced during the quarter and has yet allowed sufficient operating time for full evaluation. Early operational feedback is positive, several examples of avoided admissions indicating

			emerging effectiveness of the revised model. Form evaluation is planned for Q2 2026/27 to allow sufficient operating time before lessons learned and longer-term sustainability are fully assessed.
	11.1) Commissioning development Framework CRITICAL ACTION	11.1.1) Develop Strategic Commissioning Framework for tactical commissioning and contracting for 2025/26 based on population health and evidence based practice to improve outcomes and value for population, in context of escalation and plan status. Includes underpinning work on reducing variation and implementing national INNU policies and supporting referral optimisation and coordination of Last year of Life Q1	Complete
Workforce Futures	12.1) Transformation skills and development Focused on targeted support for transformation, including leadership, change management, training and capability for transformation and new ways of working CRITICAL ACTION Cross reference to MAG Report 2025 recommendations: <ul style="list-style-type: none"> Health Boards to report workforce headcount, FTE staffing and productivity data to public Board meeting (see MAG report and WG response for further detail/ timescale) also note recommendation for HEIW in relation to Leadership programmes	12.1.1) Working with the Transformation and Improvement team, assess and prioritise the development of transformation and improvement training, skills and capacity at all levels of the organisation Q1-Q4	Complete
Digital First	16.1) DSF Strategic Theme - Leadership, Partnership and Alliances <ul style="list-style-type: none"> Schedule Board Development sessions to embed digital thinking at the leadership level CRITICAL ACTION	16.1.1) To ensure digital transformation is a continuous focus at the highest levels of leadership plan two Digital Board Awareness Sessions in year Q1	Complete
		16.1.2) Schedule and present a Cyber/Information Governance Awareness Board Session Q2	Complete
		16.1.3) Schedule and present a Big Data Management Awareness Board Session Q4	Behind Schedule – Scope of this board session was changed to Introduction to digital services, therefore the big data management awareness did not take place
	16.7) DSF Strategic Theme - Infrastructure and Security CRITICAL ACTION Cyber and Infrastructure	16.7.1) Complete the Cyber Assurance Framework (CAF) and establish a process for reducing the cyber risk and managing the incidents in a timely manner Q1-Q4	Complete
Transforming in Partnership	20.1) Work with the Regional Partnership Board to prioritise the greatest system issues and impacts i.e. pathways of care delays and prevention of inappropriate admission to hospital, using the recommendations of the Newton Europe diagnostic report CRITICAL ACTION	20.1.1) Strengthened prioritisation and utilisation of RIF funded delivery to target greatest system pressures Q4	Complete
		20.1.2) Agreement on RPB support for Ready to Go Home Units subject to the PTHB Board decision in July 2025 Q2	Complete

6) Items Behind Schedule

The table below summarises areas of delivery which remain with a red BRAGG rating at the end of Quarter 4. As mentioned above, naturally there is an overlap between the tables, given that some items behind schedule could also be part of the critical actions and MAG recommendations.

Strategic Priority	Key Areas of Delivery	Key Deliverables	Commentary on Red Actions	Delivery Confidence Assessment
SP4	4.6) Cluster Development Develop a robust planning and delivery framework at a cluster and collaborative level, capable to deliver at scale for the population	4.6.4) Develop the Professional Nursing Collaborative Q2-Q4	Develop the professional nursing collaborative delayed due to changes in the senior and executive nurse leadership team. Discussions recommenced February 2026 with a view to progressing 2026/27.	Low
	4.9) Dental Services Grow capacity and sustainability of dental, orthodontic and special care dentistry services across Powys	4.9.5) Develop IV sedation service in the Community Dental Service Q4	Number of referrals remain low, oral surgery IV referrals have been seen - to be re-visited when new consultant is in post	Low
		4.9.8) Formalise special care dentistry pathways with external providers for special care patients who are unable to be treated safely in Powys Q4	Commissioning to scope formal SLA/LTA, no update on progress, interim arrangements is for commissioning to seek care on a case by case basis	Low
SP5	5.9) Point of Care Testing (POCT) Improved assurance and governance	5.9.1) Add all connectable devices to WPOCT Q1-Q4	WPOCT has not yet been implemented as DHCW were unable to secure engagement from Siemens until 17.03.26. As a result, this work is expected to move into 2026/27.	Low
		5.9.4) Establish model for working with Primary Care Q4	Relationships with Primary are continuing to develop but establishing an agreed model is taking longer than anticipated.	Low
		5.9.5) Review and develop existing POCT provision and governance: Develop QA Compliance framework including audits and KPIs for all devices in use Q4	This work has not yet commenced due to capacity limitations.	Low
SP8	8.1) Mental Health Transformation Programme CRITICAL ACTION	8.1.8) Rescope Sanctuary model in above context, in North Powys Q4	Alternative to hospital admission e.g. Sanctuary, has been included within MH options for public consultation. However, scope of the sanctuary offer will be informed by both forthcoming national guidance regarding alternatives to admission, and outcome of public consultation of recommended MH Better Together options. Therefore, this deliverable has red status for Q4 and will be continued forwards to 2026-27 Integrated Plan, where the above interdependencies can be addressed during Better Together wider design.	Low
SP11	11.2) Pathway development/redesign Through the application of the PTHB commissioning cycle, Identify and redesign/recommission 2 pathways through clinically led Commissioning Approach; including gynaecology and General Medicine	11.2.1) Establish and secure clinical leadership Q4	Pathway development/redesign – aligned to GIRFT strategic assessment of planned care, therefore actions have not proceeded to original timescale and will be taken forward upon receipt of the report and implemented in 2026/27.	Low
		11.2.2) Review of population need, current and intended outcomes Q4	Pathway development/redesign – aligned to GIRFT strategic assessment of planned care, therefore actions have not	Low

			proceeded to original timescale and will be taken forward upon receipt of the report and implemented in 2026/27.	
		11.2.3) Review existing service provision, undertake gap analysis in context of identified need and relevant national benchmarking data (including evidence base) Q4	Pathway development/redesign – aligned to GIRFT strategic assessment of planned care, therefore actions have not proceeded to original timescale and will be taken forward upon receipt of the report and implemented in 2026/27.	Low
		11.2.4) Determine current provider/commissioner budget, performance and contract frameworks for each pathway Q4	Pathway development/redesign – aligned to GIRFT strategic assessment of planned care, therefore actions have not proceeded to original timescale and will be taken forward upon receipt of the report and implemented in 2026/27.	Low
		11.2.5) Develop proposed service specifications Q4	Pathway development/redesign – aligned to GIRFT strategic assessment of planned care, therefore actions have not proceeded to original timescale and will be taken forward upon receipt of the report and implemented in 2026/27.	Low
		11.2.6) Detail proposed clinical pathways and models of care based on the service specifications Q4	Pathway development/redesign – aligned to GIRFT strategic assessment of planned care, therefore actions have not proceeded to original timescale and will be taken forward upon receipt of the report and implemented in 2026/27.	Low
		11.2.7) Translate clinical pathways and models of care into final specification (including tender documentation if service to be procured) Q4	Pathway development/redesign – aligned to GIRFT strategic assessment of planned care, therefore actions have not proceeded to original timescale and will be taken forward upon receipt of the report and implemented in 2026/27.	Low
		11.2.8) Plan demand and capacity requirements to ensure timely, effective and equitable delivery of the pathway Q4	Pathway development/redesign – aligned to GIRFT strategic assessment of planned care, therefore actions have not proceeded to original timescale and will be taken forward upon receipt of the report and implemented in 2026/27.	Low
		11.2.9) Develop pathway implementation plans Q4	Pathway development/redesign – aligned to GIRFT strategic assessment of planned care, therefore actions have not proceeded to original timescale and will be taken forward upon receipt of the report and implemented in 2026/27.	Low

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		11.2.10) Develop performance monitoring and assurance framework Q4	Pathway development/redesign – aligned to GIRFT strategic assessment of planned care, therefore actions have not proceeded to original timescale and will be taken forward upon receipt of the report and implemented in 2026/27.	Low
	11.4) Develop Fragile Service Risk Assessment methodology to guide strategic commissioning of in reach	11.4.1) Using national work, agreed methodology to review existing in-reach services and determine options for future commissioning arrangements Q4	Linked to GIRFT strategic assessment of planned care timescales.	Low
Workforce Futures - Transformation and Sustainability	12.4) Introduce arrangements to temporarily realign establishments to remove the use of Healthcare Support Workers (HCSW) agency staff	12.4.1) Increase in temporary/fixed term HCSWs to remove HCSW agency use Q2	Although recruitment to substantive and fixed term HCSW roles has helped reduce agency spend for HCSWs, spend has not been completely eliminated. This action will be moved forward in to next year's plan.	Low
	12.6) Enhanced monitoring of clinical vacancies to ensure timely advertising of posts that would otherwise attract variable pay	12.6.1) All clinical vacancies attracting variable pay are advertised Q1-Q4	There continues to be delays with some Recruiting Managers advertising vacant roles that attract agency spend. A targeted piece of work is being undertaken by the People & Culture Business Partners and the Resourcing Team to support escalate any areas of concern alongside a wider review of all long term vacancies to determine whether skill mix or redesign opportunities could address any longstanding recruitment challenges. This action will be moved forward in to next year's plan.	Low
	12.12) Train eligible registered nurses in restorative supervision	12.12.1) Number of registered nurses trained in restorative supervision Q1-Q4	PTHB has 6 staff members trained as RCS supervisors (below the CNO target of 15% of Nursing staff trained as RCS Supervisors). An RCS Implementation Group meets monthly to continue to develop the offer and grow the number of trained staff. RCS is now offered regularly to Preceptees as part of their Preceptorship program.	Low
Workforce Futures - Equalities and Language	15.5) Continue to rollout the Gender awareness training	15.5.1) Number of cohorts and participants Q2&Q4	Roll out Gender awareness training Q2&Q4: Gender awareness training was paused during 2025–26 pending updated EHRC guidance following the Supreme Court ruling. In light of this, the organisational training offer in this area will be reviewed as part of the 2026–27 work programme to ensure that any future provision is fully aligned with national guidance and reflects best practice in supporting an inclusive and legally compliant approach to sex and gender within the workplace. The continued absence of this guidance	Low

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			has effectively halted this objective during the year.	
Digital First - Leadership and Planning for Digital	<p>16.1) DSF Strategic Theme - Leadership, Partnership and Alliances</p> <ul style="list-style-type: none"> ○ Schedule Board Development sessions to embed digital thinking at the leadership level <p>CRITICAL ACTION</p>	16.1.3) Schedule and present a Big Data Management Awareness Board Session Q4	Scope of this board session was changed to Introduction to digital services; therefore the big data management awareness did not take place	Low
	<p>16.3) DSF Strategic Theme - Citizen Centred Care and Support</p> <ul style="list-style-type: none"> ⊖ Patient Health Care Pathway Mapping and encouraged use of the NHS Wales 	16.3.3) Create an improvement plan in collaboration with services with a view to standardising processes and documentation, reduce data collection and input duplication and support the design of new requirements Q4	Work is actively underway to transition from WCCIS to TAG:RIO Product. Detailed mapping and normalisation of flows will deliver this by Q4 26/27	Low
		16.3.4) Aim to achieve a reduction in referral processing times, within 12 months through an integrated digital referral system for identified priority services Q4	A proof of concept has been tentatively agreed by Welsh Government, to identify opportunities to integrate with English referral system. Tentatively scheduled for Q4 25/26 subject to agreement and further planning of dependant organisations.	Low
	<p>16.9) Strategic Theme - Leadership, Partnership and Alliances</p> <ul style="list-style-type: none"> ○ DSF National Programme Alignment ● Electronic Prescribing ● Maternity system and app ● Radiology Information System ● Connected Care (WCCIS), Mental Health and Community Health Solution replacement connected to Primary Care CRITICAL ACTION <p>- Deploy with industry partners, proven clinical systems such as for Maternity, Mental Health and Community Health Systems, electronic care records and medical technologies</p>	16.9.1) Commence the implementation of Electronic Prescribing Medicines Management to meet the Welsh Government Milestone Funding agreement Q4	Delayed due to national delays in delivering Structured Medication Review. Revised EPMA rollout schedule begins in May 26. Scheduled for completion by Q3 25/26	Low
		16.9.7) Commence a Referral Management System review in collaboration with Primary Care and Services from a System application perspective i.e. findings to evidence if referrals are made electronically and consistently Q4	Linked to 16.3.4. Engagement with DHCW and Primary Care will form part of the proposal for cross border referrals. Tentatively scheduled for Q4 25/26 subject to agreement and further planning of dependant organisations.	Low

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Innovative Environments - Strategic Capital	17.5) Llanfair Caereinion GP Practice and community hub	17.5.1) Identify project delivery and procurement pathway, secure funding and site and progress development of the project with commencement of construction phase Q1-Q4	Llanfair Caereinion - the timescales of the project progression are in the remit of the Developer until such time as a formal contract is enacted.	Low
Transforming in Partnership - Governance incorporating Corporate Business, Information Governance & Records	21.4) Review the Boards Risk Management Framework further embedding effective risk management	21.4.2) Fully implemented (Q4) Q1-Q4	The 2025-26 Risk Management Framework has largely been implemented and operationalised in year however full implementation has not been achieved at year end due to ongoing technical/functional issues with the Datix Risk Management System outside of the Health Board's control	Low
	21.7) Develop the PTHB elements of the NHS Wales Information Governance Toolkit – Improvement Plan 2025/26	21.7.1) Engagement with Service leads to progress identified actions to improve compliance in readiness for next submission Q1-Q4	NHS Wales Information Governance toolkit - work has remained ongoing to address the final few outstanding actions from the 26/26 Improvement Plan; however some actions have remained incomplete due to questions with the national team and local resource and capacity to complete	Low
	21.9) Records Management – Align and strengthen the Storage of Archive Health Records against legislation	21.9.1) Identify the resourcing strategy to support the effective on-going management to store archive health records over 4 designated facilities Q1-Q4	This work is due to complete in May and been delayed to the late 2025 lockdown issued nationally on the destruction of infected blood related records which was implemented to all patient records.	Low

7) Achievements to date

Following feedback from the Committee in the previous financial year, to enhance the content to provide greater insight into what difference actions were making, additional guidance was provided to Executive leads and a section for Achievements was added to the capture form used for the returns. This has enabled further information to be shared on achievements in the quarter. This area of reporting will be fed into the Annual Report as a collective insight into the achievements throughout 2025/26.

Focus on Wellbeing

- 420 premises have been signed up to the Breastfeeding Welcome Scheme.
- UNICEF Baby Friendly Initiative Stage 1 has been achieved.
- An additional 5 Early Years settings achieved the Gold Standard Healthy Snack

Award

- The Stop Smoking service has exceeded the national target of treating 5% of adult smokers.
- 2 Making Every Contact Count training sessions have been held with 31 participants targeting midwives, Primary Care and PAVO colleagues.
- Participation in Exercise Pegasus.
- An internal review of the operational business continuity arrangements gained 'substantial assurance'.
- Care Home Health Protection Champion training has been delivered.
- Covid-19 spring vaccination 2025 uptake = 56.89% (highest in Wales) with over 13,000 doses administered. 700 care home residents (78.97%) vaccinated (third highest in Wales) [as at 05/08/2025].
- Covid-19 Autumn vaccination uptake – All identified eligible cohort = 61.09% (highest for all eligible groups in Wales; Wales average = 58.3%) 14,000+ doses administered. 742 care home residents (81.6%) vaccinated (2nd highest in Wales; Wales average = 76.8%) [as at 18/02/2026].
- Flu Uptake (Data taken from National Influenza Summary Update 26, 19/03/2026, GP registered population) – Adults 65+ years = 72.2% (Wales = 73.0%), At Risk 6 months-64 years = 44.9% (Wales = 42.6%), Age 2 & 3 years = 56.5% (Wales = 47%), Primary School children = 56.4% (Wales = 57.6%), Secondary School Children = 40.3% (Wales = 46.1%), PTHB staff 44.7% (Wales = 43.1%).
- RSV uptake [as at 26/02/2026]:
 - Pregnant women consistently reaching over 50% uptake
 - Routine cohort (people turning 75 years of age) = 59.2%
 - Catchup cohort (75-79 year olds) = 67.0% (Wales = 64.8%) (Data for GP registered population uptake is 72.2%)
- 91.1% of children are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and MMR2) Oct-Dec 2025 Quarterly COVER report (highest in Wales; Wales = 87.5%). By age 5 this is 92.2% MMR2 and 91.9% '4-in-1', Hib/MenC 94.6%.
- A new online Women's Health Hub, providing accessible, high-quality information across a comprehensive range of women's health topics. This initiative strengthens a preventative, digitally enabled approach to care, improves access to information and support, and directly contributes to the delivery of the NHS Wales Women's Health Plan by addressing health inequalities and supporting women's health across the life course.

Early Help and Support

- Delivered a structured prescribing optimisation programme aligned to Value & Sustainability Board priorities, targeting high-cost and high-variation areas and achieving measurable cost avoidance through formulary adherence, switching initiatives, and appropriate deprescribing.
- Strengthened engagement with GP practices and clusters through targeted Medicines Management support, enhanced data insights, and clinical leadership,

establishing a consistent, data-driven approach to prescribing efficiency across Powys and reducing unwarranted variation.

- Continued delivery of the Antimicrobial Stewardship (AMS) programme in line with national and Public Health Wales expectations. Improved prescribing quality through audit, feedback, and education—particularly in primary care settings.
- Progressed implementation of self-administration schemes across community hospital settings, supporting patient independence and medicines understanding.
- Foundational model design progressed into early implementation testing, including Single Point of Access rollout, frailty in-reach and enhanced Emergency Department support.
- An addition of 2 Independent Prescribers Optometrists and a Higher Certificate Glaucoma Optometrist to support increased provision of WGOS 4/5 pathways
- A Clinical Endoscopist awarded British Society of Gastroenterology Presidents Medal for outstanding achievement and service to gastroenterology.
- 8 cataracts per list being undertaken by insourcing - this has given assurance to the flow and efficiency transformation work undertaken by the theatre service.
- Community optometrist in post in Planned Care to support triaging of referrals and management of follow ups in line with ophthalmology optimisation framework.
- GIRFT review complete, for on-going development in 26/27.
- Community Health Pathways business case agreed for implementation in 2026-27.
- Strengthening of service model in Continuing HealthCare for Adult pathways with improved support for assessing teams in place and supporting improved discharge performance

Tackling the Big Four

- Hybrid Closed Loop (HCL) was approved to bring HCL management closer to home for PTHB patients.
- Creation of a Mental Health Data repository and improved data capture and subsequent Business Intelligence reporting.
- Completion of roll out of WCCIS in inpatient settings.
- Completed Demand and Capacity work for Older Adult Community and Inpatient Settings.
- Development of an interim Part 1 (Mental Health Measure) to reflect core offer of interventions and treatment made available (local primary mental health treatment).
- Approval of an investment business case to increase psychological input and Dialectical Behaviour Therapy for inpatients settings to support recovery of people with complex emotional needs and trauma.
- Dementia Home Treatment Teams have been aligned to act as a pan-Powys team with a consistent operational response.

Joined Up Care

- Achieved a 12-month improvement in Pathways of Care Delays performance compared to the previous year
- Enhanced visibility of patient flow metrics through Powys DigiFLO, including D2RA pathway allocation and changes across inpatient stay
- Extended availability of the Powys DigiFLO system into mental health settings, with early rollout positively received by clinical teams

Workforce Futures

- Agency hours are forecast to reduce by 38% by year end, compared to 2024/25.
- Bank shifts hours are forecast to increase by 17% by year end, compared to 2024/25.
- 100% of Internationally Educated Nurses were successfully supported to pass their Objective Structured Clinical Examination training.
- PTHB's investment in its "grow our own" nursing pathways is now yielding significant results, with 36 newly qualified RNs/RMNs due to enter the workforce in 2026 from internal training pipelines; the largest single year supply of registered nurses the organisation has ever generated.
- Implementation of the national job descriptions for Healthcare Support Workers and completing the associated validation exercise; this work has resulted in approximately 200 colleagues being validated against the new job description, with recognition and corrective payments issued in March 2026.
- The Health Board improved on the response rates for the Staff Survey from 30.3% in 2024 to 34.7% in 2025.
- The Staff Engagement Index remained the highest of all Health Boards in Wales and 4th for all NHS Wales organisations.
- Wellbeing roadshows were delivered across 10 sites in total, plus road runs to a further 13 sites, engaging with a total of 424 staff (75% of numbers of staff available on site during those visits).
- The 1.5 hour Introduction to Compassionate Leadership course continues to be delivered online both as a stand-alone programme and as part of the pre-requisites for CLIP Level 2. In Q4, 42 participants attended the course, totalling 127 for the year.
- The rollout of Convo across primary care means that PTHB have the highest coverage of any part of Wales.
- Health Board became a signatory to the Hate Crime Charter, signalling a zero-tolerance stance and achieved Disability Confident Level 2.
- Accreditation with an aim to achieve Disability Leader status in 2026-27.
- Implementation of the National Band 2/3 Framework was completed for all employed staff in March through a collaborative partnership approach. The framework has supported the development of clearer role definitions and provided a consistent and transparent process to enable eligible staff to progress from Band 2 to Band 3.

Innovative Environments

- A number of projects have been successfully completed under the Discretionary Capital programme.
- Integrated Rebalancing Capital Funding was granted (£90K) in order to develop a business case for the Spa Road, Llandrindod Integrated Hub.
- Planning application has been submitted for Bronllys Chapel and Business Justification Case is being developed to secure funding.
- Further investment in electric vehicles and Electric Vehicle charge point network.
- NWSSP Internal Audit Substantial outcome for Catering Audit.

Transforming in Partnership

- The Regional Partnership Board resource plan was refocused on the greatest system pressures and the Delivery and Resource Plan was approved.
- A Partnership Governance and Assurance Framework has been developed, spanning 19 partnerships including their business and planning cycles – together with bi-annual high level reports.
- Board and Committee schedule for 2025/26 fully delivered and achieved compliance with work programmes actively monitored throughout the year.
- Board Assurance Framework priority development areas have been fully delivered.
- Board development and briefing programmes delivered and determined effective through annual effectiveness survey.
- Active work underway with the Board to review Risk Management arrangements (Risk Appetite, Risk Management Framework, Strategic Risks) into Q1 of 2026/27 in alignment with the Annual Plan.
- Communications Plan and timetable programme of alerts delivered and achieved, actively monitored throughout the year.

8) Next Steps

This report provides the Finance and Performance Committee with an update of the progress in the Quarter 4 period (January to March) which provides the end of year report for 2025 – 2026.

Following consideration and approval at Finance and Performance Committee, this report will be submitted to PTHB Board and Welsh Government as a formal report of Progress against the 2025/26 Annual Plan in line with national reporting requirements.

It will also feed into the PTHB Annual Report 2025/26.

NEXT STEPS:

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

It will then be submitted to PTHB Board and Welsh Government as a formal report of Progress against the 2025-26 Annual Plan in line with national reporting requirements.

It will also feed into the PTHB Annual Report 2025/26.

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Appendix 1

Wellbeing Objective	Key Areas of Delivery	Key Deliverables	RAG rating – Amber (At risk) Red (Behind Schedule)	Included in next year's Plan?	Update on progress at Year End
Early Help and Support	Enhanced Primary & Community Care				
	4.1) Enhanced Community Care Model Develop and implement a new Enhanced Community Care model incorporating Frailty, Virtual Ward and Hospital @ Home in a Powys context and the development of Integrated Community Teams CRITICAL ACTION	4.1.2) Confirm the baseline activity workforce, performance and finance metrics for services in scope of phase 1 to measure the impact of service improvement and transformation Q4	At risk	Yes	Continues into early Quarter 1 2026/27 to ensure alignment with the emerging Phase 1 Better Together model and associated demand and capacity outputs.
		4.1.6) Commence implementation of the integrated community model across all localities in Powys Q4	At risk	Yes	Full implementation has not yet been achieved and will continue into 2026/27 as the Better Together model is further developed, tested and resourced.
	4.3) Last Year of Life Improve coordination for Powys patients	4.3.1) Finalise the model to improve the coordination of the Last Year of Life Q1-Q2	At risk	Yes	Short term mitigations are being put in place while the longer term model is developed. Further refinement of the overall model via Better Together will continue into 2026/27.
		4.3.2) Implement the new model through a phased approach with partners Q3-Q4	At risk	Yes	
	4.4) Fracture Liaison Improve access to Fracture Liaison Services for Powys patients	4.4.1) Subject to approval, recruit to new posts to better coordinate access to Fracture Liaison Services for Powys patients Q4	At risk	Yes	The business case for Fracture Liaison Service posts has been finalised and will be considered as part of the 2026/27 plan. Recruitment has not yet commenced and this deliverable will be carried forward into the 2026/27 plan.
	4.6) Cluster Development Develop a robust planning and delivery framework at a cluster and collaborative level, capable to deliver at scale for the population	4.6.4) Develop the Professional Nursing Collaborative Q2-Q4	Behind schedule	Yes	Delayed due to changes in the senior and executive nurse leadership team. Discussions recommenced February 2026 with a view to progressing 2026/27.
	4.9) Dental Services Grow capacity and sustainability of dental, orthodontic and special care dentistry services across Powys	4.9.5) Develop IV sedation service in the Community Dental Service Q4	Behind schedule	Yes	The development of the Intravenous (IV) sedation service will continue into 2026/27 when new consultant is in post.
		4.9.8) Formalise special care dentistry pathways with external providers for special care patients who are unable to be treated safely in Powys Q4	Behind schedule	Yes	Commissioning are scoping formal Services Level Agreements/Long Terms Agreements, interim arrangements is for commissioning to seek care on a case by case basis.
	4.11) Medicines Management/Pharmacy: Optimising Medicines Use	4.11.3) Support Deprescribing: working with frailty teams, promote polypharmacy reviews, develop deprescribing pathways for patients on unnecessary or potentially harmful medications, particularly in elderly and multimorbidity patients Q1-Q4	At risk	Yes	Included in the plan for 26/27
	4.12) Enhancing Patient Safety & Medicines Governance	4.12.5) Provision of pharmacy professional support for Mental Health wards and service Q2-Q4	At risk	Yes	Included in the plan for 26/27
4.13) Expanding Community Pharmacy & Primary Care Integration	4.13.2) Implement Electronic Prescribing and Medicines Administration (ePMA) Q2-Q4	At risk	Yes	Included in the plan for 26/27	

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		4.13.3) Implement Electronic Prescription Service (EPS) in GP practices Q1-Q4	At risk	Yes	(Inpatient services included in next years Plan)	
Planned Care and Diagnostics						
	5.8) Diagnostics transformation	5.8.1) Strategic assessment and implementation of plan for diagnostics Q3	At risk -	Yes	Included in 2026/27 Plan as part of GIRFT review.	
	5.9) Point of Care Testing (POCT) Improved assurance and governance	5.9.1) Add all connectable devices to WPOCT Q1-Q4	Behind schedule	No	WPOCT has not yet been implemented as DHCW were unable to secure engagement from Siemens until 17.03.26. As a result, this work is expected to move into 2026/27.	
		5.9.4) Establish model for working with Primary Care Q4	Behind schedule	No		
		5.9.5) Review and develop existing POCT provision and governance: Develop QA Compliance framework including audits and KPIs for all devices in use Q4	Behind schedule	No		
Complex and Continuing Healthcare (CHC)						
	6.2) Systematic review of high growth commissioned activity – cost and volume, to determine further improvement activity	6.2.3) Design of alternative opportunities for care provision which offers sustainability, value and experience Q3-Q4	At risk	Yes	Review completed and development plan expected for Q1 2026/27. Further service development expected in coming year.	
	6.4) Develop robust mechanism for capturing data and processing information in order to support better commissioning and care	6.4.1) Maintaining over 85% of reviews within time Q1-Q4	At risk	Yes		
	6.6) Enhance complex care commissioning against regional and national standards	6.6.4) Value & sustainability – to ensure learning and delivery against the 7 national recommendations Q1-Q4	At risk	Yes		
Tackling the Big Four	Major Conditions (Cancer, Respiratory, Circulatory, Cardiac, Stroke, Diabetes)					
	7.1) Deliver improvements in High Value High Impact pathways (Diabetes) CRITICAL ACTION	7.1.3) Scope the potential to provide elements of the hybrid closed loop pathway closer to home Q1-Q2	At risk	No	A situation report outlining PTHB’s ability to deliver Hybrid Closed Loop (HCL) has been developed. Subject to workstream endorsement, the report will progress to next destination for approval. Delivery of HCL by PTHB will require investment to support this deliverable.	
		7.1.4) Further Faster review in reach general medical endocrinology	At risk	No		
		7.1.6) Implement changes to the hybrid closed loop pathway Q3-Q4	At risk	No		
		7.1.7) Implement enhanced primary & community Diabetes pathway Q4	At risk	Yes	A plan is in place for business case to develop further capacity within the specialist nursing team to enhance capacity for local delivery of Hybrid Closed Loop in Q1 26/27. Ongoing work will continue in 26-27 to further enhance the primary & community diabetes pathway with monitoring to continue through diabetes workstream which will meet on a bi-monthly basis.	
	Mental Health					
	8.1) Mental Health Transformation Programme CRITICAL ACTION	8.1.3) Implement electronic GP referral to SPOA Q4	At risk	Yes	Included as part of the Better Together work and will continue into 2026/27.	
8.1.8) Rescope Sanctuary model in above context, in North Powys Q4		Behind schedule	Yes	Will be continued forwards to 2026-27 Integrated Plan during Better Together wider design.		
Joined Up Care	System Resilience					

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10.1) Refine the Integrated Flow Hub to develop a sustainable model that enhances system-wide coordination and patient flow CRITICAL ACTION	10.1.4) Assess the effectiveness and impact of the revised Integrated Flow Hub, identifying lessons learned and opportunities to support long-term sustainability Q4	At risk	Yes	Formal evaluation is planned for Q2 2026/27 to allow sufficient operating time before lessons learned and longer-term sustainability are fully assessed.
10.7) Enhance and expand the use of the Digital Patient Flow System: Powys DigiFLO	10.7.3) Embed Powys DigiFLO into standard practice for Mental Health Q3-Q4	At risk	No	Full embedding into standard practice remains a longer-term objective and will continue into 2026/27 as operational use and confidence continue to develop.
	10.7.5) Embed all DigiFLO processes into business as usual Q4	At risk	No	Full transition to business as usual is not yet complete, with some project-phase elements and governance arrangements still requiring completion throughout 2026/27.
Commissioning for Value				
11.2) Pathway development/redesign Through the application of the PTHB commissioning cycle, Identify and redesign/recommission 2 pathways through clinically led Commissioning Approach; including gynaecology and General Medicine	11.2.1) Establish and secure clinical leadership Q4	Behind schedule	Yes	Included in 2026/27 Plan as part of GIRFT review.
	11.2.2) Review of population need, current and intended outcomes Q4	Behind schedule	Yes	
	11.2.3) Review existing service provision, undertake gap analysis in context of identified need and relevant national benchmarking data (including evidence base) Q4	Behind schedule	Yes	
	11.2.4) Determine current provider/commissioner budget, performance and contract frameworks for each pathway Q4	Behind schedule	Yes	
	11.2.5) Develop proposed service specifications Q4	Behind schedule	Yes	
	11.2.6) Detail proposed clinical pathways and models of care based on the service specifications Q4	Behind schedule	Yes	
	11.2.7) Translate clinical pathways and models of care into final specification (including tender documentation if service to be procured) Q4	Behind schedule	Yes	
	11.2.8) Plan demand and capacity requirements to ensure timely, effective and equitable delivery of the pathway Q4	Behind schedule	Yes	
	11.2.9) Develop pathway implementation plans Q4	Behind schedule	Yes	
	11.2.10) Develop performance monitoring and assurance framework Q4	Behind schedule	Yes	
11.3) Specialised services Work with JCC as a preferred partner to analyse and scope opportunities to improve value; take forward JCC Transformation priorities 2025-26	11.3.3) Develop implementation plan for identified options – Q1-Q4	At risk -	Yes	Delay in work being led by Joint Commissioning Committee not aligned with original timescales planned.
11.4) Develop Fragile Service Risk Assessment methodology to guide strategic commissioning of in reach	11.4.1) Using national work, agreed methodology to review existing in-reach services and determine options for future commissioning arrangements Q4	Behind schedule	Yes	Linked to GIRFT strategic assessment of planned care timescales.

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Workforce Futures	Transformation and Sustainability				
	12.4) Introduce arrangements to temporarily realign establishments to remove the use of Healthcare Support Workers (HCSW) agency staff	12.4.1) Increase in temporary/fixed term HCSWs to remove HCSW agency use Q2	Behind schedule	Yes	Although recruitment to substantive and fixed term HCSW roles has helped reduce agency spend for HCSWs, spend has not been completely eliminated. This action will be moved forward in to next year's plan.
	12.6) Enhanced monitoring of clinical vacancies to ensure timely advertising of posts that would otherwise attract variable pay	12.6.1) All clinical vacancies attracting variable pay are advertised Q1-Q4	Behind schedule	Yes	A targeted piece of work is being undertaken by the People & Culture Business Partners and the Resourcing Team to support escalate any areas of concern alongside a wider review of all long term vacancies to determine whether skill mix or redesign opportunities could address any longstanding recruitment challenges. This action will be moved forward in to 2026/27 Plan.
	12.12) Train eligible registered nurses in restorative supervision	12.12.1) Number of registered nurses trained in restorative supervision Q1-Q4	Behind schedule	No	
	Equalities and Welsh Language				
	15.5) Continue to rollout the Gender awareness training	15.5.1) Number of cohorts and participants Q2&Q4	Behind schedule	No	Gender awareness training was paused during 2025–26 pending updated European Human Rights Court guidance following the Supreme Court ruling. In light of this, the organisational training offer in this area will be reviewed as part of the 2026–27 work programme to ensure that any future provision is fully aligned with national guidance and reflects best practice in supporting an inclusive and legally compliant approach to sex and gender within the workplace. The continued absence of this guidance has effectively halted this objective during the year.
Digital First	Leadership and Planning for Digital				
	16.1) DSF Strategic Theme - Leadership, Partnership and Alliances <ul style="list-style-type: none"> Schedule Board Development sessions to embed digital thinking at the leadership level CRITICAL ACTION	16.1.3) Schedule and present a Big Data Management Awareness Board Session Q4	Behind schedule	No	Scope of this board session was changed to Introduction to digital services, therefore the big data management awareness did not take place
	16.3) DSF Strategic Theme - Citizen Centred Care and Support <ul style="list-style-type: none"> Patient Health Care Pathway Mapping and encouraged use of the NHS Wales App 	16.3.3) Create an improvement plan in collaboration with services with a view to standardising processes and documentation, reduce data collection and input duplication and support the design of new requirements Q4	Behind schedule	Yes	Work is actively underway to transition from WCCIS to TAG:RIO Product. Detailed mapping and normalisation of flows will deliver this by Q4 26/27
		16.3.4) Aim to achieve a reduction in referral processing times, within 12 months through an integrated digital referral system for identified priority services Q4	Behind schedule	Yes	A proof of concept has been tentatively agreed by Welsh Government, to identify opportunities to integrate with English referral system. Tentatively scheduled for Q4 25/26 subject to agreement and further planning of dependent organisations.

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	<p>16.9) Strategic Theme - Leadership, Partnership and Alliances</p> <ul style="list-style-type: none"> o DSF National Programme Alignment • Electronic Prescribing • Maternity system and app • Radiology Information System • Connected Care (WCCIS), Mental Health and Community Health Solution replacement connected to Primary Care CRITICAL ACTION <p>- Deploy with industry partners, proven clinical systems such as for Maternity, Mental Health and Community Health Systems, electronic care records and medical technologies</p>	<p>16.9.1) Commence the implementation of Electronic Prescribing Medicines Management to meet the Welsh Government Milestone Funding agreement Q4</p> <p>16.9.7) Commence a Referral Management System review in collaboration with Primary Care and Services from a System application perspective i.e. findings to evidence if referrals are made electronically and consistently Q4</p>	Behind schedule	Yes	
			Behind schedule	Yes	Engagement with DHCW and Primary Care will form part of the proposal for cross border referrals. Tentatively scheduled for Q4 25/26 subject to agreement and further planning of dependent organisations.
Innovative Environments	Strategic Capital				
	17.5) Llanfair Caereinion GP Practice and community hub	17.5.1) Identify project delivery and procurement pathway, secure funding and site and progress development of the project with commencement of construction phase Q1-Q4	Behind schedule	Yes	Timescales of the project progression are in the remit of the Developer until such time as a formal contract is enacted.
Transforming in Partnership	Governance incorporating Corporate Business, Information Governance & Records Management				
	21.4) Review the Boards Risk Management Framework further embedding effective risk management	21.4.2) Fully implemented (Q4) Q1-Q4	Behind schedule	Yes	The 2025-26 Risk Management Framework full implementation has not been achieved at year end due to ongoing technical/functional issues with the Datix Risk Management System outside of the Health Board's control.
	21.7) Develop the PTHB elements of the NHS Wales Information Governance Toolkit – Improvement Plan 2025/26	21.7.1) Engagement with Service leads to progress identified actions to improve compliance in readiness for next submission Q1-Q4	Behind schedule	No	Work has remained ongoing to address the final few outstanding actions from the 26/26 Improvement Plan; however some actions have remained incomplete due to questions with the national team and local resource and capacity to complete.
	21.9) Records Management – Align and strengthen the Storage of Archive Health Records against legislation	21.9.1) Identify the resourcing strategy to support the effective on-going management to store archive health records over 4 designated facilities Q1-Q4	Behind schedule	No	This work is due to complete in May and has been delayed due to the late 2025 lockdown issued nationally on the destruction of infected blood related records which was implemented to all patient records.
	Engagement, Communication and Corporate Affairs				
	22.3) Delivery of shared PSB/RPB Engagement and Participation Plan priorities	22.3.1) Continue to embed shared approach to coproduction across RPB and PSB partners including through the development and implementation of the Coproduction Journey Tracker Q1-Q4	At risk	Yes	Resourcing is now in place once more for the RPB participation work programme and this work is now being refreshed. A workshop to identify key insights required for the development of the next Population Needs Assessment and Wellbeing Assessment in 2026/27 will now take place in Q1.

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Health Board

Annual Plan Progress Report

Year End 2025-2026

(January to March 2026)

BRAGG Key

Blue - Complete

Red - Behind schedule

Amber - At risk/issues present

Green - On track

Grey – Not due

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The recommendations set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) have been cross referenced in the appropriate delivery areas in this Progress Report



Plan on a page 2025 > 2026

Quality is the golden thread across the whole plan, underpinned by the Quality Standards Of Safe, Timely, Effective, Efficient, Equitable and Person-Centred care (STEEEP)

Logic Map
showing the link between Key Drivers, Objectives, Priorities and **CRITICAL ACTIONS**

Key Drivers
(aligned with escalation status and de-escalation criteria)

> RISK
Addressing performance/quality/delivery/corporate risk

> RECOVERY
Addressing the drivers of the financial deficit, optimising efficiency and productivity

> SUSTAINABILITY
Delivering 'A Healthy Caring Powys' (Health and Care Strategy) through the Better Together Programme

CRITICAL ACTIONS
in the Delivery Plan 2025 - 26



A whole system approach to wellbeing & prevention

1. Whole system Prevention across the life course
2. Health Protection Response including Vaccination
3. Women, Family and Children's health

CRITICAL ACTION:
• Neurodevelopment Services for Children & Young People



A responsive community based model of care

4. Enhanced Primary & Community Care
5. Planned Care and Diagnostics

CRITICAL ACTIONS:
• Community Model
• GP Out of Hours

CRITICAL ACTIONS:
• Performance & Delivery
• Referral Optimisation

6. Complex and Continuing Healthcare

CRITICAL ACTION:
• External support for further improvement to develop a new model



Effective care across the Big Four

7. Major Conditions
8. Mental Health

CRITICAL ACTION:
• High Value High Impact Pathways: Diabetes (2025/26)

CRITICAL ACTION:
• Transformation Programme



Sustainable and resilient health care

9. Community Hospital Model and Rural Regional Centre
10. Improve System Resilience
11. Commissioning for Value

CRITICAL ACTION:
• Optimising inpatient pathways and bed use

CRITICAL ACTION:
• Six Goals Plan – further development of Hub

CRITICAL ACTION:
• Strategic and Tactical Commissioning Framework



WORKFORCE FUTURES
CRITICAL ACTION:
• Workforce Transformation



DIGITAL FIRST
CRITICAL ACTIONS:
• Cybersecurity
• WCCIS Replacement



INNOVATIVE ENVIRONMENTS



TRANSFORMING IN PARTNERSHIP
CRITICAL ACTION:
• RPB Prioritisation for greatest system impact

Wellbeing Objectives

Strategic Priorities

Enablers

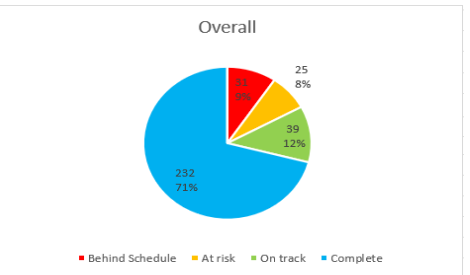
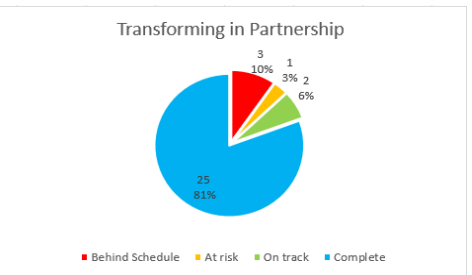
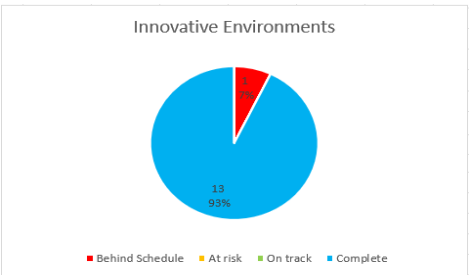
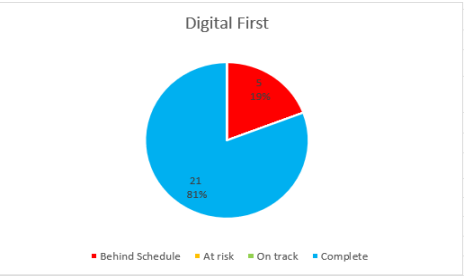
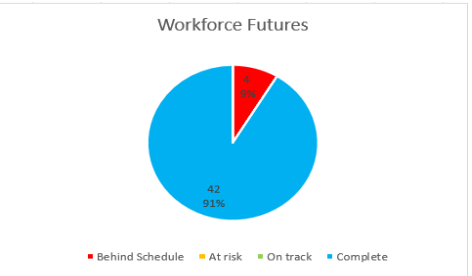
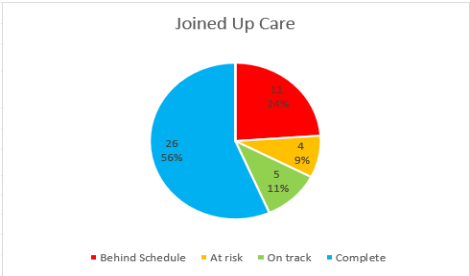
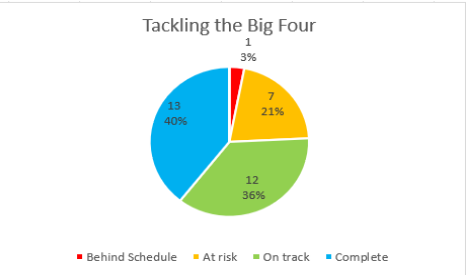
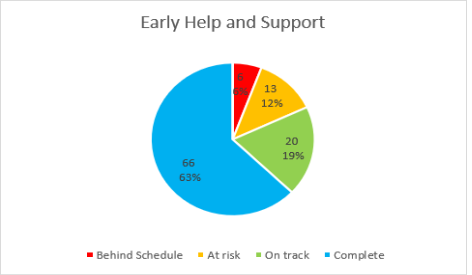


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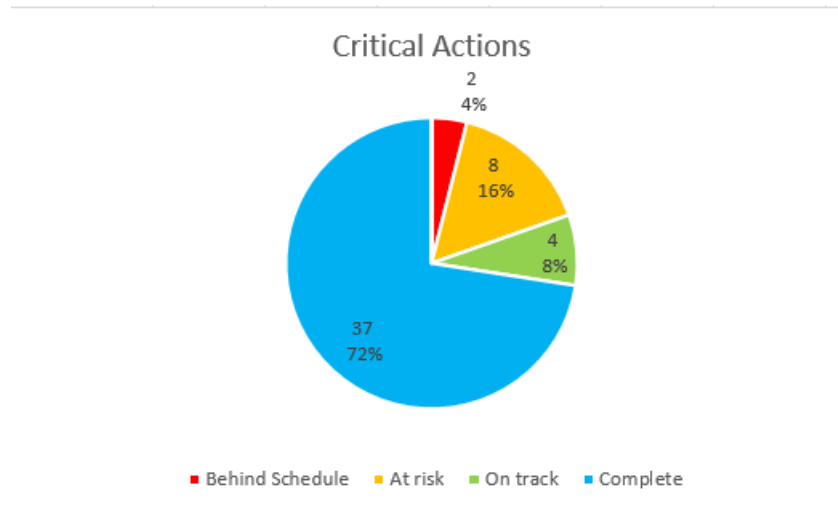
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SUMMARY OVERVIEW



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Critical Actions



Of the 51 critical actions identified in the Plan:

- 37 are “complete”
- 4 are “on track”
- 8 are reported as “at risk”
- 2 are reported as “behind schedule”, these are linked to Mental Health and Digital

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Response to Ministerial Advisory Group recommendations Q4 (Improving Performance Together)

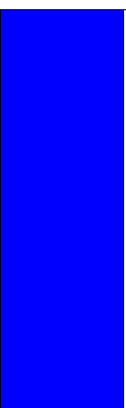
MAG recommendation	Key Deliverables	RAG rating	Commentary provided
5.6) Theatres: Development of key day case pathways Cross reference to MAG Report 2025 recommendations: <ul style="list-style-type: none"> - All Health Boards should adopt best practice in theatre management (GIRFT), local Theatre Optimisation Boards and increased productivity ie. cases per session (see MAG for specifics) (further recommendation on accreditation of Surgical Hubs which WG propose they lead)	5.6.1) Development of theatre dashboard in line with national programme Q3	On track	5.6.1) Theatre Dashboard PTHB part of national dashboard requires further refinement
	5.6.2) Implementation of all day lists ophthalmology/orthopaedics 2025/26 Q4	On track	5.6.2) All day lists via insourcing on-going development in terms of in reach aligns to GIRFT transformation
	5.6.3) Anaesthetics specialty lead for PTHB resourced from SLA underperformance Q2	On track	5.6.3) Speciality lead resource identified recruitment in train
	5.6.4) Digitalisation – costed proposal for theatre management system Q1 (Removed)		5.6.4) National Theatre system not yet agreed currently utilising functionality within PAS – request to be removed from plan
	5.6.5) Review of day case procedures to identify opportunities for repatriation Q2	On track	5.6.5) Day case review forms part of GIRFT recommendations for 26/27
5.7) Outpatients: Develop a single management system and oversight Cross reference to MAG Report 2025 recommendations: <ul style="list-style-type: none"> - All Health Boards should within three months develop a plan to reduce referrals to traditional outpatients in high volume specialities / unwarranted variation - Models that offer alternatives should be rapidly identified and scaled - Reduce variation in OP waiting times using best practice inc. GIRFT/ Further faster triage/ pathways 	5.7.1) Development of Outpatients in core specialities aligned to Planned Care optimisation frameworks with focus on discharge pathways SOS/PIFU, digital and MDT development Q1-Q4	On track	
7.2) Cancer Cross reference to MAG Report 2025 recommendations:	7.2.1) Delivery against Cancer Improvement plan Q1-Q4	On track	
	7.2.2) Continue to work with Commissioned Service Providers to	On track	

<p>No health board specific however note the recommendation for NHS Wales to identify single highest impact pathway change for five tumour types and incentives; and associated data development (see MAG for detail)</p>	<p>identify areas of the suspected Cancer pathway which could be improved Q1-Q4</p>		
	<p>7.2.3) Work with the Cancer Network to implement innovations to support earlier diagnosis and reduce waiting times Q1-Q4</p>	<p>On track</p>	
	<p>7.2.4) Continue the Improving the Cancer Journey Programme Phase 2 Q1-Q4</p>	<p>On track</p>	
	<p>7.2.5) Annual review of the PTHB Cancer Improvement Plan Q1-Q4</p>	<p>On track</p>	
<p>10.2) Improved approach to Pathways of Care Delays (POCD) through escalation and tracking and working in partnership to deliver the recommendations of the Newton Europe diagnostic report.</p> <p>Cross reference to MAG Report 2025 recommendations:</p> <ul style="list-style-type: none"> - Health Boards should make improvement in processes, partnerships and investment in specific community pathways to reduce delayed pathways of care (6 months) - Delays by pathways to be published in 3 months • Also note recommendation for WG to carry out Rapid study of longest delays to target investment, with Health Board input <p>Also note ambulance handovers included (see MAG for detail)</p>	<p>10.2.1) Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking Q1-Q4</p>	<p>On track</p>	<p>Total numbers of Pathways of Care Delays have decreased. Number of POCDs throughout Q4 represent a 7% decrease when compared to with Q3 (188 [Q3]: 175[Q4]), and a 2% decrease when compared to the same period in the previous year (179 [Q4 24/25]: 175 [Q4 25/26]). This however represents an 10% increase of the monthly average compared to the Mar '25 baseline (58.3 [Q4 Avg.]: 53 [Mar '25]). The year-end position remains positive, with the month-to-month comparison, and 12-month aggregate performance both representing a 6% decrease in total POCDs compared to the year prior (50 [Mar '26]: 53 [Mar '25]), (700 [25/26]: 743 [24/25]).</p>
	<p>10.2.2) Reduce the number of super-stranded patients through escalation and tracking Q1-Q4</p>	<p>On track</p>	<p>The number of super-stranded patients has decreased throughout Q4 and remains low. Number of super-stranded patients within March represent a 25% decrease when compared with the Mar '25 baseline (3 [Mar '26]: 4 [Mar '25]). It should be noted that the low incidence rate of super-stranded patients has a disproportionate impact to target performance when viewed as a percentage.</p>
	<p>10.2.3) Work in partnership with PCC to improve social care delays through the recommendations of the Newton Europe diagnostic report Q1-Q4</p>	<p>On track</p>	<p>Joint POCD Action Plan with PCC remains in place and up to date. The escalation action plan and monthly escalation meetings with the Powys County Council Hospital Social Worker Team Lead have continued throughout Q4, working well through integrative working partnerships. Performance has improved/remained stable/worsened, with the average time to Social Worker allocation having decreased from 4.5 days [Q3 Avg.] to 4 days [Q4 Avg.]</p>
	<p>10.2.4) Reduce the total number of days delayed due to Pathways of Care delays Q1-Q4</p>	<p>On track</p>	<p>Total numbers of Days Delayed as a result of Pathways of Care Delays have decreased. Number of days delayed throughout Q4 represent an 19% decrease when compared to with Q3 (7694 [Q3]: 6523 [Q4]), and a 9% decrease when compared to the same period in the previous year (6859 [Q4 24/25]: 6523 [Q4 25/26]). This also represents a 4% decrease of the monthly average compared to</p>

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			the Mar '25 baseline (2174 [Q4 Avg.]: 2265 [Mar '25]). The year-end position is positive, with the month-to-month comparison demonstrating a 14% decrease from the year prior (1950 [Mar '26]: 2265 [Mar '25]), and 12-month aggregate performance representing an 8% decrease in total days delayed due to POCDs compared to the year prior (27111 [25/26]: 29544 [24/25]).
<p>10.5) Further develop PTHB's utilisation of the Optimal Hospital Flow Framework and associated tools, with a focus on D2RA and Red2Green</p> <p>Cross reference to MAG Report 2025 recommendations: Hospitals must ensure all admitted patients are placed on D2RA pathways</p>	10.5.1) Develop R2G and D2RA Information and Performance dashboards Q1	Complete	
	10.5.2) Monitor and review data outputs and identify barriers Q2	Complete	
	10.5.3) Scope and assess means to address identified barriers Q3	Complete	
	10.5.4) Develop targeted action plan to address identified barriers Q4	Complete	In response to the barriers identified through the NHS Performance and Improvement Team review during Q3, a revised approach has been taken focusing on re-embedding Optimal Hospital Flow principles, recognising that the primary challenge relates to operational application rather than data entry itself. Targeted training sessions were delivered throughout Q4 to support this, alongside the introduction of automated prompts for patient-facing teams to support D2RA pathway allocation and weekly reporting to operational leads. This forms the basis of the targeted action plan, with activity continuing into 2026/27 through a broader body of work to support deeper embedding.
<p>10.6) Further strengthening the approach to Trusted Assessment</p> <p>Cross reference to MAG Report 2025 recommendations:</p> <ul style="list-style-type: none"> Audit of Trusted Assessors May & Sept (WG lead, Health Boards to provide justification and timescales) 	10.6.1) Pilot of Trusted Assessment approach Q1	Complete	
	10.6.2) Review outcomes of the pilot Q2	Complete	Outcomes of the pilot have been incorporated into an evaluation and benefits framework during Q4, assessing impact on patients awaiting repatriation to Powys from WVT, financial implications of WVT community hospital bed occupancy, discharge outcomes, and overall patient experience for those transferring into D2A beds (Cottage View).
	10.6.3) Scoping of next steps Q3		In line with Ministerial priorities, next steps for the Trusted Assessor model have been scoped, resulting in a co-designed Joint Discharge Memorandum of Understanding with Powys County Council. This includes application of the Trusted Assessor model within discharge planning, including MCA/Best Interest decision-making and assessment for D2A step-down beds. Further development work is planned to extend this approach to discharge home with domiciliary care, with Social Care assessment undertaken post-discharge to ensure care is right-sized to patient need.
12.1) Transformation skills and development	12.1.1) Working with the Transformation and Improvement team, assess and prioritise the	Complete	To support the Better Together Programme, Transformation and Value Programme Managers and OD Facilitators have all undertaken Change Management Practitioner training and guides have been published on the

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<p>Focused on targeted support for transformation, including leadership, change management, training and capability for transformation and new ways of working</p> <p>CRITICAL ACTION</p> <p>Cross reference to MAG Report 2025 recommendations:</p> <ul style="list-style-type: none"> Health Boards to report workforce headcount, FTE staffing and productivity data to public Board meeting (see MAG report and WG response for further detail/ timescale) <p>also note recommendation for HEIW in relation to Leadership programmes</p>	<p>development of transformation and improvement training, skills and capacity at all levels of the organisation Q1-Q4</p>		<p>intranet as a resource for anyone involved in change. Change management is also included in management and leadership programmes. Work continues and remains an ongoing action to identify specific individuals who need change management training to directly deliver Phase 1 elements of Better Together.</p>
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Role:	Acronym
Chief Executive Officer	CEO
Deputy Chief Executive Officer	DCEO
Executive Director of Primary Care, Community and Mental Health	ED PCC&MH
Executive Director of Finance, Capital and Support Services	ED FC&SS
Executive Director of People and Culture	ED P&C
Executive Director of Public Health	ED PH
Executive Director of Nursing, Quality, Women and Family Health	ED NQW&FH
Executive Director of Allied Health Professions, Health Sciences and Digital	ED AHPHS&D
Executive Medical Director	EMD
Executive Director of Planning, Performance and Commissioning	ED PP&C
Director of Corporate Governance / Board Secretary	DCG
Director of Strategic Improvement and Transformation	DSI&T
Associate Director of Estates, Facilities and Support Services	ADEF&SS

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Focus on Wellbeing

Strategic Priority 1: Whole system Prevention across the life course Executive Director of Public Health

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- A joined-up preventative approach, helping to create conditions to be well and healthier for longer, addressing health inequalities
- Reducing preventable mortality and ill health
- Contribute to preventing a rise in childhood (under 5s) obesity rates by 2030
- Delivery against National programme requirements for smoking cessation and healthy weights
- Delivery against NHS Wales Performance Framework for health improvement related measures

Commentary on Progress in this Quarter:

“Preventing the Preventable: Population Health Strategic Framework for Powys” (approved by the Health Board at its Board meeting in September 2025) has been incorporated into the Annual Plan (2026/27), Better Together Programme and Strategic Commissioning Framework. Governance of delivery of Preventing the Preventable agreed through Annual Plan arrangements with actions incorporated into the draft 2026/27 Annual Plan. Funding arrangements through Health Board’s Investment Benefits Group process.

- **1.2.1)** Whole Systems Approach to a Healthy Weight action plan is being implemented, including the rollout of the Powys Breastfeeding Welcome Scheme and Gold Standard Healthy Snack Award in early years settings.
- **1.2.2)** A proactive communications plan is helping to ensure referral rates for smoking cessation services are being maintained, including a GP text messaging project focusing on smokers in areas of deprivation.
- **1.2.3)** Powys Teaching Health Board submitted a response to UK Government’s Call for Evidence for Tobacco and Vapes Bill December 2025.
- **1.2.5)** Making Every Contact Count (MECC) training sessions held to improve knowledge and staff practice in raising behaviour change.

Commentary on red rated actions: N/A

Achievements:

- 420 premises signed up to the Powys Breastfeeding Welcome Scheme.
- UNICEF Baby Friendly Initiative Stage 1 achieved.
- Additional 5 early years settings achieved the Powys Gold Standard Healthy Snack Award
- Powys Stop Smoking service has exceeded the national target of treating 5% of adult smokers.
- Making Every Contact Count training sessions held with 31 participants targeting midwives, primary care and Powys Association of Voluntary Organisations colleagues.

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment <i>O = Original</i>				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
1.1) Work with partners to develop and commence implementation of a population health strategic framework for Powys (subject to funding)	1.1.1) Commence implementation of a whole system population-level prevention framework (subject to funding) Q4	ED PH				Blue	M	H	M	M	High
	1.1.2) Population Health Strategic Framework presented and discussed at PTHB Board Q1		Blue	Blue	Blue	Blue		H	H	H	High
	1.1.3) Framework consultation activities held with PTHB stakeholders to co-produce and prioritise areas of focus Q2			Blue	Blue	Blue		M	H	H	High
	1.1.4) Framework governance and funding arrangements agreed Q3				Amber	Blue		M	M	H	High
	1.1.5) Review of new return on investment publications to be undertaken Q3				Green	Blue		H	H	H	High
1.2) Delivery of health board-led population level health improvement programmes, ensuring an equity focus	1.2.1) Implement the Powys Whole System Approach to Healthy Weights action plan Q1-Q4		Green	Green	Green	Blue	H	H	H	H	High
	1.2.2) Develop and implement a proactive promotion and engagement plan, to support smokers to quit through accessible and equitable services in the community Q1-Q4		Green	Green	Green	Blue		H	H	H	High
	1.2.3) Work with partners to prepare for pending legislation on tobacco and vaping Q3				Green	Blue		H	H	H	High
	1.2.4) Refresh and update the Powys Tobacco Control Delivery Plan to align with national plan (when published) Q4					Blue		M	M	M	High
	1.2.5) Deliver Making Every Contact Count training Q1		Blue	Blue	Blue	Blue		H	H	H	High

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

Change in Scope	N/A	Change in Timescale	N/A
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Executive Director Sign Off

Mererid Bowley (Executive Director of Public Health)

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Focus on Wellbeing

Strategic Priority 2: Health Protection Response including Vaccination Executive Director of Public Health

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- Reducing preventable mortality and ill health, contributing to addressing health inequalities
- Preventing infections and avoidable harm including responding to incidents/outbreaks
- System impacts include prevention of avoidable healthcare utilisation and treatments including hospital admissions and GP consultations
- Delivery against national frameworks and requirements for vaccination, immunisation and screening, inequities in uptake are narrowed
- Wider impacts on decreasing GP consultations, treatment and hospital admissions and incidents/outbreaks

Commentary on Progress in this Quarter:

- **2.1)** In compliance with statutory obligations, updated plans have been approved by the Board in July 2025, including the PTHB Major Incident & Emergency Response Plan and PTHB Corporate Business Continuity Plan. The NHS Wales Emergency Planning, Resilience and Response Annual Report forms part of the Health Board's annual assurance processes; the Annual Report (2024-2025) was approved by the Board in July 2025 and submitted to NHS Wales Performance and Improvement within the agreed timescales. Regular internal and external communications tests have taken place at local and regional levels to ensure PTHB statutory obligations and emergency preparedness. PTHB continues to be engaged in emergency preparedness, resilience and response activities that have taken place with multi-agency partners within the Dyfed Powys Local Resilience Forum and at a national level as part of NHS Wales; this includes engagement in a range of planning, training, exercising and response activities.
- **2.2)** PTHB participated in the All Wales pandemic tabletop 'Exercise Solaris', as part of preparations for the Health Board's participation in 'Exercise Pegasus' the Tier 1 pandemic exercise. PTHB participated in 'Exercise Pegasus' the UK-wide Tier 1 exercise to assess key aspects of the UK's preparedness, capabilities and response strategies in the context of a pandemic arising from a novel infectious disease. Phase 1 of the exercise (emergence phase) took place on 17th-23rd September, Phase 2 (containment phase) 13th-14th October; Phase 3 (mitigation phase) 3rd-4th November. An internal (Powys-wide) De-brief has been conducted. Recommendations and updates to the current PTHB Pandemic Framework is expected to take place in Q1 (2026/2027).
- **2.2)** Proactive health protection work has been undertaken with residential and nursing homes in Powys to strengthen the partnership, communication and training to protect vulnerable elderly residents in Powys. This includes work around winter preparedness, development and rollout of a Health Protection Champions programme. Infection Prevention & Control (IP&C) guidance training delivered to care homes, through provision of resources and onsite visits for more individualised advice. Monthly ongoing communication through Care Home Newsletter, providing updates, surveillance data, IP&C and a focus on staff wellbeing.
- **2.2)** Acute health protection incident responses undertaken, in liaison with Public Health Wales and neighbouring health boards.
- **2.2)** Powys signed the Paris Declaration to become a FastTrack area with the ambition to eliminate new HIV transmissions in Wales by 2030.
- **2.3)** Covid-19 spring vaccination campaign delivered through a blended delivery model. Outreach clinics held across county in 8 locations to increase accessibility, along with housebound patients by District Nurses and inpatients by ward staff. Covid-19 vaccination Autumn programme delivered to eligible cohorts.

- Respiratory Syncytial Virus (RSV) catchup campaign completed for residents aged 75-79, with regular communication to stakeholders to increase awareness of the new programme.
- **2.4.2)** 'Flu vaccination programme 2025-26 commenced in September for children and pregnant women, and adult programme commenced 1 October until 31st March 2026. Considerable work undertaken to ensure implementation of the significant process changes to the programme from 2025/26, including central procurement of vaccines. All 16 GP practices and 22 of the 23 community pharmacies in Powys participated in delivery of the adult flu vaccinations and School Nursing delivered to school aged children.
- **2.4.2)** Teenage immunisation uptake action plan developed and implemented, including a catchup campaign for secondary age children during Summer 2025.

Commentary on red rated actions: N/A

Achievements:

- Health Board participation in Exercise Pegasus.
- An internal review of the operational business continuity arrangements gained 'substantial assurance' (NHS Wales Shared Services Partnership) in April 2025.
- Care Home Health Protection Champion training delivered 2nd October in Newtown, 5th November in Llandrindod Wells, 20th November in Brecon and 2nd December in Ystradgynlais. Further training online has taken place March 2026.
- 3 targeted Blood Borne Virus testing outreach sessions undertaken in Ystradgynlais in September and October. Then in November, in collaboration with Swansea Bay University Health Board, two weeks of dedicated testing. In addition, monthly sessions in Ystradgynlais to support the wider community.
- Fast Track HIV testing 17th-21st November across Powys with partners.
- Covid-19 spring vaccination 2025 uptake = 56.89% (highest in Wales) with over 13,000 doses administered. 700 care home residents (78.97%) vaccinated (third highest in Wales) [as at 05/08/2025].
- Covid-19 Autumn vaccination uptake – All identified eligible cohort = 61.09% (highest for all eligible groups in Wales; Wales average = 58.3%) 14,000+ doses administered. 742 care home residents (81.6%) vaccinated (2nd highest in Wales; Wales average = 76.8%) [as at 18/02/2026].
- Flu Uptake (Data taken from National Influenza Summary Update 26, 19/03/2026, GP registered population) – Adults 65+ years = 72.2% (Wales = 73.0%), At Risk 6 months-64 years = 44.9% (Wales = 42.6%), Age 2 & 3 years = 56.5% (Wales = 47%), Primary School children = 56.4% (Wales = 57.6%), Secondary School Children = 40.3% (Wales = 46.1%), PTHB staff 44.7% (Wales = 43.1%).
- Respiratory Syncytial Virus (RSV) uptake [as at 26/02/2026]:
 - Pregnant women consistently reaching over 50% uptake
 - Routine cohort (people turning 75 years of age) = 59.2%
 - Catchup cohort (75-79 year olds) = 67.0% (Wales = 64.8%) (Data for GP registered population uptake is 72.2%)
- 91.1% of children are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and MMR2) Oct-Dec 2025 Quarterly Cover report (highest in Wales; Wales = 87.5%). By age 5 this is 92.2% MMR2 and 91.9% '4-in-1', Hib/MenC 94.6%.

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables		Status	Year End Delivery Confidence Assessment
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		Lead Executive					O = Original				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
2.1) Ensure emergency preparedness and organisation resilience and compliance against Civil Contingencies Act	2.1.1) Review of civil contingency response plans - including participation in training and exercises Q1-Q4	ED PH	Green	Green	Green	Blue	H	H	H	H	High
2.2) Provide Health Protection response to all hazards in line with Communicable Disease Outbreak Plan for Wales	2.2.1) Deliver proactive and reactive health protection to protect the population and vulnerable groups from communicable disease Q1-Q4		Green	Green	Green	Blue	M	H	H	H	High
2.3) Implement respiratory vaccination programme in line with Welsh Government directives, narrowing inequities and maximising uptake in all groups	2.3.1) Plan and deliver annual respiratory vaccination programmes Q1, Q3, Q4		Green		Green	Blue	H	H	H	H	High
	2.3.2) Plan and deliver central contracting of Influenza vaccine Q3				Green	Blue		H	H	H	High
2.4) Implement immunisation schedule in line with National Immunisation Framework and Welsh Health Circulars, narrowing inequities and maximising uptake in all groups	2.4.1) Plan and deliver vaccination programmes Q1-Q4		Green	Green	Green	Blue	H	H	H	H	High
	2.4.2) Plan for changes to childhood routine immunisation schedule (MMR2) Q4					Blue		M	M	H	High
2.5) Promote uptake of national screening programmes in partnership with Welsh Government and Public Health Wales	2.5.1) Deliver Making Every Contact Count training (includes screening) Q1 (recorded in 1.2.5)		Blue	Blue	Blue	Blue	H	H	H	H	High
	2.5.2) Ensure PTHB is represented in planning for proposed lung cancer screening in Wales Q1-Q4		Green	Green	Green	Blue		M	M	M	High
	2.5.3) Annual assurance update to committee regarding adult screening programme performance in Powys delivered by Public Health Wales Q4					Blue		H	H	H	High

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

Change in Scope	N/A	Change in Timescale	N/A	
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Executive Director Sign Off

Merid Bowley (Executive Director of Public Health)

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Focus on Wellbeing

Strategic Priority 3: Women, Family and Children's health Executive Lead - Executive Director of Nursing, Quality, Women and Family Health

Intended Outcome/ Impact

Population and system outcomes:

- Improved outcomes for children, young people, women and families through holistic care tailored to their needs and earlier targeted interventions for those in need of support, with equitable access to services and improved citizen experience
- Contributing to addressing health inequalities
- Delivery against NHS Wales Performance Framework – in particular improvement in access to Neurodevelopment services for children and young people

Commentary on Progress in this Quarter:

- **3.1)** Sustained improvements as set out in the Plan. More progress to be made and has been included in next years Plan.
- **3.1.3)** The children neurodevelopment workforce model is in place and funding has been agreed with recruitment to some remaining posts under way.
- **3.2.1)** Year 1 of Welsh Government Plan has been achieved with a new online Women's Health Hub, which will enable women of all ages across Powys to quickly find helpful information and advice on a whole range of female health topics, launched on 12 March in Builth Wells. The hub covers a wide range of topics including Period and pelvic health, Sexual health & contraception, Breast and cervical screening, Pregnancy, Termination, Endometriosis and menopause, Pain management, Bladder & continence services and Mental health and wellbeing. Drawing on user insights from over 300 women in Powys, clinicians from the health board have developed the content for the new Powys online webpage www.pthb.nhs.wales/womens-health. The website supports the ten-year NHS Wales Women's Health Plan which was launched in December 2024. The plan focuses on investment in a preventative approach to reduce health inequalities across Wales and create a health and care system that listens to and works for all women across their life.
- **3.3.1)** The Children's Continuing Health Care (CHC) service funding has been agreed and workforce model approved with recruitment to some remaining posts under way.

Commentary on red rated actions: N/A

Achievements:

- **3.2.1)** A new online Women's Health Hub which will enable women of all ages across Powys to quickly find helpful information and advice on a whole range of female health topics was launched on 12 March in Builth Wells. The hub covers a wide range of topics including Period and pelvic health, Sexual health & contraception, Breast and cervical screening, Pregnancy, Termination, Endometriosis and menopause, Pain management, Bladder & continence services and Mental health and wellbeing. Drawing on user insights from over 300 women in Powys, clinicians from the health board have developed the content for the new Powys online webpage www.pthb.nhs.wales/womens-health. The website supports the ten-year NHS Wales Women's Health Plan which was launched in December 2024. The plan focuses on investment in a preventative approach to reduce health inequalities across Wales and create a health and care system that listens to and works for all women across their life.

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment O = Original				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
3.1) Develop, design and implement a Children's Neurodevelopment (ND) service that is family and child centred in line with national standards CRITICAL ACTION	3.1.1) Embed and sustain improvements in the Children's ND Improvement Plan Q1	ED NQW&FH	Green	Green	Green	Blue	H	H	H	H	High
	3.1.2) Ensure a clear delivery model is in place aligned to demand and capacity modelling along with population need and mapping for future prevalence Q2			Green	Green	Blue		H	H	H	High
	3.1.3) Ensure a robust workforce model is in place Q2			Green	Green	Blue		H	H	H	High
3.2) Implementation of Welsh Government Strategy for Women's Health	3.2.1) Develop, design and commence implementation of the Powys Women's Health Plan, including scoping the Women's Health Hub model for Powys (dependent on Welsh Government funding) informed by the All-Wales Strategy and Plan for Women's Health Q1-Q4		Green	Green	Green	Blue	H	H	H	H	High
3.3) Implement a robust and safe Children's Continuing Health Care (CHC) service	3.3.1) Implement PTHB Children's Continuing Health Care service with a robust workforce plan Q1-Q3		Green	Green	Green	Blue	H	H	M	M	High
3.4) Commence intention to become a UNICEF Baby Friendly Organisation	3.4.1) Undertake commitment of intent with UNICEF Baby Friendly Initiative UK Q1		Blue	Blue	Blue	Blue	H	H	H	H	High
	3.4.2) Completion of Stage 1 Accreditation Q3			Blue	Blue		H	M	H	High	
Formal change request (Please tick as applicable and provide explanation below)											
Change in Scope	N/A	Change in Timescale	N/A								
Executive Director Sign Off	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 Executive Lead - Executive Director of Primary Care, Community and Mental Health, Executive Medical Director

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- Work in this area will contribute to the development of a sustainable model of care longer term, particularly in relation to the enhanced community care developments
- Longer term, this will create a value based approach across all services, optimising use of resources for greatest impact and outcomes
- Improving equity of access and supporting the shift to a preventive approach, contributing to addressing health inequalities
- Delivery against NHS Wales Performance Framework for measures relating to community and primary care
- Delivery against People's Experience Framework in relation to patient and carer reported outcomes and experience
- Ensures implementation of the WG Hospital Pharmacy review recommendations

Specific improvements in services and pathways including:

- Those relating to the community model i.e. Integrated Community Teams
- GP Out of Hours service provision
- Co-ordination of the last year of life
- Coherent and engaged cluster groups across Powys working together to provide quality and timely services for patients closer to home
- Committed primary care workforce working to top of competencies leading to resilient sustainable and engaged primary care services
- Primary care services operating in line with contracts and regulations with focus on clinical activity

Commentary on Progress in this Quarter:

- **4.1.2)** Work to confirm the baseline position has continued through Quarter 4 as part of the Better Together accelerated community model development. Further variations in the model are still being explored, with ongoing scoping activity undertaken across community teams. Finalisation of a consolidated baseline has not yet been achieved, and this work will therefore continue into early Quarter 1 2026/27 to ensure alignment with the emerging Phase 1 model and associated demand and capacity outputs.
- **4.1.5)** During Q4, further testing and refinement of the proposed Enhanced Community Care Model has taken place. Building on the Quarter 3 check-and-challenge assurance process, early implementation activity has now begun across several localities, including the soft launch of the Single Point of Access (SPoA), enhanced in-reach to Emergency Departments, and extensions to the community frailty offer. These activities have provided real-world feedback to strengthen the emerging model. Additional assurance has also been supported through the completion of Phase 1 of the Clinical Oversight Model and commencement of business case development for Phase 2. Updated demand, capacity and workforce modelling, aligned with SP4/SP9 and Six Goals deliverables, has continued to inform refinement of the care model. Cross-border pathway workshops and partner engagement have further contributed to the testing of assumptions and system alignment ahead of formal consultation in 2026/27.
- **4.1.6)** Light-touch implementation activity has begun across several localities, with early testing of elements of the integrated model now in place. This includes operation of the Single Point of Access, enhanced in-reach to Emergency Departments through community teams, and extensions to the community frailty offer.

While these represent positive early steps, full implementation has not yet been achieved and will continue into 2026/27 as the model is further developed, tested and resourced.

- **4.2)** The current Shropdoc Alternative Provider Medical Services (APMS) contract has been extended to 30th June 2026. Work is underway to progress a Direct Award for the period 1st July 2026 to 30th September 2027. The open market procurement (from 1st October 2027) has commenced under the Out of Hours (OOH) Model Design and Implementation Board. This will help ensure the future service delivery model is fit for purpose and considers any potential interdependencies with the Better Together programme regarding the future model of adult physical and mental health community services and urgent care.
- **4.3.1)** Development of the model has continued through Quarter 4, although progress has been impacted by capacity constraints. Work has been aligned to the accelerated Better Together Adult Physical and Mental Health programme, ensuring coherence with the wider organisational review of end-of-life care. The Medication Task & Finish group has been stood down following agreement of required service improvement actions, with the option to reconvene as Better Together develops. The Education Task & Finish group has completed a comprehensive mapping exercise aligned to the All Wales Competency Framework, which will be considered at the next Last Year of Life workstream to agree organisational education priorities. A detailed mapping exercise against the All Wales Service Specification is also underway to identify gaps and inform organisational priorities. In addition, work is progressing to develop an options appraisal for future Palliative Medicine Consultant support in response to current risks within Ystradgynlais and emerging risks linked to changes in Wye Valley Trust provision for Mid Powys. Short-term mitigations are being put in place while the longer-term model is developed. Further refinement of the overall model will continue into 2026/27.
- **4.3.2)** The model has not yet been fully developed, implementation has not commenced. The phased rollout has therefore been deferred to 2026/27, with preparatory work continuing to ensure partner alignment and strengthened governance ahead of adoption next year.
- **4.4.1)** The business case for Fracture Liaison Service posts has been finalised and will be considered as part of the 2026/27 plan. Recruitment has not yet commenced, however, the Job Description has been approved and finalised, ensuring recruitment can begin promptly once the business case is approved by executive. This deliverable will therefore be carried forward into the 2026/27 plan.
- **4.5.2)** The Level 2 community-based falls response model remains linked to delivery through existing community teams via the developing Single Point of Access (SPOA) for Urgent and Emergency Care [10.1]. During Q4, SPoA soft launch activity commenced, with initial services and pathways beginning to go live. Preparatory work for the Level 2 falls response pathway is largely complete, with formal SPoA go-live now expected in early Q1 and formalisation of the falls pathway expected shortly thereafter. Delivery of the full Level 2 pathway will therefore continue into 2026/27 and is reflected within the forward plan.
- **4.6)** To support the future model, cluster development team workforce has been reviewed to improve resilience and create sustainability, and recruitment is being progressed. Pan Powys Cluster meetings are now embedded following stakeholder feedback, and relationships have developed, fostering transparency, respect, trust and honesty; and the shared learning across Clusters directly benefits the population. Mid & South Clusters have merged, resulting in two more equal population-based Clusters in the North, and Mid & South. Cluster priorities align with Community by Design, and Better Together ambitions; and prioritising chronic conditions was realised in a diabetes focused cluster Protected Learning Time that was supported by the Primary and Community Care Academy providing tailored training across all General Medical Service staff groups – including clinical updates on medication, eye screening, prevention, dietetic services and the 8 care processes to help improve management of diabetes in line with current evidence-based practice.
- **4.7)** The Unified Contract Assurance Framework (UCAF) has seen four visits complete, and actions monitored to ensure robust GMS delivery. Sustainability analysis has identified one higher risk single-handed practice, with support continuing. Last year's Quality Improvement projects were approved, and all practices are now nearing completion of the three further projects: Cardiovascular Disease (CVD), Chronic Kidney Disease (CKD) and Continuity of Care. Progress on the Access Standards was strong, and the final 2025–26 reflective report, due by the end of April 2026, will feed into the patient experience analysis already underway. Supplementary Service audits took place including a reflective audit on the Community Resource Team which aided in the review of the service, a Lithium audit and a Care Homes audit.

Commented [RM1]: @Victoria Deakins (PTHB - Therapies) for approval

Commented [DF2R1]: Approved by @David Farnsworth (PTHB – Corporate Hub) as Vic on leave

- **4.8)** Enhanced Optometry pathways (Independent Prescribing, Medical Retina and Glaucoma) now implemented across the Health Board. As we look ahead to 26/27 this will increase care closer to home, freeing up capacity in secondary care and more timely assessments for patients. There is systematic tracking of contractual requirements and delivery via the Optometry Monitoring Group and internal assurance mechanisms. During Q4 there has been the addition of 2 Independent Prescriber Optometrists and a Higher Certificate Glaucoma Optometrist. This will support increased provision of Wales General Ophthalmic Services (WGOS) 4/5 pathways within Powys.
- **4.9)** Urgent access is challenging in terms of managing demand against capacity, but arrangements were put in place during Q1 to increase capacity. The Welsh Enhanced Recruitment Offer (WERO) scheme for foundation dentists has continued in 2025/26 and will continue into 2026/27, this scheme also helps to stabilise workforce in the practices that run the scheme. Around 1900 patients have been transferred from the Dental Access Portal into a practice – but this is likely to look different in 2026/27, due to anticipated contract hand backs, however the new contract regulations state that there should be additional new patient availability. 2026/27 is when the new regulations come into force which will change the contractual requirements. The development of the Intravenous (IV) sedation service will continue into 2026/27.
- **4.10)** Prudently executed the use of Health Education and Improvement Wales (HEIW) & Welsh Government Womens Health Hub funding to deliver 87 different training offers to both clinical and non-clinical staff working in Primary & Community Care, including GMS, Optometry, Dental Community Pharmacy Settings, resulting in 2,161 learner contacts. Training across Primary Care strengthened skills in areas such as menopause care, contraception in community pharmacies, antimicrobial prescribing, vaccinations, safeguarding and health promotion, which means patients now receive safer, faster and evidence-based care, closer to home. Practices also developed stronger systems in quality improvement, inspection readiness, managing violence and aggression, clinical coding, red flag recognition, medicines co-ordination and dental practice management, helping teams prevent errors, anticipate risk and provide more reliable care and reducing avoidable appointments. Upskilling optical assistants improves access to eye screening and identifying early issues with eye health

Commentary on red rated actions:

- **4.6.4)** Develop the professional nursing collaborative delayed due to changes in the senior and executive nurse leadership team. Discussions recommenced February 2026 with a view to progressing 2026/27.
- **4.9.5)** Number of referrals remain low, oral surgery IV referrals have been seen - to be re-visited when new consultant is in post
- **4.9.8)** Commissioning to scope formal Services Level Agreements/Long Terms Agreements, no update on progress, interim arrangements is for commissioning to seek care on a case by case basis.

Achievements:

- **4.11.1)** Successfully implemented a structured programme aligned to the Value & Sustainability Board priorities, focusing on high-cost and high-variation prescribing areas. Delivered measurable cost avoidance through optimisation initiatives (e.g. formulary adherence, switching programmes, and deprescribing where appropriate), supporting system financial sustainability. Strengthened engagement with GP practices and clusters, with Medicines Management teams providing targeted support, data insights, and clinical leadership. Established a more consistent, data-driven approach to prescribing efficiency across Powys, improving benchmarking and reducing unwarranted variation.
- **4.12.2)** Continued delivery of the Antimicrobial Stewardship (AMS) programme in line with national and Public Health Wales expectations. Improved prescribing quality through audit, feedback, and education—particularly in primary care settings. Strengthened governance via the AMS Group, with regular review of prescribing trends, resistance risks, and compliance with guidelines. Contributed to reducing inappropriate antimicrobial use, supporting wider efforts to tackle antimicrobial resistance (AMR).

- **4.15.2)** Progressed implementation of self-administration schemes across community hospital settings, supporting patient independence and medicines understanding. Developed supporting SOPs, training materials, and governance frameworks to ensure safe and consistent practice. Enabled a more patient-centred approach to care, improving experience and preparing patients for discharge and ongoing self-management. Early feedback indicates positive impact on patient confidence and reduced medicines-related delays at discharge.
- Foundational model design progressed into early implementation testing, including SPoA rollout, frailty in-reach and enhanced Emergency Department support.
- During Q4 there has been the addition of 2 Independent Prescriber Optometrists and a Higher Certificate Glaucoma Optometrist. This will support increased provision of WGOS 4/5 pathways within Powys.

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment <i>O = Original</i>				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
4.1) Enhanced Community Care Model Develop and implement a new Enhanced Community Care model incorporating Frailty, Virtual Ward and Hospital @ Home in a Powys context and the development of Integrated Community Teams CRITICAL ACTION	4.1.1) Carry out a strategic assessment of community provision including delivery of MDTs, Community Resource Team/Virtual Ward, Directed Supplementary Service (DSS), outcomes, variation, best practice and opportunities Q1	ED PCC & MH	Green	Blue	Blue	Blue	H	H	H	H	High
	4.1.2) Confirm the baseline activity workforce, performance and finance metrics for services in scope of phase 1 to measure the impact of service improvement and transformation Q4		Amber	Red	Green	Amber	H	M	M	M	Medium
	4.1.3) Design a new model for Enhanced Community Care with stakeholders Q1		Green	Blue	Blue	Blue	H	H	H	H	High
	4.1.4) Develop and agree with partners (primary care, social care and third sector) the workforce scope and geographical structure Q1		Green	Blue	Blue	Blue	M	M	M	H	High
	4.1.5) Check, challenge and test the proposed model through engagement with staff, stakeholders and partners Q2			Blue	Blue	Blue	M	H	H	H	High
	4.1.6) Commence implementation of the integrated community model across all localities in Powys Q4					Amber	M	M	M	M	Medium

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4.2) GP Out of Hours (OOH) CRITICAL ACTION	4.2.1) Extend the Shropdoc contract to sustain existing services subject to the assessment of delivery Q1	Blue	Blue	Blue	Blue	M	H	H	H	High
	4.2.2) Re-tender for an Out Of Hours service provision Q2-Q3		Blue	Blue	Blue	M	M	H	H	High
	4.2.3) Resolve and commission Swansea Bay University Health Board to deliver service for Ystradgynlais Q3	Amber	Amber	Blue	Blue	L	L	M	H	High
4.3) Last Year of Life Improve coordination for Powys patients	4.3.1) Finalise the model to improve the coordination of the Last Year of Life Q1-Q2	Green	Amber	Amber	Amber	M	M	M	M	Medium
	4.3.2) Implement the new model through a phased approach with partners Q3-Q4			Amber	Amber		M	M	L	Low
4.4) Fracture Liaison Improve access to Fracture Liaison Services for Powys patients	4.4.1) Subject to approval, recruit to new posts to better coordinate access to Fracture Liaison Services for Powys patients Q4	Amber	Amber	Red	Amber	H	M	M	M	Medium
	4.4.2) Work with partners in primary care and acute care to improve the performance of the core Fracture Liaison Service Q3-Q4 (Removed - moved to 26/27)			Red			M	M	L	
4.5) Falls Response Design and deliver a community-based falls response service in a Powys context	4.5.1) Scope and design a community-based falls response service with partners that meets the needs of a rural population Q1-Q2	Green	Blue	Blue	Blue	M	M	M	H	High
	4.5.2) Implement the phased delivery of the community-based falls response service Q3-Q4			Green	Green			M	H	Medium
4.6) Cluster Development Develop a robust planning and delivery framework at a cluster and collaborative level, capable to deliver at scale for the population	4.6.1) Cluster and Collaborative Lead engagement and maturity development Q1-Q4	Green	Green	Green	Blue	H	H	M	M	High
	4.6.2) Develop Powys-wide Cluster reporting, governance and engagement with Regional Partnership Board Executive Q1-Q4	Green	Green	Green	Blue	H	H	M	M	High
	4.6.3) Implementation of Dental Collaborative (pending national negotiation outcome) Q2-Q4 (Removed - moved to 26/27)		Red			L	L	L		
	4.6.4) Develop the Professional Nursing Collaborative Q2-Q4		Amber	Amber	Red	M	M	M	L	Low

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	4.6.5) Develop the Optometry Collaborative Q1-Q4		Green	Green	Blue	Blue	H	H	H	H	High
	4.6.6) Continue to identify services best delivered at cluster or pan-cluster level Q1-Q4		Green	Green	Green	Blue	H	H	H	H	High
	4.6.7) Develop Accelerated Cluster Development delivery programme with focus on streamlining, outcomes and benefits realisation to support 'shift left' Q1		Green	Green	Green	Blue	H	H	M	M	High
4.7) General Medical Services (GMS) Ensure an equitable, robust and sustainable model of core GMS across Powys to enable broader primary and community development	4.7.1) GMS Practice Sustainability analysis, review, and action planning Q3			Amber	Green	Blue	H	H	H	H	High
	4.7.2) Monitor GMS provision in mid cluster, and if appropriate scope alternative models to support patient access Q1-Q4		Green	Blue	Blue	Blue	H	H	H	H	High
	4.7.3) Access Standards analysis, review and action planning Q1		Green	Blue	Blue	Blue	H	H	H	H	High
	4.7.4) Unified Contract Assurance Framework assurance and outcome management Q2-Q4			Green	Green	Blue	H	H	H	H	High
	4.7.5) Quality Improvement Framework – project analysis and action planning Q1-Q2		Green	Blue	Blue	Blue	H	H	H	H	High
	4.7.6) Supplementary Service audit review, analysis and feedback Q2-Q3			Green	Green	Blue	H	H	H	H	High
	4.7.7) Review and analysis of patient experience accessing general medical services Q4					Blue			M	M	High
4.8) Optometry Ensure continued growth of community optometric services to enable a wider range of eye care services to be delivered within Powys	4.8.1) Systematic tracking of core hour provision Q2			Blue	Blue	Blue	H	H	H	H	High
	4.8.2) Support and track access in relation to IPOS (Independent Prescribing Optometrists) Q1		Green	Blue	Blue	Blue	H	H	H	H	High
	4.8.3) Implement Special School Primary Eyecare (SPECS) pathway following national agreement Q3 (Removed - moved to 26/27)						M	M	L		

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	4.8.4) Implement pathways with outreach Ophthalmology Services, clusters and Optometry practices for Glaucoma and Medical Retina pathways Q1-Q2		Amber	Blue	Blue	Blue	M	H	H	H	High
	4.8.5) Support and track access to specialist services in relation to Welsh Government Optometry Services (WGOS4) (Medical Retina and Glaucoma) and WGOS 5 Q1-Q4		Green	Green	Blue	Blue	H	H	H	H	High
4.9) Dental Services Grow capacity and sustainability of dental, orthodontic and special care dentistry services across Powys	4.9.1) Maintain urgent access in General and Community Dental Service to balance demand and capacity Q1		Green	Amber	Green	Blue	M	M	M	M	High
	4.9.2) Welsh Enhanced Recruitment Offer enhanced offer for Dental Foundation dentists Q1-Q4		Green	Blue	Blue	Blue	H	H	H	H	High
	4.9.3) Continue to transfer patients from the Dental Access Portal to salaried General Dental Practitioner (GDP) in line with contract reform Q1		Blue	Blue	Blue	Blue	H	H	H	H	High
	4.9.4) Development of remote specialist in special care post Q1-Q4		Green	Blue	Blue	Blue	M	H	H	H	High
	4.9.5) Develop IV sedation service in the Community Dental Service Q4					Red	H	H	H	H	Low
	4.9.6) Enhance specialist services within Community Dental Service by developing consultant led restorative and paediatrics Q4					Blue	H	H	H	H	High
	4.9.7) Utilization of digital technology to improve efficiency and patient experience Q4					Blue	M	M	M	M	High
	4.9.8) Formalise special care dentistry pathways with external providers for special care patients who are unable to be treated safely in Powys Q4					Red	M	M	M	M	Low
	4.9.9) Systematic review and contractual change to enhance capacity for dental & orthodontic care Q1-Q4		Green	Green	Green	Blue	H	H	H	H	High
4.10) Primary & Community Care Academy Develop educational offer across primary and community services to ensure improving leadership,	4.10.1) Continue to support the new to General Practice Nursing foundation programme Q1-Q4		Green	Blue	Blue	Blue	H	H	H	H	High
	4.10.2) Develop workshops to support Primary Care Nursing & Allied Health Professionals to access advanced and extended practice skills Q1 & Q4		Green			Blue	H	H	H	H	High

collaborative, administrative and clinical skills	4.10.3) Deliver scenario-based training for non-clinical staff in primary care Q2-Q4			Blue	Blue	Blue	H	H	H	H	High	
	4.10.4) Develop cluster & collaborate lead workshops Q2			Green	Blue	Blue	H	H	H	H	High	
	4.10.5) Provide a range of training for Practice Managers to upskill and improve sustainability and business continuity Q1-Q4			Green	Green	Green	Blue	H	H	H	H	High
	4.10.6) Expand range of training for clinical support workers in primary care Q1-Q4			Green	Green	Green	Blue	H	H	H	H	High
4.11) Medicines Management/Pharmacy: Optimising Medicines Use	4.11.1) Improve Prescribing Efficiency: Implement the 10 Medicines priorities identified by Value and Sustainability Board Q1-Q4	EMD		Green	Green	Green	Blue	H	H	H	H	High
	4.11.2) Implement the roll out of Bluteq Q1-Q4			Green	Green	Green	Blue	M	M	H	H	High
	4.11.3) Support Deprescribing: working with frailty teams, promote polypharmacy reviews, develop deprescribing pathways for patients on unnecessary or potentially harmful medications, particularly in elderly and multimorbidity patients Q1-Q4			Amber	Amber	Amber	Amber	M	M	M	M	Low
4.12) Enhancing Patient Safety & Medicines Governance	4.12.1) Improve Medicines Safety Culture: Promote reporting and learning from medication incidents to reduce avoidable harm Q1-Q4			Green	Green	Green	Blue	M	H	H	M	High
	4.12.2) Deliver improvement in antimicrobial prescribing Q1-Q4			Green	Green	Green	Blue		H	H	H	High
	4.12.3) Deliver improvement in opiate prescribing Q1-Q4			Green	Green	Green	Blue		H	H	M	High
	4.12.4) Deliver improvement in gabapentin prescribing Q1-Q4			Green	Green	Green	Blue		H	H	M	High
	4.12.5) Provision of pharmacy professional support for Mental Health wards and service Q2-Q4				Amber	Amber	Amber		L	M	M	Low
4.13) Expanding Community Pharmacy & Primary Care Integration	4.13.1) Develop Community Pharmacy Services: Expand services including needle and syringe exchange, blood borne virus testing, minor ailment consultations Q1-Q4			Green	Green	Green	Blue	H	H	H	H	High
	4.13.2) Implement Electronic Prescribing and Medicines Administration (ePMA) Q2-Q4				Amber	Amber	Amber		H	M	M	Low

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	4.13.3) Implement Electronic Prescription Service (EPS) in GP practices Q1-Q4		Amber	Amber	Amber	Amber		M	M	M	Low
4.14) Workforce Development & Sustainability	4.14.1) Increase pharmacy work based training places to support new schools of pharmacy and collaboration with HEIW Q2		Green	Green	Blue		M	M	H	H	High
	4.14.2) Support for development of portfolio roles Q1-Q4		Green	Green	Blue		H	H	H	H	High
	4.14.3) Support Continuing Professional Development (CPD): Focus on supporting development of Independent Prescribers Q1-Q4		Green	Green	Blue		H	H	H	H	High
4.15) Public Health & Preventative Medicine	4.15.1) Expand Vaccination & Public Health Roles: Strengthen pharmacy-led vaccination programmes, smoking cessation, and weight management Q1-Q4		Green	Green	Blue		M	M	H	H	High
	4.15.2) Support for roll out of self-administration of medicines Q1-Q4		Green	Green	Blue		H	H	H	H	High

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

Change in Scope	N/A	Change in Timescale	N/A
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- Q1 Change request
- **4.7)** New additional request: Review and analysis of patient experience accessing general medical services Q4. 20.08.25 - Approved at Executive Committee.
- Q2 Change request
- **4.13.3)** Change wording to implement Electronic Prescription Service (EPS) – wrong terminology used. Suggestion: Electronic Prescription Service (EPS) in GP practices. 15.10.2025 – Approved at Executive Committee.
 - **4.1.2)** Change request to deadline to be completed in Q4 2025/26. 15.10.2025 – Approved at Executive Committee.
 - **4.1.2)** Change in scope – requested rewording to “Confirm the baseline activity workforce, performance and finance metrics for services in scope of phase 1 to measure the impact of service improvement and transformation”. 15.10.2025 – Approved at Executive Committee.
 - **4.6.3)** It is not possible to implement as tied in with national contract negotiations. Change request submitted to remove and include in 2026/27. 15.10.2025 – Approved at Executive Committee.
 - **4.8.3)** Implement Special School Primary Eyecare (SPECS) pathway following national agreement Q3 – request to remove as national pathway deferred to 2026/27. 15.10.2025 – Approved at Executive Committee.
 - **4.7.1)** GMS Practice Sustainability analysis, review, and action planning Q2 – request to move to Q3. 15.10.2025 – Approved at Executive Committee.

- **4.2.3)** New request: Resolve and commission Swansea Bay University Health Board to deliver service for Ystradgynlais to be changed from Q1 to Q3. 15.10.2025 – Approved at Executive Committee.

Q3 Change request

- **4.4.1)** Change request to Q4 – A delay in approval of business case for funding of posts at Investment Benefits Group. 04.10.26– Approved at Executive Committee.
- **4.4.2)** Change to Q1 26/27 – due to delay in 4.4.1. 04.10.26– Approved at Executive Committee.

Executive Director Sign Off

Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)
Kate Wright (Executive Medical Director)

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Early Help and Support

Strategic Priority 5: Planned Care and Diagnostics Executive Lead - Executive Director of Primary Care, Community and Mental Health, Executive Director of Planning, Performance and Commissioning, Executive Director of Allied Health Professions, Health Sciences and Digital

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- Work in this area will contribute to the development of a sustainable model of care longer term, particularly in relation to planned care
- Longer term, this will create a value based approach across all services, optimising use of resources for greatest impact and outcomes
- Improving equity of access and supporting the shift to a preventive approach, contributing to addressing health inequalities
- Delivery against NHS Wales Performance Framework including access measures for Referral to Treatment (RTT) and Diagnostics
- Delivery against People's Experience Framework in relation to patient and carer reported outcomes and experience

Specific improvements in services and pathways including:

- Improved resilience and utilisation of provider services capacity where appropriate
- Facilitate coordination of services across sectors to deliver more holistic and joined up pathways of care.
- Delivery of outcomes in line with GIRFT recommendations
- Recovery of access times and waiting lists
- Reduction in RTT waiting times for patients requiring planned surgery or diagnostic tests
- Delivery of service closer to patients home reducing unnecessary travel and number of appointments

The recommendations set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) have also been cross referenced in the appropriate delivery areas in this section of the Delivery Plan, where these apply to Health Boards (there are further recommendations for Welsh Government, HEIW and Regional fora which will require collective input and have potential implementation implications for Health Boards, a watching brief will be kept via the PTHB Planned Care Board as part of the Better Together Portfolio- see full MAG report for further detail).

Commentary on Progress in this Quarter:

- **5.4)** Endoscopy although not re accredited the service is developing in line with national programme requirements on-going development.
- **5.5)** Pre-operative service implementation phase is complete as per the priority will be on-going service development.
- **5.6.1)** Theatre Dashboard is part of national dashboard requires further refinement.
- **5.6.2)** All day lists via insourcing on-going development in terms of in reach aligns to Getting It Right First Time (GIRFT) transformation.
- **5.6.3)** Speciality lead resource identified recruitment in train.
- **5.6.5)** Day case review forms part of GIRFT recommendations for 2026/27.
- **5.8)** incorporated into GIRFT review Q1 2026/27.
- **5.4.2), 5.5.2), 5.5.3), 5.6.1), 5.6.2), 5.6.3), 5.6.5), 5.8.1)** To be considered within PTHB commissioned GIRFT review

Commentary on red actions:

- **5.9.1)** WPOCT has not yet been implemented as DHCW were unable to secure engagement from Siemens until 17.03.26. As a result, this work is expected to move into 2026/27.
- **5.9.4)** Relationships with Primary are continuing to develop but establishing an agreed model is taking longer than anticipated.
- **5.9.5)** This work has not yet commenced due to capacity limitations.

Achievements:

- Preoperative assessment service operational with health screening questionnaire roll out across specialities in line with national priorities
- Dr Helen Griffiths PTHB Clinical Endoscopist awarded British Society of Gastroenterology Presidents Medal for outstanding achievement and service to gastroenterology, Helen has been instrumental in service JAG development and in the establishment of Transnasal Endoscopy (TNE)/sponge capsule in Powys – only the 2nd time in the awards 90 year history that its been awarded to a nurse.
- 8 cataracts per list being undertaken by insourcing - this has given assurance to the flow and efficiency transformation work undertaken by the theatre service.
- Community optometrist in post in Planned Care to support triaging of referrals and management of follow ups in line with ophthalmology optimisation framework capacity to be further developed in 2026/27.
- GIRFT review complete with initial findings/recommendations presented to PTHB Executive March 2026 for on-going development in 26/27, community health pathways business case agreed for investment to establish Community Health Pathways in PTHB 2026/27.

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment O = Original				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
5.1) Delivery of prioritised strategic planned care improvements	5.1.1) Implementation of Clinically led referral optimisation model for Planned Care (Ophthalmology and Orthopaedics) – joint work across Transformation, Operational teams, Commissioning and Digital CRITICAL ACTION Q1-Q3	ED PCC&MH/ ED PP&C	Green	Green	Green	Green	H	M	M	H	High
	5.1.2) Strategic assessment of provided and commissioned planned care including scoping the opportunity for eyecare surgical hub in Powys Q4					Green		M	M	H	High
	5.1.5) Continued development of Planned Care Quality & Safety Framework Q1-Q4		Green	Green	Green	Green		H	H	H	High
	5.1.6) Development of 3Ps Waiting Well Service, business case for recurrent funding Q2-Q4			Green	Green	Blue		M	M	M	High

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	5.1.7) Continued participation and response to National Planned Care Programme Q1-Q4		Green	Green	Green	Green		H	H	H	High	
5.2) Pathway Development Muscular Skeletal / Orthopaedics	5.2.1) Implementation of MSK/orthopaedic pathways transformation business case, service development in line with Orthopaedic Optimisation Framework Q1-Q4		Green	Green	Green	Green		H	M	M	H	High
5.3) Eyecare (ophthalmology)	5.3.1) Develop business case for ophthalmology pathway transformation Q1-Q4		Green	Green	Green	Blue		H	M	M	M	High
	5.3.2) Service development in line with Ophthalmology Optimisation Framework Q1-Q4		Green	Green	Green	Green			M	M	M	High
5.4) Continue the development/transformation of Endoscopy/Colorectal pathways in Powys	5.4.1) Cost plan for appointment of lead via SLA or speciality sessions pan Powys Q2			Green	Blue	Blue		L	L	M	H	High
	5.4.2) Development of Endoscopy service in line with National Plan including work to maintain and scope opportunity to improve against JAG standards Q1-Q4		Amber	Amber	Amber	Green			L	L	L	High
5.5) Develop pre-operative pathways of care	5.5.1) Development of environment at Brecon Hospital for preoperative assessment Q3				Blue	Blue		H	H	H	H	High
	5.5.2) Plan for collaboration with Primary Care to enable whole system approach Q2			Amber	Amber	Green			H	H	H	High
	5.5.3) Development of specialist workforce to deliver peri operative care Q4					Green			M	H	M	High
5.6) Theatres: Development of key day case pathways	5.6.1) Development of theatre dashboard in line with national programme Q3				Amber	Green		H	H	H	M	High
	5.6.2) Implementation of all day lists ophthalmology/orthopaedics 2025/26 Q4					Green			M	M	L	High
Cross reference to MAG Report 2025 recommendations: - All Health Boards should adopt best practice in theatre management (GIRFT), local Theatre Optimisation Boards and increased productivity i.e. cases per session (see MAG for specifics)	5.6.3) Anaesthetics specialty lead for PTHB resourced from SLA underperformance Q2			Amber	Amber	Green			M	M	M	High
	5.6.4) Digitalisation – costed proposal for theatre management system Q1 (Removed)		Amber	Amber	Red				M	L	L	
	5.6.5) Review of day case procedures to identify opportunities for repatriation Q2			Amber	Amber	Green			M	L	M	High

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- (further recommendation on accreditation of Surgical Hubs which WG propose they lead)													
5.7) Outpatients: Develop a single management system and oversight	5.7.1) Development of Outpatients in core specialities aligned to Planned Care optimisation frameworks with focus on discharge pathways SOS/PIFU, digital and MDT development Q1-Q4		Green	Green	Green	Green	H	M	M	M		High	
Cross reference to MAG Report 2025 recommendations:	5.7.2) Develop business case and delivery model for clinical room booking system Q1-Q4 (Removed – moved to 26/27)		Green	Green	Red			M	M	L			
- All Health Boards should within three months develop a plan to reduce referrals to traditional outpatients in high volume specialities / unwarranted variation													
- Models that offer alternatives should be rapidly identified and scaled													
- Reduce variation in OP waiting times using best practice inc. GIRFT/ Further faster/ triage/ pathways													
5.8) Diagnostics transformation	5.8.1) Strategic assessment and implementation of plan for diagnostics Q3			Amber	Amber	Amber	M	M	L	L		Medium	
5.9) Point of Care Testing (POCT) Improved assurance and governance	5.9.1) Add all connectable devices to WPOCT Q1-Q4	ED	Amber	Amber	Amber	Red	H	M	M	M		Low	
	5.9.2) Expand POCT in support of clinical pathway development and governance Q1-Q4	AHPHS&D	Amber	Green	Green	Blue		H	H	H		High	
	5.9.3) Monitor Internal Quality Control (IQC) & External Quality Assurance (EQA) Q2-Q3			Green	Blue	Blue		H	H	H		High	
	5.9.4) Establish model for working with Primary Care Q4		Amber	Amber	Green	Red		M	M	H		Low	
	5.9.5) Review and develop existing POCT provision and governance: Develop QA Compliance framework including audits and KPIs for all devices in use Q4				Red	Amber	Red		M	L	M		Low
	5.9.6) Monitor training and develop collaborative model with Suppliers and Clinical Education teams for all POCT devices currently in use Q1-Q4			Green	Green	Green	Blue		H	H	H		High

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	5.9.7) Identify further opportunities for POCT within PTHB Q2-Q4			Green	Green	Blue		H	H	H	High
	5.9.8) Identify opportunities in primary & community care Q2			Green	Blue	Blue		H	M	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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Q1 change in scope

- **5.1.3) / 5.1.4)** could be removed as is duplicate/contained within 5.1.2. 20.08.25 - Approved at Executive Committee.

Q2 change in timescale

- **5.8.1)** Phase 1 (adult physical & mental health community services, including urgent care) in progress and anticipated completion Q3. Planned Care and Womens & Children to follow with alignment of diagnostics assessment. 15.10.2025 – Approved at Executive Committee.
- **5.9.4)** – Taking longer than planned due to Primary Care engagement and changes to working process – timescale change to Q4. 15.10.2025 – Approved at Executive Committee.
- **5.9.5)** – Not delivered due to capacity (sickness/absence) request extension to Q4. 15.10.2025 – Approved at Executive Committee.

Q3 Change in Timescale

- **5.3.3)** Eyecare surgical hub opportunities will form part of GIRFT Strategic Prioritisation work programme, request to merge this with 5.1.2. 04.02.26 - Approved at Executive Committee.
- **5.6.4)** National Theatre system not yet agreed currently utilising functionality within PAS – request remove. 04.02.26 - Approved at Executive Committee.
- **5.7.2)** Clinical room booking system work on business case has been delayed operationally as superseded by other critical national digital work programmes NHS App, Open Eyes, request to defer into 2026/27. 04.02.26 - Approved at Executive Committee.
- **5.9.1)** Taking longer than planned due to lack of capacity at DHCW and with IT Supplier Siemens to assist with testing request extension to Q4. 04.02.26 - Approved at Executive Committee.

Executive Director Sign Off

Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)
 Nicola Johnson (Executive Director of Planning, Performance and Commissioning)
 Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)

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Early Help and Support

Strategic Priority 6: Complex and Continuing Healthcare (CHC) Executive Lead - Executive Director of Primary Care, Community and Mental Health

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- Delivery of, and compliance with, the National Framework for NHS Continuing Healthcare
- Clear arrangements in place with other NHS organisations, independent or voluntary sector partners to ensure effective operation of the Framework
- Implement improvements recommended by external support including finance, audit and national targets
- Delivery against National Framework for NHS Continuing Healthcare

Specific improvements in services and pathways including:

- Improved process for CHC applications and understanding of trends within PTHB through work with NHS Executive
- Governance arrangements for NHS Continuing Healthcare eligibility processes and commissioning NHS Continuing Healthcare packages
- System in place to record assessments undertaken and their outcomes, and the costs of NHS Continuing Healthcare packages
- Implementing and maintaining good practice; ensuring that quality standards are met and sustained

Commentary on Progress in this Quarter:

- **6.2.3)** Review completed and development plan expected for Q1.
- **6.4.2)** Performance intermittently achieved. Further opportunities arising from the external review.
- **6.4.3) & 6.6.4)** Further service development expected in coming year.

Commentary on red rated actions: N/A

Achievements:

- In year delivery of expected efficiencies and financial savings. Strengthening of service model for Adult pathways with improved support for assessing teams in place and supporting improved discharge performance. Participation in external evaluation, with good recognition of performance. Operational sign off for preferred digital solution and submission of recommendation.

Progress against key actions and milestones											
Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment				
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3	Q4
6.1) External expertise will be commissioned to fully appraise any further improvements and develop a new model CRITICAL ACTION	6.1.1) Expertise commissioned and appraisal completed Q3-Q4	ED PCC&MH	Amber	Red	Red	Blue	M	M	M	M	High
	6.1.2) Outputs of appraisal used to inform further improvement plan Q3-Q4			Red	Red	Blue		M	M	M	High
6.2) Systematic review of high growth commissioned activity – cost and volume, to determine further improvement activity	6.2.1) Review of private providers, specifically for adult mental health needs Q1		Green	Blue	Blue	Blue	M	M	M	M	High
	6.2.2) Review of high growth activity – specifically Learning Disability and Elderly Mentally Infirm (EMI) Q1-Q2		Green	Green	Blue	Blue		M	M	H	High
	6.2.3) Design of alternative opportunities for care provision which offers sustainability, value and experience Q3-Q4				Red	Amber		H	H	M	Medium
6.3) Improve Health Board processes to support effective and efficient commissioning	6.3.1) Process scrutiny of diverse funding applications - Number of Continuing Healthcare (CHC) & Funded Healthcare (FNC) applications approved at Panel Q1-Q4		Green	Green	Green	Green	H	H	H	H	High
	6.3.2) Chase details of individual patients to evidence eligibility for care - Number of Fast Track and Joint/Section 117 applications approved at Panel Q1-Q4		Green	Green	Green	Green		H	H	H	High
	6.3.3) Progress patient flow from hospital - Number of Reviews undertaken on time Q1-Q4		Green	Green	Green	Green		H	H	H	High
	6.3.4) Monitor care setting availability daily to secure care provision and match with patient need - Patient need is matched with care setting availability in the community Q1-Q4	Green	Green	Green	Green		H	H	H	High	
6.4) Develop robust mechanism for capturing data and processing	6.4.1) Maintaining over 85% of reviews within time Q1-Q4	Green	Green	Amber	Amber	H	H	H	H	Medium	

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information in order to support better commissioning and care	6.4.2) Clear analysis of changes and trends which supports planning for Years 3-5 Q3-Q4			Amber	Green		H	H	H	High
6.5) Progress Retrospective CHC Claims	6.5.1) Complete Retrospective Claims within mandatory timescale to divert from interest on payments Q1-Q4		Amber	Amber	Blue	Blue	H	H	H	High
6.6) Enhance complex care commissioning against regional and national standards	6.6.1) NHS Executive work with Hywel Dda UHB - To benchmark and gain understanding of trends within PTHB Q1		Green	Blue	Blue	Blue	H	H	H	High
	6.6.2) Work with Public Health - Learn from the outcomes of public health demographics Q1		Blue	Blue	Blue	Blue		H	H	High
	6.6.3) Internal Audit Action Plan - Implement Internal Audit Action Plan responses Q3		Green	Green	Blue	Blue		H	H	High
	6.6.4) Value & sustainability – to ensure learning and delivery against the 7 national recommendations Q1-Q4		Amber	Amber	Amber	Amber		H	H	M

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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Q2 Change in Timescale

- 6.1.1) and 6.1.2)** Behind schedule, primarily due to the external expertise only being commissioned and assigned at the end of Q2. This late assignment has delayed the commencement of key deliverables and without the appraisal, outputs are not available. To address this, it is recommended that the delivery timeframe be revised to Q3/Q4, allowing adequate time for onboarding, planning, and completion of the required audit work. 15.10.2025 – Approved at Executive Committee.
- 6.6.3)** Change to Q3 - Once outputs are received, further improvements to the plan will be developed. 15.10.2025 – Approved at Executive Committee.

Executive Director Sign Off 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, Circulatory, Cardiac, Stroke, Diabetes) Executive Lead - Executive Medical Director / Executive Director of Allied Health Professions, Health Sciences and Digital/ Executive Director of Nursing, Quality, Women and Family Health/ Executive Director of Planning, Performance and Commissioning

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- Work in this area will contribute to the development of a sustainable model of care longer term, particularly in relation to planned care
- Longer term, this will create a value based approach across all services, optimising use of resources for greatest impact and outcomes
- Improving equity of access and supporting the shift to a preventive approach, contributing to addressing health inequalities
- Delivery against NHS Wales Performance Framework including access measures for Referral to Treatment (RTT) and Diagnostics
- Delivery against People's Experience Framework in relation to patient and carer reported outcomes and experience

Specific improvements in services and pathways including:

- Improved resilience and utilisation of provider services capacity where appropriate
- Facilitate coordination of services across sectors to deliver more holistic and joined up pathways of care.
- Delivery of outcomes in line with GIRFT recommendations
- Recovery of access times and waiting lists
- Reduction in RTT waiting times for patients requiring planned surgery or diagnostic tests
- Delivery of service closer to patients home reducing unnecessary travel and number of appointments

The recommendations set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) in relation to Cancer have been cross referenced in the appropriate delivery areas in this section of the Delivery Plan. There are no specific recommendations for Health Boards at this stage, however there may be requirements for collective action and implementation implications at a later stage, of the recommendations set out for Welsh Government and HEIW. A Watching brief will be kept via the lead Executive on any implications arising for PTHB.

Commentary on Progress in this Quarter:

- **7.1.1)** Updates across Q1–Q4 have been developed following a review of current diabetes outcomes and existing care pathways. While this work is well progressed, it is not yet finalised. Agreed improvement actions will be carried forward into 2026–27, following the final 2025–26 workstream meeting on 31st March. Diabetes remains a key deliverable for 2026–27; however, delivery during 2025–26 was constrained by capacity, workforce, and financial pressures.
- **7.1.3) & 7.1.6)** A situation report outlining PTHB's ability to deliver Hybrid Closed Loop (HCL) has been developed and is scheduled for presentation to the Diabetes and Integrated Planning 2025–26 Workstream on 31st March 2026. Subject to workstream endorsement, the report will progress to next destination for approval. Delivery of HCL by PTHB will require investment to support this deliverable.
- **7.1.4)** Further Faster review in reach general medical endocrinology (Links to eye care referral management diabetic retinopathy pathway) Q2: Some overlap with Strategic transformation Planned Care (GIRFT) review and to be continued into Q1 26/27.

- **7.1.5)** Cluster-based approaches are being used to enhance delivery of the 8 Care Processes, including cluster Protected Learning Time led training for healthcare support workers, which has contributed to an improvement in overall performance since November. Significant variation between clusters has been identified, reinforcing the need for targeted cluster-level support. Work is underway to use cluster audit data to identify workforce and skills gaps, alongside exploring standardised templates and alternative workforce models at cluster level to improve consistency and data quality in delivery of the 8 Care Processes.
- **7.1.7)** Some elements of this action have been complete during 25-26, a plan is in place for business case to develop further capacity within the specialist nursing team to enhance capacity for local delivery of Hybrid Closed Loop in Q1 26/27. Ongoing work will continue in 26-27 to further enhance the primary & community diabetes pathway with monitoring to continue through diabetes workstream which will meet on a bi-monthly basis.
- **7.4.1)** Some overlap with strategic review of planned care in Q4 (GIRFT) and will continue into Q1 26/27.
- **7.4.2)** Business case developed and supported. Further consideration to be given following completion of strategic review of planned care (GIRFT) in Q1 26/27.
- **7.4.3)** Following further deterioration of SLA delivery, some changes to the commissioned pathway have been requested. Continuing to work with neighbouring Health Boards on optimising the model, including strengthening role of medicines management.
- **7.5.2)** Limitations on clinical capacity remain, however Consultant therapist engagement continues to be supported.

Commentary on red rated actions: N/A

Achievements:

- Hybrid Closed Loop was approved at workstream meeting held on 31st March 2026, a small task and finish group will now implement an implementation plan during Q1 26-27 to bring HCL management closer to home for PTHB patients.

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment O= Original				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
7.1) Deliver improvements in High Value High Impact pathways (Diabetes) CRITICAL ACTION	7.1.1) Implement improvements in the High Value High Impact pathways aligned to Value & Sustainability Board priorities – Diabetes Q1-Q4	ED PCC&MH	Amber	Amber	Amber	Green		H	H	M	High
	7.1.2) Review the outcomes in Powys of existing Diabetes care and pathways Q1		Amber	Blue	Blue	Blue	M	M	H	H	High
	7.1.3) Scope the potential to provide elements of the hybrid closed loop pathway closer to home Q1-Q2		Amber	Green	Amber	Amber	H	M	H	M	Medium
	7.1.4) Further Faster review in reach general medical endocrinology			Amber	Amber	Amber	H	H	H	M	Medium

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	(Links to eye care referral management diabetic retinopathy pathway) Q2																			
	7.1.5) Develop cluster model to enhance the 8 care process outcomes Q2-Q3			Amber	Green	Green		M	M	M	M									Medium
	7.1.6) Implement changes to the hybrid closed loop pathway Q3-Q4					Amber	Amber	H	M	M	M									Medium
	7.1.7) Implement enhanced primary & community Diabetes pathway Q4						Amber	M	M	M	M									Medium
7.2) Cancer	7.2.1) Delivery against Cancer Improvement plan Q1-Q4	EMD	Green	Green	Green	Green		H	H	H	H									High
	7.2.2) Continue to work with Commissioned Service Providers to identify areas of the suspected Cancer pathway which could be improved Q1-Q4		Green	Green	Green	Green			H	H	H									High
	7.2.3) Work with the National Cancer Team to implement innovations to support earlier diagnosis and reduce waiting times Q1-Q4		Green	Green	Green	Green			H	H	H									High
	7.2.4) Continue the Improving the Cancer Journey Programme Phase 2 Q1-Q4		Green	Green	Green	Green			H	H	H									High
	7.2.5) Annual review of the PTHB Cancer Improvement Plan Q1-Q4		Green	Green	Green	Green			H	H	H									High
7.3) Respiratory	7.3.1) Further Faster review of in reach respiratory provision Q2	ED AHPHS&D		Green	Green	Green		H	H	H	H									High
7.4) Cardiac	7.4.1) Further Faster review of in reach cardiology consultants Q2	ED PCC&MH		Blue	Blue	Blue		M	M	H	H									High
	7.4.2) Develop sustainable solutions and county wide options for echocardiology & baseline against standards Q3				Amber	Green			M	M	M									High
	7.4.3) Rheumatology – scope opportunities for Multi-Disciplinary Team (MDT) different approach with medicines management Q4					Amber			M	M	M									Medium
7.5) Stroke	7.5.1) Continue to work with commissioned service providers to ensure neighbouring Health Board and NHS Trust plans appropriately reflect provider	ED PP&C	Green	Green	Green	Green		M	H	H	H									High

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	responsibilities to Powys residents (including Hereford and Worcestershire Stroke Service Changes) Q1-Q4												
	7.5.2) Ensure clinical engagement on the National Stroke Programme (including future option for current temporary changes in place at Cwm Taf Morgannwg University Health Board) Q1-Q4		Amber	Amber	Amber	Amber		L	L	L			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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Q1 change in scope

This request is to remove the following Key Deliverables from the Integrated Plan:

- 7.3.2) and 7.3.3)** Following a review of the evidence base, NICE guidance indicates that a telehealth solution should not be used for routine monitoring of COPD patients. The proposed remote monitoring system to be piloted is not appropriate for the current PTHB community respiratory patient cohort (non-acute chronic respiratory conditions) and a current, approved self-management/education app exists and is currently utilised in the form of COPD Hub. Therefore, it would appear not cost effective or possibly ethical for the PTHB Community Respiratory Team to pursue using or trialling the proposed remote monitoring, or any other telehealth platform to monitor stable COPD patients. Given the lack of clinical evidence base for this work, these key deliverables will not be taken forward. 20.08.25 - Approved at Executive Committee.

Q2 change in scope

- 7.2.3)** Request for the wording to be changed from 'Cancer Network' to 'National Cancer Team'. Request to change due to it being renamed. 15.10.2025 – Approved at Executive Committee.

Executive Director Sign Off	Elaine Lorton (Executive Director of Primary Care, Community and Mental Health) Kate Wright (Executive Medical Director) Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)
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Tackling The Big Four

Strategic Priority 8: Mental Health Executive Lead - Executive Director of Primary Care, Community and Mental Health

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- A shift to prevention of major conditions, contributing to addressing health inequalities and equity of access
- Improved support for those living with major conditions and associated with that, more effective and higher value use of healthcare
- Delivery against NHS Wales Performance Framework including access measures for Referral to Treatment (RTT) and Diagnostics
- Delivery against People's Experience Framework in relation to patient and carer reported outcomes and experience
- Delivery of outcomes in line with condition specific requirements i.e. single cancer pathway, quality statements, GIRFT recommendations

Service and Pathway improvements:

- Delivery of principles of prehabilitation to rehabilitation
- Enhanced coordination of services across sectors to deliver more holistic care for people living with major conditions in Powys
- Improved resilience and utilisation of provider services capacity where appropriate
- Improved value based evidence (outcomes, variation, cost, programme budgeting and high cost user data) to guide pathway improvements, to drive system efficiency and improve clinical outcomes and patient experience

Commentary on Progress in this Quarter:

- **8.1.1)** Previous scope and responsibility of this deliverable was reset in Q3, via change request. Baseline data and current metrics have been collated for appropriate services in scope. This work will be refined as phase 1 enters design phase during 2026-27. (Also, this work will be conducted as a new task in 2026-27, for services in scope for phase 2).
- **8.1.2)** Transformation work has continued, alongside establishing 'business as usual' service, ongoing resolution of phase 1 issues and implementation of phase 1 internal audit recommended actions. Initial discussions for 'phase 2.1 Assessment' have identified many interdependencies with services and external partners across Mental Health, presenting further opportunities to be considered during analysis and design phases, which are also interdependent with the design of the Community Model for Mental Health as part of the Better Together programme. National Strategic Programme for Mental Health has also introduced 'Demonstrator Area' projects for PTHB including 'Open Access', 'One at a Time (OAAAT)' and 'Stepped Care 2.0', all of which have very large impact upon the ongoing vision and design of the Single Point Of Access aligned to 111(2), and design of the wider Community Model for Mental Health. This deliverable will continue into the Integrated Plan for 2026-27.
- **8.1.3)** Resource was diverted to the accelerated scope for Better Together Accelerated Community Model (& Inpatient Model) earlier in the year, which led to the submission of a change request to reschedule this deliverable into Q4 (approved). Whilst discussions have begun with Primary Care and within Cluster Meetings, this work has not progressed as planned. This deliverable requires scoping in line with forthcoming electronic system and process changes and will continue into 2026-27. It is hoped that this deliverable will benefit from much improved digital integration between primary and secondary care following the planned implementation of an improved community services electronic system, (Welsh Community Care Information System WCCIS replacement).
- **8.1.4)** Task completed in Quarter 3 however, scope increased during Q4 with a new ask for demand & capacity modelling assumptions for Mental Health Adult Community Model, (due to interdependency with inpatient model), to be submitted by end Q4. Adult Community Model is out of scope for phase 1 of Better

Together programme and is included in phase 2 (2026-27). However key modelling assumptions have been supplied to external modelling supplier for inclusion in final report due April 2026. Demand & capacity modelling for Adult Community Model will be reviewed within design phase of Community Model within Integrated Plan 2026-27.

- **8.1.5)** Much work has taken place during 2025-2026, however ongoing work has been carried on into the 2026-27 Integrated Plan, especially within the design of Community Model. Core offer and care & treatment pathways have been considered during modelling of (phase 1) Older Adult Community team, Interim Part 1 Scheme and at high level within the Mental Health Inpatient and Community Model service level model of care document. Also feedback from the recent NHS Performance & Improvement Inpatient Supportive Assessment has been incorporated into care and treatment pathways design. Within Q4, recent initiatives from the National Strategic Programme has resulted in PTHB Mental Health leading demonstrator projects for 'Open Access' and 'One at a Time (OAT)', both will inform entry into future care and treatment pathways.
- **8.1.6)** The Older Adult Community Model has been described within the Inpatient & Community Model Service Level Model of care. More detailed service specification will be completed within the 2026-27 Integrated Plan as part of phase 2 Community Model design. The community model has interdependencies with future development of the Single Point of Access (SPOA) and various national projects. Workforce modelling has been completed to include 3 regional bases, one Older Adult Community Team (as part of wider future community team), with subsequent revised staffing requirements. This work has linked with ongoing modelling for Physical Health Inpatient and Community Model leading to greater service alignment.
- **8.1.7)** The next steps towards future implementation have been captured within the Better Together 'Journey to Consultation' plan, which has been formalised within Q4, with a 2026 timeline to progress options for public consultation. Post consultation actions will inform the project lifecycle and future implementation plan timeline.
- **8.1.9)** The Better Together programme has provided opportunities for enhancing joint working across mental and physical health to address comorbidities and complex needs, e.g. increased consultation & liaison, Ready to Go Home Units (RTGH), planning Mental Health in-reach teams for physical & mental health comorbidity ward. The modelling work for Older Adult Community Model captures greater alignment of teams. In addition, a business case has been approved by PTHB Investment & Benefits Group, for an enhanced Cognitive Behaviour Therapy based psychology offer within inpatient settings and provision of advice for community teams working with people with complex emotional needs, (CENs). Also, multi-disciplinary, ward-based teams now have input from complex needs teams within Powys Housing service.
- **8.1.10)** Alignment of teams pan-Powys has been considered throughout the work completed and will continue to be considered throughout future service design. During Q3&4 specifically the Dementia Home Treatment Teams have been aligned to act as a pan-Powys team with a common operational policy. The refreshed policy is being embedded, and a new reporting Business Intelligence (BI) dashboard is being implemented.
- **8.1.11)** Digital opportunities are considered routinely throughout project work and exploited wherever possible. Examples include: ongoing implementation of Welsh Patient Admin System (WPAS) into Dementia Home Treatment Team to facilitate improved data capture and subsequent BI dashboard reporting; scoping of a virtual offer for patient assessment from the Mental Health Single Point Of Access as part of phase 2 development; continual improvement of existing BI reporting dashboards; implementation of national work for Patient Related Outcome Measures (PROMS) and Patient Reported Experience Measures (PREMS) – rolled out within wards and community; implementation of Welsh Community Care Information System (WCCIS) WCCIS into inpatient wards; requirements specification for new community electronic system (WCCIS replacement); ongoing data cleansing work.
- **8.1.12)** Recommendations within the Supportive Assessment report have been incorporated into the Inpatient and Community Model service level model of care and workforce modelling. Defynnog ward has been identified for redevelopment to provide additional beds which will increase service resilience and improve performance against the Mental Health Measures.
- **8.1.13)** Modelling of Mental Health services, including bed numbers and workforce requirements, in line with Mental Health Better Together options, has informed strategic priority 9 as far as possible at this time. Mental Health services anticipate further involvement throughout 2026-27, with environment and configuration of inpatient and community facilities.

- **8.1.15)** The operational policy and previous standard operational procedure, (SOP), for the Dementia Home Treatment Teams has been reviewed with teams and co-redesigned to provide a common approach and SOP for Powys. Subsequent implementation has achieved a consistent and equitable service for Powys residents. To facilitate improved reporting requirements, WPAS system is being implemented within the Dementia Home Treatment Teams (DHTT), replacing paper and manual spreadsheet reporting with creation of a Business Intelligence reporting dashboard.
- **8.2.1)** This year has seen extensive work undertaken within Suicide and Self Harm. This deliverable retains a green status, as work relates to an ongoing 10-year strategy, (2024-2034) and will continue. Pathways development for people who self-harm has seen knowledge transfer and collaboration between partners for training and awareness, consideration of existing support groups and enhanced risk management processes. 'On the job' training has been provided within the Mental Health Single Point Of Access, with increased clarity for signposting appropriate pathways as per patient triage. Specialist postvention support includes an assertive outreach and communication strategy, designed to encourage engagement with service. Evidence suggests significant uptake of families and communities accessing the service. Real Time Suicide Surveillance (RTSS), and Rapid Response is robustly administered in partnership framework on ongoing basis. Work associated with this 10-year strategy will continue, with partners, into 2026-27, with focus on prevention.

Commentary on red rated actions:

- **8.1.8)** Alternative to hospital admission e.g. Sanctuary, has been included within Mental Health options for public consultation. However, scope of the sanctuary offer will be informed by both forthcoming national guidance regarding alternatives to admission, and outcome of public consultation of recommended Better Together options. Therefore, this deliverable has red status for Q4 and will be continued forwards to 2026-27 Integrated Plan, where the above interdependencies can be addressed during Better Together wider design.

Achievements:

- Creation of a Mental Health Data repository and improved data capture and subsequent Business Intelligence reporting.
- Completion of roll out of WCCIS in inpatient settings.
- PTHB adopted as Demonstrator Area for developing Open Access Model of Care for community mental health services as part of National Strategic Programme of priorities to share learning with other Health Boards. The Open Access approach includes consideration of models of care including a One at a Time and Stepped Care approach and builds on the work undertaken in 2025/26 to develop the SPOA aligned to 111 press 2.
- Completed Demand and Capacity work for Older Adult Community and Inpatient Settings.
- Development of an interim Part 1 (Mental Health Measure) to reflect core offer of interventions and treatment made available for Powys (local primary mental health treatment).
- Improved opportunities for enhanced joint working across mental and physical health to address comorbidities and complex needs. Improved MDT working with Local Authority Housing and Homelessness colleagues supporting smoother admission and discharge pathways.
- Approval of an investment business case to increase psychological input and Dialectical Behaviour Therapy for inpatients settings to support recovery of people with complex emotional needs and trauma.
- Dementia Home Treatment Teams have been aligned to act as a pan-Powys team with a consistent operational response.
- Capital works to support flexibility of patient flow in inpatient settings.
- Extensive work with partner agencies to deliver the priorities of the national suicide and self-harm strategy at local level including training and awareness raising, signposting and support. Proactive postvention work to support families and communities bereaved and impacted by suicide.

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment O= Original				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
8.1) Mental Health Transformation Programme CRITICAL ACTION	Community Model Re-Design for Mental Health Services	ED PCC&MH					H	H	M	M	High
	8.1.1) Confirm the baseline activity workforce, performance and finance metrics for services in scope of Phase 1 to measure the impact of service improvement and transformation Q4		Amber	Red		Blue					
	8.1.2) Continue transformation of front door building on Single Point of Access (SPOA) aligned to 111(2) Q1-Q4		Green	Green	Green	Blue	H	H	H	H	High
	8.1.3) Implement electronic GP referral to SPOA Q4					Amber	M	M	M	L	Low
	8.1.4) Undertake demand and capacity modelling (health and care) Q1-Q2		Green	Amber	Blue	Blue	L	M	M	H	High
	8.1.5) Redefine core offer / care and treatment pathways with new recovery focused model Q3-Q4				Green	Green	M	M	M	M	High
	8.1.6) Design community model to deliver core offer, aligned to wider community model Q3-Q4				Green	Blue	M	M	M	M	High
	8.1.7) Develop phased implementation plan Q4					Blue	M	M	M	M	High
	8.1.8) Rescope Sanctuary model in above context, in North Powys Q4			Amber	Amber	Red	L	M	M	L	Low
	8.1.9) Align teams to address co-morbidities and complex needs across health and care Q3-Q4				Green	Blue	L	L	L	M	High
	8.1.10) Align specialist teams (including Complex Emotional Needs service) Pan Powys Q3-Q4				Green	Blue	L	L	L	M	High
	8.1.11) Leverage digital opportunities e.g. access to information, virtual appointments, data collection and reporting Q1-Q4		Green	Green	Green	Blue	M	M	M	M	High
	Acute Inpatient Model of Care 8.1.12) Further planning and design following recommendations of Supportive Assessment by NHS Executive in March 2025 Q1		Amber	Blue	Blue	Blue	H	H	H	H	High

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	<p>8.1.13) Consideration of optimum bed / ward configuration in line with Strategic Priority 9 (which includes period of engagement for any proposed redesign and service change) Q1-Q4</p> <p>Older Adult Mental Health Services</p> <p>8.1.14) Clinical review of existing model and demand / capacity analysis (linked to work above) Q1 (Removed)</p> <p>8.1.15) Service improvement learning from Phase 1 Dementia Home Treatment Team (Design / implementation of model part of wider work noted above) Q3</p>		Green	Green	Green	Blue	H	H	H	M	High
<p>8.2) Suicide and Self Harm Prevention & Postvention</p>	<p>8.2.1) Deliver the Suicide and Self Harm Prevention Strategy 2024-2034 with particular focus on:</p> <ul style="list-style-type: none"> ○ Developing the pathways for people who self-harm ○ Further aligning crisis support with the Single Point of Access ○ Promoting the provision of specialist postvention support ○ Ongoing suicide surveillance and rapid response to suspected suicides <p>Work with partners to implement strategy, building resilience of communities and responding to learning Q1-Q4</p>		Amber	Amber			L	M	M		
			Amber	Red	Blue	Blue	H	H	H	H	High
			Green	Green	Green	Green	H	H	H	M	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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Q1 Change in Scope

- ~~8.1.4)~~ Implement electronic GP referral to SPOA Q2: Due to staff capacity available for Q1 deliverables being diverted to the Accelerated scope for Better Together Accelerated Community Model (& Inpatient Model), this deliverable has been identified as a piece of work that could be deferred to Q4. Whilst a large scope of work has been accelerated, it is proving difficult to identify further deliverables, that do not have interdependency with the accelerated work, that could be deferred to later in the programme, which would allow rationalisation of staff capacity. 20.08.25 – Approved at Executive Committee.

Q2 change in timescale

- **8.1.1)** Change in scope, requested wording to “Confirm the baseline activity workforce, performance and finance metrics for services in scope of Phase 1 to measure the impact of service improvement and transformation”. Timescale request change to Q4. 15.10.2025 – Approved at Executive Committee.
- **8.1.8)** ‘Alternative to admission, e.g. Sanctuary’, work has been included within mental health community model options for Better Together Accelerated Community Model (& Inpatient Model) programme. This impacts upon current Q3 delivery deadline as work needs to align with wider programme, hence request for later delivery to allow this to take place. Change request for delivery in Q4 2025/26. 15.10.2025 – Approved at Executive Committee.
- **8.1.14)** This deliverable is amber for Q1 delivery, however this work has been incorporated into ‘8.1.4) Undertake demand and capacity modelling (health and care) Q1-Q2’, and recent workforce analysis and planning (including financial costing) for Better Together mental health short list options, therefore it is proposed that this deliverable is now redundant. Change request that this deliverable has been superseded and is no longer relevant. 15.10.2025 – Approved at Executive Committee.
- **8.1.15)** Due to staff capacity available for Q2 deliverables being diverted to the Accelerated scope for Better Together Accelerated Community Model (& Inpatient Model) programme, this Q2 deliverable requires re- planning for delivery within Q3. Work has continued in this area throughout Q2, however staff capacity has not been available to achieve completion. Change request for delivery in Q3 2025/26. 15.10.2025 – Approved at Executive Committee.

Q3 change in timescale

- **8.1.9)** Align teams to address co-morbidities and complex needs across health and care Q3: This deliverable has interdependencies with phase 1 community model design taking place in Q4 and with phase 2 community model design, which will be included in 2026-27 Integrated Plan. Change request for this deliverable to be extended through Q4 and into Integrated Plan 2026-27, to allow consideration of co-morbidities and complex needs alongside Better Together community model and team design. 04.02.26 - Approved at Executive Committee.

Executive Director Sign Off

Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)

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Strategic Priority 9: Community Hospital Model and Rural Regional Centres Executive Lead - Executive Director of Primary Care, Community and Mental Health

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- Work in this area will contribute to the development of a sustainable model of care longer term, particularly in relation to infrastructure
- Longer term, this will create a value based approach across the use of the estate, optimising use of resources for greatest impact and outcomes
- Improving equity of access and supporting the shift to a use of resource for the greatest impact, contributing to addressing health inequalities
- Improve stakeholder understanding of the challenges and changes needed in the system as a result of continued engagement
- Lead to greater co-production of the design and delivery of the model of care
- Enable risk stratification and improved intelligence about population need
- Environments in which care is delivered are also important for delivery against the People's Experience Framework/ patient and carer reported outcomes and experience / quality of care across all six domains of the framework

Specific improvements in services and pathways including:

- Improved resilience and utilisation of provider services capacity where appropriate
- Enabling progression against the local Health and Care Strategy and Cabinet Secretary priority to further enhance community capacity
- Improved patient flow, reduction in delayed transfers and reduced length of stay
- Reduction in emergency activity / admission avoidance where appropriate
- Increased activity in relation to preventative and wellbeing interventions
- Optimised utilisation of community based care
- Improved co-ordination of care including end / last year of life
- Improved join up of physical and cognitive frailty approach
- Prevention of deconditioning

Commentary on Progress in this Quarter:

- **9.1.2)** All rostering practices optimised in quarter, recognising that temporary changes remain in place and preclude permanent rostering changes. Separately, a Nursing establishment review has been completed, with expected reporting in Q1 2026/27.

Commentary on red rated actions: N/A

Achievements:

Progress against key actions and milestones

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Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment O = Original				
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3	Q4
9.1) Optimising inpatient care and bed utilisation CRITICAL ACTION	Colocation by clinical need 9.1.1) Complete the evaluation of Temporary Service Changes (Ready to Go Home Units and Rehabilitation Units) with learning to be considered in developing future models of care (as part of SP4 Community Model) Q1	ED PCC&MH	Green	Blue	Blue	Blue	H	H	H	H	High
	9.1.2) Implement recommendations including any rostering improvements (reflected in Workforce Futures and as part of SP4 Community Model) Q2-Q4			Green	Green	Blue		H	H	H	High
9.2) Review and develop the Community Hospital, Community Wellbeing Hub and Rural Regional Centre model across all service groups including ongoing development of the North Powys Wellbeing Programme	9.2.1) Develop and engage with public, staff and stakeholders on the Case for Change and emerging solutions to respond to the issues identified including development of the SOC/ OBC for Phase 1 for the North Powys Wellbeing Programme Q1		Green	Blue	Blue	Blue	H	H	H	H	High
	9.2.2) Engage with public, staff and stakeholders on the development of options to improve quality of services and make better use of resource Q2			Blue	Blue	Blue		H	H	H	High
	9.2.3) Commence formal consultation on the options (if required) Q3 (Removed – moved to 26/27)			Red			H	H	L		
	9.2.4) Confirm the new model Q4 (Removed – moved to 26/27)						H	H	H		
Formal change request (Please tick as applicable and provide explanation below)											
Change in Scope	N/A	Change in Timescale	N/A								
Q3 Change request											
<ul style="list-style-type: none"> 9.2.3) A change request required for formal consultation on the options due to delays in the workforce and financial modelling and its impact on preparing the pre consultation business case. A revised timetable has been agreed by Portfolio Board for Phase 1 Consultation which is likely to be following conclusion of the general elections in 2026/27. This will also impact on delivery of 9.2.4 - confirm new model. 04.02.26 - Approved at Executive Committee. 											

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Executive Director Sign Off

Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)

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Joined Up Care

Strategic Priority 10: System Resilience Executive Lead - Executive Director of Primary Care, Community and Mental Health

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- System resilience is a key priority given the challenges and constraints placed on the health board by system pressures – the PTHB Six Goals plan is a component of delivery to improve system efficiency and flow (locally and in neighbouring systems)
- Improving system effectiveness and efficiency (locally and across all neighbouring systems) is key to achieving the longer term shift to a prevention based model of care and associated shift to value based use of resources for population health
- Supporting delivery across the NHS Wales People's Experience Framework and Six Domains of Quality

Specific improvements in services and pathways including:

- Delivery against National Six Goals Urgent and Emergency Care Programme requirements
- As a provider, continued excellence in performance of urgent care services (i.e. Minor injuries measures)
- Improved patient flow, reduction in delayed transfers and reduced length of stay as a provider and in relation to PTHB role in wider systems
- Improvements in performance in key areas of high impact and value – notably Discharge to Recover and Assess
- Reduction in emergency activity / admission avoidance where appropriate
- Increased efficiency of bed base utilisation – greater value based approach to care to improve outcomes and experience

The recommendations set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) that relate to Health Boards have been cross referenced in the appropriate delivery areas in this section of the Delivery Plan. It is recommended in the MAG report that progress against the Six Goals programme should be reported publicly (which is discharged through existing PTHB Progress against Plan and Performance reporting, further development of metrics to be led nationally).

Commentary on Progress in this Quarter:

- **10.1.3)** Soft launch of the Single Point of Access has taken place and has been integrated within the Integrated Flow Hub, with initial delivery focused on step-up and step-down processes and admission avoidance. This represents completion of the revised approach identified for 2025/26, with further strengthening and expansion of the model planned through 2026/27 and reflected within the forward plan.
- **10.1.4)** Full assessment of the revised Integrated Flow Hub has not been completed during Q4, as implementation through soft launch of the Single Point of Access commenced during the quarter and has not yet allowed sufficient operating time for full evaluation. Early operational feedback is positive, with several examples of avoided admissions indicating emerging effectiveness of the revised model. Formal evaluation is planned for Q2 2026/27 to allow sufficient operating time before lessons learned and longer-term sustainability are fully assessed.
- **10.2.1)** Total numbers of Pathways of Care Delays (POCD) have decreased. Number of POCDs throughout Q4 represent a 7% decrease when compared to with Q3 (188 [Q3]: 175[Q4]), and a 2% decrease when compared to the same period in the previous year (179 [Q4 24/25]: 175 [Q4 25/26]). This however represents an 10% increase of the monthly average compared to the Mar '25 baseline (58.3 [Q4 Avg.]: 53 [Mar '25]). The year-end position remains positive, with the

month-to-month comparison, and 12-month aggregate performance both representing a 6% decrease in total POCDs compared to the year prior (50 [Mar '26]: 53 [Mar '25]), (700 [25/26]: 743 [24/25]).

- **10.2.2)** The number of super-stranded patients has decreased throughout Q4 and remains low. Number of super-stranded patients within March represent a 25% decrease when compared with the Mar '25 baseline (3 [Mar '26]: 4 [Mar '25]). It should be noted that the low incidence rate of super-stranded patients has a disproportionate impact to target performance when viewed as a percentage.
- **10.2.3)** Joint POCD Action Plan with Powys County Council remains in place and up to date. The escalation action plan and monthly escalation meetings with the Powys County Council Hospital Social Worker Team Lead have continued throughout Q4, working well through integrative working partnerships. Performance has improved/remained stable/worsened, with the average time to Social Worker allocation having decreased from 4.5 days [Q3 Avg.] to 4 days [Q4 Avg.]
- **10.2.4)** Total numbers of Days Delayed as a result of Pathways of Care Delays have decreased. Number of days delayed throughout Q4 represent an 19% decrease when compared with Q3 (7694 [Q3]: 6523 [Q4]), and a 9% decrease when compared to the same period in the previous year (6859 [Q4 24/25]: 6523 [Q4 25/26]). This also represents a 4% decrease of the monthly average compared to the Mar '25 baseline (2174 [Q4 Avg.]: 2265 [Mar '25]). The year-end position is positive, with the month-to-month comparison demonstrating a 14% decrease from the year prior (1950 [Mar '26]: 2265 [Mar '25]), and 12-month aggregate performance representing an 8% decrease in total days delayed due to POCDs compared to the year prior (27111 [25/26]: 29544 [24/25]).
- **10.4.4)** Development of the future service vision continues through the Better Together Portfolio, which is leading the transformation of urgent care clinical pathways in Powys. The outputs from this work are informing future service design and will underpin the next phase of urgent care service transformation, with the wider portfolio serving as the primary delivery mechanism for the future vision of urgent and emergency care transformation in Powys.
- **10.5.4)** In response to the barriers identified through the NHS Performance and Improvement Team review during Q3, a revised approach has been taken focusing on re-embedding Optimal Hospital Flow principles, recognising that the primary challenge relates to operational application rather than data entry itself. Targeted training sessions were delivered throughout Q4 to support this, alongside the introduction of automated prompts for patient-facing teams to support D2RA pathway allocation and weekly reporting to operational leads. This forms the basis of the targeted action plan, with activity continuing into 2026/27 through a broader body of work to support deeper embedding.
- **10.6.2)** Outcomes of the pilot have been incorporated into an evaluation and benefits framework during Q4, assessing impact on patients awaiting repatriation to Powys from Wye Valley Trust (WVT), financial implications of WVT community hospital bed occupancy, discharge outcomes, and overall patient experience for those transferring into Discharge To Assess (D2A) beds (Cottage View).
- **10.6.3)** In line with Ministerial priorities, next steps for the Trusted Assessor model have been scoped, resulting in a co-designed Joint Discharge Memorandum of Understanding with Powys County Council. This includes application of the Trusted Assessor model within discharge planning, including Mental Capacity Act/Best Interest decision-making and assessment for D2A step-down beds. Further development work is planned to extend this approach to discharge home with domiciliary care, with Social Care assessment undertaken post-discharge to ensure care is right-sized to patient need.
- **10.7.3)** Initial training has now been delivered across all three Mental Health wards, with broad user access granted to Mental Health staff to support routine use of Powys DigiFLO. Early utilisation is increasing, indicating progress in adoption following the earlier rollout delays. Full embedding into standard practice remains a longer-term objective and will continue into 2026/27 as operational use and confidence continue to develop.
- **10.7.5)** Several core Powys DigiFLO processes have now been transitioned to business as usual, including establishment of automated data flows into the data warehouse in line with standard system arrangements. Automated prompts to wards and units, alongside weekly reporting to operational leads, have also been established to support routine operational use. Access requests and monitoring are now incorporated into standard clinical application requests and new starter processes. Full transition to business as usual is not yet complete, with some project-phase elements and governance arrangements still requiring completion throughout 2026/27.

Commentary on red rated actions: N/A

Achievements:

- Delivered SPOA soft launch and integrated with the Integrated Flow Hub, strengthening coordination of existing step-up and step-down pathways and providing a strong foundation for further development
- Achieved a 12-month improvement in POCD performance compared to the previous year
- Enhanced visibility of patient flow metrics through Powys DigiFLO, including D2RA pathway allocation and changes across inpatient stay
- Extended availability of the Powys DigiFLO system into mental health settings, with early rollout positively received by clinical teams

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment O= Original				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
10.1) Refine the Integrated Flow Hub to develop a sustainable model that enhances system-wide coordination and patient flow CRITICAL ACTION	10.1.1) Scope and define the role and priorities of the Integrated Flow Hub, including the development of a resource plan Q1	ED PCC&MH	Blue	Blue	Blue	Blue	H	H	H	H	High
	10.1.2) Subject to scoping, secure necessary resourcing including workforce and digital technologies for effective and sustainable implementation Q2-Q3			Amber	Blue	Blue		M	M	H	High
	10.1.3) Implement a revised approach to the Integrated Flow Hub, ensuring alignment with identified role and priorities Q3				Amber	Blue		M	M	H	High
	10.1.4) Assess the effectiveness and impact of the revised Integrated Flow Hub, identifying lessons learned and opportunities to support long-term sustainability Q4					Amber		M	M	M	Low
10.2) Improved approach to Pathways of Care Delays (POCD) through escalation and tracking and working in partnership to deliver the recommendations of the Newton Europe diagnostic report.	10.2.1) Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking Q1-Q4		Green	Green	Amber	Green	H	H	H	M	High

Cross reference to MAG Report 2025 recommendations: <ul style="list-style-type: none"> - Health Boards should make improvement in processes, partnerships and investment in specific community pathways to reduce delayed pathways of care (6 months) - Delays by pathways to be published in 3 months • Also note recommendation for WG to carry out Rapid study of longest delays to target investment, with Health Board input • Also note ambulance handovers included (see MAG for detail) 	10.2.2) Reduce the number of super-stranded patients through escalation and tracking Q1-Q4	Green	Green	Amber	Green					H	H	M	High
	10.2.3) Work in partnership with PCC to improve social care delays through the recommendations of the Newton Europe diagnostic report Q1-Q4	Amber	Green	Green	Green					M	M	H	High
	10.2.4) Reduce the total number of days delayed due to Pathways of Care delays Q1-Q4	Green	Green	Amber	Green					H	H	M	High
	10.3) Evaluation and Next Step relating to Temporary Service Changes	10.3.1) Evaluate temporary service changes for Minor Injury Units Q1	Blue	Blue	Blue	Blue	H	H	H	H			
	10.3.2) Based on evaluation, recommendation to be made to PTHB Board meeting in July regarding next steps for Minor Injury Units Q2		Blue	Blue	Blue					H	H	H	High
10.4) Enhance the provision of PTHB Urgent Care Services	10.4.1) Conduct a review of current clinical practices and processes to establish key insights to inform the transformation of Urgent Care services Q2		Blue	Blue	Blue	H	H	H	H				High
	10.4.2) Establish a clear framework and criteria to optimise access and streamline processes Q3			Blue	Blue					H	H	H	High
	10.4.3) Review and scope key clinical pathways to improve the delivery of Urgent Care and inform future service design Q3			Blue	Blue					H	H	H	High
	10.4.4) Advance pathway development - define vision for the future service Q4				Blue					H	H	H	High
10.5) Further develop PTHB's utilisation of the Optimal Hospital	10.5.1) Develop R2G and D2RA Information and Performance dashboards Q1	Red	Red	Blue	Blue	H	M	M	H				High

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Flow Framework and associated tools, with a focus on D2RA and Red2Green	10.5.2) Monitor and review data outputs and identify barriers Q2		Red	Blue	Blue		M	M	H	High
	10.5.3) Scope and assess means to address identified barriers Q3			Blue	Blue		M	M	H	High
	10.5.4) Develop targeted action plan to address identified barriers Q4				Blue		M	M	H	High
Cross reference to MAG Report 2025 recommendations: - Hospitals must ensure all admitted patients are placed on D2RA pathways	10.6.1) Pilot of Trusted Assessment approach Q1	Blue	Blue	Blue	Blue	L	H	H	H	High
	10.6.2) Review outcomes of the pilot Q4		Amber	Amber	Blue		H	H	H	High
	10.6.3) Scoping of next steps Q4			Amber	Blue		H	H	H	High
	10.6.4) Implementation of Trusted Assessment Q4 (Removed – moved to 26/27)						H	M	H	
10.7) Enhance and expand the use of the Digital Patient Flow System: Powys DigiFLO	10.7.1) Scope the expansion of Powys DigiFLO onto Mental Health Wards Q1	Blue	Blue	Blue	Blue	H	H	H	H	High
	10.7.2) Rollout of Powys DigiFLO to Mental Health Wards Q2		Amber	Blue	Blue		H	H	H	High
	10.7.3) Embed Powys DigiFLO into standard practice for Mental Health Q3-Q4			Amber	Amber		H	H	H	Medium
	10.7.4) Refine based on lessons learned from Mental Health implementation Q4 (Removed – moved to 26/27)						H	H	M	
	10.7.5) Embed all DigiFLO processes into business as usual Q4				Amber		M	H	M	Medium
Formal change request (Please tick as applicable and provide explanation below)										
Change in Scope	N/A	Change in Timescale	N/A							
Q2 - Change in Timescale										

- **10.1.2)** Subject to scoping, secure necessary resourcing including workforce and digital technologies for effective and sustainable implementation Q2 – (Timescale change to Q2-Q3). 15.10.2025 – Approved at Executive Committee.
- **10.6.2)** Suggest change to Q4 - This is to align with the revised pilot timeline, which has been extended to allow a longer running period, providing more robust data to inform the outcome review. 15.10.2025 – Approved at Executive Committee.

Q3 - Change of Timescale

Original Milestones:

- **(10.6.3)** Scoping of next steps Q3
- **(10.6.4)** Implementation of Trusted Assessment Q4
- **(10.7.3)** Embed Powys DigiFLO into standard practice for Mental Health Q3
- **(10.7.4)** Refine based on lessons learned from Mental Health implementation Q4

Revised Timescale:

- **(10.6.3)** Change to Q4 - This is to align with the revised pilot timeline, which has been extended to allow a longer running period, providing more robust data to inform the outcome review. Evaluation to be completed prior to scoping of next steps. 04.02.26 - Approved at Executive Committee.
- **(10.6.4)** Change to Q1-Q2 2026/27 – This is to align with the extended running period and revised evaluation timeline (10.6.3) 04.02.26 - Approved at Executive Committee.
- **(10.7.3)** Change to Q3-Q4 - This is due to earlier delays in rollout and to allow sufficient time to support effective embedding into routine practice. 04.02.26 - Approved at Executive Committee.
- **(10.7.4)** Change to Q1-Q2 2026/27 – This is to align with the extended embedding timeline for Mental Health (10.7.3) and to reflect learning from previous refinement phases, which demonstrated the need for additional time to implement lessons learned effectively. 04.02.26 - Approved at Executive Committee.

Executive Director Sign Off

Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)

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Joined Up Care

Strategic Priority 11: Commissioning for Value Executive Lead - Executive Director of Planning, Performance and Commissioning

Intended Outcome/ Impact

The Commissioning for Value work programme aims to review services PTHB provides and those services it commissions to ensure that:

- Resources are used wisely to get the best possible outcomes (individual, service, organisation and community) and experience for the population.
- We understand what matters to the population, with an evidence-base for effective interventions, unwarranted variation, outcomes, costs and value.
- Focus on quality outcomes, experience and cost to help ensure that resources are allocated and managed to have the greatest positive impact.
- Discharge commissioning within available resources considering need; resource allocation; service review and gap analysis; demand and capacity.
- Achieve NHS Wales enabling actions including productivity and efficiency measures, and evidence base compliance.
- Robust service specifications underpinning contracted activity levels.
- Focus on resource allocation and management to have the greatest positive impact and on the systems in processes to deliver value.
- A citizen centred approach, putting patients, safety, outcomes and experience as well as safeguarding above all other considerations.
- Development of an annual commissioning and contracting work programme which will support PTHB sustainability and recovery.
- Supporting and driving forward the Better Together Portfolio and sustainable model of care, including Planned Care and Community Model.
- Integrated approach to performance, commissioning and contracting and business intelligence for secondary and specialised services.
- Ensuring local commissioning takes into account NHS Wales and NHS England performance and outcomes frameworks/ productivity and efficiency
- Responding to PTHB accountability conditions and escalation status of Level Four, delivering against associated action plan.
- Working closely with NHS England Integrated Care Boards to align commissioning approaches and reviewing contract design.
- Working with the Joint Commissioning Committee (JCC) as a preferred partner to assess options for pathway and referral optimisation

Commentary on Progress in this Quarter:

- **11.6)** Between September 2025 and December 2025, a review was undertaken of third sector services commissioned by PTHB spanning 24 services. The Review report and recommendations were submitted to, and supported by, the Executive Committee in December 2025. The Review and recommendations (which included commercially sensitive information) were then submitted to Planning Partnership and Population Health Committee In-Committee. The Health Board has written to each commissioned provider about next steps, including ensuring compliance with The Health Service Procurement (Wales) Act 2024 or, where applicable, The Health Services (Provider Selection Regime) (Wales) Regulations 2025.

Commentary on red rated actions:

- **11.2)** Pathway development/redesign – aligned to Getting It Right First Time (GIRFT) strategic assessment of planned care, therefore actions have not proceeded to original timescale and will be taken forward upon receipt of the report and implemented in 2026/27.
- **11.3)** Delay in work being led by Joint Commissioning Committee not aligned with original timescales planned.
- **11.4)** Linked to GIRFT strategic assessment of planned care timescales.

Achievements:

Progress against key actions and milestones											
Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment O = Original				
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3	Q4
11.1) Commissioning development Framework CRITICAL ACTION	11.1.1) Develop Strategic Commissioning Framework for tactical commissioning and contracting for 2025/26 based on population health and evidence based practice to improve outcomes and value for population, in context of escalation and plan status. Includes underpinning work on reducing variation and implementing national INNU policies and supporting referral optimisation and coordination of Last year of Life Q1	ED PP&C	Amber	Blue	Blue	Blue	H	M	M	H	High
11.2) Pathway development/redesign Through the application of the PTHB commissioning cycle, Identify and redesign/recommission 2 pathways through clinically led Commissioning Approach; including gynaecology and General Medicine	11.2.1) Establish and secure clinical leadership Q4		Amber			Red	M	L	L	Low	
	11.2.2) Review of population need, current and intended outcomes Q4					Red		M	M	Low	
	11.2.3) Review existing service provision, undertake gap analysis in context of identified need and relevant national benchmarking data (including evidence base) Q4					Red		M	M	Low	
	11.2.4) Determine current provider/commissioner budget, performance and contract frameworks for each pathway Q4					Red		M	M	Low	
	11.2.5) Develop proposed service specifications Q4					Red		M	M	Low	
	11.2.6) Detail proposed clinical pathways and models of care based on the service specifications Q4					Red		M	M	Low	
	11.2.7) Translate clinical pathways and models of care into final specification (including tender documentation if service to be procured) Q4					Red		M	M	Low	
	11.2.8) Plan demand and capacity requirements to ensure timely, effective and equitable delivery of the pathway Q4					Red		M	M	Low	

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	11.2.9) Develop pathway implementation plans Q4							Red	M		M	Low	
	11.2.10) Develop performance monitoring and assurance framework Q4							Red	M		M	Low	
11.3) Specialised services Work with JCC as a preferred partner to analyse and scope opportunities to improve value; take forward JCC Transformation priorities 2025-26	11.3.1) Establish with JCC preferred partner arrangement Q1		Blue	Blue	Blue	Blue			L	H	H	H	High
	11.3.2) Scope opportunities for pathway and referral optimisation (linking to the Critical action set out in SP5) – Q1-Q4		Amber	Red	Amber	Green			L	L	H		Medium
	11.3.3) Develop implementation plan for identified options – Q1-Q4		Amber	Red	Amber	Amber			L	L	M		Low
11.4) Develop Fragile Service Risk Assessment methodology to guide strategic commissioning of in reach	11.4.1) Using national work, agreed methodology to review existing in-reach services and determine options for future commissioning arrangements Q4		Red					Red	M	M	L	H	Low
11.5) Strengthen Integrated Quality and Performance Framework for PTHB as both provider and commissioner	11.5.1) Revised IQPF reflects NHS Wales Planning and Performance Frameworks for 2025-26; revised PTHB internal performance monitoring structure; and revised commissioned service quality and performance review mechanisms Q1		Blue	Blue	Blue	Blue			H	H	H	H	High
11.6) Review the Third Sector services commissioned by Powys Teaching Health Board, providing an appraisal of the key dimensions of the existing services and the opportunities for improvement to inform future planning and commissioning	11.6.1) Establish review group, clinical and managerial leadership Q2			Blue	Blue	Blue			H	M	H	H	High
	11.6.2) Updated service specifications and agreement of SLAS with providers Q2-Q3 (Removed)			Red						M	L		
	11.6.3) Develop KPI's and agree new reporting metrics Q2 (Removed)			Red						M	L		
	11.6.4) Review of Provider Selection Regime and National Commissioning Framework for Hospices, Mental Health and other third sector services in support of future commissioning approach Q4 (Removed)									M	L		
	11.6.5) Review opportunities for reallocation of funding streams Q2-Q3 (Removed)				Green					M	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
<u>Q1 change in timescale</u>			
<ul style="list-style-type: none"> • 11.2.1) Due to requirement to focus resources on NHS England Commissioning and implementing referral management and the Strategic Commissioning Framework, agreed via the Better Together Portfolio Board to reprofile to Q4. 20.08.25 - Approved at Executive Committee. • 11.4) Timescale has been updated to align with 5.1, target of Q4.1. 20.08.25 - Approved at Executive Committee. 			
<u>Q2 Change in Scope</u>			
<ul style="list-style-type: none"> • 11.6) Change to wording of Key Area of delivery to - Review the Third Sector services commissioned by Powys Teaching Health Board, providing an appraisal of the key dimensions of the existing services and the opportunities for improvement to inform future planning and commissioning. 15.10.2025 – Approved at Executive Committee. • 11.6.2, 11.6.3 and 11.6.5) – To be removed from Plan as these are considerations that need to follow the completion of the review. 15.10.2025 – Approved at Executive Committee. • 11.6.4) - To be removed from Plan as this is a matter for the JCC and NWSSP. 15.10.2025 – Approved at Executive Committee. 			
Executive Director Sign Off		Nicola Johnson (Executive Director of Planning, Performance and Commissioning)	

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Workforce Futures

Strategic Priority: Transformation and Sustainability Executive Lead – Executive Director of People and Culture

Intended Outcome/ Impact

- Meeting Welsh Government 30% agency reduction spend target
- Zero agency spend on Agency Healthcare Support Worker, Admin & Clerical, and Estates & Ancillaries
- Reduction in Whole Time Equivalent vacancies
- Increase workforce pipeline routes
- Restorative supervision Trained clinical managers
- Sustainable workforce model with associated reduction in vacancies, agency usage and a greater pipeline of potential recruits
- Home grown capability in rural healthcare, with associated improvements in patient care and experience

The recommendations set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) in relation to Workforce which are specific to Health Boards have been cross referenced in the appropriate delivery areas in this section of the Delivery Plan. There are further recommendations for Welsh Government and HEIW which may also require collective action / health board implementation at a later stage. A Watching brief will be kept via the lead Executive on any implications arising for PTHB.

Commentary on Progress in this Quarter:

- **12.1.1)** To support the Better Together Programme, Transformation and Value Programme Managers and Organisational Development Facilitators have all undertaken Change Management Practitioner training and guides have been published on the intranet as a resource for anyone involved in change. Change management is also included in management and leadership programmes. Work continues and remains an ongoing action to identify specific individuals who need change management training to directly deliver Phase 1 elements of Better Together.
- **12.2.1)** The final cohort of International Nurses have been onboarded and have travelled to Wales. After sitting their Objective Structured Clinical Examination (OSCE) exam on 23rd March, the 4 x Mental Health Nurses will travel to their allocated workplaces, 2 to Clywedog ward in Llandrindod Wells, 1 to Felindre Ward in Bronllys, and 1 to Tawe Ward in Ystradgynlais, to commence their employment with PTHB. As reported last Quarter, both International Medics have completed onboarding and commenced employment within PTHB.
- **12.3.1)** Bank recruitment activity continued throughout Q4, with routine publication of Registered Nurse (RN) and Healthcare Support Worker (HCSW) adverts to maintain a consistent pipeline of Bank staff. Onboarding has progressed across both Mental Health and General nursing workforces, covering registered and unregistered roles. Targeted recruitment has also been undertaken for key priority posts, particularly those with associated agency spend, including Mental Health Practitioners for the 111 #2 Service, a Cardiac Physiologist to support Cardiology, and a Service Improvement Manager. During Q4, a total of 43 individuals were fully onboarded, including 12 substantive staff joining the Bank. A further 56 new Bank workers are currently progressing through pre-employment clearances and mandatory training.
- **12.5.1)** The Vacancy Scrutiny and Justification Process, strengthened in October 2025 and further reinforced through the refreshed Establishment & Vacancy Control Process in January 2026, continues to deliver sustained impact, with year on year recruitment activity between September and February reducing

consistently by 19-38% as directorates apply tighter prioritisation and explore alternative workforce solutions before seeking Executive approval to recruit. This strengthened multidisciplinary scrutiny is improving establishment discipline, enhancing transparency and risk identification, and ensuring decisions align with affordability, patient safety and organisational priorities. The sustained downward trend in posts progressing to recruitment is contributing directly to financial recovery by reducing recurrent cost pressures, limiting unfunded establishment growth and preventing avoidable recruitment.

- **12.6.1)** The People and Culture Resourcing Team is delivering a targeted programme focused on clinical vacancies that are currently driving agency expenditure. Recruiting managers in these areas are being proactively engaged to accelerate substantive recruitment and reduce reliance on temporary staffing. This work is aimed at improving workforce stability, strengthening financial control, and ensuring that posts with the highest cost impact are prioritised for prompt action.
- **12.7.1)** Local review of skill mix is ongoing, incorporating Band 2, Band 3 and the proposed new Band 4 RNA role, informed by the outcomes of the B2/3 review. Implementation of the RNA role remains paused, as the necessary UK Government legislation related to the role to operate in Wales has not yet been enacted.
- **12.8.1)** To date, the primary focus has been on implementing the national job descriptions for Healthcare Support Workers and completing the associated validation exercise. This work has resulted in approximately 200 colleagues being validated against the new job description, with recognition and corrective payments issued in March 2026. A national timeline for the release of nationally mandated job descriptions has not been provided to Health Boards, which means we are currently unable to plan a structured implementation schedule for the release of any further national job descriptions. However, a local approach to review any national JD's and agree implementation is in place.
- **12.9.1)** PTHB's investment in its "grow our own" nursing pathways is now yielding significant results, with 36 newly qualified Registered Nurses (RN)/Registered Mental Health Nurses (RMN) due to enter the workforce in 2026 from internal training pipelines; the largest single year supply of registered nurses the organisation has ever generated. This milestone demonstrates the success and maturation of the Aspiring Nurse Programme and associated development routes, providing strong early evidence of return on investment. Emerging evaluation findings show that each newly qualified RN/RMN is expected to deliver an estimated £73k reduction in agency expenditure per annum, generating a net financial gain of approximately £33k per WTE once salary costs are accounted for. This represents a major opportunity to secure a sustainable nursing workforce for Powys, reduce reliance on temporary staffing, and embed long term workforce resilience. A formal report is due to be presented to the Executive Committee to support the transition of all 36 aspiring nurses into Band 5 roles.
- **12.10)** ACEES achieved substantial reach in 2025/26, engaging almost 6,000 learners across Powys and neighbouring areas through its Whole School, Enhanced, Additional Learning Needs and new Primary School Pilot programmes. Delivery was strengthened by an increase in bilingual (Welsh medium) sessions, ensuring equitable access for learners across dual stream and Welsh medium schools. This year also marked the successful launch of the Primary School Pilot, delivered in 10 schools and receiving exceptionally positive feedback from both pupils and teachers.
- **12.11.1)** 33 registered staff have been trained as practice assessors and a further 69 are trained as practice supervisors to support students on placement.

Commentary on red rated actions:

- **12.12.1)** PTHB has 6 staff members trained as Royal College of Surgeons (RCS) supervisors (below the Chief Nursing Officer target of 15%). An RCS Implementation Group meets monthly to continue to develop the offer and grow the number of trained staff. RCS is now offered regularly to Preceptees as part of their Preceptorship program.
- **12.4.1)** Although recruitment to substantive and fixed term HCSW roles has helped reduce agency spend for HCSWs, spend has not been completely eliminated. This action will be moved forward in to next year's plan.
- **12.6.1)** There continues to be delays with some Recruiting Managers advertising vacant roles that attract agency spend. A targeted piece of work is being undertaken by the People & Culture Business Partners and the Resourcing Team to support escalate any areas of concern alongside a wider review of all long

term vacancies to determine whether skill mix or redesign opportunities could address any longstanding recruitment challenges. This action will be moved forward in to next year's plan.

Achievements:

- Agency hours are forecast to reduce by 38% by year end, compared to 2024/25.
- Bank shifts hours are forecast to increase by 17% by year end, compared to 2024/25.
- 100% of Internationally Educated Nurses were successfully supported to pass their OSCE training.
- PTHB's investment in its "grow our own" nursing pathways is now yielding significant results, with 36 newly qualified RNs/RMNs due to enter the workforce in 2026 from internal training pipelines; the largest single year supply of registered nurses the organisation has ever generated.
- ACEES achieved substantial reach in 2025/26, engaging almost 6,000 learners across Powys and neighbouring areas through its Whole School, Enhanced, ALN and new Primary School Pilot programmes.
- Implementation of the national job descriptions for Healthcare Support Workers and completing the associated validation exercise; this work has resulted in approximately 200 colleagues being validated against the new job description, with recognition and corrective payments issued in March 2026.

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment				
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3	Q4
12.1) Transformation skills and development Focused on targeted support for transformation, including leadership, change management, training and capability for transformation and new ways of working CRITICAL ACTION Cross reference to MAG Report 2025 recommendations: <ul style="list-style-type: none"> • Health Boards to report workforce headcount, FTE staffing and productivity data to public Board meeting (see MAG report and WG response for further detail/ timescale) 	12.1.1) Working with the Transformation and Improvement team, assess and prioritise the development of transformation and improvement training, skills and capacity at all levels of the organisation Q1-Q4	ED P&C	Green	Green	Green	Blue	M	H	H	H	High

<ul style="list-style-type: none"> also note recommendation for HEIW in relation to Leadership programmes 										
12.2) Variable pay: On board a further 3 cohorts of internationally trained Adult Nurses, Mental Health Nurses and 2 Medics	12.2.1) Successful on-boarding of cohorts of Internationally Educated Nurses (IENS) and Medics Q1-Q4	Green	Green	Green	Blue	M	H	H	H	High
12.3) Undertake targeted recruitment to Bank, prioritising services with variable pay spend	12.3.1) Increased recruitment to Bank Q4				Blue	H	H	H	H	High
12.4) Introduce arrangements to temporarily realign establishments to remove the use of Healthcare Support Workers (HCSW) agency staff	12.4.1) Increase in temporary/fixed term HCSWs to remove HCSW agency use Q2 12.4.2) Cease Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary agency use by September 2025 Q2		Amber	Amber	Red	H	H	H	M	Low
12.5) Ensure Executive approval to enhance vacancy controls	12.5.1) All vacancies are reviewed by Executives to support in year savings through delayed recruitment Q1-Q4	Green	Green	Green	Blue	H	H	H	H	High
12.6) Enhanced monitoring of clinical vacancies to ensure timely advertising of posts that would otherwise attract variable pay	12.6.1) All clinical vacancies attracting variable pay are advertised Q1-Q4	Amber	Amber	Amber	Red	H	M	H	H	Low
12.7) Work with clinical and operational directorates, ensure staffing models are reviewed where appropriate to recognise ongoing national work relating to health care support worker roles and the Nurse Associate role	12.7.1) Schedule of reviews operationalised Q1-Q4	Green	Amber	Green	Blue	H	H	H	H	High
12.8) Ensure that local job descriptions are reviewed in line with changes to the national agenda for change profiles	12.8.1) Develop a timetable of activity to ensure that local job descriptions are reviewed in line with changes to the national agenda for change profiles Q1-Q4	Green	Green	Green	Blue	H	H	H	H	High
12.9) Pipeline: Launch the third cohort of the Aspiring Nurse	12.9.1) Evaluate impact and Return on Investment (ROI) of pipeline workforce Q2-Q4		Amber	Green	Blue	H	H	H	H	High

Programme with HEIW and University partners	12.9.2) Advertise, recruit and onboard 15 aspiring nurses Q1-Q3		Green	Blue	Blue	Blue		H	H	H	High	
12.10) Continue to deliver and evaluate the Academy Career and Education Enterprise Scheme (ACEES) with Powys County Council Education service	12.10.1) Provide an ACEES offer to schools Q2-Q4			Green	Green	Blue	M	H	H	H	High	
	12.10.2) Evaluate impact of programme 2024/25 Q1		Blue	Blue	Blue	Blue		H	H	H	High	
12.11) Students: Train registered Nursing staff as Practice Assessors and Supervisors to support Students on placement	12.11.1) Number of registered nurses that have received the Practice Assessors/ Practice Supervisors training Q1-Q4		Green	Green	Green	Blue		H	H	H	High	
12.12) Train eligible registered nurses in restorative supervision	12.12.1) Number of registered nurses trained in restorative supervision Q1-Q4		Amber	Red	Red	Red		H	M	L	L	Low

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	Debra Wood Lawson (Executive Director of People and Culture)
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Workforce Futures

Strategic Priority: A Great Place to Work Executive Lead – Executive Director of People and Culture

Intended Outcome/ Impact

- Turnover percentage in terms of retention
- A great place to work, with positive organisational and team climates, high levels of staff satisfaction, engagement and wellbeing
- Associated improvements in recruitment and retention and reductions in workplace absences
- Staff are able to raise concerns and speak up safely

Commentary on Progress in this Quarter:

- **13.2.1)** Speaking up safely routes have continued to be communicated through the Our Voice portal, there has been some technical challenges with the external provider around ensuring that concerns raised are communicated back to the organisation, but these have been rectified. In Q4 3 concerns have been raised through the dedicated route. The steering group is currently being refreshed to have greater focus on the wider range of data available that evidence where staff raise concerns (e.g. DATIX, Workforce, Safeguarding etc).
- **13.5.1)** The Clinical Leadership Immersion Programme (CLIP) Level 2 programme continues to be delivered bi-monthly with 15 attendees in Q4. The course also continues to have demonstrable outcomes in terms of individual behavioural change and as a result stories of improved team leadership.
- **13.6.1)** The CLIP level 1 programme has been trialled and content adjusted to better suit the needs of the organisation. This course focuses on enabling participants to gain confidence in team working and finding their professional voice amongst their peers. It has been specifically delivered to whole cohorts of Aspiring Nurses as part of their programme. In Q4, 3 programmes have been delivered to 31 attendees.
- **13.7.1)** HEIW have commissioned activity to spread the CLIP Level 2 programme into Primary Care. This had led to two courses, one in Powys and another in Carmarthen. A total of 20 participants mainly from GP surgeries have attendee who ranged from Practice Managers to GPs. Initial feedback has been highly positive.

Commentary on red rated actions: N/A

Achievements:

- Continued targeted actions have contributed to workforce turnover reducing by a further 1.7% during 2025/26 to 9.47%.
- The Health Board improved on the response rates for the Staff Survey from 30.3% in 2024 to 34.7% in 2025.
- The Staff Engagement Index remained the highest of all Health Boards in Wales and 4th for all NHS Wales organisations.
- The CLIP Level 2 programme continues to be delivered bi-monthly with 15 attendees in Q4. The course also continues to have demonstrable outcomes in terms of individual behavioural change and as a result stories of improved team leadership.
- HEIW have commissioned activity to spread the CLIP Level 2 programme into Primary Care. This had led to two courses, one in Powys and another in Carmarthen. A total of 20 participants mainly from GP surgeries have attendee who ranged from Practice Managers to GPs. Initial feedback has been highly positive.

Progress against key actions and milestones											
Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment O= Original				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
13.1) Continue to address actions within the HEIW Nurse Retention Plan	13.1.1) Pilot 'Stay Conversations' template Q2	ED P&C		Blue	Blue	Blue	H	H	H	H	High
	13.1.2) Develop a leavers toolkit, to include exit interview guidance Q3				Blue	Blue		H	H	H	High
13.2) Embed Speaking up Safely framework	13.2.1) Promote the SUS routes; quarterly SUS steering group to monitor impact Q1&Q4		Amber		Amber	Blue	H	H	H	M	High
	13.2.2) Evaluate Vivup SUS offer Q2 (Removed – moved to 26/27)			Red	Amber			M	L	L	Select
13.3) Promote the findings and themes emerging from the 2024 NHS staff survey	13.3.1) Communicate 2024 findings and themes - “you said we have/ did” model Q1-Q2		Green	Blue	Blue	Blue	H	H	H	H	High
13.4) Undertake 2025 NHS staff survey	13.4.1) Promote 2025 NHS staff survey retaining a 30% or higher return Q3				Blue	Blue	H	H	H	H	High
13.5) Development: Deliver B6 and 7 (expanding to 8A) Clinical Leadership Immersive Programme (CLIP)	13.5.1) Run CLIP programmes once every two months Q1-Q4		Amber	Amber	Amber	Blue	M	M	M	M	High
13.6) Develop a one-day CLIP for B5's	13.6.1) Pilot and then implement a 1 day CLIP programme Q1-Q4		Green	Green	Blue	Blue	M	M	H	H	High
13.7) Support HEIW to Scale up PTHBs CLIP programme pan Wales	13.7.1) Run monthly CLIP sessions for HEIW ** subject to RIF funding Q1&Q2		Green	Amber	Green	Blue	M	M	M	M	High
13.8) Integrate the Managers Charter within the existing managers programme	13.8.1) Number of Managers programmes held /participants Q1-Q2		Amber	Green	Green	Blue	H	M	M	H	High
13.9) Evaluate Reverse mentoring pilot	13.9.1) Evaluate the first reverse mentoring cohort and promote 2 nd round Q1-Q2	Green	Amber	Amber	Blue	M	M	M	M	High	
13.10) Develop a People strategy	13.10.1) Create a people strategy with feedback from staff that describes structures, systems, skills,					M	M	L	L	Select	

behaviour, leadership, and culture Q4 (Removed – moved to 26/27)

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

Change in Scope

N/A

Change in Timescale

N/A

Q2 Change in timescale

- **13.2.2)** Timescale of evaluation changed to Q3 as no concerns have been raised by users through VIVUP so evaluation not possible. 15.10.2025 – Approved at Executive Committee.

Q3 Change in timescale and scope

- **13.10.1)** Develop a people strategy – Request to move this action into Q1/2 2026/27 as we will be developing the content of it through Q4. 04.02.26 - Approved at Executive Committee.
- **13.2.2)** Speaking up Safely – Evaluate VIVUP offer – due to limited uptake request to move this action into Q1/2 2026/27. 04.02.26 - Approved at Executive Committee.
- **13.5.1)** Change in scope – requested re wording to: Run CLIP programmes once every two months. 04.02.26 - Approved at Executive Committee.

Executive Director Sign Off

Debra Wood Lawson (Executive Director of People and Culture)

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Workforce Futures

Strategic Priority: Employee Health and Wellbeing Executive Lead – Executive Director of People and Culture

Intended Outcome/ Impact

- Reduction in sickness absence, whole time equivalent turnover and recruitment & retentions / grievances, self and Management Occupational Health referrals relating to Sickness, Depression, and Anxiety (SAD)
- Staff report positively about their health and wellbeing at work, feel supported and have access to wellbeing initiatives that meet their needs
- Managers are able to utilise workforce policy, guidance and wellbeing initiatives to support staff to remain in/return to work

Commentary on Progress in this Quarter:

- **14.1.1)** The annual programme of wellbeing roadshows has been delivered across the county during Q3 and Q4. This includes roadshows at the main hospital and office sites that is attended by a range of services including the PTHB Charity, Equalities and Welsh Language service, Silvercloud, Occupational health, Libraries, and Organisational Development, as well as being supported by some external organisations such as the Bracken Trust, and Powys Mind. Road runs were also delivered which involved a couple of Organisational Development staff attending all the smaller sites to raise awareness of the wellbeing support on offer. Wellbeing roadshows were delivered across 10 sites in total, plus road runs to a further 13 sites, engaging with a total of 424 staff (75% of numbers of staff available on site during those visits).
- **14.1.2)** The employee assistance programme continues to be actively promoted across the organisation.
- **14.1.3)** Working carers in PTHB have the option to join the Working Carers network, which is a source of peer support and information for carers at any stage of their caring journey. In Q4 progress has been made in expanding the network to include local authority colleagues, widening the pool of peer support available. PTHB colleagues have had the opportunity to attend the Exploring Caring programme. In Q4, work has commenced on a bitesize approach to sharing information from the programme with colleagues with caring responsibilities. Work will continue through 2026/27.
- **14.2.1)** The 1.5 Hour Introduction to Compassionate Leadership course continues to be delivered online both as a stand-alone programme and as part of the pre-requisites for CLIP Level 2. In Q4, 42 participants attended the course, totalling 127 for the year.
- **14.5.1)** Regular reviews of long-term sickness absence continues to be embedded across the organisation, with sustained support provided to managers through structured case review processes, advisory input from the People & Culture team, and clear signposting to wellbeing and occupational health services. While the Health Board has seen a sustained reduction in long term sickness absence levels, this progress has been offset by increases in short term sickness absence during the period. Focused work will therefore continue into 2026–27 to support managers in addressing patterns of short-term absence and in strengthening early intervention approaches.
- **14.6.1)** Targeted activity has also taken place during the year to enhance managerial capability, including delivery of tailored training and enhanced advisory support within areas experiencing frequent or complex absence. This has included, for example, focused work in the Felindre area which has included, support through the Mindfulness Acceptance Commitment (MAC) practitioners, ensuring managers receive practical guidance, improved confidence in managing absence, and timely signposting to the full range of supportive services. This targeted, holistic approach will continue to form a key part of sickness absence plans for 2026–27.

Commentary on red rated actions: N/A

Achievements:

- Wellbeing roadshows were delivered across 10 sites in total, plus road runs to a further 13 sites, engaging with a total of 424 staff (75% of numbers of staff available on site during those visits).
- The 1.5 Hour Introduction to Compassionate Leadership course continues to be delivered online both as a stand-alone programme and as part of the pre-requisites for CLIP Level 2. In Q4, 42 participants attended the course, totalling 127 for the year.

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment O=Original				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
14.1) Provide access to a range of wellbeing initiatives which support the health of the workforce	14.1.1) Deliver wellbeing roadshows across the county ** subject to RIF funding Q1-Q4	ED P&C	Green	Green	Green	Blue	H	H	H	H	High
	14.1.2) Promote the Employee assistance platform offers Q1-Q4		Green	Green	Green	Blue	H	H	H	H	High
	14.1.3) Develop and promote the offer for working carers Q1-Q4		Green	Green	Green	Blue	M	M	M	M	High
14.2) Deliver the Compassionate Leadership model to underpin approach to staff wellbeing	14.2.1) Deliver monthly Compassionate leadership intro sessions for both Health and Care staff ** subject to RIF funding Q1-Q4		Amber	Green	Green	Blue	M	M	M	M	High
14.3) Provide a range of offers that deliver on the HEIW Staff Health and Wellbeing Framework (SHWF)	14.3.1) Complete Match and Gap of PTHBS Wellbeing plan/ staff experience framework against HEIW's SHWF Q1		Blue	Blue	Blue	Blue	M	H	H	H	High
	14.3.2) Develop plan and implementation for addressing the gaps Q1-Q2		Green	Blue	Blue	Blue		H	H	H	High
14.4) Targeted Support for managers to reduce short term absence through Managing attendance at work policy	14.4.1) Pilot and evaluate a mindfulness / wellbeing programme of offers to support return to work /stay in work ** subject to RIF funding Q1		Blue	Blue	Blue	Blue	H	H	H	H	High
14.5) Introduce regular case reviews for all long-term absentees	14.5.1) Rolling programme of case reviews in place Q4					Blue	H	H	M	M	High
14.6) Develop capability of managers on Managing Attendance	14.6.1) Rolling programme of capability improvement Q4					Blue	H	H	M	M	High
14.7) Re- tender Occupational Health Employee Assistance Platform (EAP)	14.7.1) Write tender specification and go out to the market Q1-Q2		Green	Blue	Blue	Blue	H	H	H	H	High

	14.7.2) Award and implement EAP Q2-Q3			Blue	Blue	Blue		H	H	H	High
Formal change request (Please tick as applicable and provide explanation below)											
Change in Scope	N/A	Change in Timescale	N/A								
Executive Director Sign Off	Debra Wood Lawson (Executive Director of People and Culture)										

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Workforce Futures

Strategic Priority: Equalities and Welsh Language Executive Lead – Executive Director of People and Culture

Intended Outcome/ Impact

- Performance – Strategic Equality Plan/ Workforce Race Equality Standard plan
- The health board is dynamic in promoting and achieving equality as an employer and employees report positive experiences and support
- The health board takes a pro-active wider role as an anchor institution, leveraging its importance in the Foundational Economy
- There is an 'Equality Friendly' culture with a well-trained workforce and effective utilisation of assistive technology, translation and interpretation

Commentary on Progress in this Quarter:

- **15.1.1)** Progress against the Strategic Equality Plan continues as planned, with delivery evidenced across all eight equality objectives. Key achievements include improved accessibility through expanded communication support (e.g., Convo/SignLive rollout and portable hearing loops); strengthened anti-harassment work, including implementation of the NHS Wales Anti-Sexual Harassment Policy.
- **15.4.1)** Implementation of the Anti-Racism Action Plan remains on largely on track, with delivery recorded across recruitment, progression, training, data quality and lived-experience engagement. Achievements include a full review of recruitment and progression policies, improved flexible-working and ethnicity data capture, delivery of bias-awareness training and continued targeting to maintain ethnicity data completeness above 90%. Updates have been provided on progress as part of the Equalities and Welsh Language Updates to People and Culture Committee. Work is underway on the next stage of internal consultation processes which will continue into the next financial year.
- The planned equality training sessions for Board members was delayed during 2025–26 and will now be rescheduled and reviewed as part of the 2026–27 programme along with two further actions; the review of the internal governance framework from an antiracism perspective to ensure alignment and integration with other organisational decision making forums; and the review of internal incident reporting policies to ensure that incidents of racism are captured effectively, monitored robustly, and reported through clear and accessible processes.
- **15.7.1)** Compliance with the Welsh Language Vacancy Assessment Tool has remained low during 2025–26. In response, a full review of the Welsh Language Service Leads Group and its role in driving improvement is planned for 2026–27 to strengthen ownership, accountability and consistency across services. Additionally, further signposting and reinforcement of the Welsh Language Vacancy Assessment requirements have now been embedded into the Health Board's vacancy control process to support improved compliance going.
- **15.8.1)** The Health Board has successfully expanded Convo (formerly Sign Live) to all Primary Care providers, resulting in the best coverage in Wales for this service.

Commentary on red rated actions:

- **15.5.1)** Gender awareness training was paused during 2025–26 pending updated European Human Rights Court guidance following the Supreme Court ruling. In light of this, the organisational training offer in this area will be reviewed as part of the 2026–27 work programme to ensure that any future provision is fully aligned with national guidance and reflects best practice in supporting an inclusive and legally compliant approach to sex and gender within the workplace. The continued absence of this guidance has effectively halted this objective during the year.

Achievements:

- The rollout of Convo across Primary Care means that PTHB have the highest coverage of any part of Wales.
- Health Board became a signatory to the Hate Crime Charter, signalling a zero-tolerance stance and achieved Disability Confident Level 2
- Accreditation with an aim to achieve Disability Leader status in 2026-27.

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment O= Original				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
15.1) Continue the implementation of the objectives set out in the Strategic Equality Plan (SEP)	15.1.1) Achievements set out with the SEP are met Q4	ED P&C				Blue	H	H	H	M	High
15.2) Explore certification / kite mark schemes and accreditation e.g. Diverse Cymru Competence scheme; hate crime charter	15.2.1) Exploration completed and implemented plan in place Q3				Blue	Blue	H	H	H	H	High
15.3) Develop and implement policy and approach to sexual safety in the workplace, linking with National programmes	15.3.1) Policy implemented and promoted, monitoring in place Q3		Amber	Amber	Blue	Blue	H	H	H	H	High
15.4) Implement updated Anti racism plan which includes actions relating to recommendations arising from the WRES report	15.4.1) Achievements set out within the Plan are met Q1-Q4		Green	Green	Red	Blue	H	H	H	M	High
	15.4.2) Half yearly updates against the Anti Racism action Plan Q2&Q4			Green	Green	Blue		H	H	H	High
15.5) Continue to rollout the Gender awareness training	15.5.1) Number of cohorts and participants Q2&Q4			Red	Red	Red	H	H	L	L	Low
15.6) Development of a reasonable adjustment guidance for staff and a reasonable adjustment passport	15.6.1) Guidance issued and passport in place Q4					Blue	H	H	H	H	High
15.7) Monitor and evaluate the usage and impact of the Welsh Language Vacancy Assessment Tool	15.7.1) Review compliance of use of tool. Consider improvement target if required Q2&Q4			Amber	Amber	Blue	H	H	M	M	High

15.8) Monitor the use and uptake of Online translation, including exploration of sign live within primary care services	15.8.1) Sign live introduced within Primary Care settings Q4					Blue	H	H	H	H	High
	15.8.2) Continued utilisation of online translation Q1-Q4		Green	Green	Green	Blue			H	H	High

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

Change in Scope	N/A	Change in Timescale	N/A	
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Q2 change in timescale

- 15.3.1)** Timescale changed to Q3 as national policy only received in September. 15.10.2025 – Approved at Executive Committee.

Executive Director Sign Off	Debra Wood Lawson (Executive Director of People and Culture)
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Digital First

Strategic Priority: Leadership and Planning for Digital Executive Lead - Executive Director of Allied Health Professions, Health Sciences and Digital

Intended Outcome / Impact

- Staff and patients will improve their digital skills and confidence, enabling them to adopt technology and use systems effectively. This will foster a culture of continuous learning and adaptation, which is crucial for successful digital transformation.
- Embedding accountable digital clinical leadership will ensure that digital initiatives are aligned with clinical priorities and that there is accountability for the outcomes of these initiatives. This approach will improve the quality and safety of care.
- Implementing AI-driven clinical decision support systems will assist healthcare providers in diagnosing and treating patients, leading to better clinical outcomes.
- The creation and implementation of dashboards to track efficiency metrics will support the Business Efficiencies programme to reduce waste. This initiative will provide real-time insights into various operational metrics, enabling the organisation to identify inefficiencies and areas for improvement quickly. Increasing the use of virtual consultations across services for follow-ups by 10% will significantly improve accessibility and convenience for patients, reducing the need for in-person visits and allowing for more flexible care options as the redesign the digital model of care.
- Developing predictive analytics models will help anticipate patient needs and optimise resource allocation. This could involve using historical data to predict patient admissions, identify high-risk patients, and improve care management. Expanding the use of natural language processing (NLP) will extract valuable insights from unstructured data, such as clinical notes and patient feedback. This can help identify trends, improve patient care, and streamline administrative processes
- Overall, these efforts will lead to a more digitally competent workforce, improved care quality and safety, increased operational efficiency, and a culture of innovation within the organisation.

There are no specific recommendations for Health Boards at this stage, set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025). However there may be requirements for collective action and implementation implications at a later stage, of the recommendations set out for Welsh Government and DHCW. A Watching brief will be kept via the lead Executive on any implications arising for PTHB.

Commentary on Progress in this Quarter:

Commentary on red rated actions:

- **16.1.3)** Scope of this board session was changed to Introduction to digital services, therefore the big data management awareness did not take place
- **16.9.1)** Delayed due to national delays in delivering Structured Medication Review. Revised Electronic Prescribing Medicines Administration rollout schedule begins in May 26. Scheduled for completion by Q3 25/26
- **16.3.3)** Work is actively underway to transition from WCCIS to TAG:RIO Product. Detailed mapping and normalisation of flows will deliver this by Q4 26/27
- **16.3.4)** A proof of concept has been tentatively agreed by Welsh Government, to identify opportunities to integrate with English referral system. Tentatively scheduled for Q4 25/26 subject to agreement and further planning of dependant organisations.

- **16.9.7)** Linked to 16.3.4. Engagement with DHCW and Primary Care will form part of the proposal for cross border referrals. Tentatively scheduled for Q4 25/26 subject to agreement and further planning of dependant organisations.

Achievements:

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment O = Original				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
16.1) DSF Strategic Theme - Leadership, Partnership and Alliances <ul style="list-style-type: none"> ○ Schedule Board Development sessions to embed digital thinking at the leadership level CRITICAL ACTION	16.1.1) To ensure digital transformation is a continuous focus at the highest levels of leadership plan two Digital Board Awareness Sessions in year Q2-Q4	ED AHPHS&D	Green	Green	Blue	Blue	M	H	H	H	High
	16.1.2) Schedule and present a Cyber/Information Governance Awareness Board Session Q2-Q4			Green	Blue	Blue		H	H	H	High
	16.1.3) Schedule and present a Big Data Management Awareness Board Session Q4					Red		M	H	L	Low
16.2) DSF Strategic Theme - Enabling Efficiency and Effectiveness <ul style="list-style-type: none"> ○ Embed Accountable Digital Clinical Leadership to improve quality and safety of care, and efficiency of Health Board assets 	16.2.1) Embed accountable Digital Clinical Leadership to improve quality and safety of care, & efficiency of Health Board information and assets Q1-Q4		Green	Green	Green	Blue	M	H	H	H	High
	16.2.2) Monitor attendance by stakeholders at the Digital Clinical Transformation Board and assess for increase in use of digital adoption Q1-Q4		Green	Green	Green	Blue		H	H	H	High
	16.2.3) In collaboration with services, create and implement dashboards to track efficiency metrics such as unused licenses, highest printing and franking users. This will optimise resources and reduce waste Q2			Green	Amber	Blue		H	H	M	High
	16.2.4) Collect patient feedback on the access to digital tools and services Q3				Blue	Blue		H	L	H	High

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	16.2.5) Increasing use of Virtual Consultations for Follow Ups by 10% to improve accessibility and convenience with more flexible care options Q4						Blue		H	H	H	High
16.3) DSF Strategic Theme - Citizen Centred Care and Support <ul style="list-style-type: none"> ○ Patient Health Care Pathway Mapping and encouraged use of the NHS Wales 	16.3.1) Identify two priority pathways that must improve current waiting times, reduce duplication and inefficiency in administrative tasks in line with the Business Efficiencies priorities Q2		Blue	Blue	Blue	M			H	H	H	High
	16.3.2) Collaborate across identified services to map those pathways identified and identify any gaps in the NHS Wales App and NHS App that will impact patients Q3			Blue	Blue				H	H	H	High
	16.3.3) Create an improvement plan in collaboration with services with a view to standardising processes and documentation, reduce data collection and input duplication and support the design of new requirements Q4					Red			H	H	M	Low
	16.3.4) Aim to achieve a reduction in referral processing times, within 12 months through an integrated digital referral system for identified priority services Q4					Red			H	M	M	Low
16.4) DSF Strategic Theme - Leadership, Partnership and Alliances <ul style="list-style-type: none"> ○ System Integration with providers and commissioners in NHS Wales and NHS England, with robust Data Sharing Agreements 	16.4.1) Information Sharing agreements in place across providers and commissioners Q3			Green	Blue	L	M	L	H			High
	16.4.2) Collectively continue to deliver digital transformation to support sharing of information and standardisation across pathways, with cross border providers Q4	Red	Red	Blue	Blue		M	M	M			High
16.5) DSF Strategic Theme - Leadership, Partnership and Alliances <ul style="list-style-type: none"> ○ Develop a Supportive and Inclusive Digital Training Function to improve Digital Skills and Confidence for staff and patients to adopt technology and use systems effectively 	16.5.1) To implement an interim solution to provide a training function specifically to support the implementation of the ministerial digital programme priorities DMC and EPMA Q2		Blue	Blue	Blue	L	H	M	H			High
	16.5.2) Increase the number of Clinical Safety Officer Training sessions and increase digital confidence Q4				Blue			H	L	H		High

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<p>16.6) DSF Strategic Theme - Enabling Efficiency and Effectiveness</p> <ul style="list-style-type: none"> Workforce Planning for Digital and Clinical Informatics services through a Demand and Capacity exercise to support Digital Transformation across the organisation 	<p>16.6.1) Conduct a Demand and Capacity exercise to identify workforce needs for Digital Transformation and Enablement, considering current and future business as usual activities and prioritising programmes to support transformation, efficiency, safety, and quality Q1-Q4</p>	Amber	Green	Blue	Blue	M	H	M	H	High
<p>16.7) DSF Strategic Theme - Infrastructure and Security CRITICAL ACTION</p> <ul style="list-style-type: none"> Cyber and Infrastructure 	<p>16.7.1) Complete the Cyber Assurance Framework (CAF) and establish a process for reducing the cyber risk and managing the incidents in a timely manner Q1-Q4</p>	Green	Blue	Blue	Blue	M	H	H	H	High
<p>16.8) DSF Strategic Theme - Big Data and Artificial Intelligence</p> <ul style="list-style-type: none"> Put the use of data, insight and analytics, used safely and securely, at the core of the health and care system 	<p>16.8.1) Creation of clear project plans and actions to adopt innovative approaches to improving patient care and reducing waiting times or improving administrative processes using Artificial Intelligence and Robotic Process Automation technology, prioritising technologies that have undergone successful assessments by partners (robust case studies) Q1-Q4</p>	Green	Green	Red	Blue	M	H	M	L	High
<p>16.9) Strategic Theme - Leadership, Partnership and Alliances</p> <ul style="list-style-type: none"> DSF National Programme Alignment Electronic Prescribing Maternity system and app Radiology Information System Connected Care (WCCIS), Mental Health and Community Health Solution replacement connected to Primary Care CRITICAL ACTION Deploy with industry partners, proven clinical systems such as for Maternity, Mental Health and Community Health Systems, 	<p>16.9.1) Commence the implementation of Electronic Prescribing Medicines Management to meet the Welsh Government Milestone Funding agreement Q4</p>	Grey	Red	Red	Red	M	H	M	M	Low
	<p>16.9.2) Submit the Digital Maternity Solution Business Case for internal Approval Q1</p>	Green	Blue	Blue	Blue		H	H	H	High
	<p>16.9.3) Radiology Information System Programme Upgrade Go Live Q4</p>	Grey	Grey	Grey	Blue		H	H	H	High
	<p>16.9.4) Draft the Community Care solution replacement (WCCIS) Business Case, ready for submission for internal approval Q3</p>	Grey	Grey	Blue	Blue		H	H	H	High
	<p>16.9.5) Collaborate with Betsi Cadwaladr University Health Board on the specification requirements for procuring a new Mental Health Solution Q3</p>	Grey	Grey	Blue	Blue		H	H	H	High

electronic care records and medical technologies	16.9.6) Complete a full WPAS review to evidence Data Quality, duplication and gaps in functionality, as part of the whole system review Q4					Blue	H	H	M	High
	16.9.7) Commence a Referral Management System review in collaboration with Primary Care and Services from a System application perspective i.e. findings to evidence if referrals are made electronically and consistently Q4					Red	H	M	M	Low

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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Q2 change in timescale and scope

- **16.1.1)** Change from Q2 to Q2-Q4 - Board Development session booked for Q3 (original plan to complete by Q2). 15.10.2025 – Approved at Executive Committee.
- **16.1.2)** Change from Q2 to Q2-Q4 - Board Brief session booked for Q3 (original plan to complete by Q2). 15.10.2025 – Approved at Executive Committee.
- **16.4.2)** Change in scope (wording specific to Cross border) and change in Timescale from Q1-Q4 to Q4. 15.10.2025 – Approved at Executive Committee.
- **16.5.1)** Change in scope (wording) To implement an interim solution to provide a training function specifically to support the implementation of the ministerial digital programme priorities DMC and EPMA. 15.10.2025 – Approved at Executive Committee.
- **16.6.1)** Change from Q2 to Q4. New process for capturing demand is complete but request further extension to allow time to report against the information gathered and measure against current capacity for Q3 and Q4. 15.10.2025 – Approved at Executive Committee.
- **16.9.1)** Change from Q2 to Q4 to allow for slippage in go lives, due to a number of technical, application, and 3rd party related delays. 15.10.2025 – Approved at Executive Committee.

Executive Director Sign Off Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)

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Innovative Environments

Strategic Priority: Strategic Capital Executive Lead - Associate Director of Estates, Facilities and Support Services

Intended Outcome/ Impact

- Delivery of Capital Programme enhancements to the estate including compliance improvements
- Strategic Capital Programme progressed to support delivery of 'A Healthy Caring Powys' and PTHB Integrated Plan / Strategic Priorities
- Programme of works to address urgent compliance risks and infrastructure improvements
- Underpinning Better Together and Routemap to Sustainability change programmes
- Capital delivery is monitored against time, cost and quality for each project
- Fit for purpose estate – reduces backlog maintenance and improves building energy performance
- Improved environmental benefits for patients, staff and visitors

There are no specific recommendations for Health Boards at this stage, set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) for Capital. However there may be requirements for collective action and implementation implications at a later stage, of the recommendations set out for Welsh Government. A Watching brief will be kept via the lead Executives on any implications arising for PTHB.

Commentary on Progress in this Quarter:

- **17.1)** The North Powys Health, Care and Wellbeing Integrated Hub combined Strategic Outline Case/Outline Business Case was submitted to Welsh Government on 18th December following approval by PTHB Board and Powys County Council Cabinet. Scrutiny comments addressed and the business case was reviewed at Integrated and Rebalancing Capital Fund Panel on 11th February with approval for the Full Business Case to progress received on 12th March 2026.
- **17.2)** In line with Welsh Government advice, a Business Justification Case (BJC) was submitted for the next phase of Llandrindod development to complete works to the front of the hospital whilst the larger business case is developed for the back of the hospital in line with 'Better Together'. The BJC has subsequently been approved for £2.7M to commence in March 2025/26 and works completing in Q2/3 2026/7.
- **17.3)** The Discretionary Capital programme has progressed well. This is the largest capital programme (in terms of number of projects) to date – so does pose some challenges in terms of resources. Budget increased from £1.4M to £2.7M this financial year with a further increase to £3.0M confirmed for 2026/27.

Commentary on red rated actions:

- **17.5)** Llanfair Caereinion - the timescales of the project progression are in the remit of the Developer until such time as a formal contract is enacted.

Achievements:

- A number of projects have been successfully completed under the Discretionary Capital programme.
- Integrated Rebalancing Capital funding was granted (£90K) in order to develop a business case for the Spa Road, Llandrindod Integrated Hub.
- Planning application has been submitted for Bronllys Chapel and BJC is being developed to secure IRCF funding.

Progress against key actions and milestones											
Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment O = Original				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
17.1) North Powys Wellbeing Programme	17.1.1) Develop Strategic Outline Case / Outline Business Case for funding in support of an integrated health, care and wellbeing hub (phase 1) Q3	AD EF&SS			Blue	Blue	H	H	H	H	High
17.2) Llandrindod Wells Rural Regional Centre	17.2.1) Business Case submission in format as outlined by Welsh Government as part of endorsed Programme Business Case Q3				Amber	Blue	H	H	H	L	High
17.3) Discretionary Capital Programme including Targeted Estates Funding (TEF) etc	17.3.1) Discretionary Capital Programme (circa 25 projects) Q1-Q4		Green	Green	Green	Blue	H	H	H	H	High
	17.3.2) Secure funding and deliver projects within TEF categories; Decarbonisation, Infrastructure, Fire, Decontamination, Infection Prevention Control & Mental Health Q4					Blue		H	H	H	High
17.4) Development of RPB Strategic Capital Plan, project pipeline	17.4.1) Health and Social Care, Integration and Rebalancing Capital Fund (IRCF); capital project programme Q1		Blue	Blue	Blue	Blue	H	H	H	H	High
17.5) Llanfair Caereinion GP Practice and community hub	17.5.1) Identify project delivery and procurement pathway, secure funding and site and progress development of the project with commencement of construction phase Q1-Q4		Green	Green	Amber	Red	M	M	M	M	Low
Formal change request (Please tick as applicable and provide explanation below)											
Change in Scope	N/A	Change in Timescale	N/A								
Executive Director Sign Off	Wayne Tannahill (Associate Director of Estates, Facilities and Support Services)										

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Innovative Environments

Strategic Priority: Environmental Management and Decarbonisation Executive Lead - Associate Director of Estates, Facilities and Support Services

Intended Outcome/ Impact

- Delivery of Capital Programme enhancements to the estate including compliance improvements
- Strategic Capital Programme progressed to support delivery of 'A Healthy Caring Powys' and PTHB Integrated Plan / Strategic Priorities
- Programme of works to address urgent compliance risks and infrastructure improvements
- Underpinning Better Together Portfolio
- Creating enhancements to workplace making working environments more comfortable
- Supporting workforces transition to low carbon solutions
- Green space management and biodiversity plans will deliver on social and green prescribing to help delivery of care
- Public Service Board coordination of response to climate change and development of climate adaptation.
- 12.6% scope 1 & 2 carbon emissions reduction
- Electricity reduction across the programme
- Gas reduction across the programme
- Revenue savings from reduced energy consumption (revenue available direct to health board post 'invest to save' payback)
- Improved air quality and energy network capacity from reduced consumption

Commentary on Progress in this Quarter:

- **18.1.1)** ISO14001 re-certification successfully completed, with zero non-conformances and only minor observations for improvement.
- **18.2.1)** Refreshed Decarbonisation Strategic Delivery Plan published in November by Welsh Government. The programme will see a refreshed set of 25 initiatives which will be measured with 6 monthly reporting against a set of Key Performance Indicators. Programme of work to mirror management and governance arrangements completed for the original Decarbonisation Strategic Delivery Plan. Climate mitigation (decarbonisation) will feed into a Climate Response Plan under 'Climate Adaptation' for the organisation from 2026.
- **18.3.1)** Biodiversity continues to be well supported with funding and community volunteering for protection and improvements to biodiversity across all sites. The mandated 3-year Biodiversity Report was published in December and describes the Health Board activity.
- **18.4.1)** The £4.2M Re:fit programme completed the construction phase of the programme and is presently under the Measurement & Verification phase, monitoring the energy savings promised by the programme.

Commentary on red rated actions: N/A

Achievements:

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment O = Original				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
18.1) Environmental Management System accreditation	18.1.1) Maintain external accreditation to ISO14001 standards Q3	AD EF&SS		Green	Blue	Blue	H	H	H	H	High
18.2) Decarbonisation	18.2.1) Decarbonisation Strategic Delivery Plan – actions as set out by WG for 2025/2026 Q1-Q4		Green	Green	Green	Blue	H	H	H	H	High
18.3) Biodiversity	18.3.1) Enhancement and protection of biodiversity including community group engagement. Publication of statutory 3-yr Biodiversity Report. Development of Biodiversity Plan Q4					Blue	H	H	H	H	High
18.4) Energy Efficiency	18.4.1) Implementation of energy efficiency interventions pan-Powys: Re:fit programme / Invest to Save Q2			Blue	Blue	Blue	H	H	H	H	High
Formal change request (Please tick as applicable and provide explanation below)											
Change in Scope	N/A	Change in Timescale	N/A								
<u>Q2 change in timescale</u>											
<ul style="list-style-type: none"> 18.1.1) Timescale change - Expected completion Q3. 15.10.2025 – Approved at Executive Committee. 											
Executive Director Sign Off	Wayne Tannahill (Associate Director of Estates, Facilities and Support Services)										

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Innovative Environments

Strategic Priority: Estates and Facilities Executive Lead - Associate Director of Estates, Facilities and Support Services

Intended Outcome/ Impact

- Fit for purpose estate – reduces backlog maintenance and improves building energy performance
- Improved environments benefits patients, staff and visitors
- Identify and explore any potential savings on revenue and productivity
- Investigate collaborative working options
- Reduce revenue spend
- Improve service delivery
- Upskill existing workforce
- Improve productivity
- Ensure a more streamlined self-sufficient service
- Enhance cost effectiveness and resilience, reduce reliance on contractors and outside providers. Look at upskilling of existing staff to improve cross over work streams and joint working

Commentary on Progress in this Quarter:

- **19.1)** Joint working between Estates and Facilities continues to strengthen, with positive engagement across teams and early evidence of effective collaboration delivering improved efficiency and coordination. Examples include a combined ventilation contract to now include kitchen ventilation cleaning, little use water outlets flushing, winter resilience arrangements (snow and ice clearance and gritting), pest control measures and the management of grounds and gardens. Risks on continued progress associated with management team resourcing gaps.
- **19.2)** Some further work will be required in respect of catering implementation aligned to all Wales procurement approach for further modules of Symbiotix and changes to menu protocols – this will be reflected in the 2026/27 plan.
- **19.3)** Re-introduction of Environmental Cleanliness and Infection Prevention and Control Standards Group. The new National Cleaning Standards have been published late in Q4 with the impact on Facilities resource being assessed in response to enhanced cleaning requirements.

Commentary on red rated actions: N/A

Achievements:

- Further investment in electric vehicles and Electric Vehicle charge point network.
- NHS Wales Shared Services Partnership Internal Audit Substantial outcome for Catering Audit.

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment O = Original				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
19.1) Develop synergies between Estates and Facilities work streams	19.1.1) Identify and develop joint working synergies and efficiencies for Estates and Facilities department Q4	AD EF&SS				Blue	H	H	H	H	High
19.2) Facilities to implement the Symbiotix system for auditing and monitoring of assurance for catering and cleaning	19.2.1) Improved Assurance and the monitoring of quality Q3				Blue	Blue	H	H	H	H	High
	19.2.2) Improve data collection for cleaning and catering standards Q3				Blue	Blue		H	H	H	High
19.3) Implementation of all Wales Cleaning Standards	19.3.1) Improved cleaning standards which are measured and matched across Wales Q3				Blue	Blue	H	H	H	H	High
Formal change request (Please tick as applicable and provide explanation below)											
Change in Scope	N/A	Change in Timescale	N/A								
Executive Director Sign Off	Wayne Tannahill (Associate Director of Estates, Facilities and Support Services)										

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Transforming in Partnership

Strategic Priority: Partnership Development Executive Lead- Executive Director of Planning, Performance and Commissioning / Director of Strategic Improvement and Transformation, Executive Director of Public Health

Intended Outcome/ Impact

- Collaboration across partners in Powys is central to delivery of a whole system approach to prevention for the population of Powys
- The work on a wider Mid Wales basis and other regional / national footprints have the potential to leverage improvement at greater scale and value
- Surveillance of Strategic Changes within and outside Powys provides intelligence which assists with the appraisal of risk and opportunity

Commentary on Progress in this Quarter:

- **20.1.1)** Following the first stage of the Evaluation, Prioritisation and Assurance (EPA) process a multiagency Regional Partnership Board (RPB) Executive Working Group developed recommendations for the Regional Partnership Board (RPB) to achieve a reprioritisation focused on the greatest system pressures. In June 2025 the RPB approved the reprioritisation and the Regional Integration Fund (RIF) Delivery and Resource Plan for 2025/26. Key Executive Directors and Assistant Directors then worked with partners in the RPB to develop the Delivery and Resource Plan for 2026/27 focused on the streamlined priorities to address the greatest system pressures. The RPB approved the plan in December 2025, followed by endorsement from the Executive Committee in January 2026. It was then submitted to Planning Partnership and Population Health (PPH) Committee in February 2026.
- **20.1.2)** Funding for the Ready To Go Home Units, subject to the PTHB Board decision in July 2025, was included in the reprioritised RIF Delivery and Resource Plan approved by the RPB. Following a six-month evaluation of the temporary service changes, the evaluation report recommended that the temporary changes remain in place for the time being, whilst work continues on the Better Together Programme to shape the future of adult physical and mental health community services for Powys. The RPB Executive was updated on the 12th September 2025. The RPB Delivery and Resource Plan for 2026/27 includes funding for this purpose.
- **20.2.1)** A Framework for Partnership Development was developed and approved in Quarter 1.
- **20.2.2)** A series of self-assessments were undertaken across the RPB in the summer and early Autumn of 2025 to inform partnership development. Partnership Development was then built into the RPB Delivery and Resource Plan for 2026/27 (approved by the RPB in December 2025 and submitted to the Executive Committee in January 2026 and to PPPH Committee in February 2026). An update was also included in the Partnership Governance and Assurance High Level Report for the Executive Committee in January 2026 and PPPH Committee in February 2026.
- **20.3.1)** Work was undertaken in Q1 to strengthen implementation, risk and exit plans in line with the EPA recommendations.
- **20.3.2)** The EPA work helped to inform the re-prioritisation, which was the basis of the development of the RPB Delivery and Resource Plan for 2026/27, including new projects. The plan was approved by the RPB in December 2025, endorsed by the Executive Committee in January 2026 and submitted to PPPH Committee in February 2026. The EPA also provided early warning of the need to strengthen RIF exit planning. The health board then worked closely with the RPB to strengthen the approach to exit management. The RPB documentation and approach has been strengthened; specific actions have been built into the 2026/27 plan; an updated "heat map" has been produced. The Health Board worked with the RPB to ensure Budget holders received clear information about the actions needed for effective RIF Exit Management. Early warning of the risk was given through the Partnership Governance and Assurance Framework Highlight Report. As a result PTHB added RIF Exit to its organisational risk register and will monitor progress of mitigating actions and regular update reports.
- **20.5.1)** A Partnership Governance and Assurance Framework was developed and updated, spanning 19 partnerships, the majority of which are statutory. This was submitted to the Executive Committee in January 2026 and PPPH Committee in February 2026. The Framework includes the planning and business cycles

for each partnership. Key Partnership Co-ordinators are working together to strengthen collaboration. Steps are being taken to draw together work on assessments; to align plans; to share data; and to enable people with lived experience to influence wider partnerships and programmes. Engagement and insight reports are shared through the Engagement and Insight Network. In December 2025 the RPB agreed to extend the Health and Care Strategy to March 2029. Work on the population needs assessment, wellbeing assessment and market stability report will be undertaken by March and May 2027. This will enable improved alignment with the Joint Area Plan, Powys Cluster Plans, the Powys Wellbeing Plan, Better Together, Sustainable Powys and the North Powys Wellbeing Programme.

Commentary on red actions: N/A

Achievements:

- The RPB resource plan was refocused on the greatest system pressures and the Delivery and Resource Plan was approved in December 2025. The approved Delivery and Resource Plan for 2026/27 also includes partnership development actions.
- A Partnership Governance and Assurance Framework has been developed, spanning 19 partnerships including their business and planning cycles – together with bi-annual high level reports.

There are no specific recommendations for Health Boards at this stage, set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025). However there will be requirements for collective action and implementation implications at a later stage, of the recommendations set out for NHS Wales and Regional Fora in relation to Operating Model / Accountability Frameworks / Fragile Services. A Watching brief will be kept via the lead Executives on any implications arising for PTHB.

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment O = Original				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
20.1) Work with the Regional Partnership Board to prioritise the greatest system issues and impacts i.e. pathways of care delays and prevention of inappropriate admission to hospital, using the recommendations of the Newton Europe diagnostic report CRITICAL ACTION	20.1.1) Strengthened prioritisation and utilisation of RIF funded delivery to target greatest system pressures Q4	ED PP&C				Blue	M	M	M	H	High
	20.1.2) Agreement on RPB support for Ready to Go Home Units subject to the PTHB Board decision in July 2025 Q2			Blue	Blue	Blue		M	H	H	High

20.2) Work with the Regional Partnership Board (RPB) to develop, agree and implement a shared approach to partnership development	20.2.1) Work with the Regional Partnership Board to develop and agree a framework for partnership development Q1		Blue	Blue	Blue	Blue	H	H	H	H	High
	20.2.2) Work with the Regional Partnership Board to implement the agreed partnership development framework Q4					Blue		H	H	H	High
20.3) Work with the RPB to implement the findings and learning from the Evaluation, Prioritisation and Assurance Framework and agree the arrangements for the next round	20.3.1) Work with the Regional Partnership Board to ensure strengthened implementation plans, risk management plans and exit plans for the time-limited Regional Integration Fund (fund ending 2027) Q1		Blue	Blue	Blue	Blue	M	H	H	H	High
	20.3.2) Work with the Regional Partnership Board to ensure the Evaluation, Prioritisation and Assurance approach is applied to new proposals and planning for the subsequent financial year (2026/27) Q4					Blue		M	M	H	High
20.4) Work with the PSB to implement the PSB Wellbeing Plan	20.4.1) Lead the Powys Healthy Weights Strategic Steering Group to implement the Powys whole system approach to healthy weights action plan Q1-Q4	ED PH	Green	Green	Green	Blue	M	H	H	H	High
20.5) Align partnership planning across the Powys region for health and wellbeing, via development and delivery of PSB Wellbeing Plan, RPB Area Plan (Health and Care Strategy) and Mid Wales Joint committee work programme	20.5.1) Annual cycle of delivery via respective Partnership arrangements Q1-Q4	ED PP&C	Green	Green	Green	Green	H	H	H	H	High
20.6) Work with the Marches Forward Partnership to develop and implement a plan to address shared priorities	20.6.1) Work with the health group to influence other Marches Forward Partnership programmes to implement a population health and preventative approach including within external funding bids Q4 (Removed) 20.6.2) Work with the Marches Forward Partnership and key decision makers to assess the viability of a prevention at scale proposal involving external funding and to agree the way forward Q1		Blue	Blue	Blue	Blue	L	H	H	H	High
20.7) Systematic tracking and surveillance of external Strategic	20.7.1) Annual cycle with quarterly production of Stocktakes Q1-Q4		Green	Green	Green	Green	H	H	H	H	High

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Change programmes and developments with a potential impact on healthcare for Powys residents											
20.8) Embed Research & Innovation as a key enabler of change across the organisation	20.8.1) Delivery of RIC Hub workplan in partnership through the RPB with a focus on supporting and enabling progress of Better Together including the Business Efficiencies programme Q1-Q4	DI&T	Green	Green	Green	Blue	M	H	H	H	High
Formal change request (Please tick as applicable and provide explanation below)											
Change in Scope	N/A	Change in Timescale	N/A								
<u>Q1 change in scope</u>											
<ul style="list-style-type: none"> 20.6.1) A request is made for action 20.6.1 to be removed from the plan. The four border local authorities of The Marches Partnership are refocusing and are not holding the Health Subgroup at present, so PTHB cannot take this action forward. The existing governance arrangements of The Marches Forward Partnership would not be sufficient to manage the specific (secondary) prevention at scale proposal put forward by a leading University. (The University also presented to Welsh Government, but there is not a viable way forward at this time.) Members of the Health Subgroup were willing to continue to influence other Marches Forward Partnership programmes to assist in implementing a population and prevention approach, but the overarching Marches Forward Partnership (involving the four border local authorities) is refocusing, and the Health Subgroup is not meeting at present. Thus, PTHB cannot take forward this action. 20.08.25 - Approved at Executive Committee. 											
Executive Director Sign Off	Nicola Johnson (Executive Director of Planning, Performance and Commissioning) Mererid Bowley (Executive Director of Public Health) Lucie Cornish (Director of Improvement and Transformation)										

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Transforming in Partnership

Strategic Priority: Governance incorporating Corporate Business, Information Governance & Records Management

Executive Lead - Director of Corporate Governance / Board Secretary

Intended Outcome/ Impact

As an enabling function, these activities support the achievement of wider finance, performance, quality and population outcome indicators through support across the organisations Strategic Priorities. Contribution to the achievement of the health board's Strategic Priorities is tracked through the quarterly engagement and communication delivery and assurance report.

Enabling contribution across all health board outcomes (as agreed/prioritised) Specifically:

- Critical contribution to effective organisational governance; decisive and effective decision making supported by assurance, oversight and effective management of risks
- Appropriately skilled, trained and informed Board
- Excellent Board and Executive administration and governance advice and support
- Provide pro-active assurance to the Board and key stakeholders of on-going alignment with relevant legislation and legislation; ensuring all staff have sufficient knowledge and training to comply with governance and data protection legislation
- Ensure consistent awareness and education communications deliver a single corporate message around information governance and records management issues
- Effective engagement to aid in implementation of robust measures to protect digital data and ensure up to date protections and compliance with data protection legislation, contribute to the transition from paper based to electronic management systems
- A streamlined records management system that ensures proper creation, storage, retention and disposal of both digital and paper health records
- Increased trust and confidence from stakeholders, including clients, partners and regulatory bodies in the health board's governance and data handling practices
- Efficient and effective corporate business systems and processes
- Effective collaboration with key stakeholders to facilitate secure and compliant information sharing
- Contribution to staff engagement, great place to work, recruitment and retention

Commentary on Progress in this Quarter:

- **21.1)** Implementation of the Board Assurance Framework (BAF) has been completed as of Q4. From Q3 the BAF Dashboard was embedded on a x3 annual reporting to the cycle to the Board with the last update of 2026/27 provided in March 2026. The final element on BAF development planned was the detailed analysis of assurance in relation to the strategic risks, which was fully developed and reported to the Audit Risk Assurance Committee in March 2026.
- **(21.2) & 21.3)** Work programmes and Board Development – actions complete as previously reported with 2026/27 schedules fully developed and undergoing final review prior to approval/publication.
- **21.6)** The Strategy has been reframed into a three year Development Plan to better underpin the existing objectives and strategic direction of the Health Board. This approach ensures alignment with current local and national priorities while providing a phased and deliverable framework for improvement with the options to update should the Information Governance and Records Management landscape change. The Plan has been developed and will be implemented from April 2026.

- **21.7)** Work has remained ongoing to address the final few outstanding actions from the 26/26 Improvement Plan; however some actions have remained incomplete due to questions with the national team and local resource and capacity to complete. 2026 submission is complete and preparatory work has already commenced to produce the outturn report and improvement plan for 2026/27 with engagement with key services to work on actions.
- **21.9)** The digital security system is scheduled for installation within Llandrindod and Bronllys facilities. Once installed, a phased plan will be implemented to relocate records into these secured areas; however, ongoing maintenance of these facilities will sit with the relevant operational service teams. The Embargo Impact Analysis Report has been rescheduled for presentation to the Executive Team in May. This change is to ensure the report fully reflects and incorporates the emerging findings from the Transformation workstream, along with any wider Digital considerations that directly influence the future records management model.
- **21.10)** Continue to operate effectively, supporting legislative compliance. The team has continued to support many national and local programmes of work. Fixed term contracts within the team have been extended for a limited period to maintain capacity. However, if these posts are not sustained beyond their current timeframe, this will have a significant impact on the team's ability to deliver core functions. IG or Records Management have not been audited this quarter.

Commentary on red rated actions:

- **21.4)** The 2025-26 Risk Management Framework has largely been implemented and operationalised in year however full implementation has not been achieved at year end due to ongoing technical/functional issues with the Datix Risk Management System outside of the Health Board's control
- **21.7)** Work has remained ongoing to address the final few outstanding actions from the 26/26 Improvement Plan; however some actions have remained incomplete due to questions with the national team and local resource and capacity to complete.
- **21.9)** This work is due to complete in May and has been delayed due to the late 2025 lockdown issued nationally on the destruction of infected blood related records which was implemented to all patient records.

Achievements:

- Board and Committee schedule for 2025/26 fully delivered and achieved compliance with work programmes actively monitored throughout the year
- Board Assurance Framework priority development areas have been fully delivered, the BAF dashboard alongside the strategic and organisational risk registers play active roles in Board and Committee agenda planning and meetings and the detailed review of Strategic Risk Assurance was received by the ARAC in March 2026
- Board development and briefing programmes delivered and determined effective through annual effectiveness survey feedback
- Active work underway with the Board to review Risk Management arrangements (Risk Appetite, Risk Management Framework, Strategic Risks) into Q1 of 2026/27 in alignment with the Annual Plan.
- Communications Plan and timetable programme of alerts delivered and achieved, actively monitored throughout the year.

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment O = Original					
			Q1	Q2	Q3	Q4	o	Q1	Q2	Q3	Q4	

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21.1) Further develop and implement the Board Assurance Framework	21.1.1) Board Assurance Framework (BAF) is an integrated part of every Board meeting and informing the Boards (and Committees) work programme Q1-Q4	DCG	Green	Green	Green	Blue	M	H	H	H	N/A
21.2) Design Board and Committee work plans ensuring alignment to the organisational strategic plan, Board Assurance Framework and Corporate Risk Register	21.2.1) Board and Committee work plans are agreed Q1		Green	Blue	Blue	Blue	H	H	H	M	N/A
	12.2.2) Work plans delivered Q4					Blue		H	H	H	N/A
	12.2.3) Evaluation of work plans (Q4 into 2026/27 Q1) Q1-Q4		Green	Green	Green	Blue		H	H	H	N/A
21.3) Design & deliver a Board Development programme that supports the Board in fulfilling its role	21.3.1) Board development programme x10 sessions; board briefings x12 sessions reflecting the needs of the Board Q1-Q4		Green	Green	Green	Blue	H	H	H	H	N/A
21.4) Review the Boards Risk Management Framework further embedding effective risk management	21.4.1) Risk management framework reviewed Q1		Blue	Blue	Blue	Blue	H	H	H	H	N/A
	21.4.2) Fully implemented (Q4) Q1-Q4		Amber	Amber	Red	Red		M	M	L	N/A
21.5) Ensure corporate business systems maximising efficiency and effectiveness	21.5.1) High quality corporate business systems and support in place across all corporate portfolios Q1-Q4		Amber	Amber	Amber	Blue	M	M	L	L	N/A
21.6) Information Governance and Records Management Strategy	21.6.1) Finalise strategy including improvement plan Q1-Q4		Red	Red	Green	Blue	H	M	M	M	N/A
21.7) Develop the PTHB elements of the NHS Wales Information Governance Toolkit – Improvement Plan 2025/26	21.7.1) Engagement with Service leads to progress identified actions to improve compliance in readiness for next submission Q1-Q4		Green	Green	Amber	Red	H	H	H	H	N/A
21.8) Develop a communications/awareness plan	21.8.1) Develop and deliver a plan that co-ordinates the communication/training and awareness plan which includes a review of effectiveness Q1-Q4		Green	Green	Green	Blue	H	H	H	H	N/A
21.9) Records Management – Align and strengthen the Storage of Archive Health Records against legislation	21.9.1) Identify the resourcing strategy to support the effective on-going management to store archive health records over 4 designated facilities Q1-Q4		Amber	Amber	Amber	Red	H	L	L	L	N/A

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21.10) Ensure effective Information Governance and Records Management systems and processes are implemented to maintain and improve legislative compliance	21.10.1) Reduction in number of data and Information Governance breaches Q1-Q4		Green	Amber	Green	Blue	H	H	M	M	N/A
	21.10.2) Successful completion of regulatory audits with no major non compliance issues Q1-Q4		Green	Green	Green	Blue		H	H	H	N/A

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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Q2 change in timescale

- **21.6)** Change of timescale requested to end Q4, the change request is based on resourcing requirements and other priorities, confidence of completion by end of Q4 is high. 15.10.2025 – Approved at Executive Committee.

Executive Director Sign Off	Helen Bushell (Director of Corporate Governance)
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Transforming in Partnership

Strategic Priority: Engagement, Communication and Corporate Affairs Executive Lead - Director of Corporate Governance / Board Secretary

Intended Outcome/ Impact

Enabling contribution across all health board outcomes (as agreed/prioritised). Specifically:

- Better informed public and stakeholders
- Better engagement and alignment between organisational goals and wider community/economy assets and skills
- Compliance with key legislation and guidance relation to communication, engagement, service change, accessibility, Welsh Language etc.
- Help to “Ensure the people of Wales have a strong voice to inform the ongoing development of an effective, joined up health and social care system” (A Healthier Wales Refresh, December 2024)
- Effective stakeholder relations and corporate affairs both to inform and to supportive achievement of organisational goals on behalf of the people of Powys
- Effective and compliant operation of the Powys Health Charity in line with agreed strategy

Commentary on Progress in this Quarter:

- **22.1)** Key marketing and communication activities have included continued support for the health board’s commissioning intentions in relation to waiting times, for which there has been continued proactive and reactive communication following implementation from July 2025 and expansion of these measures to include outpatients from Q3. There has continued to be a very high level of public and political focus including Senedd questions and debates. Attention has also been on planning for development and consideration of the Annual Plan at the end of Q4. A specific area of focus in Q4 has been the Women’s Health Hub for which the Engagement and Communication Team has led on the creation of a new online hub to provide information and signposting for women on a wide range of health issues, engagement insights to support this area of work (alongside a programme of work commissioned from Powys Association of Voluntary Organisations), development of a suite of marketing materials, and planning and delivery of a launch event. Some of the design and installation services were temporarily unavailable pending the arrival of a new wide format printer which was successfully installed in March 2026.
- **22.2)** A key focus during Q4 has been the continued design and delivery of the programme of engagement on Better Together. A series of 13 locality events has concluded, alongside community outreach to groups across the equality spectrum. This has included gathering insights to support future work on Planned Care, Diagnostics and Women & Children’s services as well as on continuous engagement on Temporary Service Changes which will now be in place longer than had originally been anticipated. There have been no major engagement or consultation processes in neighbouring health boards during this period although decisions have now been made by Hywel Dda UHB following their consultation earlier in the year, and this includes the decision to proceed with the downgrading of stroke services at Bronglais General Hospital. A further period of engagement is anticipated during Q1 2026/27 given that new proposals have been identified that were not directly included in the original consultation.
- **22.3)** Resourcing is now in place once more for the RPB participation work programme and this work is now being refreshed. A workshop to identify key insights required for the development of the next Population Needs Assessment and Wellbeing Assessment in 2026/27 will now take place in Q1.
- **22.4)** Ongoing review of the stakeholder map remains in place in the context of Better Together. Regular meetings with Members of the Senedd and Member of Parliament continue, meeting on an individual basis replacing the previous group sessions. Weekly editions of The Week continue to inform Board Members of current media and political issues. Participation in the national Senedd Elections Senior Responsible Officer group convened by Welsh NHS Confederation

supports the collective approach to planning ahead of the next elections. Guidance is in place for the pre-election period. Key stakeholder visits have included Cabinet Secretary Jeremy Miles visiting Brecon War Memorial Hospital.

- **22.5)** Remaining COVID Inquiry activity is now “business as usual”. The Module 3 Inquiry report was published during March.
- **22.6)** The Charity Strategy has been presented by Charitable Funds Committee and is being finalised for implementation. Since the last report the Festive Fundraiser has been fully delivered, and work has continued to develop Charity Ambassadors. A key focus during Q4 has also been on planning for activities linked to the Charity 30th birthday during 2026/27.

Commentary on red rated actions: N/A

Achievements:

- Women’s Health Hub website, marketing materials and launch event.
- Procurement and installation of new wide format printer.
- Continued engagement on Better Together and Temporary Service Changes.

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment <i>O = Original</i>				
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3	Q4
22.1) Design and delivery of a programme of marketing and communication	22.1.1) Design and deliver annual programme of communication and marketing activity focusing on those issues offering greatest strategic benefit and/or management of principal risks Q1-Q4	DCG	Green	Green	Green	Blue	H	H	H	H	N/A
22.2) Design and delivery of a programme of continuous engagement	22.2.1) Design and deliver compliant programmes of continuous engagement as well as targeted engagement and/or consultation reflecting the strategic requirements of the health board (e.g. Better Together), local partnerships (e.g. Sustainable Powys), regional programmes (e.g. cross-border / commissioned service changes) and national programmes (e.g. all Wales, specialised services) Q1-Q4		Green	Green	Green	Blue	M	M	M	M	N/A
22.3) Delivery of shared PSB/RPB Engagement and Participation Plan priorities	22.3.1) Continue to embed shared approach to coproduction across RPB and PSB partners including through the development and		Green	Green	Amber	Amber	M	M	M	M	N/A

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Subject:
Approved and Presented by:
Prepared by:
Purpose:
Recommendations:
Executive Summary:

Minor Injury Units

Elaine Lorton, Executive Director of Primary Care, Community and Mental Health

Urgent & Emergency Care Clinical Transformation Lead

To provide an overview to the Committee of existing PTHB Minor Injury Units (MIUs) and the service improvements in development to increase same day urgent care capacity. This report is provided at the request of the Committee.

The Finance and Performance Committee is asked to:

- **RECEIVE** the report **NOTING** the current position and developments.

The presentation provides an overview of the evolution of MIUs in PTHB, highlighting some of the national and local drivers. The current operational and clinical service delivery and workforce models are described to provide a current picture, with clinical activity presented over a 5-year period evidencing an increase in activity within MIUs.

The current service improvement programme is presented which seeks to maximise current capacity to support same day urgent care in Powys.

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Powys Background

- National Minor Injury Units (MIUs) evolution and drivers
- Key component of sustainable urgent care delivery, especially in areas with limited access to emergency care services.
- MIUs are an integral part of emergency and urgent care and provide a service for patient with injuries not necessarily requiring admission to secondary care (RCEM 2024).
- PTHB MIU evolution and drivers
- Inception PTHB Unscheduled Care directorate 2018/2019
- Temporary service changes over a number of years
- Estate challenges on some community hospital sites
- Demand, capacity and influencing factors

Service model

MIU	Pre- temporary service changes	Current operating hours	Radiology service hours
Welshpool	08:00 – 20:00 Seven days per week	08:00 – 20:00 Seven days per week	08:30 – 17:00 Monday - Friday
Brecon	24 hours Seven days per week	08:00 – 20:00 Seven days per week	09:00 – 16:30 Monday - Friday 09:00 – 12:30 Saturday & Sunday
Llandrindod Wells	7am to Midnight Seven days a week	08:00 – 20:00 Seven days per week	09:30 – 16:30 Monday - Friday
Ystradgynlais	8.30am to 4pm Monday – Friday except bank holidays	8.30am to 4pm Monday - Friday except bank holidays	09:00 – 17:00 Monday - Friday

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Hours of service subject to review following temporary service changes implemented in 2024

Scope of practice

The MIU service provides assessment, diagnosis and treatment, discharge or referral for people with Minor Injuries.

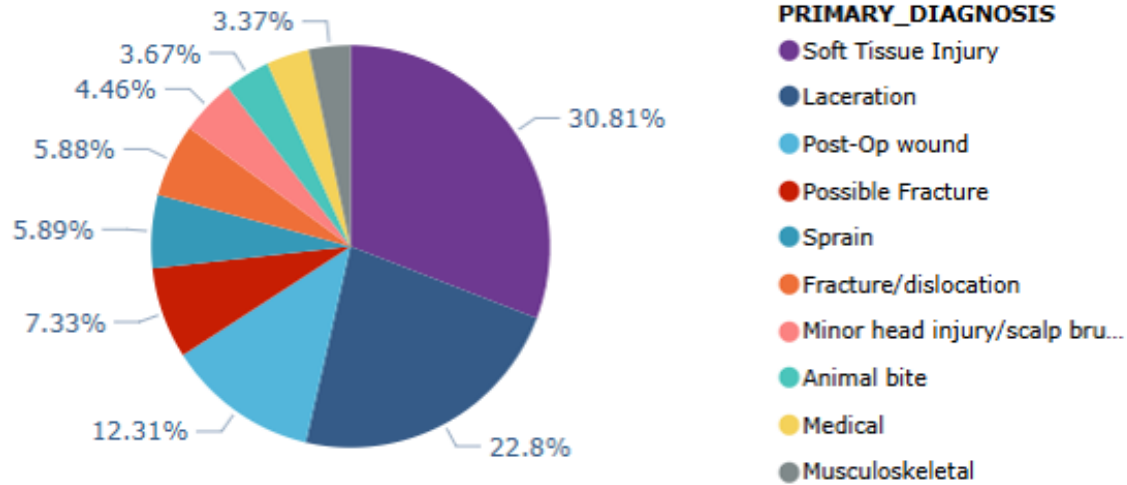
Below are a list of some of the type of injuries and circumstances that can be assessed and treated within the MIUs:

- Back injury/pain - simple mechanical back pain from lifting, bending, twisting.
- Bite or sting (including insect, animal and human bites)
- Minor burns or scalds
- Oro-facial injuries
- Emergency contraception
- Minor eye injuries including foreign bodies
- Minor ear injuries including foreign bodies
- Fractures (simple)
- Foreign bodies
- Minor head injuries (excludes loss of consciousness and anti coagulation therapy)
- Local Infection / abscess (excludes dental)
- Limb injuries
- Sprains and Strains
- Nasal Injuries
- Wounds

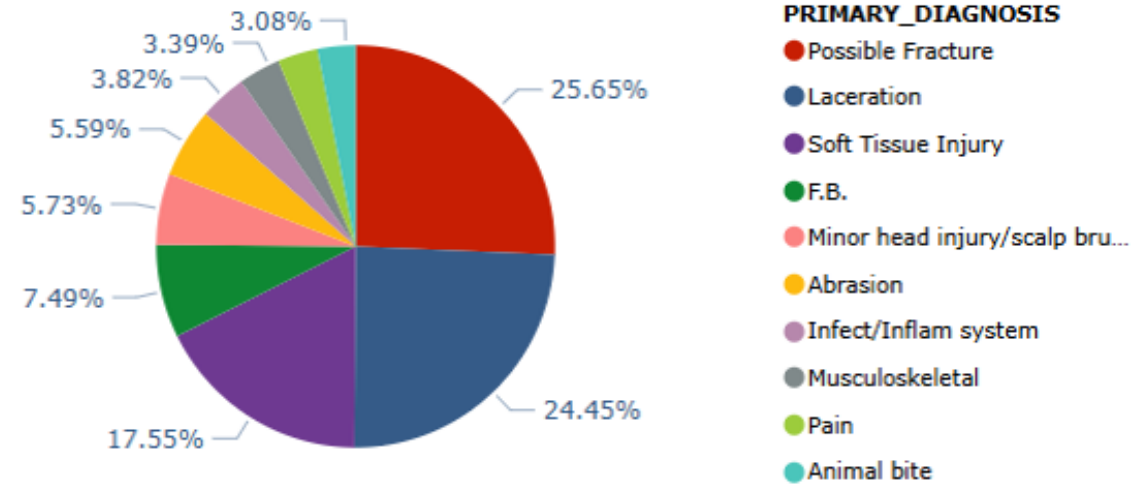
MIU service page provides a Standard Operating Procedure with a comprehensive list and exclusion criteria

Proportion of top 10 diagnosis for new attenders 25/26

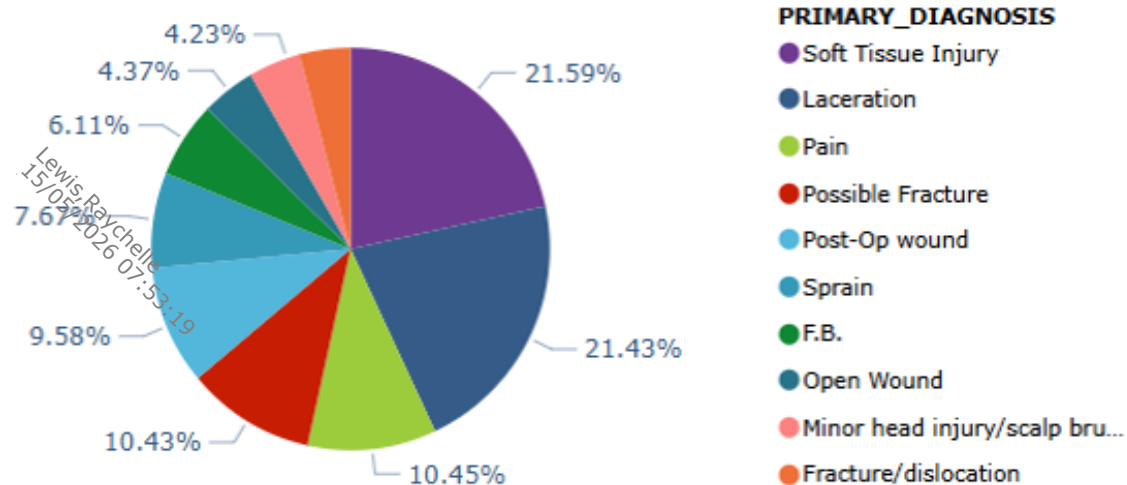
Proportion of Top 10 Primary Diagnosis for New Attenders in Brecon MIU for FY 25/26



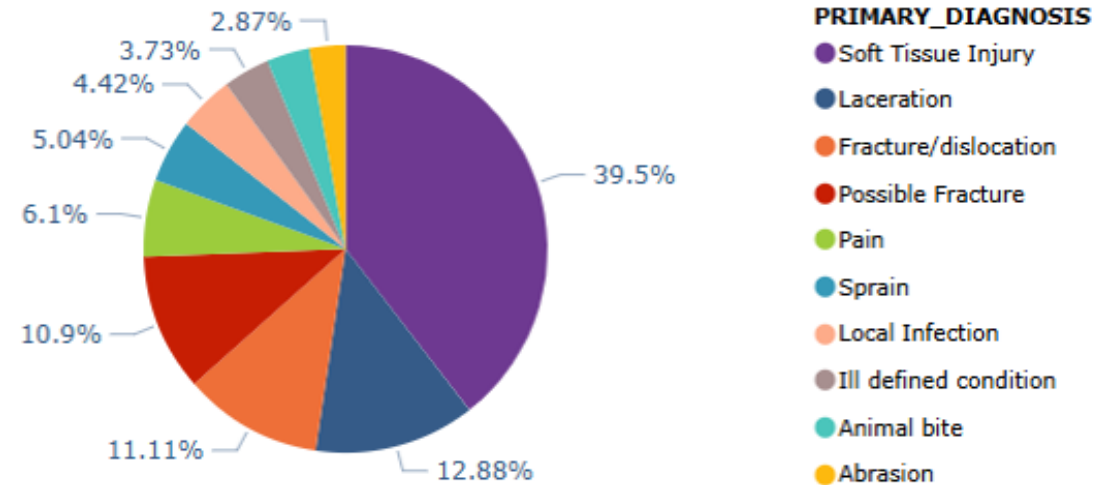
Proportion of Top 10 Primary Diagnosis for New Attenders in Welshpool MIU for FY 25/26



Proportion of Top 10 Primary Diagnosis for New Attenders in Llandrindod MIU for FY 25/26



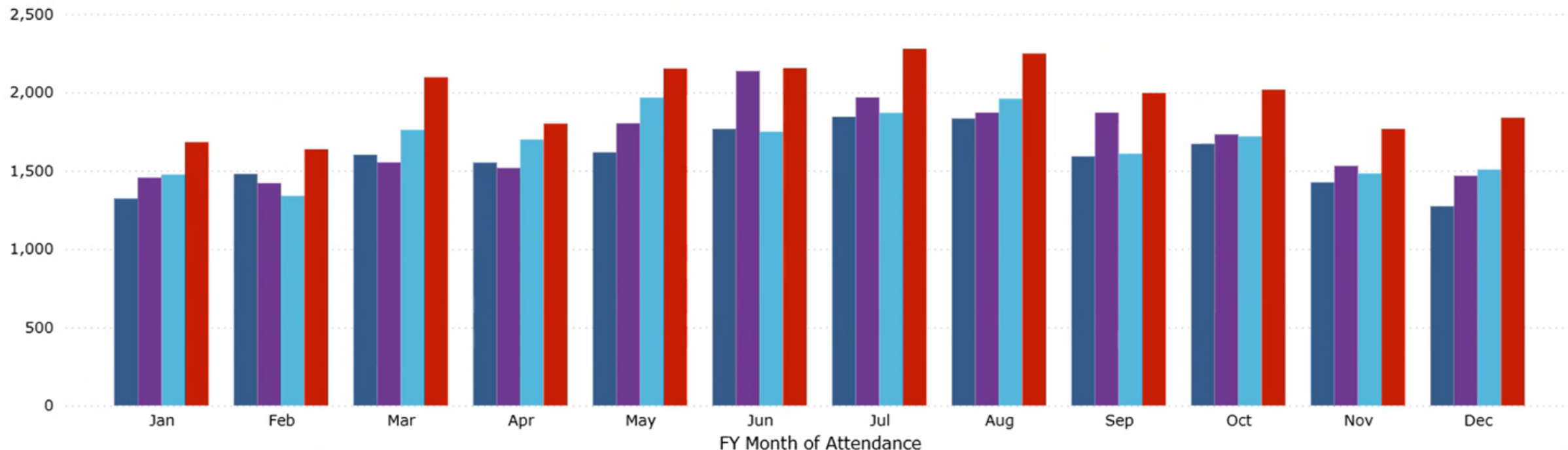
Proportion of Top 10 Primary Diagnosis for New Attenders in Ystradgynlais MIU for FY 25/26



Annual Activity Comparison – All activity

MIU Activity for Attenders - Yearly Comparison

FY ● 2022-2023 ● 2023-2024 ● 2024-2025 ● 2025-2026



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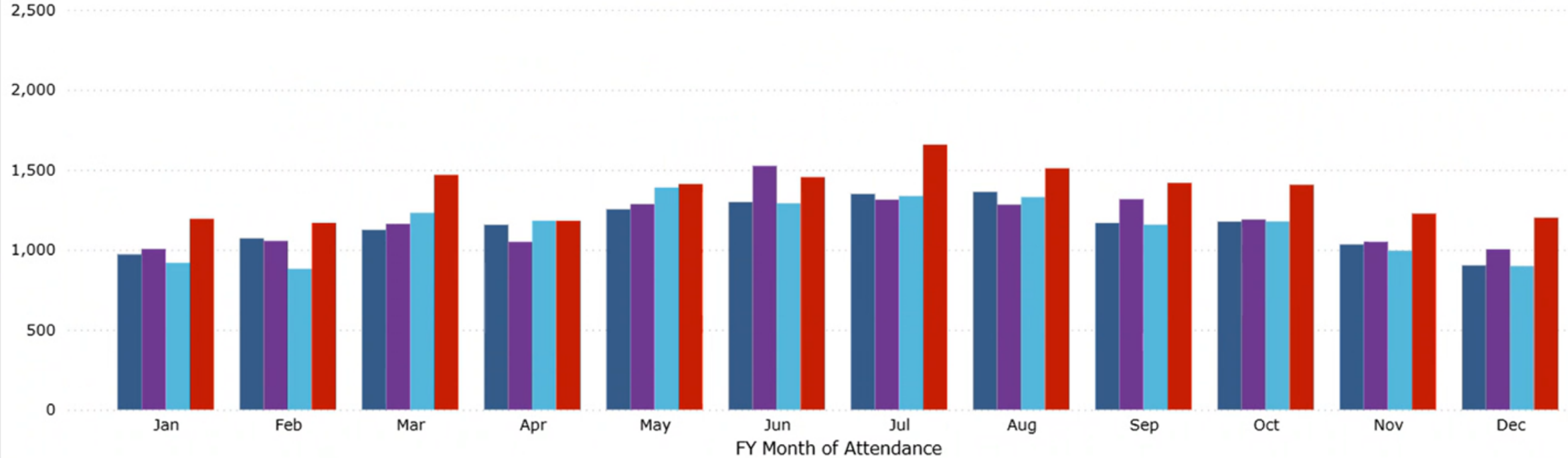
MIU Activity for Attenders - Yearly Comparison *this is Financial Years, Jan-Mar will be the later year

FY	01	02	03	04	05	06	07	08	09	10	11	12	Total
2022-2023	1322	1479	1601	1551	1617	1766	1843	1833	1591	1670	1425	1273	18971
2023-2024	1455	1420	1552	1517	1802	2136	1967	1870	1870	1731	1530	1467	20317
2024-2025	1475	1339	1760	1699	1966	1749	1869	1959	1608	1718	1482	1507	20131
2025-2026	1682	1636	2096	1800	2152	2155	2278	2248	1996	2017	1766	1838	23664
Total	5934	5874	7009	6567	7537	7806	7957	7910	7065	7136	6203	6085	83083

Annual Activity Comparison – New attenders

MIU Activity for Attenders - Yearly Comparison

FY ● 2022-2023 ● 2023-2024 ● 2024-2025 ● 2025-2026



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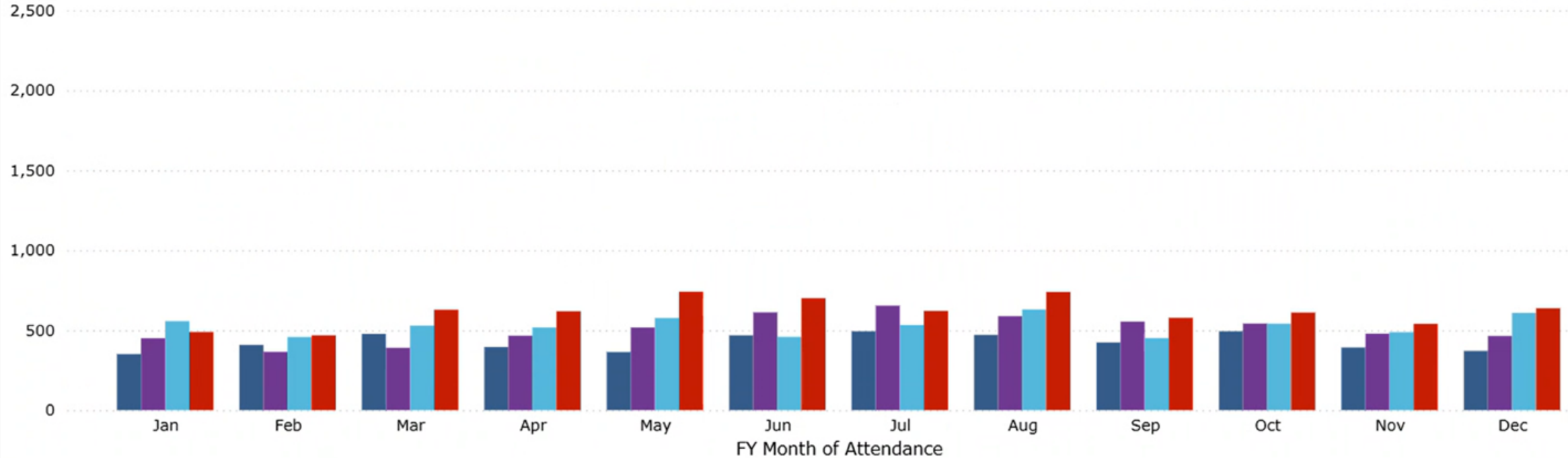
MIU Activity for Attenders - Yearly Comparison *this is Financial Years, Jan-Mar will be the later year

FY	01	02	03	04	05	06	07	08	09	10	11	12	Total
2022-2023	971	1071	1124	1156	1253	1298	1349	1362	1167	1176	1033	902	13862
2023-2024	1005	1055	1162	1051	1285	1524	1313	1282	1316	1189	1051	1003	14236
2024-2025	918	881	1231	1182	1389	1290	1336	1329	1157	1177	994	898	13782
2025-2026	1193	1168	1468	1181	1411	1454	1657	1509	1418	1406	1226	1200	16291
Total	4087	4175	4985	4570	5338	5566	5655	5482	5058	4948	4304	4003	58171

Annual Activity Comparison – Re-attenders

MIU Activity for Attenders - Yearly Comparison

FY ● 2022-2023 ● 2023-2024 ● 2024-2025 ● 2025-2026



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MIU Activity for Attenders - Yearly Comparison *this is Financial Years, Jan-Mar will be the later year

FY	01	02	03	04	05	06	07	08	09	10	11	12	Total
2022-2023	351	408	477	395	364	468	494	471	424	494	392	371	5109
2023-2024	450	365	390	466	517	612	654	588	554	542	479	464	6081
2024-2025	557	458	529	517	577	459	533	630	451	541	488	609	6349
2025-2026	489	468	628	619	741	701	621	739	578	611	540	638	7373
Total	1847	1699	2024	1997	2199	2240	2302	2428	2007	2188	1899	2082	24912

Activity by Day and Time 2024/2025



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Data Engineering & Analytics
Gwasanaeth Adrodd y Cwmwl | Cloud Reporting Service

Minor Injuries Unit - Activity by Day and Time Source: WPAS

PII View →

Issue Indicator



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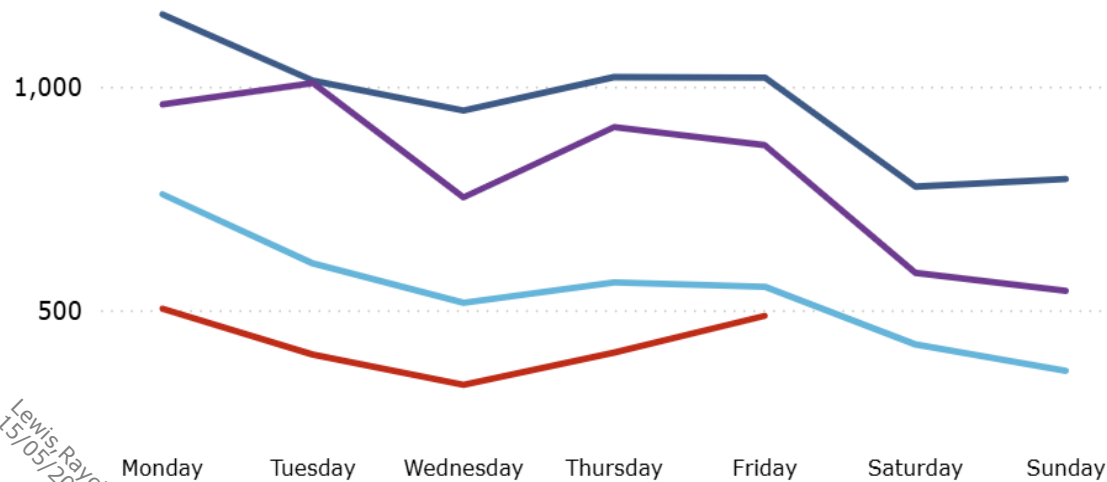


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Health Board

04/2024 - 03/2025

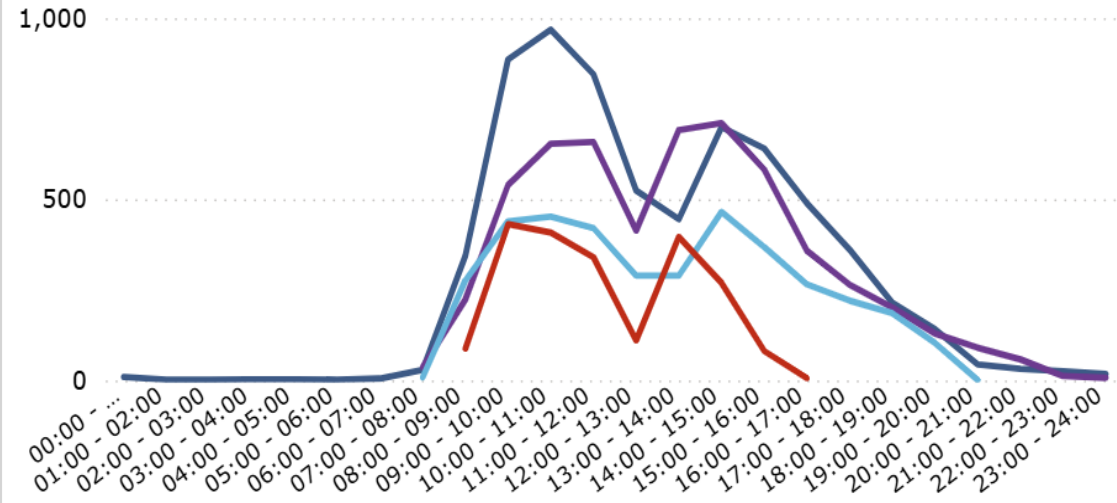
MIU Activity by Arrival Day of Week

● Brecon ● Llandrindod ● Welshpool ● Ystradgynlais



MIU Activity by Arrival Time of Day

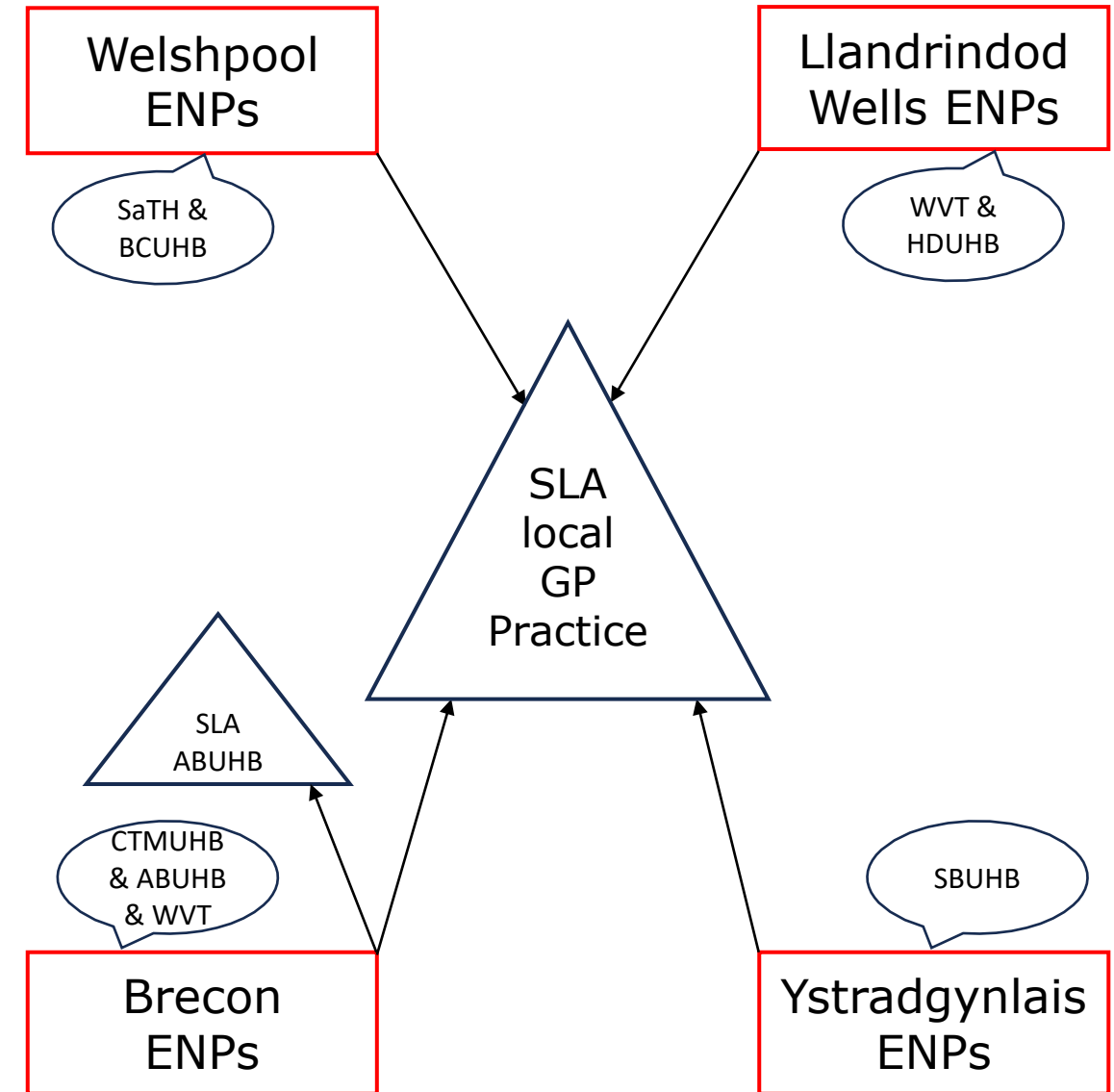
● Brecon ● Llandrindod ● Welshpool ● Ystradgynlais



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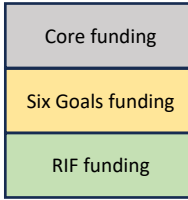
Clinical Governance and Leadership

- Minor Injury Unit Practitioners (ENPs)
- Service Level Agreement with local GMS GP surgery and OOH GP service provider
- Service Level Agreement with ABUHB ED Consultant 1 session per month (Brecon only)
- Informal networks with ED's/specialities for clinical advice/referrals

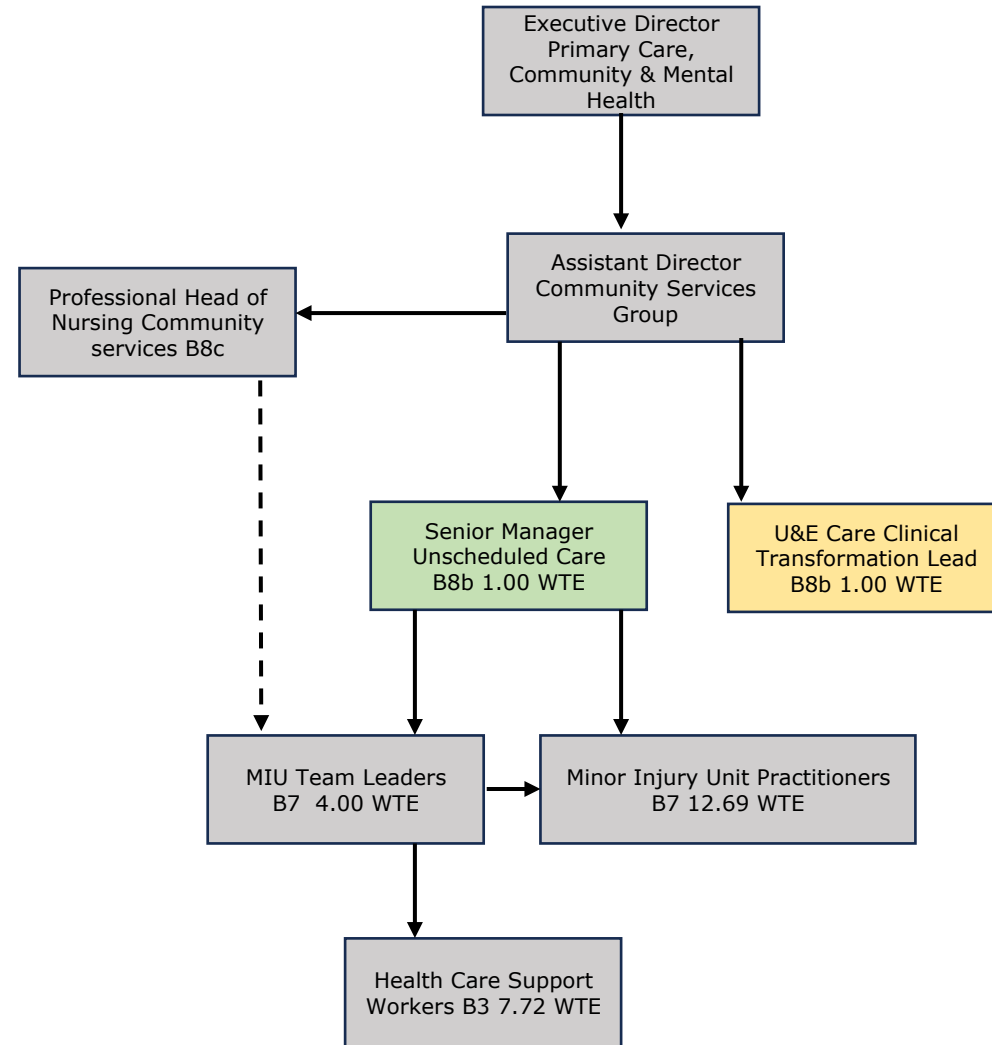


Operational and Managerial structure

Key:



In March 2025, an amendment was made to the Minor Injury Unit Practitioner Job Description, removing the word 'Nurse', thus including HCPC registrants within the job description and personal specification of the role.



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Service Improvements 2025/26

Strategic Priority 10 - Enhance the provision of PTHB Urgent Care Services

Descriptor	Service improvement	What is being achieved?
Conduct a review of current clinical practices and processes to establish key insights to inform transformation of urgent care services	<ul style="list-style-type: none">• Triage• Telephone consultations and redirection• Capturing clinical activity• Training needs analysis• Standardising care	<ul style="list-style-type: none">• Reduced front door risk• Improved data for telephone redirection• Improved governance with more accurate activity data (increase activity month on month with 3.5K over year)
Establish a clear framework and criteria to optimise access and streamline processes	<ul style="list-style-type: none">• MIU service scope• Telephone activity• Case review sessions• Image interpretation sessions• Paediatric minor injury training	<ul style="list-style-type: none">• Knowledge, skills and competency gaps being addressed to align service specification at an All-Wales level• All-Wales alignment of MIU services ongoing (26/27)
Review and scope key clinical pathways to improve the delivery of urgent care and inform future service design	<ul style="list-style-type: none">• Clinical pathway/contact directory• Senior clinical support• IV therapies – COVID treatment pathway	<ul style="list-style-type: none">• Senior clinical support through networks - scoping through consultant connect into 26/27• Data review 26/27 to evidence associated activity increases
Advance pathway development – define vision for the future service	<ul style="list-style-type: none">• Workforce development• Building networks• Access to diagnostics• Better Together Options Development	<ul style="list-style-type: none">• Enhancing workforce skills and competencies to maximise current service model whilst supporting potential future urgent care service models aligning to Better Together

Service improvements 2026/27

2026/27 areas for improvement

Service improvement	Implementation plan	What do we expect to achieve and how can we evidence this?
Align ENP scope of practice nationally to include X-ray requesting for under 5-year-olds	<ul style="list-style-type: none"> Paediatric minor injury training plan Submit paper to Radiation Protection Committee Implement change Audit & evaluate Maintain competencies 	<ul style="list-style-type: none"> Enable practitioners to see and treat all service users within their scope of practice utilising X-ray where required. Increase in demand and activity
WECDS ED Application implementation	<ul style="list-style-type: none"> Project Board Training plan Digital record Capture telephone activity digitally 	<ul style="list-style-type: none"> Reduction in paper-based records, aiming for paperless service when digital technology enabled fully Reduced administration burden on clinicians releasing clinical capacity
Implement the use of telemedicine to enable robust senior/expert clinical support network and governance for MIU teams	<ul style="list-style-type: none"> Enable Consultant Connect devices Continue work with Consultant Connect team Two workstreams to progress Ongoing training plan Audit and evaluation 	<ul style="list-style-type: none"> Senior clinical support through networks developed via consultant connect platform Improved data collection and clinical governance for senior support across service.
Sustainable clinical and professional leadership workforce plan	<ul style="list-style-type: none"> Workforce development Business case submission for substantive posts Better Together Options Development 	<ul style="list-style-type: none"> Sustainable implementation of improvements and development of workforce

Benefits and risks of Improvement plan 26/27

2026/27 areas for improvement

Service Improvement	Benefits	Risks
Align ENP scope of practice nationally to include X-ray requesting for under 5-year-olds	<ul style="list-style-type: none">• Optimise practitioner's autonomous practice• Enable children under 5 to be fully managed within MIU service (within scope of practice)• Improved patient experience	<ul style="list-style-type: none">• Approval required via Radiation Protection Committee• Some service users having to attend alternative service for diagnostics if not approved
WECDS ED Application implementation	<ul style="list-style-type: none">• Become a fully digitalised service• Reduced administrative burden• Increased clinical activity	<ul style="list-style-type: none">• Increased workload during transition period• System failure resort to paper methods• Fragmented digital systems not joined up requiring use of multiple systems
Implement the use of telemedicine to enable robust senior/expert clinical support network and governance for MIU teams	<ul style="list-style-type: none">• Improved clinical governance and oversight model• Improved clinical pathways and joined up working• Networking and support local to unit• Improved patient experience	<ul style="list-style-type: none">• Hardware suitable to utilise telemedicine system• Potential cost implication
Sustainable clinical and professional leadership workforce plan	<ul style="list-style-type: none">• Sustainable service improvement• Substantive clinical and professional leadership	<ul style="list-style-type: none">• Investment required• Financial position of HB

Summary

- Varied approach and service offer for local communities
- Variation in the level and amount of clinical support provided in current model
- PTHB has a dedicated and skilled enhanced workforce delivering minor injury services across Powys.
- Clinical and professional leadership gap impacting on improvement that is sustainable.
- Leadership roles supporting MIUs are externally funded.
- With investment in clinical and professional leadership roles, X-ray services at weekends and some changes to current environment/estate we will see more of the population of Powys choosing to use local services closer to home.



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Health Board

Agenda item:5.6

REPORT TO FINANCE & PERFORMANCE COMMITTEE	MAY 2026
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Subject:	Community Hospital Delays
Approved and presented by:	Elaine Lorton, Executive Director of Primary Care, Community and Mental Health
Prepared by:	Assistant Director Community Services Group
Other Committees and meetings considered at:	Executive Committee – 29 April 2026

PURPOSE:

To provide an update to Finance & Performance Committee of the actions being taken by Powys Teaching Health Board teams to reduce the impacts of delays to discharge for patients stranded in a hospital bed. The paper is in response to a request from the Committee at an earlier meeting.

RECOMMENDATION(S):

The Finance and Performance Committee is asked to:

- Take **ASSURANCE** that plans are in place to address the risks and impacts of hospital delays

Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	N	
7. Put Digital First	N	
8. Transforming in Partnership	Y	

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EXECUTIVE SUMMARY:

The drivers for hospital delays are complex and interconnected. With teams developing services that seek to build on existing efficiencies and reducing demand, some success has been achieved in year to reducing delays. Ongoing challenges across market provision, rising demographic demand and unintended consequence of change can limit the delivery of improvements, but the ongoing transformation and service development is expected to continue to support improved flow across the system.

BACKGROUND

Acute Hospitals

Powys Teaching Health Board does not provide bed based secondary care, with all admissions to such services occurring out of county. The largest volume of such care occurs with English providers, and mainly with Wye Valley NHS Trust (Herefordshire) and Shropshire & Telford Hospitals.

Delays are considered as occurring once a patient is medically fit for discharge (clinically optimised), although it is recognised that further assessments may be required prior to discharge occurring.

Delays are categorised as one of three areas:

- Health delays
 - Most often the receiving Health Board due to a delay in available onward care
 - Could however be the secondary care provider due to an outstanding action on their part (such as delay in referral or an assessment on their part)
- Social Care delays
 - More usually Powys County Council action needed, but could also be another Local Authority
- Joint delays
 - Where both Health Boards and Local Authority are responsible for joint funding and commissioning an onward pathway.

The agreed metric for such delays is Pathway of Care Delays (POCD). These can be broken down into three measures:

- Total volume of delays (numbers of patients affected)
- Total numbers of days delayed (aggregated from all patient delays)
- Numbers of delays due to assessments (as deemed most avoidable cause)

Recognising that such delays have an impact on patients and their families, including risks of hospital acquired deconditioning, there are also financial impacts to the Health Board. This

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occurs where costs for such bed-based care is chargeable, including where certain thresholds for delay are met.

Community Hospital delays

These may occur both in-county, and out of county. Again, the measures used are the same, with Powys self-reporting our own delays and other Health Boards reporting any Powys patients, although those will be very small numbers. Whilst no charges are incurred, it is recognised that the efficiency of the system is adversely impacted by the Length of stay in our PTHB community hospital beds, including the opportunity cost for offsetting delays in other chargeable services.

DRIVERS FOR DELAYS

The drivers for delays are often complex and interwoven. From patients who fluctuate in their readiness for discharge (for example become medically unwell just as discharge had been planned, and the onward provider is unable to hold their pathway open), through to a patient with highly complex need that the market is not easily able to accommodate. Within this can also arise the tension to best manage NHS resources, with some providers seeking to disproportionately leverage higher fees, gaps in the market (in particular around Nursing care for those with behavioural needs), disagreements from families about the onward pathway (and funding arrangements), and even disagreements with social care commissioners around responsible funder.

On occasion there can also be some unintended consequence from national and local initiatives. For example, the national focus on reducing delays at the front door of hospitals can rapidly shift the dynamic risk management of patients at the 'back door', with a sudden surge in patients being deemed ready for discharge where longer term planning was already in place. Similarly, the creation of a protocol for immediate ambulance handover resulted in an expectation that other hospitals would then accept their patients in similarly rapid arrangements, which is not easily arranged where admission to a community hospital bed is required. Protocols that were previously only relied upon for rapid repatriation of patients from tertiary care are now being relied upon for rapid repatriation back to every type of hospital bed, without the opportunity to undertake the same mitigations (boarding onto wards etc).

A similar situation has arisen locally, where the separation of the enablement and reablement service has resulted in any delays for reablement now being reportable as Health delays. Previously, all delays (enablement or reablement) were attributable to social care, and so this creates an artifice that some social care delays have reduced whilst reportable health delays will have increased.

EXISTING MITIGATION

Despite this backdrop, Powys Teaching Health Board has been reasonably successful in managing demand and reducing delays, whilst also experiencing the usual surges in demand over winter periods. Where other organisations may have created surge capacity (opening additional beds), this has been resisted in Powys due to the potential secondary risks in other areas (staffing capacity, agency use, poor estate etc). Instead, the Health Board has continued

to rely on both existing mitigations and continues to develop new ways of working to offset rising demand and balance out any surges in flow.

For many years, the Health Board have embedded a Care Transfer Coordinator role into the discharge teams of several acute hospitals across England and Wales. These are based in Shropshire & Telford hospitals, Wye Valley NHS Trust, Bronglais, Morriston Hospital (which also support discharge across Glangwili), Prince Charles Hospital, And Neville Hall Hospital (the latter of which also support Cwm Taf and Velindre)

Their role is to identify any Powys resident patients admitted to the acute hospital beds, and to support planning for discharge from day one of admission. This will include consideration of existing needs (clinical and care), anticipation of expected discharge readiness and pathways, liaison with family, professionals and teams across Powys to support the earliest possible discharge.

Within the flow team, a similar role of Discharge Liaison Officer (DLO) has been created to support the Powys Community Hospital teams to maximise discharge arrangements for their patients also. This recognises that the ward team often have competing priorities in their working day, and whilst leadership for discharge remains firmly with the ward Multi-Disciplinary Team (MDT), the practical arrangements such as referrals, liaison with external providers, brokerage, and social care professionals can be focussed upon by the DLO.

Alongside these teams, the Health Board has sought to utilise two former community hospital wards as 'Ready To Go Home Units', enabling the teams to maximise the independence of those awaiting an onward placement. This is a recognition that not all patients who are stranded in a community hospital bed are best served by such services, and the system flow delays drive the need for such alternative models.

Outside of the Health Board community hospital beds we have additionally created some capacity to support short-term placement of patients needing some help in further reablement, or to optimise their independence and complete further assessments. This includes 12 Therapy led reablement beds in Glan Irfon Intermediate Care unit, and 5x interim placement beds at Cottage View residential home.

Alongside these resources, designed to support improved flow, the teams have continued to develop services further to support hospital diversion, address operational culture, and improve the tools relied upon to support the services to ensure their work remains timely and effective. This includes such developments as the introduction of Powys DigiFLO, a live inpatient monitoring system that visually displays the status of patients in the wards, helps capture the expected pathways for discharge of each patient, and tracks performance measures in real time.

At an organisational level, separate developments have also been put in place, with the commencement of the Single Point of Access Flow Hub, where clinicians review all referrals (including those for a community hospital bed), actively support flow and discharge for existing patients, and link into the community teams to maximise referrals directly into the community (and thus reduce demand for the community hospital beds). This includes the newly separated reablement team, which continues to expand in order to extend capacity for

such patients, and reduce the known risks for patients that can become stranded in a hospital bed.

SYSTEM WORKING

It is well recognised that hospital flow cannot occur in a vacuum, and several parts of the system play their part in supporting this. The primary partner in this work is the Powys County Council (PCC) social work team, who have reorganised their service model to create a dedicated resource team for hospital discharge and flow. This creates consistency across the pathways and helps build effective working relationships between teams. This can be seen in the commensurate reduction in social care assessment delays, however it is noted that this capacity has been significantly improved through the social care grant, is heavily reliant on agency social workers and outsourcing, and can be very fragile with high turnover of workforce.

Further to this, the Powys County Council commissioning team have been successful in significantly increasing the capacity of the domiciliary market across Powys (notwithstanding some challenging geographical areas), which has additionally helped support flow, although the providers are themselves very challenged in their delivery models.

Alongside this collaborative working, several pathways now operate on a Trusted Assessment basis, with teams able to admit to some interim placements without recourse to the funding authority, undertaking best interest assessments for each other and even assessing for levels of care need and utilising an integrated brokerage service for packages of care.

There does of course, remain some challenges in the market capacity across Powys, including the provision of Nursing Home care, particularly for those with complex and behavioural support requirements, and Powys County Council have now completed a retendering of their residential care home services (including the intermediate care provision), with a view to a longer term plan for redevelopment to more modern buildings and expansion of the in-county Nursing home provision.

Alongside this, some third sector commissioned services (such as Red Cross and Community connectors) work alongside Health Board teams to maximise community support for patients in support of discharge, and our policies and procedures are well established to maximise the participation of families and carers in support of supporting early independence and discharge.

ONGOING IMPROVEMENT MEASURES

It is well recognised that there is always more that can be done to further improve hospital flow, and informed by learning from other systems and professionals, the Health Board have invested in both further service transformation and wider system transformation in support of this goal.

Within the resources of the Better Together transformation work, reviews of patient flow across the system have been undertaken by Professor Anne Hendry, a consultant geriatrician and stroke physician from the University of Glasgow. Her findings have extended the understanding that 'bed is not always best' for our patients, and helped to further drive the work to extend the role of the flow hub / SPOA, further increase the capacity of the reablement service and now

explore the opportunities around a community frailty offer. A number of tests for change have been developed, with therapy in-reach to the emergency departments of Shropshire and Herefordshire seeking to divert potential admissions, an extension of falls response to include Tier 2 needs (those more complex or with possible injury) in order to reduce ambulance demand, and the further development of capability across our minor injury units.

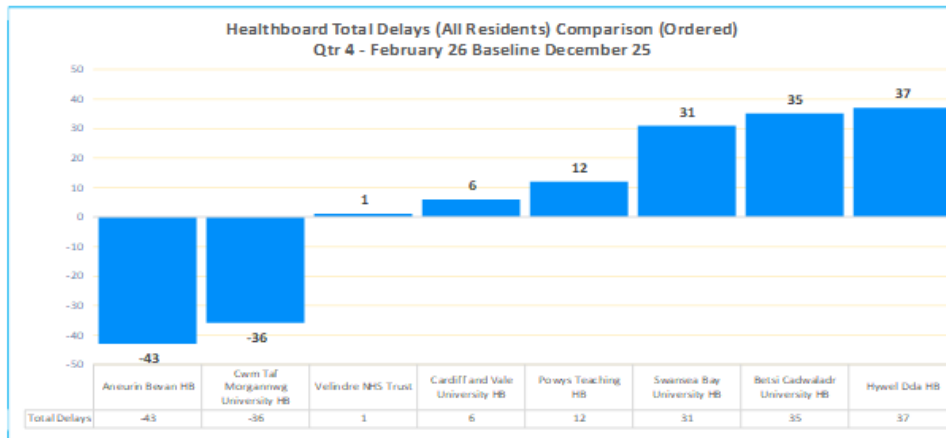
Alongside this, more work has been undertaken to reduce delays to the Continuing Health Care pathways, extend our medical leadership across community services, and to challenge the culture of bed-based care that can be slower to embrace positive clinical risk for patients in the community.

Where such improvements are successful, it is anticipated that the wider reliance on bed based care can be reduced, with future models of flow being increasingly less reliant on ready to Go Home units instead.

IMPACTS

As highlighted, reducing delays is not a simple premise, and it is difficult to attribute any single action to delivering a particular outcome. The national ambition around reducing POCD was to reduce the total numbers of delays (and delays due to assessment) by 20% against the baseline of March 2025. Alongside this, the total days delayed should be reduced by 15%.

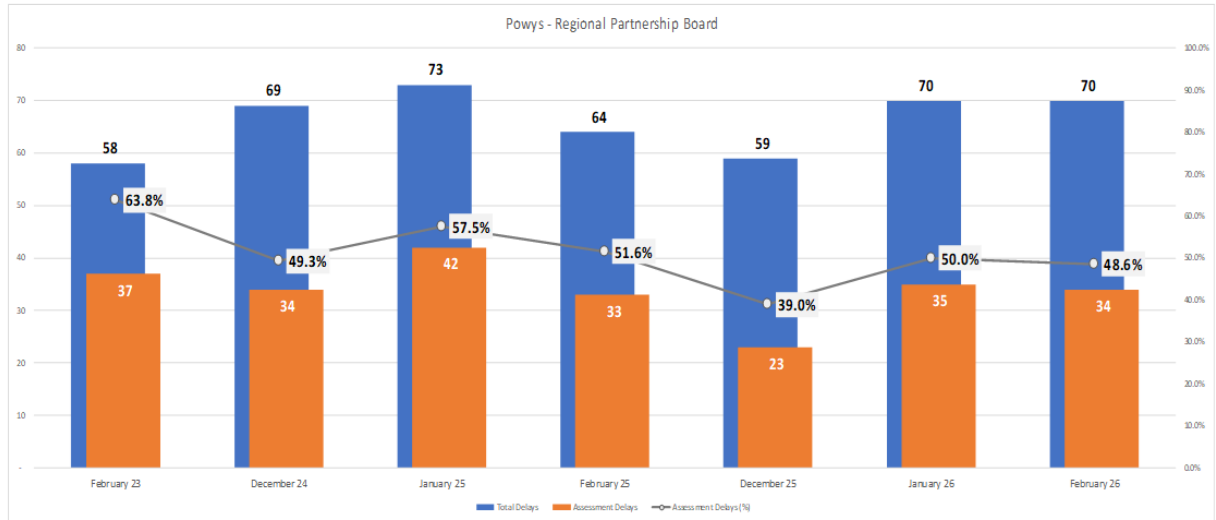
What can be seen from below is that there is significant variation on such measures (in this case total numbers of delays) across all Health Boards.



All Health Boards, including Powys, have been consistently tracking such measures since 2023

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Total Delays and Assessment delays - Powys



This data is taken from a single census day each month, and even in month we can see marked variation, however as can be seen below, in March 2026, on the day the data was harvested, Powys performance showed a reasonable improvement against the March 2025 baseline, getting close to the 15% days delayed reduction, over-delivering against the assessment delays reduction, whilst not reaching the expected 20% reduction on overall delays (7%)

18 March 2026		Progress of Targeted Reduction Ministerial Priority							GIG Cymru NHS Wales	
Targeted Reduction Quarterly Monitoring		Targeted Reduction by Regional Breakdown for the Current Census Date (18 March 2026)								
All Wales Ambition Target Reductions (by Nov. 25)	All Wales March 2025 (fixed) to (March 26)	C&V (CVUHB)	CTM (CTMUHB)	Gwent (ABUHB)	North Wales (BCUHB)	Powys (PTHB)	West Glamorgan (SBUHB)	West Wales (HDUHB)	Perfformiad a Gwellfa Performance and Improvement	
Total Delays Targeted Reduction										
15%	-2%↓	-3%↓	-7%↓	2%↑	-7%↓	-7%↓	7%↑	-2%↓		
Days Delayed Targeted Reduction										
20%	-15%↓	-26%↓	-10%↓	-27%↓	7%↑	-12%↓	-37%↓	-9%↓		
Assessment Delays Targeted Reduction										
20%	-17%↓	-34%↓	12%↑	-26%↓	-29%↓	-32%↓	1%↑	-23%↓		

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The flow team are additionally reviewing on how we can further strengthen the focus on flow. It is proposed that the division will seek to establish an improvement standard for 26/27. Setting out actions which will further reduce community hospital length of stay by 20% in year. Additional measures will also need to define and measure productivity improvements including:

- Turnover rate
- Turnover interval
- Admission avoidance measures

A programme of work is planned that addresses process, operational culture (recognising that not all teams recognise the harm caused by extended stays in a hospital environment), implementation of criteria-led discharge, strengthening of daily board rounds and improvement of escalation process.

Of course, whilst this is good news for the patient, there are associated benefits for the Health Board that are tracked elsewhere in the system, including the financial opportunities that improved flow can bring.

Acute hospital delays

2025-2026				
Count	LOS	LOS Over Trim Point	Cost	Potential Saving
15	301	170	£136,588	£54,076
11	218	132	£118,905	£42,240
2	43	16	£13,993	£4,810
2	40	22	£3,690	£7,026
118	3,162	1,395	£919,205	£431,996
17	626	507	£223,753	£163,592
101	2,536	888	£695,452	£268,404
127	3,524	1,574	£592,510	£502,565
4	115	15	£31,963	£4,389
117	3,239	1,419	£542,207	£447,631
6	170	140	£18,340	£50,545
260	6,987	3,139	£1,648,303	£988,637
220	5,818	2,323	£1,251,652	£720,845
		-1,659		
		-42%		

This demonstrates that compared to 24/25, the Health Board reduced our cost of patients stranded in the acute beds of neighbouring Trusts, a reduction of 42% was demonstrated, which equated to savings of £720k. Similarly, the delays for patients stranded in community hospitals in England (which are chargeable) in 25/26 also reduced, again making a significant saving to the Health Board.

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Community hospital delays

Financial Year	Total Cost	Total Days	Average Cost per Day
2017	£ 147,215	616	£ 239
2018	£ 509,696	2128	£ 240
2019	£ 212,095	890	£ 238
2020	£ 386,503	1476	£ 262
2021	£ 647,856	1927	£ 336
2022	£ 1,422,818	4145	£ 343
2023	£ 1,248,564	3380	£ 369
2024	£ 1,077,082	2906	£ 371
2025	£ 1,670,553	3981	£ 420
2026	£ 857,406	2012	£ 426

Overall cost

That said, there is still a good deal of opportunity for further overall reductions.

2025-26 Gross Cost of Delays	Health			Joint			Social Care			
	YTD	Forecast		YTD	Forecast		YTD	Forecast		
	Days	£m	£m	Days	£m	£m	Days	£m	£m	
PTHB Provider Delays	2,816	£1.3	£1.4				6,007	£2.7	£3.0	
PTHB Provider Assessment Delays	4,440	£2.0	£2.2	2,490	£1.1	£1.2	7,331	£3.3	£3.6	
Subtotal PTHB Provider	7,256	£3.3	£3.6	2,490	£1.1	£1.2	13,338	£6.1	£6.6	
Shropshire Community Bed Delays	317	£0.1	£0.1				147	£0.0	£0.1	
WVT Community Bed Delays	610	£0.3	£0.3				698	£0.3	£0.3	
DGH Bed Delays - England	5,340	£1.8	£2.0	727	£0.2	£0.3	4,365	£1.5	£1.6	
DGH Bed Delays - Wales	2,094	£0.0	£0.0	414	£0.0	£0.0	1,218	£0.0	£0.0	
Subtotal English & Welsh Providers	8,361	£2.2	£2.4	1,141	£0.2	£0.3	6,428	£1.9	£2.0	
Total Opportunity Cost (at full cost)	15,617	£5.5	£6.0	3,631	£1.4	£1.5	19,766	£7.9	£8.7	
							Total All	39,014	£14.9	£16.2

NEXT STEPS

It is clear that if we continue to build on the efficiencies identified in this paper, along with a continuation to drive forward the further improvements planned, this will not only support the requisite further savings, but deliver the best possible outcome for our patients.

There remains significant challenge across the system to deliver this, with Powys County Council similarly challenged in their financial position, the challenges experienced in recruitment to front line social care services (including in provider markets) and the rising demographic demand that has been well documented. At the same time, Powys County Council will be looking at their own financial challenge and the risks remain that conflicting organisational decisions may adversely impact a partner organisation. The mitigation for this remains in place, with close working between teams at every level (including Executive leadership) and the focus remaining on the patient will continue to help with such challenges.

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT



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Agenda item: 5.7

Finance and Performance Committee	Date: 14 May 2026
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Subject:	Committee Risk Register
Approved and presented by:	Helen Bushell, Director of Corporate Governance
Prepared by:	Corporate Governance, Risk and Assurance Officer
Other Committees and meetings considered at:	N/A
Appendices :	Appendix A – Committee Risk Register

PURPOSE:

The purpose of the Committee Risk Register is to draw together relevant risks for the Committee from the Strategic Risk Register (SRR), to provide a summary of the significant risks to delivery of the health board’s strategic objectives. This copy of the Committee Risk Register is based upon the SRR received by the Board on 25 March 2026.

RECOMMENDATION(S):

The Finance and Performance Committee is asked to:

- **RECEIVE** the corporate risks within the committee’s remit;
- **DISCUSS** any relevant issues; and
- take **ASSURANCE** that risks are being managed in line with the Risk Management Framework.

Approve/Take Assurance	Discuss	Note
Y	Y	X

ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:

Wellbeing Objective	Y/N	Alignment
1. Focus on Wellbeing	Y	The corporate risks are a reflection of the significant risks to the delivery of the health board’s strategic objectives and therefore underpin all wellbeing objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

COMMITTEE RISK REGISTER

The Committee has routinely received a Committee Risk Register which draws together relevant risks from the Corporate Risk Register (CRR) to provide a summary of the significant risks to the Health Board's within the Committee's remit.

This copy of the Committee Risk Register is based upon the received by the Board on 25 March 2026.

The Committee Risk Register is attached at **Appendix A**.

NEXT STEPS:

The Committee will continue to seek assurance on the ongoing development and management of patient experience, quality and safety risks as set out above.

The next Strategic Risk Register update is due to the Board on 20 May 2026.

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Committee Risk Register

Finance and Performance Committee

May 2026

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F&P Committee Risk Register

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Finance and Performance Committee
14 May 2026
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Appendix A

STRATEGIC RISK DASHBOARD

Risk Lead	Risk ID	Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Trend	Board Risk Appetite	At Target ✓/✗	Lead Board Committee	Link to Strategic Priorities:
<i>EDoFC &E</i>	SRR 001	Financial Sustainability	The Health Board is unable to achieve its duty to achieve financial breakeven (and therefore sustainability).	4 x 5 = 20	➔	Cautious	✗	Finance and Performance	Cross-cutting (All SPs and WBOs)
<i>EDoFC &E</i>	SRR 007	Quality	The care provided in some areas is compromised due to the health board's estate being not fit for purpose.	4 x 4 = 16	➔	Minimal	✗	Finance and Performance	SP 09 and WBOs 1 and 4
<i>EDPCC MH</i>	SRR 009	Performance and Service Sustainability	The Health Board is unable to stabilise the growing implications of Continuing Health Care	4 x 4 = 16	➔	Open	✗	Finance and Performance	SP 6 and WBO 4
<i>DCG</i>	SRR 012	Reputation and Public Confidence	The Health Board is unable to maintain and build public confidence in regard to service delivery and transformation in staff, patients, stakeholders and community.	3 x 5 = 15	➔	Open	✗	Finance and Performance	Cross-cutting (All SPs and WBOs)

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KEY:

Executive Lead	
<i>EDoFC&E</i>	Executive Director of Finance, Capital and Estates
<i>EDP&C</i>	Executive Director of People, Culture and Transformation
<i>EDPP&C</i>	Executive Director of Planning, Performance and Commissioning
<i>EDPCCMH</i>	Executive Director of Primary Care, Community and Mental Health
<i>EDPH</i>	Executive Director of Public Health
<i>EDAHPHS&D</i>	Executive Director of Allied Health Professionals, Health Sciences and Digital
<i>DCG</i>	Director of Corporate Governance/Board Secretary
<i>CEO</i>	Chief Executive
Trend	
*	New risk
→	Risk score unchanged since last report
↓	Risk score decreased since last report
↑	Risk score increased since last report

RISK HEAT MAP

Almost certain 5					
Likely 4				SRR 007 – Estate SRR 009 – CHC	SRR 001 – Financial Balance
Possible 3					SRR 012 – Public Confidence
Unlikely 2					
Rare 1					
LIKELIHOOD X IMPACT	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5

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SRR 001	There is a risk that: The Health Board is unable to achieve its duty to achieve financial breakeven (and therefore sustainability).																						
Current Risk Score: 20	Risk rating detail: (likelihood x impact) Current: L4 x I5 = 20 Inherent: L4 x I5 = 20 Target: L2 x I4 = 8	Risk Category: Financial Sustainability																					
		Boards Risk Appetite: Cautious																					
Executive Lead: Executive Director of Finance, Capital and Support Services	Assuring Committee: Finance and Performance Committee																						
Latest review date: February 2026 Added to register: June 2024 Link to Strategic Priorities and Wellbeing Objectives: Cross-cutting risk relevant to all SPs and WBOs	 <table border="1"> <caption>Risk Score Trajectory</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 24</td> <td>8</td> <td>16</td> </tr> <tr> <td>Nov 24</td> <td>8</td> <td>16</td> </tr> <tr> <td>Jan 25</td> <td>8</td> <td>20</td> </tr> <tr> <td>July 25</td> <td>8</td> <td>20</td> </tr> <tr> <td>Nov 25</td> <td>8</td> <td>20</td> </tr> <tr> <td>Mar 26</td> <td>8</td> <td>20</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July 24	8	16	Nov 24	8	16	Jan 25	8	20	July 25	8	20	Nov 25	8	20	Mar 26	8	20	Cause/source of risk: The Health Board reported a £15.8m deficit in 2024/25 It has a Plan for a £28.3m deficit in 2025/26, but due to unforeseen cost pressures, it is forecasting a £28.3m deficit in 2025/26. Savings programme of £23.1m Planned underlying deficit of £42.1m has been revised to £44.7m due to the impact of the unforeseen cost pressures, off-set by some recurrent mitigating actions Risk materialising would result in: Failure to achieve the statutory duty to breakeven
Month	Target Score	Risk Score																					
July 24	8	16																					
Nov 24	8	16																					
Jan 25	8	20																					
July 25	8	20																					
Nov 25	8	20																					
Mar 26	8	20																					

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Controls (What has been implemented to manage the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
1.1	Financial Plan approved by Board. Subsequent AO letters set out savings target of £23.1m.	Plan approved by Board	Reasonable	Board
1.2	Additional control - Introduced joint CEO and ED Finance only focussed meetings with each Exec Director individually.	Regular meetings and agreed action monitoring	Reasonable	Board
1.3	Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks.	Plan Management	Reasonable	Board
1.4	Group established for Variable Pay, identified leads and clear expectation re delivery, these groups will have a short and longer-term focus for delivery. Variable Pay, CHC and Commissioning regular deep dive areas of focus at F&P Committee to track actions to improve.	Reports to F&P Committee	Reasonable	Board
1.5	Investment Benefits Group - focus on benefits realisation of previous investments, including consideration of dis-investment.	Delivering VFM, improving efficiency and sustainability, report to Executive Committee	Reasonable	Board
1.6	Regular communication and reporting to Welsh Government and NHS Wales Performance and Improvement (Financial Planning and Delivery Directorate) regarding the impact of pressures on Financial Plan and underlying position.	Monthly Meetings and reporting in line with Escalation plan.	Reasonable	Board

Mitigating Actions (What more will we do?)				
Action	Lead	Action update	Deadline	Action on Target
Executive Directors are focussed on delivery of £23.1m savings targeted for 2025/26.	DFC&SS	Reported regularly to Board and F&P and to Exec Committee. Month 10 £17.7m £20m savings forecast.	Ongoing	Ongoing
Executive Team workshops focussed on actions to reduce expenditure in 2025/26.	DFC&SS	Workshops held w/c 7 July. Outcome to be reported to Board in July. Has led to greater value of recurrent savings than initially planned.	Ongoing	Ongoing
An external review has been commissioned, which is focusing on the financial position of the Health Board and its arrangements for commissioning secondary healthcare services and CHC.	DFC&SS	Grant Thornton has been appointed. Interim findings are due to be reported at the end of October and draft Final report at the end of November. Final report February with GT led Board Development session. Findings to inform 2026/27 Annual Plan.	End of November Submit Plan end of March	Met Ongoing
Additional information:				
Rationale for current score:				
<ul style="list-style-type: none"> The Plan includes a £23.1m savings target. This is not currently being achieved. 				

- The Health Board is experiencing greater cost pressures than its recurrent mitigating actions and additional funding can contain. This is leading to an increase in its underlying deficit. Assessed as ~~£42.1m~~ **£44.7m**.
- The scale of this deficit against annual expenditure of circa **£500m** ~~£480m~~ makes it probable that the organisation will not be able to comply with its statutory duty to breakeven for some time.

SRR 007

There is a risk that the care provided in some areas is compromised due to the health board's estate being not fit for purpose.

Current Risk Score:

16

Risk rating detail: (likelihood x impact)

Current: L4 x I4 = 16
 Inherent: L4 x I4 = 16
 Target: L2 x I4 = 8

Risk Category: Quality

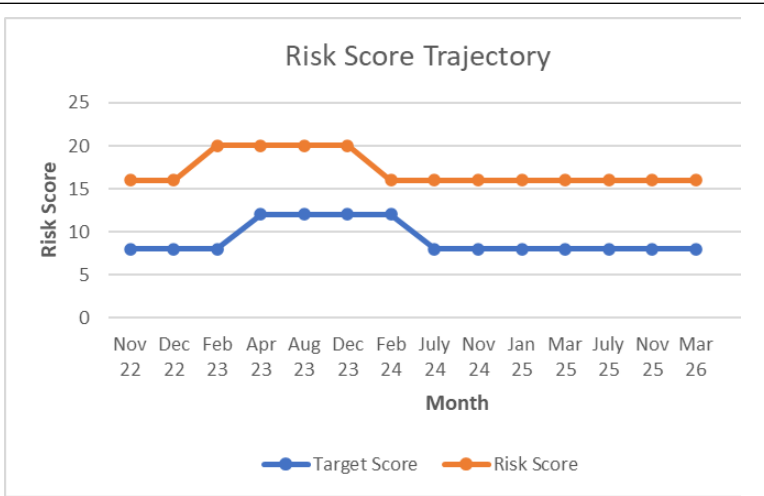
Boards Risk Appetite: **Minimal**

Executive Lead: Executive Director of Finance, Capital, and Support Services

Assuring Committee: Finance and Performance Committee

Latest review date: February 2026

Added to register: January 2017



Link to Strategic Priorities and Wellbeing Objectives:

SP 9 and WBOs 1 and 4

Drivers/causes of risk:

Estates Compliance: (Risk Driver: Ageing Infrastructure, Underinvestment, Compliance Demands)

- Powys has the oldest estate in NHS Wales with 38% of the estate infrastructure was built pre-1948, and only 5% post-2005, leading to higher maintenance needs and outdated systems.
- Years of underinvestment have compounded deterioration and compliance risks across key areas (fire safety, water hygiene, electrical systems, medical gases, ventilation, etc.).
- Backlog Maintenance stands at approximately £70M, significantly exceeding available budgets.
- Revenue pressures due to rising energy costs and mandated cost savings are limiting the ability to invest in maintenance or modernisation.
- Internal Audit (March 2024) issued a 'Limited Assurance' report citing the critical condition of the

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		<p>estate and shortfall in funding to address backlog and support future transformation plans.</p> <ul style="list-style-type: none"> • Powys has the oldest estate in NHS Wales, compounding these issues. <p>Capital: (Risk Driver: National Funding Constraints, Affordability, Prioritisation Pressures)</p> <ul style="list-style-type: none"> • NHS Wales faces significant capital funding constraints which has seen the introduction of a new Capital Business Case Prioritisation Process from April 2024. This process will re-assess all current and planned projects against criteria for benefits and affordability, potentially impacting the PTHB capital programme / transformation agenda. • NWSSP-SSU audit (February 2024) reported a Limited Assurance rating, identifying a shortfall in WG Capital against backlog maintenance across the NHS estate. • Affordability challenges due to high overheads for contractors operating in rural areas like Powys are impacting the viability and attractiveness of capital schemes. <p>Environment & Sustainability: (Risk Driver: Policy Ambition vs. Resource Gap)</p> <ul style="list-style-type: none"> • The NHS Wales Decarbonisation Strategic Delivery Plan (2021) sets out ambitious targets to reduce carbon emissions. However, delivery capacity is limited due to limited funding/resource allocation. • The aging estate infrastructure is not well-suited to low-carbon adaptations without significant retrofit
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		<p>investment (Re:fit), further widening the gap between policy ambition and practical delivery.</p> <p>Risk materialising would result in:</p> <ul style="list-style-type: none"> • Inability to sustain high quality services • Adverse impact on achievement of WBO 1 & 4 • Increased likelihood of infrastructure failure, non-compliance with statutory regulations, potential harm to patients and staff, and inability to deliver safe, modern healthcare services. • Escalating backlog costs may also lead to reputational damage and regulatory scrutiny. • Delayed or cancelled capital projects, inability to modernise or expand services, and failure to address critical infrastructure needs. • Possible impact on transformation goals, reduce service quality, and compromise long-term estate sustainability. • Failure to meet decarbonisation targets, missed national sustainability commitments, and rising operational costs due to inefficiencies. Also leading to reputational harm and reduced eligibility for future Environment and Sustainability funding streams. 		
Controls (What has been implemented to manage the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
ESTATES				
7.1	Specialist sub-groups for each compliance discipline	Structured meetings, risk-based approach, clear escalations lines	Reasonable	Estates Compliance Group

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7.2	Risk-based improvement plans introduced	Highlight reports identifying and tracking risk mitigations, clear escalation lines	Reasonable	Estates Compliance Group
7.3	Specialist leads identified for key compliance areas	Authorised Persons independently appointed by NWSSP-SES	Reasonable	Estates Compliance Group
7.4	Estates Compliance Group and Capital Control Group established	Minutes, papers & work plans from meetings	Reasonable	Innovative Environments Group
7.5	Medical Gases Governance Group; Fire Safety Group; Water Safety Group; Electrical Safety Group; Asbestos Safety Group; Ventilation Safety Group convened with cross organisation & NWSSP-SES membership.	<ul style="list-style-type: none"> Minutes and papers from meetings Audits undertaken by NWSSP 	Reasonable	Estates Compliance Group, Health & Safety Committee
7.6	Capital Programme developed for Compliance and approved capital programme	<ul style="list-style-type: none"> Paper to Executive level meeting 	Substantial	Delivery & Performance
7.7	Capital and Estates set as a specific organisational priority in the Health Board's Annual Plan	<ul style="list-style-type: none"> Annual Plan 	Substantial	Board
7.8	Address (on an ongoing basis) maintenance and compliance issues	<ul style="list-style-type: none"> Compliance Highlight Reports, Audit plans, notes and papers from meetings 	Reasonable	Delivery & Performance Group
7.9	Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards	<ul style="list-style-type: none"> Compliance Highlight Reports, Audit plans, notes and papers from meetings 	Reasonable	Delivery & Performance Group

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7.10	30+ Specialist Maintenance Contracts in place to ensure appropriate specialist service provision over 3-5 year contract periods	<ul style="list-style-type: none"> Contracts let via NWSSP-Procurement and contain Key Performance Indicator regime 	Reasonable	Estates Compliance Group
CAPITAL				
7.11	Capital Procedures for project activity	<ul style="list-style-type: none"> Capital Procedures CP/D/1.00 document Annual Capital Systems Audit reports from NWSSP 	Reasonable	Innovative Environments Group
7.12	Routine oversight / meetings with NWSSP Procurement	<ul style="list-style-type: none"> Notes from meetings Annual Procurement Report 	Substantial	Innovative Environments Group / Finance & Performance
7.13	Specialist advice, support and audit from NWSSP Specialist Estates Services / Authorising Engineers	<ul style="list-style-type: none"> Notes from meetings Designated Director role 	Substantial	Innovative Environments Group
7.14	Audit reviews by NWSSP Audit and Assurance	<ul style="list-style-type: none"> Audit reports and Action Plans 	Reasonable	Audit and Assurance Group
7.15	Close liaison with Welsh Government, Capital Function	<ul style="list-style-type: none"> Regular Capital Review Meetings. Notes and papers from meetings 	Substantial	Innovative Environments Group
7.16	Reporting routinely to Finance & Performance Committee	<ul style="list-style-type: none"> Notes and papers from meetings 	Reasonable	Finance & Performance Committee

7.17	Capital Programme developed and approved	<ul style="list-style-type: none"> Paper to Executive level meeting 	Substantial	Delivery & Performance / Board
7.18	Detailed Strategic, Outline and Full Business Cases defining risk	<ul style="list-style-type: none"> BJC, SOC, OBC, FBC documents / governance 	Substantial	Executive Committee / Board
7.19	Capital and Estates set as a specific Organisational Priority	<ul style="list-style-type: none"> Annual Plan 	Substantial	Board
7.20	Capital projects developed for consideration for Welsh Government slippage in order to take advantage of any available funding	<ul style="list-style-type: none"> Capital proposals sheets Project sheets SBARs 	Substantial	Capital Control Group / Innovative Environments Group
ENVIRONMENT				
7.21	ISO 14001 accreditation	SGS external body certification	Substantial	Finance & Performance
7.22	Environment & Sustainability Group	Notes and papers from meetings	Reasonable	Innovative Environmental Group
7.23	NWSSP-Specialist Estates Services (Environment) support and oversight	Meetings with Director NWSSP-SES	Reasonable	Innovative Environments Group
7.24	Welsh Government support and advice to identify and fund decarbonisation project initiatives	Presence on WG groups such as Community of Experts, etc.	Reasonable	Innovative Environments Group
7.25	Welsh Government Energy Service / Re:fit energy programme of works complete in Q2. Investment Grade Proposal (IGP) published to illustrate invest to save projects	WG Salix Framework arrangement	Substantial	Innovative Environments Group

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
Implement the in-year Capital Programme and develop the long-term capital programme which is responsive to changes in funding availability and funding sources.	Associate Director for Capital, Estates and Facilities	Fluid nature of NHS All Wales Capital allocations and current WG/NHS funding challenges make future capital investment uncertain. All-Wales NHS Capital Prioritisation Review has 3 key schemes on 'green' list. Pressure on programme to divert capital to Transformation activity at short notice.	In line with Annual Plan for 2025-26	On Track
Continue to seek Welsh Government capital funding to underpin investment to improve the estate / support Transformation.	Associate Director for Capital, Estates and Facilities	Consider alternative funding opportunities such as RPB IRCF, Targeted Estates Funding, etc. and have schemes 'on the shelf' in anticipation of Welsh Government 'end of year' capital slippage.	In line with Annual Plan for 2025-26	On Track
Review current structure of capital and estates department – Estates Management and Senior Management Team structure enhancements in place. Second tier of structure review required to address establishment staff numbers in Works Team and recruitment	Associate Director for Capital, Estates and Facilities	Due to financial challenges within the Health Board, this item is on hold.	TBC	At risk

challenges. Resource review undertaken by IEG in 2023 with proposal limited by financial position.

Additional information:

Update including impact of actions to date on current risk score:

Capital: Discretionary capital budget for 2026/27 has been increased to £3.032M. This will mean an extra 632k for PTHB which will be utilised on improving the estate. A total of 16 of the 17 Targeted Estates Funding (TEF) bids were approved for expenditure over 2025/26/27 at a value of £3.550M This includes a 30% health board contribution which equates to £634.5k in 2025/26 and £430k in 2026/27.

Estates: Estates compliance – team continues to support core statutory compliance and limited Reactive job requests using risk-based approach due to age of estate. Workforce challenges for recruitment and staff resource establishment level being reviewed at Innovative Environments Group. Organisational recruitment freeze ongoing. Contract awarded to provide new CAFM (Helpdesk) system, this will replace the previous system, which is over 20 years old. Embracing new technologies allowing better reporting and improving access and information to service users. As part of the agreed PTHB savings plan, the Estates team were requested to decommission the Vacuum Insulated Evaporators (VIEs) that were installed during the COVID-19 pandemic at Brecon, Llandrindod Wells, and Welshpool Hospitals. The VIE units were hired from BOC at a cost £38,040 per annum. To decommission the VIE's and revert from liquid oxygen back to oxygen cylinder, the team had to reinstate the manifolds and ancillary pipework. It's estimated that by undertaking the work and returning to oxygen cylinders, PTHB will see a minimum saving of £27K per annum. NWSSP–SES has issued a Building Resilience Survey on behalf of the Welsh Government across the NHS Wales estate. The survey provides a consistent, evidence-based assessment of how NHS sites withstand, respond to, and recover from disruptions such as system failures, adverse weather, and other operational challenges. Estates teams have completed the surveys for PTHB sites to enable this comprehensive evaluation.

Fire: Work to improve operational fire structure has been positive, but significant infrastructure risks related to compartmentation and physical systems remain. Programmes of work implemented but are dependent on capital funding. Annual Fire Assurance Report 2025 documents that Fire safety remains a significant risk for PTHB due to the complexity of patient evacuation, but continued improvements were observed in 2025. Fire Awareness Training strengthened post-pandemic, achieving an 82%

completion rate, supported by increased face-to-face sessions. All fire risk assessments were completed, identifying 553 actions, a significant reduction from over 2,000 prior to 2018, reflecting progress in infrastructure and compliance. Unwanted Fire Signals have been effectively reduced through a data-driven programme, targeted upgrades to detection systems, and Welsh Government funding. Only two minor fire incidents were reported in 2025, and inspections by Mid and West Wales Fire and Rescue Service resulted in no enforcement notices. Capital investment of £832,000 supported major fire safety enhancements. The draft Building Safety (Wales) Bill is under review, with particular consideration for the management of Residential Units, while fire induction programmes for residents have been positively received.

Property: significant pressure on space with expanding staff numbers alongside implementation of new agile working approach. Rationalisation of space of health board and other public sector bodies underway. International Recruitment has introduced significant extra workload, which is affecting output of core activity. Better Together may have significant impact.

Finance: significant cost pressures related to energy and inflation are acting to increase pressure on Estates Revenue and Capital projects outturn costs and material / Supplier availability. Estates related pressure on revenue due to reactive failures of key building fabric and infrastructure.

SRR 009	There is a risk that: The Health Board is unable to stabilise the growing implications of Continuing Health Care	
Current Risk Score: 16	Risk rating detail: (likelihood x impact) Current: L4 x I4 = 16 Inherent: L4 x I4 = 16 Target: L3 x I3 = 9	Risk Category: Performance and Sustainability Boards Risk Appetite: Open

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Executive Lead: Executive Director of Primary, Community Care and Mental Health		Assuring Committee: Finance and Performance Committee															
<p>Latest review date: February 2026</p> <p>Added to register: July 2025</p> <p>Link to Strategic Priorities and Wellbeing Objectives: SP 6 and WBO 4</p>	<table border="1"> <caption>Risk Score Trajectory</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 25</td> <td>9</td> <td>16</td> </tr> <tr> <td>Nov 25</td> <td>9</td> <td>16</td> </tr> <tr> <td>Mar 26</td> <td>9</td> <td>16</td> </tr> </tbody> </table>		Month	Target Score	Risk Score	July 25	9	16	Nov 25	9	16	Mar 26	9	16	<p>Cause of risk and rational for current score:</p> <ul style="list-style-type: none"> Demand is greater than available resource <p>Risk materialising would result in:</p> <ul style="list-style-type: none"> The service is unable to remain within allocated budget Failure to meet needs of vulnerable patients who are eligible for health services 		
Month	Target Score	Risk Score															
July 25	9	16															
Nov 25	9	16															
Mar 26	9	16															
Controls (What has been implemented to manage the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:													
9.1	HB wide Group established for Variable Pay, identified leads and clear expectation re delivery. Variable pay, CHC and Commissioning regular deep dive areas of focus at D&P Committee to track actions to improve.	Reports to Executive Committee and F&P Committee	Reasonable	Board													
9.2	A Complex Care and Continuing Health Care (CCCHC) workstream is in place to monitor progression of	Reports to Executive Director for PCCMH and escalated if	Reasonable	Executive Committee													

	identified key principles, escalate issues, and guide next steps through regular updates. This structured oversight supports early risk identification, informed decision-making, and contributes to meeting savings targets through improved processes, enhanced reporting, and strengthened assurance. Complex Care Workshop Series completed.	required to Executive Committee via committee papers/updates.		
9.3	Robust governance embedded through a multi-disciplinary panel and approval process, including Continuing Healthcare, to ensure consistent, transparent, and accountable decision-making. New System to process Retrospective CHC Claims implemented.	Reports into Variable Pay, DMT and CCCHC.	Reasonable	Executive Committee
9.4	Monthly Directorate Management Team (DMT) meetings include a standing agenda item whereby the Assistant Director for Complex Care provides an update incorporating Continuing Healthcare (CHC) via the DMT Highlight Report. This ensures regular oversight, facilitates early identification of risks, and supports timely decision-making.	Reports to Executive Director for PCCMH and escalated if required to Executive Committee via committee papers/updates.	Reasonable	Executive Committee
9.5	Deep Dive Report on EMI numbers and costs and Private Provider Report identifying new governance processes in place presented to appropriate Committee of the Board	Reports presented to Finance and Performance Committee in June and September 2025		F&P

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
Recruitment to additional post to support MH Adults of Working Age with provision of commissioning support to Acute Care Pathway	Head of Mental Health Complex and Unscheduled Care	Draft JD is submitted to Workforce for job matching Action not taken forward,		On track Closed

		subject to external review. See further actions.		
Complex Care Operational Management Group	Assistant Director of Complex Care Community Services Group	This bi-monthly meeting has a financial component. This is in addition to other regular meetings with finance to review budget changes/rationale. Monitoring continues regularly. Meeting last on 24/10/25. Slightly improved CHC position. Meeting continues to review operational performance including further consideration of mitigation for increased risk. Noted deterioration in trajectory for end of year, with significant pressure in EMI. Actions now aligned to outputs of external review.	October 2025 2026	On track
To undertake an external Subject Matter Expert review, with a view to optimising the service and outcomes, including financial position	Assistant Director Community Services Group	UB Healthcare, partnered with Clarity Consulting Associates Ltd and Grant Thornton, were commissioned to undertake a detailed, evidence led and systematic service review	February 2026	On Track

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		<p>across Continuing Healthcare (CHC) and complex care functions in December 2025. This report is now being shared with the governance of the Health Board and is expected to make recommendations around governance, commissioning and contracting, data and organisational capacity. This is also expected to identify opportunities to further reduce costs for the future.</p>		
<p>National Digital System delays</p>	<p>Assistant Director of Complex Care</p>	<p>There is no clear timeline for when a national system will be agreed. Welsh Government (WG) has agreed to fund the initial procurement cost of a digital system only but will not cover ongoing costs such as licensing and other system-related expenses.</p> <p>Health Boards will need to plan financially for future costs. The Health Board has submitted a business case to</p>	<p>October 2025 March 2026</p>	<p>Delayed On Track</p>

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		WG as part of a national procurement plan. Outcome expected by end of financial year. There is a national business case in pace. Team has engaged in several product demonstrations.		
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Additional information:

Rationale for current score: It is early on in the financial year and full year demand is unknown, with continued work locally and nationally. End of year forecast looks to indicate continued growth which risks further financial pressure but risk score has remained the same.

Update including impact of actions to date on current risk score: Remains the same as no significant change in position since last review. benefit realised since previous review

SRR 012	There is a risk that: The Health Board is unable to maintain and build public confidence in regard to service delivery and transformation in staff, patients, stakeholders and community.		
Current Risk Score: 15	Risk rating detail: (likelihood x impact) Current: 3 x 5 = 15 Inherent: 4 x 5 = 20 Target: 2 x 4 = 8	Risk Category: Reputation and Public Confidence	
		Boards Risk Appetite: Open	

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<p>Executive Lead: Director of Corporate Governance / Board Secretary</p>	<p>Assuring Committee: Finance and Performance Committee</p>													
<p>Latest review date: February 2026</p> <p>Added to register: July 2025</p> <p>Link to Strategic Priorities and Wellbeing Objectives: Cross-cutting risk relevant to all SPs and WBOs</p>	<table border="1"> <caption>Risk Score Trajectory</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 25</td> <td>8</td> <td>15</td> </tr> <tr> <td>Nov 25</td> <td>8</td> <td>15</td> </tr> <tr> <td>Mar 26</td> <td>8</td> <td>15</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July 25	8	15	Nov 25	8	15	Mar 26	8	15	<p>Cause of risk and rationale for current score:</p> <ul style="list-style-type: none"> The NHS is facing a very challenging period, including the waiting list backlog arising from COVID, the delays in strategic transformation exacerbated by the pandemic period, significant inflationary pressures. This is compounded locally by the challenges of service delivery in a rural area including for recruitment and retention, the need to take action to transform the model of health care so that it is safe and sustainable for the future, and the need for immediate action in response to the financial position. In this context there is a need for challenging decisions, sometimes short term in nature (e.g. waiting list measures). Given the comparatively small organisational leadership infrastructure in PTHB it is highly complex to engage meaningfully at a hyperlocal level with the many different community needs and expectations across our large county, particularly to contextual this to multiple secondary and tertiary care pathways. <p>Risk materialising would result in:</p> <ul style="list-style-type: none"> Lack of public confidence could lead to erosion of trust; reduced engagement and discretionary effort by patients, public, staff and stakeholders;
Month	Target Score	Risk Score												
July 25	8	15												
Nov 25	8	15												
Mar 26	8	15												

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		leadership and administrative burden in relation to responding to complaints, correspondence, FOI, enquiries, Senedd questions etc.; adverse impact on staff morale, recruitment and retention; potential loss of strategic momentum and/or financial inefficiencies due to delays, rework or crisis communications.		
Controls (What has been implemented to manage the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
12.1	Better Together programme in place in order to make lasting decisions about the permanent future shape of safe and sustainable health services, with Stage One engagement completed and Stage Two engagement nearing completion	Better Together Programme	Reasonable	Board
12.2	Communication and engagement team in place (substantive team = 4.0wte, additional temporary posts) with active management of priorities aligned with organisational priorities and risks	Quarterly E&C Team reports Directorate Review	Reasonable	Director / Chief Executive
12.3	Weekly informal communications report to Board including reputation risk portfolio to support internal review and scrutiny	Copies of The Week	Reasonable	Chair / whole Board
12.4	Twice Yearly Engagement and Communication Report supports ongoing review of capacity against opportunities and risks	Twice yearly E&C Team reports Directorate Review	Reasonable	Board Committees (x2 per annum)
12.5	Temporary strengthening of communications and engagement function including non-pay resources to support Better Together programme	Minutes of Executive Committee	Reasonable	Executive Committee

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12.6	Procurement of additional engagement delivery and analysis support to Stage Two Better Together engagement	Contract in place. Reports to Portfolio Board and Executive Committee	Reasonable	Board
12.7	Procurement of additional consultation delivery and analysis support to Stage Three Better Together	Contract in place. Reports to Portfolio Board and Executive Committee	Reasonable	Board
12.8	Stakeholder Map in place	Stakeholder Map	Reasonable	Executive Committee
12.9	Priority stakeholder engagement mechanisms in place (e.g. regular MS/MP briefings, Board to Cabinet meetings with PCC, Joint Leadership Team meetings with PCC, RPB and sub-structures, PSB and sub-structures)	Notes from meetings	Reasonable	Board
12.10	OD programme in place linked to Better Together transformational change programme	Notes of ODEC and Portfolio Board	Reasonable	Executive Committee
12.11	Channel strategy in place and kept under review (web, govDelivery, Facebook, NextDoor etc.)	Quarterly E&C Team reports	Reasonable	Executive Committee
12.12	Out of hours media protocol in place via Gold On Call but currently insufficient team capacity for on call comms	Major Incident and Business Continuity Plan arrangements	Limited	Executive Committee
12.13	Powys Engagement and Insight Network in place to support pan-organisational co-ordination of engagement and insight (joint sub-group of RPB and PSB)	Minutes 6-monthly insight reports	Reasonable	Executive Committee

12.14	Programme of continuous engagement in place as of October 2025 following strengthening of the engagement team.	Minutes Event materials Update reports	Reasonable	Portfolio Board
Mitigating Actions (What more will we do?)				
Action	Lead	Action update	Deadline	Action on Target
Stakeholder engagement assurance included within TI support framework	DCG	Procurement process under way Oct 2025 – procurement complete, report due Dec 2025. Jan 2026 – procurement complete	08/25	On track Complete
Identification of named Locality leads for each of the 13 Powys localities	DCG	Arrangements being finalised for implementation Oct 2025 – In final draft, will be complete end Nov 2025	08/25	Delayed-rescheduled 30/11/25 Complete
Establish annual Insight Report from community engagement activities for Board review and to inform annual planning	DCG	Pilot report created 2024/25 with aim to fully establish from 2025/26	31/03/26	On track

Additional information:

Rationale for current score:

Significant challenges to public confidence remain possible, particularly given the pressing need for significant transformation of health services to ensure that they are fit for the future. The scope for managing these challenges is reduced due to the highly complex environment in which the health board operates (very large rural geography, hyperlocal needs and expectations, complex cross-border commissioned pathways with both England and Wales). Trust has been further challenged by decisions the health board has needed to make in the context of in-year financial challenges (e.g. waiting list measures) and to address risks to safety and sustainability (e.g. temporary service changes).

Update including impact of actions to date on current risk score:

Temporary strengthening of the engagement and communication function is supporting the health board to establish mechanisms for continuous engagement, although decisions will be needed once temporary funding ends as the substantive permanent resource across all engagement and communication specialisms (strategic communications, digital and social media including website and intranet, crisis communications, graphic design and print, public and community engagement and consultation, press and PR, internal communications, stakeholder relations, reputation and branding) is 4.0wte.

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GIG
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WALES

Bwrdd Iechyd
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Powys Teaching
Health Board

Agenda item:

Finance and Performance Committee **Date: May 2026**

Subject:	Finance and Performance Committee Terms of Reference
Approved and presented by:	Helen Bushell, Director of Corporate Governance and Board Secretary
Prepared by:	Deputy Board Secretary
Other Committees and meetings considered at:	N/A

PURPOSE:

The purpose of this paper is for the Committee to consider the Terms of Reference of the Finance and Performance Committee in order to ensure that they remain fit for purpose.

RECOMMENDATION(S):

The Committee is asked to:

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

Approve/Take Assurance	Discuss	Note
Y	Y	

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing		Commitment to good governance is a key element of Transforming in Partnership.
2. Provide Early Help and Support		
3. Tackle the Big Four		
4. Enable Joined up Care		
5. Develop Workforce Futures		
6. Promote Innovative Environments		
7. Put Digital First		
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

Under the Standing Orders of the Health Board, Board Committees are required to review their Terms of Reference on an annual basis.

The existing Terms of Reference (May 2024), have been reviewed and proposed amendments have been made utilising tracked changes. The proposed draft Terms of Reference for the Finance and Performance Committee is attached as Appendix A.

Any suggested changes will need to be recommended to the Board for approval.

The Chair of the Committee and Director of Corporate Governance will take forward any recommendations and/or final amendments to the Board in May 2026 to take effect into 2026/27.

It is suggested that the Committee considers the following proposals:

Section of Terms of Reference	Updates
3 – Delegated Powers and Authority	Inclusion of Organisational Escalation Status in accordance with the Wesh Government Escalation Framework.
Tidying up	The document has undergone general tidying up to ensure correct formatting, job titles etc.

NEXT STEPS:

The Chair of the Committee and Director of Corporate Governance will take forward any recommendations to the Board in May 2026 to take effect into 2026/27.

APPENDICES

- a. **Finance and Performance** Committee Terms of Reference (Draft May 2026)



Finance and Performance Committee

Terms of Reference & Operating Arrangements

Draft May 2026

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1. INTRODUCTION

- 1.1 Section 2 of the Standing Orders of the Powys Teaching Health Board (referred to throughout this document as 'PTHB', the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 In-line with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board has established a committee to be known as the **Finance and Performance Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

- 2.1 The scope of the Committee extends to the full range of PTHB responsibilities. This encompasses the finance and performance management of all directly provided and commissioned services. The purpose of the Committee is to provide advice and assurance to the Board on the effectiveness of arrangements in place for securing the achievement of the Board's aims and objectives, in accordance with the standards of good governance determined for the NHS in Wales. In doing so, the Committee will seek assurance that there is ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Framework for Improving Performance.

ADVICE

- 2.2 The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the ongoing development of an improving performance culture which continuously strives for excellence and focuses on

improvement in all aspects of the Health Board's business, in line with the Board's Framework for Improving Performance.

2.3 **ASSURANCE**

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances:

- a. on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets, for directly provided and commissioned services;
- b. on performance against national and locally set quality and safety measures of care together with compliance to legislative requirements ensuring services are safe, personal, effective and continuously improving;
- c. that services are improving efficiency and productivity, and financial plans are being delivered;
- d. risks are suitably identified, mitigated and residual risks controlled, and corrective actions are taken as required to sustain or improve performance.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to specific powers delegated to it by the Board, the Committee will play a key role in monitoring the achievement of the Board's strategic aims, objectives and priorities and will:

A. Seek assurance that arrangements for **financial management** and **financial performance** are sufficient, effective and robust, including:

- the allocation of revenue budgets, based on allocation of funding and other forecast income;
- the monitoring of financial performance against revenue budgets and statutory financial duties;
- the monitoring of performance against capital budgets;
- the monitoring of progress against savings plans, cost improvement programmes and implementation of the efficiency framework;
- the monitoring of budget expenditure variance and the corrective actions being taken to improve performance;
- the monitoring of activity and financial information for external contracts to ensure performance within specified contract terms, conditions and quality thresholds;
- the monitoring of arrangements to ensure efficiency, productivity and value for money;
- the monitoring of delivery against the agreed Discretionary Capital Programme; and

- the adequacy of standing financial instructions, including the application of capital and estates controls.

B. Seek assurance that arrangements for the **performance management** and **accountability** of **directly provided** and **commissioned services** are sufficient, effective and robust, including:

- the ongoing implementation of the Board’s Framework for Improving Performance, enabling appropriate action to be taken when performance against set targets deteriorates, and support and promote continuous improvement in service delivery;
- the monitoring of performance information against the Board’s Well-being and Enabling Objectives and associated outcomes;
- the monitoring of performance information against National Outcome Frameworks, including the NHS Wales Outcomes Framework, the Public Health Outcomes Framework and the Social Services Outcomes Framework, developed in-line with the Wellbeing of Future Generations Act and the Social Services Wellbeing Act;
- the monitoring of performance information across directly provided services including outpatients, theatres, community and inpatient services, mental health and LD, women and children’s services;
- the monitoring of performance information across commissioned services including Primary Care, outpatients, community and inpatient services, mental health, women and children’s services, NHS Wales Joint Commissioning Committee and NHS Wales Shared Services Partnership;
- the monitoring of poor performance through effective and comprehensive exception reporting, including trajectories for improved performance; and
- the review of performance through comparison to best practice and peers and identifying areas for improvement.

C. Monitor and seek assurance that arrangements for the oversight of the **Organisational Escalation Status** in accordance with the Welsh Government Escalation Framework are sufficient, effective and robust, including:

- the monitoring of the Routemap to financial balance and in the longer term, sustainability (to achieve full de-escalation and return to Integrated Medium-Term Plans);

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- The monitoring of progression against the 'de-escalation framework' as outlined within the Escalation Framework shared by Welsh Government.

C.D. Seek assurance that arrangements for **information management** are sufficient, effective and robust, including:

- the monitoring of information related objectives and priorities as set out in the Board's IMTP and Annual Plan;

D.E. Seek assurance that arrangements for the **Health and Safety** of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers, contractors etc. are sufficient, effective and robust

E.F. Seek assurance that arrangements for the **performance management of capital, estates and support services related standards and systems** are sufficient, effective and robust, including:

- the monitoring of capital and estates related objectives and priorities as set out in the Board's IMTP and Annual Plan;
- the monitoring of compliance with Health Technical Memorandums;
- the monitoring of progress in delivery Board-approved capital business cases and programmes of work.

3.1 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Management of Policies and Other Written Control Documents Policy and Scheme of Delegation and Reservation of Powers.

3.2 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Strategic Risk Register.

Authority

3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit

and ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.

3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board's procurement, budgetary and any other applicable standing requirements).

Access

3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.

3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Committee Programme of Work

3.9 Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Strategic Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

4. MEMBERSHIP

Members

4.1 Membership will comprise:

Chair	Vice Chair of the Board <u>Independent Member of the Board</u>
Vice Chair	Independent Member of the Board
Members	Independent Members of the Board x2

Additional Independent Members of the Board may be appointed if required.

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Executive Director of Finance, Capital and Support Services (Joint Officer Lead)
- Executive Director of Commissioning, Performance and Planning (Joint Officer Lead)
- Executive Director of People, ~~and~~ Culture and Transformation
- Executive Director of Primary Care, Community and Mental Health
- Executive Director of ~~Therapies Allied Health Professionals~~ Professions, ~~and~~ Health Sciences and Digital

4.3 By invitation:

The Committee Chair extends an invitation to the PTHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.5 The secretariat for the Committee will be provided by the Corporate Governance Team.

Member Appointments

4.6 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of PTHB - taking account

of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.7 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.8 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of PTHB.

Support to Committee Members

4.9 The Director of Corporate Governance/Board Secretary, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

5.1 At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

Frequency of Meetings

5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than six times a year, and in line with the Health Board's annual plan of Board Business.

5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

5.5 Section 3.1 of PTHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:

- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
- meetings may be held virtually with opportunities extended to the public to observe meetings held virtually on request;
- issue an annual programme of meetings (including timings and venues) and its annual programme of business;
- publish agendas and papers on the Health Board's website in advance of meetings;
- ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read;
- where appropriate items may be included as 'consent' items (items that do not require discussion or debate either because they are routine or have already been unanimously agreed. A Consent Agenda allows the Committee to approve all these items together without discussion which can free up the meeting for more substantial discussion. When using a Consent Agenda, the Chair will invite members to request a discussion on any item on the Consent Agenda. If a request is made this item will move onto the Main Agenda for discussion); and
- through PTHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance / Board Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public 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 in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

Other meeting arrangements

5.7 Committee meetings will be held via virtual means unless otherwise specified.

Should a meeting be held in person this will be agreed by the Chair and confirmed in advance by the Director of Corporate Governance/Board Secretary. In-person meeting arrangements will be co-ordinated and communicated by the Corporate Governance Team.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to delivery and performance. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee will work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business (holding joint meetings where appropriate);
- sharing of appropriate information; and
- applicable escalation of concerns.

in doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

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- 6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of written assurance reports;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the Chair of PTHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

7.3 The Director of Corporate Governance/Board Secretary shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.

7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

The requirements for the conduct of business as set out in PTHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

9. CHAIR'S ACTION ON URGENT MATTERS

- 9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance/Board Secretary as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Director of Corporate Governance/Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
- 9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

- 10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair Director of Corporate Governance will report any changes to the Board, for approval.
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Powys Teaching
Health Board

Agenda item: 7.1

Finance and Performance Committee **Date: 14 May 2026**

Subject:	Finance and Performance Committee Annual Report 2025/2026
Presented by:	Helen Bushell, Director of Corporate Governance/Board Secretary
Prepared by:	Corporate Governance, Assurance and Risk Manager
Other Committees and meetings considered at:	N/A

PURPOSE:
The purpose of this report is to provide the Finance and Performance (F&P) Committee Report for 2025/2026.

RECOMMENDATION(S):
It is recommended that the Finance and Performance Committee:

- **CONSIDER** the F&P Committee Annual Report for 2025/2026 summarising the key areas of business activity undertaken;
- **RECOMMEND** the report to the Board for the 20 May 2026 meeting.

Approve/Take Assurance	Discuss	Note
Y	Y	N

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

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1. Introduction

The Finance and Performance Committee has been established by the Board in order to provide advice and assurance to the Board on the effectiveness of arrangements in place for securing the achievement of the Board's aims and objectives, in accordance with the standards of good governance determined for the NHS in Wales.

This report summarises the key areas of business activity undertaken by the Finance and Performance Committee over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

2. Roles and Responsibilities

The Terms of Reference for the Finance and Performance Committee were reviewed and agreed by the Board in March 2025. The purpose of the Finance and Performance Committee is to:

- a. provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Framework for Improving Performance.
- b. Committee will seek assurances:
 - on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets, for directly provided and commissioned services;
 - on performance against national and locally set quality and safety measures of care together with compliance to legislative requirements ensuring services are safe, personal, effective and continuously improving;
 - that services are improving efficiency and productivity and financial plans are being delivered;
 - risks are suitably identified, mitigated and residual risks controlled and corrective actions are taken as required to sustain or improve performance.

The Committee will play a key role in monitoring the achievement of the Board strategic aims, objectives and priorities and will:

- a. seek assurance that arrangements for financial management and financial performance are sufficient, effective and robust,
- b. seek assurance that arrangements for the performance management and accountability of directly provided and commissioned services are sufficient, effective and robust,
- c. assurance that arrangements for compliance with Health and Safety Regulations and Fire Safety Standards are sufficient, effective and robust,
- d. assurance that arrangements for information management are sufficient, effective and robust,
- e. assurance that arrangements for the performance management of digital and information management and technology (IM&T) systems are sufficient, effective and robust, and
- f. assurance that performance management of capital, estates and support services related standards and systems are sufficient, effective and robust,

The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board’s Policy Management Framework and Scheme of Delegation and Reservation of Powers.

The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Committee Risk Register.

It is expected that the committee will also annually review its own terms of reference and report any changes to the Board for ratification.

2.1 Membership of the Committee

The membership of the Committee during 2025/26 was:

Name	Role	Attendance
Ronnie Alexander	Independent Member and Chair of the Committee	6/6
Rhobert Lewis	Independent Member and Committee Vice Chair	5/6
Kirsty Williams	Independent Member	3/3

Cathie Poynton	Independent Member	6/6
Mick Giannasi	Independent Member	0/1
Steve Elliot	Independent Member	5/6
Simon Wright	Independent Member Attended to ensure quorum	3/3

2.2 Others in Attendance

During 2024/25, the following staff attended the Committee:

Name	Role	Attendance
Pete Hopgood	Director of Finance, Capital and Support Services (Joint Executive Lead)	6/6
Nicola Johnson	Director of Planning, Performance and Commissioning (Joint Executive Lead)	3/6
Paul Hooton	Director of Nursing, Quality, Women and Family Health (From 29/09/2025)	1/3
Claire Madsen	Director of Allied Health Professions, Health Science and Digital	3/6
Debra Wood Lawson	Director of People, Culture and Transformation	1/6
Claire Roche	Director of Nursing, Quality, Women and Family Health (Until 10/10/2025)	2/3
Elaine Lorton	Director of Primary, Community Care and Mental Health	5/6
Kate Wright	Medical Director	5/6
Helen Bushell	Director of Corporate Governance/Board Secretary	4/6
Hayley Thomas	Chief Executive Officer	3/6
Carl Cooper	PTHB Chair	4/6

Other Directors and officers attended during the year to present reports which related to their areas of responsibility as required.

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The Chief Executive, Hayley Thomas was also invited to attend every meeting, and attends at least annually.

The Chair of the Board, Carl Cooper, attended four meetings. The Chair has a standing invite to attend Board Committees.

The Director of Corporate Governance or their representatives attended every meeting.

2.3 Meeting frequency

During 2025/26 the Committee met six times and was quorate on all occasions.

The terms of reference for the Committee require meetings to be held no less than bi-monthly and in line with the annual plan of Board and Committee Business.

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3. Activity in 2025/26

3.1 Main Areas of Committee Activity 2025/26

Assurance	
Financial Performance Report	Every meeting
Integrated Quality and Performance Report	Every meeting
Annual Delivery Plan Q4	May 2025
In-reach fragility update	May 2025 & February 2026
Health and Safety Annual Report	May 2025
Community Hospital Delays and Flow update	June 2025
Ambulance Response	June 2025
Committee Continuous Development Plan	September 2025
Annual Delivery Progress Report Q1 (including Enabling actions)	September 2025
6 monthly Report on Continuing Healthcare Costs	September 2025 & February 2026
Deep Dive – Private Providers- Mental Health Provision	September 2025
Deep Dive – Variable Pay	September 2025
Primary Care: General Medical Services (GMS)	September 2025
Capital and Estates Strategy Monitoring	September 2025
Annual Delivery Progress Report Q2	October 2025
Primary Care: General Dental Services	October 2025
Deep Dive – Cancer Performance and Diagnostics	October 2025
Six monthly Report on Catering Services	October 2025

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Powys PSB Climate Working Group update	October 2025
Public Sector Prompt Payment (PSPP) Performance'	December 2025
Primary Care: Out of Hours Report	December 2025
Community Pharmacy Annual Report	December 2025
Health and Safety 6 monthly report	December 2025
Capital Programme Delivery & Decarbonisation Programme	December 2025
Integrated Quality & Performance Framework – 2025/26 Reporting Challenges	February 2026
Q3 Annual Delivery Progress Report	February 2026
Endoscopy Update to include JAG accreditation	February 2026
Capital and Estates Compliance Report	February 2026
Escalated Items	
Organisational status (NHS Wales escalation framework) - Level 4 monitoring report	Every meeting
Items for Information	
Internal Audit Reports: <ul style="list-style-type: none"> • Community Cardiology • Patient Flow and Discharge Management • Pharmacy Stores • Primary Care GMS Unified Contract 	May 2025
JCC Planning, Performance & Finance Sub-Committee Highlight Report	May 2025
Internal Audit Reports: <ul style="list-style-type: none"> • Llandrindod Phase 2 	June 2025
Planning, Performance & Finance Sub-Committee Highlight Report	June 2025
Cluster Achievement Review	June 2025
Internal Audit Reports: <ul style="list-style-type: none"> • Contract Management 	September 2025
Tackling the Planned Care Challenges	October 2025
Mid Wales Joint Committee (MWJC) Highlight Report	December 2025

Internal Audit Reports: <ul style="list-style-type: none"> Primary Care Clusters Project Management Final Report Core Financials Final Report 	December 2025
Getting it Right First Time (GIRFT) Report	December 2025
Highlight Report: Planning, Performance and Finance Sub-Committee 23.10.2025 & 27.01.2026	December 2025
Corporate Governance	
Committee Annual Programme of Business/Committee Frequency	May 2025
Committee Risk Register	Every meeting
Annual Assessment of Committee Effectiveness	May 2025
Review Terms of Reference	May 2025
Committee Work Programme	Every meeting
In-Committee Items	
Capital Programme Delivery & Decarbonisation programme	February 2026

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3.2 Work programme and action log

The Committee Work Plan ensures that the Committee discharges its responsibilities in a planned manner. It assists with agenda planning and is updated during the year to ensure that the Committee considers any additional items which may arise during the year.

In order to monitor progress and any necessary follow up action, the Committee has an Action Log that captures all agreed actions. This provides an essential element of assurance to the Committee and from the Committee to the Board.

The Committee reported to the Board through a Committee Chair's report, providing an overview of items considered by the Committee and highlighting any cross-committee issues / themes or items needing to be brought to the Board's attention. The Committee Chair's report and confirmed minutes are published on the website.

4. Assurance to the Board

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2025/26, there are effective measures in place and there are no outstanding issues that the Committee wishes to bring to the attention of the Board over and above the risks and issues already raised in the Committee Chairs report or that are already visible in the Strategic risk register.

The Chair of the Committee reports into the Board via a report from Committee Chairs, where any significant issues are brought to the attention of the Board.

5. Committee Effectiveness

During the year the Committee has continued to review and revise its ways of working to optimise the need for a robust governance approach.

The Committee continued to review its effectiveness thorough the year, to ensure effective use of time and ensure it fulfilled its role to provide assurance to the Board.

The key adaptations made this year included:

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- The construct of the Committee meeting agendas remained flexible, and the application of a risk based approach to the selection of agenda items.
- The use of verbal updates and presentations where appropriate to ensure the timeliness of information to the Committee given the fast moving pace of some agenda areas.
- The circulation of relevant material outside meetings where appropriate.

The Committee is in the process of undertaking its annual effectiveness review process. The outcome and recommendations following this review will be reported to the Board in Quarter 1 of 2026/27.

6. Planned Activity in 2026/27

The Committee has developed its annual work programme and is committed to continuing to develop its function and effectiveness as per its terms of reference. The Committee welcomes any feedback from the Board in relation to its annual work programme.

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Catering Services – Food

Safety Standards

Final Internal Audit Report
2025/26

Powys Teaching Health Board



Substantial Assurance

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Review Reference

PTH-2526-09

Fieldwork

December 2025 - January 2026

Executive Sign Off

February 2026

Audit Committee

10th March 2026

Executive Lead

Pete Hopgood, Executive Director of
Finance, Capital & Support Services

Audit Team

Ian Virgil, Head of Internal Audit

Lucy Jugessur, Deputy Head of Internal
Audit



Executive Summary

Purpose

The purpose of this audit was to review the Health Board’s food safety standards and to provide assurance that all food provided within the Health Board’s hospitals meets the highest standards of safety and hygiene, thereby safeguarding the health and well-being of patients, staff, and visitors.

The management of hospital catering services within the catering regulatory landscape is complex and demands a thorough understanding of statutory requirements, national guidance, and best practice principles. There are inherent risks associated with catering in healthcare settings, particularly for vulnerable patient groups, reinforcing the critical need for rigorous oversight.

Effective food safety management relies on appropriate staffing levels, effective training of staff, the upkeep of kitchen infrastructure, and strict adherence to standard operating procedures. Routine checks and internal controls remain vital in ensuring consistent compliance, protecting food integrity, and preventing avoidable harm.

Overview

We have concluded **substantial** assurance on this area. The significant matter requiring management attention is:

- A high number of management and supervisory self-assessment audits were not completed. Whilst of itself this may not result in significant risk, there is no guidance provided in the Food Safety Procedures defining the process, role or target completion level for these assessments.

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

The following opportunities for enhancement have been identified that do not impact the overall opinion and are highlighted for management information:

- Full and up to date staff lists were not included in all training files as would be considered best practice, substantiating completeness of training records.
- Minor inconsistencies in the format of control forms were noted, specifically regarding visitor health declarations. Management should seek examples of best practice displayed across the estate and implement consistently across all services.
- Signed and dated (current) Food Policy Statements were not displayed at all sites. Whilst not a regulatory requirement, display of this document publicly demonstrates transparency and commitment to food safety, potentially enhancing public trust and reputation.
- Some minor degradation to pest screens was noted at two sites. Management should assess the risk posed by this and replace as necessary.

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	Comprehensive and up to date Food Safety Policies and Procedures are in place and appropriate training is provided to relevant staff	-	Substantial
2	Mechanisms and controls are in place and operating effectively to ensure compliance with relevant food safety standards	1	Substantial
3	Risks and incidents relating to compliance with food safety standards are effectively managed with monitoring of actions through to completion	-	Substantial
4	Governance structures are appropriate and effective with mechanisms for regular reporting and escalation of key food safety compliance matters to Committee and Board level where required	-	Substantial

Management Actions



Medium Priority

Themes



■ Performance Monitoring

Risk Types

Legal & Regulatory Non-Compliance

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Findings & Agreed Action Plan

Objective 1: Comprehensive and up to date Food Safety Policies and Procedures are in place and appropriate training is provided to relevant staff

Substantial

There is a robust and up-to-date Food Safety Policy and supporting procedures in place, all of which have been reviewed, approved and are accessible across sites in Powys. All documentation reviewed was within approval date and was available to operational teams on the PTHB SharePoint site as well as in hard copy format at each of the three services visited as part of our sample testing (Brecon War memorial Hospital, Ystradgynlais Community Hospital, Bro Ddyfi Hospital Machynlleth).

The Food Safety Procedures document clearly defined roles and responsibilities for food hygiene, and the Food Safety Management System (FSMS) included a comprehensive set of documents including a Hazard Analysis and Critical Control Points analysis (HACCP), allergen procedures and blank monitoring forms designed to standardise best practice controls across the estate.

The Policy and procedures are operationally owned by the Head of Facilities who demonstrates active monitoring of legislative updates and regulatory changes, supported by Environmental Health and internal governance groups to ensure standards remain current.

Staff in the three sites visited as part of this review were trained commensurately for their roles. All sites retained hard copy training certificates demonstrating staff competence in both food hygiene and allergen awareness and individual catering team members were able to detail when training required renewal.

During our sample visits we did note some minor operational inconsistencies that would not impact an Environmental Health assessment but that are highlighted for completeness:

- One of three sites (Bro Ddyfi) did not retain a full and up-to date list of all staff in their training file. Whilst this could be established through review of staff rotas, it would be considered best practice to have this list available, particularly for EHO inspections; and
- One of three sites (Bro Ddyfi) did not have a signed Food Safety Policy Statement on display. Whilst not a legal requirement, display of a signed copy is encouraged by best practice standard as it publicly demonstrates commitment to food safety and transparency, enhancing public trust and reputation.

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The full Food Safety Management System (FSMS) was available and in use across all sites visited as part of our sample. Working copies of control documents were maintained within kitchen admin areas and these documents showed that all checks had been completed consistently, accurately and fully across all sites with no missing records and exceptions recorded as intended.

Control sheets were completed in alignment with calendar months with prior month's records maintained fully and neatly in storage areas accessible to staff should ever they be required – for example, during Environmental Health inspections.

Some minor variations in standards were noted during our visits which are highlighted for completeness:

- Visitor health declaration forms differed between sites however, all variations conformed to a minimum regulatory standard;
- At two sites (Ystradgynlais and Brecon) some minor degradation was noted to pest screens obscuring external windows; and
- At two sites (Ystradgynlais and Brecon) there were unmarked low doorways to walk-in chillers potentially presenting risk of head injuries.

Standards across all sites are ensured through a well embedded process of self-assessment audits conducted by site supervisors, coordinators and management. Whilst departmental records show that these audits are conducted regularly, completion rates varied between sites, and we noted several weekly and monthly audits had not been completed. Whilst these checks do add value, they are not formally mandated within the Food Safety Procedures, and no required frequency is formally defined.

Key Findings	Risk & Impact	Agreed Management Action
<p>1 Self-Assessment Audits</p> <p>Self-assessment audits are conducted by three tiers of management – supervisors, coordinators and operations managers. From review of departmental records between January and November 2025 we noted:</p> <ul style="list-style-type: none"> • Monthly Management audits – 15 of 33 (45%) not complete • Weekly Supervisor/coordinator audits – 30 of 132 (23%) not complete <p>These audits provide value through providing assurance, ensuring standards and as a mechanism for identifying trends however, there is no mandate for the frequency these checks should be completed and recorded within the Food Safety Procedures.</p>	<p>If management checks are not completed, there is risk of unknown non-compliance with standards</p>	<p>Agreed Action</p> <p>Guidance on self-assessment audits will be documented within the Food Safety Procedures under the existing section 6 "Monitoring Compliance".</p> <p>This guidance will:</p> <ul style="list-style-type: none"> • Describe the process for completing audits; • Define the frequency that audits will be undertaken by differing levels of management; and • Identify roles and responsibilities for completing audits and monitoring output actions to ensure these are completed. <p>Expected Evidence of Implementation:</p> <p>Copy of updated Food Safety Procedures.</p>
<p>Theme: Performance Monitoring</p>	<p>Medium Priority</p> <p>Control Design</p>	<p>Officer: Head of Facilities</p> <p>Target Implementation Date: April 2026</p>

Objective 3: Risks and incidents relating to compliance with food safety standards are effectively managed with monitoring of actions through to completion

Substantial

Compliance with food safety legislation is obtained by adherence to the Food Safety Procedures. Compliance and risks are monitored by management through the self-assessment audits described under Objective 2.

The incident reporting process is clear and well-structured with Datix serving as the central system for reporting all food safety-related incidents with oversight provided by the Professional Lead for Catering Services and escalation of serious or RIDDOR-related incidents to the Head of Facilities.

We reviewed Datix incident data for the period April to November 2025 and noted that there were no food safety related incidents. However, all actions arising from self-assessment audits, EHO inspections and any incident logged in Datix are recorded on a document that is presented at monthly Senior Management Team meetings to ensure visibility, learning and action tracking.

Objective 4: Governance structures are appropriate and effective with mechanisms for regular reporting and escalation of key food safety compliance matters to Committee and Board level where required

Substantial

The governance structure is strong and multi-layered with appropriate reporting mechanisms in place at operational, managerial and sub-committee level. Local self-assessment audits are undertaken regularly with completed copies retained on site for reference by local supervisors. The outputs from these audits are collated and discussed monthly by management as a standing agenda item in the Senior Management Team meetings. Senior management supplement these checks through "360-degree audits" which incorporate compliance assessment with service user feedback, the results of which are escalated to both the Senior Management Team and the Nutrition, Hydration and Catering Group.

The Senior Management Team meets monthly, supported by published agendas and recorded minutes allowing for a structured review of performance, trends and action log updates. Additional oversight and governance are provided quarterly by the Nutrition, Hydration and Catering Group, designed to provide Nursing management with oversight and opportunity to input to catering operations ensuring the best quality of service for patients.

Extraordinary updates are presented at committee level (Finance and Performance) by exception. The most recent example of this came after a 1-star EHO assessment at Bronllys Hospital in October 2023 where updates were presented at the subsequent three committee meetings (June 2024 – October 2025). These updates and the special reporting measures implemented as part of remedial follow-up action demonstrate responsiveness and transparency in addressing regulatory concern. It is worth noting that at the time of our audit, the most recent EHO inspections for the three sites we visited had all been assessed with 5-star ratings.

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Appendix A

Assurance Opinion

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

Prioritisation of Findings

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

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

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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.





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Addysgu Powys
Powys Teaching
Health Board

Powys Teaching Health Board Glossary (Last updated April mai 26)

Acronym	
ADoECP	Associate Director of Estates, Capital & Property
CEO	Chief Executive Officer
DCG	Director of Corporate Governance
DIT	Director of Improvement & Transformation
EMD	Executive Medical Director
ED PH	Executive Director of Public Health
ED P&C	Executive Director of People and Culture
ED PP&C	Executive Director of Planning, Performance and Commissioning
ED FCSS	Executive Director of Finance, Capital & Support Services
ED AHPHSD	Executive Director of Allied Health Professions, Health Sciences and Digital
ED NQW&FH	Executive Director of Nursing, Quality, Women and Family Health
EDPCCMH	Executive Director of Primary Care, Community & Mental Health
ABUHB	Aneurin Bevan University Health Board
AFC	Agenda for Change
AGW	The Auditor General for Wales
AHPs	Allied Health Professionals
ALN	Additional Learning Needs
AO	Accountable Officer
ARAC	Audit, Risk and Assurance Committee
ASM	Accelerated Sustainable Model
AR	Audit Recommendations
APB	Area Planning Board
BAF	Board Assurance Framework
BCUHB	Betsi Cadwaladr University Health Board
BMA	British Medical Association
CAAP	Clinical associate in applied psychology
CAMHS	Child and Adolescent Mental Health Services
CCN	Childrens Community Nursing
CEMT	Chief Executive Management Team
CHC	Continuing Health Care
CIW	Care Inspectorate for Wales
CLIP	Collaborative Learning in Practice

CNO	Chief Nursing Officer
CPD	Continued Professional Development
CPR	Child Practice Review
CRR	Corporate Risk Register
CSP	Clinical Service Plan
CTMUHB	Cwm Taff Morgannwg University Health Board
CV	Curriculum Vitae
CVUHB	Cardiff and Vale University Health Board
CWMPAS	Mid and West Wales Regional Safeguarding Adults Board
CYSUR	Mid and West Wales Regional Safeguarding Children Board
CTC	Care Transfer Co-ordinator
CCOMG	Complex Care Operational Management Group
DATIX	Incident Management System
D&P	Delivery and Performance Committee
DCG	Delivery Co-ordination Group
DGH	District General Hospital
DHCW	Digital Health and Care Wales
DNA	Did not Attend
DNACPR	Do Not Attempt Cardio-Pulmonary Resuscitation
DPA	Data Protection Act
DToC	Delayed Transfer of Care
D2RA	Discharge to Recover and Assess
DST	Decision Support Tool
EASC	Emergency Ambulance Services Committee
EOG	Executive Oversight Group
EOY	End of Year
EMRTS	Emergency Medical Retrieval & Transfer Service
EPMA	Electronic Prescribing and Medicines Administration
ESR	Electronic Staff Record
EMI	Elderly Mentally Infirm
FBC	Full Business Case
FOI	Freedom of Information
FFT	Friends and Family Test
FTE	Full Time Equivalent
F&P	Finance and Performance Committee
GDS	General Dental Services
GIRFT	Getting It Right First Time
GMC	General Medical Council
GMS	General Medical Services
GP	General Practitioner

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GNCC	General Nursing Complex Care Team
H&S	Health and Safety
HCA	Health Care Assistant
HCS	Health and Care Standards
HCSW	Health Care Support Worker
HDUHB	Hywel Dda University Health Board
HEIW	Health Education and Improvement Wales
HIW	Healthcare Inspectorate Wales
HP	Health Protection
HPF	Healthcare Professionals Forum
IBG	Investment Benefit Group
ICF	Integrated Care Funding
IEN	Internationally Educated Nurse
IG	Information Governance
IM	Independent Members
IMTP	Integrated Medium Term Plan
IP&C	Infection Prevention and Control
IQPF	Integrated Quality Performance Framework
IQPG	Integrated Quality & Performance Group
IQPR	Integrated Quality Performance Report
IT	Information Technology
JAG	Joint Advisory Group (on Gastrointestinal Endoscopy)
JCC	Joint Commissioning Committee
JD	Job Description
JET	Joint Executive Team
JIPCA	Joint Inspection of Child Protection Arrangements
JLT	Joint Leadership Team (PTHB and PCC)
JR	Judicial Review
KPI	Key Performance Indicator
LoF	League of Friends
LA	Local Authority
LHB	Learning Health Board
LMC	Local Medical Committee
LPF	Local Partnership Forum
LRF	Local Resilience Forum
LTA	Long Term Agreement
MAC	Mindfulness, Acceptance and Compassion Team
MD	Ministerial Direction
MD's	Minimum Data Set

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MDTs	Multi-Disciplinary Teams
MEG	Medical E-Governance System
MEG	Main Expenditure Group
MH	Mental Health
MHD	Mental Health & Learning Disability
MIU	Minor Injury Unit
MOU	Memorandum of Understanding
MOA	Memorandum of Agreement
MSK	Musculoskeletal
MV	Mass Vaccination
NHSE	National Health Service England
NHS	National Health Service
NHSWE	NHS Wales Executive
NICE	National Institute of Health and Clinical Excellence
NRI	Nationally Reportable Incidents
NWSSP	NHS Wales Shared Services Partnership
NNA	Nursing Needs Assessment
OBC	Outline Business Case
OCP	Organisational Change Process
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
PEQS	Patient Experience, Quality and Safety Committee
PHE	Public Health England
PHW	Public Health Wales
PMVA	Prevention and Management of Violence and Aggression
PPPH	Planning, Partnerships and Population Health Committee
PSB	Public Service Board
PSOW	Public Services Ombudsman for Wales
PTHB	Powys Teaching Health Board
PTR	Putting Things Right
P&C	People and Culture Committee

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QA	Quality Assurance
RaTS	Remuneration and Terms of Service Committee
RCN	Royal College of Nursing
RIIC	Research, Innovation & Improvement Coordination
RIF	Regional Investment Fund
RISP	Radiology Information System Procurement
RJAH	Robert Jones and Agnes Hunt
RN	Registered Nurse
RPB	Regional Partnership Board
RTT	Referral to Treatment
RTS	Routemap To Sustainability
Q1 Q2 Q3 Q4	Quarter 1 (April, May, June), Quarter 2 (July, August, September), Quarter 3 (October, November, December), Quarter 4 (January, February, March)
QSEG	Quality, Safety and Experience Group
SAR	Subject Access Request
SAS	Specialty and Specialist
SBAR	Situation, Background, Assessment, Recommendation
SBUHB	Swansea Bay University Health Board
SDEC	Same Day Emergency Care
SLA	Service Level Agreement
SOC	Strategy Outline Case
SOP	Standard Operating Procedure
SaTH	Shrewsbury and Telford Hospital NHS Trust
SPB	Strategic Programme Board
SRO	Senior Responsible Owner
TaODEC	Tactical Organisation Development, Engagement and Communication
TI	Targeted Intervention
ToR	Terms of Reference
TRAC	Online Recruitment Management System
T&V	Transformation & Value
TUPE	Transfer of Undertakings Protection of Employment
VERS	Voluntary Early Release Scheme
WAST	Welsh Ambulance Services NHS Trust
W&C	Workforce and Culture Committee
WCCIS	Welsh Community Care Information System
WG	Welsh Government
WHC	Welsh Health Circular
WHSSC	Welsh Health Specialised Service Committee

WNB	Was Not Brought
WOD	Workforce and Organisational Development
WPAS	Welsh Patient Administration System
WPOCT	Welsh Point of Care Test System
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
WVT	Wye Valley Trust
YTD	Year to Date

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