Finance and Performance Committee

Thu 25 June 2026, 09:30 - 13:30

Agenda

09:30 - 09:30
0 min

1. Preliminary Matters

F&P_Agenda_25June2026Final.pdf (3 pages)

1.1. Welcome and apologies

Verbal *Chair*

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

Vrabl/Attached *Chair*

F&P_1.2_May 2026_Board Members Declaration of Interests Summary 2026-27.pdf (3 pages)

09:30 - 09:30
0 min

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.

09:30 - 09:30
0 min

3. Items for Approval / Decision / Ratification

3.1. Minutes of the previous meeting held on 14 May 2026

Attached *Chair*

F&P_3.1_F&PUnconfirmed Minutes_14May2026.pdf (12 pages)

3.2. Committee action log

Attached *Chair*

F&P_3.2_Action Log June26.pdf (1 pages)

09:30 - 09:30
0 min

4. Escalated Items

4.1. Organisational Escalation Status Presentation Finance and Performance Monitoring

Presentation *Executive Director of Planning Performance and Commissioning/ Deputy Chief Executive and Executive Director of Finance, Capital & Support Service*

09:30 - 09:30
0 min

5. Items for Assurance

5.1. Finance Report Month 02 2025/26 (including JCC update)

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

F&P_5.1_Financial Performance Report Mth 02.pdf (19 pages)

5.2. Integrated Quality and Performance Report Month 01

Attached *Executive Director of Planning, Performance & Commissioning*

F&P_5.2_IQPR_Month_1_Summary.pdf (16 pages)

5.3. Optometry Annual Report to include performance

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

F&P_5.3_PTHB WGOS Annual Report 2025-26 cover paper.pdf (4 pages)
F&P_5.3a_PTHB Wales Eye Care Services Annual Report 2025'26.pdf (24 pages)

5.4. Deep Dive-CHC Savings (track growth on case numbers)

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

F&P_5.4_Deep dive CHC June 2026.pdf (11 pages)

5.5. Colonoscopy Update Report

Attached *Executive Director of Planning, Performance & Commissioning*

F&P_5.5_Colonoscopy Update Report FP 250626.pdf (4 pages)

5.6. Committee Risk Register

Attached *Director of Corporate Governance*

F&P_5.6_Committee Risk Register.pdf (2 pages)

09:30 - 09:30
0 min

6. Items for Discussion

There are no items for inclusion within this section.

09:30 - 09:30
0 min

7. Consent Agenda

7.1. Committee Work Programme

Attached *Director of Corporate Governance*

F&P_7.1_Committee Work Programme June26.pdf (1 pages)

7.2. Internal Audit Reports: Asbestos Management (For Information)

Attached *Director of Corporate Governance*

F&P_7.2_Asbestos Management Final Internal Audit Report.pdf (16 pages)

7.3. JCC – Highlight Report from the planning performance and finance sub-committee 26 May 2026 (For Information)

Attached *Director of Corporate Governance*

F&P_7.3_PPF Highlight Report 28 April 2026 Final.pdf (6 pages)

7.4. PTHB Glossary (For information)

Attached *Director of Corporate Governance*

F&P_7.4_Powys Teaching Health Board Glossary.pdf (6 pages)

09:30 - 09:30
0 min

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*

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

GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

AGENDA				
Time	**Item**	**Title**	**Attached / Verbal**	**Owner**
	1	**PRELIMINARY MATTERS**		
09:30	1.1	Welcome and apologies	Verbal	Chair
	1.2	Declarations of interest • 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 14 May 2026	Attached	Chair
	3.2	Committee action log	Attached	Chair
	4	**ESCALATED ITEMS**		
09:45 15	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 & Support Services
	5	**ITEMS FOR ASSURANCE**		
10:00 15	5.1	Finance Report Month 02 2025/26 (including JCC update)	Attached	Deputy Chief Executive and Executive Director of Finance, Capital & Support Services
10:15 30	5.2	Integrated Quality and Performance Report Month 01	Attached	Executive Director of Planning, Performance & Commissioning
10:45 10	5.3	Optometry Annual Report to include performance	Attached	Executive Director of Primary, Community Care & Mental Health
	COMFORT BREAK (10mins)			
11:05 25	5.4	Deep Dive-CHC Savings (track growth on case numbers)	Attached	Executive Director of Primary, Community Care & Mental Health
11:30 10	5.5	Colonoscopy Update Report	Attached	Executive Director of Planning, Performance & Commissioning

11:405	5.6	Committee Risk Register	Attached	Director of Corporate Governance
	6	**ITEMS FOR DISCUSSION**		
There are no items for inclusion within this section.				
	7	**CONSENT AGENDA**		
	7.1	Committee Work Programme	Attached	Director of Corporate Governance
	7.2	Internal Audit Reports: • Asbestos Management (For Information)	Attached	Director of Corporate Governance
	7.3	JCC – Highlight Report from the planning performance and finance sub-committee 26 May 2026 (For Information)	Attached	Director of Corporate Governance
	7.4	PTHB Glossary (For information)	Attached	Director of Corporate Governance
	8	**OTHER MATTERS**		
11:45	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 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: <u>Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960</u> ***"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"***			
12:00	8.5	Welcome and Apologies		Chair
	8.6	Declarations of Interest		Chair
	8.7	Minutes of the previous In-committee meeting held on 14 May 2026	Attached	Chair
12:05	8.8	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 – pleased 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.

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 & Value University Health Board (non Director).	Nil
Vice Chair	**Rhiannon Beaumont-Wood**	Non Financial professional interests	Outside Employment	Jun-23	Ongoing	Director and Owner of RBW Executive and Professional Coaching	Salaried Employment
		Non Finanical 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)	Renumerated as per Non-Executive Member, Terms and Conditions
		Non Finanical personal interests	Loyalty Interests	Jun-24	31/03/2027	Registrant Council Member - Nursing and Midwifery Countil (NMC)	Renumerated as per Registrant Council Member Terms and Conditions
Independent Member (General)	**Rhobert Lewis**	Non Financial professional interests	Outside Employment	Nov-21	Current	Chair NPTC Group of Colleges	NIL
		Indirect Interests	Outside Employment	Nov-21	Current	External member Cross-party STEMM Group Welsh Government	NIL
Independent Member (Trade Union)	**Cathie Poynton**	NIL	NIL	NIL	NIL	NIL	NIL
Independent Member (finance)	**Stephen Elliot**	Non Financial professional interests	Loyalty Interests	17 April 2024	Current	Honorary Fellow and Lifetime Member of Healthcare Financial Management Association	NIL
		Non Financial professional interests	Outside Employment	04 February 2024	Current	Spouse Directorship of Oshi's World Private Limited Company and a Trustee of Oshi's World Charity	NIL
Independent Member (General)	**Ronnie Alexander**	Indirect Interests	Outside Employment	2012	Current	Partner Director of RA and CJ Consulting Limited	Dividend Payment only
		Indirect Interests	Outside Employment	Mar-21	Current to Dec-27	Independent Monitoring Authority (IMA) – Non Executive Director	Remunerated
		Indirect Interests	Shareholdings and other ownership interests	2012	Current	Director of RA and CJ Consulting Limited	Dividend Payment only
Independent Member (University)	**Simon Wright**	Non Financial professional interests	Loyalty Interests	23 January 2026	Current	Personal: Senior Professional Fellow, Cardiff University- Various Healthcare Programmes	Honoury Role
		Indirect Interests	Loyalty Interests	2001	Current	Sister: Senior Operational Manager, Milestone Trust, Bristol	Salaried Employment
		Indirect Interests	Loyalty Interests	2021	Current	Spouse: District Nurse, Cardiff and Vale UHB	Salaried Employment
		Non Financial professional interests	Loyalty Interests	02 January 2020	Ongoing	Labour Party member	NIL
		Financial Interests	Outside Employment	09-Feb-26	Current	Head of Partner Engagement for JS Group working with HE sector	Salaried Employment
Independent Member (Third Sector)	**Jennifer Owen Adams**	Non Financial professional interests	Loyalty Interests	Jun-16	Ongoing	Member (not a NED) of Glas Cymru the holding company of Dwr Cymru/Welsh Water	None
		Non Financial professional interests	Loyalty Interests	01 September 2024	01.06.2028	Coopted Member of PAVO	None
		Non Financial professional interests	Loyalty Interests	Jul-05	Ongoing	Chair Public Services Board Scrutiny Committee	None
		Non Financial professional interests	Loyalty Interests	2013	Ongoing	Brother - Senior Manager Freedom Leisure (Lead responsibility for Swansea and South Powys).	NIL
		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

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 June 2018	Ongoing	Partner is Finance Manager working in SBUHB	Not Relevant
Executive Director of Allied Health Professions, Health Science and Digital	**Claire Madsen**	Financial Interests	Outside Employment	07 January 2019	01-Apr-28	Occasional Lecturer for University of West of England.	Hourly rate
		Non Financial professional interests	Loyalty Interests	01 April 2026	01-Mar-28	Member of the The Chartered Society of Physiotherapy	NIL
Executive Medical Director	**Kate Wright**	NIL	NIL	NIL	NIL	NIL	NIL
Executive Director of People and Culture and Transformation	**Debra Wood Lawson**	Indirect Interests	Outside Employment	01 November 2024	01-Nov-27	Non Executive Board Director - Cadarn Housing Group Limited (Powys is a zonal partner)	Remunerated
			Outside Employment	01 September 2025	Current	Relative employee and training in Aneurin Bevan Univeristy Health Board (non Director)	NIL
Executive Director of Public Health	**Mererid Bowley**	Non-Finanical 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-Finanical professional Interest	Outside Employment	Nov-21	Current	Self - School Governor – Langynwyd primary school (Bridgend)	Not remunerated
		Indirect Interests	Outside Employment	Aug-16	Current	Partner is the Chair of a Housing Association who provide social housing across a large geographical area (including Powys).	Remunerated part time role, 2-4 days per month
		Indirect Interests	Outside Employment	Jul-24	Oct-24	Partner is listed on the Bank for PTHB - working occasionally for the organisation by dual agreement.	Paid per hour/day of work
		Indirect Interests	Outside Employment	May-25	Current	Partner - Associate for Practice Solutions	

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

FINANCE AND PERFORMANCE COMMITTEE

UNCONFIRMED MINUTES OF THE MEETING HELD ON 14 MAY 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)
IN ATTENDANCE		
Rhiannon Beaumont-Wood	RBW	PTHB Vice Chair
Helen Bushell	HB	Director of Corporate Governance/Board Secretary
Carl Cooper	CC	PTHB Chair (Observing)
David Farnsworth	DF	Assistant Director Community Services
Pete Hopgood	PH	Executive Director of Finance, Capital and Support Services and Deputy Chief Executive
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Claire Lukies	CL	Urgent and Emergency Care, Clinical Transformation Lead
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Chris Moss	CMO	Assistant Director of Performance & Commissioning
Bethan Powell	BP	Corporate Governance, Risk and Assurance Officer
Hayley Thomas	HT	Chief Executive Officer
Kate Wright	KW	Executive Medical Director
APOLOGIES FOR ABSENCE:		
Paul Hooton	PH	Executive Director of Nursing, Quality, Safety and Family Health
Elaine Lorton	EL	Executive Director of Primary Care, Community and Mental Health

1. PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (F&P/26/001)

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

1.2 DECLARATIONS OF INTEREST (F&P/26/002)

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/26/003)

The minutes of the meeting held on the 26 February 2026 were **CONFIRMED** as an accurate record.

3.2 COMMITTEE ACTION LOG (F&P/26/004)

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

D&P/25/009 Colonoscopy Reporting: NJ confirmed that work was ongoing to prepare a report update to the committee at its next meeting in June, given the prolonged nature of the issue and enable closure of the action, subject to resolution of reporting concerns. Enquiries regarding wider impact had been raised and Public Health Wales had been prompted to review whether similar reporting issues affect other health boards.

What was the expected timeline for delivery of the national work programme, and when would its outputs likely to be available to support addressing the identified clinical fragility?

DF confirmed that no clear timeline had been established for the national programme. National organisations were still defining actions, with uncertain impact on recovery. Focus remained on a national approach, while local health boards continued own improvement efforts.

F&P/25/118 Cancer Performance: KW It was confirmed that Rapid Diagnostic Centres (RDCs) had ceased operating., however patients could continue to be referred by GPs for urgent CT scans; however, it was noted that this pathway did not provide the same multidisciplinary (MDT) support as RDCs. Actions had been taken to ensure primary care colleagues were informed of the revised pathways and available options. Oversight of the service was established, with ongoing engagement through relevant performance forums to monitor impact, particularly risks relating to diagnostic delays. Further information would be brought forward as oversight and pathway review progressed.

Members raised concern regarding reduced access to rapid diagnostics and increasing challenges across regions. It was noted that the position appeared misaligned with national improvement direction.

Could a better understanding be provided of the organisation's key areas of vulnerability and the scale of risk?

KW responded that approximately 30 patients per year were affected; however, patients continued to access alternative pathways, including urgent CT referrals. No concerns had been raised by GPs regarding access and actions were agreed to maintain closer liaison with GP practices to gather intelligence. The issue would be escalated to the Cancer Network to ensure awareness and to support consideration of any required mitigation with partner organisations.
The committee agreed to close the action, and updates would continue to be reported through the Integrated, Quality and Performance report. (IQPR)

F&P/25/118: WAST Governance Arrangements – Due September 2026
The remaining seven actions were agreed to be closed- (including the transferred action from the Patient Experience, Quality and Safety Committee (PEQS)

The Committee **RECEIVED** the action log and discussed the updates provided.

3.3 2026/2027 ANNUAL WORK PROGRAMME (F&P/26/005)

HB introduced the Annual Work programme which was aligned to priorities, risks, and committee remit. It was noted that regular monitoring was in place and that an agreed timeframe of reporting for Mental Health Services was in discussion with EL and would be confirmed in due course.

How frequently should the Committee formally review and monitor changes to the delivery route map to ensure visibility of in-year adjustments and evolving assumptions?
HB explained that the requirement would be made explicit within reporting and acknowledged that it had previously been incorporated within escalation and finance reporting. HB agreed to reflect on how to ensure this was clear going forward.

The Committee **RECEIVED** and **APPROVED** the Committee Annual Work Programme for 2026/27.

4. ESCALATED ITEMS

4.1 ORGANISATIONAL STATUS (NHS WALES ESCALATION FRAMEWORK) LEVEL 4 MONITORING REPORT (F&P/26/006)

PH provided an overview of the organisations approach to Escalation, including the Independent Grant Thornton report. The following updates were provided:

- Grant Thornton's report (Feb 2026) made 34 recommendations across key themes: commissioning, risk, governance, organisational capacity, data, and collaboration.
- The organisation had accepted 20 recommendations, partially accepted 11 with actions taken on those accepted or partially accepted.
- A Financial Recovery Board had been established to drive savings delivery and financial performance.
- Additional support was in place for key pressure areas, including continuing healthcare (CHC), commissioning and contracting, financial recovery, and workforce planning.

NJ explained that the Board aimed to remain under routine monitoring while addressing Level 4 escalation for strategy, planning and finance, with the Annual Plan incorporating Grant Thornton recommendations and key transformation work, including the Clinical Services Plan. Progress focused on managing demand, guided by strategic frameworks, supported overall risk, recovery, and sustainability.

Independent Members sought assurance by asking the following questions:

How was the Grant Thornton work reflected in the committee work plan, despite it being scheduled for consideration at least twice yearly?

HB explained that Grant Thornton work would report through the escalation status report which was presented at every Finance and Performance Committee meeting. Bi-annual meetings would include the Grant Thornton updates and the work programme would be updated to reflect expectations.

The Committee **RECIVED** 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 12 AND MONTH 01 (F&P/26/007)

PH provided an overview of the Month 12 and 01 reports where the following key themes were highlighted:

- The Annual Plan projected a £38.4m deficit, with actions identified to reduce this to £28.3m. However, the forecast deficit increased to £33.312m, in line with the year-end position showing a £33.275m overspend.
- Capital allocation of £8.393m resulted in a small underspend of £0.081m (excluding £0.451m for leases).

- The Health Board's planned underlying deficit has held at the month 11 position of £45.071m.
- Significant areas were highlighted:

  -Overspends: £7.647m (NHS commissioning) and £3.176m (private/voluntary sector, driven by MH/LD placements)
  -Agency spend: £0.385m in-month, but lower than previous year
  -Underspends: £0.372m in CHC/FNC and additional savings in Primary Care and non-pay Provider Services
- The Health Board is seeking to reduce expenditure in 2026/27 by reducing the quantity of elective activity commissioned. Particularly, with SaTH, WVT and RJAH.
- The disputed £5m (2024/25) and £8.1m (2025/26) charge from Wye Valley Trust rejected by the Health Board and supported by Welsh Government was being managed as a financial risk, excluded from reported positions, escalated for resolution, and to be disclosed as a contingent liability.

Members acknowledged the team for delivering within the capital resource limit, with appreciation extended to both finance and operational staff. A query was also raised regarding whether there had been any change in the audit focus related to the ongoing Wye Valley Trust invoice dispute. It was noted that the Wye Valley position had been regularly updated with external auditors and Welsh Government, including a recent on-site audit visit, with no further feedback or changes to the position reported.

Independent Members sought assurance by asking the following questions:

Could clarity be sought that Wye Valley was unable to raise additional funding this year and must remain within the £13.1 limit and would the unresolved financial constraint represent a significant concern that needs to be addressed?

It was confirmed that Welsh Government recognised Powys' position and that the charge was unreasonable and would not be paid. The issue had been left for Wye Valley to resolve with NHS England, and while still disputed and monitored for audit purposes, no further action would be taken.

What was the likelihood that the Joint Commissioning Committee (JCC) would maintain firm control over its finances throughout the financial year and what was the current position?

HT responded to explain that savings plans within the JCC were still being developed, with similar challenges to other health boards. There was currently a gap between identified savings and confidence in delivery. It was

anticipated that a further update would be shared at the next JCC. It was recommended that an update would be brought to the next Finance and Performance Committee. **Action**: Chief Executive Officer.

Would recent reports of at least two Welsh health boards filling their nursing vacancies likely to impact Powys and was it seen to help reduce the current 97 vacancies in the coming year?

DF responded that Nursing vacancies was expected to reduce through new recruits and training programmes, though significant challenges would remain in filling specialised roles despite overall improvements.

Was the current medical workforce strategy and bank staffing approach, seen as robust enough to manage rising risks, particularly around agency costs and recent spending pressures?

KW responded that locum spend was its highest in mental health due to national shortages and rural recruitment challenges. However, ongoing successful recruitment, including overseas hires, was gradually reducing reliance despite continued service fragility and expected fluctuations.

Finance Month 01 position update:

PH introduced the report and highlighted that the position as at Month 1 showed a £1.7m overspend against an already unsupported £44.7m deficit plan, mainly due to gaps in delivering the £22.9m savings target, with further actions underway to improve confidence and close the gap.

The Committee:

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

5.2 INTEGRATED QUALITY AND PERFORMANCE REPORT MONTH 11 (F&P/26/008)

NJ introduced the report and Independent Members sought assurance by asking the following questions:

Was the Better Together review of the in-reach model still on track and progressing as planned?

The growth report identified opportunities for repatriation and set an overall direction; however, a more detailed review of in-reach services was still required. Further work was planned through the Better Together programme, guided by Getting It Right First Time (GIRFT) recommendations to move towards a more strategic, pathway-based model.

Was a process in place to maintain sufficient oversight of Wye Valley's performance to ensure Welsh waiting time targets were met and to prevent further breaches, particularly given the recent increase in waits and the reported four-week breach?
NJ explained that performance was routinely monitored with all providers, but final year-end data was still being validated. The position remained complex but expectations to meet Welsh waiting time standards remain clear.

Was there any indication from Robert Jones and Agnes Hunt (RJAH) on how long it would take to achieve a more sustainable improvement in their position, and when was it expected to have greater confidence in their capacity?
NJ explained that the long waiting times were driven by complex spinal cases, a national capacity issue requiring lengthy surgery and specialist resources, with providers indicating a three-year plan to improve sustainability. However, there was concerns about delivery confidence for other long waiters, with plans still under negotiation due to affordability and performance risks.

Was there a plan to strengthen resilience in paediatric audiology services, given the apparent reliance on a single paediatrician?
CM highlighted that Audiology services face long-standing recruitment challenges and limited resilience due to their small size, but a partnership model with Swansea Bay ensures safety and quality, while a phased plan to repatriate services aims to build a more sustainable service.

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

5.3 REVIEW LONG WAITS AT ROBERT JONES AGNES HUNT HOSPITAL (F&P/26/009)

NJ introduced the report and highlighted the following themes for the committee's awareness:

- The 2025–26 agreement set a 104-week treatment target (excluding 63 complex spinal cases), performance fell short, with over 100 patients breaching the target.
- Monitoring had been strengthened, no harm has been reported, and improvements were underway.

- Ongoing negotiations continue on activity, finances, and actions to improve waiting list management, particularly for spinal cases
- The sustainability plan focused on shifting consultant time from outpatient work to surgery to address complex spinal demand.
- Wider system pressures mean 104-week waits were likely to increase across Wales.

Independent Members sought assurance by asking the following questions:

Could clarity be sought on the inability to maintain 104-week waits across NHS Wales referring specifically to the specialties provided by Robert Jones, or does it apply more broadly to all specialties and waiting lists?
*NJ confirmed that p*ressures were concentrated in traditionally long-wait specialties, such as orthopaedics and ophthalmology and not all services, with issues varying by provider.

What escalation routes were available beyond routine provider meetings and at what point would it be appropriate to use them?
NJ explained that escalation would be considered once the activity plan was agreed and delivery can be assessed against it. At present it was premature to escalate given the plan and commissioning position were not yet finalised.

Members raised concern around the long waits for specialist spinal appointments, where surgery was not required, could significantly impact patients' lives, and the need to remain mindful of patient experience while addressing capacity challenges and reducing unnecessary demand. It was noted that actions focused on reviewing and streamlining outpatient waiting lists to ensure timely, appropriate care and to support improved demand and capacity management.

The Committee **NOTED** the contents of the report including the current and future planned work being undertaken with RJAH, NHS Performance and Improvement and external colleagues.

5.4 ANNUAL DELIVERY PLAN PROGRESS REPORT Q4 (2025/2026) (F&P/26/010)

NJ introduced the year-end report which showed strong overall delivery of the 2025–26 annual plan, with most actions completed and around 9% unresolved, which had either been carried forward or incorporated into business-as-usual plans. This linked progress to Wellbeing and Future Generations Act requirements and supported the annual report.

Independent Members sought assurance by asking the following questions:

Were there opportunities for those items behind schedule to reprioritise or potentially stop certain actions?

NJ confirmed that the report was regularly reviewed at Executive Committee, where low-confidence items were actively discussed. Whilst reprioritisation was considered, some items must remain due to policy requirements. It was recognised that the process could be more robust.

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

5.5 DEEP DIVE-MINOR INJURY UNITS (MIUS) (F&P/26/011)

NJ provided an overview of the report and Independent Members sought assurance by asking the following questions:

What was the future direction for Minor Injury Units (MIUs), including how the service might evolve over the next five years?

It was explained that service use had increased, supported by effective communication and workforce development. Staff skills, primary care support, and the community model had strengthened delivery and focus remained on upskilling and expanding community urgent care services.

Could assurance be provided on clinical governance and competency as roles expand and was waiting times influencing patient flows?

CL responded that issues were likely data-related, strong clinical networks were in place and improving, national standards were being developed, and stable services and effective communication were supporting increased local use.

What opportunities were there to improve alignment between MIU opening hours and X-ray availability to strengthen diagnostic capacity?

CM confirmed that X-ray provision was constrained by low out-of-hours demand, high costs, and recruitment challenges. Future changes would need to balance these factors as part of the Better Together review of MIU services.

How could patient feedback and positive experiences be more systematically captured and used?

CM confirmed that patient experience data was systematically collected in radiography and feeds into committee reporting, though it may not always be visible in detail.

Were current arrangements sufficient to ensure patient confidentiality within MIU clinical environments?

It was confirmed that staff were mindful of patient confidentiality and was managed carefully despite space constraints, though small facilities present ongoing challenges that were being considered in future planning.

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

5.6 DEEP DIVE ON COMMUNITY HOSPITAL DELAYS (F&P/26/012)

DF introduced the report and provided the following updates:

- Drivers for hospital delays were complex and interconnected.
- some success had been achieved in year to reducing delays.
- Ongoing challenges across market provision, rising demographic demand and unintended consequence of change could limit the delivery of improvements;
- ongoing transformation and service development was expected to continue to support improved flow across the system.

KW noted that previous evaluation showed no increase in Emergency Department (ED) attendances following temporary service changes. This would continue to be monitored, with any changes reported by exception and checked against the dashboard.

Committee members queried current and future savings targets given financial pressures and highlighted the need for further savings to address the deficit and improve patient outcomes. Concerns were raised about challenging partner organisations without demonstrating internal improvement. Consideration would be given to review partnership effectiveness at a Board Development day.

Action: Director of Corporate Governance

Independent Members sought assurance by asking the following questions:

How would the organisation respond to rising demand from reablement services, including whether frailty services would be expanded?

*DF responded that u*nderstanding of deconditioning was recognised, but translating into practice remained a cultural challenge; strengthening community-based risk management and embedding better reablement approaches., was expected to improve outcomes despite some data and recording impacts.

The Committee took **ASSURANCE** that plans were in place to address the risks and impacts of hospital delays.

5.7 COMMITTEE RISK REGISTER (F&P/26/013)
HB provided an overview of the Register and highlighted that a broader review of Strategic and Operational Risks was underway following the new Annual Plan. Potential changes would be discussed at a future Board development session, for onward submission to the Board in July. The Committee **RECEIVED** the Committee Risk Register and **TOOK ASSURANCE** that the risks were being managed in line with the risk management framework.
5.8 ANNUAL REVIEW OF COMMITTEE TERMS OF REFERNENCE (F&P/26/014)
HB introduced the report and explained that under the Standing Order of the Health Board, Board Committees were required to review their Terms of Reference on an annual basis. Members were requested to provide feedback if necessary to form a final version to be presented to the Board in May for approval. The Committee **ENDORSED** the proposed amendments to the Terms of Reference and **AGREED** that the Chair of the Committee and Director of Corporate Governance to finalise the revised Terms of Reference for presentation to the Board in May 2026 for approval.
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: • **7.1** Committee Annual Report 2025/2026 (approved) • **7.2** Internal Audit Report: Catering Services (for information) • **7.3** PTHB Glossary (for information)
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: • Full agenda and challenged timings, however the Chair time managed the items effectively to ensure sufficient time was given to in depth discussions • Members praised the quality of reporting received and assurance provided. • Members welcomed the addition of new staff to join the meeting to present items in the absence of Executives.
8.4 DATE OF NEXT MEETING (F&P/25/128)
25 June 2026 via Microsoft Teams

Meeting closed at 12:50

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 neede	Blue - action to be removed and/or replaced by new action								
Transferred	Grey - Transferred to another group								

GIG CYMRU NHS WALES | Bwrdd Iechyd Addysgu Powys / Powys Teaching Health Board

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 - (25 JUNE 2026)									
01/05/2025	D&P/25/009	DoPP&C	IQPR	To confirm a timeframe for a resolution on Colonoscopy reporting from PHW	**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. **26.08.2025 update:** A verbal update would be provided to committee in September. **02.09.2025 update:** To confirm a timeframe of further improvment at the next meeting in October 2025. **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. **04.12.2025 Update:** Further action to be taken to consider escalation. **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. **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. Report scheduled for June 2026 committee meeting. **25.06.26 update** - paper provided to agenda for this meeting, Committee to determine management of action following agenda item.	Jun-25	Sep-26	At risk	
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE (25 JUNE 2026)									
26/02/2026	F&P/25/118a	DCG	IQPR	Reflect on and develop a proposed approach for how escalation of jointly commissioned services specifically WAST could be handled within formal governance arrangements, and update the committee once this work is progressed.	**14.05.2026 update:** Action will progress as per timescale. **25.06.2026 update:** Action will progress as per timescale.	Sep-26		On track	

Powys THB Finance Department
Financial Performance Report
Finance and Performance Committee

Period 02 (May 2026)
FY 2026/27

Date Meeting: 25 June 2026

GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Introduction

Subject:	**FINANCIAL PERFORMANCE REPORT FOR MONTH 02 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 – 17 June 2026

PURPOSE:

This paper provides an update on the May 2026 (Month 02) Financial Position, including progress with savings delivery.

RECOMMENDATION:

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

The Committee is asked to **consider** and **discuss** the financial forecast and the underlying deficit for 2026/27 of £44.652m.

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

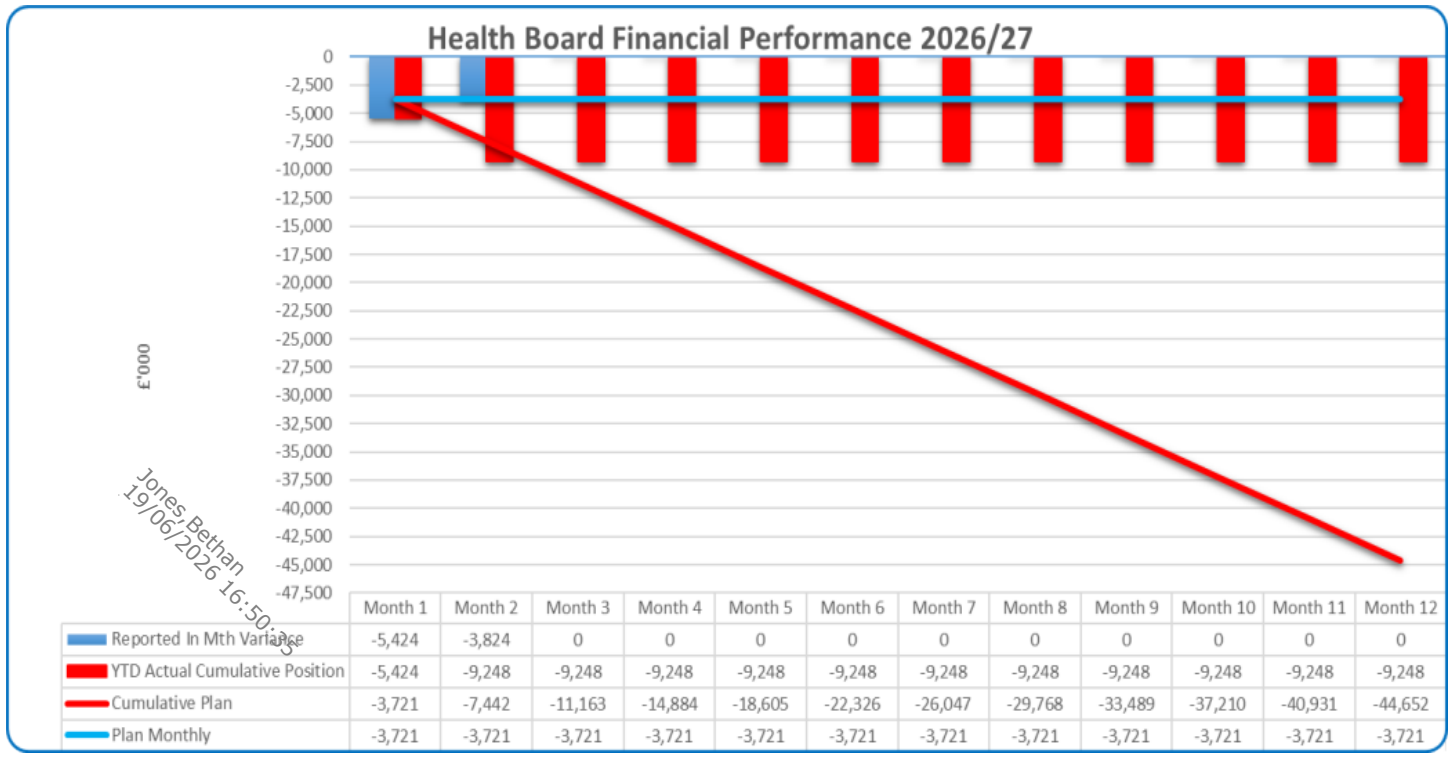
Strategic Objectives:	• Focus on Wellbeing	✖
	• Provide Early Help and Support	✖
	• Tackle the Big Four	✖
	• Enable Joined up Care	✖
	• Develop Workforce Futures	✖
	• Promote Innovative Environments	✖
	• Put Digital First	✖
	• Transforming in Partnership	✓
Health and Care Standards:	• Staying Healthy	✖
	• Safe Care	✖
	• Effective Care	✖
	• Dignified Care	✖
	• Timely Care	✖
	• Individual Care	✖
	• Staff and Resources	✓
	• Governance, Leadership & Accountability	✖

Approval/Ratification/Decision	Discussion	Information
	✓	

Summary Health Board Position 2026/27

Revenue			
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by WG	**Plan £'000**	**Actual £'000**	**Trend**
Reported in-month financial position – (deficit)/surplus	-3,721	-3,824	↑
Reported Year To Date financial position – (deficit)/surplus	-7,442	-9,248	↑
Year end – (deficit)/surplus	-44,652	-44,652	↑

Capital		
	Value £'000	**Trend**
Capital Resource Limit	9,510	→
Reported Year to Date expenditure	840	↑
Reported year end – (deficit)/surplus – Forecast	9,510	→



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Reported In Mth Variance	-5,424	-3,824	0	0	0	0	0	0	0	0	0	0
YTD Actual Cumulative Position	-5,424	-9,248	-9,248	-9,248	-9,248	-9,248	-9,248	-9,248	-9,248	-9,248	-9,248	-9,248
Cumulative Plan	-3,721	-7,442	-11,163	-14,884	-18,605	-22,326	-26,047	-29,768	-33,489	-37,210	-40,931	-44,652
Plan Monthly	-3,721	-3,721	-3,721	-3,721	-3,721	-3,721	-3,721	-3,721	-3,721	-3,721	-3,721	-3,721

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 02, there is a £9.248m overspend. Compared to a planned deficit of £7.442m, (which is 2/12ths of the planned £44.652m deficit), this equates to the Health Board having an overspend of £1.806m.

The capital resource limit for 2026/27 is £9.510m, the forecast outturn is £9.510m; with a YTD spend of £0.840m.

Overall Summary of Variances £'000s

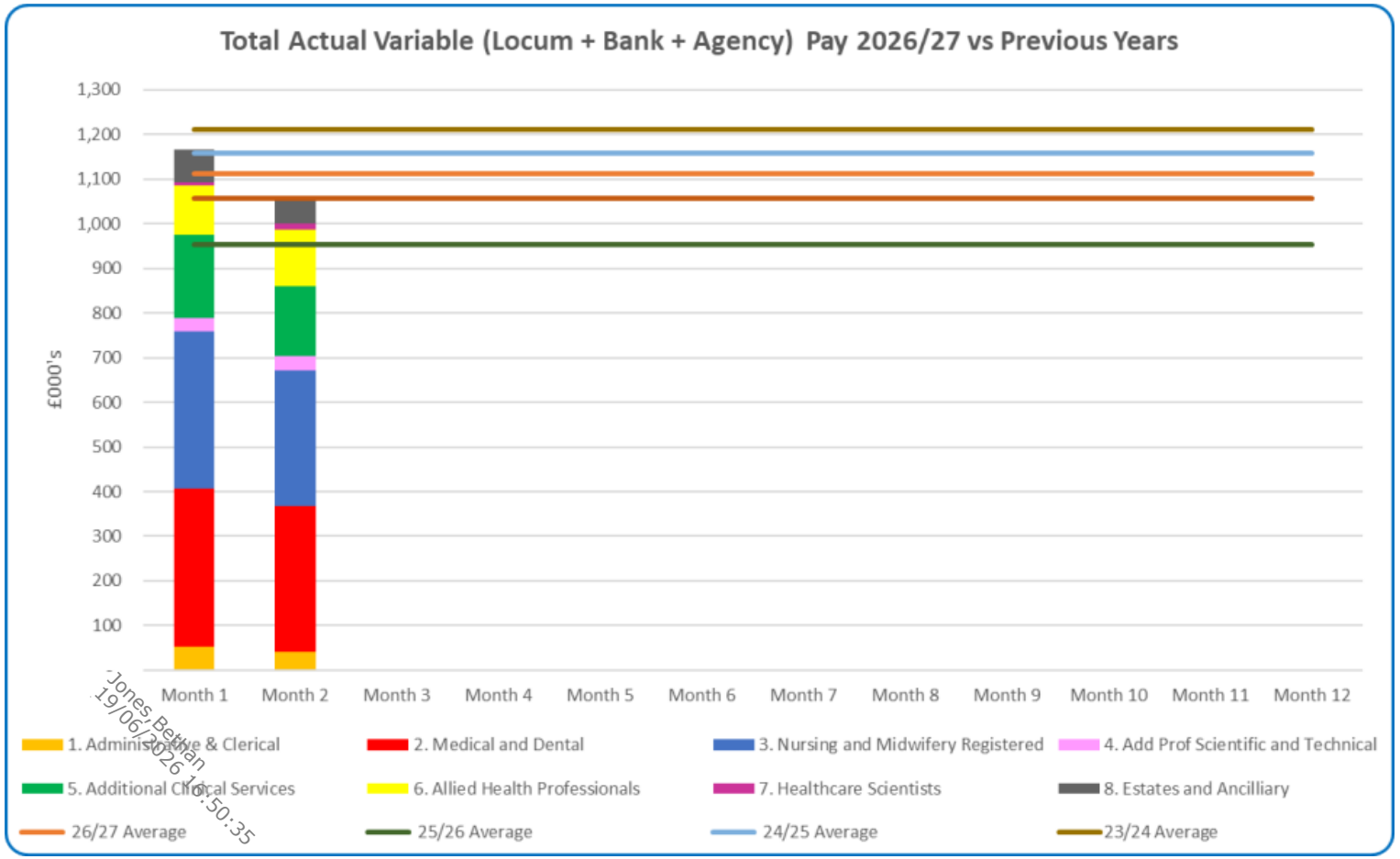
	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(76,205)	(76,205)	0
02 - Capital Donations	(22)	(22)	0
03 - Other Income	(1,696)	(1,583)	113
Total Income	**(77,923)**	**(77,810)**	**113**
05 - Primary Care - (excluding Drugs)	8,771	8,659	(112)
06 - Primary care - Drugs & Appliances	5,937	5,939	2
07 - Provided services -Pay	21,216	22,007	791
08 - Provided Services - Non Pay	4,180	3,930	(250)
09 - Secondary care - Drugs	236	211	(25)
10 - Healthcare Services - Other NHS Bodies	33,744	34,673	929
12 - Continuing Care and FNC	7,235	7,452	217
13 - Other Private & Voluntary Sector	1,311	1,453	141
14 - Joint Financing & Other	1,723	1,723	0
15 - DEL Depreciation etc	1,167	1,167	0
16 - AME Depreciation etc	(155)	(155)	0
18 - Profit/Loss Disposal of Assets	0	0	0
Total Costs	**85,366**	**87,058**	**1,693**
Reported Position	**7,442**	**9,248**	**1,806**

At Month 02, there is a £9.248m overspend against the forecast deficit of £7.442m giving the Health Board an overspend of £1.806m compared to Plan. Savings are profiled in equal 12ths and there is a £3.926m YTD variance in savings. The most significant areas to highlight are:

- Commissioning of Healthcare Services from other NHS Bodies is £0.929m overspent at M02. This is in the English system, around savings target shortfall.
- Other private and voluntary sector is overspent YTD by £0.141m. This is due to savings not being achieved.
- Agency expenditure of £0.381m in the month, compared to M02 2025/26 it is £0.169m lower.
- CHC is overspent by £0.217m YTD. There are 405 packages of care, a net decrease of 2 since Month 12 2025/26.
- There are underspends in Primary Care within dental and general medical services and in Provider Services – non-pay.

Health Board Agency, Locum and Bank Spend

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



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

Performance and Actions

- The chart opposite demonstrates in May variable pay was lower than the previous month. It is £13k more than in month 2 last year. It is broken down by staff type.
- However, Powys continues to be an outlier within NHS Wales as forecasted agency and locum spend was on average 3.7% of total forecasted pay in Month 01, against the Wales average of 1.5%.
- The HB's Variable Pay Reduction group is implementing a detailed action plan. There are improvements on the wards in CSG, but high expenditure run rates remain in non-ward services and Mental Health.

Risks

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

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

Status Update
The Health Board is seeking to reduce expenditure in 2026/27 by reducing the quantity of elective activity commissioned. Particularly, with SaTH, WVT and RJAH.

NHS Commissioning Variance to Date 2026/27

Commissioning	Budget to Date £000	Actual to Date £000	Variance to Date £000
Welsh Providers	8,729	8,729	0
English Providers	13,859	14,801	942
JCC	10,040	10,040	- 0
Other NHS Providers	993	993	(0)
Mental Health (LTAs Only)	124	111	(13)
Total	**33,744**	**34,673**	**929**

Performance

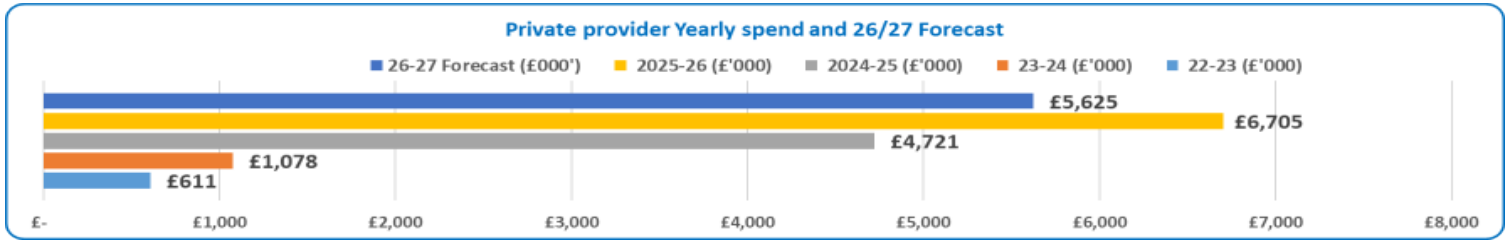
- *Welsh Providers* – there is insufficient data to date to vary from budget.
- *English providers*
  - The savings target is not currently forecast to be fully achieved (see later slide). This is a YTD variance of £1.2m.
  - Due to coding difficulties and delays in receiving activity information with SaTH and WVT there may be cost pressures in respect of activity, which are not fully reflected in the position yet.

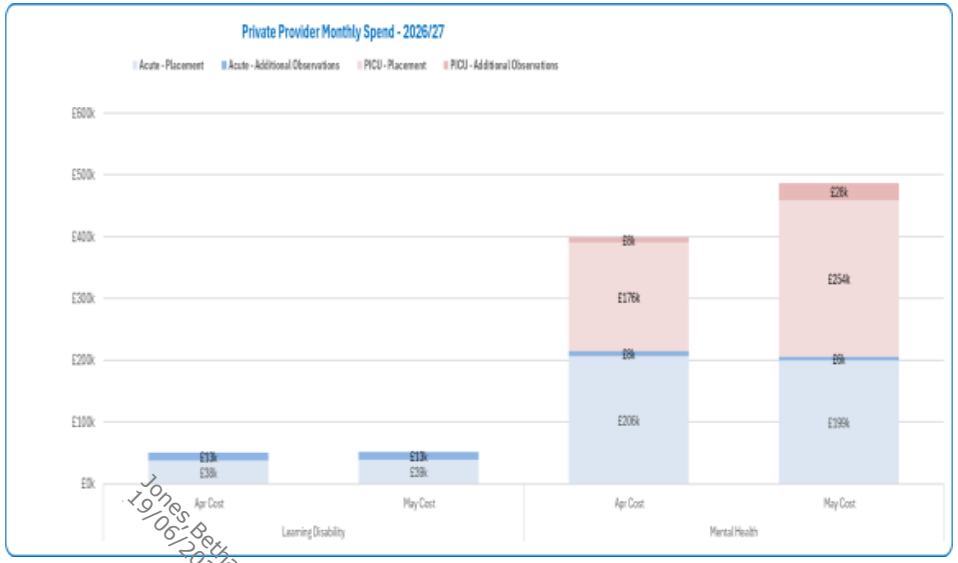
Risks

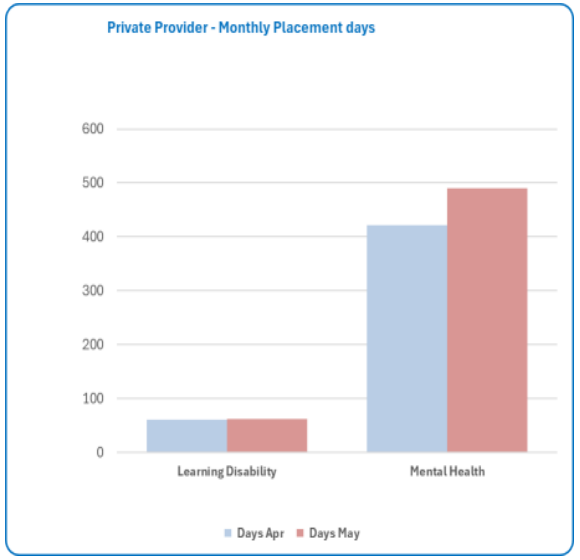
- Capacity and performance of Adult Social Care services
- Providers exceed their RTT recovery targets.
- Winter pressures and capacity of the system generally to treat patients and thus avoid secondary care admissions.
- Delivery of saving plans.

Private Providers – Mental Health and Learning Disability

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







Performance and Action

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

As at M02, it is forecast that the costs will decrease to £5.6m (£5.0m MH and £0.6m LD). This is a decrease of £1.2m.

The number of open packages is 16 at the end of May, a decrease of 5 in month.

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

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

Secondary Care and Community hospital delays

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:
  - 1,377 days within Powys community hospitals related to Health processes, 2,296 days to Social Care and 408 days to joint processes. Associated costs to date of £0.6m, £1.0m and £0.2m, respectively.
  - 2,560 days within district general hospitals (DGHs) and English community hospitals related to Health processes; 1,188 days to Social Care and 306 to joint processes. Associated costs to date of £0.8m, £0.3m and £0.0m, respectively.

Please note the days are costed at £456 in Powys, on average of £396 for a community hospital in England and £329 for an excess bed day in a DGH in England.

2026-27	Health			Joint			Social Care		
Gross Cost of Delays	YTD		Forecast	YTD		Forecast	YTD		Forecast
	Days	£m	£m	Days	£m	£m	Days	£m	£m
PTHB Provider Delays	518	£0.2	£1.4				1,094	£0.5	£3.0
PTHB Provider Assessment Delays	859	£0.4	£2.4	408	£0.2	£1.1	1,202	£0.5	£3.3
Subtotal PTHB Provider	**1,377**	**£0.6**	**£3.8**	**408**	**£0.2**	**£1.1**	**2,296**	**£1.0**	**£6.3**
Shropshire Community Bed Delays	178	£0.1	£0.4				19	£0.0	£0.0
WVT Community Bed Delays	374	£0.2	£1.0				106	£0.0	£0.3
DGH Bed Delays - England	1,606	£0.5	£3.2	150	£0.0	£0.3	846	£0.3	£1.7
DGH Bed Delays - Wales	402	£0.0	£0.0	156	£0.0	£0.0	217	£0.0	£0.0
Subtotal English & Welsh Providers	**2,560**	**£0.8**	**£4.6**	**306**	**£0.0**	**£0.3**	**1,188**	**£0.3**	**£2.0**
Total Opportunity Cost (at full cost)	**3,937**	**£1.4**	**£8.3**	**714**	**£0.2**	**£1.4**	**3,484**	**£1.4**	**£8.3**
						Total All	**8,135**	**£3.0**	**£18.0**

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

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

Prescribing

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

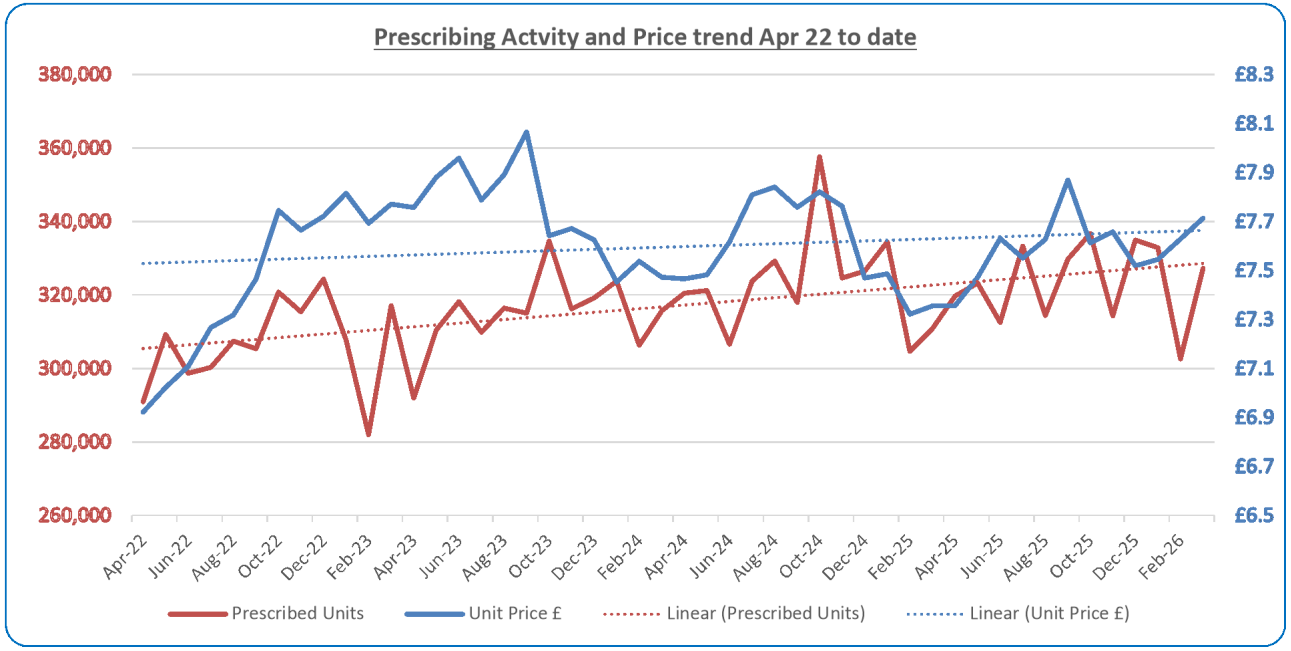
Status Update

A balanced budget at M2 £29.8m (incl £1.3m saving target). Prescribing costs are reported 2 months in arrears, YTD trends will be reported from M3.

Final outturn for FY25-26 analysis below.

- Unit price decrease year on year of -0.1%
- Reducing £% in FY25-26, driven by price concessions. Unit costs are expected to continue at a lower rate into FY26-27 as the FY impact of reduced costs for SGLT-2 inhibitors come into the position.
- Activity yr on yr was similar, a -0.3% reduction.

Prescribing cost increases	FY22-23	FY23-24	FY24-25	FY25-26	F'Cast FY26-27
	£k	£k	£k	£k	£k
Prescribing Budget	24,694	28,959	31,161	28,962	29,754
Prescribing Annual costs/f'cast	27,469	29,195	29,488	29,437	29,754
Yr on Yr % increase/decrease	7.3%	6.3%	1.0%	-0.2%	0.0%
Yr on Yr increase £ Total	**1,859**	**1,727**	**292**	**-51**	**0**
Yr on Yr increase £ Growth	655	747	991	-25	0
Yr on Yr increase £ Inflation	1,204	980	-698	-26	0



Risks & Challenges

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

Medicines Management savings performance and actions

- Predicted 1.8m of savings for FY26-27, against a target of £1.3m. Actual savings will be identifiable later in the financial year.
- Guidance and support is given to Primary Care including, decision support software, monthly KPI reporting, practice visits, shared formulary and presc. guidelines, audit & shared care agreements.
- Active involvement in NHS Wales pharmacy and finance forums, including the Value and Sustainability Board workstream.

Continuing Healthcare

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

Area	22/23 Year end Position £'000	23/24 Year end Position £'000	24/25 Year end Position £'000	25/26 Year end Position £'000	26/27 Budget £'000	26/27 Forecast £'000	26/27 Variance £'000	Growth 2025/26 to 2026/27 Forecast £'000	Growth 2025/26 to 2026/27 Forecast %
Children	£296	£310	£623	£725	£617	£1,859	£1,242	£1,133	156.2%
Learning Disabilities	£2,461	£3,549	£4,322	£5,765	£6,894	£6,419	(£474)	£655	11.4%
Mental Health	£13,949	£16,201	£19,714	£22,242	£22,752	£24,746	£1,994	£2,504	11.3%
Mid Locality	£1,882	£2,123	£2,301	£2,485	£3,007	£2,211	(£796)	(£274)	(11.0%)
North Locality	£2,646	£3,475	£3,927	£3,848	£4,631	£4,595	(£35)	£747	19.4%
South Locality	£1,904	£1,955	£1,670	£2,058	£2,477	£2,232	(£246)	£174	8.5%
CHC Provisions	£779	£683	£248	£326	£0	£0	£0	(£326)	(100.0%)
Grand Total	**£23,917**	**£28,296**	**£32,803**	**£37,448**	**£40,378**	**£42,062**	**£1,684**	**£4,613**	**12.3%**
Number of active clients	**295**	**327**	**355**	**407**	**416**	**405**		**2**	**(0.6%)**
								£0	
D2RA	**£696**	**£201**	**£7**	**£0**	**£0**	**£0**	**£0**	£0	0.0%
FNC	**£2,131**	**£2,279**	**£2,782**	**£2,876**	**£3,031**	**£3,031**	**£0**	**£155**	**5.6%**
Total	**£26,744**	**£30,777**	**£35,592**	**£40,324**	**£43,409**	**£45,093**	**£1,684**	**£4,768**	**13.4%**

Performance and Action
The 2026/27 financial plan had provision for CHC inflation and growth based on the forecast for 2025/26 at Month 11. There is a saving target of £4m.

At month 02, there is an overspend of £0.217m on a budget of £7.235m against Continuing Care and FNC.

The number of CHC packages has decreased by 2 to 405, since the 2025/26 outturn, which is a 1% decrease. However, there has been a 3% increase in the number of days of CHC provided.

The table shows that a £1.684m CHC overspend is currently forecast based upon the number of packages at the current time.

What the table tells us

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

Risks

The HB has seen a significant increase in the complexity and number of patients requiring CHC, there is a risk the growth continues in 2026/27 above that planned for and beyond the levels that can be mitigated.

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

Health Board 2026/27 Savings Programme

We are focused on this because:
Delivering savings is key to successfully mitigating financial risk and achieving the financial plan. Maximising recurrent savings is key to our financial sustainability and tackling our underlying deficit into the medium term.

Forecast Performance of Saving Schemes by Programme

Month 2		In-year 2026/27 (£'000)							Recurrent for future years			YTD - 2026/27		
Directorate	Targeted Area	2026/27 Target	No. Green + Amber	Green (forecast)	Amber (forecast)	Green + Amber (forecast)	Forecast vs Target	Red (potential)	Recurrent 2026/27 Target	Forecast FYE	FYE vrs Recurrent Target	Target to Date	YTD Actual Savings	YTD vrs Target
Planning and Performance	Contracting and Commissioning	5,600	7	2,142	3,543	5,685	85	4,863	5,600	200	-5,400	933	538	-395
	Pathways	4,995	7	42	2,462	2,504	-2,491	608	4,995	2,504	-2,491	833	7	-826
	Planning and Performance Other	20	3	47	0	47	27	0	20	25	5	3	13	10
Director of Primary Care; Community & MH	MH - Private Providers	1,500	1	0	425	425	-1,075	0	1,500	425	-1,075	250	0	-250
	CHC inc. 3%	3,965	1	0	1,000	1,000	-2,965	3,485	3,965	1,000	-2,965	661	0	-661
	CSG	1,719	11	389	405	794	-925	169	1,719	812	-907	287	81	-206
	Primary Care	57	3	61	0	61	4	0	57	131	74	10	9	-1
	MH Variable Pay + 3%	1,901	9	173	1,872	2,045	144	1	1,901	2,076	175	317	10	-307
People and Culture (inc Transformation)	People and Culture (inc Transforn	124	6	120	0	120	-4	12	124	120	-4	21	18	-3
Public Health	Public Health	526	1	0	500	500	-26	0	526	0	-526	88	0	-88
Medical and Pharmacy	Medical and Pharmacy	1,296	8	1,803	0	1,803	507	0	1,296	1,803	507	216	263	47
Finance and Estates	Finance and Estates	554	12	531	60	591	37	206	554	485	-69	92	76	-16
Therapies and Digital	Therapies and Digital	145	10	99	7	106	-39	28	145	49	-97	24	17	-7
Women and Children and Nursing	Women and Children and Nursing	353	12	422	58	480	127	0	353	246	-107	59	91	32
Corporate Governance	Corporate Governance	126	4	126	0	126	-0	0	126	11	-115	21	21	-0
Grand Total		22,881	95	5,954	10,332	16,286	-6,595	9,372	22,881	9,884	-12,997	3,814	1,143	-2,670

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

Risks

Timescales and capacity of teams to deliver the schemes.

Identification of additional schemes.

Performance and Actions

- As shown in the table, green and amber schemes with £16.286m savings are currently forecast, against the £22.881m target, giving a gap of £6.595m to be closed.
- The recurrent impact of saving schemes is £9.884m, compared to the £22.881m recurrent target. Currently an under achievement of £12.997m.
- *Note: RAG rating is per WG's guidance in WHC (2023) 012: Welsh Health Circular 2023 012 (English).pdf*

Risks and Opportunities

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

Table reported to Welsh Government

Risk	£ '000	Likelihood
Under delivery of Amber Schemes included in Outturn via Tracker	(2,650)	Low
Non Delivery of Planned Mitigations Yet To Be Finalised	(3,298)	Low
Total	**(5,948)**	

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

Risks

- Under Delivery of Saving Schemes – these feed directly from the Savings Table and at this point we have assumed amber schemes have an element of risk categorised as 50% (£2.650m).

- A £3.298m risk of non-delivery of Planned mitigations yet to be finalised, which is 50% of our current savings gap.

Opportunities

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

Risks Removed

Wye Valley Trust raised an invoice for £5m in 2024/25 related to its view regarding parity of funding from PtHB equivalent to NHS England commissioners. The equivalent figure for 2025/26 is £8.1m, and the same for 2026/27. PTHB is not accepting these charges. All invoices have been disputed and WG supports the stance taken by PtHB. Given the matter is considered closed at WG level the related risks in relation to Commissioning – NSE parity of funding 2024/25-2026/27 have been removed from the table. The matter will be disclosed in the 2025/26 annual accounts as a contingent liability.

Summary & Key Messages

1. At month 02, PTHB is reporting a £9.248m deficit. This comprises the evenly profiled forecast deficit of £7.442m, with an overspend of £1.806m.
   - The overspend is due to the £22.881m savings target being profiled into the position. Actions are progressing to deliver the savings.
   - There are a series of operational pressures needing to be addressed, including the provision of acute mental health services and use of external placements (private providers) and the use of agency in non-ward areas and of locums.

2. The Health Board's forecast deficit for the year and assessment of the underlying deficit is as per Plan at £44.652m.

3. Other financial matters:
   - The Health Board has a £9.510m capital allocation, which it plans to spend fully.
   - Due to the £44.7m forecast financial deficit, the THB will require Strategic Cash during February to meet its obligations.
   - The Health Board is not currently achieving the target of paying 95% of non-NHS invoices within 30 days. This is due to delays in the process for approving CHC invoices and agency invoices. By number, the 2025-26 Q4 performance was 91.5%, which was just under the average for the year. Additional work is being undertaken to improve this, and we are seeing a monthly decrease in agency PSPP breaches.

Powys THB Finance Department
Financial Performance Report – Appendices

Monitoring Return Reported

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

MMR Narrative

MMR Narrative M02

MMR Tables

MMR Tables M02

Capital 2026/27

Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st May 2026
WG CRL FUNDING	**£M**	**£M**	**£M**
Discretionary Capital	2.363	2.363	0.143
Llandrindod Wells Memorial Hospital - Reconfiguration Phase 2b	2.425	2.425	0.233
TEF - Fire	0.420	0.420	0.001
TEF - Infrastructure	0.583	0.583	0.338
TEF - Decarbonisation	0.140	0.140	0.000
TEF - Mental Health	0.200	0.200	0.002
TEF - Infection Prevention Control	0.199	0.199	0.000
Mental Health Quality and Safety Schemes	0.130	0.130	0.091
Mental Health Quality and Safety Schemes 2026-27	0.230	0.230	0.000
Llandrindod Integrated Health, Care & Wellbeing Hub	0.020	0.020	0.000
North Powys Integrated Health, Care and Wellbeing Hub	2.800	2.800	0.032
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	**9.510**	**9.510**	**0.840**

Cash Flow 2026/27

Appendix 3

	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	**846**	**5,180**	**3,437**	**1,607**	**500**	**500**	**500**	**500**	**500**	**500**	**500**	**- 6,323**
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	44,625	40,990	43,790	42,766	36,764	43,390	41,690	40,265	42,405	40,055	35,012	0
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(94)	(94)	(94)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)
WG Revenue Funding - Other (e.g. invoices)	56	162	5	50	5	20	900	5	1,055	145	0	3,100
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	500	500	3,116	1,375	1,117	860	725	753	405	159
Income from other Welsh NHS Organisations	1,072	448	740	590	800	500	950	620	720	900	265	1,820
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	1,531	489	500	550	1,850	240	560	660	1,270	650	1,350	650
Total Receipts	47,190	41,995	45,441	44,306	42,385	45,375	45,067	42,260	46,025	42,353	36,882	5,579
Payments												
Primary Care Services : General Medical Services	3,305	3,010	3,200	3,000	2,700	3,100	3,200	2,900	2,800	3,100	2,800	3,000
Primary Care Services : Pharmacy Services	309	668	450	900	0	450	900	0	900	0	450	450
Primary Care Services : Prescribed Drugs & Appliances	1,494	1,391	1,550	3,100	0	1,550	1,550	0	3,100	0	1,550	1,550
Primary Care Services : General Dental Services	268	284	450	450	450	450	450	450	450	450	450	450
Non Cash Limited Payments	130	179	150	150	150	150	150	150	150	150	150	150
Salaries and Wages	11,324	10,930	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000
Non Pay Expenditure	25,890	26,572	29,568	25,825	26,700	27,300	26,700	26,900	26,900	26,900	26,900	27,019
Capital Payment	136	704	903	988	1,385	1,375	1,117	860	725	753	405	289
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	42,856	43,738	47,271	45,413	42,385	45,375	45,067	42,260	46,025	42,353	43,705	43,908
NET CASH FLOW IN MONTH	**4,334**	**(1,743)**	**(1,830)**	**(1,107)**	**0**	**0**	**0**	**0**	**0**	**0**	**(6,823)**	**(38,329)**
Balance c/f	**5,180**	**3,437**	**1,607**	**500**	**500**	**500**	**500**	**500**	**500**	**500**	**(6,323)**	**(44,652)**

Due to the £44.7m forecast financial deficit, the THB is receiving Strategic Cash during M11 to meet its obligations.

Balance Sheet (SoFP)

Not required to report on to Welsh Government until M03

Core Financial Plan Year 1 2026/27

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

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

This includes an ambitious £22.9m recurrent savings target.

Underlying deficit

The underlying deficit associated with the 2026/27 Financial Plan is £44.652m.

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

GIG CYMRU NHS WALES

Bwrdd Iechyd Addysgu Powys

Powys Teaching Health Board

Agenda item: 5.2

Finance and Performance Committee	**Date: 25 June 2026**
Subject:	Powys Teaching Health Board Integrated Quality, Performance & Assurance Report (IQPAR) Summary Month 1 2026/27.
Presented by:	Nicola Johnson, Executive Director of Planning, Performance, and Commissioning.
Approved by:	Deputy Director of Performance and Commissioning.
Prepared by:	Head of Performance
Other Committees and meetings considered at:	Executive Committee - 17 June 2025

PURPOSE:

This Integrated Quality, Performance & Assurance Report (IQPAR) provides the Finance and Performance Committee with the latest available performance position summary against the NHS Wales Performance Framework 2026/27, Ministerial Deliverables, local measures where applicable.

This report provides performance data up until the end of April 2026.

An excel document has also been provided as a background paper to the Committee to ensure clear access to the data tables provided into this report.

RECOMMENDATION(S):

The Finance and Performance Committee is asked to:

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

Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	
2. Provide Early Help and Support	Y	

3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

SUMMARY:

For 2026/27 the IQPR has been modified and becomes an IQPAR that utilises a revised approach for reporting to allow the inclusion of key performance and assurance indicators from a wider range of sources and assurance requirements. It should be noted that the IQPAR remains under development during Q1 2026/27.

All measures within the IQPAR have been mapped to the following domains:

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

For the period April 2026 (month 1), the IQPAR contains summary narrative with supporting dashboard (see Appendix Five).

Domain: Quality and Safety

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

Table 1 – Quality and Safety

Domain		Priority level		Ref	KPI	Esc. Level	Assu. Icon	Variation Icon	Target 26/27	Mar-24	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	Latest Ranking	All Wales
										23/24	24/25	Q1			Q2			Q3			Q4			Q1		
Quality & Safety	Effective Care			39	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Level 1			95%	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.3%	100.0%	99.7%	98.9%	100.0%	100.0%	100.0%		1st	80.1%
Quality & Safety	Safe Care			40	Nationally reportable incidents open over 12 months	Level 2a	N/A	N/A	Zero			10	10	10	10	8	7	8	6	7	7	12	11	4	4th	64
Quality & Safety	Safe Care			49	Number of never events	Level 1	N/A	N/A	Zero		0	0	0	0	0	0	0	0	0	0	0	0	0	0	1st	1
Quality & Safety	Safe Care			LM3	Complaints resolved through early resolution by March 2027	Level 1	N/A	N/A	>= 40%			77.3%	70.8%	56.3%	78.6%	75.0%	74.2%	47.1%	82.8%	50.0%						N/A
Quality & Safety	Infection Control			41	Cumulative number of hospital onset Klebsiella spp BSI cases	Level 1	N/A	N/A	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0		N/A
Quality & Safety	Infection Control			42	Cumulative number of hospital onset Pseudomonas aeruginosa BSI cases	Level 1	N/A	N/A	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0		N/A
Quality & Safety	Infection Control			43	Cumulative number of hospital onset E.coli BSI cases	Level 1	N/A	N/A	Cuml. < 2 @ March 27		2	0	0	0	0	1	1	1	1	1	1	1	1	0		N/A
Quality & Safety	Infection Control			44	Cumulative number of MSSA BSI cases	Level 1	N/A	N/A	Cuml. < 2 @ March 27		2	1	1	1	1	1	1	1	1	1	1	1	1	0		N/A
Quality & Safety	Infection Control			45	Cumulative number of C.difficile infection cases	Level 1	N/A	N/A	Cuml. < 17 @ March 27		22	1	2	5	8	8	13	19	19	21	21	24	27	1		N/A
Quality & Safety	Prescribing			46	Gabapentin and pregabalin DDDs per 1,000 patients	Level 2a	N/A	N/A	10% reduction to same period		1423.7		1450.4			1461.8			1491.3			1408.4			3rd	1550.84
Quality & Safety	Prescribing			47	Average quantity per item prescribed from start period for the reference basket of medicines	N/A	N/A	N/A	Prescribing interval of 35 days or where average is >=35 days in March 2026, an increase of at least 10% on March 2026 baseline		29.11	29.04	29.21	29.17	29.24	29.27	29.37	29.20	29.18	29.21	29.09	29.14	29.16			6th	31.43
Quality & Safety	Prescribing			48	Number of low Global Warming Potential (GWP) inhalers as a percentage of all inhalers prescribed	N/A	N/A	N/A	80% or an increase of at least 15 percentage points on the March 2026 baseline towards 80%		39.46%		41.0%			42.8%			44.2%			45.3%			6th	48.70%
Quality & Safety	Experience			50	Overall HB patient experience score	Level 2a	N/A	N/A	8.5 (out of 10)			8.46	7.97	8.10	8.64	8.47	8.47	8.29	5.48	5.23	8.18	8.49	7.2		9th	8.58
Quality & Safety	Safe Care			LM1	Rolling 12 month Crude Mortality	Level 1	N/A		Reduction			6.1%	5.9%	5.8%	5.8%	6.0%	6.1%	6.0%	6.0%	6.0%	6.1%	5.9%	6.0%	5.8%		N/A
Quality & Safety	Safe Care			LM2	Reduce perinatal mortality rates		N/A	N/A	TBC	3.27 per 1k																3.29 per 1k
Quality & Safety	Safe Care			LM4	Powys responsible 7 day re-admission rate	Level 1	N/A		Flat rate		6.2%	5.4%	5.2%	5.8%	6.0%	6.5%	5.8%	4.8%	6.9%	4.9%	6.6%	5.9%	5.1%	7.4%		N/A

This domain presents a positive position at month 1 2026/27, with many core indicators maintaining stable performance and several measures reporting strong assurance. However, there remain specific areas of concern relating to national reportable incidents, prescribing rates for gabapentin and pregabalin, and patient experience.

Key Messages

- Clinical coding timeliness continues to perform exceptionally well, with 100% of episodes clinically coded within one reporting month of discharge at month 1, significantly exceeding the 95% target. Performance has remained consistently high throughout 2025/26 and the organisation currently ranks 1st in Wales.
- There have been no reported Never Events, this supporting continued Level 1 assurance.
- Complaints resolved through early resolution (a local measure to meet the Ministerial expectation) met the 40% or higher target to the end of December 2025.
- All infection prevention and control indicators are currently compliant in month 1, however the "Cumulative number of C.difficile infection cases" did not meet the target at the end of 2025/26, although most reported cases were not within Powys inpatient facilities.
- Measures of clinical effectiveness also remain stable. The 7-day readmission rate across all providers (including commissioned care) has remained broadly flat over the reporting period and continues to perform within expected levels, whilst the PTHB provider rolling 12-month crude mortality rate demonstrates a stable downward trajectory compared with earlier reporting periods, maintaining Level 1 escalation status.

Areas of challenge

At month 1 the most significant quality and safety concerns continue to relate to incident management, and patient experience:.

- Nationally reportable incidents open for more than 12 months remain above the organisational target of zero with 4 in April. This measure has been revised from 2025/26 with a shift from reporting all incidents open over 90 days to those open over 12 months. The data in 2025/26 has been investigated with NHS Performance and Improvement following data concerns, the PTHB Performance team also highlighting to Welsh Government colleagues that there were calculation errors in the latest data provided, thus challenging data quality assurance.
- Patient experience remains below the desired standard at the end of March 2025/26. The overall Health Board patient experience score fluctuated throughout the 2025/26 year. Although Q4 improvement is evident, performance remains significantly below the target score of 8.5 out of 10. The health board also ranks 9th in Wales, and below the All Wales position of 8.58.

- Medicines and sustainable prescribing have three measures but only Gabapentin and pregabalin DDDs per 1,000 patients can be assessed against target. This KPI did not meet the 10% reduction target for Q4 2025/26, performance reported as 1408.4 per 1,000 patients.
- Both average quantity per item prescribed from start period for the reference basket of medicines, and number of low Global Warming Potential (GWP) inhalers as a percentage of all inhalers prescribed, will not be rated for compliance until month 1 or quarter 1 data respectively is available as their targets are based on the March 2026 outrun.

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

Domain: Access and Outcomes

Thirty measures are currently reported within this domain, 26 of which are NHS Performance measures including 9 flagged as ministerial deliverables; with 3 local measures to support delivery of key PTHB access assurance; and a further one is linked to the health board plan (MDS).

Table 2 – Access & Outcomes

Priority level	Ref	KPI	Esc. Level	Assu. Icon	Variation Icon	Target 26/27	Mar-24	Mar-25	Mar-26 Q4	Apr-26 Q1	Latest Ranking	All Wales
	8	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	Level 3			90%	0.0%	0.0%	20.7%		2nd*	24.1%
	27	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)		N/A	N/A		Not applicable to PTHB				N/A	56.7%
	LM1	Provider - Single cancer pathway downgrades within 28 days best practice	N/A	N/A		No target	31.8%	60.6%	50.0%	59.1%	N/A	
	MDS87	Provider - New Cancer Referrals	N/A	N/A		No target	44	58	50	40	N/A	
	13	Percentage of community pharmacies providing Pharmacist Independent Prescribing service (PIPS)	Level 2a	N/A	N/A	65.5%			45.5%	50.0%	2nd	43.3%
	14	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years	Level 1			80%	97.7%	100%	97.4%	90.2%	5th	90.3%
	15	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over	Level 1			80%	100.0%	91.7%	95.7%	87.0%	4th	84.5%
	16	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over	Level 2a			80%	60.8%	98.0%	93.2%	45.8%	6th	79.4%
	17	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over	Level 1			80%	91.1%	93.5%	96.6%	86.3%	4th	88.6%
	LM	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	Level 1			90%	97.0%	97.4%	90.4%	94.4%	N/A	
	LM	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	Level 2a			90%	79.5%	81.9%	82.8%	81.2%	N/A	
	18	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Level 2a			80%	42.2%	29.9%	36.8%	39.3%	*3rd	*24.1%
	19	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Level 1			80%	75.9%	71.3%	88.2%	88.4%	1st	51.0%

Priority level		Ref	KPI	Esc. Level	Assu. Icon	Variation Icon	Target 26/27	Mar-24	Mar-25	Mar-26	Apr-26	Latest Ranking	All Wales
								Q4	Q4	Q4	Q1		
		20	Percentage of people to have a heartbeat restored after a period of cardiac arrest which is subsequently retained until arrival at hospital (Return Of Spontaneous Circulation)	Level 2a	N/A	N/A	End of quarter on end quarter improvement			18.2%	18.2%	5th	23.9%
		21	Median emergency ambulance response time to purple: arrest category calls	Level 2a	N/A	N/A	Target range of 6-8 minutes			00:09:34	00:08:52	6th	00:07:39
		22	Median emergency ambulance response time to red: arrest category calls	Level 2a	N/A	N/A	Target range of 6-8 minutes			00:11:47	00:10:00	5th	00:09:24
		23	Number of ambulance patient handovers over 45 minutes	Level 2a	N/A	N/A	0			238	205	2nd	4,640
		24	Percentage of ambulance patient handovers within 15 minutes	Level 2a	N/A	N/A	80%			16.8%	18.8%	5th	25.4%
		25	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Level 1	P		95%	99.9%	100%	99.9%	100%	1st	65.9%
		26	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	Level 1	P		0	0.0%	0	0	0	1st	10,468
		28	Percentage of R1 Ophthalmology patient pathways, which have a target date allocated, waiting within their clinical target date or within 25% beyond their clinical target date for an outpatient appointment	Level 2a	N/A	N/A	95%	68.7%	68.6%	89.7%	90.1%	1st	51.1%
		29	Number of diagnostic breaches 8+ weeks	Level 2a	F	L	0	116	79	1	37	1st	28,762
		30	Number of therapy breaches 14+ weeks (all ages)	Level 1	?		0	135	0	0	0	1st	4,955
		31	Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)	Level 2a	N/A	N/A	0		Not available	0	5	1st	18,173
		32	Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)	Level 2a	N/A	N/A	0		Not available	0	9	1st	3,098
		33	Number of patients waiting more than 26 weeks for a new outpatient appointment	Level 2a	F	L	0	370	570	63	171	1st	57,938
		33r	*Wales (inc PTHB) - Number of patients waiting more than 26 weeks for a new outpatient appointment	Level 2a	F	L	0	1835	1976	469	575		
		34	RTT patients waiting more than 104 weeks	Level 1	?	L	0	1	0	0	0	1st	3,694
		34r	All RTT pathways (England & Wales inc PTHB) waiting more than 104 weeks	Level 2a	F		0	211	81	124	149		
		35	Number of patient follow-up outpatient appointment delayed by over 100%	Level 2a	N/A		825	1202	1318	1100	1,107	1st	293,112

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

However, substantial challenges remain in diagnostic screening, urgent and emergency care pathways, neurodevelopmental services, RTT, ambulance handovers and outpatient backlog management. Some of the challenges reported in month 1 are linked to revised targets e.g., 26-week target for new outpatients in RTT, and zero target for audiology (from reduction) as examples.

The predominance of Level 2a and Level 3 escalations reflects the continued pressure across access standards and waiting time performance.

Key Messages

Mental Health

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

- In April therapeutic assessments (90.2%), interventions (87.0%) and care treatment plans (CTP) (94.4%) for children and young people within Local Primary Mental Health Support Services (LPMHSS) achieved target, continuing very high levels of performance throughout 2025/26.
- Adult therapeutic interventions commenced within 28 days of assessment also remained strong, recovering from periods of variation in 2025/26 to achieve 96.6% by year-end and reporting compliance in month 1 of 86.3%.

- Performance relating to specialist adult mental health psychological therapies demonstrates sustained improvement, increasing from 71.3% in March 2025 to 88.2% by March 2026, reflecting successful waiting list management and improved service capacity. A further improvement to 88.4% compliance against the 80% target is reported in month 1.

Emergency Care

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

Elective and diagnostic waits

- Provider RTT patients waiting more than 104 weeks reduced from one patient in March 2024 to zero and remained at this level of performance throughout 2025/26 and into 2026/27.
- R1 Ophthalmology pathways managed within target date improved significantly from 68.7% in March 2024 to 89.7% by March 2026, demonstrating sustained improvement in clinically prioritised ophthalmology pathways. This measure has been revised from 2025/26 and the target has moved from a 12-month improvement trend to a 95% target in 2026/27. Data within the current dashboard reflects the revised measure. However, month 1 does not achieve target, performance of 90.1% reported.
- The revised measure for RTT requires new outpatients to have their first appointment within 26 weeks, setting a target of zero breaches. When looking retrospectively against this measure for 2025/26 numbers waiting fall from a peak of 673 in July to 63 by March 2026. However, the health board is reporting deterioration in April 2026 with 171 pathways waiting over 26 weeks. This pattern is also reflected with all Powys responsible pathways in Wales (inc. PTHB) improving to year end from 2,101 over 26 weeks in July to 469 in March 2026 but also increasing in April to 575.
- Diagnostic waits exceeding eight weeks improved significantly during 2025/26 meeting set recovery trajectories, reducing from 116 breaches in March 2024 to a low of one breach by March 2026, representing one of the strongest improvement stories within the domain. However, capacity for echo cardiograms and heart rhythm recording has again presented significant challenge with a total of 37 breaches in April 2026.
- Audiology waits for adults and paediatrics are non-compliant in April against the new zero breach target respectively reporting 5 and 9 breaches.
- Delayed follow-up outpatient appointments exceeding 100% of their target interval report non-compliant in April. It should be noted that the target has changed from improvement compared to previous year, to a March 2026 baseline percentage reduction for 2026/27 (target of 825). However, performance indicates ongoing capacity constraints with a potential for risk associated with delayed follow-up care.
- Commissioned RTT patients continue to wait longer than 104 weeks across Wales and England with 149 breaching the target in April 2026. Of the 149 breaches, 133 are in RJAH where performance has declined, 6 in Cardiff & Vale, 5 in Wye Valley, 4 in Betsi Cadwaladr, and 1 in Cwm Taf Morgannwg.

- Welsh cancer performance against the SCP 62-day pathway shows decreased compliance in April reporting 43% of 35 pathways treated in target. Breaches by tumour site consisted of 9 Urological, 5 Breast, 2 Lung, 2 Lower GI, 1 Gynaecological, and 1 Haematological (excluding Acute Leukaemia). It is reported that five of the breaches were over 146 days to treatment.
- No updated information is currently available for English Cancer performance from the reported position Month 12 IQPR.

Please find further detail for Commissioned RTT in Appendix One and on Welsh Cancer performance in Appendix Two.

Urgent and Emergency Care Pressures

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

- Median response times for purple and red category calls remain above desired performance levels, with considerable month-to-month variation observed throughout the year. Although some improvement is evident in April 2026, performance continues to fall short of national expectations.
- Number of ambulance patient handovers exceeding 45 minutes remained consistently high throughout the year with slight improvement in April to 205.
- Percentage of ambulance patient handovers completed within 15 minutes remained low throughout the year, ranging between 15% and 24%, demonstrating ongoing pressure at the hospital interface. In April 18.8% compliance was reported.

Prescribing Access

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

Areas of challenge

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

- Patients offered an index colonoscopy procedure within four weeks of booking their Specialist Screening Practitioner assessment appointment remains the most escalated indicator in the domain (Level 3). Performance remained extremely low throughout much of the 2025/26 year, with achievement frequently below 10% and ending 2025/26 at 20.7%, below the required standard. Although there was a temporary improvement to 40% in February 2026 this cannot be reconciled to the locally assessed performance. Data quality and methodology continue to be a challenge. A national workstream for review of BSW services across Wales by Public Health Wales (PHW) including targets, reporting, data quality, and operational opportunities has been triggered by sustainability of screening service across Wales concerns, and this process is expected to be run over the next 12 months.
- Adult assessments undertaken by Mental Health support services (LPMHSS) did not meet the 80% target with a considerable drop in performance to 45.8%. This has been attributed to significant service demands in Q4, vacancies for mental health practitioners and delays in advertising (vacancy and establishment control process), recent retirements of two key staff and higher than normal levels of sickness.
- Children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopmental assessment deteriorated significantly during 2025/26, falling from 29.9% to a low of 19.5% before recovering modestly to 39.3% in April 2026. Whilst recent improvement is encouraging, performance remains below expected levels and continues to represent one of the most challenged access measures with capacity challenged by higher than expected demand through Q3 and Q4.

Domain: Population Health & Prevention

Thirteen measures are currently reported within this domain, comprising 12 NHS Performance Framework measures and 1 MDS measure which supports a Ministerial delivery expectation for diabetes.

Table 3 – Population Health & Prevention

Priority level	Ref	KPI	Esc. Level	Assu. Icon	Variation Icon	Target 26/27	Delivery Confidence against target year end	Mar-24 Q4	Mar-25 Q4	Mar-26 Q4	Apr-26 Q1	Ranking	All Wales
	1	% Attempted to quit smoking	Level 1	N/A	N/A	5% target (25/26) 7.5% annual target 26/27		5.4%	5.5%			3rd	4.35%
	2	% of Adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	Level 2a	N/A	N/A	40% each quarter		N/A	14.8%			6th	23.4%
	3	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)	Level 1	N/A	N/A	80%		67.1%	78.5%	88.5%		4th	88.0%
	4	% of children up to date with scheduled vaccinations by age 5	Level 2a	N/A	N/A	95%		94.5%	89.6%			1st	87.5%
	5	% of children receiving the HPV vaccination by the age of 15	Level 2a	N/A	N/A	90%		77.4%	77.3%			3rd	75.6%
	6	Flu Vaccines - 65+	Level 2a	N/A	N/A	75%		69.9%	69.0%	69.0%		6th	71.8%
	7	Percentage uptake of the Respiratory Syncytial Virus (RSV) for those turning 75 years old	Level 2a	N/A	N/A	70%				37.4%	43.4%	6th	45.1%
	9	% of patients (age 12 and over) with diabetes who have had foot surveillance recorded within last 15 months	Level 2a	N/A	N/A	80%				74.1%	73.7%	1st	66.9%
	10	% of patients (age 12 and over) with diabetes who have had their urine albumin recorded within the last 15 months	Level 2a	N/A	N/A	80%				69.6%	69.6%	3rd	67.1%
	MDS16	% Proportion of diabetes patients that will receive all eight diabetes care processes	Level 2a	N/A	N/A	Meet or exceed plan (56%		49.3%	50.3%	51.8%	51.6%		
	11	% of adult population receiving NHS dental care over a 24-month period - GDS	Level 2a	N/A	N/A	Improvement compared			38.6%			5th	40.0%
	12	% of child population receiving NHS dental care over a 12-month period - GDS	Level 2a	N/A	N/A	Improvement compared			46.9%			5th	47.5%

Key Messages

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

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

Areas of challenge

- Vaccination performance remains variable. Children up to date with scheduled vaccinations by age 5 remains below the 95% target, although the Health Board ranks 1st in Wales.
- HPV vaccination by age 15 is also below target, remaining around 78–80% against a 90% standard. Flu vaccination uptake in people aged 65+ remains below the 75% target and below the All-Wales average.
- RSV uptake for those turning 75 has improved since implementation but remains below the 70% target.
- New diabetes care indicators show some gradual but limited improvement. % of patients (age 12 and over) with diabetes who have had foot surveillance recorded within last 15 months, performance of 73.7% in April.
- % of patients (age 12 and over) with diabetes who have had their urine albumin recorded within the last 15 months has slowly improved to 69.6% in April from 64.7% in May 2025.
- Patients receiving all eight diabetes care processes has been added from the MDS planning framework performance in 2025/26 and achieved the 49% plan target consistently, however, does not currently achieve the target of 56% for 2026/27.

- Dental access remains static and below desired improvement levels. Adult NHS dental access remains around 38%, while child NHS dental access has declined slightly to around 45.6%, both below All-Wales averages.

Domain: People & Culture

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

Table 4 – People & Culture

Priority level	Ref	KPI	Esc. Level	Assu. No.	Assu. Icon	Variation No.	Variation Icon	Target 26/27	Mar-24	Feb-26	Mar-26	Apr-26	Ranking	All-Wales
										Q4				
	36	Percentage of sickness absence rate of staff	Level 2a	0	N/A	3		R12 reduction	5.3%	5.5%	5.5%	5.5%	5th (Mar-26)	6.38%
	37	Turnover rate of nurse, midwifery, medical and dental registered staff leaving NHS Wales	Level 1	0	N/A	1		R12 reduction	10.9%	8.4%			9th	5.60%
	38	Agency spend (£000s) - Financial monitoring return	Level 1	0	N/A	0	N/A	30% reduction from 25/26				£709.00	8th	£9,251.00
		Percentage headcount of those who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	Level 2a	8	F	1		85%	77.5%	80.1%	80.0%	80.4%	N/A	
		Mandatory and Statutory Training Compliance %	Level 1	7	P	1		85%	86.0%	88.4%	88.1%	87.0%	N/A	

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

Key Messages

- Workforce retention continues to improve. The turnover rate for registered nursing, midwifery, medical and dental staff leaving NHS Wales reduced from 9.7% in March 2025 to 8.4% by February 2026, representing a sustained improvement of 6 months in workforce stability. Whilst opportunities remain to further improve retention, the overall trend is encouraging but benchmarks 9th against the All Wales rate of 5.6%.
- The agency spend measures have been revised for 2026/27 to a monetary value from a percentage of pay in 2025/26. The target is a 30% reduction from 25/26 which Welsh Government. April performance is compliant.
- The Health Board continues to maintain strong compliance with Mandatory and Statutory Training (MAST) requirements. Performance remained consistently above the organisational target of 85% throughout 2025/26, performance being 87% in April 2026.

Areas of challenge

- Sickness absence - whilst the Health Board continues to perform better than the All-Wales average (6.38%), there has been an upward trend from the start of 2025/26 and into April 2026/27.
- Personal Appraisal and Development Review (PADR) compliance has improved over the longer term (2 years) but remains below the organisational target of 85%. Compliance increased from 77.5% in March 2024 to 80.4% at Month 1 2026/27.

Further information is available in Appendix Two.

Domain: Productivity & Efficiency

This domain remains underdeveloped for month 1 in comparison with other domains, with several indicators currently presented for monitoring purposes rather than formal performance management and assurance. Consequently, the domain should be viewed primarily as an indication of operational productivity trends rather than a comprehensive assessment of organisational efficiency. Nevertheless, the available measures provide positive evidence of sustained activity levels across outpatient, diagnostic and community services aligned to the Health Board technical plan. For example, the proportion of follow-up appointments managed through Patient Initiated Follow-Up (PIFU) or See on Symptom (SOS) pathways remains above the Health Board's current target of 20%, achieving 22.3% at Month 1 2026/27.

Table 5 – Productivity and Efficiency

Priority level	KPI	Target 26/27	Mar-24	Mar-25	Mar-26	Apr-26
					Q4	
	% follow-ups managed via PIFU/SOS	≥20%			20.5%	22.3%
	Provider - Reported Daycase activity inc DNA		92	119	139	81
	Provider - Reported Endoscopy activity inc DNA		89	77	79	55
	Provider - Reported New Core OPA attendances excl MH		1254	1246	1463	1341
	Provider - Reported FUP Core attendances excl MH		1798	1558	1907	1719
	Provider - Non Obstetric Ultrasound activity		605	667	665	766
	District Nursing Total number of Direct patient visits undertaken by District Nursing Services - WEEKDAY		7823	8734	9343	9235
	District Nursing Total number of Direct patient visits undertaken by District Nursing Services - WEEKEND		1401	1931	2157	1871

NEXT STEPS:

- Revised IQPAR in slide format with officer lead narrative to be provided from month 2.
- Ongoing development and data quality checks for all KPI's.
- Ongoing development of the Productivity and Efficiency domain to support key elements including Enabling Actions, GIRFT, MDS planning, and Delivery Expectations.

IMPACT ASSESSMENT

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)	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.
Clinical					
Financial					
Corporate					
Operational					
Reputational					

Appendix 1 – RTT Commissioned position April 2026

	Apr-26	No. long waits by cohort, with latest SPC variance						Total pathways Waiting
Welsh Providers	% 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.		
Aneurin Bevan University Health Board	72.6%	444	L	274	L	1	L	2296
Betsi Cadwaladr University Local Health Board	62.4%	160	L	82	L	4	L	643
Cardiff & Vale University Health Board	60.5%	94	L	43	L	6	L	349
Cwm Taf Morgannwg University Health Board	60.1%	191	L	99	L	0	L	721
Hywel Dda University Health Board	62.0%	389	L	253		0	L	1348
Swansea Bay University Health Board	70.1%	387	L	201	L	0	L	1839
Total	67.2%	**1665**	L	**952**	L	**11**	L	**7196**

	Apr-26	No. long waits by cohort, with latest SPC variance						Total pathways Waiting
English Providers	% 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	81.7%	26		7	L	0		241
The Robert Jones and Agnes Hunt Orthopaedic Hospital	42.0%	1783	H	1107	H	133	H	3800
The Shrewsbury and Telford Hospital NHS Trust	71.4%	560	L	137	L	0	L	3628
Wye Valley NHS Trust	66.9%	765	H	326	H	5	H	3800
Total	60.4%	**3134**		**1577**	H	**138**	H	**11469**

Appendix 2 – Cancer Performance April 2026

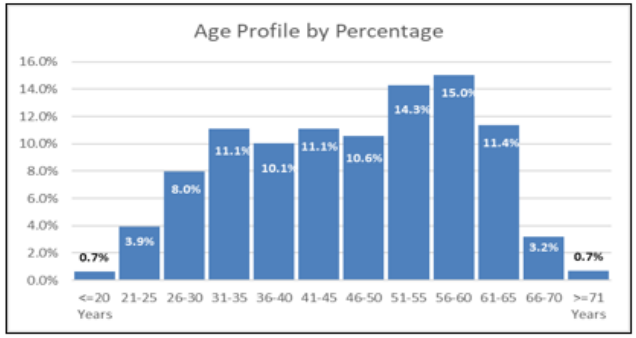
Welsh Provider Cancer Performance Per SCP 62 Day Target - Last 12 Months

HealthBoard	2025-05	2025-06	2025-07	2025-08	2025-09	2025-10	2025-11	2025-12	2026-01	2026-02	2026-03	2026-04
Aneurin Bevan UHB												
Pathways With Treatment	16	14	24	14	16	17	18	21	19	19	11	10
Treated Within 62 Days	10	7	19	10	9	7	14	15	11	15	9	7
Breaching 62 Day Target	6	7	5	4	7	10	4	6	8	4	2	3
% Treated Within Target	63%	50%	79%	71%	56%	41%	78%	71%	58%	79%	82%	70%
Betsi Cadwaladr UHB												
Pathways With Treatment	2		3	1	4	2	1	7	6	7	5	5
Treated Within 62 Days	1		1				1	2	2	1		1
Breaching 62 Day Target	1		2	1	4	2		5	4	6	5	4
% Treated Within Target	50%		33%	0%	0%	0%	100%	29%	33%	14%	0%	20%
Cardiff And Vale UHB												
Pathways With Treatment			1			1	1	2	1	1	1	
Treated Within 62 Days			1			1		2	1		1	
Breaching 62 Day Target							1			1		
% Treated Within Target			100%			100%	0%	100%	100%	0%	100%	
Cwm Taf Morgannwg UHB												
Pathways With Treatment	2	5	7	3	8	2	6	2	4	9	8	6
Treated Within 62 Days		4	2	1	5	2	3	1	1	4	4	3
Breaching 62 Day Target	2	1	5	2	3		3	1	3	5	4	3
% Treated Within Target	0%	80%	29%	33%	63%	100%	50%	50%	25%	44%	50%	50%
Hywel Dda UHB												
Pathways With Treatment	9	11	10	7	6	8	14	4	7	3	5	8
Treated Within 62 Days	3	6	5	3	2	4	6	1	3	1	2	1
Breaching 62 Day Target	6	5	5	4	4	4	8	3	4	2	3	7
% Treated Within Target	33%	55%	50%	43%	33%	50%	43%	25%	43%	33%	40%	13%
Swansea Bay UHB												
Pathways With Treatment	6	5	6	2	14	8	4	5	5	5	5	6
Treated Within 62 Days	4	3	5	1	10	3	2	3	5	1	2	3
Breaching 62 Day Target	2	2	1	1	4	5	2	2		4	3	3
% Treated Within Target	67%	60%	83%	50%	71%	38%	50%	60%	100%	20%	40%	50%
Pathways With Treatment	**35**	**35**	**51**	**27**	**48**	**38**	**44**	**41**	**42**	**44**	**35**	**35**
Treated Within 62 Days	**18**	**20**	**33**	**15**	**26**	**17**	**26**	**24**	**23**	**22**	**18**	**15**
Breaching 62 Day Target	**17**	**15**	**18**	**12**	**22**	**21**	**18**	**17**	**19**	**22**	**17**	**20**
% Treated Within Target	**51%**	**57%**	**65%**	**56%**	**54%**	**45%**	**59%**	**59%**	**55%**	**50%**	**51%**	**43%**

Appendix 3 – People & Culture Dashboard

People & Culture Dashboard

Staff Group	WTE Staff in Post May-25	WTE Staff in Post May-26	Variance May-25 & May-26
Add Prof Scientific and Technic	85.69	91.28	5.59
Additional Clinical Services	406.13	393.97	-12.16
Administrative and Clerical	568.63	569.88	1.25
Allied Health Professionals	156.45	173.95	17.49
Estates and Ancillary	166.12	166.48	0.36
Healthcare Scientists	10.21	9.21	-1.00
Medical and Dental	39.99	40.63	0.63
Nursing and Midwifery Registered	600.82	626.68	25.86
Grand Total	2,034.05	2072.07	38.03



PADR Compliance: May-26

79%

NHS Wales 78% (Mar-26)

May-25 : 81%
May-24 : 81%

Mandatory & Statutory Training Compliance: May-26

87%

NHS Wales 88% (Mar-26)

May-25 : 87%
May-24 : 87%

Staff Rolling Turnover: May-26

9.29%

NHS Wales 7.6% (Mar-26)

May-25 – 11.32%
May-24 – 13.24%

Sickness Absence Percentage: May-26

5.09% (Actual)
5.48% (Rolling)

NHS Wales 6.4% Rolling (Mar-26)

May-25 – 5.42% (Actual) 5.38% (Rolling)
May-24 – 4.96% (Actual) 5.30% (Rolling)

Bank WTE Worked - (12 month Average)

78.5 WTE

Jun-24 - May-25: 68.3 WTE
Jun-23 - May-24: 50.6 WTE

Agency WTE Worked - (12 Month Average)

45.0 WTE

On Contract – 32.9 WTE
Off Contract – 12.1 WTE

Jun-24 - May-25: 72.5 WTE - (On 46.9 WTE & Off 25.6 WTE)
Jun-23 - May-24: 73.0 WTE - (On 50.6 WTE & Off 22.4 WTE)

Medical Agency WTE Worked (12 Month Average)

6.9WTE

On Contract –2.4 WTE
Off Contract – 4.5 WTE

Jun-24 - May-25: 9.2 WTE - (On 4.5 WTE & Off 4.7 WTE)

Appendix 4 – ICON descriptions

Type	Exact	Icon
Not applicable for SPC	N/A	
Variation	Common Cause	
Variation	Special Cause Concern Low	
Variation	Special Cause Concern High	
Variation	Special Cause Improvement Low	
Variation	Special Cause Improvement High	
Assurance	Hit And Miss	
Assurance	Consistently hits target	
Assurance	Consistently fails target	
Group	Ministerial priority	
Group	NHS Performance Framework	
Group	PTHB Local	
Group	MDS	
Variation	Special Cause Up	
Variation	Special Cause Down	

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 5.3

Finance and Performance Committee	**Date: 25 June 2026**
Subject:	**PTHB Primary Care Optometry Services Annual Report 2025/26**
Approved and presented by:	Elaine Lorton, Executive Director of Primary Care, Community and Mental Health
Prepared by:	Assistant Director of Primary Care
Other Committees and meetings considered at:	Executive Committee - 17 June 2026

PURPOSE:

As part of the legislative changes introduced in October 2023, and to support the eye care needs of communities, Welsh Government imposed a duty on Local Health Boards to prepare an Annual Report for the purposes of monitoring the provision of Wales General Ophthalmic Services (WGOS). The Annual Report relating to 2025/26 is attached.

RECOMMENDATION(S):

The Finance and Performance Committee is asked to:

- Take **ASSURANCE** the Primary Care Eye Care Service Annual Report 2025/26 has been produced and responds to the requirements as set out in the relevant NHS Directions.

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	N	
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	

EXECUTIVE SUMMARY:

The National Health Service (Ophthalmic Services) (Wales) Regulations 2023, came into force on the 20 October 2023 reflecting the new primary care optometry contract to secure the delivery of more clinical work in primary care optometry services from hospital eyecare services, helping to reduce the demand for and increase capacity to provide specialist eye care.

As part of these changes, the requirement for Health Boards to prepare an annual report of primary care eye care services was introduced to help support the monitoring of these services.

As part of the legislative changes Health Boards have also been required to undertake an Eye Health Needs Assessment (EHNA) in accordance with the National Health Service (Wales Eye Care Services) (Wales) (No. 2) Directions 2024. The EHNA has to be completed every three years, with 2024/25 being the first presentation of such an assessment. The annual reports are to be viewed as standalone documents to the EHNA.

Wales General Ophthalmic Services (WGOS) is a Primary Care Optometry service delivered from both fixed location premises in the community and closer to/in homes via mobile practices. WGOS is a tiered Service comprising of five levels, known as WGOS1,2,3,4 and 5.

Due to an ageing population and increasing prevalence of most major eye conditions, there is an increasing demand for all levels of Wales General Ophthalmic Services (WGOS) across PTHB. Access to Optometry services within Powys has reduced over the years with practices closing, however the demand for WGOS 1-3 continues to be met through reasonable geographical coverage across the Health Board, with the notable exception of service gaps in some main towns.

Currently across Powys there is a very small cohort of Optometrists with specialist skills and qualifications to provide the specialist WGOS services. This includes no WGOS 4 and WGOS 5 provision in some clusters, or a low level of service provision, providing an inequitable service offer.

For future reporting the Annual Report will go through the Finance and Performance Committee and in addition there will be further assurance on contractor monitoring and compliance with regulation. A contract assurance dashboard is being developed for full implementation from 01 April 2026, which will be included in future presentations of this paper.

BACKGROUND:

The National Health Service (Wales Eye Care Services) (Wales) (No. 2) Directions 2024 requires all Health Boards to prepare and publish an annual report for the

purposes of monitoring the provision of WGOS 1-5 in its area. The Directions state that:

8.— (1) Each Local Health Board must prepare an annual report for the purposes of monitoring the provision of WGOS 1–5 in its area in accordance with paragraphs (2) to (4).

(2) A Local Health Board's annual report must cover WGOS 1–5 provided in the previous financial year under arrangements made by the Local Health Board and must contain the information set out at paragraph (3) below.

(3) The information that must be contained in a Local Health Board's annual report is—

(a) a summary of the provision of WGOS 1–5,
(b) a summary of the workforce providing those services,
(c) an assessment of the effectiveness of the provision of WGOS 1–5, including any shift of patients from secondary ophthalmology services into primary care, access to optometry pathways, and access times to services,
(d) any identified gaps in service provision and the steps taken to try to address and then close those gaps,
(e) any identified need and, if applicable, proposals, for service improvement pathways,
(f) financial forecasts for service delivery, and
(g) a summary of the Local Health Board's communications activity relating to WGOS 1–5 to raise awareness of those services among the public and healthcare professionals and its proposals for future communications activity.

(4) Within four weeks of the end of the financial year to which the annual report relates, the annual report must be—

(a) published, and
(b) submitted to the joint committee

Appendix 1: details the PTHB Primary Care Optometry Annual Report 2025/2026

IMPACT ASSESSMENT

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

QUALITY:

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

EQUALITY:

	No impact	Negative	Positive	Both	
					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

Age			X		required, the full Equality Impact Assessment should be available as a supporting document to inform the decision-making process.
Disability	x				
Gender reassignment	X				
Marriage / civil partnership	X				
Pregnancy / maternity	X				
Race	X				
Religion or Belief	X				
Gender	X				
Sexual Orientation	X				
Welsh Language	X				
Socio-economic status	X				
Social exclusion	X				
Carers	X				

RISK ASSESSMENT:

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

Powys Teaching Health Board

Primary Care Contracted Optometry Services Annual Report 2025/2026

Contents Page

1. Summary of the provision of WGOS 1-5

1.1. Wales General Ophthalmic Services (WGOS) is a Primary Care Optometry service delivered from both fixed location premises in the community and closer to/in homes via mobile practices. WGOS is a tiered Service comprising of the following:

- WGOS 1: eye examinations and patient management plan.
- WGOS 2: made up of three bands:
  - Band 1 – Acute eye care and referrals for examination from another healthcare professional.
  - Band 2 - Further examinations following WGOS 1 to inform or prevent a referral.
  - Band 3 - Follow up examinations to WGOS 2 Band 1 and Cataract Post-operative Assessments.
- WGOS 3:
  - Assessments for those with low vision and providing low vision aids where appropriate, as well as holistically supporting the patient and providing rehabilitative support.
  - Certification of Vision Impairment
- WGOS 4: examinations for patients who would previously have been referred to/or managed in the Hospital Eye Service (HES) instead remain in primary care for further enhanced assessment as part of an agreed referral refinement or monitoring pathway for patients:
  - with or with suspected medical retina conditions
  - with or with suspected glaucoma or ocular hypertension; and
  - who are at risk of retinopathy due to taking hydroxychloroquine or chloroquine
- WGOS 5: examinations in primary care for acute eye conditions that require management by an independent prescriber optometrist to reduce the need for onward referrals to Hospital Eye Services.
- NHS Optical vouchers: financial support for the provision of spectacles or contact lenses to patients in eligible categories determined by Welsh Government.

There are currently 14 Optometry practices across PTHB and 4 mobile contractors. All 18 contractors offer a mandatory level of service of WGOS 1 and 2 and a range of additional services across WGOS 3-5 are offered.

1.2. The Powys WGOS 1 and 2 mandated access offer is detailed below (accurate as of February 2026), and can be changed with the agreement of the Health Board:

Business name	Location	Core Hours Mon-Fri	Core Hours Weekend
Jonathan Partridge Optometrists	Welshpool	09:15 - 13: 00 13:50 - 16:40	Test one Sat/month core hours on that day 9:00 - 12:30
Specsavers Welshpool	Welshpool	09:00 - 17:30	09:00 - 17:00
Mehta Opticians	Welshpool	09:30 - 13:00 14:00 - 16:30	
Mehta Opticians	Newtown	09:30 - 13:00 14:00 - 16:30	
Specsavers Newtown	Newtown	09:00 - 17:00	09:00 - 17:00
SG Marshall Metropia Optics	Builth Wells	09:30 - 13:00 14:00 - 17:00 (Weds 9:30 – 13:00)	
SG Marshall Metropia Optics	Llandrindod Wells	09:30 - 13:00 14:00 - 17:00	
Evans and Jones	Llandrindod Wells	09:00 - 13:00 14:00 - 17:00	
Specsavers Brecon	Brecon	Mon/Tue/Wed/Fri 09:00 - 17:30 Thu 09:00 – 18:30	Sat - 09:00 - 16:00 Sun - Closed
Vision Express	Brecon	09:00 - 17:30	09:00 - 17:00
First Optic	Brecon	09:00 - 17:00	09:00 - 16:00 (Sat)
Jackson & Gill Opticians	Hay-on-Wye	09:00 - 17:00	09:00 - 16:00 alternate Saturdays
Crickhowell Optometrists	Crickhowell	Mon/Wed/Fri 09:30 - 13:30 (Term time only)	
David R Jenkins Optometrist	Ystradgynlais	09:00 - 12:45 14:00 - 17:00	
Mobile Providers			
Outside Clinic Services	Swindon	09:00 – 17:30	
Catvog Domiciliary Specsavers Home Visits	Barry	09:00 - 17:00 Tuesdays only	
Clwyd and Snowdonia Domiciliary	Mold	09:00 - 17:30	
Gwent Domiciliary Specsavers	Caerphilly	09:00 – 16:00 Tuesdays only	

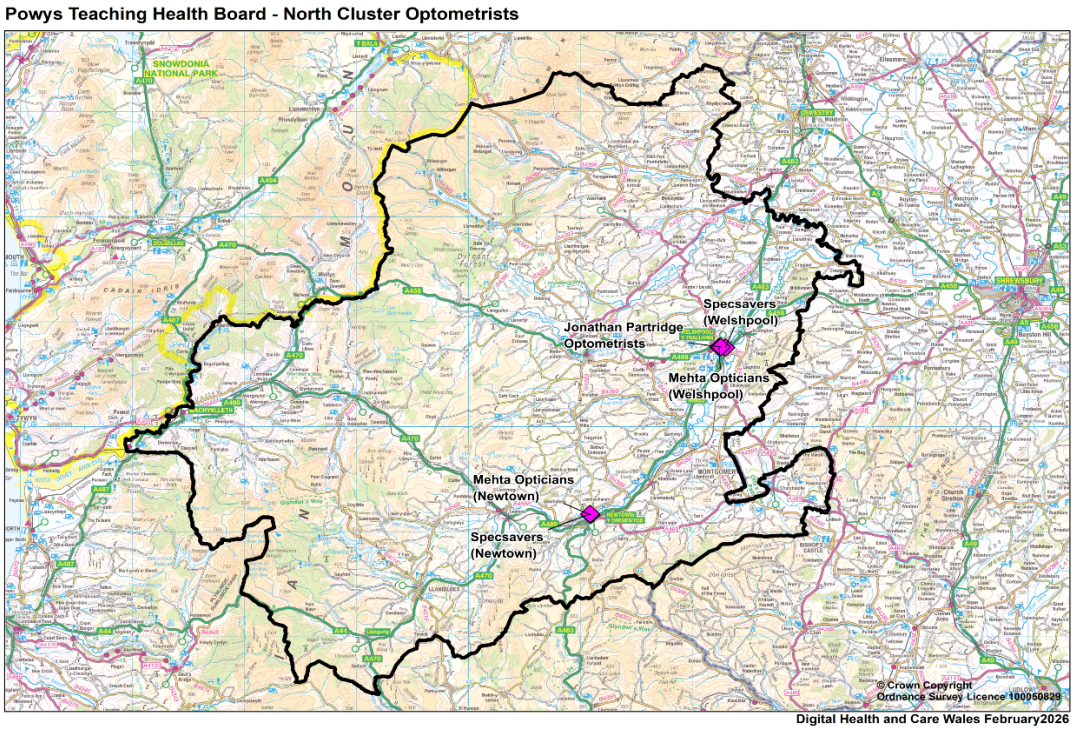
Table 1: Contractor core hours

1.3. Location of WGOS providers across PTHB

Patient access to optometry services is not linked to patient registration and therefore patient choice informs where patients choose to access optometry services. Many Powys residents choose to access across border optometry services. This includes both Wales and England services.

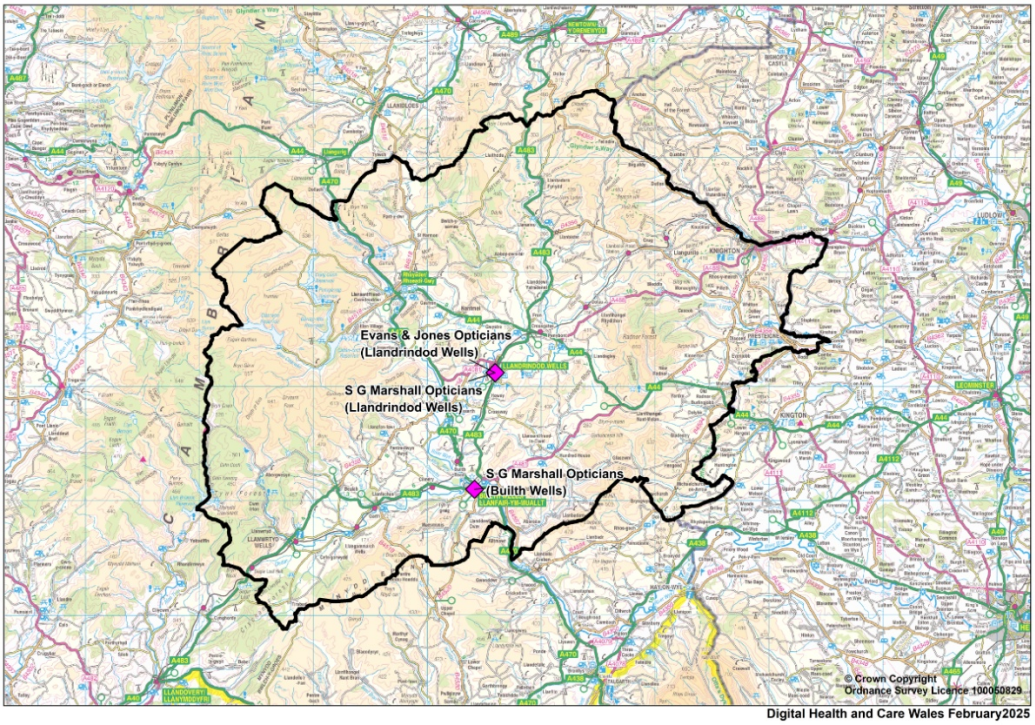
The following maps outline the current location of Optometry practices across each of the three Powys Cluster footprints:

a) North Cluster:



b) Mid Cluster

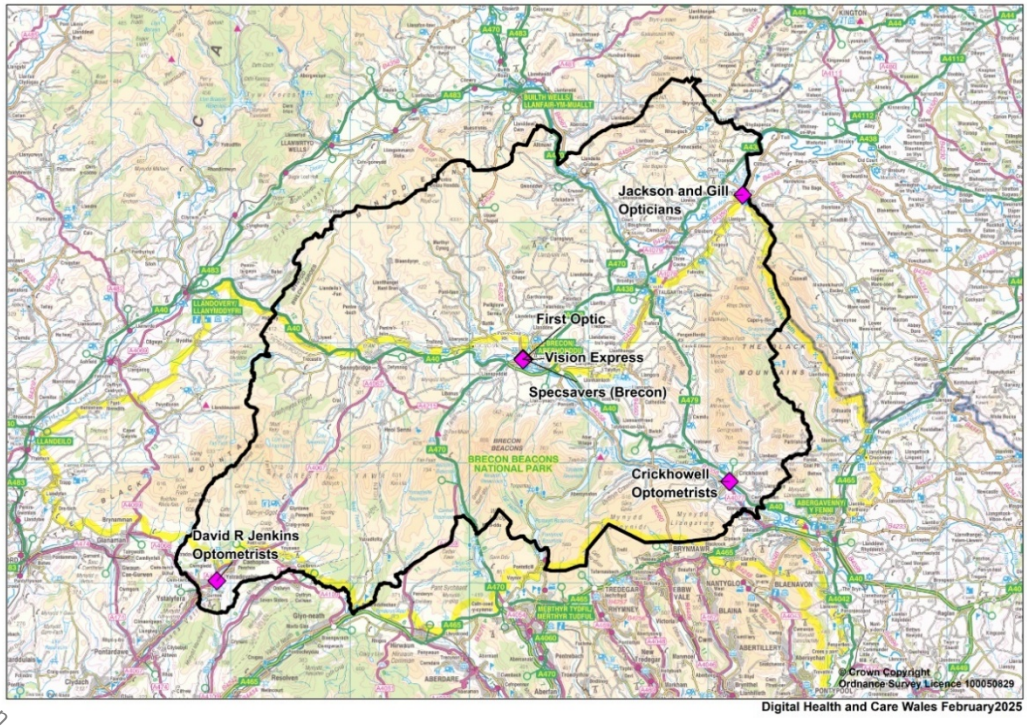
Powys Teaching Health Board - Mid Cluster Optometrists



Digital Health and Care Wales February2025

c) South Cluster

Powys Teaching Health Board - South Cluster Optometrists



Digital Health and Care Wales February2025

WGOS level (1-5) by Practice		1	2	3	4				5
					GF	GM	MR	HCQ	
North	Jonathan Partridge, Welshpool	x	x	x		x	x		x
	Specsavers Welshpool	x	x			x	x		x
	Mehta Opticians, Welshpool	x	x				x		
	Mehta Opticians, Newtown	x	x				x		
	Specsavers Newtown, Vision Plus	x	x	x					x
	5	**5**	**5**	**2**	**0**	**2**	**4**	**0**	**3**
Mid	SG Marshall, Builth Wells	x	x	x	x	x	x		
	SG Marshall, Llandrindod Wells	x	x	x	x	x	x		
	Evans & Jones, Llandrindod Wells	x	x	x					
	3	**3**	**3**	**3**	**2**	**2**	**2**	**0**	**0**
South	Specsavers Brecon	x	x			x	x		x
	Vision Express, Brecon	x	x	x					
	First Optic, Brecon	x	x	x			x		x
	Jackson & Gill, Hay on Wye	x	x				x		
	Crickhowell Optometrists	x	x	x		x	x		
	David R Jenkins, Ystradgynlais	x	x	x					
	6	**6**	**6**	**4**	**0**	**2**	**4**	**0**	**2**
Mobile	Outside Clinic Services, Swindon	x	x						
	Catvog Domiciliary Specsavers	x	x	x					
	Clwyd and Snowdonia Domiciliary	x	x						
	Gwent Domiciliary Specsavers	x	x	x					
	5	**4**	**4**	**2**					**0**
Totals	**14 Practices and 4 mobiles**	**18**	**18**	**9**	**2**	**6**	**10**	**0**	**5**

Table 2: WGOS (1-5) provision by contractor

2. Summary of the workforce providing WGOS 1-5

2.1. PTHB currently has 42 registered professionals on the PTHB Ophthalmic Performer List.

Contractor reported data shows the regular Ophthalmic workforce across PTHB below:

Staff Role	StaffCount	Cluster
Dispensing Opticians	2	Mid Powys
Optometrists	6	Mid Powys
Dispensing Opticians	3	Mobile
Optometrists	24	Mobile
Dispensing Opticians	3	North Powys
Optometrists	26	North Powys
Student Optometrists	2	North Powys
Dispensing Opticians	3	South Powys
Optometrists	25	South Powys

2.2. The local higher qualified workforce aligned with WGOS 3-5 is summarised below:

Higher Qualified workforce					
	Higher Certificate Glaucoma	**Professional Certificate Glaucoma**	**Professional Certificate Medical Retina**	**Independent Prescribers**	**Low Visio n**
North Cluster					
Welshpool	0	2	3	3	1
Newtown	0	1	2	2	1
Mid Cluster					
Llandrindod Wells	1	1	1	0	2
Builth Wells	1	1	1	0	1
South Cluster					
Hay-on-Wye	0	0	1	0	0
Crickhowell	0	1	1	0	1
Brecon	0	2	3	2	2
Ystradgynlais	0	1	0	0	1

Table 3: PTHB Higher qualified (WGOS 3-5) workforce

3. Assessment of the effectiveness of the provision of WGOS 1–5

3.1. WGOS 1-2

All 14 practices and the 4 mobile providers are mandated to provide WGOS 1 and WGOS 2 across their core hours. There is a reasonable geographical spread of these services across the Health Board, noting the permanent service gap in North-West Powys discussed in section 4.

3.2. WGOS 3

There are currently seven WGOS 3 practices and two mobile providers. There is good coverage across all three clusters. However, the limited mobile provision presents challenges across a geographically large, rural Health Board.

3.3. WGOS 4

The implementation of WGOS 4 in Powys has faced several challenges, which has limited activity through this service including:

- The complex nature of Powys' secondary care eye services, which are delivered through a combination of in-reach services and external referrals.
- A significant proportion of patients access ophthalmology care outside of the Welsh system, particularly in Shrewsbury and Hereford hospitals.
- As a commissioning organisation rather than a direct provider of ophthalmology services, PTHB has encountered complexities in pathway alignment and stakeholder engagement.
- Integration of WGOS 4 with services outside of Wales has required additional negotiation and support, particularly from the Planned Care Assistant Medical Director, to resolve pathway and governance issues.

Glaucoma Filtering: WGOS 4 Glaucoma Filtering service went live in February 2025 with two optometry practices in mid-Powys (Builth Wells and Llandrindod Wells). These practices initially focused on referrals from WGOS 2 to WGOS 4. However, due to the limited geographical coverage of these practices and the wide rural spread of the Powys population, this has limited activity through optometrist-to-optometrist referrals. As of December 2025, redirection of 'new' glaucoma referrals to WGOS 4 glaucoma filtering has commenced from Llandrindod Wells and Brecon Hospitals.

As of Q4 2025/26, there is a lack of higher qualified (or in training) workforce to provide a health board-wide WGOS 4 Glaucoma Filtering service. Additionally, there is a lack of available provision in North and South Powys.

Glaucoma Monitoring: WGOS 4 Glaucoma Monitoring launched during September 2025 with six practices offering this service Health-Board wide across all Clusters

(Crickhowell, Brecon, Builth Wells, Llandrindod Wells, Welshpool). As of Q3 25/26, a temporary optometrist post (GF certified) has been secured to undertake case note reviews, enabling the discharge of suitable patients from PTHB Ophthalmology clinics into WGOS 4 for Glaucoma monitoring. Discharge to Glaucoma monitoring is expected to commence during Q4 2025/26.

Medical Retina: WGOS 4 Medical Retina (filtering and monitoring) launched across PTHB during August 2025. Referral redirection to Medical Retina filtering and discharge to Medical Retina monitoring is expected to commence during Q4 2025/26.

Hydroxychloroquine monitoring: As of Q4, 25/26, WGOS 4 HCQ monitoring is not currently anticipated to be available within Powys. Two practices in North Powys (Welshpool and Newtown) meet the necessary qualification and equipment requirements to provide this service. However, engagement with local optometrists indicates a limited interest in delivering this service. HCQ screening continues to be accommodated within secondary care services

Despite the complexities and challenges associated with Powys' unique service configuration, the Health Board anticipates a significant increase in activity during Q4 25/26 and throughout 26/27.

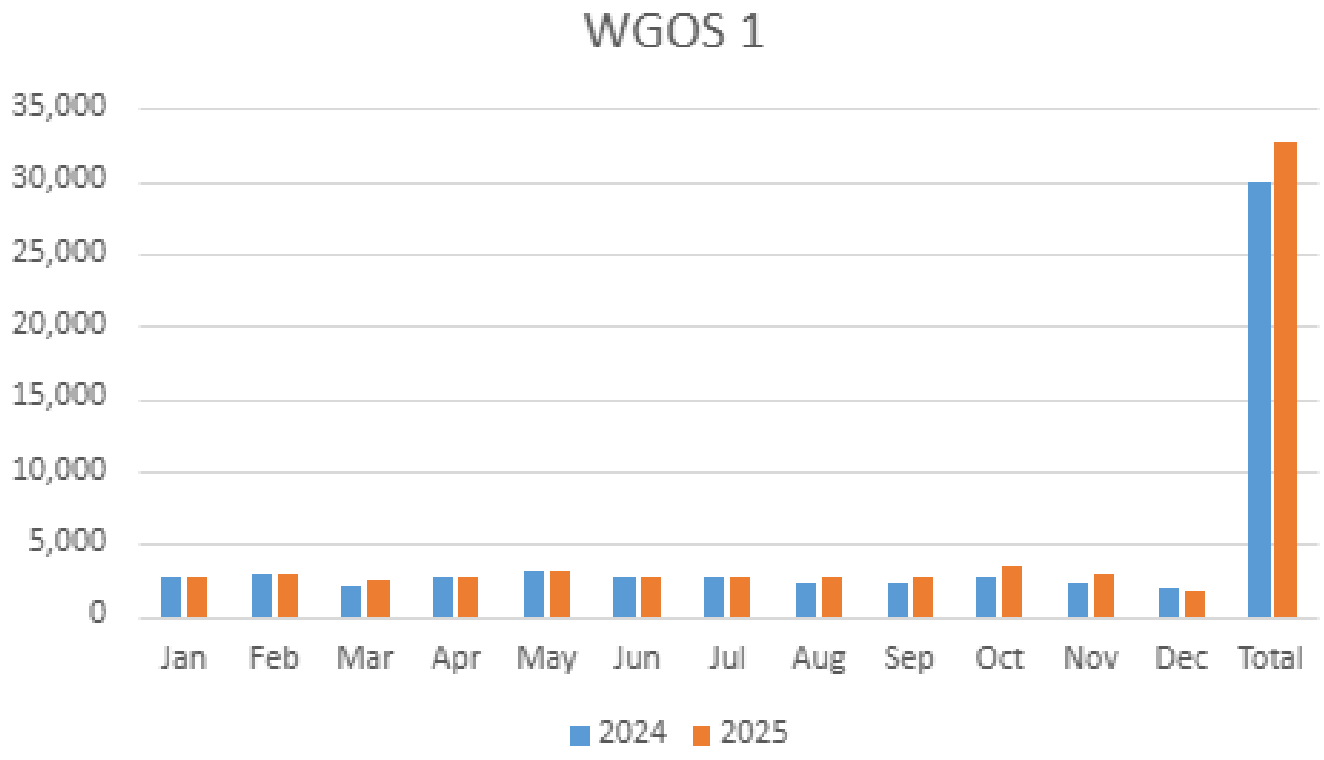
3.4. WGOS 5

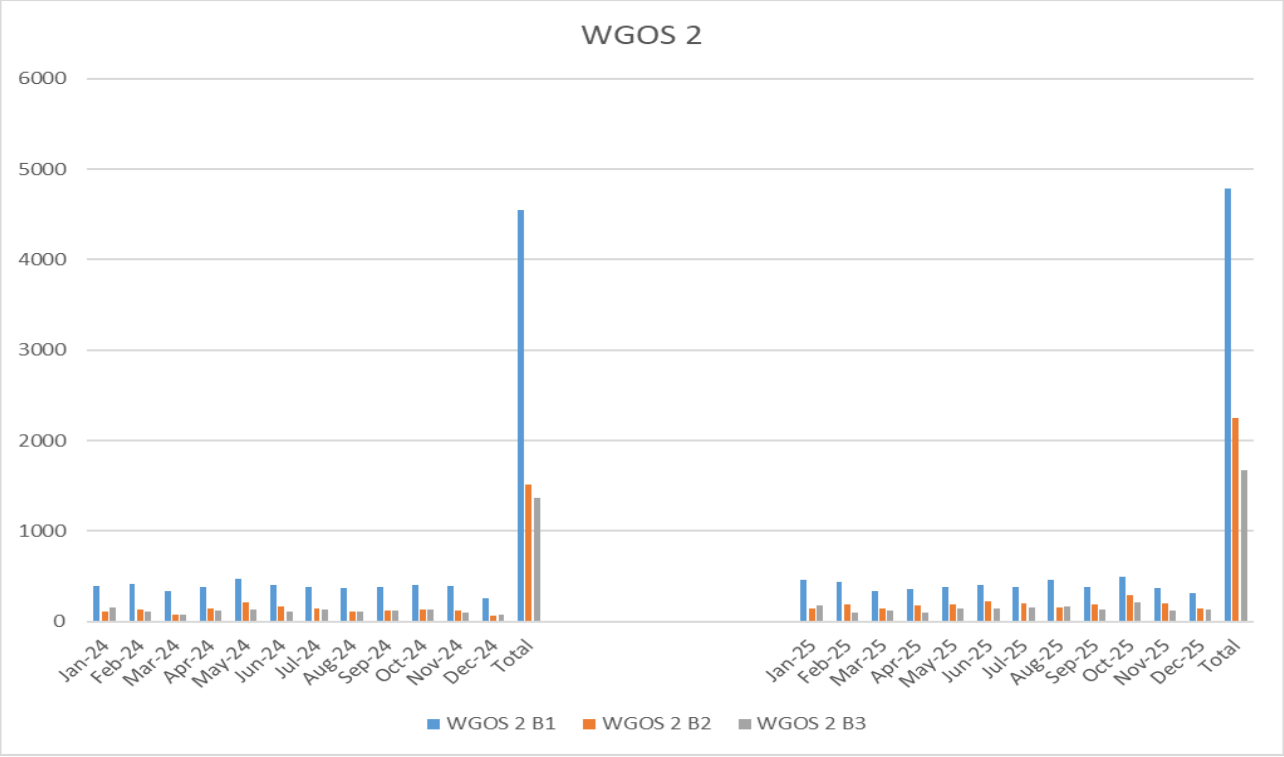
As of Q4 2025/26, there is WGOS 5 provision in two out of three Clusters. WGOS 5 services are currently provided in North Powys (Welshpool and Newtown) and South Powys (Brecon). There is no provision in Mid Powys. There are no mobile providers of WGOS 5 within PTHB.

At the time of report completion, Q4 2025/26 WGOS activity data is not yet available. Therefore, the following data presented reflects the calendar year 2025, covering the period from Q4 2024/25 through to Q3 2025/26, with comparative data drawn from the equivalent period in the calendar year 2024.

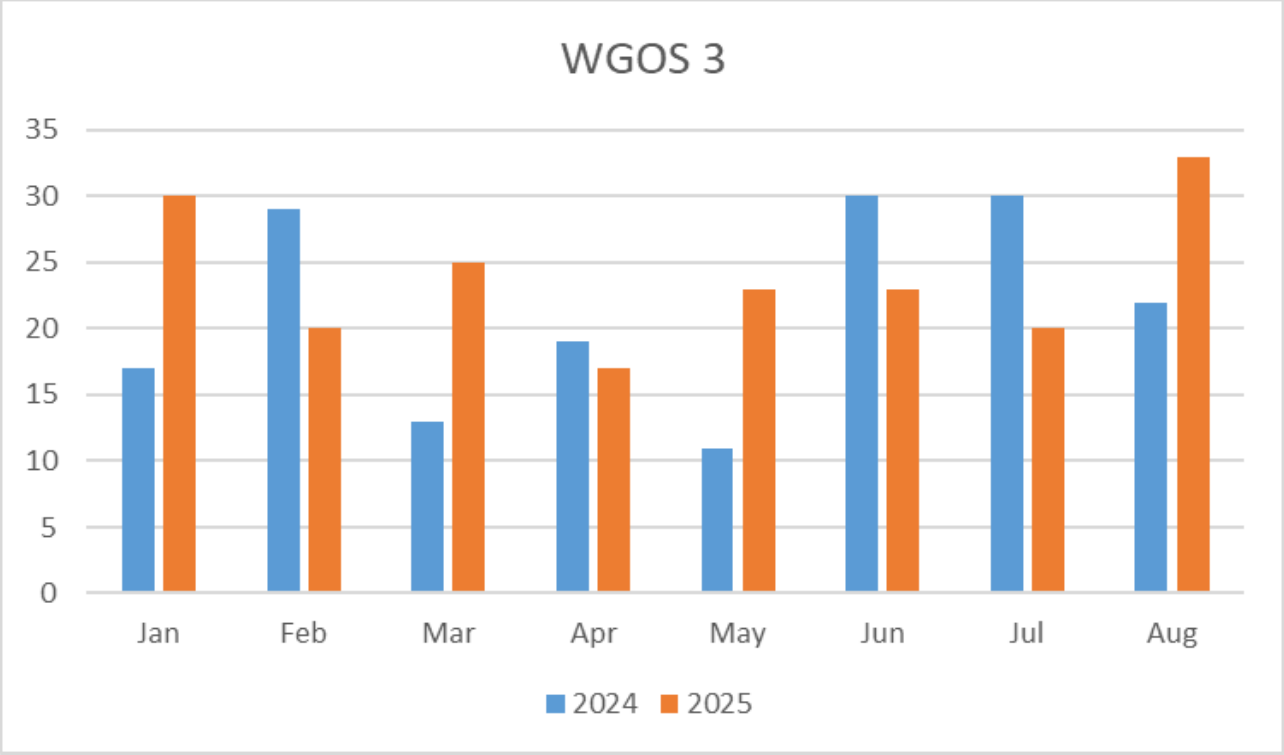
Activity 2025	WGOS 1	WGOS 2 B1	WGOS 2 B2	WGOS 2 B3	WGOS 3	WGOS 4	WGOS 5 New	WGOS 5 FU
Jan-25	2,777	460	142	174	30	0	58	26
Feb-25	2,972	438	185	92	20	0	45	26
Mar-25	2,448	340	144	118	25	0	95	41
Apr-25	2586	361	180	102	17	0	86	46
May-25	3028	384	191	137	23	2	101	51
Jun-25	2740	408	218	141	23	0	80	33
Jul-25	2730	377	202	150	20	0	58	34
Aug-25	2629	463	155	160	33	1	64	32
Sep-25	2597	383	192	133	14	1	72	37
Oct-25	3527	491	291	215	21	11	65	41
Nov-25	2,816	369	199	122	21	10	50	27
Dec-25	1,772	308	145	130	14	2	49	29
Total	**32,622**	**4782**	**2244**	**1674**	**261**	**27**	**823**	**423**

Table 4: Activity data (WGOS 1-5) 2025

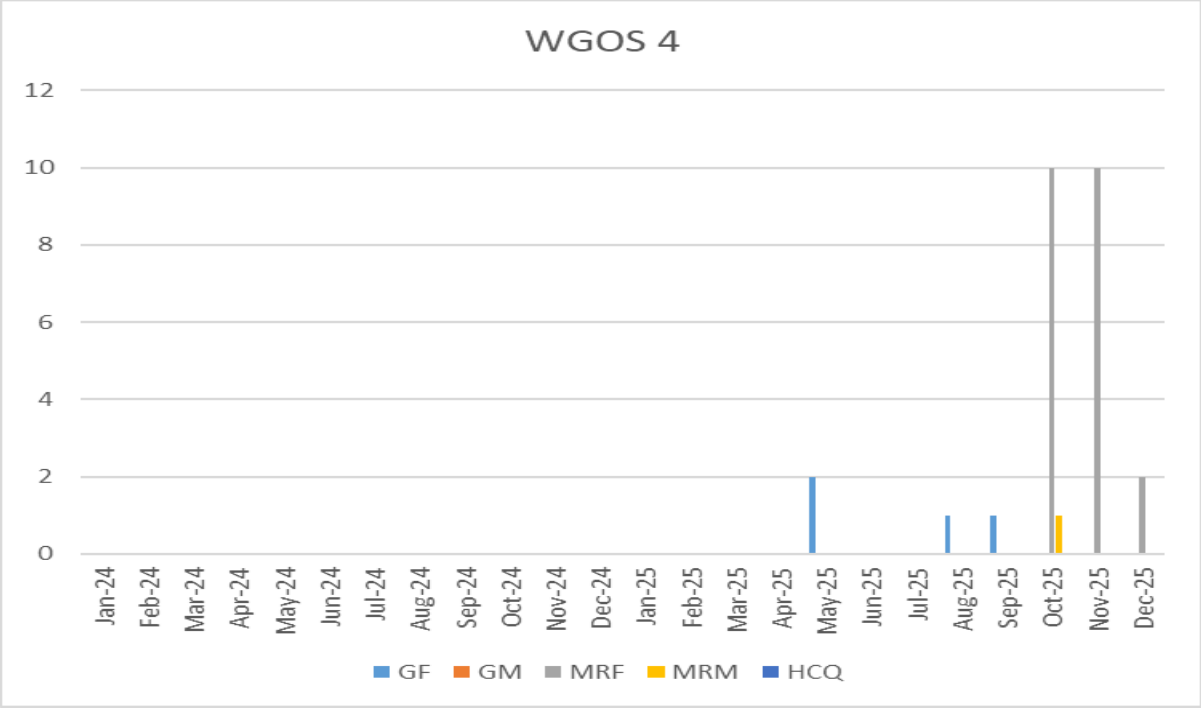




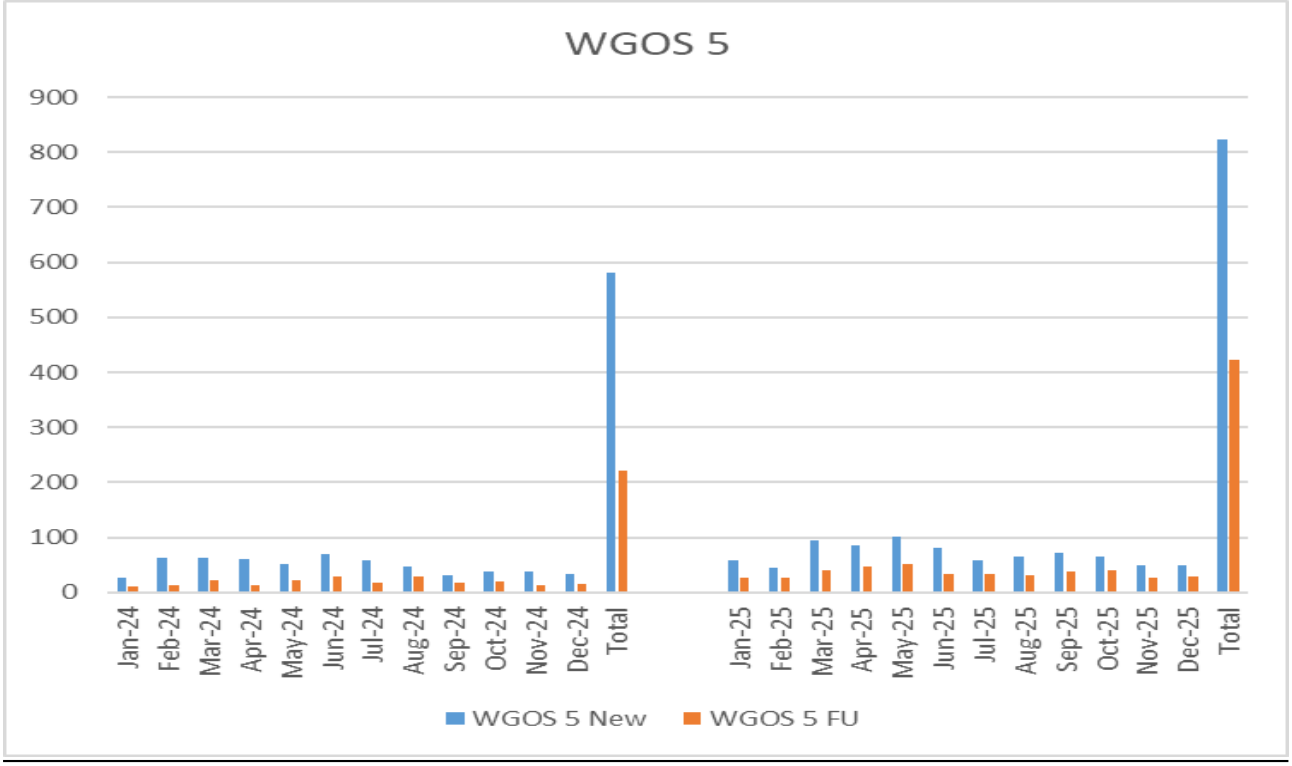
Despite practice closures in Knighton and Machynlleth, activity levels for WGOS 1 and 2 have remained stable, with predictable seasonal variation. Activity is trending upwards slightly versus the same period during 2024.



Reflecting the specific nature of low vision services for a smaller cohort of patients, activity within WGOS 3 has always been lower volume, typically 20–35 patients per month. However, this activity remains stable versus 2024, with no noted patient access concerns.



WGOS 4 activity has been very low during 2025. This reflects the early stage and challenges of local implementation. Significant WGOS 4 activity growth is anticipated during 26/27.



WGOS 5 activity has shown sustained growth versus the same period during 2024. This reflects the embedding of the local pathway, increased inter-practice referrals and additional qualified IP Optometrists.

4. Any identified gaps in service

4.1. There are no optometry practices in some of the Powys towns where there is main General Medical Services provision.

There is no optometry service provision in the following Powys towns:

North Cluster	Mid Cluster	South Cluster
• Llanfyllin • Llanfair Caereinion • Montgomery • Llanidloes • Machynlleth	• Knighton • Presteigne • Rhayader	• Talgarth

The lack of Optometry practice in these towns requires patients to travel either within PTHB or outside of the Health Board to access Optometric care. This may include patients having to travel to practices outside of Wales where the nearest practices are along the Wales-England border. As a consequence, this may raise issues regarding equity as these English practices are not providers of WGOS 1-5. The table below highlights the travel distance for patients who are unable to access services from these key towns:

Town	**Distance to nearest Optometry practice**	**Travel time**
Llanfyllin	11 miles (Welshpool) (PTHB)	20 minutes
Llanfair Caereinion	8 miles (Welshpool) (PTHB)	15 minutes
Montgomery	8 miles (Welshpool) (PTHB)	14 minutes
Llanidloes	14 miles (Newtown) (PTHB)	25 minutes
Machynlleth	16 miles (Dolgellau) (BCUHB)	25 minutes
Knighton	13 miles (Kington) (Herefordshire)	22 minutes
Presteigne	14 miles (Leominster) (Herefordshire)	25 minutes
Rhayader	11 miles (Llandrindod Wells) (PTHB)	16 minutes
Talgarth	8 miles (Hay-on-Wye) (PTHB)	14 minutes

Table 5: Travel distance from Powys towns without an Optometry practice

4.2. The table below shows the current WGOS provision by Cluster and highlights the gaps in service.

	Percentage of practices providing WGOS 1-5 across PTHB Clusters								
	WGOS 1	WGOS 2	WGOS 3	WGOS 4 MRF	WGOS 4 MRM	WGOS 4 GF	WGOS 4 GM	WGOS 4 HCQ (not live)	WGOS 5
North Cluster	100%	100%	40%	80%	80%	0%	40%	0%	60%
Mid Cluster	100%	100%	100%	67%	67%	67%	67%	0%	0%
South Cluster	100%	100%	67%	67%	67%	0%	33%	0%	33%
	100%			>50%				<50%	

Table 6: WGOS provision by Cluster

4.3. As of June 2025, there has been a practice closure in North-West Powys (Machynlleth), resulting in a permanent service gap in this area. Before the permanent closure, this practice had declared 'zero core' hours for several years which resulted in a service gap for WGOS 1 and WGOS 2 in this area, previously noted as part of the 2024/25 Annual Report and 2025 Eye Health Needs Assessment. Patients previously registered with this practice have been transferred to another practice within the group, located in Aberystwyth, Hywel Dda University Health Board. The lack of provision for acute appointments under WGOS 2 in North-West Powys remains a concern. Currently, patients face increased travel to access a WGOS 2 service. Often this will be out of Powys to either Hywel Dda University Health Board (HDUHB) to the West, or Betsi Cadwaladr University Health Board (BCUHB) to the North. The following table highlights the increased travel for patients who are not currently able to access services from the registered contractor in Machynlleth:

Destination	Distance from Machynlleth	Travel time from Machynlleth
Aberystwyth	18 miles	35 minutes
Dolgellau	16 miles	25 minutes
Newtown	32 miles	50 minutes

Table 7: Travel distance from Machynlleth to nearest Optometry practices

4.4. In January 2025, a separate practice closure occurred in Knighton, leaving only three practices operating within the Mid-Powys Cluster. The Health Board engaged with the practice to understand the reasons for closure and to offer support. Whilst the records transferred to the main branch of this business in Llandrindod Wells, it has

resulted in reduced access in the Knighton area. Patients now face increased travel to access Optometry services either to Llandrindod Wells or Newtown within Powys, or outside of Wales to Kington, Leominster, or Hereford. In response to this closure in Knighton, and with the support of Optometry Wales, PTHB has communicated with Local Optical Committees (LOCs) along the Wales–England border to communicate the provision available within Powys for cross-border referrals into WGOS 2–5.

The table below highlights the increased travel for patients who are no longer able to access services from an Optometry practice in Knighton:

Destination	Distance from Knighton	Travel time from Knighton
Newtown	20 miles	35 minutes
Llandrindod Wells	19 miles	30 minutes
Kington (England)	13 miles	22 minutes
Leominster (England)	19 miles	34 minutes

Table 8: Travel distance from Machynlleth to nearest Optometry practices

4.5. There are also challenges in providing domiciliary eye care services in Powys which may result in gaps in service provision. This is primarily due to the limited number of mobile Optometry providers. Currently, there are only four mobile WGOS 1&2 Optometry providers serving the health board, and all of them are based outside of Powys.

This situation is further complicated by the limited provision of WGOS 3 mobile services (only two mobile providers offer WGOS 3) and the complete absence of WGOS 4 & 5 mobile services. As a result, residents of Powys may face challenges in accessing timely and convenient eye care, highlighting the need for ongoing support in this area.

As of Quarter 4 2025/26, the Health Board has commenced early conversations with fixed premises contractors to explore any opportunities to increase the coverage of domiciliary services across the Health Board.

5. Any identified need and, if applicable, proposals for service improvement pathways

5.1. Due to an ageing population and increasing prevalence of most major eye conditions, there is an increasing demand for all levels of WGOS across PTHB. Access to Optometry services within Powys has reduced over the years with practices closing, however the demand for WGOS 1-3 continues to be met through reasonable geographical coverage across the Health Board, with the notable exception of service gaps in some main towns and in particular North-West Powys.

Currently across Powys there is a very small cohort of Optometrists with specialist skills and qualifications to provide WGOS4 services. This includes no WGOS 4 and WGOS 5 provision in some clusters, or a low level of service provision, providing an inequitable service offer.

The complexity of Powys secondary care pathways and the lack of available data regarding secondary care activity makes it difficult to identify the true demand of services that can be transferred into primary care WGOS 4. However, based on the Powys population eye health demographics and the RNIB future predictions for prevalence of ocular conditions (see Appendix 1), there is a particular need to focus on increased service delivery for WGOS4 including glaucoma, medical retina and hydroxychloroquine within primary care optometry.

The PTHB aspiration is for a minimum of 50% of Practices to be delivering the full range of WGOS services.

The Health Board's priority, in order to meet future demand, will be to continue to support the provision and development of WGOS services including supporting and promoting the optometry workforce to expand their skill set and gain the required accreditation.

5.2.

	Current service provision	Planned increase 2026/27	Future aspiration 2026 - 2029
WGOS 4			
Glaucoma Filtering **(Higher Certificate Glaucoma qualification requirement)**	Mid cluster provision only Two practices currently providing, located in Llandrindod Wells & Builth Wells	Two practices in the north cluster anticipated to join the service during 26/27 (Welshpool and Newtown). This will provide a total of 29% of Powys coverage, but only in the north and mid cluster area. The mid cluster may have capacity to support south cluster referrals.	To encourage South Cluster practices to progress required qualification through HEIW. To aspire to a minimum of 50% practices offering the service.
Glaucoma Monitoring	Six practices signed up to	Planned discharge of patients to this service with the support	To maintain a minimum of 50% of

(Professional Certificate Glaucoma qualification requirement)	offer this service covering all three Clusters. These practices include Crickhowell, Brecon, Llandrindod Wells, Builth Wells and Welshpool (x 2)	of planned care clinicians and case note reviews. Two additional practices are anticipated to join this service during 26/27 (Brecon and Newtown). This would increase coverage from 43% to 57%	practices offering the service.
Medical Retina monitoring and filtering **(Professional Certificate Medical Retina qualification requirement)**	Ten practices signed up to offer this service covering all three Clusters. These practices include Crickhowell, Brecon (x2), Hay-on-Wye Llandrindod Wells, Builth Wells, Welshpool (x 3) and Newtown	The assumption is that the Medical Retina provision will be sufficient to meet health board demand. To maintain a minimum of 60% service offer.	The assumption is that the Medical Retina provision will be sufficient to meet health board demand. To maintain a minimum of 60% service offer.
Hydroxy-chloroquine monitoring:	No provision currently in place	To explore local HB specific solutions to HCQ monitoring	To aspire to a minimum of 50% practices offering the service
WGOS 5	North and South cluster service provision already in place Five practices providing	Anticipated that a further two practices will provide this service in 2026/27. The service will be extended to Crickhowell (South cluster) and Llandrindod Wells (Mid cluster). This will provide 50% of coverage across Powys, available in all three clusters	To encourage a further mid Cluster practice to progress required qualification through HEIW To aspire to a minimum of 50% practices offering the service

	North Cluster – Welshpool x 2, Newtown x 1 South Cluster – Brecon x 2		
Mobile Provision	4 mobile providers delivering core level 1 & 2 services Poor access being offered to Powys residents due to the geography of the county and the mobile providers being placed out of county.	To secure additional mobile providers and increase access offer to patients	To secure additional mobile providers and increase access offer to patients

Table 9: Summary of PTHB WGOS 4-5 implementation and future aspirations

5.3. Implementation of WGOS4 will enable opportunities for referral management support across both PTHB in-reach and commissioned services and pathways.

The implementation and roll out of WGOS 4 will support the 'shift left' of services by enabling care closer to home and freeing up Ophthalmology capacity within community hospitals, in-reach services and secondary care. It is important to note that Patients will continue on some existing secondary care pathways alongside WGOS pathways.

The Health Board's priority, in order to meet future demand, will be to continue to support the provision and development of WGOS services, including supporting and promoting the optometry workforce to expand their skill set and gain the required accreditation.

Optometry capacity to undertake WGOS extended services needs to be considered against the following factors

- practices capacity to deliver
- performer capacity to deliver
- the location of the service (due to rurality)
- other available WGOS services in the practice/cluster, and
- to not be at the detriment of the delivery of mandatory services (WGOS 1 & 2)

The pace of change to implement WGOS pathways is dependent on the above factors.

Unfortunately, due to the geography and size of optometry practices in Powys, there is, and will continue to be a high risk of potential single points of failure for WGOS pathways. WGOS pathways are reliant on individuals with the required qualification working in practices and service provision can be impacted by sick leave, retirement, and optometrists moving out of the area. Therefore, alternative pathway arrangements need to be considered to mitigate this potential eventuality, so patients do not get lost in the system.

The WGOS 4 service delivery cannot be to the detriment of WGOS mandatory services. WGOS 1 & 2 has to be maintained. Practitioner capacity to meet WGOS service demand along with the continuation of WGOS 1 & 2 will need to be continually reviewed and monitored.

To meet the current and future demands, The Health Board, through its primary care, Academy and Cluster teams, will continue to work with HEIW to support targeted workforce upskilling in the necessary areas. During 25/26, PTHB's Primary and Community Care Academy, has sponsored a number of places on the ABDO Optical Assistant course. The intention behind this sponsorship is promote Optometry services as a career within Powys as well as providing a 'first-step' on a progression pathway, potentially to registrant Optometry Careers such as Dispensing Optician, Contact Lens Optician or Optometrists.

6. Financial forecasts for service delivery

PTHB forecast	Allocation	M1-10 Actual	Q2 Year End Forecast	Q3 Year End Forecast	Q4 Year End Forecast
	£m	£m	£m	£m	£m
Activity	0.775	0.622	0.752	0.760	0.756
Occupational Health Total	0.023	0.005	0.006	0.006	0.006
Cluster Engagement Total	0.032	0.005	0.027	0.027	0.027
Total CPD	0.031	0.014	0.012	0.012	0.017
Quality for Optometry	0.135	0.100	0.154	0.154	0.140
Total	**0.996**	**0.746**	**0.951**	**0.959**	**0.946**

Table 10: 2025/26 financial data

(Reporting financial data available at time of publishing)

The financial forecast indicates a variance of £50,000 below the allocated budget, primarily driven by decreased WGOS 4 activity levels against initial forecast.

A significant increase in WGOS 4 activity claims is expected in the 2025-26 financial year. Welsh Government have been made aware and dialogue between Primary Care Finance Business Partner and Welsh Government is ongoing.

7. A summary of the Local Health Board's communications activity relating to WGOS 1–5

7.1. Community Engagement

Ongoing efforts continue to promote attendance at optometry practices, with a focus on encouraging individuals to support family members and friends in accessing routine eye care.

During Autumn 2025, the Powys Health Protection team ran a series of 'Keeping Healthy in Powys' events across 3 events in Brecon, Machynlleth and Newtown. WGOS Optometry services were represented at these public engagement events through the support of Optometry Wales and the ROC.

7.2. Engagement with the local Optometry Profession

WGOS 4 pathways have been launched with online service presentations allowing the opportunities for feedback and questions. All local WGOS communication and guidance is shared with Optometry Wales and the Regional Optical Committee.

Regular communications are issued to the optical profession regarding any changes to service delivery. During Quarter 4 2025/26, a PTHB Optometry SharePoint has launched as a 'one stop' page for local guidance, reminders and useful links.

7.3. Engagement with ROC

The Local Health Board continues to engage and work with South-West Wales Regional Optometric Committee (SWWROC) to ensure that optometric services align with regional healthcare priorities. This facilitates the exchange of insights and the development of strategies to improve patient care and service delivery.

7.4. Optometry Professional Collaboratives and Practice Engagement

The Health Board has actively engaged with Optometry Professional Collaborative to enhance the delivery of WGOS 1–5 services. Until Quarter 2 25/26, contractors met as a pan-Powys Collaborative representing all 3 Clusters and mobile providers. As of Quarter 25/26, this has split into two smaller local Collaboratives. Regular meetings and collaborative efforts have ensured that optometric practices are well-represented and engaged in these clusters.

7.5. Engaging with Clusters/GP Collaboratives

WGOS services are regularly discussed at Pan-Powys Cluster Meetings, with particular emphasis on urgent care access points under WGOS 2 and WGOS 5. This aligns with the cluster's prioritisation of urgent care. There is also open dialogue around maximising collaborative working across clusters and improving cross-professional referral pathways.

Engagement with Clusters and Collaboratives has seen improved focus during 2025/26 and remains a high priority for 2026/27 with valuable opportunities for sharing improvement work and influencing service development across the healthcare system.

7.6. Eye Care Collaborative Group

The Local Health Board has an established Eye Care Collaborative which ensures primary care Optometry is aligned with the wider Eye Care agenda across Powys including secondary care and third sector services.

8. Appendix 1

The RNIB (2023) Sight Loss Data Tool[1] estimates the prevalence of a number of ocular conditions for PTHB. This data has been used to inform the Powys future eye healthcare needs:

Age-Related Macular Degeneration (AMD)

Across PTHB, the RNIB estimate:

- 8,310 (6.2 %) people are living with the early stages of AMD;
- 640 (0.48%) are living with late-stage dry AMD;
- 1,320 (0.99%) are living with late-stage wet AMD.
- 1,860 (1.39%) combined late-stage AMD
- Between 2022 and 2032 the RNIB estimates an increase of 22% (409) in the number of people living with late-stage AMD

Cataract

The RNIB estimate that, across PTHB:

- 2,080 (1.56%) people living with cataract.
- Between 2022 and 2032 there is estimated to be an increase of 22% (458) in the number of people living with cataract.

Glaucoma

Across PTHB, the RNIB estimate:

- 3,030 (2.278%) people are living with ocular hypertension.
- A further 1,940 (1.45%) people are living with glaucoma.
- Between 2022 and 2032 there is estimated to be an increase of 14% (272) in the number of people living with glaucoma.

Diabetic Retinopathy

Across PTHB, RNIB estimate

- 2,700 (2.03%) people are living with diabetic retinopathy.
- Of these, it is estimated that 250 (0.18%) have severe diabetic retinopathy likely to result in significant and potentially certifiable sight loss.
- Between 2022 and 2032 there is estimated to be an increase of 2% (54) in the number of people living with diabetic retinopathy.

([1]Source: RNIB Sight Loss Data Tool Version 5.2 - Powys Teaching Health Board sight loss briefing. 2023)

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 5.4

Finance and Performance Committee	**Date: 25 June 2026**

Subject:	**Deep Dive on Continuing Health Care performance**
Approved and presented by:	Elaine Lorton, Executive Director of Primary Care, Community and Mental Health
Prepared by:	Deputy Director Primary Care, Community & Mental Health
Other Committees and meetings considered at:	Executive Committee on 17 June 2026

PURPOSE:

To provide an overview to the Committee of the workload and challenges being undertaken by Powys Teaching Health Board Continuing Health Care teams, and to update on the impacts of the external support programme, alongside the progress being made to deliver planned savings in this area.

RECOMMENDATION(S):

The Finance and Performance Committee is asked to:

- **REVIEW and DISCUSS** the content of this report.
- **TAKE ASSURANCE** that plans are in place to effectively address the risks and impacts associated with the Continuing Health Care programme of work

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	

EXECUTIVE SUMMARY:

This report provides an overview of the responsibilities for the provision of Continuing Health Care (CHC), the volumes of patients in receipt of this funding and the service that is in place to support this function. The paper goes on to describe the opportunities that have been highlighted for improvement following an external review, and how this work will be taken forward in the coming year.

BACKGROUND

Continuing Health Care (CHC) is a framework that implements a package of ongoing care, funded exclusively by the NHS. Eligibility is decided following the application of the Decision Support Tool (DST)process, and where the patient has been identified as having a primary health need. The care may be provided in the community or in a care setting such as a nursing home, or specialist setting.

Within the Health board, the function of scrutiny, approval, commissioning and contracting is broadly delivered through two teams, the Central Complex Care team (CCC), covering general medical patients in the community or on the wards of the community hospitals and the Complex Care and Placements (MHLD) team covering mental health and learning disabilities, and drawn from the specialist community teams and mental health wards. There is a small cohort of children in receipt of Continuing Health Care funding, but these are managed separately by the W&C directorate.

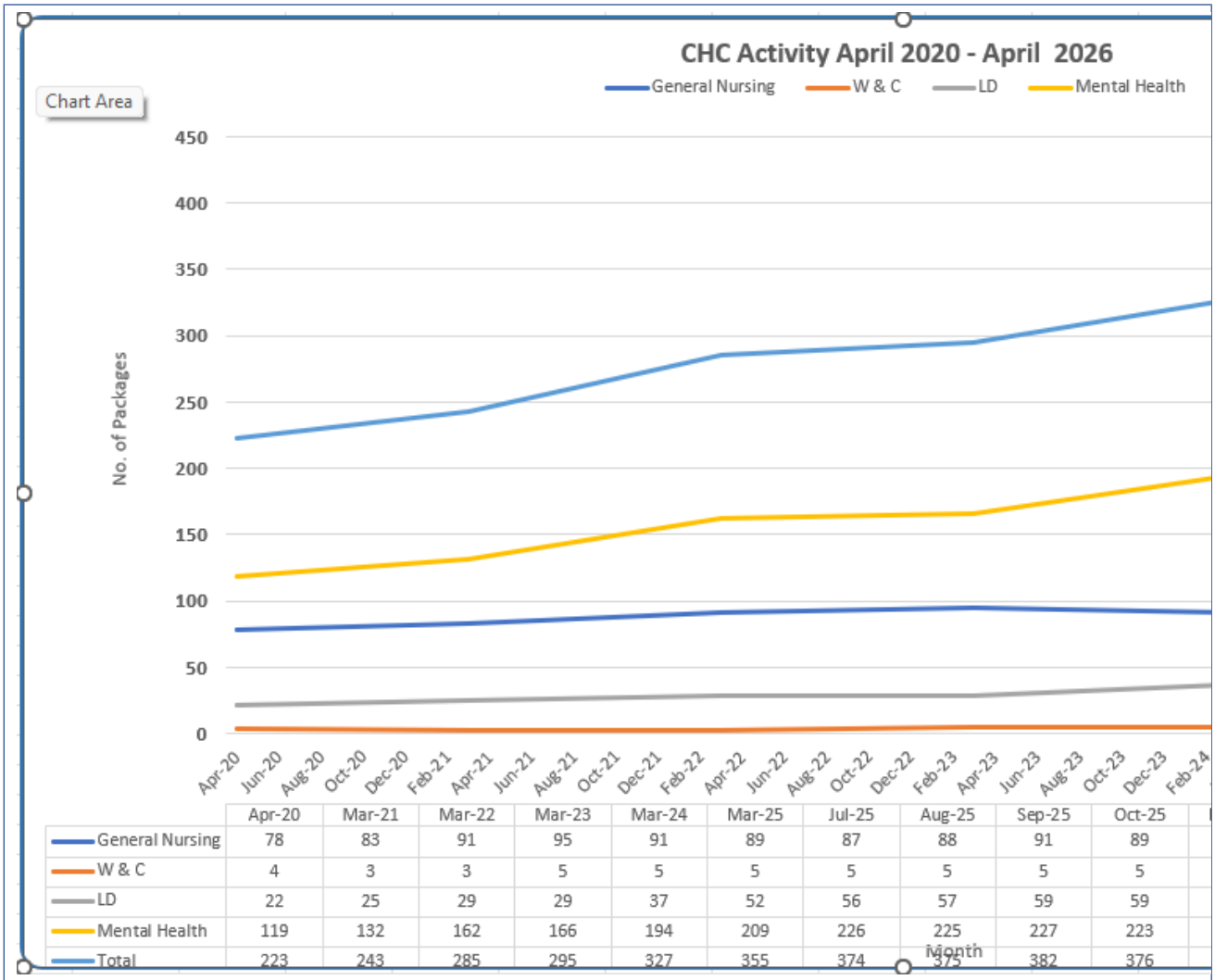
The adult teams are made up of experienced, skilled registered nurses and administrators. Front line teams in the Health Board, such as community and ward nurses, have responsibilities to undertake the DST process, but the administrative process (along with brokerage and contracting of care) falls to the Complex Care teams. This can involve a lengthy back and forth between teams to ensure that assessment is comprehensive, information is complete, and that process is followed, which can be both time and resource intensive. At the same time, increasing numbers of competing demands in the community and wards can reduce the capacity of these teams to complete this work. Invariably, this can also result in more pressure on both Complex Care teams to pick up the work and accountabilities on behalf of the whole system. Performance measurement around CHC however, reflects solely on these two, Complex Care teams.

Funded Nursing Care

It is worth noting that NHS-funded Nursing Care (FNC) is also a weekly flat-rate contribution paid directly by the NHS to a care home to cover the cost of care provided by a registered nurse. It is intended for individuals who require nursing care but do not qualify for the fully comprehensive NHS Continuing Healthcare. The Health Board currently supports the costs of 224 patients across Powys who are in receipt of this funding, which in 26/27 is valued at £246.20 per week for every eligible patient.

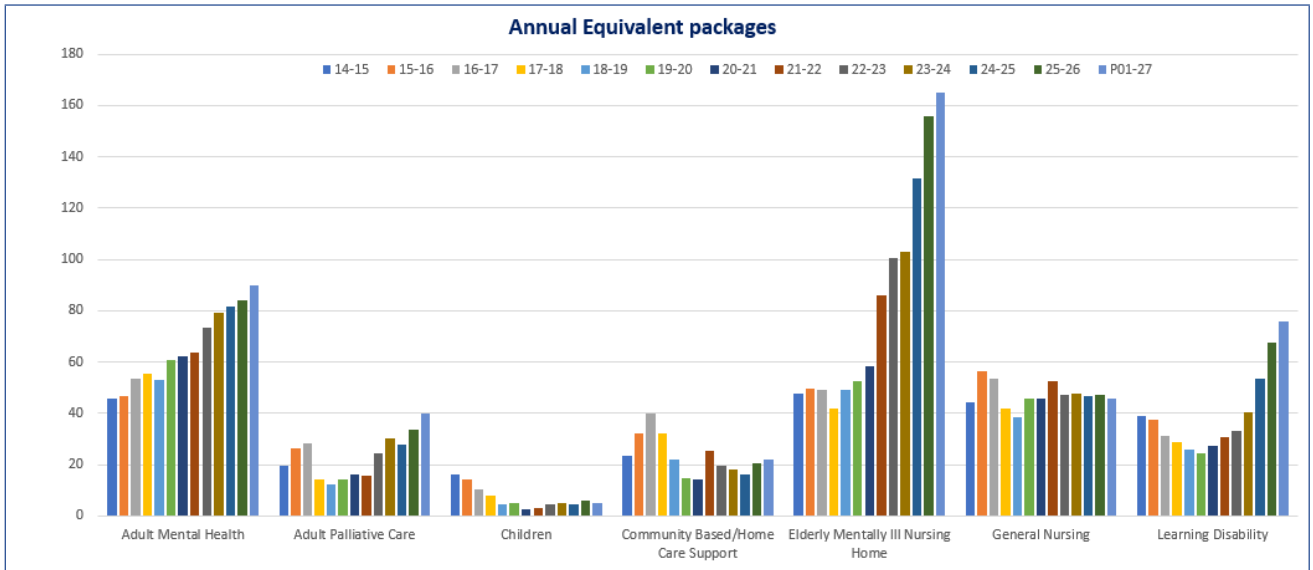
ACTIVITY & GROWTH

At month 1, (26/27), the service was supporting the arrangements for 408 patients in receipt of CHC funding.



	Apr-20	Mar-21	Mar-22	Mar-23	Mar-24	Mar-25	Jul-25	Aug-25	Sep-25	Oct-25
General Nursing	78	83	91	95	91	89	87	88	91	89
W & C	4	3	3	5	5	5	5	5	5	5
LD	22	25	29	29	37	52	56	57	59	59
Mental Health	119	132	162	166	194	209	226	225	227	223
Total	223	243	285	295	327	355	374	375	382	376

The growth in volumes over recent years can be tracked in more detail across the classifications of such packages, with the greatest increase in numbers of eligible patients arising from those with a mental health care need (including EMI which refers to the more elderly patients in this category) and learning disability patients. Whilst starting from a lower baseline, it is also noted that similar levels of growth has occurred for patients in receipt of funding for their end-of-life care.



As might be expected, not only have volumes increased during this period, so has the cost of a package of care. This has resulted in a significant growth in overall cost of CHC during this period, which is picked up later in the paper.

OPERATIONAL PERFORMANCE

With around 17 WTE workforce, overall, including administrative support, the CHC function is challenged to deliver against expected operational standards. The Mental Health & Learning Disability team (MHLD) consists of fewer than 7 WTE (budgeted) and this team undertakes a model of direct assessment (as opposed to relying on community teams), contracting and reviews. The adult team have a slightly greater budgeted establishment (again including administrative roles) at 10.58 WTE, but again lack commissioning and contracting resources and expertise, and can struggle to deliver against expected timeframes for reviews.

The service, and supporting teams including the finance team, rely heavily on manually organised spreadsheets, which can mean that operational performance data takes a long time to extract from the operational systems, often not being sufficiently captured to support meaningful analysis. Thankfully, Powys Health Board have now agreed the commissioning of a bespoke CHC digital system, which has now been fully procured, and we are expecting to meet with the digital provider in the next few weeks, in order to agree a plan for implementation.

This will also help better inform our performance reporting, however a manual trawl of the system tells us that currently, there are around 5 adult CHC cases overdue for review, 18 Learning Disability cases overdue for review, 31 older persons mental health cases overdue and 78 Funded Nursing Care cases overdue. To add to the complexity of this workload, some of the care for these patients will be provided out of county, adding to the burden of travel for the teams also.

On a more positive note, there are just 2 ongoing retrospective cases, and no outstanding cases to be assessed, however this workload can be very time consuming, often taking several weeks of the reviewer's time.

EXTERNAL REVIEW

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

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

The key findings were reported under 4 main areas which cover all CHC and Complex Care Service delivery and include Children's and Young Peoples Continuing Care. The 4 areas were:

Governance
It was found that there is a lack of robust polices and Standard Operation Procedures to ensure consistency across most areas of service delivery. Additionally, it was noted that there are no contracts or Individual placement agreements for any private care provider.

Commissioning and Contracting
It was identified that there is an absence of a commissioning strategy, choice policy or brokerage team in place to support service delivery across the service. Other areas for improvement included the need for market engagement and/or development and the need to address high numbers of joint funded cases without a Joint Funded Policy to support decision making.

Data
It was again recognised that there is a lack of a single database to support clear analysis and future planning, which does not allow end to end oversight and activity levels across the whole pathway.

Organisational Capacity and Capability
It was reported that the team does not have the correct skill mix and / or training to complete all tasks required within a CHC and complex care service, however it was also noted that there is an opportunity to undertake a detailed review of all processes is required to ultimately support a full service transformation.

Some of these findings were already being addressed by the Health Board and / or the service, but the team were then commissioned to undertake further actions that would then help inform the next steps.

In February 2026, work commenced with Clarity consulting to move forward with these actions, and a three-fold programme of recovery is now in place.

Financial recovery
UB Healthcare were commissioned to undertake reviews of existing cases, in order to better understand the opportunities to deliver future savings. A review of the first 30 cases has now ben completed, with some further reporting on these still outstanding.

The initial external review process has identified that the disaggregated approach to assessment by community and ward-based teams has led to some inconsistency in approach and application of process. Recognising that such teams can already be well engaged with community patients, are keen to advocate for their patients, empathetic to their needs and are wanting to maintain positive working relationships with them and their families, impartiality can be more challenging. It can also lead to earlier assessment of need, on occasions at a time when a patient is still recovering from an acute phase of illness, which also can make eligibility more likely to find.

From this, it is noted that the reviews have identified further opportunities from a repeat DST, and more work is now continuing to explore this finding further. A further 80 cases are to be undertaken by external reviewers to test any findings and to identify further opportunities for repeat assessment.

Digital system rollout
As highlighted, this is seen as an opportunity to further improve efficiency and strengthen performance reporting. The Health Board will take a lead on this programme of work, with an expectation that this will occur in the next 6 months.

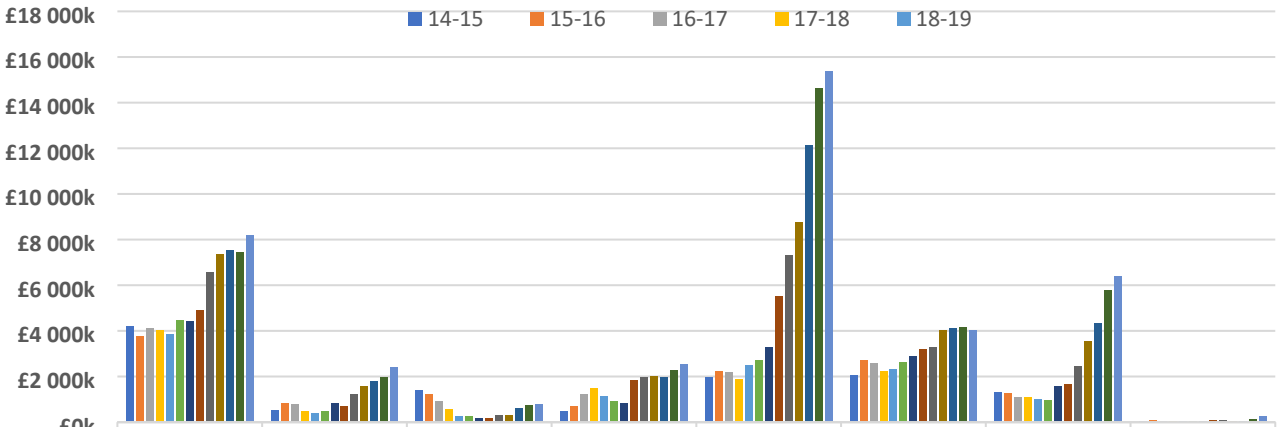
Strengthening of governance
A series of workshops are being undertaken, supported by Clarity Consulting and UB Healthcare, which seek to set out a series of joint standardised procedures to be followed for assessment. These workshops will be informed by the operational teams of PTHB and Powys County Council, and are aimed to achieve a shared understanding of procedure and decision making between the teams.

Understanding service resourcing
It is noted that the services are both configured differently and have a variance in workload that is also informing any delay in achieving expected performance

standards. The external team have been commissioned to review the demand and capacity, consider all configuration options that would best optimise service capacity and make any recommendations as to what team delivery model might best help deliver a fit for purpose service, and deliver optimal outcomes.

FINANCE & SAVINGS

It is well recognised that CHC budgets have seen significant growth over recent years, both in terms of volumes of eligible cases and the cost associated with the packages of care commissioned.



	Adult Mental Health	Adult Palliative Care	Children	Community Based/Home Care Support	Elderly Mentally Ill Nursing Home	General Nursing	Learning Disability	Respite
14-15	£4 180k	£512k	£1 388k	£491k	£1 964k	£2 063k	£1 306k	£46k
15-16	£3 757k	£808k	£1 216k	£709k	£2 207k	£2 694k	£1 259k	£60k
16-17	£4 133k	£790k	£910k	£1 224k	£2 201k	£2 592k	£1 077k	£29k
17-18	£4 019k	£462k	£577k	£1 489k	£1 895k	£2 240k	£1 101k	£46k
18-19	£3 838k	£408k	£239k	£1 141k	£2 501k	£2 304k	£983k	£31k
19-20	£4 482k	£474k	£267k	£908k	£2 691k	£2 605k	£957k	£26k
20-21	£4 413k	£806k	£155k	£824k	£3 271k	£2 868k	£1 565k	£38k
21-22	£4 917k	£674k	£157k	£1 829k	£5 518k	£3 177k	£1 650k	£71k
22-23	£6 571k	£1 214k	£296k	£1 947k	£7 308k	£3 279k	£2 461k	£61k
23-24	£7 374k	£1 569k	£310k	£2 007k	£8 745k	£4 023k	£3 549k	£36k
24-25	£7 544k	£1 785k	£623k	£1 980k	£12 136k	£4 095k	£4 347k	£47k
25-26	£7 428k	£1 976k	£725k	£2 286k	£14 636k	£4 154k	£5 793k	£124k
P01-27	£8 204k	£2 389k	£798k	£2 550k	£15 366k	£4 038k	£6 409k	£262k

CHC spend by Criteria Open & Closed cases

Total Cost (£'000)	Column Labels									Growth 17/18 to 25/	
Criteria	17-18	18-19	19-20	20-21	21-22	22-23	23-24	24-25	25-26	£'m	%
Adult Mental Health	£4,019	£3,838	£4,482	£4,413	£4,917	£6,571	£7,374	£7,544	£7,428	£3,409	
Adult Palliative Care	£462	£408	£474	£806	£674	£1,214	£1,569	£1,785	£1,976	£1,513	
Community Based/Home Care Supp	£1,489	£1,141	£908	£824	£1,829	£1,947	£2,007	£1,980	£2,286	£796	
Elderly Mentally Ill Nursing Home	£1,895	£2,501	£2,691	£3,271	£5,518	£7,308	£8,745	£12,136	£14,636	**£12,741**	
General Nursing	£2,240	£2,304	£2,605	£2,868	£3,177	£3,279	£4,023	£4,095	£4,154		
Learning Disability	£1,101	£983	£957	£1,565	£1,650	£2,461	£3,549	£4,347	£5,793		
Grand Total	**£11,207**	**£11,176**	**£12,117**	**£13,748**	**£17,766**	**£22,780**	**£27,267**	**£31,886**	**£36,274**		

Whilst it is difficult to reliably benchmark the spend in Powys against the spend in other areas, some generalised figures which are discussed at an all Wales level, would suggest that whilst around 5 years ago, Powys benchmarked low in our spend proportionate to our population volumes and demography, the Health Board are now around the middle of the table, particularly around spend on patients over 75. That said, this spend then remains disproportionate to the overall percentage of the Health Board budget, and more work is needed to contain such costs and growth moving forward.

In addition, further work is needed to validate this data, and it is worth noting that Welsh Government have for the first time mandated a data collection proforma that is to be completed by all Health Boards on a quarterly basis, which will provide some greater confidence in such benchmarking. Reporting will commence at the end of the first quarter of 26/27, and this will inform future service reporting also.

Financial recovery

It is expected that in 26/27, Powys Health Board will work to significantly reduce the expected further growth of around £4m by the end of the year. These savings will be informed by the external diagnostic work, which has to date undertaken a handful of reviews of existing cases and identified that a significant proportion may benefit from reassessment, informing a potential reduction in numbers eligible for funding.

Whilst this carries a number of risks, from increased workload of the team for such work, through to the potential for challenge (whether by patients and families themselves or system partners who may see this as cost shifting), it does offer some opportunity for potential cost saving.

More work needs to be undertaken to better understand why there may be variance from eligibility that has previously been assessed, but early indications have identified that the fragmented approach to assessment (with multiple teams assessing) might contribute to a variation in application of the framework guidance. Moreover, teams already close to families and patients through their day-to-day care of the patient, may demonstrate less objectivity in assessment, when they are compassionately looking to support patients in their long erm care. Other reasons might include the delivery of assessments closer to a period of acute care and treatment, and when recovery has not yet been optimised. Again, this can be driven by a desire to support patients quickly to their long-term care placement but can also reflect a higher level of need than a later review might show.

Other actions that may support further expected financial recovery include:

- Centralised team of assessors
- Investment in market management and engagement role
- Investment in social worker role for partnership and engagement to support dispute process and maintain relationships
- Prioritisation of 12-month reviews
- Explicit review of 1:1 funding, including strengthening of policy and initial review after several days
- MOUs with Powys County Council
- Reduced notice period for change in accountable funding

- Align future inflation Powys County Council
- Investment in 'Care Cubed' as a model for agreeing costs
- Strengthened Executive engagement and challenge to high-cost cases

RISKS & MITIGATION

Recognising that CHC is an important process to support patients and families to provide care closer to home, it is vital that this is then delivered effectively. We know from the external review that the current model has some risks, including workforce, disaggregated process, timeliness (including reviews) and the financial risks of growth in cost and volumes.

Mitigating this will be a significant focus for the coming year, with an expectation that right sizing and skill mix for the existing teams will be a priority. This will release capacity for further reviews, provide assurance that process is applied consistently and equitably (noting the need for shared model of assessment with social care).

Strengthening of reporting (benchmarking and digital system implementation) will be vital to ensure the delivery focus remains on the most impactful areas, and the work to support market engagement and management will help to inform a good deal of financial risk.

IMPACT ASSESSMENT					
This section must be completed for all strategic organisational decisions including approval of health board policies.					
QUALITY:					
	No	Negative	Positive	Both	**Factors considered** • Patient safety • Clinical Effectiveness • Patient Experience • Workforce stress
Safe			√		
Timely			√		
Effective			√		
Efficient			√		
Equitable			√		
Person Centred			√		
Workforce			√		
Leadership			√		
Culture			√		
Information			√		
Learn, Improve, Research			√		
Whole Systems Approach			√		
EQUALITY:					
	No impact	Negative	Positive	Both	Equity of Access is intrinsic within the service area
Age	√				
Disability	√				
Gender reassignment	√				
Marriage / civil partnership	√				
Pregnancy / maternity	√				
Race	√				
Religion or Belief	√				
Gender	√				
Sexual Orientation	√				
Welsh Language	√				
Socio-economic status	√				
Social exclusion	√				
Carers	√				
RISK ASSESSMENT:					

	Level of risk identified				Service Risk Assessment is in place
	Very Low (0-)	Low (4-8)	Moderate (9-	High (15-25)	
Clinical			√		
Financial			√		
Corporate			√		
Operational			√		
Reputational			√		

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 5.5

Finance and Performance Committee	**Date: 25 June 2026**
Subject:	Integrated Quality & Performance Report – Colonoscopy Update Report
Approved and presented by:	Nicola Johnson, Executive Director of Planning, Performance and Commissioning
Prepared by:	Deputy Director of Performance and Commissioning Head of Performance
Other Committees and meetings considered at:	N/A

PURPOSE:

The Integrated Quality and Performance Report (IQPR) provides a regular update on the latest available performance position for Powys Teaching Health Board (PTHB) against the NHS Wales Performance Framework. Throughout 2025/26, the IQPR presented a challenged position on the delivery of index colonoscopy procedures within the required target. This has been noted as an action on the Committee Action Log since June 2025.

This paper presents the Finance and Performance Committee with an update on the current position.

RECOMMENDATION(S):

The Finance and Performance Committee is asked to:

- **NOTE** the contents of the paper.

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

1. EXECUTIVE SUMMARY

PTHB is commissioned by Public Health Wales (PHW) to undertake Bowel Screening Wales (BSW) colonoscopy activity within its diagnostic/day case units.

The performance target set within the NHS Wales Performance Framework 2025/26 was for 90% of patients to be offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner appointment.

The performance against this target has been poor with the measure remaining in escalation within the context of the PTHB Integrated Quality and Performance Framework (IQPF).

This paper presents the Finance and Performance Committee with an update on the current position.

2. DETAILED BACKGROUND AND ASSESSMENT

2.1 Background

Powys is commissioned to carry out Bowel Screening Wales (BSW) colonoscopy activity within its diagnostic/day case units, with PTHB responsible patients also accessing services commissioned from bordering DGHs. Non-Powys responsible patients may also have screening carried out in PTHB facilities as the patient allocation is undertaken by PHW from a central pooled waiting list.

Not all referrals for PTHB led Specialist Screening Practitioner assessment appointments have their colonoscopy carried out within PTHB provider services as not all patients are clinically suitable for the procedure in PTHB units

PHW undertook a Quality Assurance (QA) visit to the PTHB service in June 2025, and recognised:

- PTHB service is 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 the historical service model of single-handed in reach consultant from HD UHB and impact on waiting times for screening patients – with the Health Board also remaining reliant on private insourcing to support delivery of this service.

There are a number of key challenges regarding the provision of colonoscopy in PTHB including:

- Very fragile capacity with the single handed in-reach Consultant having resigned, and the service being managed solely via private insourcing from March 2026.
- 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 Key Performance Indicator (KPI) requires ongoing scrutiny and engagement with PHW colleagues, as the 4-week clock counts the assessment of the offer of booking the SSP appointment rather the date of the appointment taking place. The assessment of the offer is carried out by the PHW team.
- There is no direct link to the BSW system (which sits with PHW) and the PTHB Data Warehouse, as such workarounds are being used to ensure all correct clock stops and further pathway detail is collated by the service e.g., both WPAS and manual waiting list are used as part of the pathway and pathway management.
- In December 2025, a paper was presented to the Executive Committee reviewing all the measures included in the IQPR for 2025/26, highlighting that for this particular measure it is cross checked against the Welsh Government scorecard for data quality at every update; that there were concerns that the data did not include all PTHB responsible patients; and that the methodology of the measure remained under scrutiny with PHW.

PTHB has continued to undertake a number of actions to address the performance:
- Regular meetings between Health Board operational leads and the BSW team.
- Private in-sourced capacity utilised for both screening and symptomatic service.
- Regional planning discussions around endoscopy which in turn supports bowel screening.
- 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 KPI methodology and consistency.
- Validation undertaken to provide assurance including local waiting list cross checking with the PHW screening booking system.
- PTHB joint post (with CTMUHB) band 7 screening practitioner appointed May 2025 working as part of regional aid to carry out screening assessments supporting CTMUHB population as well as PTHB.
- PTHB fully engaged with the All-Wales Review of Bowel Screening Programme.
- Exploring opportunities for joint bowel screening colonoscopist appointment with ABUHB.
- Part of the PHW workstream looking at service sustainability across Wales

2.2 Current position

A BSW Screening Colonoscopy Improvement Collaborative Project Board has been established (by PHW) to review BSW services across Wales including targets, reporting, data quality, and operational opportunities triggered by sustainability of screening services across Wales. PTHB is represented the Associate Medical

Director for Planned Care & Senior Manager Planned Care. It is expected that this will run over the next 12 months.

Following a bowel screening query from the PHW QA visit in June 2025 highlighting an apparent discrepancy in performance, Dr Will King (PTHB Consultant in Public Health), has contacted both the Head of Programme for BSW and a Public Health Consultant requesting support from PHW colleagues in providing PTHB with confirmation of performance standards; expert interpretation of the observed pattern; advice on whether further investigation is required; and access to individual level data (or equivalent analysis) to support risk-adjusted review. Dr Kate Wright, PTHB Executive Medical Director continues to lead on this investigation.

The PTHB Head of Performance has requested further information from the PHW Senior Informatics and Data Specialist in order to validate PTHB performance against local waiting list performance information.

Validation of the August 2025 reported performance has been undertaken in collaboration with PHW. A manual extract of the denominator, including patient identifiers, was provided and reviewed. The August denominator matches the locally held waiting list data, and further compliance checks are currently being completed.

It should be noted that additional data has been requested for February 2026, as the reported performance for that period appeared unusually high (approximately 40%). Once received, this data will support further validation of the methodology and reporting processes by comparison with locally held waiting list information and locally assessed performance.

3. NEXT STEPS

The Finance and Performance Committee is asked to:

- **NOTE** the contents of the paper.

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 5.6

Finance and Performance Committee	**Date: 25 June 2026**
Subject:	**Committee Risk Register Update**
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.

RECOMMENDATION(S):

The Finance and Performance Committee is asked to:

- **NOTE** the update that the next Committee Risk Register will be presented at the next meeting in September 2026.

Approve/Take Assurance	Discuss	Note
Y	Y	x

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
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.

The Board is actively undertaking an annual review of its Strategic Risk Register (SRR) to ensure that the risks continue to accurately reflect and align with the Health Board's strategic priorities. Following review, a summary of the revised SRR will be presented to the Board in July for consideration and subsequently the revised SRR to the Board for approval in September. The updated Committee Risk Register (CRR) will be provided to the Finance and Performance Committee at its next meeting in September 2026.

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.

Finance and Performance Committee 2026-27

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

Asbestos Management

Final Internal Audit Report

2025/26

Powys Teaching Health Board

Reasonable Assurance

Contents

Review Reference	PTH-SSU-2526-05
Fieldwork	October - November 2025
Executive Sign Off	May 2026
Audit Risk and Assurance Committee	May 2026
Executive Lead	Pete Hopgood, Director of Finance, Capital & Support Services
Head of Internal Audit	Huw Richards, Deputy Director (SSu) David Butler, Audit Manager

Executive Summary

Purpose

Asbestos-containing materials were used for a wide range of construction purposes in new and refurbished buildings until 1999, when almost all use of asbestos was banned. Buildings constructed after year 2000 can normally be regarded as being asbestos-free.

The review was undertaken to determine the adequacy of, and operational compliance with the Teaching Health Board's systems and procedures for the management and control of Asbestos, taking account of NHS and other supporting regulatory and procedural requirements (notably the Control of Asbestos Regulations 2012). The audit was included as part of the internal audit plan for 2025/26 agreed by the Audit Committee.

The overall objective was to ensure that the Health Board's overarching asbestos management procedures (as implemented) are robust and sufficiently comprehensive to manage asbestos based risks.

The Control of Asbestos Regulations 2012 (CAR 2012) place specific responsibilities on duty holders to assess the presence of asbestos, notably prior to any refurbishment or work likely to disturb building materials, and to ensure that appropriate information, instruction, and training are provided to staff.

Overview

The audit found procedures in place to provide practical guidance on the implementation of the Control of Asbestos Regulations 2012 in the Health Board context. This included the specific roles of their Estates staff relating to the identification, management, and safe handling of asbestos.

Controls included risk assessment, re-inspections, monitoring and reporting arrangements, and action for high risk or deteriorating materials. Asbestos issues were found to be appropriately identified and addressed at sample testing.

We have concluded **reasonable assurance** on this area. Matters requiring management attention included to the need to improve procedures or improve alignment of procedures with operational practices. There was also the need for enhanced record keeping procedures to ensure that on-going regulatory compliance can be demonstrated. Key matters for management attention included:

- the need to ensure appropriate frequency of management surveys and re-inspections;
- clarified requirements for record keeping within procedures including any exemptions for minor works;
- a clear risk rating at the Annual Asbestos Report;
- monitoring risk action dates;
- monitoring asbestos training for the various categories of staff as required; and
- enhanced waste procedures to provide assurance of legal disposal.

Full details of matters arising are detailed 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:

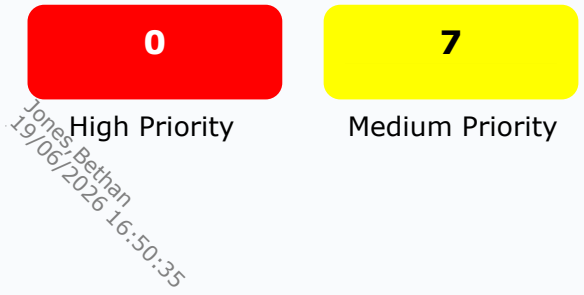
- Highlight reporting could usefully be extended to include proposed, approved and expended sums to facilitate communication, budget monitoring and approvals (including authority to proceed).

Full details of these are provided at **Appendix A**

Scope & Assurance Summary

	Objectives	Related Findings	Assurance
1	Governance - Assurance that an approved Asbestos Management Plan / Policy was in place, verify that there was appropriate and demonstrable executive ownership, that day-to-day management of asbestos has been assigned to a suitably qualified and competent individual and further that monitoring and audit arrangements were operating effectively.		**Substantial**
2	Identification- Appropriate surveys had been undertaken to identify the presence of asbestos and the potential exposure risk to staff/ public.	1	**Reasonable**
3	Records – To ensure that the Health Board held a fully comprehensive asbestos register to identify the locations of Asbestos Containing Materials on all sites.	2	**Reasonable**
4	Risk Management – To confirm all high-risk Asbestos Containing Materials had been identified and escalated to the Health Board's corporate risk register – including proposed action.	3, 4	**Reasonable**
5	Action Plans - The Health Board had an Asbestos Risk Register that identifies all asbestos across the estate, and an Asbestos Management Plan that determines how the Asbestos Containing Materials are managed in each premises.	5	**Reasonable**
6	Operational Delivery - That Compliance with Control of Asbestos Regulations 2012 was demonstrated through operational activities including - Plans of Work, Information, Instruction and Training, Use and Maintenance of Control Measures etc.	6, 7	**Reasonable**

Management Actions



Themes

Risk Types

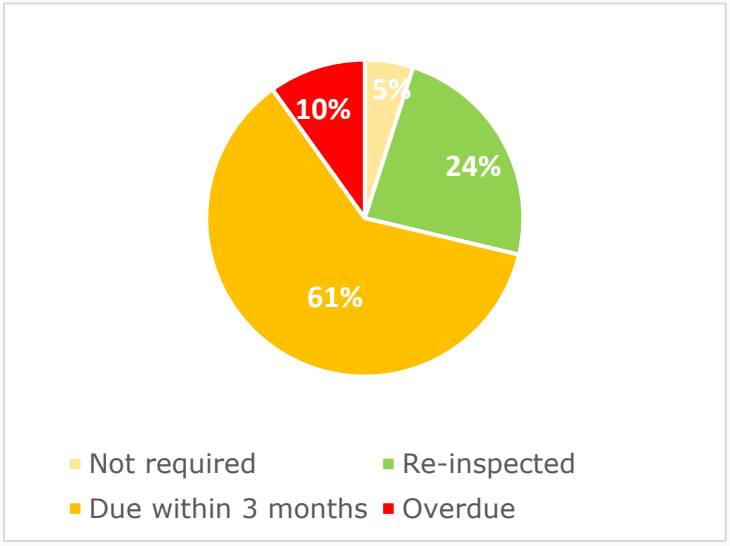
Quality or Safety Issues

Legal & Regulatory Non-Compliance

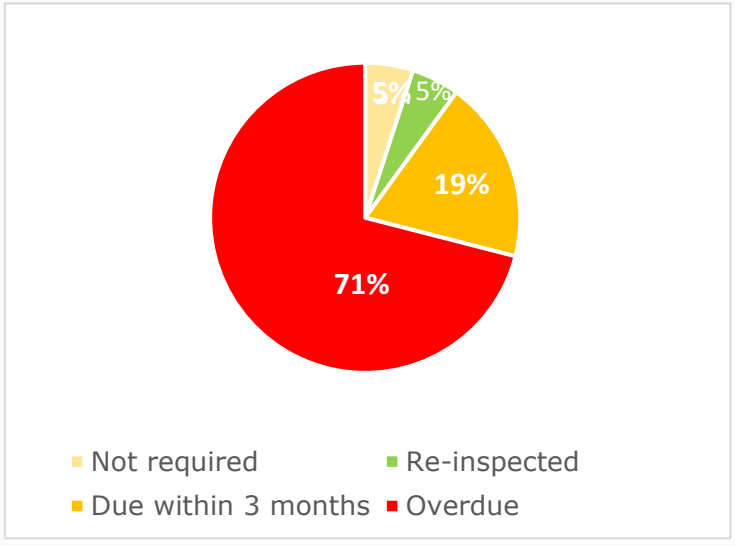
Asbestos Management – At a Glance

Re- inspection performance (% premises)

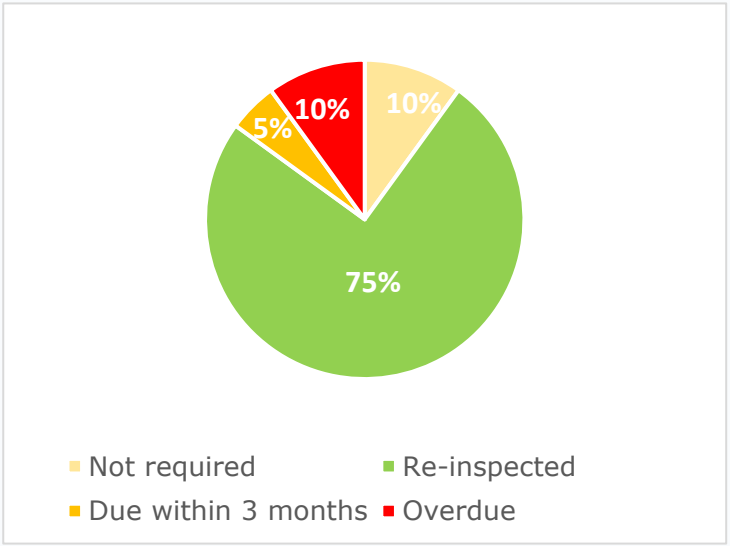
As at August 2025



As at November 2025



As at March 2026



By November 2025, 71% of planned re-inspections were reported as over-due, with a further 19% reported as due within the next 3 months. These figures were significantly reduced by March 2026 (the majority of re-inspections being undertaken during December 2025).

The reported 10% of overdue inspections (as at August 2025 through to March 2026) have been attributed to anomalies in data provided by an external party i.e. relating to sites that are no longer in the ownership/maintenance responsibility of the Health Board. Audit testing was able to affirm the same.

Findings & Agreed Action Plan

Objective 1: Governance Arrangements	**Substantial**

Overview / Summary of Observations

Defined governance and reporting arrangements are not a requirement of asbestos regulations. However, effective communication and oversight arrangements can facilitate compliance. Accordingly, governance and reporting arrangements were defined within the Asbestos Management Policy and Procedure and terms of reference of relevant groups and committees in accordance with best practice.

An in-date Asbestos Management Policy was in place as approved by both the Asbestos Safety Group and the Innovative Environments Group. The Policy was supported by in-date Asbestos Management Procedures approved by the Asbestos Safety Group detailing operational controls. Together these provided a practical framework applicable to the Health Board to ensure compliance with requirements of the Control of Asbestos Regulations 2012.

The Asbestos Safety Group was chaired by the Associate Director of Capital, Estates and Facilities (as the Responsible Person), the Asbestos Manager (Capital Manager), Deputy Asbestos Manager (Head of Estates), Senior Health and Safety Officer, Support Services (Facilities) Manager, ICT Manager, and Head of Technical Services (Property). These arrangements provide both direct linkage to the Executive, and operational linkage to those likely to encounter asbestos (e.g. IT cabling). The Group met quarterly and was supported by a bi-monthly Asbestos sub-group informed by a Highlight report of operational issues (showing risk and priced assessed issues).

The Asbestos Safety Group reported to the Estates Compliance Group (also chaired by the Associate Director of Capital Estates and Facilities – the Responsible Person), with escalation to the Innovative Environments Group demonstrating appropriate oversight and escalation arrangements. The Innovative Environments Group was attended by both the Associate Director of Capital, Estates and Property, and Head of Facilities ensuring effective communication of any issues.

Noting the above, substantial assurance has been determined in relation to governance arrangements applied to asbestos management.

Objective 2: Asbestos Identification — **Reasonable**

Overview / Summary of Observations

The Health Board undertook a Management (general) Survey of the entire estate between 2012 – 2013 (as evidenced by sample testing). This was supplemented by an annual re-inspection regime (or more frequent, as guided by scored risk appraisals). Procedures also require the need for a refurbishment / demolition survey before any works are undertaken (in accordance with Health & Safety Guidance HSG 264). Reliance was therefore placed on comprehensive coverage of the Management Survey, with inspection on an exception basis thereafter.

These surveys were conducted by UKAS (United Kingdom Accreditation Service) accredited surveyors as required by regulations.

Management acknowledged the need to refresh the management survey on a rolling basis. Monitoring reports showed that 16% of buildings were not included within the original Management Survey and 10% of properties were over-due re-inspections. However, management demonstrated that these issues related to data anomalies at the database monitoring provided by an external consultant. Whilst these items were acknowledged by the Health Board, the anomalies had not been rectified at the time of the report.

Asbestos work is categorised by risk level, dictating whether it requires an HSE-licensed contractor (high risk) or not. The Health Board uses licenced asbestos contractors for all asbestos works (excepting minor works not requiring notification to the HSE undertaken by the works department).

For purposes of sampling, the audit reviewed eight works completed from January 2024 comprising:

Table 1

Date	Job description	External contractor / works dept	Value
Oct 24	Brecon Duct	Licenced contractor	£30k
Oct 24	Brecon Admin Roof	Licenced contractor	£30k
Mar 25	Bronllys Critical Asbestos Removal	Licenced contractor	£135k
Mar 25	Llanidloes Critical Asbestos Removal	Licenced contractor	£106k
Jan 24	Tawe Ward	Works dept.	n/a
Sept 24	Brecon War Memorial Hospital Boiler Room	Works dept.	n/a
Jan 25	Mortuary Fridge	Works dept.	n/a
Mar 25	Fire Alarms	Works dept.	n/a

Sampling found asbestos issues to be appropriately identified and works to be appropriately directed by surveys. However, there was a need to define circumstances in which exemptions from refurbishment / demolition surveys may be applied (as was the case for the minor works – see **Records – Administrative procedures**).

Noting a risk-based approach and satisfactory assurances obtained from sampling, **reasonable** assurance has been determined in relation to asbestos identification.

Key Findings		Risk & Impact	Agreed Management Action
1	**Survey frequency** *Management Surveys* Health & Safety guidance requires a "suitable and sufficient" management survey of the estate to be undertaken to assess asbestos risks. Such management surveys are intended to act as the basis to direct more thorough / invasive re-inspection surveys. A full survey was last undertaken in 2012 – 2013. Monitoring reports showed that 16% of buildings were not included within the original Management Survey. Management were subsequently able to demonstrate that this related to data anomalies of the external consultant which were being managed / addressed (e.g. 6 x-ray facilities reported as separate sites, disposed of premises etc). However, the asbestos issues identified within the (sampled) Brecon Roof works were not identified at the original Management Survey. The October 2024 Asbestos Highlight report, noting the elapsed time since the prior survey, commented that it was: "*good practice to revisit surveys and possible rolling programme for individual sites in order to update*." *Re-inspections* The Asbestos Management Policy requires re-inspections to be undertaken of all premises on an annual basis as directed by risk assessments (e.g. as informed by the management survey and subsequent information). While subject to monitoring and discussion, compliance data and graphs were not included within reports. The effectiveness of reporting the associated risks has been considered at the **Risk Management** objective.	Failure to evidence compliance with the Control of Asbestos Regulations 2012, risking legal liabilities.	**Proposed Management Action:** (a) A decision has been made to introduce a rolling programme of Management Surveys starting with Llanidloes from 2026 alongside the continued programme of re-inspections. (b) In order to increase the resilience of the maximum annual cycle for asbestos re-inspections (which are currently commissioned every year and entailing potential procurement delays) a 5-year contract will be secured. **Expected Evidence of Implementation:** (a) Progressive survey of the estate (b) 5-year contracts for both re-inspections and management surveys completed between the Health Board and appointed provider.
		Medium Priority	**Officer:** Associate Director of Capital, Estates and Property **Date:** (a) from July 2026 (b) December 2026
	Theme: Quality, Safety & Patient Experience	Control Operation	

Objective 3: Asbestos Records	**Reasonable**

Overview / Summary of Observations

The Asbestos Manager was able to evidence a range of key documents to demonstrate compliance with the Control of Asbestos Regulations 2012 (CAR 2012), Health & Safety Guidance HSG 264, and both the Health Board Asbestos Management Policy and Asbestos management Procedure.

Asbestos Management Plans were in place for each of the sites sampled. Similarly Plans of Work including associated surveys (refurbishment survey) and risk assessments were filed for all works sampled.

However, while no non-compliance was noted at works undertaken, there was a need to better define documentation and record retention requirements to evidence compliance e.g. required insurances, and records of those discovering / disturbing asbestos and associated medical records.

While a listing was available for "Permit" jobs this was not routinely published to the Asbestos Sub-Group to facilitate review and control of minor works. There was also a need for clarity as to procedures for closure of these works (see **Overview** bullet listings).

While recognising these issues, noting records in the key aspects of works risk assessment and plans of work, reasonable assurance is determined in relation to asbestos records.

	Key Findings	Risk & Impact	Agreed Management Action
2	**Administrative procedures** While the audit did not find non-compliance with the CAR 2012 regulations, procedures did not always fully specify expected administrative and record maintenance requirements, and in one instance did not fully record compliance (In the case of Bronllys, evidence of site induction relied upon the contractor's site diary, and only referenced induction the day prior to works completion). In the event of challenge that due process had been followed, procedures should therefore also include expectations as to administrative processes to evidence compliance e.g. • waste management (see **finding 5**); and • records of those discovering / disturbing asbestos and associated medical records (noting 40-year retention requirements and that at the time of the audit the asbestos officer(s) indicated that they did not have access to historical records of exposure to asbestos). Management advised that they were not aware of any such incidents.	Failure to evidence compliance with the Control of Asbestos Regulations 2012 risking legal liabilities.	**Proposed Management Action:** The Asbestos Management Procedures will be reviewed and updated including to: (a) Recognise a process where the Asbestos / Deputy Asbestos Manager can authorise work without the need for samples where the knowledge of the material involved is well-established from similar appropriate prior sampling. (b) Reflect the process to capture the documentation on the closure of Permits.

	Minor works exemptions *Surveys* In review of minor works it was also found that refurbishment / demolition surveys had not been undertaken in these instances. In the case of Fire Alarms, works were required as part of a larger capital project (being embedded in an Artex roof of similar age to another with known asbestos). Workers were not exposed to undue risk due to the presumption of asbestos presence with associate precautions and practices. However, the Asbestos Management Procedures did not specify exemption from such survey by way of emergency or other exception. It is also possible that without such survey undue asbestos precautions may be undertaken. There was therefore a need to define the nature of works where such exceptions would be applied and the applicable exceptions. *Reporting and closure* Reporting of approvals, costs, issues and completion of minor / emergency Permit jobs is presently as discussed at sub-group meetings. While a listing was available for "Permit" jobs (***Table 1***), this was not routinely utilised to inform monitoring by the Asbestos Sub-Group of minor works e.g. the February 2024 Asbestos Sub-Group meeting referred to 16 such jobs "*mainly in Ystradgynlais and Bronllys*" with no further detail. Formal closure was not identified for these jobs. However, there was no exception to standard handover and closure within *procedures for minor works.* A systematic report could perhaps be of benefit to ensure comprehensive coverage e.g. including authorisation, costing, survey exemptions and closure certification etc.		**Expected Evidence of Implementation:** Amended Asbestos Management Procedures
	Theme: Policies & Procedures	Control Design	**Medium Priority**	**Officer:** Associate Director of Capital, Estates and Property **Date:** July 2026

Objective 4: Risk Management	**Reasonable**

Overview / Summary of Observations

Asbestos risks were assessed and scored in detail at the Asbestos Risk Register in addition to confirmation at re-inspections and Plans of Work.

The 2024 Asbestos Annual Report (to the November 2024 Integrated Assurance Group) included the review of current estate risks. At the time of audit, the 2025 report (provided in draft) had yet to be published. While management confirmed that an overall assessment and derivation of estate risk was reported at the Annual Report, the report did not make this clear.

A risk-based approach was in place in the monitoring and reporting of issues relating to asbestos works (as confirmed by audit sampling – see **Asbestos Identification** Objective). The October 2025 Highlight Report recognised re-inspections being due between November and December 2025. The **At a Glance** section, detailed movement in the over-due re-inspection requirements. Management confirmed that all re-inspections were completed by 17th December 2025 mitigating the reported risks. While other risks were of a more minor nature, full monitoring of risk action dates was not identified.

While noting these matters, reasonable assurance is determined in relation to risk management.

Key Findings		Risk & Impact	Agreed Management Action
3	**Risk score** While the November 2024 Asbestos Annual Report reported an asbestos risk of 10, this was linked to one current removal job rated at 10. Wider derivation of this score was not apparent. There was therefore scope for greater clarity as to the reporting and derivation of the overall asbestos risk within the Health Board estate. At the draft 2025 report (compiled during the audit) linkage to risk scoring of individual works had been removed.	Risks are not sufficiently reported to appropriately inform the decisions of the Responsible Officer.	**Proposed Management Action:** We will clarify the derivation of the overall asbestos risk score e.g. being based on both works and wider factors such as training compliance, up to date procedures, and current surveys.
			Expected Evidence of Implementation: Clear derivation of the risk score at the annual asbestos report.
		Medium Priority	**Officer:** Associate Director of Capital, Estates and Property **Date:** March 2027
	Theme: Risk Management	Control Operation	
4	**Risk Actions** Action dates for all the full number of identified risks (several hundred) were not completed. While all site risks were monitored via Asbestos Management Plans for each site, these did not include monitoring against set risk action dates. There was therefore a need for management to confirm appropriate monitoring and reporting of identified risks.	Appropriate plans are not in place to mitigate asbestos risks.	**Proposed Management Action:** An action tracker will be developed for the re-inspection survey recommendations (which will provide a pan-Powys tracking tool).
			Expected Evidence of Implementation: An operational action tracker for re-inspection survey recommendations.

		Medium Priority	**Officer:** Associate Director of Capital, Estates and Property
	Theme: Risk Management	Control Operation	**Date:** September 2026

Objective 5: Action Plans	**Reasonable**

Overview / Summary of Observations

Asbestos Containing Materials were managed in accordance with the Health Board's Asbestos Management Policy and Procedure. These in turn aligned with the Control of Asbestos Regulations 2012.

The Asbestos Risk register, supported by Asbestos Management Plans and a Works Tracker, acted as the key documents informing actions plans.

The 2024 Asbestos Annual Report stated that site specific Asbestos Management Plans were to be re-issued in November 2024 (with on-going actions recorded at Highlight Reporting). The June 2025 Highlight Report subsequently noted these to have been completed for all hospital and owned clinic sites. However, the October 2025 Highlight Report also noted that action was still required to ensure Asbestos Management Plans for Primary Care and premises leased from third parties. At the time of audit, there remained a need to ensure that Asbestos Management Plans were up to date based on full surveys and re-inspections of the entire estate (see **finding 3**).

Management measures included isolation, encapsulation or enclosure of Asbestos Containing Materials to prevent deterioration or accidental disturbance; and clear labelling of higher-risk materials. A graded response (of isolation, encapsulation or removal), based on risk, deterioration, and re-inspection was clearly specified at the Procedures, supported by awareness training.

A "low" rated matter is also observed, that while Highlight reporting included indicative costs, reporting could usefully be extended to include proposed, approved and expended sums to facilitate communication, budget monitoring and approvals (including authority to proceed).

While recognising the need to fully update action plans following completion of surveys & re-inspections, noting identification of key issues at monitoring including this requirement reasonable assurance is determined in relation to action plans.

	Key Findings	Risk & Impact	Agreed Management Action
5	**Leased premises** The September 2025 Asbestos Group meeting noted with regards to buildings leased from third parties that there was a need that: "*documentation from the landlord on the leased building is required for asbestos" with an agreed action "to arrange a meeting to progress, looking at the sites, getting the information off the lease holders, the quality of the report and how to respond to the lease holders"*. The October 2025 Highlight Report further noted the need for: "*Asbestos Management Plans to be set up for Primary care and leased buildings as well as sites where there are no asbestos containing materials present to provide a historical check*" with the need to "*gather information from Freeholder / landlord or survey site*" and for "*documents to be completed in conjunction with project team and use of Powys County Council database for*	Appropriate plans are not in place to mitigate asbestos risks.	**Proposed Management Action:** A review will be undertaken of the effectiveness of the Duty of Care process related to the monitoring of asbestos management by Landlords of leased premises.

	asbestos", with a working group to be set up to progress. Accordingly, there was a corresponding need to ensure appropriately informed asbestos mitigations and Asbestos Management Plans were in place for Primary Care and leased premises.		**Expected Evidence of Implementation:** Duty of Care review of monitoring of asbestos management by Landlords of leased premises.
		Medium Priority	**Officer:** Associate Director of Capital, Estates and Property **Date:** December 2026
	Theme: Risk Management	Control Operation	

Objective 6: Operational Delivery	Reasonable

Overview / Summary of Observations

The Health Board's Asbestos Management Policy and Procedure, in combination provide a practical framework for governance and regulatory compliance in the context of the Health Board estate. These clearly set out clearly defined procedures to be followed in the event of an accidental or suspected disturbance of Asbestos Containing Materials. Work requiring licenced asbestos contractors and also that requiring notification to the Health & Safety Executive were clearly described in both the Policies and Procedures (in accordance with the Control of Asbestos Regulations 2012).

Procedures detailed requirements for both Risk Assessments and method statements e.g. as required for HSE notifications and within the proposed Plans of Work (as found to accord with practice in sample testing).

Planned work was appropriately notified to the Health & Safety Executive and undertaken using licenced contractors where required. However, the waste carriers should be detailed at the Plan of Works to facilitate appropriate checks. There was also a need to describe the bagging and storage procedures used operationally.

As previously noted, issues and actions were communicated, monitored and prioritised via Action Logs and Highlight Reports with assigned officers for action. It was evident from the Action Logs, Highlight Reporting and sample testing that risk assessed issues were being appropriately addressed.

Effective operational delivery also relies on effective training. While various tiers of training were detailed as in place at the Annual Report, this should explicitly confirm levels of compliance, notably by the Responsible Officer and key delegates.

Accordingly, noting these matters, reasonable assurance is determined in relation to operational delivery.

	Key Findings	Risk & Impact	Agreed Management Action
6	**Waste procedures** *Waste Carriers* In accordance with legislation, the Asbestos Management Procedure states that Hazardous Waste: *"must only be removed from site by a registered Waste Carrier and transferred to a suitably licensed Hazardous Waste facility with Hazardous Waste Consignment Note to be provided by the Waste Carrier"*. This was re-iterated at Plans of Work, including the waste carrier licence of the contractor (to permit advance vetting), procedures did not state these additional expectations. Management confirmed that operationally, asbestos waste is stored in red asbestos waste bins, held securely and collected periodically. However, similarly, these processes / requirements were not described within procedures. This also means that staff cannot reasonably be held to account for non-compliance.	Appropriate declarations and checks are not made for a current Waste Carrier Licence resulting in regulatory breach, potential legal action, fines, and adverse publicity.	**Proposed Management Action:** The Asbestos Management Procedure will be updated to fully reflect required waste procedures. **Expected Evidence of Implementation:** Updated asbestos waste procedure.
	Theme: Policies & Procedures	**Medium Priority** Control Design	**Officer:** Associate Director of Capital, Estates and Property **Date:** July 2026

7	**Asbestos awareness training** Detailed monitoring of asbestos training was undertaken for the Estates, Works and Capital teams. The Asbestos Management Policy requires the Asbestos Annual Report to report on training status. While this reported various tiers of training in place, from awareness to Duty to Manage, it did not report compliance (notably for the Responsible Person and supporting managers).	Inadequately trained staff may lead to unintentional disturbance of Asbestos Containing Materials with resultant health risks and potential breaches of the Control of Asbestos Regulations 2012.	**Proposed Management Action:** A narration will be added to the annual report in relation to levels of training compliance.
			Expected Evidence of Implementation: Annually reported training compliance.
		Medium Priority	**Officer:** Associate Director of Capital, Estates and Property **Date:** March 2027
	Theme: Reporting	Control Design	

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.

Disclaimer

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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 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.

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.

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.

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

Cyd-bwyllgor Comisiynu
Joint Commissioning Committee

Joint Commissioning Committee

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

Dyddiad y Cyfarfod / Date of Meeting	26/05/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Maxine Evans, Assurance & Risk Officer
Cyflwynydd yr Adroddiad / Report Presenter	Paul Worthington, PPF Chair and Lay Member, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Huw George, Chief Commissioner, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Assurance

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Health Boards		Noted

1. SITUATION/BACKGROUND

This report has been prepared to provide Health Board Chief Executive Officer Members of the Joint Commissioning Committee (JC) with a summary of the key issues considered by the NHS Wales Planning, Performance and Finance (PPF) Sub-Committee at its public meeting on 28 April 2026.

Key highlights from the meeting are reported in Section 2.

2. HIGHLIGHT REPORT

(Links to reports highlighted - April 2026 - NHS Wales Joint Commissioning Committee)

Status	Update
Alert / Escalate	The NWJCC Finance Report - Month 12 2025/26 was received. A year-end overspend of £6.3 million was reported, which represented an improvement on earlier forecasts. This was more favourable than anticipated due to lower activity through the winter period, delays in the opening of the Neath Port Talbot Welsh Kidney Network (WKN) Unit and underspends on other non-committed expenditure. The importance of prospective financial monitoring with early identification and reporting of emerging service and financial pressures for 2026-27 was noted.
Advise	The NWJCC Combined Operational Performance Report at Month 11 was received. Highlights included improvements in dialysis, particularly within North Wales, and PET scan turnaround times. Reductions in inpatient and outpatient stays in specific specialties were highlighted whilst the Sub-Committee noted ongoing escalations in services such as the Caswell Clinic and medium secure units. The need for clear de-escalation criteria and timelines for the Caswell Clinic were discussed. The outcome of the upcoming meeting with Swansea Bay University Health Board (SBUHB), including clarity on outstanding actions and the route out of escalation would be shared outside the meeting. The performance stats for Ambulance Services were discussed in detail. Ongoing discussions with the Welsh Ambulance Service Trust (WAST) to set meaningful performance goals and improvement trajectories was noted. Performance around high rates of late arrivals and aborted journeys for the Non-Emergency Transport Service (NEPTS) were also highlighted as areas for improvement. Any future commissioning decisions on the WAST service model would form part of the planned strategic review.
Assure	The PPF Organisational Risk Register (ORR) was received for the assigned risks from the NWJCC Operational Risk Register as of 31 March 2026. After PPF scrutiny and review, the NWJCC Joint Committee will receive the March 2026 risk register at its May 2026 meeting. The following were highlighted: • Four commissioning risks and two corporate risks, with a score of fifteen or above had been assigned to the PPF sub-committee.

Status	Update
	• Escalated (Risk 68 - Specialist Auditory Implant Device Service' CVUHB) and de-escalated risks (Risk 61 - Obesity surgery for the population of North Wales) • The continued efforts to improve the risk register were highlighted. The ongoing review and oversight of risk will continue to contribute to the JCC's risk maturity and support the final development and approval of a robust Joint Assurance Framework (JAF), alongside the consideration and implementation of a risk appetite statement for the JC. • The need to capture emerging financial and strategic risks was highlighted, particularly around financial break-even for 2026-27 and the impact of the planned strategic reviews as reflected in the Annual Plan 2026-27, as these would likely identify further risks for the JCC. • Members were pleased with the progress made to date. The NWJCC Foundation Plan Quarterly Delivery Update was received providing updates on Quarter 1, 2, 3 and 4 deliverables. The report was noted, acknowledging the level of detail included and the areas reporting as red and amber as a result of the decisions made within the Foundation Plan discussions to not invest in legacy areas which had been agreed previously. Areas of successful delivery and projects rolling over into the 2026-27 Annual Plan delivery were highlighted. Members discussed the critical need for improved assurance on delivery against the 2026-27 Plan, reflecting on lessons learnt and early identification of delivery issues, highlighting that rigor, drive and delivery will need to improve. An update was provided on the NWJCC Annual Plan 2026-27 which is set within a 3-year context and had been approved by the JC on 30th March 2026. It was noted that a full project support function had been put in place to support delivery. Members discussed the significant capacity challenges of managing a risk based annual plan on a day-to-day basis, in addition to the programme of strategic reviews and deep dives reflected within it. The role of NHS Wales Performance and Improvement (P&I) was raised as a potential source of support with which to engage. The urgent need for delivering change at pace was highlighted, recognising that this would involve a number of difficult decisions needing to be made.
Inform	A report on Referral Management and Pathway Optimisation provided members with an update on the continued work to manage the financial pressures of activity growth in NHS England

Status	Update
	through a number of opportunities that might be exploited, and the ongoing review of the current NWJCC Referral Management Framework. The Annual Governance Statement 2024-25 was presented and members were invited to provide comments, queries, and suggestions for accuracy or completeness before the statement is submitted to the CTM Audit and Risk Committee (ARAC) on 19 May, and to the JC in May for approval. Members noted the thoroughness of the report. A verbal update was provided on the Annual Effectiveness Survey for 2025-26, noting the low response rate to date. Members were advised that although the deadline had passed, they should submit their responses as soon as possible as the feedback will inform the JC strategy day in June and help develop a plan to improve committee effectiveness. A brief update on the status of the Consultation and Engagement Framework was provided, noting that the document is still awaited. This item would remain on the committee's forward plan and be brought back for consideration once the framework is available following the May Senedd elections.
Appendices	None.

3. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC **Link to JCC Strategic Objectives(s)**	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Enablers of Quality**	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective

(Duty of Quality Statutory Guidance (gov.wales))	
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Domains of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Effective
	Efficient; Equitable; Person-centred; Timely; Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

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

4. RECOMMENDATIONS

The Health Board is asked to:

- **Note** the highlights outlined in Section 2 of this report.
- Receive the report as **assurance**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Powys Teaching Health Board Glossary (Last updated juni 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
AF	Audit Findings
APB	Area Planning Board
AGS	Annual Governance Statement
BAF	Board Assurance Framework
BCUHB	Betsi Cadwaladr University Health Board
BMA	British Medical Association
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 Taf Morgannwg University Health Board
CV	Curriculum Vitae
CVUHB	Cardiff and Vale University Health Board
CWMPAS	Mid and West Wales Regional Safeguarding Adults Board
CYSUR	Mid and West Wales Regional Safeguarding Children Board
CTC	Care Transfer Co-ordinator
CCOMG	Complex Care Operational Management Group
DATIX	Incident Management System
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
DOI	Declaration of Interest
EASC	Emergency Ambulance Services Committee
EOG	Executive Oversight Group
EOY	End of Year
EMRTS	Emergency Medical Retrieval & Transfer Service
EPMA	Electronic Prescribing and Medicines Administration
ESR	Electronic Staff Record
EMI	Elderly Mentally Infirm
FBC	Full Business Case
FOI	Freedom of Information
FFT	Friends and Family Test
FTE	Full Time Equivalent
F&P	Finance and Performance Committee
GDS	General Dental Services
GIRFT	Getting It Right First Time
GLP-1	Glucagon Like Peptide

GMC	General Medical Council
GMS	General Medical Services
GP	General Practitioner
GNCC	General Nursing Complex Care Team
G&H	Gifts and Hospitality
H&S	Health and Safety
HCA	Health Care Assistant
HCS	Health and Care Standards
HCSW	Health Care Support Worker
HDUHB	Hywel Dda University Health Board
HEIW	Health Education and Improvement Wales
HIW	Healthcare Inspectorate Wales
HP	Health Protection
HPF	Healthcare Professionals Forum
IBG	Investment Benefit Group
ICB	Integrated Care Board
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
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
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	The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
RN	Registered Nurse
RPB	Regional Partnership Board
RTT	Referral to Treatment
RTS	Routemap To Sustainability
RMF	Risk Management Framework
Q1 Q2 Q3 Q4	Quarter 1 (April, May, June), Quarter 2 (July, August, September), Quarter 3 (October, November, December), Quarter 4 (January, February, March)
QSEG	Quality, Safety and Experience Group
SAR	Subject Access Request
SAS	Specialty and Specialist
SBAR	Situation, Background, Assessment, Recommendation
SBUHB	Swansea Bay University Health Board
SDEC	Same Day Emergency Care
SLA	Service Level Agreement
SOC	Strategy Outline Case
SOP	Standard Operating Procedure
SaTH	The Shrewsbury and Telford Hospital NHS Trust
SPB	Strategic Programme Board
SRO	Senior Responsible Owner
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 NHS Trust
WCD	Written Controlled Document
YTD	Year to Date